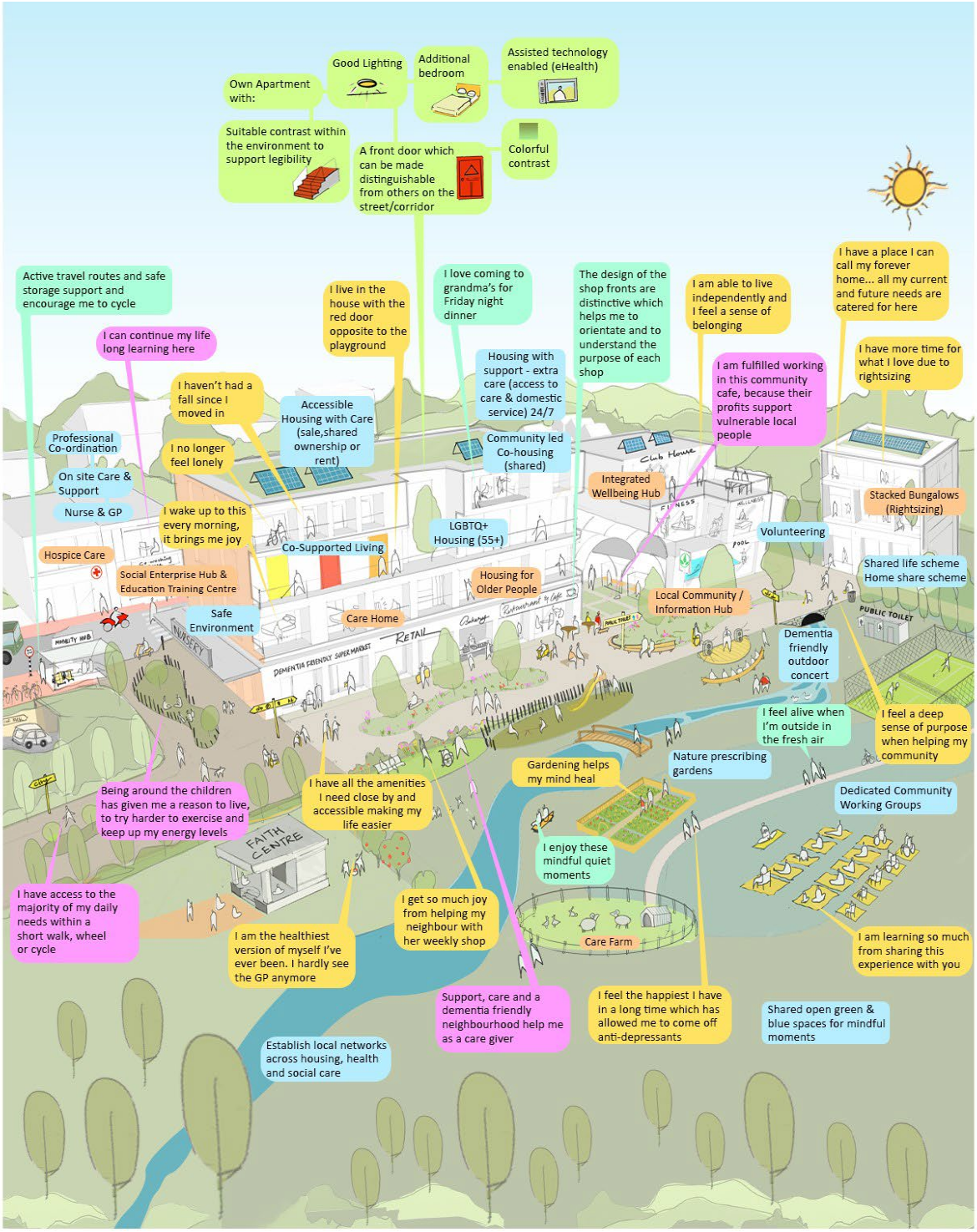
Our Future Homes:

Housing that promotes wellbeing and community for an ageing population



Report of the Older People's Housing Taskforce, for the Ministry of Housing and Communities and Local Government and Department of Health and Social Care.

26th November 2024

Final Report of the Older People's Housing Taskforce

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Foreword from the Chair

'We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.' (Social Care Futures[1])

I am honoured to introduce this report on the vital topic of "Older People's Housing (OPH)", which is all about how we can support people to live well and longer in an age-friendly, dementia-inclusive, faith and culture-sensitive (age-friendly and inclusive) home and neighbourhood of their choice. Throughout the report, we refer to 'Older People's Housing', as this was our remit. However, we have also tried to recognise that older people don't want to be labelled as being 'old' and would prefer "Older People's Housing (OPH)" to be described as "Later Living Homes (LLH)".

As I have spoken to senior citizens in the course of this work, it has struck me that no one wants to see themselves as old and few plan for their futures. However, those people I've met who have moved into OPH/LLH – perhaps when their partner has died or when they no longer feel able to cope with maintaining a large home – always say the same thing: they wish they had moved in earlier. Whilst most senior citizens want to live in their own home for as long as possible, they also fear having to move into a care home too soon, so we urgently need to widen the range of options for them. They want to live independently and feel safe in an environment that enables them to enjoy life, engage with others, feel culturally connected and be appreciated for their contributions – they also want to be in a familiar area near to their family and friends. Sadly, too often, I have heard people say that they did not know what housing options were available to them in later life and few are aware of the health benefits. By enhancing the quality and quantity of OPH/LLH and offering more choice, not only can we improve the lives of senior citizens, but we can also save money for the NHS by avoiding unnecessary hospital admission from slips, trips and falls. Rightsizing to more age-appropriate housing can also release family homes to help ease the wider housing crisis. It's also important to think carefully about how we can support those who want to remain in their own homes to do so safely. Focusing on housing alone is not enough – we also need to think about workforce pressures and therefore how to create a sense of community so that we can all look out more for one another. We are at a sliding door moment – the number of people of pensionable age is rising faster than people of working age – requiring us to find creative solutions to these challenges. A big step in the right direction might be for all agencies across the whole system to recognise that age-friendly and inclusive homes and neighbourhoods work for everyone, whereas design for younger ages does not always address issues presented later in the life course.

I'd like to issue a call for action for all stakeholders to co-produce, with senior citizens from diverse backgrounds, housing environments that enhance wellbeing in later life and contribute to local communities. If we are to address the potential challenge of a workforce being unable to meet the needs of an ageing population - housing, wellbeing and community needs to be everyone's business.

I am mindful that to bring about a significant shift in offering more housing choices for people in later life, the work has only just begun. We now need to build on the positive energy and insights generated by the Taskforce across housing, health and social care to develop a long-term collaborative action plan, which will not only benefit senior citizens, but the communities in which they live and society at large.

[1] https://socialcarefuture.org.uk/noticeboard/living-good-lives-in-the-place-we-call-home-an-outline-programme-for-the-next-government/

I'm grateful for having been given this wonderful opportunity to make a difference to the lives of senior citizens in this country. I feel deeply indebted to Taskforce members who have freely given their time, expertise and experience to develop a clear framework setting out the ambitious actions to deliver our vision. I'd also like to thank the Secretariat for their excellent support in arranging meetings, drafting papers, commissioning research, connecting us with policy and practice experts and keeping the Taskforce on track. Last, but by no means least, I'd like to acknowledge the significant engagement and contribution of external stakeholders who shared their insights in person, responded to the call for evidence, contributed through research, participated in roundtables and focus groups, acted as critical friends and hosted site visits so that we could talk with senior citizens, relatives and staff about their lived experience.

I believe our vision will empower senior citizens and their families to access or adapt mainstream housing, rightsize at the right time, develop new models of community-led housing and stimulate new supply of homes and communities that support healthy ageing. To do this we need national and local leadership to galvanize action and drive delivery. We ignore the challenges outlined in this report at our peril.

Executive summary

"Home" holds significant meaning for individuals of all ages, serving as a safe space where people can truly express themselves, pursue interests, connect with others and build memories. That does not change as we age.

What changes is that where we live and who we live with comes to matter more and more in enabling us to achieve those things.

When asked about the priorities they attach to their housing arrangements, the aspect that senior citizens mention most often is "independence". We have a wealth of evidence of the features of one's home that enable healthy, independent living. And indeed, it is not difficult to picture that for ourselves or for friends and family - a home where the physical fabric, the facilities and the fittings support our needs. Where we can connect with loved ones. Where we can connect with the wider community, local services and those from whom we may draw support.

There is no single 'best' model for providing this in older age. In the report you can read of many examples of the types of Older People's Housing (OPH)/ Later Living Homes (LLH) that are meeting the needs of those living there – whether purposefully designed and built homes for later living, adapted 'mainstream' homes that are age-friendly, and to a lesser degree community-led models (e.g., co-housing and other forms of communal living).

But as our population ages, we need to expand these housing options – not just in variety, but in volume as well. Put simply, we need to offer senior citizens greater choice, particularly as their lifestyle and health needs evolve in later life. Ensuring suitable, accessible and affordable housing for later living is a societal obligation on which the current housing market falls significantly short.

It was in this context that the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities and Local Government (MHCLG) launched the Taskforce – and set us the task of:

> *Understanding the market in England for older people's housing today and into the future; the enablers for older people when seeking to move into appropriate or specialist housing; opportunities and benefits of broadening provision and choice for older people, including continuing to live in their own home if they wish to do so; and to develop a viable and implementable approach for enhancing choice for older people in the housing market.*

Over the last twelve months the Taskforce has engaged extensively to collate and further build the evidence. We have drawn expertise and insight from a wide range of people with an interest in the topic. We have hosted a call for evidence; held expert roundtables; and commissioned new research.

Most importantly – we have listened and spoken directly to senior citizens themselves – through visits to dozens of later living communities, networking and through a series of focus groups.

This work has confirmed our view that the status quo is not sustainable. The fact that the UK – like other developed nations – has an ageing population and an increasingly diverse older population is well evidenced. But the implications of that for our ability as a society to meet senior citizens' housing needs has been less well articulated. We explore this fully in Chapter 1 – but a few key facts bring the picture into sharp relief:

We need an estimated 30-50,000 new later living homes *per annum* to meet this growth – but only build around 7,000 a year

New research by the Taskforce shows current private leasehold OPH options are unaffordable for the majority of English households aged 75 years and over.

Around 0.6% live in Housing with Care in the UK – a tenth of the proportion in more mature markets such as the USA, Australia and New Zealand.

The vast majority of over 65s - more than nine out of ten - currently live in mainstream housing

Only 12% of older people had level access at the entrance of their building; less than half have a bathroom on the entry level of their home.

Older people are unaware of the options available to them, and admit to 'burying their heads' as to their future housing needs.

This situation presents us with a clear strategic challenge – and critically, there are different, distinct aspects to that challenge. **We need to deliver an ambitious, rounded response that addresses all of these aspects**.

Certainly, we need to expand the market for the different models of OPH/LLH – incentivising greater investment to drive the development of new supply that is more affordable to the 'lower to middle-affluence market', both to buy, and importantly, to live in. We need to couple this with increased consumer awareness, confidence and demand for this housing, across all tenures.

But focussing on specialised OPH/LLH alone is not sufficient. We also need to ensure that mainstream housing better supports senior citizens to live well. We must focus on new build housing, but critically we must focus also on our existing housing stock. And we need to promote the development of a greater range of community-led housing options (e.g. co-housing and Shared Lives) – where senior citizens share their homes or neighbourhoods with people of their own choice and sometimes of all ages.

Finally, it is not enough to focus only on the physical fabric of homes, or what happens inside the home once we shut the front door. We also need to develop the social architecture for age-friendly and inclusive communities. We need to create positive connections not just between senior citizens, their families and providers, but also with their local communities and the wider health and social care system. And in doing so, reflect the huge diversity of our older population.

That is the context within which we make **nine core recommendations**. In the report, we devote a chapter to each of these. Each chapter provides detailed actions for Government, for local systems[2] and for industry partners. And we set out the evidence and stakeholder insight that underpins our recommendations.

[2] For example, local authority housing strategies, Local Plans, local Market Position Statements, adult social care, Integrated Care Systems…

These recommendations – and the detailed, step-by-step actions that are described in the chapters – if implemented, provide a comprehensive and balanced package that will have a lasting impact. **However, to truly make good on our ambition, a further transformational step change is required.**

For that reason, we make our tenth and overarching recommendation – that the Government establish a new delivery capability to carry this transformative work forward. We consider this to be the most important recommendation in our report.

One of the great strengths of the Taskforce has been the breadth and depth of expertise assembled among its membership. Only by combining perspectives from the housebuilding industry, planners, the retirement housing sector, investors, social housing, local government, academia, the charity sector, health and care is it possible to fully explore the various dimensions of this challenge.

Achieving the aims set out in this report is not a quick and easy task. It will take time, ambition and commitment by all parties. It is our hope that the work of the Taskforce – and the contents of this report – provide clear and actionable solutions and stimulate the momentum to drive progress forward.

Recommendation 1 – Standardise definitions of OPH/LLH.

To enable partnership working across the private and public sectors and to build public understanding of what's available, we need to be speaking the same language.

Here, our collective ambition should be to create agreed national definitions for the different types of OPH/LLH that can be understood not only by senior citizens and the public, but also professionals (investors, planners, developers, operators, health and social care providers) and policy makers (national and local).

Recommendation 2 – Incentivise a wide range of OPH/LLH options.

Senior citizens in the UK are not a homogeneous group. They are highly diverse in their needs, wishes, backgrounds and identities. Meaningful choice must be available and accessible to all.

Here, our collective ambition should be to put the needs and preferences of senior citizens at the forefront, recognizing that "home" encompasses more than just physical structures. We need to recognise that, given our growing and increasingly diverse ageing population, the UK faces numerous housing challenges, including unsuitable mainstream housing, under-occupied dwellings and a lack of faith and culture-sensitive choices for later living. We need to acknowledge the urgent need for adaptation and upgrade of existing stock, raise accessibility standards for new homes, and consider community-led forms of housing, as options that may be more affordable and beneficial for the majority of people.

Recommendation 3 - Ensure more housing is designed for later life.

We have a growing ageing population and housing stock that does not meet their needs. We need to optimise all forms of OPH/LLH including mainstream housing, community-led housing, service-

led housing (supported living and assisted living) and, though not the focus of this report, care homes.

Here, our collective ambition should be that building regulations and design codes play their appropriate part in ensuring a greater range of attractive, well-designed, age-friendly, dementia-inclusive, faith and culture-sensitive homes. Homes need to be desirable, accessible, adaptable, technology-enabled, energy efficient and affordable, to meet the housing needs and lifestyle choices of an ageing population. This would enable senior citizens to gain from the known mental and physical health benefits of age-friendly housing, whilst living well and comfortably into older age, connected to their local communities.

Recommendation 4 - Create age-friendly, dementia-inclusive, faith and culture-sensitive communities.

Because the community beyond the front door - the built environment, local infrastructure, communities and mutual support - enables people to live independently and well, whatever housing they choose to live in.

Here, our collective ambition should be to ensure all senior citizens and their families have accessible and inclusive amenities, community connections and open spaces within easy reach of their homes. New and existing communities should be connected and curated to meet the needs of our ageing society. Where new communities are established or where regeneration is planned, all new public realm should be landscape-led, designed for health and wellbeing outcomes and should be age-friendly, dementia inclusive, faith and culture-sensitive; whilst being well-designed, attractive and promoting independence. The mix of housing would be varied and incorporate a full spectrum of housing typologies appropriate for an ageing and diverse society but planned to encourage mutual support through intergenerational living and social prescribing.

Recommendation 5: Expand OPH/LLH at scale and ensure it is affordable to live in, and viable to finance, build and operate.

To increase supply, we need to create greater incentives for inward investment, including private and public sector capital support; thereby enabling a greater mix of housing that is affordable to those in the 'lower to middle-affluence market'.

Here, our collective ambition should be to urgently scale up the quality and quantity of the OPH/LLH, market, at more affordable pricing, in order to open up new more age-appropriate choices in later life to people of lower to middle-affluence. If developers and operators can build and run housing options that customers can afford to buy and live in, investors will provide the capital funding to fuel the growth of service-led housing (supported living and assisted living). In turn, the ability to connect senior citizens with the 'right choice', at the 'right size', at the 'right price' will be key to securing the capital investment needed to fuel the sector's growth.

Recommendation 6 - Strengthen planning policies.

National and local planning policy and practice can incentivise and accelerate the development of new forms of OHP/LLH; and help shape mainstream housing and the built environment to be more age-friendly, dementia-inclusive, faith and culture-sensitive.

Here, our collective ambition should be to ensure that the planning system helps deliver a greater volume and diversity of OPH/LLH by ensuring there is a common understanding of the different types of OPH/LLH and their benefits, that there is a proper assessment and response to levels of need, that there is sufficient site allocation for all forms of OPH/LLH and that local planning authorities (LPAs) make better and more timely choices in planning applications for OPH/LLH. This shift should be underpinned by consistent use of shared definitions, policies, and requirements through the National Planning Policy Framework (NPPF) and National Planning Practice Guidance (NPPG) and adopted locally in the Local Plan.

Recommendation 7 - Establish a national information platform and local hubs.

For people to take up options they must first understand what they offer, what would best meet their needs and how to take them up. Accurate and trusted sources are vital.

Here, our collective ambition should be to ensure senior citizens, families and professionals working with them can access free, timely, trusted information, advice and advocacy on housing options locally - including support to stay in their own home, rightsize, or move into community-led housing, service-led housing (supported living and assisted living), or care homes (nursing and non-nursing). Specialist financial advice, including on benefits, should be available to assist people in planning for the future, as well as legal advice. And we need to develop, use and popularise a clear, shared understanding (across public and professionals) of common terminology for the different types of OPH/LLH.

Recommendation 8 - Build consumer confidence.

To increase demand, we need to build consumer trust and confidence in a range of different types of housing; and to increase supply we need to provide regulatory clarity for providers and potential investors.

Here, our collective ambition should be to ensure senior citizens and their families can have confidence in the option of moving into age-appropriate homes and have a clear understanding of any fees and charges that may be charged in some OPH/LLH developments. This requires openness and transparency of information being provided by developers and operators at an early stage in the decision-making process.

Recommendation 9 - Enhance innovation, research and professional development.

There are gaps in our knowledge of senior citizens' needs and what works to meet them. A strategic approach is essential to generate and embed the greatest value from private and publicly funded research, with an increase in funding for the latter.

Our collective ambition should be to develop and deliver a strategic, co-ordinated and inter-disciplinary approach to research, sector improvement, professional development and innovation on OPH/LLH in order to pioneer enterprising and innovative housing solutions that not only support the wellbeing of senior citizens but also, drives economic growth and social inclusion on a national scale.

Recommendation 10 - Create collective leadership to drive change.

To achieve a step change, we need to inspire and empower ambitious action, from the top of government and outwards to communities and families. We need to fully integrate housing health and care at all levels of the system.

Here, our collective ambition should be to see the delivery of a long-term National Housing Strategy for an Ageing Population, to enable the country to be better prepared for the multifaceted impact of an ageing society and to support the transformational thinking of government departments in housing, health and social care and other key stakeholders in local communities. Such a strategy is urgently needed if we are to enable people to live healthy and independent lives for longer, support them to make active contributions to society, reduce reliance on the welfare state and make better use of housing stock for all sections of the community. There needs to be ownership of this task at the highest levels of government based on a long-term commitment to delivery. A new Office for an Ageing Population should drive delivery forward.

Chapter 1: Introducing the Taskforce and need to standardise definitions OPH/LLH

To enable partnership working across the private and public sectors and to build public understanding of what's available, we need to be speaking the same language.

For most of us, at whatever age, "home" is a safe place that enables us to truly be ourselves, to live the life we want, to pursue our interests, to connect with family, friends and wider community and feel that we belong. It holds memories and for some, builds wealth. This does not change as we age.

To meet the needs of an ageing population, we need to enhance not only the range of suitable housing options but also the volume, so that senior citizens have more choice in where they live in later life - to accommodate lifestyle changes or when health starts to deteriorate. This requires us to build more age-friendly and inclusive homes in communities where people can look out for each other and to think of ways that we can adapt existing homes to better meet their changing needs. Ensuring suitable, accessible and affordable OPH/LLH is a fundamental societal obligation. Yet as the evidence below demonstrates, we are not delivering that at the scale required today or into the future.

It was in this context that the Older People's Housing Taskforce was established (see Annex B) and was set the task of: understanding the market in England for today and into the future; the enablers for older people when seeking to move into appropriate or OPH/LLH housing; opportunities and benefits of broadening provision and choice for older people, including continuing to live in their own home if they wish to do so; and to develop a viable and implementable approach for enhancing choice for older people in the housing market.

The independent Taskforce was asked to explore OPH/LLH in England for the lower to middle-affluence market. This includes senior citizens who are not eligible for the full cost of social care and whose total wealth is less than around £500,000 (depending on the cost of housing where they live). In general, people of lower to middle-affluence either own their own home but are cash poor or rent their own home with a small pension. The Taskforce was asked to come up with evidence-informed recommendations for government to deliver greater choice for senior citizens by enhancing the range of market options and increasing the volume of provision.

As the Chief Medical Officer writes in his annual report[3]:

> *"Older age is becoming increasingly geographically concentrated in England and services to prevent disease, treat disease and provide infrastructure need to plan on that basis. This should be seen as a national problem and resources should be directed towards areas of greatest need, which include peripheral, rural and coastal regions of the country. The* ***NHS, social care, central and local government*** *must start planning more systematically on the basis of where the population will age in the future, rather than where demand was 10 years ago. This includes building or adapting housing and transport to be appropriate for an older population." (p9).*

Our report highlights four key messages:

- 'think housing'
- 'address ageing'
- 'promote wellbeing'

[3] https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society

- 'create inclusive communities'

These are not just important messages for senior citizens, their families and the public at large; but also, for people in policy and practice across the whole system – including politicians, civil servants and all those working nationally and locally in housing, health and social care, either for the state or privately.

The challenge for the Taskforce

Providing the variety, volume and choice that is needed to meet the needs of senior citizens today and in future years requires radical and ambitious action. The status quo is not sustainable – and the evidence is clear as to the issues we face. Today in the UK, we have:

- **An Ageing Population:** Over 11 million people – 18.6% of the total population – are aged 65 years or older, compared with 16.4% at the time of the previous census in 2011[4]. By 2066, there will be a further 8.3 million (26%) projected UK residents aged 65 years – broadly equivalent to the size of the population of London today[5]. The number of people aged 80 and over – the fastest growing segment of the population – is set to more than double to over 6 million[6]. But the proportion of life spent in poor health has not changed, so a longer life means more years spent in ill-health. Nearly half of older households include someone living with a long-term illness or disability and the likelihood of long-term illness or disability and use of a wheelchair increases with age[7], so the over-stretch of health and social care systems is set to get worse.
- **An increasingly diverse older population:** Since 2011, the older population has also become more diverse in terms of ethnicity, religion and country of birth (8% of current UK residents aged 65 years and over were born outside the UK)[8]. Income and wealth also vary hugely with poor health often linked to poverty - almost 1 in 5 people of pension age are living in relative poverty in 2019/20. People over 65 years, in the most deprived areas, have twice as many years of ill-health and are likely to live shorter lives, as those in the least deprived areas[9]. Diverse housing solutions will be needed.
- **Many senior citizens living in unsuitable homes for ageing:** In the UK, the vast majority of over 65s currently live in mainstream housing (91%)[10]. In 2020-21, only 12% of senior citizens had level access at the entrance of their building and just under half (46%) had a bathroom on the entry level of their home. More than half of older households lived in homes that had an Energy Efficiency Rating of D or below[11]. But senior citizens told us they often 'bury their heads' rather than face the future. Even those who would like to move often don't due to the stress, expense and physical challenges of moving, and deep-seated attachment to their existing home.
- **Many senior citizens living alone, in under-occupied housing:** Nearly 9 in 10 people aged 65-79 live in under-occupied housing, with over 50% living in homes with two or more excess bedrooms[12]. Senior citizens, especially those in poorer health, can find maintaining a larger home more difficult and at the same time we have a shortage of homes for younger, working families.

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[4] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/voicesofourageingpopulation/livinglongerlives

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13#how-is-the-uk-population-changing

[6] The State of Ageing 2022 | Centre for Ageing Better

[7] English Housing Survey: Older people's housing, 2020-21 (publishing.service.gov.uk)

[8] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13#how-is-the-uk-population-changing

[9] https://ageing-better.org.uk/state-of-ageing

[10] https://ageing-better.org.uk/sites/default/files/2023-08/finding-the-right-place-to-grow-older.pdf

[11] English Housing Survey: Older people's housing, 2020-21 (publishing.service.gov.uk)

[12] https://ilcuk.org.uk/wp-content/uploads/2023/10/ILC-Longevity-Paper-Housing-final.pdf

52% of senior citizens live alone, with lower wellbeing compared with those who live with others[13] and higher rates of loneliness, which is associated with poorer physical and mental health. Increased travel time to senior citizens living dispersed and isolated lives means more social care staff are needed to provide care, at a time when the social care workforce is stretched. Housing solutions must promote social connection.

- **A troubling lack of supply of purpose-built OPH/LLH*:*** At present an average of around 5-7,000 later living homes are built annually, out of a total c.200,000 newly built homes. This is in sharp contrast to the 30-50,000 new homes a year estimated to be needed to meet the ageing population[14]. Building 50,000 units implies one sixth of the 300,000 new homes needed annually would be OPH/LLH, representing a radical departure from present housing policy which focuses on first-time buyers. Against the backdrop of a growing older population, without action the deficit will only get worse, impacting further on the availability of choice.
- **Low awareness of the benefits of OPH/LLH:** Not many people know about the benefits of purpose-built OPH/LLH, with on-site care and support, which improves wellbeing and quality of life, reduces the chances of entering long-term care and provides significant cost-benefits to the NHS and local authority adult social care. Numerous studies have set out the health and wellbeing benefits[15]. Those that show an interest in OPH/LLH can be put off by the costs and complexity, for example of the home buying and selling process. Only 6% of over 65s live in service-led housing with support (supported living)[16] and 0.6% live in assisted living, which is almost 10 times less than in more mature OPH/LLH markets such as the USA and Australia, where over 5% of over 65s live in service-led housing with care (assisted living)[17].
- **A lower to middle market affordability challenge**: Current private leasehold OPH/LLH options are unaffordable for many English households aged 75 years and over. Research for this Taskforce has found that, using traditional leasehold ownership models, assisted living (such as provided in retirement villages) has been unaffordable for many, due to both the upfront purchase price and the on-going charges for the services provided. There is also a geographical dimension here: the wealthiest households are in the southern regions of England and least wealthy in the north-east.

[13] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13#how-is-the-uk-population-changing

[14] ILC-FP-Retirement-RPT-Mayhew-Review.pdf (ilcuk.org.uk)

[15] To cite a few:

- HLIN-Mears_Demonstrating_cost-benefits_ECH.pdf (housinglin.org.uk)
- mccarthyandstone.co.uk/-/media/mccarthy-and-stone/files/pdfs/encouraging_health_and_happiness_september19pdf.pdf/
- Sheltered-Housing-paper-June-2017.pdf (demos.co.uk)

[16] https://assets.publishing.service.gov.uk/media/62c5a14bd3bf7f3001198577/EHS_Older_people_s_housing_2020-21.pdf

[17] lgaagepop.pdf (thinkhouse.org.uk)

Case study - Human impact of not planning for the future

Margaret and Neil both died from falls at home caused by age un-friendly housing. These could have been prevented if their home had been checked for safety and had a few home adaptations, such as grab rails.

Neil died aged 83 years. He suffered from Parkinson's disease and died alone in the garden, having rolled down the hill onto concrete pavement. It's not known if he had a stroke and fell, or fell and had a stroke while trying to get help.

Margaret lived alone in the same bungalow for another 11 years before she died quite frail (94 years). She tripped where the carpet met wood flooring and fell through a glass pane.

Like many others, both Neil and Margaret were in denial about their ageing – they actively chose not to plan for their future housing needs and did not have a good death.

How do you plan for the future, when you are in denial, don't know what the options are, and no one talks outside the family to you about making such plans?

If we can address those challenges, the prize is significant. We will ***enable people to live well longer,*** in a place of their choice, in a meaningful community, a place they can call "home". We will realise the opportunity to ***save the NHS and social care system millions*** by avoiding hospital admissions and readmissions. We will ***release suitable housing for families*** – and we will ***build vibrant communities,*** where people can look out for each other.

Housing policy needs a fundamental rethink of how it can both generate more lower to middle-affluence market housing that is age-friendly and inclusive and create a buoyant OPH/LLH market that will attract a later life move, avoiding potential crises in the future. This includes:

- the **right move** - access to independent advice, information and advocacy in every local authority and packages to assist.
- the **right choice** - a greater diversity of tenure choice – from discounted market sale/low-cost homeownership, deferred fee models, lifetime leases, and shared ownership to social and private rental.
- the **right size** – a better range of attractive contemporary, technology-enabled housing designed to updated HAPPI[18] principles.
- the **right place** – improved age-friendly and inclusive housing and planning policies and local plans.

How we approached our task

The Taskforce has sought to put the opinions, preferences and priorities of senior citizens and their families at the centre of our work – we have travelled the country to access the lived experience of senior citizens, families and staff in thirty five sites (Annex C) and seen many examples of fantastic and award-winning later living homes – not just large scale schemes, but also, smaller scale community-led models (e.g., co-housing and Shared Lives). The best of these standout as having created a real sense of community with residents at the heart of all decision-making.

The Taskforce has also analysed the output of a series of five surveys, drawing on the networks of the Taskforce membership and beyond. This has enabled us to articulate clearly and in detail the current

[18] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

challenge, the existing obstacles and the structural enablers that will help us to move towards a shared vision for OPH/LLH.

We have engaged extensively with senior citizens, experts, academics and professionals across the housing, health and social care spectrum. We conducted a formal online call for evidence, with responses from 178 local authorities, charities, older people's groups and professional bodies. The responses underlined the energy and commitment to change – revealing a remarkable sense of common purpose. We have summarised the findings in Annex D.

We used a series of fifteen roundtables for professionals and systems leaders across housing, health, investment and social care to test out our early thinking and inform recommendations (for more details, see Annex E). This was enormously helpful in reinforcing key messages but also challenging assumptions.

In addition, I held one-to-one conversations with over 100 key industry leaders from across the housing, health and social care system to better understand its complexity, gauge different perspectives and access innovative models of best practice. A visit to an equivalent longer-term Taskforce in the Netherlands focused on how they are tackling the housing needs of their ageing population.

To further understand the barriers and enablers for senior citizens in accessing appropriate housing in later life, we commissioned researchers at Basis Social to undertake seven face-to-face focus groups with adults aged 55+ living across different parts of England. This was complemented by an evidence review undertaken by Sheffield Hallam University and the University of Sheffield (CaCHE) on behalf of the Verian consortium (formerly known as Kantar Public) - which explored what senior citizens want and what they are able to afford when it comes to their housing choices when looking to move.

To gain a better understanding of the patterns and trends of planning applications for OPH/LLH, over 2,000 planning applications were analysed for the Taskforce by DLP Planning Ltd.

All this engagement and research has informed the thinking of Taskforce members, most of whom have led sections of the work at different times while I took a supportive and co-ordinating role. In the first phase, the work was organised into three strands (People, Products and Places), with co-leads for each workstream. By the mid-point, a clear vision had been reached with a framework linked to ten recommendations. In the second phase, the work was organised around these 10 interim recommendations - with co-leads for each – to nuance, test and strengthen these recommendations with underpinning evidence. This has been a highly collaborative initiative and Taskforce members have worked alongside busy day jobs, across workstreams and recommendations to ensure joined up thinking. The work has truly been a shared endeavour.

Our vision

This wide-ranging work has enabled us to build a clear vision and ambition for what the Taskforce wants to achieve. What we as a Taskforce have learned is that, if we are to put people at the centre, we cannot solely focus on building bricks and mortar. We must understand the true meaning of 'home' for individuals and co-produce with them age-friendly, dementia-inclusive, faith and culture-sensitive (age-friendly and inclusive) houses and neighbourhoods that address their priorities and meet their ongoing and future needs and aspirations.

We need to "think housing". Most people want to live in their own homes for as long as possible and we must do all that we can to make this possible. However, as we age, our physical and mental health needs change and we all need to recognise that age-friendly and inclusive housing can prevent ill health and offer us a better quality of life. Rightsizing to more appropriate housing can not only benefit the individual, but also, release underused rooms that will help ease the general housing crisis. This requires strategic planning and action to build homes that appeal to people in later life. We need to

construct more new age-friendly and inclusive homes, rejuvenate homes no longer fit for purpose and adapt homes to meet changing needs. This requires planning and access to good information and advice to know what housing options and advocacy services are available locally to support vulnerable older people to make the right decision for themselves, especially when there is no one else they can trust and independently rely on. We need to invest to gain – people will take more responsibility for themselves and rely less on the welfare state if we make life easier for them to make the right choice.

To do this holistically, we also need to 'address ageing', 'promote wellbeing' and 'create Inclusive communities' – recurrent themes throughout the report.

We need to "address ageing". We are all likely to grow old and yet we do not want to see ourselves in this way. As a result, we bury our head in the sand and leave our decision-making to a point of crisis. This desire to avoid confronting ageing also impacts those working across the whole system – top to bottom – resulting in short-term policies and practices that ignore the growing needs of the ageing population. We tend to see senior citizens as a homogeneous group, despite today's wide age span, and we need to recognise that growing diversity demands a range of housing options. A one-size-fits-all approach just will not work.

We need to "promote wellbeing". Prevention is better than cure. Helping senior citizens to live fulfilling lives in safe environments will help them live well longer and keep them out of hospital. Many senior citizens are living in poverty and poor housing and are not aware of the benefits of OPH/LLH. Avoidable ill health is leading to overuse of already over stretched health and social care services. This is likely to get worse as the ageing population challenges adult social care and the workforce.

We need to "create inclusive communities". We need to recognise that housing, health and social care are inextricably linked and need to be thought through together. However, there is more that the public can do. Creating inclusive communities would help avoid senior citizens feeling isolated, enable people to look out for one another, stay active, participate in their local community and potentially be less reliant on more formal care and support. During the COVID-19 pandemic, we saw huge numbers of people volunteering to help support one another. We need to find ways of connecting people for mutual benefit so that senior citizens and those that work with them are enabled to thrive.

'We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.' (Social Care Futures[19])

To realise this vision, we urgently need to expand the range of housing options available to senior citizens in later life by making housing, ageing, wellbeing and inclusive communities everyone's business – starting with government, spreading across housing, health and social care and enabling society at large to plan for their futures.

Typology

A plethora of confusing terms are used to describe different housing options, but we have chosen to simplify this by grouping them into five headings, in relation to the type, tenure, services and shared facilities that can be expected in each setting[20]. Use of language here is important – words create

[19] https://socialcarefuture.org.uk/noticeboard/living-good-lives-in-the-place-we-call-home-an-outline-programme-for-the-next-government/

[20] https://www.gov.uk/government/publications/care-and-support-whats-changing/care-and-support-whats-changing

worlds. What we have learned is that older people do not want to be seen as 'old' and see 'retirement' as less relevant in today's world. The language of 'Sheltered housing' or 'Retirement housing' is confusing and outmoded – they would much prefer to use the terms 'Later Living', and if grouped together, to be referred to as 'senior citizens'. It should also be noted that whilst professionals use the term 'housing', senior citizens wish the focus was more on 'home'.

There is also a lot of confusion about the difference between 'OPH/LLH' and 'specialised OPH/LLH'. This is not helpful. We suggest 'Older People's Housing' refers to all types of housing that is designed for senior citizens and call it 'Later Living Homes or Housing', depending on the public or professional context. Within that broad category of Later Living Homes/Housing, we suggest the following subcategories: mainstream homes/housing (MH), Community-Led Homes/housing (CLH), two types of service-led homes/housing (SLH), split between supported living (SL) and assisted living (AL), and care homes (residential and nursing), to make clearer the difference between each type:

Later Living Homes/Housing Typology				
Mainstream homes/housing	**Community-led homes/housing**	**Service-led homes/housing with support** **Supported living**	**Service-led homes/housing with care** **Assisted living**	**Care homes**
e.g., existing, new build and adapted homes, rightsizing homes, bungalows, stacked bungalows with lift.	e.g., Alms houses, Co-housing, collaborative housing, Shared Lives, home share.	e.g., sheltered homes, independent living or retirement apartments and sometimes bungalows.	e.g., extra care, assisted living, integrated retirement communities, retirement villages.	e.g., residential and nursing homes.
Age-friendly, dementia-inclusive, self-contained homes for sale or rent.	Age-friendly, dementia-inclusive, self-contained homes or shared homes for sale, shared-ownership or rent with like-minded people.	Age-friendly, dementia-inclusive, self-contained homes for sale, shared-ownership or rent.	Age-friendly, dementia-inclusive, self-contained homes for sale, shared-ownership or rent.	Age-friendly, dementia-inclusive, communal living with own bedrooms and often en-suite bathroom.

Offers no extra services.	Offers companionship but no extra services.	Offers 5 days a week on-site staff, who provide support (e.g., help to access care and domestic services, if needed). Meaningful activities and emergency call systems.	Offers 24-hour on-site staff with optional on-site care and domestic services. Meaningful activities and technology enabled care.	Offers 24-hour on-site care and support, plus on-site nursing (nursing homes only). Visits from GPs, pharmacists and other health providers. Meaningful activities and safe environment.
No shared facilities	Sometimes have access to a shared lounge, kitchen, laundry facilities, gardens.	Usually have access to a shared lounge, laundry facilities, gardens and a guest room. Sometimes, including a restaurant or café alongside leisure and wellness facilities (e.g., gyms, hairdressers, activity rooms).	Always have access to a shared lounge, laundry facilities, gardens and guest room. Usually, including a restaurant or café, alongside leisure and wellness facilities (e.g., gyms, hairdressers, activity rooms).	Always have access to a shared lounge and gardens. Always, including meals in a dining room alongside leisure and wellness facilities (e.g., gyms, hairdressers, activity rooms).
Single homes	Sizes vary considerably;	Sizes vary considerably, often 40 + units.	Sizes vary considerably, typically 60 + units.	Sizes vary considerably, new care homes are typically built at 60+ units

We propose that these five 'housing' terms are now adopted for wider use in both policy and practice, including in the land use planning system and that providers market their offer of 'homes' in relation to these categories. However, attention needs to be paid to what is meant by 'supported living' - there must be some form of in-person support - technological support alone is not sufficient and should be viewed as mainstream housing.

Within these five overarching categories, providers should of course provide clear and more detailed information on the eligibility, type, tenure, costs and benefits of what is on offer. For instance: wheelchair standard or adaptable properties; degree to which it is a dementia-friendly environment, on-site management and staff, facilities and activities are on offer; access to health and social care, or technology enabled care.

We also propose that housing and communities should be age-friendly, dementia-inclusive, faith and culture-sensitive (age-friendly and inclusive).

Age-friendly

The World Health Organization defines age-friendly in terms of:

> *"Age-friendly environments (such as in the home, community) foster healthy and active ageing by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity"*[21]

Dementia-inclusive

The number of people living with dementia in the UK was estimated to be **close to one million in 2021** (944,000), and by 2050 this figure is expected to rise to 1.6 million[22]. Whilst one in three people will develop dementia in their lifetime, one in two will be affected by it through caring for someone with the condition, developing dementia, or both. Dementia is more prevalent in older age, with 1 in 11 people over the age of 65 having the condition.

A dementia-friendly home/environment is one that is inclusive of everyone, we believe that age-friendly housing and communities should also be dementia-inclusive, as well as faith and culture-sensitive.

Faith and culture-sensitive

The UK's ethnic minority population is also ageing and, according to the 2021 Census, those aged 65+ stands at 700,000 (1.2% of the total population). The 2021 Census recorded 2.17 million people aged 50 and over with Black, Asian and ethnic minority backgrounds living in England – an increase of 80% from ten years earlier.

Further, religious diversity is increasing in the UK. For example, the Muslim Council of Britain estimates that the Muslim population will increase fourfold between 2019 and 2036 from around 110,000 in 2011 to over 450,000.

'Ageing Well' for many minority groups is a struggle and Black, Asian and ethnic minority communities, LGBTQ+ communities and people with disabilities have historically found it more difficult than others to access high-quality OPH/LLH. These groups' particular needs have often not been sufficiently considered in planning of OPH/LLH provision: faith and culture-sensitive design and placemaking can play a significant role by including schemes that are designed for that purpose. For example, bilingual signage, prayer rooms, and cultural and faith-specific meal provision. Cross-cultural dynamics also have implications for how we co-produce housing with older people from different backgrounds and, how we help them access housing through providing faith and culture-sensitive information, advice and advocacy.

Intergenerational

Most OPH/LLH is built to be 'age-exclusive', only for older people. Whilst this clearly works for some older people, we also need to scale up intergenerational options for later life in order to offer wider choice.

Intergenerational living refers to arrangements where individuals from different age groups live together in the same household or community - ideally designed to be age-friendly and inclusive.

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[21] https://extranet.who.int/agefriendlyworld/age-friendly-practices/

[22] https://dementiastatistics.org/about-dementia/prevalence-and-incidence/

Intergenerational communities facilitate exchange of knowledge and skills for mutual benefit (e.g., senior citizens can share wisdom from life experience and young people can share expertise in modern technology). Living in an intergenerational environment can give both young and old a sense of security, belonging, continuity, purpose, achievement and significance[23].

In the context of housing, health and social care, intergenerational living could also provide care workers with cheaper accommodation near the place where they work.

Co-production

Throughout the report, reference is made to co-production being central to finding housing solutions. According to the Social Care Institute for Excellence "Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them."[24] If we are to find OPH/LLH solutions that meet the needs of a diverse group of senior citizens, we need to keep co-production at the heart of all that we do.

In the context of this report, where we want to scale up housing to meet the needs of an ageing population, we need to recognise the existence of NIMBYism (Not In My Backyard). It describes the behaviour of someone who does not want something to be built or done near where they live, although it does need to be built or done somewhere. NIMBYism can cause planning delays and fewer houses being built. Whilst the Taskforce believes in the value of co-production, especially in designing age-friendly and inclusive homes and, where appropriate, how they are operated, NIMBYism must not be allowed to get in the way. Clear direction from government on the need to scale up OPH/LLH is vital, alongside public education about the health benefits and savings to the public purse of age-friendly and inclusive housing and neighbourhoods. Given this context, there is justification in only consulting people on age-friendly and inclusive communities who understand the pressing need for OPH/LLH and are committed to it being scaled up for the wider benefit of others.

Acknowledging and signposting

The Taskforce wish to acknowledge the important role of care homes. Whilst not the focus of this report, the Taskforce truly appreciates the invaluable role they play in caring for some of the most vulnerable citizens in our society, including people with advanced dementia and at end of life.

While also not a focus for this report, the Taskforce additionally wish to acknowledge the work led by the APPG on Housing and Care for Older People, launched 23 July 2024, looking at Regeneration of Outdated Sheltered Housing[25].

Having introduced the Taskforce report and need to standardise definitions, Chapter 2 highlights the need to promote a range of OPH/LLH options to develop at scale. Chapter 3 explores how we can ensure that housing is designed for later life. Following this, Chapter 4 addresses how to create age-friendly and inclusive communities. Next in Chapter 5, we consider how to make OPH/LLH affordable to live in and to build. Chapter 6 addresses how to strengthen planning policies to drive up supply, Chapter 7 identifies the need to establish a national information platform and local hubs to help senior citizens, the public and professionals better understand what options are available locally and how to

[23] Nolan, M., Brown, J., Davies, S., Nolan, J. and J. Keady. (2006). *The Senses Framework: Improving care for older people through a relationship-centred approach*. University of Sheffield. ISBN 1-902411-44-7.
[24] https://www.scie.org.uk/co-production/what-how/#whatis
[25] https://abbeyfield.com/blog/abbeyfield-sponsors-new-appg-inquiry-into-regeneration-of-outdated-sheltered-housing/ and https://www.housinglin.org.uk/Re-HAPPI

plan for the future. In Chapter 8, we discuss the need to build consumer confidence and go on in Chapter 9, to clarify the need to enhance research and education in OPH/LLH. Each of these chapters are linked to specific recommendations for government, local systems leaders and industry partners. Finally, in Chapter 10, we discuss how to provide leadership to drive the change necessary. This last chapter presents our main and overarching recommendation, namely for the Government to establish a new delivery capacity to carry the work of the Taskforce forward into action.

Recommendations for standardising definitions.

Our collective ambition should be to:

Create agreed national definitions for the different types of OPH/LLH that can be understood not only by senior citizens and the public, but also professionals (investors, planners, developers, operators, health and social care providers) and policy makers (national and local).

Central government should drive progress by:

1. **Working across government departments to agree definitions on age-friendly, dementia-inclusive, faith and culture-sensitive housing and neighbourhoods**, drawing on exemplary tools and practice, so that language is shared across the housing, health and social care sector and understood by the public. Clear terms and definitions will support senior citizens and stakeholders in understanding whether a home is supported or not, and/or has access to care and in the case of the larger developments, if nursing care is available. Each of these types will create their own footprint depending on size of development and proximity to existing services. Larger developments often situate on town fringes, but with many town centres in decline there is opportunity to revive highstreets. There is a need to drive better awareness and understanding across the different sectors to inform decision-making and future planning.

Local systems should work together to:

2. **Make use of agreed definitions locally** across health, housing and social care.

The industry should:

3. **Make use of agreed definitions** in marketing materials to help senior citizens and the public understand what housing is on offer more clearly.

Chapter 2: Incentivise a wide range of OPH/LLH options

Senior citizens in the UK are not a homogeneous group. They are highly diverse in their needs, wishes, backgrounds and identities. Meaningful choice must be available and accessible to all.

Any housing strategy for senior citizens needs to recognise the huge diversity of people categorised as "older" – which can include all of us from age 55 up to 100+. The 2021 Census for England and Wales showed 30% of people over the age of 65 live alone as do more than half of women over the age of 85, but others live as couples and intergenerationally. While more than 9 in 10 senior citizens identify as white, the older population is becoming more ethnically and religiously diverse[26] with estimates suggesting, for example, that the Muslim population aged 65 and older will increase fourfold between 2019 and 2036[27]

78.4% of senior citizens own their own home, 15.4% live in social housing, 6.2% live in the private rented sector[28]. The number of private renters is forecast to more than double by 2040.

Needs and preferences vary hugely by age too. While 60% of senior citizens report being in good or very good health[29] half of those over the age of 80, fall at least once per year[30].There are also large regional variations.

What senior citizens have in common is the need for a suitable, affordable option that can feel like a home, in a location they would like to live. So, we need to provide choice, recognising this diversity. And older people and their families need to be able to understand how this relates to their local circumstances, for example what is actually available to them locally.

Vision

Our vision is to see more age-friendly and inclusive mainstream housing and grow a range of community-led housing, in addition to expanding the range and volume of supported living and assisted living homes for people in later life. This is to enhance the later living choice for our increasingly diverse senior citizens.

Our diverse ageing population

Through the latter half of the 20th Century, the UK population has steadily got older and this trend is projected to continue in the future. In 2016, there were 11.8 million UK residents aged 65 years and over, representing 18% of the total population – 25 years before, there were 9.1 million, accounting for 15.8% of the population[31].

At the same time, our population is becoming increasingly diverse. The 2021 Census recorded 2.17 million people aged 50 and over with Black, Asian and ethnic minority backgrounds living in England – an increase of 80% from ten years earlier. Senior citizens from certain minority ethnic backgrounds

[26] Profile of the older population living in England and Wales in 2021 and changes since 2011 - Office for National Statistics (ons.gov.uk)
[27] Elderly Care Strategy | Muslim Council of Britain (mcb.org.uk)
[28] Annex tables for English Housing Survey headline report 2022 to 2023 - GOV.UK (www.gov.uk)
[29] CT0576_2011 Census - Sex by age by general health - 2011 Deciles IMD2015 from LSOAs in England - Office for National Statistics (ons.gov.uk)
[30] https://academic.oup.com/ageing/article/51/1/afab201/6399893
[31]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13

are currently much more likely to live in inadequate housing, be living in poor health and deep poverty, than the national average[32] [33].

We urgently need to address these stark differences in how people experience later life and ensure the availability of a range of diverse faith and culturally-sensitive housing, as well as health and social care services.

We also know there are substantial regional inequities in access to housing. There was a 180% increase in London's median property wealth in the period from 2006-08 to 2016-18, while median property wealth fell in both the North-West and the North-East[34].

Perhaps most challenging – we need to support a growing number of people living with dementia to do so safely, whilst maintaining as much independence as possible. It is essential that we enable people with dementia and other cognitive impairments to live well, in housing arrangements that support their needs, preferences and individuality.

What senior citizens want from a move

When it comes to housing choices when looking to move, the evidence has its limitations and is likely to understate the importance of factors, such as future health and care expectations and releasing equity. However, a rapid review of the evidence for this report highlighted:

- Senior citizens often have a strong attachment to ageing in place. A minority of senior citizens move each year. Intentions and interest in moving are more common than actual moves.

- Senior citizens have limited understanding of OPH/LLH with a lack of accessible information about these options including what products are available, what services they provide, how much it costs, how it can be paid for and what benefits residents may gain.

- Senior citizens tend to be more aware of the potential benefits of moving to another mainstream home, including reducing costs through downsizing and moving nearer to family support.

- Preferences vary but typically include maintaining home ownership; having adequate living space and spare bedrooms; having ready access to amenities, leisure facilities and green space (gardens, parks and access to countryside); and being close to friends and family.

- The older person moving population can be segmented into two: firstly, 'younger' and more affluent senior citizens tend to choose to move for lifestyle reasons: a better area, a more suitable or better home. Alternatively, others have to move as a result of events or crises – often older movers, with declining health, renters, or people with changing household circumstances. Unplanned moves may constitute as many as two fifths of moves that take place amongst the older person population.

- Senior citizens tend to move for a more suitable home for ageing, to be nearer to family and/or friends or for 'peace of mind' where they know support is on hand or close by. They are significantly more likely to move (albeit such moves are not the majority) into Later Living Homes compared to 'younger' senior citizens.

[32] Our Ageing Population | The State of Ageing 2023-24 | Centre for Ageing Better (ageing-better.org.uk)
[33] Layout 1 (raceequalityfoundation.org.uk)
[34] https://ifs.org.uk/sites/default/files/output_url_files/Geographical-inequalities-in-the-UK-how-they-have-changed.pdf

Downsizing vs rightsizing: making your last home your best home

Surveys suggest that about a third of those aged 65 or over would consider moving and the percentage rises with the number of bedrooms in a person's home[35]. Approximately 3.9 million, or 57% of all older households, under occupy their homes and 35% of households looking to move in the next six months give downsizing as the main reason.

Additionally, only 19% of existing homes have step-free access and many family homes do not have the features that make a home age-friendly[36]. So, a significant proportion of senior citizens may be living somewhere too large and unsuitable for ageing.

However, the downsizing argument is more complicated than at first sight. 80% of senior citizens already live in homes with three bedrooms or less, and extra bedrooms can be useful for an older life. Couples can sleep separately if one is unwell. Additional rooms might be needed for a carer, to have friends and family to stay, or a home-sharer for companionship.

75% of senior citizens who move choose two- or three-bedroom homes[37]. Moving should be about suitability rather than size – it's important that in moving in later life people should look ahead to the future and moves should be to homes that are age-friendly or capable of being adapted to be so. In that sense, it is important to make your last home your best home.

What stops senior citizens moving?

People are less inclined to move as they age, with higher numbers of people moving between the ages of 55 and 65 and numbers then falling until the age of 80 when they rise sharply. The latter moves are mostly into care homes[38].

Homeowners are less likely to move than renters: over 60% of renters aged 50 will have moved by the age of 70 and nearly 80% by the age of 85[39], whereas only a third of homeowners aged 50 will have moved by the age of 70.

This may be because downsizing does not always release significant equity. A 2018 Policy Exchange report concluded that downsizing does not always stack up financially with much under occupation in parts of the country where house prices are lower[40].

Others say they would like to move, but don't due to the stress and physical challenges of packing up, the expense of a move, not finding anywhere suitable and, at the heart of it, a deep-seated attachment to their existing home.

Many participants in the focus groups conducted for this report admitted to simply "burying their heads". The research identified a range of barriers behind this including:

- strong psychological barriers associated with ageing,
- difficulty disentangling housing needs from future health,
- lack of awareness about the range of housing options,
- concerns about cost and affordability,

[35] Our market | Demographics & Statistics | McCarthy Stone (mccarthyandstone.co.uk)
[36] 2018-19_EHS_Adaptations_and_Accessability_Fact_Sheet.pdf (publishing.service.gov.uk)
[37] https://www.nhbc.co.uk/binaries/content/assets/nhbc/foundation/moving-insights-from-the-over-55s.pdf
[38] https://ifs.org.uk/publications/use-housing-wealth-older-ages
[39] https://ifs.org.uk/publications/use-housing-wealth-older-ages
[40] Building-for-the-Baby-Boomers-Jack-Airey-Policy-Exchange-December-2018.pdf (policyexchange.org.uk)

- availability of suitable housing.

A desk based independent evidence review on behalf of the Taskforce also found that there is a reported shortage of appropriate options for downsizing that are affordable and meet the housing aspirations of older people (relating for example to tenure, size, design, accessibility and location of available options).

Ageing in place in mainstream housing

Not everyone wants to move. The majority of senior citizens say that they would like to age in place and for many this is a sensible and positive choice. 21% say that moving would be equivalent to "a bereavement"[41].

Existing, close relationships can be transforming in older age and in particular for those with memory loss, a long-standing knowledge of a home can be critical.

There are many variables to evaluate when considering the best place to age, and factors such as one's own or a partner's future care needs are more difficult to assess at younger ages, when we know people are more inclined to move.

Crucially the default position is attractive. 96% of households aged 65 and over are satisfied with their current tenure, 95% with their accommodation and 90% with their area[42].

If a current 2 or 3 bed home, whilst not ideal, is not totally inappropriate, it is easy to see why people choose to stay in their own home.

Asked what they look for in a home, senior citizens often come up with similar words – community, belonging, safety, security – and in practical terms living on one level, in a home which is cheaper to run, easier to maintain and close to local amenities. A home which enables independence is key. 62% of people over the age of 65 say that ensuring that they remain independent is the most important consideration if they need care and support.

A wide range of age-friendly options

To meet the diverse needs and cultural preferences of our ageing population, local and national policy makers should strive to provide a range of choices. In addition to expanding the supply of purpose-built, service-led housing (supported living and assisted living) at affordable price points, we also need age-friendly and inclusive mainstream and community-led housing. Without action, housing developers will continue to build stock that is unsuitable for our ageing population, especially for people of lower to middle-affluence.

[41] https://www.bettal.co.uk

[42] EHS_19-20_Home_ownership_report_FINAL.pdf (publishing.service.gov.uk)

Case Study - Agudas Israel Housing Association and North Muslim Housing Association – faith and culture-sensitive design and service provision

Agudas Israel Housing Association (AIHA) is a specialist provider meeting the needs of people from the Orthodox Jewish Community and North London Muslim Housing Association (NLM) is a BME provider with specialist capability in meeting the needs of the Muslim community, but not exclusively. They share, in common, a desire to offer later life housing that is faith and culture-sensitive.

Cazenove Road - a sheltered scheme managed by NLM is close to the Mosque and has been designed with a prayer room. Fradel Lodge – a supported housing scheme in the Schonfeld Square complex – was designed with its own synagogue and other features that enable Jewish observance.

Both organisations work closely together and provide a safe and welcoming place for senior citizens to express their faith and cultural traditions

For more information: www.aiha.org.uk and www.nlmha.com

With a skilled support and care workforce

Policy makers must also recognise the workforce implications of enabling senior citizens to be well supported in their homes, and to plan for this. This includes supporting staff in OPH/LLH schemes, and domiciliary care workers who provide essential care and support to senior citizens in their homes. In 2022/23, Skills for Care[43] reported there were 152,000 vacant posts each day across social care, with a longer-term trend of vacancy rates higher than that of the wider economy. Simply to keep up with demographic changes, by 2035 we are going to need an extra 440,000 roles, on top of a further 440,000 people to replace retirees, so the challenge should not be underestimated.

It is not just about the volume of workers. Increasingly, senior citizens have co-morbidities: they are growing older with dementia, with learning disabilities, mental health needs alongside frailty. Those working with senior citizens need to be increasingly multi-skilled and able to work in multi-professional teams. Those who work in service-led housing (supported living and assisted living) should be seen as part of the broader social care workforce and have the same opportunities as other care workers to progress their skills and move into higher skilled caring roles.

There is currently little data on - or visibility of - the people who work in service-led housing (supported living and assisted living). If we are to enhance the skills of those working in OPH/LLH, we need a better understanding of the current workforce, and the future roles and skills required. It is only by taking a more proactive approach to understanding and addressing the needs of the service-led housing workforce, we will be able to ensure that the workforce is equipped with the skills and knowledge necessary to meet the evolving needs of residents in these settings.

[43] https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

We must ensure that mainstream housing meets the needs of senior citizens.

Most senior citizens (over 90%) live in mainstream housing, and this will be the case for the foreseeable future. Yet current mainstream housing stock is often unsuitable for later living with only 9% having all four features that define 'visitability' – i.e., suitable for people with reduced mobility to visit. Even fewer homes are sufficiently accessible and adaptable to enable independent living. This impacts on housing providers - there are no mandatory standards specifically covering the design of housing for senior citizens that would provide a comprehensive set of "best in class" design guidance. We also know that 1 in 5 senior citizens live in poverty and many in non-decent housing. Poor quality housing costs the NHS £1.4 billion a year, yet the relationship between housing and health is rarely acknowledged.[44]

Building to Lifetime Home standards[45] (homes that are easily accessible and adaptable for lifetime use) would help keep senior citizens safe and well at home for longer, and in fact the Government proposes to improve the accessibility of new homes (Building Regulations M4(1) visitable, M4(2) accessible and adaptable and M4(3) wheelchair user). Currently the default standard for new homes is M4(1) and the Government has already committed to raising the standard for new homes to M4(2).

Given the ageing population, the Government should further consider when M4(3) is appropriate (currently it is up to local councils to set a local planning policy for use of M4(3)) and also review whether the Disabled Facilities Grant (DFG) needs to be extended to more people of lower to middle-affluence who cannot afford to make age-appropriate and energy efficient adaptations.

However, higher standards for new homes will not improve the existing housing stock. Given the current lack of Lifetime Homes, more investment is also needed in home improvements and adaptations[46] to achieve a triple dividend (economic returns, job creation and social and environment benefits)[47]. Through government interventions, energy efficiency of homes is improving - nearly 50% of properties in England now have an Energy Performance Certificate (EPC) of C or above– up from just 14% in 2010. Safe, energy-efficient homes can alleviate pressure on health and social care services and contribute to meeting net zero obligations.

Low-cost home modifications could lead to a 26% reduction in falls that need medical treatment, helping senior citizens stay independent for longer and saving £500 million each year to the NHS and social care services[48] through for example, improving hospital discharge rates and delaying or even preventing emergency admissions or the need for residential care. Government provides over half a billion pounds per year to fund the Disabled Facilities Grant (DFG) which enables older and disabled people on the very lowest incomes to adapt their home to meet their specific needs, subject to criteria including a means test and a maximum grant level of £30,000. The DFG can be used to fund accessibility features, including ramps and stairlifts. However, research[49] suggests that we are failing to maximise the great potential benefits of the DFG and that there would be merit in reviewing the process by which it is allocated and administered.

An evidence review on behalf of the Taskforce found that older people are willing to pay more for homes with adaptations, such as step-free access and level access showers. More needs to be done to encourage people who can afford to pay, to take earlier action to adapt and future proof their

[44] https://files.bregroup.com/research/BRE_Report_the_cost_of_poor_housing_2021.pdf
[45] https://www.housinglin.org.uk/Topics/browse/Design-building/AccessibleDesign/LifetimeHomes/
[46] https://demos.co.uk/research/home-improvement-a-triple-dividend-part-one-boosting-the-british-economy/
[47] https://ageing-better.org.uk/resources/home-improvement-triple-dividend
[48] Room to improve. The role of home adaptations in improving later life.pdf (ageing-better.org.uk)
[49] the-disabled-facilities-grant-a-step-change-improving-delivery-of-the-disabled-facilities-grant.pdf (ageuk.org.uk)

homes. In particular, more should be done to explore how new technologies could be utilised to support senior citizens in their current homes, including the use of artificial intelligence (AI), robotics and new smart technologies in the development of new homes. Disabled Facilities Grants (DFG), social services and NHS adaptation grants should routinely include low level technology. This could potentially support more senior citizens living in their current homes.

We can learn from other countries.

While some other countries have state-funded adaptations programmes for those on low incomes, Australia also offers technical advice directly to affluent self-funding older homeowners on adapting and future-proofing their own homes for ageing. Additionally, in certain US states, loans are available to facilitate home adaptations for those whose earnings or savings exceed the threshold for state-funded assistance.

In New Zealand and the USA, there are several innovative models based around family and community support models. In the USA, builders develop new multi-family homes[50] or new homes with 'granny annexes' to make it easier for those who want to buy somewhere to live with adult children. Auckland is piloting 'Homeshare' arrangements with a formal exchange of living space for care and support[51]. The USA has developed the idea of a 'virtual village' in which a group of people who live in their own homes, near each other, agree to help each other[52]. They form a self-governing non-profit organisation that offers membership to any household within its area, to support the older population.

Community-led housing

It's clearly very tricky to solve the problem of providing support which is affordable for those of lower to middle-affluence. We may need to think more creatively about how community approaches can delay the need for more 'professional' and expensive forms of care and support.

Collaborative housing involves a group of residents living together with significant control over their home and associated services. The best-known model for senior citizens is co-housing: an 'intentional' community that encourages social connections. Typically, residents live in self-contained homes but share common facilities and often eat together, with members committing to supporting each other informally as they grow older[53]. While not for everyone, co-housing and other collaborative housing models suit people wanting more control and connection with like-minded individuals.

Interestingly Housing21 (a not-for-profit provider of both supported and assisted homes for older people of modest means) is currently working with lower income communities to develop some co-housing-type schemes[54].

The commitment to the concept is growing and a Community-Led Homes (CLH) partnership is supporting more groups to overcome the many hurdles, including agreeing legal and governance

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[50] https://housingtoolkit.nmhc.org/wp-content/uploads/2019/04/D_NMHC_PDF-Sections_Multifamily-Benefits_PG-36-TO-44.pdf

[51] https://officeforseniors.govt.nz/our-work/homeshare-pilot/#:~:text=To%20help%20promote%20a%20wider%20range%20of%20housing,them%20in%20exchange%20for%20support%20around%20the%20house.

[52] https://www.vtvnetwork.org/

[53] *Collaborative Housing and Innovation in Care (CHIC) project report*

[54] https://cohousing.org.uk/wp-content/uploads/2023/10/HA-Co-housing-guide_3.pdf

structures, securing sites, gaining planning permission, finding development partners as well as managing group dynamics[55].

Case Study - Cohousing scheme in Cambridge

Marmalade Lane is a multi-generational, market sale, cohousing scheme. The 21 houses and 21 apartments share communal facilities, including two sitting rooms, guest rooms, a gym, workshop, shop, and a shared garden.

Cambridge Cohousing has ensured that the design and management supports a strong sense of community and encourages social interaction. Shared resident management enables the community to be managed for the collective benefit. The ethos is one of mutual informal support, but no care is provided on site.

Marmalade Lane was able to overcome the struggle of accessing land, faced by many cohousing groups as the Council landowner designated the site for cohousing. They subsequently recruited future residents and worked with Mole Architects to co-design the community. A healthy balance between a community that is outward-facing to the wider neighbourhood and inward-facing towards the community has been essential and required careful consideration at the vision and design stages. The site-first approach worked to respond to growing interest and demand for intergenerational cohousing from people who are 50+:

"*Multi-generational cohousing is a wonderful way to stay engaged with all generations, it keeps you young, engaged, and healthy. There's always people to see and something to do and great food and cake!"* A resident

"*I am still working but I can see this is going to be a great place to age. Plenty to do and I enjoy the relationships I have across the age-range*." A resident

For more information http://www.marmaladelane.co.uk/ or https://cohousing.org.uk/

Homeshare enables two unrelated people to share a home and their lives for their mutual benefit. Companionship and mutual support are at the heart of Homesharing – not financial gain. A householder with a spare room offers free or low-cost accommodation in exchange for companionship and an agreed level of support, for example, shopping, household tasks, or help to use the computer. Homeshare offers a potential intergenerational solution, providing affordable housing to often younger people in return for supporting an older occupier to live independently at home (but not personal care).

A key challenge facing Homeshare programmes is the lack of research to support the anecdotal evidence in its favour. A second challenge is the labour-intensive nature of Homeshare: it requires significant personal contact to safeguard participants. However, the success of Homeshare programmes lies in the fact that they are small scale and local - a successful, affordable model for allowing householders to remain in their home as they age, especially in terms of reducing social isolation.

Shared Lives schemes are similar in concept but match a person with higher support or care needs that make it harder for them to live on their own, with an approved carer (but not one who provides

[55] https://www.communityledhomes.org.uk/

personal care), who shares their family life and gives support to the older or disabled person. Sharers do not provide personal care, so are most likely to be suitable to help senior citizens with support needs, such as, learning disabilities, mental ill health and dementia. Like Homeshare, Shared Lives schemes make use of existing underused housing stock, precluding the need for massive capital investment.

Case Study - PSS Shared Lives, National (Liverpool example) – Community Led Housing

Here is a story of a resident of Shared Lives. Initially residing in a homeless hostel, the resident faced adversity and cognitive disabilities. Following local authority intervention, PSS Shared Lives was contacted to find a suitable Shared Lives home for the resident. After an introductory period, the resident went to live with a Shared Lives carer and her family in 2009.

Over the years, the resident's life has seen remarkable improvement. Despite occasional bouts of low mood and ongoing health challenges, with the support of the shared lives carer and her family, the resident is able to manage these times well. Embracing her journey she finds solace and assistance from her shared lives carer. The resident has a great sense of humour and is continuing to live happily with the same family in her later life.

For more information: https://psspeople.com/help-for-professionals/social-care/shared-lives

Research undertaken for MHCLG in 2021 on community-led housing (CLH)[56] found that people in CLH were significantly less likely to feel lonely than similar members of the general public and that CLH residents' perceptions of their own communities were significantly more positive. Expansion of these models could address some of the practical challenges of ageing, supporting senior citizens with their wellbeing and independence while tackle housing shortages.

The role of Social and Affordable housing

We would also like to recognise the importance of Social[57] and Affordable[58] housing for senior citizens. Whilst not core to this report, the Taskforce wants to acknowledge the crucial role of Social and Affordable housing in providing for those with fewer means. Sheltered and extra care housing provided by registered providers is a success story in the UK, being 3 to 4 times the size of the private payer market. Nevertheless, it is right to note some significant challenges, and we are aware of the following concerns:

- The need for certainty over long-term rental and service charge settlements, including the treatment of supported housing accommodation costs through the welfare system.
- The importance of optimizing revenue funding settlements to support the delivery of domiciliary care within extra care housing schemes (assisted living).

[56] https://www.gov.uk/government/publications/community-led-housing-and-loneliness

[57] social housing is government-subsidized, long-term rental housing for people on very low incomes with a housing need.

[58] 'Affordable housing' (with a capital 'A') is a specific term that includes homes for sale or rent for people whose needs are not met by the private market. We use the term 'affordable housing' (with lower case 'a') when talking about affordability in more general terms.

- The necessity of revenue funding to support older customers, for example, funding via local authorities from the Government's former Supporting People programme was extremely helpful.

While capital is available for Affordable housing options (such as the Ministry of Housing, Communities and Local Government Affordable Homes Programme and the smaller Care and Support Specialised Housing Fund (CASSH), sponsored by the Department of Health and Social Care, both delivered by Homes England and the Greater London Authority) we need to get the conditions right to unlock it as the funds do not currently sufficiently incentivise Affordable housing providers to bring forward housing with support and care services.

To maintain and potentially grow Social and Affordable options at the lower end of the market will require increased capital (through the MHCLG Affordable Homes Programme and the DHSC CASSH programme) combined with revenue funding to enable the right level of support for older customers.

Recommendations for incentivising a wide range of OPH/LLH options.

Our collective ambition should be to:

Put the needs and preferences of senior citizens at the forefront, recognizing that "home" encompasses more than just physical structures. We need to recognise that, given our growing and increasingly diverse ageing population, the UK faces numerous housing challenges, including unsuitable mainstream housing, under-occupied dwellings and a lack of faith and culture-sensitive choices for later living. We need to acknowledge the urgent need for adaptation and upgrade of existing stock, raise accessibility standards for new homes, and consider community-led forms of housing, as options that may be more affordable and beneficial for the majority of people.

Central government should drive progress by:

1. **Incentivising a range of OPH/LLH options including community-led models and moving towards the overall housing stock being more suitable for people as they age:** Recognise the heterogeneity of senior citizens and incentivise a range of OPH/LLH options to be scaled up, in order to meet the needs of individuals, enhance their wellbeing and create inclusive communities.

2. **Setting a target of 10% of delivery through the Affordable Homes Programme being for OPH/LLH**, in terms of grant funding to support the capital costs of developing affordable age-friendly and inclusive housing in England. This should be accompanied by a review of rent and service charge settlements, and how the revenue operating costs should be best funded, to encourage providers to bring forward schemes.

3. **DHSC reviewing support for the Care and Support Specialist Housing Fund** to set aside capital and revenue funding for service-led housing providers to bring forward proposals for development of OPH/LLH to meet the needs of senior citizens and adults with disabilities or mental health problems.

4. **Developing measures which encourage homeowners to adapt their own homes** for later life, such as public campaigns, guidance, changes to value added tax (VAT) on adaptations, or low-cost loans.

5. Radically improving the efficiency of the **Disabled Facilities Grant.**

6. **Recognising those who work in service-led housing care and support roles** in all plans to grow the adult social care workforce, and ensuring the roles and skills required in service-led housing are considered in DHSC plans for a Care Workforce Pathway for Adult Social care.

Local systems should work together to:

7. **Understand the needs and preferences** of senior citizens living in their local community and build housing to suit their varied needs.

The industry should:

8**. Work in partnership with relevant stakeholders** to come up with creative solutions that enable senior citizens to access the housing choices that best meet their needs.

9**. Adopt the Care Workforce Pathway** to ensure staff have the opportunities to grow their skills and progress.

Chapter 3: Ensure more housing is designed for later life.

We have a growing ageing population and housing stock that does not meet their needs. We need to optimise all forms of OPH/LLH including mainstream housing, community-led housing, service-led housing (supported living and assisted living) and, though not the focus of this report, care homes.

Well-designed, suitable housing can help improve the quality of life, health and wellbeing of senior citizens, including by reducing loneliness and helping people live with dementia. This can help senior citizens live longer, happier and healthier lives, not only continuing to support local business and community activities, but also bringing associated cost savings to the NHS and adult social care[59].

In recent years, there has been considerable progress in the development of attractive, new OPH/LLH, taking account of the Housing our Ageing Population Innovation Panel (HAPPI) design principles[60], the Lifetime Homes Standard[61] and the Habinteg Housing Wheelchair Guide[62]. However, the great majority of senior citizens will continue to age in mainstream housing and need to do so safely. The vast majority of housing in England was built before 1980, with 8.9 million homes (around 35%) built before 1945. In 2020-21, only 12% of senior citizens had level access at the entrance of their building. This requires a long-term strategy for change.

At the same time, design guidance has often focussed strongly on issues of physical mobility in relation to access, adaptations and improvement. These issues are very important but are part of a much wider picture where dementia-inclusive design, smart technology, responding to climate change and a greater diversity of lifestyle choices require a fresh look at how we design our homes to meet both the physical and mental health needs of an ageing population.

A recently concluded two-year research project on age-inclusive later living[63], funded by the Innovate UK Knowledge Transfer Partnership, builds on the HAPPI design principles and draws on international comparisons to capture latest examples of inclusive design. It sets out a benchmark to inform what age-inclusive housing can look like, including intergenerational living. However, the application of such best practice is not always as common or widespread as it could be and achieving the right balance between high quality design, viability and affordability can present real challenges, especially for a private market offer to people of lower to middle-affluence.

Vision

Our vision is for a greater range of attractive, well-designed age-friendly and inclusive homes that are

desirable, accessible, adaptable, technology-enabled and affordable to meet the housing needs and lifestyle choices of an ageing population and enable people to live well and comfortably into older age, connected to their local communities.

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[59] https://www.extracare.org.uk/news/research-finds-older-people-less-anxious-more-active-and-less-likely-to-fall-in-retirement-communities/

[60] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

[61] https://www.housinglin.org.uk/Topics/browse/Design-building/AccessibleDesign/LifetimeHomes/

[62] https://www.housinglin.org.uk/Topics/browse/Design-building/occupational-therapy/inclusive-design-for-complex-needs/wheelchair-housing-design-guides/

[63] Age-Inclusive Design Principles, by the Knowledge Transfer Partnership (back by Innovate UK, Cartwright Pickard, and the Helen Hamlyn Centre for Design), working with the Royal College of Art. This research has not been published but a copy can be requested via this link: Age-inclusive design principles • Research + foresight • Cartwright Pickard

Designing homes for senior citizens

In addition to the expertise of its own members, the Taskforce has drawn on evidence submitted through a call for evidence and held policy discussions and a roundtable with a range of experts hosted by the Royal Institute of British Architects. The following summarises the key findings for designing homes for senior citizens:

Adaptability – OPH/LLH must consider the needs of fit 55-year-olds and frail centenarians. Designs should be accessible to those with mobility problems and consider needs arising from loss of vision, loss of hearing and cognitive decline. Scheme design should enable companionship, allow for potential delivery of care and support and future innovation, particularly around technology[64].

Dementia – design guidance and good practice to date has not done enough to take account of the needs of senior citizens living with dementia. As others have set out, there is a need to urgently adopt dementia-friendly design principles[65]. Good design for people living with dementia entails respecting their dignity, autonomy, independence, equality of opportunity and non-discrimination. A Dignity Manifesto of Design for People Living with Dementia, developed by leading experts in dementia enabling design, provides an internationally agreed consensus on the values and principles that guide the design of enabling environments for people living with dementia[66]. It is important that design compensates for impairments, maximises independence, enhances self-esteem and confidence, demonstrates care for staff, is orientating and understandable, reinforces personal identity, welcomes relatives and the local community and allows for control of stimuli[67]. The outcomes and benefits of applying such principles are outlined in recent research.[68]

Daylight, View and Ventilation – day light, quality of the air, a view, thermal warmth in the winter and ventilation to keep people cool in hot summers, are all important but balancing these elements can be tricky. Big windows with low sills, for example, can help those in bed or in a chair enjoy the views but may result in overheating in summer. With climate change in mind, thoughtful innovative building design and simple technology should be the key to heating and ventilation.

Operating costs - homes should be designed to be economical for operators to run and affordable for the senior citizens who will live there.

Number of bedrooms - one or two bedrooms are normally sufficient. Scheme designs should consider the potential for carers to need to stay overnight.

Space – the HAPPI design principles advocate a minimum of 54sqm for one bedroom and 68sqm for 2 bedrooms. More space allows for better orientation, extra storage (e.g. for specialist equipment) and more scope for at home care and support.

Position/location – from town and city-scapes to rural locations, easy access to shops and facilities is important, including public transport, green space (open, undeveloped land with natural vegetation) and blue space (visible surface water such as lakes, rivers or coastal waters but can include urban water like canals or ponds)[69].

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[64] as outlined in the 'care ready' HAPPI reports

[65] See, for example, the APPG on Housing and Care for Older People Inquiry report, *Housing for People with Dementia: Are we ready?* and the work of the Dementia Services Development Centre (DSDC) at the University of Stirling.

[66] https://www.enablingenvironments.com.au/the-dignity-manifesto-of-design.html

[67] Marshall, M., Judd, S. and Phippen, P. (1997) Design for Dementia, Hawker Publications, London.

[68]. https://doi.org/10.1108/978-1-78769-971-720191004

[69] See for example, *Building for a Healthy Life* design considerations, the WHO's Age-friendly Communities Charter.

Pattern of Occupation – senior citizens are likely to spend far longer at home. The comfort and quality of the dwelling, the design of heating and other services and the attractiveness of the setting all need to take this into account.

Community – current housing design standards assume a working population. From intergenerational living to purpose-built later living housing, in future, a stronger design focus on environments that promote social connectedness and neighbourliness are vital to counteract the huge problem of loneliness and isolation that many people in later life experience.

Technology readiness – Digital technology, including artificial intelligence (AI), has a huge part to play in supporting senior citizens. With the switchover from analogue to digital in end of January 2027 more needs to be done to design homes for greater use of technology[70] Different types of technologies are currently used in various ways within later living homes and can be broadly classified based on their focus. For instance, a focus on information and communication (e.g. videoconferencing, electronic health records); support and assistance (e.g. smart home technologies, sensors and wearables, telehealth). We also need to consider how technology can help facilitate and improve housebuilding techniques and construction processes such as off-site manufacturing and Modern Methods of Construction[71].

Little Things – many aspects of general good design are particularly important for senior citizens including easy-grip ironmongery, bathroom doors that open out, kitchens and bathrooms designed from the outset to allow ease of use or future adaptation.

Security – security is very important to senior citizens and homes should be secure by design. This can include use of video door entry systems, emergency call systems and burglar alarms, design aspects to deter intruders and prevent distraction burglary/bogus callers.

Fire and flood - housing for senior citizens needs clear, age-suitable means of escape and detection systems, in the event of emergency.

Cars and parking – should include parking for visitors, including professionals and mobility scooter storage. There is also an urgent need for specialist national guidance on Highways for OPH/LLH, as older people interface with roads differently to younger adults.

Low maintenance but beautiful gardens / outdoor space – landscaping and planting is important to senior citizens' wellbeing.

Ground floor living - many senior citizens prize ground floor living or bungalows but that is not always possible: innovative design is needed to recreate the ground floor feeling in 'vertical bungalows'; higher density apartment style living with spacious interiors and access to balconies.

Co-design - where possible, for the best results, age-friendly and inclusive developments should be designed not only in consultation with senior citizens but should be actively co-designed together with them.

[70] Technology for our Ageing Population: Panel for Innovation (TAPPI))

[71] https://www.cast-consultancy.com/wp-content/uploads/2019/03/MMC-I-Pad-base_GOVUK-FINAL_SECURE.pdf

Challenges in design of OPH/LLH

Good practice in the design of housing for senior citizens, including those living with dementia, is available but not applied widely enough. More needs to be done to improve the professional education and training of architects and the construction industry.

Higher specification, more adaptive, beautiful schemes, including a range of facilities and amenities can involve higher costs (both build and operational) and this can prove challenging in terms of scheme viability and ultimately affordability for residents, particularly for people of lower to middle-affluence. Whilst challenging, getting the right design specification, focusing on the necessary but not the desirable and the right balance between beauty, utility and viability, can help reduce costs.

Challenges in design of mainstream housing

To improve the accessibility and adaptability of mainstream housing, the Taskforce is clear that government should implement the improved accessibility standards for new build homes that it has previously consulted on and agreed to. It is also important that experts on design for senior citizens input to future revisions to Building Regulations and similar technical guidance, design guidance and urban design guidance.

Case Study - Eddington Lodge, Churchill Retirement Living – A high-quality design scheme

Eddington Lodge, a Churchill Retirement Living Development in Cumbria, is a great example of inclusive design and community living, in retirement accommodation. It has 64 well designed, 1- or 2-bedroom apartments, this modern facility combines great amenities for its residents.

At the heart of Eddington Lodge lies its inviting communal lounge, reminiscent of a stylish club, offering residents views overlooking their gardens. It offers a coffee bar/lounge, this which encourages social interaction within their residents.

The Lodge offers a guest suite with laundry services which enhances convenience for residents and their visitors. Furthermore, the implementation of accessibility features such as ramps, rails, and wheelchair-friendly amenities throughout the premises ensures that inclusiveness for all their residents.

The attention to detail has been looked at in the design of the apartments, with easy turn lever taps, illuminated large button light switches, and slip-resistant flooring, prioritising safety, and comfort for residents. Additionally, the provision of waist-height fitted ovens and height-appropriate work surfaces in the kitchen ensures accessibility without compromising on functionality. Private balconies and patios are provided in a third of the apartments, while free car parking and refuse rooms add practicality to the living experience.

To support residents, Eddington Lodge provides on-site management and a 24-hour Careline System.

For more information: https://www.churchillretirement.co.uk/retirement-apartments-for-sale/cumbria/eddington-lodge/

Recommendations for ensuring more housing is designed for later life.

Our collective ambition should be:

that building regulations and design codes play their appropriate part in ensuring a greater range of attractive, well-designed, age-friendly, dementia-inclusive, faith and culture-sensitive homes. Homes need to be desirable, accessible, adaptable, technology-enabled, energy efficient and affordable, to meet the housing needs and lifestyle choices of an ageing population. This would enable senior citizens to gain from the known mental and physical health benefits of age-friendly housing, whilst living well and comfortably into older age, connected to their local communities.

Central government should drive progress by:

1. **As part of the Design Planning Practice Guidance, developing a national design code for age-friendly and inclusive housing**, drawing on evidence-informed recommendations for HAPPI 'care-ready' housing principles[72], dementia design, accessibility, adaptability, sustainability, technology and faith and culture-sensitive requirements. These recommendations could inform Homes England's prospectuses for grant-aided mainstream social and mid-market housing programmes. An advisory group could be appointed to advise government on this and other building design issues, for example, how changes to the Energy Performance Certificate could better reflect energy usage by older occupants and other environmental conditions such as net zero and impact on affordable warmth.

2. **Immediately implementing the adoption of Part M4(2)** of the Building Regulations for all new housing. Also, in the medium term, adopt **guidance** on the provision of wheelchair accessible dwellings under **Part M4(3)** of Building Regulations to ensure that such dwellings are provided as appropriate and that full occupation by those for whom they are intended can be reasonably ensured.

3. **Reviewing the National Model Design Code** and local design guidance for OPH/LLH, to ensure it is fully up to date with the latest research.

4. **Requiring Homes England and the Greater London Authority to review design criteria** for the Affordable Homes Programme and for the Care and Support Specialised Housing Fund to ensure grant-aided mainstream social and lower to middle-affluence market housing programmes must incorporate age-friendly design.

Local systems should work together to:

5. **Encourage local planners to engage with dementia charities**/organisations to ensure local design codes are dementia-inclusive.

Industry partners should:

6. **Work with the Royal Institute of British Architect's and other existing award schemes**, such as, the Royal Town Planning Institute and the Landscape Institute to accommodate an additional category of award for 'age-friendly and inclusive housing and neighbourhoods', in their annual awards programme. In particular, an award for low-cost innovative building design to meet the needs of the lower to middle-affluence market. The prize should be awarded for all types of

[72] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

OPH/LLH (mainstream, community-led, service-led, care homes) and all types of innovation (new building, retrofit or adaptations).

7. **Generally, ensure that providers undertake thorough feedback exercises on all new schemes and incorporate the ideas and data obtained into all new designs. Where appropriate involve community groups including potential residents in co-production focus groups** to ensure outcomes mean that local resident views are incorporated in the design brief for professional teams.

8. Ensure all **new OPH/LLH is 'future proofed' for an increasingly digital age** and **that existing settings are ready for the switch from analogue to digital** by the end of January 2027.

Chapter 4: Create age-friendly, dementia-inclusive, faith and culture-sensitive communities.

Because the community beyond the front door - the built environment, local infrastructure, communities and mutual support - enables people to live independently and well, whatever housing they choose to live in.

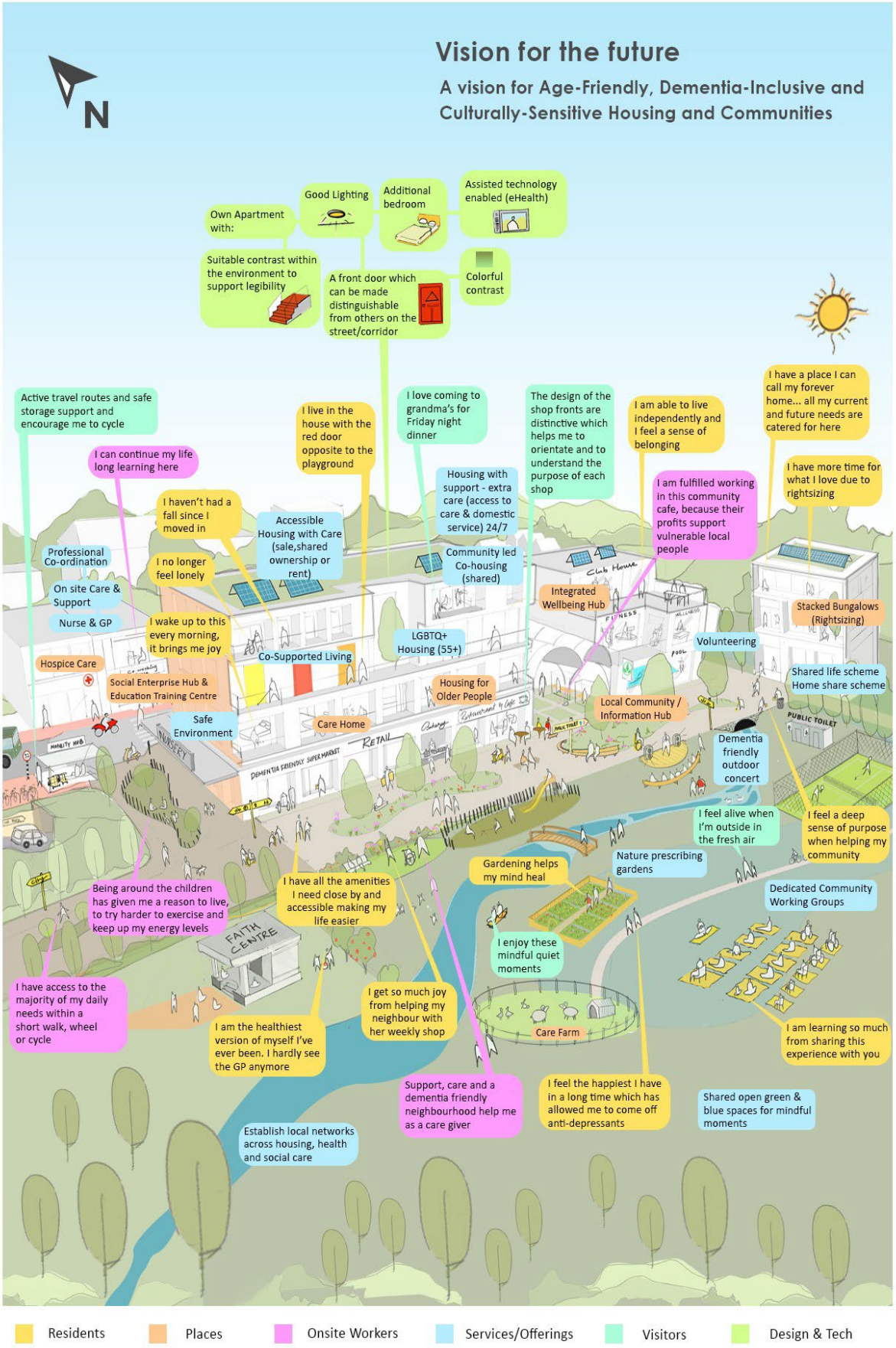
Research shows a small but significant correlation between age-friendly environments (AFEs) and senior citizens' mental and physical well-being[73]. For example, in more age-friendly, dementia-inclusive, faith and culture-sensitive (age-friendly and inclusive) areas, senior citizens are less confined to their homes with the attendant risks of physical or mental health problems. Additionally, communities are stronger and more self-sufficient: when senior citizens are more active and engaged in their community, they bring more custom, for example, to shopping centres and local markets and their footfall creates multiplier effects in the local economy.

Vision

We must strive to create inclusive local communities in which senior citizens enjoy life and thrive. Age-friendly and inclusive communities are places where age is not a barrier to living well and where the environment, activities and services support and enable senior citizens, including those living with dementia, to have opportunities to enjoy life and feel well, participate in society and be valued for their contribution, have enough money to live well, feel safe, comfortable and secure at home.[74]

[73] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9657613/

[74] https://www.ageuk.org.uk/our-impact/politics-and-government/age-friendly-communities/


Vision for the future
A vision for Age-Friendly, Dementia-Inclusive and Culturally-Sensitive Housing and Communities
N
Own Apartment with:
Good Lighting
Additional bedroom
Assisted technology enabled (eHealth)
Suitable contrast within the environment to support legibility
A front door which can be made distinguishable from others on the street/corridor
Colorful contrast
Active travel routes and safe storage support and encourage me to cycle
I can continue my life long learning here
I live in the house with the red door opposite to the playground
I love coming to grandma's for Friday night dinner
The design of the shop fronts are distinctive which helps me to orientate and to understand the purpose of each shop
I am able to live independently and I feel a sense of belonging
I have a place I can call my forever home... all my current and future needs are catered for here
I have more time for what I love due to rightsizing
I haven't had a fall since I moved in
Accessible Housing with Care (sale,shared ownership or rent)
Housing with support - extra care (access to care & domestic service) 24/7
I am fulfilled working in this community cafe, because their profits support vulnerable local people
Professional Co-ordination
I no longer feel lonely
Community led Co-housing (shared)
On site Care & Support
Integrated Wellbeing Hub
Stacked Bungalows (Rightsizing)
Nurse & GP
I wake up to this every morning, it brings me joy
LGBTQ+ Housing (55+)
Volunteering
Hospice Care
Co-Supported Living
Shared life scheme Home share scheme
Social Enterprise Hub & Education Training Centre
Housing for Older People
Local Community / Information Hub
Safe Environment
Care Home
Dementia friendly outdoor concert
I feel alive when I'm outside in the fresh air
I feel a deep sense of purpose when helping my community
Nature prescribing gardens
Gardening helps my mind heal
Being around the children has given me a reason to live, to try harder to exercise and keep up my energy levels
I have all the amenities I need close by and accessible making my life easier
Dedicated Community Working Groups
I enjoy these mindful quiet moments
I have access to the majority of my daily needs within a short walk, wheel or cycle
I get so much joy from helping my neighbour with her weekly shop
Care Farm
I am learning so much from sharing this experience with you
I am the healthiest version of myself I've ever been. I hardly see the GP anymore
Support, care and a dementia friendly neighbourhood help me as a care giver
I feel the happiest I have in a long time which has allowed me to come off anti-depressants
Shared open green & blue spaces for mindful moments
Establish local networks across housing, health and social care
Residents
Places
Onsite Workers
Services/Offerings
Visitors
Design & Tech

What makes a successful age-friendly home and community?

Age friendliness, health and well-being depend on where a home is situated within the local community and connections to social and other valued networks. For example, senior citizens value being near friends and families and local amenities, so it concerns the proximity of housing to amenities including shops, doctors' surgeries, public transport and so on. Building a mutually supportive age-friendly and inclusive area is simpler to do when things are closer to home and to each other. To be successful, age-friendly communities (AFCs) must be attractive and affordable enough to encourage people to move. They need to be compact and well-connected areas with a mix of household types.

Basic principles of AFCs include:

- A mix of housing - not necessarily designated OPH/LLH – but a critical mass of senior citizens, so that residents can interact and build a functioning community.
- Amenities such as shops, libraries, leisure facilities, places of worship and parks close by to enable senior citizens to pursue active lives and stay involved in their communities.
- Compact residential areas enable more efficient delivery of social care and other services to people's homes by reducing journey times for example home care workers.
- Areas designed to be safe and quiet with level pavements and free of busy traffic.
- Ensuring there is high quality internet services to keep people in close contact with each other or to work from home or convene together if that is their wish is also important.

Many of these suggestions for creating AFCs are not new. The WHO Global Age-friendly Cities Guide is an excellent example,[75] setting out a range of opportunities that cities offer to senior citizens for social participation, entertainment, volunteering, or employment which aligns with recommendations here. The Royal Town Planning Institute has also published guidance on how town planning can work with other professionals to create better environments for people living with dementia[76].

Age-friendly areas can also work well in towns or on the edges of conurbations (currently around 80% of later living homes are in towns or on urban fringes).[77] Adopting an age-friendly and inclusive approach could potentially be used to revitalise some failing town centres, although the challenge is to create age-friendly and inclusive areas within existing towns and cities in ways that blend in and are affordable, using tools and experience from successful naturally occurring retirement areas and purpose-built retirement villages.[78] Building on this, the University of Stirling have developed an Inclusive Living Toolkit that sets out inclusive approaches to housing development, maintenance and repair, and the wider urban environment[79].

Planning for OPH/LLH in town centre locations is one way to promote age-friendly and inclusive living, within close walking distance to amenities and the centre of the community. Co-locating OPH/LLH near to existing local facilities (swimming pools, gyms, cafes, social clubs) can also reduce the need for

[75], https://www.jcafc.hk/uploads/docs/Global-Age-friendly-Cities-A-Guide-1.pdf

[76] RTPI | Dementia and Town Planning

[77] https://ilcuk.org.uk/wp-content/uploads/2023/05/ILC-FP-Retirement-RPT-Mayhew-Review.pdf

[78] Ageing in Place in Urban Environments: Critical Perspectives (2023). Tine Buffel and Chris Phillipson

[79] https://www.stir.ac.uk/research/hub/publication/1649609

on-site facilities, in turn reducing build costs and ongoing service charges. Yet high density OPH/LLH is often seen as not in keeping with the wider built environment, as current planning guidance and design codes do not factor in the unique circumstances for later living developments.

The spatial footprint of villages is often suited to community-based living but more isolated rural areas present different challenges because of the additional costs of providing rural services. Investing in digital infrastructure to maximise the benefits of greater flexible and remote working may be key to sustaining vibrant rural communities. [80]

Case Study - The Chocolate Quarter (St Monica Trust), Keynsham (Rural) – Developer working with the local area

The Chocolate Quarter has 136 retirement apartments and a 93-bed care home and has been granted planning permission for an additional 44 assisted living apartments, 18 one-bedroom affordable housing units and 26 two-bedroom private apartments. This will increase the total number of retirement apartments to 180. The care home provides services across nursing and dementia care, respite and end of life care, as well as a focus on rehabilitation and reablement.

As part of the design phase for the Chocolate Quarter, extensive research through community consultations and focus groups were undertaken to understand what the community wanted. The design of this historic building allows people of all generations to come together to create a truly unique community atmosphere. It includes office spaces and retail outlets for local businesses and shares facilities with the local community including an authentic pizzeria/restaurant, a spa, gym, swimming pool, cinema, craft studios for woodwork, pottery and art, hair salon, barbers and nail salon.

Design features within the apartments were made as a direct result from the consumer consultation, such as designing of the kitchen with oven door that folds under to prevent burns and having a separate laundry room, not in the kitchen. The apartments also have a number of innovative approaches specifically in the technology space, that can improve the lived experience for consumers.

For more information: https://www.stmonicatrust.org.uk/

Recommendations for creating age-friendly, dementia-inclusive, faith and culture-sensitive communities.

Our collective ambition should be to:

Ensure all senior citizens and their families have accessible and inclusive amenities, community connections and open spaces within easy reach of their homes. New and existing communities should be connected and curated to meet the needs of our ageing society. Where new communities are established or where regeneration is planned, all new public realm should be landscape-led, designed for health and wellbeing outcomes and should be age-friendly, dementia inclusive, faith and culture-

[80] See e.g. Ageing in a rural place. 2021. Centre for Ageing Better

sensitive; whilst being well-designed, attractive and promoting independence. The mix of housing would be varied and incorporate a full spectrum of housing typologies appropriate for an ageing and diverse society but planned to encourage mutual support through intergenerational living and social prescribing.

Central government should drive progress by:

1. **Requiring that Local Planning Authorities ensure that all Local Design Codes** give due consideration for the need that new developments, redevelopments and improvements to the public realm within the plan area be designed to be age-friendly and inclusive of households that are able to live independently and experience the health benefits.[81] Guidance and wayfinding to education for decision makers should be made available in the National Model Design Code and National Design Guidance. All improvements to existing public realm should be done to meet the needs of an ageing population, focusing more on environments that support social connections and build community assets. Inclusive-design, social prescribing and community and cultural connections should be at the heart of all placemaking.

2. **Updating guidance on Community Infrastructure Levy (CIL)** to encourage spending on local infrastructure which will improve the age-friendliness of the area, for example, ensuring bus stops include seating and shelters, or adding benches in key shopping areas, or along walking routes.

3. **Commissioning pilot schemes for age-friendly neighbourhoods** that are intergenerational but meet the varying and progressive needs of an ageing population and those caring for them, as part of urban extensions or new settlements, with a full evaluation of the outcomes to shape future policy.

4. **Mandating and funding Local Authorities and NHS England to publish spatial data on age-friendly and inclusive areas, including accessibility of health services**. Requiring local authorities to use agreed metrics to differentiate, measure and monitor the growth of age-friendly, dementia-friendly, faith and culture-sensitive neighbourhoods over time. Also, requiring the NHS Estate to publish data on the accessibility to building-based health assets (e.g. hospitals, GPs, dentists) at local authority levels. Placing a duty on the health service, local government and combined authorities to cooperate in place-making.

5. **Commissioning of research for rating homes** for their age-friendliness and on a simple scale, A, B, C etc. The WHO toolkit for age-friendly cities is a useful starting point[82] and should include both the physical build of a property and the character of the immediate area. Alongside this, it should also take into account social and psychological aspects too. The existing practice of reporting the thermal efficiency of homes is a precedent for this idea. Ratings would include such measures as square meterage, number of floors, and location (distance to shops, GPs, social hubs etc.). Such information would be available in estate agent shop windows and could be part of the National Information Platform (see chapter 7). It is feasible that this process could be automated using Artificial Intelligence.

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[81] https://ilcuk.org.uk/wp-content/uploads/2018/10/ILC-UK-Does-Living-in-a-Retirement-Village-Extend-Life-Expectancy-Web-version.pdf

[82] https://iris.who.int/bitstream/handle/10665/343780/9789240031531-eng.pdf?sequence=1

6. **The inclusion of age-friendly and inclusive modules** by the relevant bodies (e.g., Chartered Institute of Highways and Transport, The Royal Institute of British Architects, the Royal Institute of Chartered Surveyors, The Royal Town Planning Institute, Urban Design Institute and the Landscape Institute) and universities in the pertinent qualifications for accredited education and continuing professional development, in order to raise awareness across the professions. These should also take into account the increasingly diverse nature of the UK's elderly population.

Local systems should work together to:

7. **Consider boundary effects where an age-friendly area straddles a neighbouring authority,** in which case both authorities would need to consult together as required.

8. **Report progress in their strategic plans** for meeting the diverse needs of local communities with a range of age-friendly and inclusive housing and neighbourhoods and in annual and public health reports to Health and Wellbeing Boards. This should include the needs of people living with dementia.

Industry partners should:

9. **Ensure all marketing material includes relevant information** on age-friendly and inclusive housing and neighbourhoods, where they have specialist services or facilities making them more culturally inclusive communities.

Chapter 5: Expand OPH/LLH at scale and ensure it is affordable to live in and viable to finance, build and operate.

To increase supply, we need to create greater incentives for inward investment, including private and public sector capital support; thereby enabling a greater mix of housing that is affordable to those in the 'lower to middle-affluence market'.

There is reasonably strong evidence[83] to suggest that OPH/LLH, particularly assisted living, provides significant cost-benefits to the NHS and local authority adult social care. Evidence indicates that one older person residing in assisted living generates health and social care cost-benefits of £2,441 per annum. Service-led homes/housing (SLH), (supported living and assisted living) can improve wellbeing and quality of life, reduce the chances of entering residential care, and provide savings to the NHS and publicly funded social care. Investors and capital providers are aware of the opportunities this offers, and surveys have consistently found that investors would be willing to allocate significant long-term, patient capital to the sector if the conditions were favourable. Nevertheless, we have seen a worrying drop in supply in recent years. This needs to be addressed.

To increase supply of all types of SLH, the key is to hit the sweet spot of viability in the triangle of customers, developers/operators, and investors: if developers and operators can build and run housing options that customers can afford to buy and want to live in, investors will provide the capital funding to fuel the growth of SLH.

However, that 'viability triangle' is currently under threat, placing SLH at a critical juncture. There's a looming risk of eroding investor confidence unless operators can successfully scale up operations and deliver a product that aligns with market expectations in terms of quality and pricing.

This chapter – largely focussed at the lower to middle-affluence market where the affordability gap is biggest - explores the relationship between customers' ability to pay; the challenges developers and operators face building and running schemes; and the challenges in securing capital investment.

Vision

Our vision is one where the market is able to supply a wide range of housing options to meet senior citizens' needs at a price people of lower to middle-affluence can afford.

[83] https://www.housinglin.org.uk/Topics/type/Identifying-the-health-care-system-benefits-of-housing-with-care/

Case Study - Shenley Wood, The ExtraCare Charitable Trust Milton Keynes

Shenley Wood Retirement Village is an Extra Care Charitable Trust retirement village of 300 homes. It is a mixed tenure scheme which targets the mid-market, with 20% social rented properties, 40% shared ownership properties and 40% of properties for outright sale. The site is due to be extended by 81 units and will subsequently be the largest retirement village in the UK.

Shenley Wood is a growing, vibrant village with connections to the local community. The site has a huge array of facilities and a welcoming community energy . There is a gym, bistro/restaurant, beauty salon, hairdressers, village hall, library and winter garden with indoor bowling green. Outside, there is extensive landscaping including circular walks and a resident's greenhouse. The site has a 24hr on site, directly employed care team.

Residents have developed deep bonds with each other and are directly involved in all aspects of village life including – volunteering in a number of areas and taking part in the wide range of life changing activities, including arts and crafts, ceramics, computer and internet training, gardening, woodwork, Tai Chi, fitness classes, social events and entertainment. Residents have expressed "*The best thing about this village is the friendships and the very nice apartments, they are home to each of our unique styles*". For another, friendship and socialising are also high on the list of village life benefits: "*It really makes this place the hub of village life, friendship is the best*."

For more information: https://www.extracare.org.uk/villages/shenley-wood-village/

The Context

What is service-led housing?

Service-led homes and housing offer age-friendly and inclusive accommodation with additional support (supported living) and care (assisted living).

The 'support' aspect includes the activities and services on-site to help residents to continue to live well and independently. However, the amount of support given varies enormously – some schemes offer in-person support and others rely more on technological support. The role of the manager can make all the difference: some leave residents to their own devices, whilst others arrange meaningful activities and involve residents in decision-making about how the place is run.

By contrast, assisted living provides all this plus more for those who are perhaps more frail and less independent. This can include registered care work, such as, help with getting out of bed, washing, dressing, mobilising, provision of meals, help with eating, socialising and being part of the community. Again, the role of the manager and other staff is key to the experience of residents to make them feel a sense of security, belonging, continuity, purpose, achievement and significance in later life.[84]

[84] Nolan, M., Brown, J., Davies, S., Nolan, J. and J. Keady. (2006). *The Senses Framework: Improving care for older people through a relationship-centred approach*. University of Sheffield. ISBN 1-902411-44-7.

Within both categories there is huge variety. Some schemes are large and employ their own care and support staff, others are smaller and rely on external care providers. Facilities (e.g., restaurants, shops, gyms, hairdressers, activity rooms) also vary enormously, and in some cases are shared with the local community for wider benefit.

Care Homes

Although not part of this report, nursing and residential care homes will also continue to play a vital role. Over time, the level of acuity has increased in care homes, with nursing homes now looking after people who would have been cared for in hospital twenty years ago and residential homes caring for people who would have been in nursing homes. In parallel, the acuity of senior citizens residing in OPH/LLH is also likely to increase over time.

We are not building enough OPH/LLH to keep pace with demographic changes.

It is estimated that the number of households aged 65+ will grow by 37.3% by 2040, so the supply of later living housing will need to be boosted by over a third just to maintain its current coverage. Indeed, the Mayhew Review[85] found that to ease the pressure on the NHS and social services the Government needs to construct OPH/LLH at the rate of 50,000 new units a year compared with the "meagre" 5-7,000 currently being built. This is particularly worrying given that there has been a reduction in the numbers of private developers of OPH/LLH in the UK in the last 40 years. Current delivery rates are at a fraction of late 1980's peak and falling. Overall, the UK is significantly far behind other developed countries in delivering the volume of stock required.

Current provision is concentrated on households with either low income, or substantial levels of resources, meaning the majority in the middle are seriously underserved. Even though there has been some growth in private delivery of Integrated Retirement Communities – 2,000 units a year[86] during the last 5 years, compared with 400 a year for previous 5 years - most senior citizens' specialist accommodation remains social landlord rentals and the challenges will only get worse. There is a growing proportion of senior citizens privately renting, this is set to double in the next 20 years[87].

The growth in older private renters could alter the demand for different models of OPH/LLH. If this trend continues, we could see a reduction in realisable demand for OPH/LLH which requires the sale of an existing home to fund costs and a rise in demand for affordable rental products.

What senior citizens can afford?

Research for the Taskforce has found that, currently, many OPH/LLH options are unaffordable for the majority of households aged 75 years and over. The amount of money required to cover ongoing costs such as service charges, ground rents and care packages is a key reason for homes being unaffordable.

In addition, many older homeowners do not have the level of equity needed to meet the purchase price, including stamp duty, for these types of properties. Table 1 shows Elderly Accommodation Counsel estimates of price ranges for three types of property – entry, intermediate, and integrated - in three price bands, low, medium, and high.

[85] ILC-FP-Retirement-RPT-Mayhew-Review.pdf (ilcuk.org.uk)

[86] Looking at our supply data, I can see 145 IRC schemes added in the last 5 years (2019-2023), looking at Private Rent, Private Sale and Hybrid (basically excluding all social rent)) and 10,278 IRC units.

[87] https://www.independentage.org/hidden-renters-report

Prices in the entry category start at £140,000 for a 1-bed property and £195,000 for a 2-bed; a luxury property at the integrated level can be up to £650,000.

Of the 6.7 million households headed by a person age 65+, 1.34 million households with assets of less than £85,000 are more likely to rent from a social provider. The wealthiest 3.11 million households with assets of more than £325,000 form the mainstay of the private market currently.

However, 2.24 million older households have assets ranging from £85,000 to £325,000 - too rich to socially rent but also too poor to buy most OPH/LLH using traditional leasehold models.

Table 1 – Guideline price range for age exclusive properties and costs per square metre (source EAC)

	Entry / basic level (i.e., Housing with Support)		**Intermediate (i.e., Housing with Care)**		**Integrated (i.e., Integrated Retirement Village)**	
Leasehold	1 bed	2=bed	1 bed	2=bed	1 bed	2=bed
low	£140k	£195k	£175k	£200k	£250k	£350k
middle	£287k	£375k	£285k	£375k	£400k	£475k
high	£500k	£622k	£400k	£500k	£650k	£600k

Key to Table 1:
- Entry/basic level is age exclusive housing with basic support such as a warden or concierge.
- Intermediate level combines support with access to care.
- Integrated level combines support with access to care plus wider amenities and in some cases nursing care.

Case Study - Kings Scholars Court and John Percyvale Court, McCarthy Stone Macclesfield, Cheshire – Housing with Support

King Scholars Court and John Percyvale Court is a newly developed Retirement Village run by McCarthy Stone consisting of a housing with care (John Percyvale) and a housing with support (Kings Scholars) development with a total of 92 private apartments across two separate blocks. It is designed to be affordable, mid-market specialist accommodation for older people. Providing a range of tenures, helps the needs of people with differing levels of equity, as does aiming to keep prices affordable. The development has helped to improve the lives of its residents by helping them maintain their independence and live in accommodation better suited to their needs, supported by a range of on-site care and support services.

During the development stage, location was truly kept at the heart – ensuring the scheme was built close to local amenities, as well as the countryside. The site has an impressive range of facilities, including a restaurant, lounges, guest suites, and large landscaped gardens. It is designed to be as supportive as required, ranging from offering support with daily living activities, maintaining residents' connections with the local community, to supporting with medication, and care.

Residents have expressed their love for the site, stating "*The whole development is perfect. I cannot fault it in anyway*". For another, the social aspect of the site is of great benefit: "*Moving into this development has had such a positive impact on my quality of life, it's great to have the bistro and the social activities in the communal lounge*".

For more information: https://www.mccarthyandstone.co.uk/retirement-properties-for-sale/john-percyvale-court-macclesfield/

What customers can afford dictates what developers will have to offer?

Housing wealth is unevenly distributed by region, with house prices in the South-East, East of England and London considerably higher than in other parts of the country, and similar geographic variation in the supply of OPH/LLH. Research for the Taskforce shows that the majority of approved planning applications for OPH/LLH can consistently be found in the South-East and the East of England (excluding London).

The Taskforce has also heard that house builders have left the OPH/LLH market and that many private investors are hesitating to invest due to the higher perceived risks and extended time it takes to plan, build and fill up a scheme. Several factors create developer and investor uncertainty and impact returns, including higher build and operational costs for service-led housing, legal uncertainty, slow sell down rates, resales values, the planning system, and questions over the long-term affordability for residents.

Many investors have come and looked at the market and have largely not expanded and so the sector is at a critical point as it is at risk of losing the confidence of investors, if operators are not able to scale up and build. There is a perception of insufficient government support available to encourage

significant expansion of the private market, in particular in areas where property prices are lower. Therefore, there is work to be done to encourage private investment to fund the market's expansion in areas with lower levels of housing wealth. Effectively, fiscal, financial and planning support, coupled with regulatory certainty, is needed as an enabler to development: this will not be required in perpetuity and should only be necessary until such time as the sector has sufficient scale to become an established investable product, which has been the experience of other countries such as New Zealand and Australia.

We believe the solutions lie in finding ways to make the buyer's money go further on both purchase costs and ongoing costs; finding ways to reduce the costs of development for developers, investors and operators; taking steps to encourage investors; and supporting the growth of alternative tenure models (e.g. lifetime leases), as more affordable alternatives to traditional owner occupation.

Making the Buyer's money go further.

Reducing purchase prices: Operators will need to offer properties at lower price points to customers in order to unlock the potential of the lower to middle-affluence market. This will require innovative thinking, including looking at models that enable the additional costs of facilities to be recovered over the lifecycle of a scheme, rather than only through adding a premium to initial purchase prices. Customers seem to be open about this idea: CBRE research suggests that 68% of those aged 75 and over agree with the statement that they would use their equity to protect their health and wellbeing.[88]

Larger scale developments (where the cost of communal facilities can be shared by a larger number of customers), modular builds and different specifications (e.g. publicly accessible cafes instead of more expensive on-site restaurants) can also play a role in reducing prices to levels that are affordable to a larger number of people.

In addition, shared ownership funding provided by Homes England in the form of Older Persons Shared Ownership (OPSO) has the potential to reduce purchase prices and is well-placed to help providers reach the 2.3 million older people in the UK with equity in their homes of between £150k-£250k (25% of the market share)[89]. However, providers are unable to charge rent if customers purchase a 75% equity share. This uncertainty places limitations on OPSO's usefulness as a tool for developers and operators – and hence it is not widely offered to consumers. In addition, other government schemes that aim to offer homes or discounted market sales are currently targeted mainly at first time buyers. A more widely available, discounted ownership for later living product, such as lifetime leases, could allow the purchaser to achieve 100% of the equity on an OPH/LLH property, with no share retained by the provider and no rent to pay.

However, we need to look beyond a consideration just of purchase price, which for too long has been the main focus. We must also consider moving costs and the ongoing costs of living in OPH/LLH.

Moving costs can be considerable: average moving costs without stamp duty are approximately £8,000[90] and much more in high-cost areas like London. Stamp duty costs are also significant and can vary hugely - average levels vary by region because of house price differences, ranging from averages

[88] Source: CBRE Senior Living Consumer Survey 2023

[89] https://www.smith-institute.org.uk/book/making-retirement-living-affordable-the-role-of-shared-ownership-housing-for-older-people/

[90] https://hoa.org.uk/cost-of-moving-house/

of £2,400 to £3,900 in the North and Midlands to between £8,000 and £11,000 in the South and around £28,000 in London[91].

In a Home Builders Federation (HBF) survey for the Taskforce, 72% of respondents thought that help with stamp duty would increase demand. Some in the call for evidence suggested a stamp duty exemption for people above the age of 65. 40% of respondents to the HBF Survey highlighted that stamp duty changes might encourage housebuilders to enter or return to the market for OPH/LLH. A survey of investors also supported such a change.

Ongoing costs: concerns about ongoing costs can also act as a barrier to the attraction of OPH/LLH. For example, in the focus groups, participants raised questions about ongoing costs such as service charges and how these might increase over time. Many senior citizens do not have the income or wealth required to cover ongoing costs and charges, which can be high to provide for wellbeing services and on-site care and support. In addition, people often underestimate how much money they will require to fund future care - an unquantifiable financial risk which is hard to plan for. The Taskforce heard from one local authority that even those who self-fund can run out of money leaving them reliant on the local authority to step in. The OPH/LLH sector needs to give much more focus to the ongoing affordability of housing schemes in terms of service charges - it doesn't really matter if the sector can make OPH/LLH more affordable to buy if people at lower-middle levels of affluence then can't afford to live there, long-term.

Reducing the costs of development to enable lower prices for customers.

The wider housing market has experienced very difficult conditions recently, including issues with the cost of borrowing. The call for evidence and roundtable discussions highlighted that high and rising costs of developing housing (with rising interest rates, and inflationary pressures on building and land costs) affects viability across all types and tenures. Mainstream house builders are having a hard time to develop any form of housing.

Developing service-led OPH/LLH is inherently more costly for operators compared to mainstream housing. Build costs per square metre for later living accommodation can be up to one third higher than for general needs housing, with several developers highlighting that the construction and management of OPH/LLH is becoming increasingly costly and difficult to deliver. Against a difficult market backdrop and combined with a perceived lack of government support for OPH/LLH, this is not encouraging companies to look at diversifying into the OPH/LLH market. The call for evidence highlighted that this is especially hard in areas where people have lower equity in their existing homes, making a move to specially designed housing less affordable.

Service-led housing (SLH) has higher direct build costs because buildings include spaces for communal resident activities and staff facilities. This means higher costs of land, material and labour per unit; putting this another way, for a given scheme footprint SLH typically has less saleable space compared to mainstream housing, due to these communal and staff spaces.

There are also higher upfront costs for operators. SLH is often more difficult to phase. Key communal facilities and services must be ready before anyone can move in, meaning that there are higher costs before revenue can be realised. Additionally, a restricted market, and a lack of awareness among customers who need time to weigh up not only the housing but the support and care offer, and work out how to finance the ongoing charges, all contribute towards longer, slower sales rates[92]. This leads

[91] Source: HMRC Stamp Duty on housing transactions
[92]: https://www.carterwood.co.uk/the-science-of-sales-velocity/#keyfindings

to higher financing costs, which are particularly challenging for larger schemes, although these are often more cost effective to run once full.

For assisted living, lower costs should not jeopardise the quality of service that enables customers to live independently for as long as possible. We know this is possible: lower monthly fees have been achieved in New Zealand, partly through building at larger scale (schemes in New Zealand typically have 150+ apartments compared to c.60 units average in the UK) to achieve economies of scale, and partly by using models in which the operator takes on the liability for some of the running costs.

Reducing those start-up costs through, for example, council tax relief on empty SLH properties would improve the economics of development.

Unlocking investor capital

Investment will be key to scaling up OPH/LLH. Investors require returns, commensurate with the risk profile, in a reasonable timeframe, or they will deploy their capital into other more competitive real estate sectors.

To inform the work, the Taskforce conducted a survey of investors (equity investors, private equity, long income investors and banks) with responders representing over £2 billion in capital and followed up with a roundtable discussion. The roundtable provided further views and valuable feedback on what attracts and deters the deployment of capital to grow the sector. The feedback from the survey and roundtable offered clear and consistent sentiment on areas which must be tackled to attract new capital investment into OPH/LLH[93]: reducing construction costs, boosting sales rates, and relieving the delays, uncertainty and costs in the planning process where infrastructure and Affordable Housing contributions can impact viability (planning is looked at in the next chapter).

In terms of reducing construction costs, capital allowances can be set against construction costs of commercial property such as factories, warehouses, or retail uses. However, this does not apply to residential units. To incentivise more rapid development of SLH, capital allowances should be made available to commercial operators of SLH (across the entire development footprint, not just the non-residential parts).

As set out above, sales rates in OPH/LLH are slower than in mainstream residential developments. Growth in more flexible tenures like rental or lifetime leases would assist, as would support to move packages for customers, including stamp duty incentives.

Although most private developments are currently aimed at more affluent senior citizens, developments at lower price points with faster fill rates are needed. Investors are open to considering the lower to middle-affluence market, however, they would want providers to reset their thinking to understand what the mass market wants in terms of location, tenure, facilities and price. A mass market offering is likely to require collaboration with volume housebuilders, who have the credibility with capital investors, and can achieve the economies of scale to hit the right price points.

Government should consider an Older People's Housing Guarantee Scheme, to provide low-cost loans, investment facilitation and/or debt guarantees to accelerate the growth of this market, including providing funding against future operational income streams until a scheme matures[94]. Government

[93] Findings from TF Investor Survey November 2023 and roundtable

[94] Homes England's Build to Rent Fund provided funding against future rental income at a time when high street lenders were not providing this funding – the BTR successfully established the principle of lending against future income and helped the market reached a stage where no further governmental support was required. An OPH Guarantee Scheme could work on similar principles with the aim of establishing a commercial lending market.

could also use its convening power to promote collaboration between service-led OPH/LLH operators and major housebuilders.

Current business models for the development and operation of OPH/LLH are not working for the lower to middle-affluence market. We need to attract new entrants to the market to bring fresh thinking and challenge the status quo. New entrants should include new investors (including social impact funders), new developers (including small to medium size businesses and operators) and operators (including social enterprises), where people are not just interested in profit, but also, have an interest in customer focus and local communities.

We need to learn from international business models trying to spread innovation (e.g. Aafje co-operative in The Netherlands[95] which helps experienced care professionals start their own care businesses) and explore the suitability of these models for the UK context. Innovation is needed in many areas including public/private sector partnerships, real estate solutions, capital structure, joint ventures, mixed tenure models and service provision to increase the supply of OPH/LLH.

We need "blue-sky thinking' to spark innovative solutions as to how investors, developers and operators can collaborate together to create new business models for the delivery of OPH/LLH for people of lower to middle-affluence and to explore how this innovation could be encouraged at scale (e.g., franchised). This is unlikely to happen without the leadership and support of government.

The Taskforce has also heard that the traditional 'build and sell' model for OPH/LLH in the UK is hindering innovation and investment. The value of SLH models (e.g. assisted living) is as much about the services as the building, but in the UK, there is no established market for investing in and lending against the operational and resales income OPH/LLH can generate with only a fledgling rental market which creates delay and risk for an investor. The commonly used deferred fee (event fee) model, can reduce upfront costs for customers, but adds uncertainty for investors as it takes up to 10 years to reach a mature operating level. Many investors are unable to commit funds for this length of time. There have not been enough market transactions of operating platforms to clearly establish the value of this future operational income, meaning viability and finance is typically focused on early returns from the development and sale phases only, leading to short-term funding at higher costs. Cash flow certainty is another challenge of this model and so stronger event fee regulation (looked at in chapter 7) would increase certainty and remove some investor risk while at the same time enabling better protection of consumers.

Alternatives to the traditional owner occupier model

While the majority of senior citizens in England are homeowners (74.2% of those 65+ own their homes outright[96], and a further 4.4% own with a mortgage), a wider range of tenure options for OPH/LLH could improve flexibility and affordability for both consumers and developers, encourage innovation, and stimulate investment: the UK is unusual in using ownership/leasehold models for the majority of private sector OPH/LLH provision[97].

We also need to think about how patterns of home ownership and tenure are changing – bringing important implications for senior citizens' available capital. Over the last ten years, the rate of owner occupation increased for those aged 65 and over – but with changing patterns of home ownership and

[95] https://aafjecooperatie.nl/

[96] Source: 2021 Census data

[97] E.g. in Australia, Israel, New Zealand, Canada and the US, contract or licence-based models are used, along with rentals.

higher rates of private renting in the working age population, in decades to come we can expect this to reverse.

There is a particular lack of flexibility in using long leases for assisted living developments. In England, leasehold is the most common way of purchasing later living properties. However, while the average length of stay is 6-8 years, leases typically run for hundreds of years and do not change when properties are sold on from one customer to the next. For assisted living, this may mean having to specify how support and care services will be provided hundreds of years into the future, which prevents modernisation, and increases operational complexity, as well as perceived risks for investors.

Additionally, where a lease is sold directly from one customer to the next, the purchaser does not have the same legal protections and recourse they would have if purchasing from a developer/operator as the Consumer Rights Act no longer applies. An obvious solution would be for the operator to buy back the lease and issue an updated lease to the next customer, but stamp duty creates a disincentive as the operator has to pay stamp duty, even if the property is then sold on to a new purchaser within hours.

Renting - A growing number of senior citizens are likely to rent in future, and popularity is growing albeit from a low base, with around 20% of properties in new OPH/LLH schemes in the last 3 years let rather than sold. Operators and developers are starting to adjust their offerings to focus their approach on an "occupier pool" rather than solely a "buyer pool". Rental models also have advantages for both developers and investors due to the shorter time period to reach full occupancy so this would be a good way to urgently boost supply.

For those needing to move without delay, or actively choosing not to buy again in their later years, renting offers a more flexible and accessible solution than for-sale models, as customers do not need to wait for the sale of their home to complete. It also removes having to pay Stamp Duty Land Tax (SDLT) on the new property which is a disincentive to buy.

However, the current tax system includes a disincentive for senior citizens to sell their homes, invest the capital and use the regular yield on that capital to rent in later life, as the income generated from investing the proceeds of one's home is liable for income tax: this could mean that the value of any interest or income received may be taxed at rates of 20-40% (depending on the tax band). By contrast, if an older person remains in their family home, this does not apply. There are additional disincentives to renting rather than owning as an older person's primary residence is disregarded when local authorities determine whether the person has to contribute fully or partially to any care costs that may arise. This leads to a situation in which someone in their own home might receive local authority funded homecare, while a renter in an OPH/LLH scheme has to use the money from the sale of their home to fund their care costs before the local authority steps in.

Licence or contract-based models - It is notable that countries with more mature markets for OPH/LLH use tenure models beyond traditional leasehold or property ownership: for example, Licences to Occupy in New Zealand mean customers do not have to buy the underlying property, while entrance-fee models based on contracts are widespread in the USA. Other alternatives include short-term leases, lifetime leases or models incorporating elements of equity release.

What rental and many of the international models have in common is that they can be tailored to individual customer circumstances more easily (for example, by providing an updated contract every time a new customer enters a scheme, rather than selling on properties whose lease does not change for hundreds of years). While some may not be suitable for the UK context, we believe that the potential for innovation is huge if we turn our attention to what has worked in other countries.

Lifetime leases - A lifetime tenancy or lease is an agreement between an older person and a company which purchases a new home on their behalf. The older person pays an upfront amount to the company, securing their right to live in the home with no rent, mortgage, or interest repayments for their lifetime. When they die, the home reverts to the company that purchased it.

As the lifetime tenancy cost, particularly for someone aged 75+, is likely to be much less than the full market value of the home, this can enable an older person to find a suitable home which would otherwise be above their budget, or alternatively, to free up some of the value of their previous home to gift to their children, or to finance care costs.[98] However, currently lifetime leases are not very common in the UK and any expansion would require the regulatory framework to be reviewed in order to protect older customers.

Reducing uncertainty and risk for investors

There is a lack of legal certainty for some of the alternative tenure and charging models discussed above, which is holding back investment**.** While these models have the potential to improve affordability for consumers, the lack of a regulatory framework increases the risk profile, increasing the cost of capital. In countries such as New Zealand, dedicated legislation[99] provides certainty to customers and also operators, investors and lenders, which in turn results in a far lower cost of capital.

Recommendations for expanding OPH/LLH at scale and ensuring it is affordable to live in and viable to finance, build and operate.

Our collective ambition should be to:

urgently scale up the quality and quantity of the OPH/LLH, market, at more affordable pricing, in order to open up new more age-appropriate choices in later life to people of lower to middle-affluence. If developers and operators can build and run housing options that customers can afford to buy and live in, investors will provide the capital funding to fuel the growth of service-led housing (supported living and assisted living). In turn, the ability to connect senior citizens with the 'right choice', at the 'right size', at the 'right price' will be key to securing the capital investment needed to fuel the sector's growth.

Central government should drive progress by:

1. **Mandating Homes England to support the expansion of OPH/LLH, including Social and Affordable housing for senior citizens.** Homes England has a crucial role to play in supporting the OPH/LLH sector to accelerate provision by using the full range of its tools and resources - both as an enabler and direct funder. It should enable the market to reach maturity (at which point Homes England's role could be scaled back again) by providing access to competitive development finance, funding against future operational income and bridge finance to cover working capital and maintenance whilst a scheme sells down (for example by putting in place an Older People's Housing Guarantee Scheme). It should also use its land holdings and role in strategic land assembly to enable access to development sites (including larger sites that are cheaper to run).

2. **MHCLG reviewing and expanding funding for the Older People's Shared Ownership Scheme** for senior citizens who are unable to afford the full price of a new property in an OPH/LLH

[98] See https://www.homewise.co.uk/
[99] The Retirement Villages Act in New Zealand came into force in 2003.

development. The review should ensure the scheme is attractive for both customers and investors and should include looking at the grant rates for OPSO, the current maximum annual income thresholds, the maximum equity stake, and rent chargeable at different equity shares to avoid cliff edges for consumers, while maintaining viability for providers.

3. **Offering incentives for senior citizens to 'rightsize' and move into age-friendly and inclusive housing and communities.** This could include reviewing eligibility for housing benefit such that a higher element of capital is allowed when considering housing benefit to cover monthly fees and running costs. In addition, stamp duty for 'Last Time Buyers' could be aligned with the additional allowances for 'First Time Buyers', meaning senior citizens downsizing to smaller properties would not pay Stamp Duty Land Tax (SDLT) on properties worth up to £425,000. In order to address one of the disincentives to moving to rental accommodation, allowances should be considered that make income arising from the sale of the family home tax free (for example, via a 'Downsizer Individual Savings Account (ISA)' or 'Downsizer Allowance') which would mean senior citizens would no longer pay income tax on the income they receive from the proceeds of the sale of their previous home.

4. **Introducing a support package for developers and operators.** For instance, government should enable operators to buy back leases and reissue them in modernised and updated form to the next customer by introducing a SDLT relief for operators when they buy back and resell service-led housing leases (i.e. addressing the current situation that stamp duty would be payable twice in this scenario). This would enable, for example, a provider to offer a lifetime lease instead of a traditional lease. Operators/developers should be exempt from council tax payments during the sell down/fill period of new developments. Capital Allowances should be applied to all built floor space (not just the common parts) which would reduce the high costs of construction and encourage more integration of 'Green Features'.

5. **Reviewing the regulatory framework for lifetime leases** with a view to expanding their use while appropriately protecting older customers.

6. **Undertaking an in-depth analysis of international business models for the delivery and operation of OPH/LLH for the lower to middle-affluence market** to learn from what has been done internationally to bring in new investors (including, social impact funders), new developers (including, small to medium businesses) and new operators (including, social enterprises) into the OPH/LLH market for people of the lower to middle-affluence.

7. **Continuing to act as a facilitator for change and innovation as the barriers to entry are complex**, **to accelerate supply of OPH/LLH,** and in the past have resulted in the private sector focusing primarily on the more affluent demographic segments. To accelerate supply at scale for the lower to middle-affluence market, OPH/LLH investors, developers and operators will need leadership and support from the Government to find creative solutions.

Local systems should work together to:

8. **Take into account the needs of senior citizens,** both those who qualify for Affordable Housing and those who are just above the thresholds. Here, local systems should work with housing associations and registered providers of social housing.

Industry partners should:

9. **Recognise the operational value inherent in some models of OPH/LLH** so that viability and finance is not focused solely on early returns from developments. This is established practice in other operational real estate markets and enables finance to be long-term, often 20 – 30 years and encourages innovation for flexible tenures for the benefit of the main stakeholders (consumers, operators and capital providers alike).

10. **Act to offer OPH/LLH at lower price points both to buy and, importantly, to live in** by developing dedicated design specifications for the middle market, exploring opportunities for modular construction, looking to build schemes where possible close to wider existing community amenities, and making use of economies of scale in larger schemes with lower operating costs.

11. **Explore innovative charging models** that enable both purchase prices and ongoing costs to be matched to senior citizens' capacity to pay. This could include for example the increased use of rental, lifetime leases, short fixed-term leases, shared ownership, deferral of costs or variants of equity release.

12. **Put in place mechanisms for developers who are only interested building OPH/LLH, to connect with operators who can work with them on service-led developments.**

Chapter 6: Strengthen Planning policies.

National and local planning policy and practice can incentivise and accelerate the development of new forms of OHP/LLH; and help shape mainstream housing and the built environment to be more age-friendly, dementia-inclusive, faith and culture-sensitive

Local authorities face a profound structural shift in the demographic balance of their populations and as a result, the way we plan for and deliver housing for an ageing population needs urgent reform.

While the National Planning Policy Guidance (NPPG) was updated in 2019 to explain the critical need for OPH/LLH, that change has failed to reverse the trend of a declining number of planning approvals for OPH/LLH. Local authorities need to be given the right levers to reverse this chronic under supply to meet growing future demand. This means ensuring sufficient land is made available to support the volumes of new supply needed. Raising the profile and priority given to OPH/LLH in local plans will bring confidence to providers and help overcome the "social reluctance to plan for old age."[100]

The reforms we propose here are not just about fixing problems. They are about ensuring that local authorities become aspirational, age-friendly and inclusive placemakers and that planning for our ageing population should no longer be an afterthought, it should be integral to the way we plan our places and communities.

Vision

Our vision is that national and local planning policy and practice should support the delivery of a better choice of housing for senior citizens in an age-friendly wider built-environment.

We face a looming problem of under provision of OPH/LLH

Developing new OPH/LLH is challenging for many reasons, but it is hampered further due to the complexities in the planning system in England. Analysis for the Taskforce has found that planning consents granted in England for OPH/LLH are low and have fallen from about 180 in 2015 to just 80 in 2023. Worryingly, approval rates were found to be particularly low for applications with more than 120 units, although providing service-led housing (supported living and assisted living) at affordable prices requires higher numbers of units to drive economies of scale.

Currently, very few sites are allocated for OPH/LLH, and appropriate sites can be hard for providers to identify. Often, applications for assisted living are being pursued in the Green Belt or unallocated greenfield land or hard to develop brownfield land which have higher development costs. Since 2014, Green Belt, Area of Outstanding Natural Beauty (AONB) and Brownfield Register refusals for OPH/LLH have grown, reaching record levels in 2023.

Use class

Planning use classes are a way of categorising developments by use, allowing buildings and land to move between uses in the same class without requiring planning permission. OPH/LLH can fall into more than one use class, either C2 (residential institutions) or C3 (dwellings). The Taskforce has heard there is inconsistency in treatment by Local Planning Authorities (LPAs) of planning applications for supported living and assisted living (depending on the level of in-person support), leading to confusion about which use class is appropriate. The Taskforce has debated the need for a new sub-use class for OPH/LLH and concluded that it would be very difficult to define a use class which reflected the variety

[100] "Housing for Older People – Planning for the Future", RTPI Practice Advice, November 2022 https://www.rtpi.org.uk/media/13184/housing-for-older-people.pdf page 8

of OPH/LLH provision. However, clearer planning guidance for LPAs is essential for consistency, as recently outlined in a planning inspector appeal decision[101]. Updated guidance should clarify how LPAs should approach OPH/LLH which is service-led, with significant non-saleable spaces, and on-site staffing and support and/or care in line with definitions within Chapter 1 of this report.

Assessing need for OPH/LLH

During the Taskforce's stakeholder engagement with key system leaders and call for evidence, it became evident that Local Planning Authorities (LPAs) need to do more to assess the local housing needs of senior citizens across a diversity of type and tenures. Many planners (76%) who responded to the Taskforce's planning survey thought that OPH/LLH should form part of the LPA housing needs assessment.

Case Study - The importance of assessing need

A former nursery site was the subject of two planning applications and one planning appeal for consent to develop an 84-unit extra care development.

The revised application was refused based on the council suggesting that there was no need for the specialist scheme, alongside other factors. During the appeal, the inspector noted that:

"…the evidence indicates a significant level of current unmet need, in particular for extra care leasehold housing, whichever provision rate is adopted. Furthermore, this will significantly increase over the local plan period… The Council's riposte that it is not being inundated by enquiries or applications for this type of development does not seem to me to be a very robust or objective yardstick on which to rely."

By the time consent was eventually received the delays and additional costs meant the project was no longer viable.[102] This could have been avoided if the council had assessed need at the outset.

There is currently no consensus on the best way of evidencing need for OPH/LLH and there was frustration at this expressed from all quarters. LPAs who responded to the Taskforce's housing survey reported using multiple methodologies, including external consultants, census and survey data and the Housing LIN model (currently being updated). The inconsistent approaches and subsequent lengthy and costly appeal decisions have endorsed appellants' views that the standard toolkits underestimate need, are over complicated, are based on past data rather than aspiring to meet future needs, and are not always transparent or consistent.

LPAs frequently underestimate need by extrapolating from past delivery, which means ignoring both previously unmet demand and the increased demand arising from the ageing population.

Evidence taken from industry experts also made clear that housing needs assessments do not recognise the benefits for senior citizens of moving into supportive communities ahead of reaching a personal crisis and undervalue the benefits of more age-appropriate housing.

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101 https://acp.planninginspectorate.gov.uk/ViewDocument.aspx?fileid=56048131

102 Hazelden APP/D3830/W/19/3241644

LPAs also tend to overlook the downstream benefits to the rest of the housing supply, as moves into OPH/LLH can enable better use of under-occupied family housing.

And finally, some LPAs and Integrated Care System (ICS) stakeholders feel that new OPH/LLH would lead to an influx of senior citizens, putting stress on local health and care provision, leading to a potential bias of underestimated need. As is well evidenced in previous cases, we know that most occupiers of new OPH/LLH tend to be local and already registered with a local GP. It is important to plan for the right mix of OPH/LLH development to meet local needs and reduce the care burden in the public sector.

Case Study - The importance of taking into account benefits to the wider health system

A local GP practice objected to an extra care development due to perceived impacts on healthcare provision. The application was submitted in February 2020 and refused in March 2021. The Planning Inspector considered not only the impact on the GP practice but wider impacts on health service:

". . .although the proposal would increase pressure on local GP services and this pressure would fall largely, or almost entirely, on [this GP], it would decrease pressure on health services as a whole. In this context, a contribution towards healthcare services would not be necessary to make the development acceptable, or fairly and reasonably related in scale and kind to the development."

The application was ultimately approved on appeal in February 2024.[103]

Around 84% of the respondents to a Taskforce survey indicated there should be a standard approach to assessing OPH/LLH need, with broad consensus at the Taskforce roundtable that a single, consistent, simple and more reliable methodology should be developed. This should include a segmented understanding of diverse needs to prevent over reliance on one OPH/LLH type and should consider affordability.

A standard approach to housing needs assessment should reconcile simplicity with enough flexibility to reflect local variations. One way forward would be for the Government to publish proposed prevalence rates for OPH/LLH for age cohorts starting from the age of 55 years. LPAs can then model their future population age profile and apply the prevalence rates to their estimates to assess their future OPH/LLH needs.

Of course, there should be scope for an LPA to deviate from a purely algorithmic approach, looking at factors such as the age and condition of the existing stock of OPH/LLH and variations in healthy life expectancy, as well as any qualitative data. However, this necessity should be clearly outlined in guidance, and it should not depend on the appeals process to determine the extent of need or facilitate its expansion.

The recent Supported Housing (Regulatory Oversight) Act (2023) requires local authorities to assess their populations need for supported housing and to plan effectively using data on existing stock and future population projections. Needs assessment guidance should draw on this new requirement, to prevent duplicate asks of local authorities.

[103] Bottisham (2024) APP/V0510/W/23/3324141

Local planning and site allocations

The Taskforce's call for evidence and other engagement have shown widespread concern that planning officers are not sufficiently aware of the benefits of different types of OPH/LLH or the challenges to successful delivery. There is a belief among developers that the most reliable way to achieve planning permission is on appeal, where the benefits are recognised by independent inspectors. However, the time and cost involved in the appeal process means this is not a sufficient solution.

This lack of awareness of the benefits and the underestimation of OPH/LLH needs as set out above results in a lack of site allocations in Local Plans. Planning Practice Guidance currently states that "it is up to the plan-making body to decide whether to allocate sites for specialist housing for older people."[104] But Taskforce research has found only 36.2% of Local Plans in England have a specific policy for OPH/LLH and even fewer make any specific allocations. This leads to higher risk and uncertainty for developers.

The Taskforce has surveyed housebuilders who have left the OPH/LLH market, and two thirds thought that allocation of suitable sites in local plans would encourage more supply, with a third of those not currently developing OPH/LLH saying it might encourage them to enter the market.

Based on Taskforce discussions with stakeholders, high performing local authorities who are successfully planning for OPH/LLH tend to share the following key attributes. They:

a) understand the types and numbers of accommodation required which is translated into a target future provision map.

b) have clear plan policies that facilitate the delivery of different types of senior citizens' accommodation.

c) have a clear designation and protection of site opportunities, backed by use of land assembly where required.

d) have an expectation of OPH/LLH provision as part of larger strategic sites.

e) have developed long-term relationships with OPH/LLH developers and providers to deliver a portfolio of provision over a period of time, including trusted Registered Providers.

f) have created small, shared teams between housing, estates and health and social care charged with delivering provision against plan.

g) are realistic in terms of viability, with respect to conditions, s106, CIL, Affordable Housing contributions etc.

h) are flexible with respect to tenure mix and ancillary facilities to reflect different viability equations.

i) have place design policies that support senior citizens' developments in terms of wider liveability considerations.

j) use statutory care responsibilities to provide guaranteed levels of income for developments through nomination rights.

[104] Planning Practice Guidance: Housing for Older and Disabled People - 013 Reference ID: 63-013-20190626

Viability and planning obligations

The viability of private OPH/LLH is seriously challenged by the need for developments to make contributions to Section 106 requirements, Affordable Housing and CIL. Planning policy needs to recognise that age and dementia-friendly accommodation with support or care on site can deliver wider societal benefits by reducing burdens on health and social care services. At the same time, the development economics for OPH/LLH can differ significantly from general housing due to the additional costs of non-revenue generating shared facilities, higher build costs of a fully adaptable and accessible built form, slower rate of occupation and the ongoing operational requirements. The additional costs of planning obligations can tip schemes away from being viable to deliver. To scale up viable delivery of OPH/LLH and to attract new entrants into the market, it is essential for a review to take place of how planning obligations and contributions are applied to OPH/LLH planning applications.

Targets and strategies

A long-term national strategy for OPH/LLH is vital to help provide clarity and direction and drive provision of all types of OPH/LLH. This should encompass all types of OPH/LLH and align with local and national health and care plans.

Many call for evidence respondents proposed a national OPH/LLH target could convey policy ambition and motivate LPAs to deliver OPH/LLH. To be effective such a target would need to be ambitious, translated to a local level and align with the national housing target. Delivery against targets would need to be monitored but 83% of respondents to the Taskforce housebuilders survey[105] thought it would encourage more supply and 37% thought that it would encourage new entrants.

Supporting local OPH/LLH strategies should be developed in partnership with the local Integrated Care Board as well as local adult social care commissioners and providers.

Recommendations for strengthening planning policies.

Our collective ambition should be to:

Ensure that the planning system helps deliver a greater volume and diversity of OPH/LLH by ensuring there is a common understanding of the different types of OPH/LLH and their benefits, that there is a proper assessment and response to levels of need, that there is sufficient site allocation for all forms of OPH/LLH and that local planning authorities (LPAs) make better and more timely choices in planning applications for OPH/LLH. This shift should be underpinned by consistent use of shared definitions, policies, and requirements through the National Planning Policy Framework (NPPF) and National Planning Practice Guidance (NPPG) and adopted locally in the Local Plan.

Central government should drive progress by:

1. **Introducing a planning policy presumption in favour of OPH/LLH** to scale up appropriate housing for an ageing population. The recent revision to paragraph 63 of NPPF should be used as the platform and OPH/LLH should be given an increased profile in the NPPG. The language needs to give significant weight to the urgency of provision and to ensure that planning for OPH/LLH is

[105] The survey was issued to HBF members to gather evidence on the involvement of home builders and housing associations in the market for and supply of housing for older people. The survey received 73 submissions.

aligned with local objectives, supports wellbeing and community integration and delivers viable high-quality design and the provision of social infrastructure.

2. **Revising the use class definitions guidance to** clarify which use class(es) would apply to the various forms of OPH/LLH (as described in Chapter 1) with due consideration to the design and operational requirements, including types and levels of service and care.

3. **Revising the NPPG and developing a new National Development Management Policy (NDMP)** to positively profile OPH/LLH and include specific agreed requirements for LPAs to make provision, allocate sufficient land in varied locations (town centre to greenfield) and recognise the nuances of the form and function of the various types of OPH/LLH to ensure the viable delivery of sufficient OPH/LLH. NPPG and the National Model Design Code (NMDC) should also direct that for any land allocated for any major development or adjacent to an existing settlement or where a new settlement is to be established, the principles of age-friendly and inclusive placemaking should be deemed essential.

4. **Reviewing regulations - and in the interim, revising guidance to LPAs - on planning obligations** to recognise that OPH/LLH schemes face significant viability challenges arising from the higher upfront and ongoing operational costs compared to mainstream housing. Age-friendly and dementia inclusive housing which is service led can deliver wider societal benefits by reducing burdens on health and social care services. As such, guidance to LPAs should include a presumption that service-led housing will not be able to contribute to Affordable Housing and should be exempt from Community Infrastructure Levy (CIL) payments. Section 106 contribution requirements for OPH/LLH should also be reviewed in light of the wider benefits such schemes provide, the profile of residents and their more specific needs.

5. **Establishing a common standardised methodology for local assessment of minimum need** for the various forms of OPH/LLH (as a subset of overall housing) which is simple, universally recognised, transparent and available for LPAs to use free of any costs. Also, to establish national prevalence rates for each type of OPH/LLH which are not based on past delivery but is instead aspirational and outcome driven in line with the Chief Medical Officer's annual report from 2023 to help guide practice. LPAs should ensure that affordable housing for health and social care workers is planned for proactively. The NPPG should make clear that all forms of housing for senior citizens and health and social care workers contribute towards the overall housing numbers, as well as, having distinct characteristics of benefit. Guidance relating to land use should be clear that the overall need cannot be met by over-provision in one subcategory of OPH/LLH at the expense of others.

6. **Requiring LPAs to co-produce an OPH/LLH Strategy** in consultation with senior citizens with lived experience, local communities including faith groups, public and private sector providers, which is based on a robust local assessment of need (as outlined in recommendation 3) and supported by the Integrated Care Board and the local Social Care funding body. To optimise performance, LPAs to have a cross-functional team across housing, health and social-care with single leadership. Where a Local Plan is not up to date, the OPH/LLH Strategy should be incorporated into the emerging Local Plan and, where there is an up-to-date Local Plan, the OPH/LLH Strategy should be adopted as a Supplementary Planning Document.

7. **Requiring Homes England and local authorities to utilise a sufficient proportion of their own land** in suitable locations for OPH/LLH to ensure the ageing population's needs are being met through public sector investment.

8. **Requiring LPAs to allocate sufficient land** (including town centre locations, greenfield sites and potentially green belt sites) for OPH/LLH to be developed at a scale that enables viable and affordable options for senior citizens to right size. Where an LPA is unable to allocate sufficient land to meet the needs of their ageing population, the local plan should include an exceptions policy.

9. **Rewarding high performing LPAs.** LPAs should be required to keep a record of the delivery of their OPH/LLH Strategy to ensure that schemes are approved and deliverable in their Authority Monitoring Report. Where a local authority has a proven track record of planning OPH/LLH with successful delivery, an OPH/LLH delivery grant could be considered to reflect the benefits of OPH/LLH reducing burdens on local and NHS infrastructure as well as freeing up family homes.

Local systems should work together to:

10. Ensure that local plans and local design codes jointly incorporate guidance for local decision-makers to better appreciate the characteristics of OPH/LLH and age-friendly and inclusive placemaking.

11. Consider the benefits of employing small multi-disciplinary teams to facilitate the planning and delivery of new OPH/LLH.

12. Work collaboratively to educate local residents on the benefits of age-friendly and inclusive homes/housing, together with the importance of age-friendly and inclusive placemaking in order to prevent NIMBYism.

Industry partners should:

13. Work more closely with landowners, including public sector bodies (e.g. Homes England, NHS England), with the view to engage in development partnerships and joint venture delivery models for age-friendly and inclusive OPH/LLH in a way that meets the needs of current and future generations (such as for example, Poundbury in Dorset, and Welbourne Garden Village in Fareham).

Chapter 7: Establish a national information platform and local hubs.

For people to take up options they must first understand what they offer, what would best meet their needs and how to take them up. Accurate and trusted sources are vital.

There is a clear need for accessible, impartial and good quality information, advice and advocacy (IA&A) for senior citizens, their families and carers to ensure they understand the range of housing options available to them, can appraise these against their own priorities and can pursue their preferred solutions – with help, if needed.

The case for this is particularly strong in relation to people wishing to consider moving to some form of OPH/LLH, where the options on offer have mushroomed in recent years as new providers have entered the market bringing a range of new built forms, service packages, lifestyle options, tenures, price tags and payment options – which, however attractive, can be daunting to research, appraise and compare – especially, if you do not have appropriate support from others.

Even those intent on exploring home repairs or improvements to make their existing home (and garden) more age-friendly and inclusive, as well as more secure or energy efficient, are less likely to find a specialist and trusted local agency to advise on and help manage a comprehensive and financially sensible package of works.

Responses to the Taskforce's call for evidence highlighted that the decision to move house in later life is complex and multifaceted. The lack of clear, accessible information, advice and advocacy means many senior citizens find it challenging to understand the options available to them. This can lead to people putting off decisions until forced to move at a time of crisis when fewer options are open to them. Key issues highlighted in the call for evidence related to the complex language and range of terminology, and lack of a comprehensive and trusted information sources.

Many contributors, as well as Taskforce members' own desk research, indicated that our 'ecosystem' of housing options advice provision is badly depleted and that rebuilding it will take time. However, there is a will within the statutory, voluntary and private sectors alike to contribute to an effort to do so – and a keen interest in adopting new ways and means, including making more use of technology and volunteering to grow capacity and speed up delivery.

An independent desk-based evidence review, undertaken on behalf of the Taskforce, suggests there is limited awareness amongst older people about different OPH/LLH options, and also, a lack of accessible information, advice and advocacy support for accessing this at the individual level. There is also uncertainty as to which different forms of IA&A services might work best, but with some evidence that generic advice is not sufficient. There is also a limited awareness amongst older people of adaptation services across the country or understanding is at best uneven.

Vision

Our vision is that senior citizens and their families, and professionals working with them, should have access to free, timely, trusted sources of information and advice on housing options.

Thinking ahead

There was broad consensus among contributors to the Taskforce that people should be encouraged to think earlier about their housing in older age - a real mind shift is needed away from negative connotations of getting 'old' (poor health, loss of independence) to more positive associations that appeal (sense of independence and community). Language and tone are critical, but planning for housing in later life could be promoted at key life stages such as on retirement, occurrence of serious illness or bereavement.

In the past, reliance has been on the Elderly Accommodation Council (EAC) to provide this national service, but government funding has been withdrawn and it is now funded by a range of organisations, including housing and service providers. On the EAC website, The HOOP (Housing Options for Older People) tool[106], draws on information from EAC's library of reading materials and directories of home-related services and OPH/LLH facilities. While its current deficiencies relate to a lack of staffing and technical resources, it has worked well in the past and demonstrates what can be achieved.

The time is ripe for an independent and trusted national platform to share resources and information about the various types and tenures of OPH/LLH, so that duplication and replication is avoided at local level. The platform could provide an in-person or an interactive software system "Advice Line for clients and professionals working with them. It could also signpost people to local hubs, where they exist, for more in-person information and support, if required.

What information do senior citizens need?

Information, advice and advocacy should relate to the preferences and relative priorities senior citizens have when it comes to their future housing needs: choice and independence, a sense of community, location, accessibility, and clarity on finance.

People need to know what is out there, and alongside the housing options, advice is also needed about financing, eligibility for support, and navigating housing lists. For those who decide not to move, information is needed on how to get the right adaptations, home improvements, equipment or technology to support them to remain safely in their own home.

Respondents also noted more specific information is needed catering to the diversity of senior citizens and their different needs, backgrounds, and preferences.

IA&A services also have to deal with any identified anxieties or misconceptions. Some people will have firmed up on their decision as to what they are looking for and will be satisfied if an IA&A service can identify locally suitable and affordable accommodation or services that match their requirements. Others will be happy to be introduced to relevant specialist financial or legal guidance to explore if they can afford their preferred option. Others may be 'window shopping' for ideas, or sometimes for evidence to justify to family, or themselves, that 'staying put' is the only available option for them. Most people are looking for a service or an adviser who can ground them in territory that is new and unfamiliar to them. Helping people to make the right choice by exploring the various options and correcting any misunderstandings is key, along with signposting to advocacy services if required. They need sound information they can trust, and perhaps a conversation with an 'IA&A expert' who can flesh out their knowledge of options available, provide insights into how and for whom these options work best, and arm them with questions to ask as they continue their exploration.

In relation to OPH/LLH options, people frequently want to talk about affordability, particularly over the longer term; about 'what if' scenarios (e.g., I or my partner becomes frail), and about how to know whether a provider's promises can be trusted. In relation to services (like home adaptations or accessing home care) they also look for guidance on how to approach finding a trustworthy and reliable provider, what, if any, financial help might be available, and inside knowledge of potential pitfalls and how to avoid them.

As the Taskforce's respondents and our roundtable noted, there are diversity issues for a new IA&A service to address: to ensure that it convincingly positions itself as a universal service, that its web

[106] https://housingcare.org/downloads/kbase/1621.pdf

presence and information resources cater for a diverse client group, and that its staff are adept at relating to a diverse mix of clients and their different needs, backgrounds, and preferences.

Case Study - EAC's Information and Advice Service working well in the past.

Quote from a customer:
"My partner and I decided that we wanted to 'downsize' from our 3-bedroom house with garden, but we wanted somewhere where we could still invite our grandchildren to stay, and I hoped for at least a patio or a balcony.

It was so helpful to receive your [EAC] comprehensive information on all retirement developments, old and new, within 5 miles. We found one with just the kind of properties we were looking for and are now happily settled here."

Example of an Advice Line system in play:
A caller rang to ask whether the new retirement apartments being built locally would be able to provide sufficient support as well as a culturally appropriate environment for his parents. The adviser identified the scheme immediately and advised him that this was an 'extra care' scheme, offering on-site care and support, a range of facilities and a choice of tenures.

The adviser gently probed for more information about the caller's parents' needs, financial situation and cultural expectations before offering guidance on eligibility for publicly funded care and the pros and cons of both outright and part ownership. The adviser shared with the caller the housing provider's statements on cultural aspects of the scheme and posted him a full report on all three local extra care schemes, plus details of home care services to help his parents now, pending any move.

For more information: https://eac.org.uk/

How should information, advice and advocacy be delivered?

Desk research and a sample of interviews has established that the supply of information, advice and advocacy about dedicated housing options has diminished markedly in recent years. Major charities have scaled back to focus on more urgent priorities; few home improvement agencies now offer advice; local authority choice-based lettings systems rarely include IA&A; and the private advice sector is very small.

Respondents noted several ways that information could be shared: through awareness campaigns to help senior citizens understand their options, open days/community events which can provide welcoming initial touchpoints, and through a new IA&A service that should ensure it is able to support families and carers too.

Charities (e.g. Age UK and Citizens Advice) are seen as go-to sources of trusted information and could play key roles. Despite resourcing challenges, many local authorities would want to contribute via their Housing Options services or community Advice Hubs and alongside health bodies through the social prescriber, community navigator and other 'active signposting' schemes that they provide or support.

Case Study - Tonic@Bankhouse - We all have different needs and preferences

Tonic Housing is the UK's first LGBT+ affirming retirement community. It is a community-led scheme, run by and for LGBT+ people, where they can share common experiences, find mutual support and enjoy later life. Tonic Housing own 19 properties at Bankhouse a retirement housing with care complex in Vauxhall, London,

The main challenge faced when setting up Tonic@Bankhouse was doing something new and innovative that was not even recognised by the mainstream as a need. In addition to the issues of ageing, older LGBT+ people, compared to the general population: have generally worse health outcomes, are more likely to live alone, be single and less likely to have children and family support (which is heavily relied upon in navigating our care system), are less likely to feel a sense of belonging to their local community and feel that their specific needs are not considered in their care.

Tonic Housing are still at the early stages of their journey but believe they have created a replicable model that could work across the UK (primarily in cities) to meet the needs of LGBT+ elders, so that they are not left lonely, isolated and ignored by mainstream provision and the lack of understanding of their needs by commissioners.

Information, Advice and Advocacy services helps people find the right housing for them.

For more information: https://www.tonichousing.org.uk/tonicatbankhouse

Current realities shaped a very focused discussion in an information, advice and advocacy roundtable in which it was agreed that a new IA&A service should:

- Use a hub and spoke delivery model based on learning from the FirstStop service (2008–2016) for triaging, accessing specialisms and utilising local knowledge.
- Be a broad 'housing options' service which is independent and impartial.
- Respond to the fact that senior citizens are not a homogeneous group; outlooks and therefore housing decisions will depend on age, lifestyle, location, income and wealth, and many other factors. This plays into the recruitment and training of advice staff as well as the quality of the information resources they have access to.
- Reach people earlier when more options are open to them and without the pressure of a crisis.
- Acknowledge that decision-making is not a linear or straightforward process, with push and pull factors competing; perspectives shifting over time; input from family, friends and others happening in parallel with encounters with the IA&A service – and frequently with other sources of advice.
- Be strong on a range of solutions: OPH/LLH supply is limited, and it is not the right choice for all, or always available locally.
- Focus on housing and refer/signpost customers who are looking for care only.

- Be capable of longer-term engagement with some customers but be adept at and comfortable with triaging too.
- Bring local authorities into the venture, as delivery partners if possible, but at least as sign-posters. They are known, respected and have statutory responsibilities.
- Serve most people via web and phone, noting that face-to-face is essential for some (though this is gold standard).
- Aim for a universal and high-volume service, maximising use of technology and web platforms.
- Utilise the experience of willing service delivery partners to design the new service accordingly.

Recommendations for establishing a national information platform and local hubs.

Our collective ambition should be to:

Ensure senior citizens, families and professionals working with them can access free, timely, trusted information, advice and advocacy on housing options locally - including support to stay in their own home, rightsize, or move into community-led housing, service-led housing (supported living and assisted living), or care homes (nursing and non-nursing). Specialist financial advice, including on benefits, should be available to assist people in planning for the future, as well as legal advice. And we need to develop, use and popularise a clear, shared understanding (across public and professionals) of common terminology for the different types of OPH/LLH.

Central government should drive progress by:

1. **Funding a national 'Which?-style' online platform** and accompanying in-person or interactive software system Advice Line for senior citizens, families, and professionals to access a comprehensive databank of information about the different forms of housing options that exist, and what is available locally. This platform could include a range of briefing and explanatory materials and presentations, as well as web tools (e.g., a tool to help open up a conversation about what a person is looking for in terms of OPH/LLH, a tool linked to Google Maps to help identify age-friendly and inclusive locations for shared use with Estate Agents – see chapter 4 - and a tool to calculate wealth and income in relation to expected life span to assess affordability of different OPH/LLH options). The online platform, as well as the new service's web tools and case recording system, could be built in a way that facilitates capturing large scale evidence of senior citizens' evolving attitudes to housing options to inform future strategic thinking.

2. **Encouraging and investing in local systems, working with local community and voluntary sector organisations, to establish a network of local community hubs** to provide 'in-person' support to senior citizens to access the national online platform and/or in person or interactive software system Advice Line. Performing a similar role to Family Hubs and Start for Life programme, these could help senior citizens, including people living with dementia, to explore and realise their housing options. Such services could also link to 'Good Home Hubs' - 'one-stop shops' for a range of home improvement, retrofit and energy efficiency schemes[107]. Building on the existing Home Improvement Agencies in some areas, this should include advising people who wish to stay in their own homes with information about repairs, maintenance, home adaptations, help with trusted traders and innovative financing options for those who do not qualify for means tested grants and loans.

[107] https://demos.co.uk/wp-content/uploads/2023/11/Triple-Dividend-Part-Three.pdf

3. **Leading a national 'Think Housing: Last Home, Best Home' campaign** to encourage the public to plan to adapt their own home or move at the right time. The national IA&A platform could be launched as part of this media campaign which should include preparing professionals (e.g., GP housing, health and wellbeing checks, employee support for retirement, health and social care staff working with long-term conditions) to start the conversation with members of the public. The conversation could also be linked to advice on pensions and power of attorney.

Local systems should work together to:

4. **Upskill housing, health, and social care professionals to initiate conversations with senior citizens about 'Thinking Housing'.** Various professionals (e.g., social prescribers, care navigators, discharge teams) could play a vital role in signposting senior citizens and their families to the national IA&A platform and their local community hubs. Recruiting and supporting senior citizens as 'peer mentors' to share their housing pathway experiences with others. Engaging and training volunteers to facilitate housing choices for senior citizens – especially those living on their own.

Industry partners should:

5. **Co-operate with the new information, advice and advocacy initiative** advocated above by providing accurate and comprehensive information about their housing provision to populate its national directories and website for use across the IA&A infrastructure that our recommendations aim to create.

Chapter 8: Build consumer confidence.

To increase demand, we need to build consumer trust and confidence in a range of different types of housing; and to increase supply we need to provide regulatory clarity for providers and potential investors.

The Taskforce's vision is to see improved consumer protection and trust so that senior citizens are confident in moving to OPH/LLH. This is critical to empower senior citizens to take up the choices available to them, and to drive consumer demand as part of the "viability triangle" described in Chapter 5.

Achieving this will require improvements in the transparency and quality of information provided before customers decide to make a move, including availability of clear information on costs and charges, and clearly setting out the standards of services, support and/or care that customers can expect to receive. In addition, customers need assurances that they will not be hit by unfair or unexpected charges once they have moved in, and that they have clear routes to redress and dispute resolution if they encounter instances of poor management. We also need to build a better understanding of what drives models of OPH/LLH to successfully retain or increase their resale value over time.

Overall, we believe that we should follow international best practice and develop more specific approaches to consumer rights issues, especially for OPH/LLH with higher levels of support and care, that is operationally more complex to deliver and may include different charging structures.

Vision

Our vision is that senior citizens and their families can have confidence in a move into age-appropriate homes.

The context

Costs in OPH/LLH schemes can be higher than in mainstream housing, particularly in schemes aimed at supporting older customers with extensive services and facilities including 24/7 staffing, domestic support, meals and care services, which can also include dementia and end of life care. Ongoing charges can range from around £300 a month to over £1,000 a month for those buying a leasehold flat, or several thousand pounds per month for a rental apartment.

Although a private rented market for OPH/LLH is developing, the majority of OPH/LLH properties for private payers are leasehold flats. As most customers moving into OPH/LLH previously owned a freehold property with few (if any) obligations towards communal management or services, they may not be familiar with the complexities of the leasehold system (currently undergoing significant reform via the Leasehold and Freehold Reform Bill), which has led to some strongly-felt adverse criticism[108].

This means many consumers are unaware of the financial implications of moving into later living housing. We have heard evidence that senior citizens may be put off (rightly or wrongly) exploring housing options in later life due to the complexity of charging and tenure structures and high service costs and the risk of falling resale values. This has received a lot of negative publicity, though more recently there is some evidence of resale values in assisted living developments broadly following

[108] https://www.leaseholdknowledge.com/

house price inflation over time[109]. Resales urgently need further exploration in relation to other types of OPH/LLH, across different areas of the country. Action is needed to ensure senior citizens can have sufficient confidence in this market to consider a move.

Service charges in leasehold properties are governed through housing legislation, such as the Landlord and Tenant Act 1985. However, this may not be the best approach for those schemes providing a wide range of extra wellbeing, care and support services. Some other countries with more mature markets have specific legislation governing fees, quality of provision and consumer redress for these type of specialist services.

It is important to note that this chapter focusses specifically on private market housing. The Taskforce has not looked into or heard the same issues raised in relation to the social housing sector where there have been a number of recent reforms and new consumer standards to strengthen protection for residents[110].

Specific Issues that we need to address.

Transparency on the day-to-day costs (fees and charges) of living in OPH/LLH

We heard that prospective purchasers or renters of OPH/LLH can experience difficulty in accessing information about different products and schemes. The HomeOwners Alliance's view is that one of the biggest complaints regarding leasehold properties is that service charges are often opaque, so they are hard to budget. Rental costs can also be higher than renting mainstream housing to reflect the additional facilities and on-site support, but it may not be clear what is included and what additional charges are payable for add-on services such as housekeeping and care.

The full extent of monthly service charges is not always clearly disclosed at the point of purchase, especially during resales involving external estate agents. In addition, many residents and their families fail to appreciate that a service charge and ground rent (if buying a lease predating April 2023) still needs to be paid, up to the point of re-sale, even when a leasehold property is vacant. Two codes of conduct on the management of leasehold properties are formally approved by the Secretary of State under existing powers (the RICS Service Charge Residential Management Code[111] and the Association of Retirement Housing Managers ARHM Code of Practice[112]) and can be taken into account in court/tribunal proceedings. There are also a number of other codes in existence but not all operators are signed up to a code and, for those that are, not all are assessed for compliance.

Although many operators have expanded their efforts on transparency on event fees (for example operators subscribing to the Associated Retirement Community Operators ARCO Consumer Code[113]), they can be complex, and it can be difficult to get information at the initial shopping stage from some operators. The Taskforce heard this raised in correspondence from residents of OPH and their families.

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[109] https://www.jll.co.uk/en/trends-and-insights/research/later-living-integrated-retirement-community-index-2022#:~:text=JLL's%20analysis%20of%20%C2%A35.7,24%2C000%20sales%20across%20the%20UK or https://content.knightfrank.com/research/1854/documents/en/seniors-housing-annual-review-2023-24-10752.pdf

[110] https://www.gov.uk/government/news/rsh-sets-new-standards-to-drive-improvements-in-social-housing

[111] The other code is by the Royal Institute of Chartered Surveyors - Service Charge Residential Management Code, 3rd Edition (rics.org)

[112] https://www.arhm.org/code-of-practice/. The ARHM Code of Practice carries statutory approval from the Secretary of State in MHCLG

[113] https://www.arcouk.org/arco-consumer-code. The ARCO Consumer Code recently gained approval under the Chartered Trading Standard Institute's Consumer Code Approval Scheme

Therefore, action is required to ensure customers can have confidence in all of the fees and charges they will face when moving to OPH/LLH, with the provision of prominent, accurate information a key priority early on the process.

Transparency and fairness on one-off charges and "event fees"

Many leases in home-ownership OPH/LLH require the owner to pay a fee on certain events – such as sale, sub-letting or change of occupancy. These fees are known as "event fees" (but are also known as exit fees, transfer fees or deferred management charges or simply as 'deferred fees'). Event fees can make OPH/LLH more affordable for residents by deferring part of the payment for services until the property is sold.

The event fee depends on how long a resident has lived in a property. Although historically capped at 10% of the re-sale price, this is not always the case and in some cases, fees can now be as high as 30%, after just three years. It is not always clear what event fees cover and what element is profit for the provider. A 2013 report by the Office of Fair Trading found that a number of the terms of such fees may be unfair. A 2017 Law Commission report found that there were major problems with event fees and in some cases:

1. event fees can be hidden in complex leases.
2. leaseholders may be charged unexpectedly when their spouse or carer moves in.
3. event fees are disclosed too late in the sale process for the consumer to take the fee into account (and in some cases consumers were not being told about event fees by estate agents in connection with the sale of older units).
4. that if consumers do spot event fees, they may fail to appreciate their financial consequences.

Many respondents to the Taskforce's call for evidence called for greater regulation to improve consumer protection in leasehold private OPH/LLH, including for implementation of the 2017 Law Commission's recommendations on event fees. (In 2019, the Government agreed to implement the majority of the Law Commission's recommendations).

The Law Commission recommended a code of practice which would limit when an event fee can be charged, and, in some situations, the amount that can be charged. It would provide transparency on event fees at an early point in the sales process by ensuring customers are given worked examples of the amount they might need to pay in the future, including what, if any, service or benefit is provided in return for the fee. For operators of social housing, following the new regulatory standards for social landlords that came into effect on 1 April 2024, consideration needs to be given to the implications for senior citizens, whether living in general needs housing or in OPH/LLH specifically (e.g., the Transparency, Influence and Accountability Standard).

Escalating service charges and concerns over poor and unresponsive management

The Taskforce has heard that many senior citizens are concerned that, once they had made a move to OPH/LLH, that they may not be able to afford increases in service charges and unexpected costs in OPH/LLH. The Taskforce's call for evidence heard that some leaseholders face service charges that escalate rapidly, even if operators were passing on genuinely higher costs of service provision and maintenance. In addition, although the maintenance of the building is often paid for by the leaseholders, the freeholder holds a disproportionate say leaving leaseholders sometimes feeling aggrieved and distressed, and with inadequate routes of redress (without incurring, at times, crippling legal costs). Residents sometimes feel similarly disempowered regarding quality of services.

Some operators have started using fixed management charges as a way of transferring the risk of escalating costs away from the residents/leaseholders. However, while customers are less exposed to financial risks, residents still face onerous routes to redress on quality. The current systems of redress for leaseholders are perceived as complex and confusing. While the Leasehold and Freehold Reform Bill includes additional requirements concerning disclosure and information on fixed management charges, this will not improve the situation on redress.

Therefore, we conclude that changes are needed to ensure senior citizens are protected from poor management and unfair fees and have clear pathways to have their complaints heard and resolved.

Case Study - Retirement Security, Stratford Upon Avon, Warwickshire - Working to improve the consumer offer over time

Retirement Security Ltd was set up over 40 years ago by Mr Bob Bessell, a former Director of Social Services. The company was established to offer affordable, easily accessible, secure homes , in which residents could enjoy their retirement, live in a supportive community and keep control of costs through running their own communities.

Over time, Mr Bessell developed 32 housing schemes (Courts) in England and Wales for older people – building on lessons learnt from each scheme. Each Court operates on a not-for-profit basis and has their own management company of which each resident has one share. They democratically elect a Board of Directors who are residents at the site. The Directors make the decisions on behalf of the residents supported by Retirement Security Ltd as their management company.

Residents are at the heart of everything. Retirement Security supports them with their main concerns - including financial, health and wellbeing matters. For instance, residents are helped to claim benefits due to health issues or disability which then provides the finance to pay for care or other costs to improve their health conditions.

For more information: https://retirementsecurity.co.uk/

Concerns over resale values

While many OPH/LLH properties retain or increase their value over time, the call for evidence also highlighted instances of OPH/LLH properties losing value when they come up for private resale (whether through an estate agent or via the operator), with some reported instances of properties losing more than 50% of their value. The overall picture on resale performance remains unclear and some evidence is now out of date[114]. The Taskforce has nevertheless heard that senior citizens are concerned about potential losses in property value. Examples have also been highlighted in the national media, adding to significant reputational challenges for OPH/LLH (including for those developers and operators whose resales have performed well).

[114] A 2019 report from the Elderly Accommodation Counsel (EAC) looked at retirement housing with support sold between 1995 and 2013, finding the greatest falls in value for new build properties bought between 2004 and 2008. However, properties first sold in 2009, 2011, 2012 and 2013 increased in value if the value of sales incentives was deducted from the initial sales price.

There are a wide range of potential issues that determine why resale performances can differ between developers and operators (and even between different schemes within a providers' portfolio), including:

1. Choice of location – including competition from newer developments in the vicinity.
2. Premiums for new build flats over resale properties/overvaluations at first sale, and incentives/lack of incentives for operators to keep resale values positive.
3. Availability of services and the level of service charges.
4. Sales practices, including incentives offered at the point of sale, and the involvement of external or non-specialist estate agents.
5. Fees and charges (including event fees) making resale properties less attractive, including ongoing fees forcing families into rushed sales.

However, there is insufficient evidence to pinpoint why some properties perform less well than others, making it difficult for customers to choose.

The Taskforce believes that in order for senior citizens to have more confidence in their move, it will be key to establish a comprehensive picture on resale performance, as well as conducting independent research into reasons why resale performance can vary so widely.

Learning from other countries

Internationally, it's not unusual to have legislation governing OPH/LLH (e.g., retirement villages in New Zealand), including specific tenures like the United States 'life interest' option. Such legislation typically offers consumer protections such as representation on governance structures, safeguards for deposits/upfront fees and regulation of support provision. However, even with legislation in place, things can go awry. To mitigate this risk, legislation must be clear, properly applicable and rigorously enforced. Achieving this entails a long-term commitment, comprehensive policy development and extensive consultation. Despite these efforts, there's always the possibility of companies going bankrupt and leaving residents vulnerable.

Recommendations for building consumer confidence.

Our collective ambition should be to:

Ensure senior citizens and their families can have confidence in the option of moving into age-appropriate homes and have a clear understanding of any fees and charges that may be charged in some OPH/LLH developments. This requires openness and transparency of information being provided by developers and operators at an early stage in the decision-making process.

Central government should drive progress by:

1. **Specifying legislation and regulation for the OPH/LLH sector.** A working group should report back within 1 year and be tasked with:
   - Delivering an assessment of the feasibility of new tenure models beyond leasehold for service-led forms of OPH/LLH, as seen in other countries (e.g. the Occupational Rights Agreements seen in New Zealand). New tenures should enable new business models that will drive a step-change in how senior citizens live well in these settings and can continue to self-fund their

cost of living, support and care. This should include consideration of how to test new tenures for OPH/LLH through pilots which can be scaled up if deemed successful.

- Developing an overarching regulatory approach to the sector to safeguard consumers and give certainty to investors: reviewing and assessing existing codes, their applicability to different sub-sectors and how large-scale monitoring programmes could be delivered to increase compliance with these codes. The approach needs to consider the changes coming under the current Leasehold and Freehold Reform Bill and also be integrated into any existing or future measures to drive up standards and conduct of agents responsible for managing and maintaining buildings with consideration of whether compliance with a code should be mandatory.
- Implementing the current Law Commission recommendations for improvement of commonhold.
- Developing guidance on information provision, routes to redress and dispute resolution for services delivered in OPH/LLH schemes.
- Engage with the Regulator of Social Housing to review the impact on OPH/LLH delivered by registered providers of social housing, of the new standards under the Social Housing Regulation Act 2023.

2. **Implementing measures to protect consumers from hidden event fees** as soon as possible, based on recommendations developed by the Law Commission in 2017, and accepted by government in 2019.

3. **Instructing the National Trading Standards Estate and Lettings Agency Team (NTSELAT) to produce further guidance** on 'material information' in property listings/advertisements specifically for OPH/LLH.

4. **Commissioning an independent body to collate and publish a report into resale values** for OPH/LLH, together with a comprehensive analysis into drivers of positive/negative resale performances. This should provide a robust evidence base on how property values perform over time and should inform the sector's development of successful models. In addition, it should also inform customers' choices when deciding to make a move into OPH/LLH when combined with the proposed new information, advice and advocacy service.

Local systems should work together to:

5. **Ensure local systems, regulators and trading standards teams** (as the primary enforcers of the Consumer Protection from Unfair Trading Regulations) **have appropriate oversight** over marketing and sales of OPH/LLH by both external estate agents and operators and also ensure that operators comply with The Tenancy Standard for social housing tenants.

Industry partners should:

6. **Provide open and transparent intelligence to the public** on fee structures, obligations falling on customers and operators, routes to redress and complaints mechanisms available to customers.

7. Clearly set out that developers/operators should not financially incentivise consumers to use particular firms of conveyancing solicitors in **guidance from the Solicitors Regulation Authority and the Council for Licensed Conveyancers**.

8. **Require estate agents** who offer services selling and reselling OPH/LLH to ensure that **relevant staff are properly trained in key issues relating to OPH/LLH** including understanding: the different levels of support and care offered, the role of event fees, service and other charges (if applicable) and the ongoing commitment to payment of service charges until a property is sold.

Chapter 9: Enhance innovation, research and professional development.

There are gaps in our knowledge of senior citizens' needs and what works to meet them. A strategic approach is essential to generate and embed the greatest value from private and publicly funded research, with an increase in funding for the latter.

We recommend the establishment of a mission-led innovation, research and professional development strategy and programme focused on housing for later life. A strategy that addresses a clear, preventative, joined-up agenda to deliver essential changes that transform the homes in which people live, by addressing the needs of the ageing population, their wellbeing and health outcomes, and also the need to create inclusive communities. Specific research into the impact of age-friendly, dementia-inclusive, and faith and culture-sensitive home design and development on public services should be included. This should be mission-oriented and solution-focused with support from all relevant departments of government.

Implementation of a dedicated and sustained programme of work is timely. As the 2023 report from the Centre for Ageing Better[115] sets out, "*Safe and decent homes are the foundations for people to build good lives and have healthier later life outcomes*" and there is a "triple dividend" to investing in decent and suitable housing – economic, health and environmental. So, an investment in this subject matter would be amplified and boosted by its links with other matters of national strategic importance such as the prevention agenda in population health, sustainable economic growth and the pathway to net zero.

Vision

Our vision is for a strategic, coordinated, and inter-disciplinary approach to innovation, research and professional development of housing solutions, to support the wellbeing of senior citizens and social inclusion.

Programme priorities.

The UK's ageing demographic means that innovation in, and development of, OPH/LLH should be a national priority. As stated earlier in this report, with reference to the 2023 Chief Medical Officer's report, we need more systematic planning and to enable this we need to be better at accessing, using and refining the knowledge and tools we already have, as well as identifying and filling the gaps, if we are to continue to develop a robust evidence base. We need a particular focus on translating research into policies and practice and scaling up good practice and innovations that will both address the "lifetime home" concept ("what's good for wheelchairs is good for prams") but also expands the options available to senior citizens to meet their needs and preferences.

Such a commitment needs to be underpinned by a long-term, suitably funded research and innovation programme, which is prioritised following consultation with a wide range of stakeholders, primarily communities and senior citizens themselves (this co-produced approach is essential if it is to be successful). A 10-year programme of work which collects both primary and secondary data, monitors progress, outcomes and, ultimately, long-term impact and joins up existing administrative datasets is required. This programme would enable the capture of key evaluation and impact data and have time to change the OPH/LLH landscape radically.

How shall we do it?

[115] Home-Improvement_A-Triple-Dividend-1.pdf (demos.co.uk)

A fundamental foundation for this programme should be a clear need to understand senior citizen's drivers and preferences, as well as the level of need and demand for OPH/LLH. Building on what we know about the positive impact of co-produced agendas and solutions, a golden thread running through the programme must be a mechanism of partnership working, with practical support for researchers working with people with lived experience and other community-based partners.

The programme should accommodate action research, engaging with local communities, housing providers, developers, local authorities and others, to identify local problems, generate solutions and implement interventions, which can be evaluated and reflected upon in terms of effectiveness and scalability and modified accordingly.

Given the contribution of housing, social care and the environment to healthier later life outcomes, a whole system approach - working across health, housing, and social care; sustainability and net zero agendas will be needed. As will a 'top to bottom' approach through national and local government, with national government playing an enabling role to the implementation of evidence-based, local solutions.

There is also room to test out innovation in funding models for translating research into practice. Incentives for the different types of funders to enable them to focus on their strengths and mission, testing outcomes-based funding models and ensuring that the financial and economic market expertise is included in project teams will be key to translate research into practice.

Finally, in order to ensure that the capacity and capability exist to translate research into practice, there is also a need for substantial change in the education, training and continuing professional development curricula of key stakeholders. Curricula in every professional/stakeholder group engaged in housing, such as planning, architecture, urban design and occupational therapy should include learning on housing design and technology to support independent living for longer. Secondments and placements in and out of local authorities, housing associations and other related settings that are critical to delivering on the strategy should be built into such curricula. Supporting sector improvement involving practitioners and academics is critical.

What do we need to do?

Enabling

This should begin with an audit of the existing landscape of research and innovation to establish the gaps and uncover the most promising of the smaller scale pilot or local projects. This should be followed by translational research that brings together national and international partners to develop and deliver innovative new designs and models at scale.

The new programme should draw on longitudinal data (e.g., English Longitudinal Study of Ageing[116] and Office for National Statistics[117]) and market research to build a lifetime snapshot of housing. This data will become more crucial as the changing situations and lifestyles of senior citizens are captured. Increasingly, it is the capability of data - the combining of datasets together - that is becoming possible through technological innovations such as artificial intelligence. A key question is how might we use data analytics locally and nationally to support better planning for OPH/LLH? Data is a powerful and fundamental tool but is currently underutilised – national and local data intelligence will be extremely important to develop policy recommendations as well as being vital to secure capital and funding. The

[116] https://www.elsa-project.ac.uk/
[117] https://www.ons.gov.uk/

health system is data driven; it is important that there is data linkage of housing and economic data in with health and social care.

It is necessary to build capacity in research on OPH/LLH by boosting the numbers and capabilities of early career researchers in this multi-disciplinary field.

Specifics

Programmes of research should be co designed and could include specific areas of focus such as:

- Smart design,
- Sustainability and net zero, (which have not systematically addressed the needs and preferences of senior citizens, and they offer opportunities in which to bring in other disciplinary areas to contribute to a holistic picture of housing),
- Economic growth, and sustainability issues addressing wider, integrated challenges going beyond health and social care,
- Addressing environmental aspects of housing including design and planning for the longer term, in both:
    - the indoor environment: smart home technology to assist independent living, Improving air quality in homes (affordable, simple evidence-based solutions), mould free homes, heating, poor insulation, ventilation and air conditioning,
    - the outdoor environment: accessibility, aesthetics and age-friendly and inclusive design,
- Researching how new technology can be used to best effect,
- Testing out and scaling up "what works" including alleviating isolation, providing community integration and, importantly, supporting people to make earlier decisions, and
- Integrating national and local datasets to plan and prioritise delivery of housing and social care services.

Who needs to be involved?

This programme will require strong leadership with a collaborative mindset from all involved: national and local government, the private and third sectors, as well as universities.

A range of stakeholders are needed, and the evidence and best practice generated must be shared with all stakeholder groups and through learning networks.

We are not starting from a blank sheet. There have been several existing investments in recent years on which the opportunity exists to build the programme. These include relevant projects from the positive progress made in the ESRC/Innovate UK-led Healthy Ageing Challenge, NIHR's Supported Housing Programme[118], the Dunhill Medical Trust-funded projects: Commission on the Role of Housing in the Future of Care and Support (with the Social Care Institute for Excellence)[119] and the Technology for an Ageing Population Panel for Innovation (with the TEC Services Association and the Housing LIN)[120], along with a number of research projects co-led by community organisations. The potential UKRI programme on Healthier Housing would also provide useful input as it addresses sustainability issues as well as wellbeing, bringing in diverse disciplines to the ageing arena to deliver the mission.

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[118] Transforming care and health at home | NIHR

[119] https://www.scie.org.uk/housing/role-of-housing/commission/

[120] www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HLIN-TAPPI-Report.pdf

The UK Ageing Research Funders' Forum (UKARFF) is a network of charitable and public sector funders working to support age-related research. It is suggested that the Forum be tasked to co-develop the programme, coordinated and led by a Research Director.

Case Study - Designing homes for healthy cognitive ageing (DesHCA)

DesHCA was a three-year research project (2021-2024) funded by UKRI under the Healthy Ageing Challenge.

Working in partnership with commercial and public sector partners and with older people, DesHCA (University of Stirling) aimed to identify housing innovations that would support people living with cognitive change, recognising that such innovations would also need to be supportive of physical and sensory impairments. The co-designed innovations aimed to appeal to ourselves as we age, to be practical, affordable, and scalable for housing developers and providers, to be suitable both for newly built and existing homes and to be environmentally, economically and socially sustainable. The research aimed to take a holistic perspective on design; consider older people's diverse needs; and explore older people's own perspectives.

The research collected multiple sets of data, including detailed exploration of older people's views and experiences about their homes, professionals' perspectives and statistical analysis of existing housing provision and how well this supports healthy cognitive ageing. The data were used to develop designs in collaboration with older people and housing professionals. Designs were presented in virtual reality (VR), with research participants invited to comment on improvements, resulting in modification to the initial designs.

The research identified that older people want homes that will help maintain their independence, permit physical activity, and allow people to continue to enjoy their preferred lifestyle.

DesHCA's key outputs are free to download and use from the project website.

For more information: https://www.deshca.co.uk/

Recommendations for enhancing innovation, research and professional development.

Our collective ambition should be to:

Develop and deliver a strategic, co-ordinated and inter-disciplinary approach to research, sector improvement, professional development and innovation on OPH/LLH in order to pioneer enterprising and innovative housing solutions that not only support the wellbeing of senior citizens but also, drives economic growth and social inclusion on a national scale.

Central government should drive progress by:

1. **Creating and implementing an Innovation, Research and Development Strategy for OPH/LLH,** co-produced with people with lived experience (users, carers, and providers) and in partnership with charitable funders of ageing research and the research community. This should be inter- and

multi-disciplinary and draw on a wide range of methodologies to inform policy and practice and join research agendas to drive progress. For example, research on how different models of OPH/LLH impact public services, e.g., reducing hospitalisation and social care costs, alongside linked agendas such as sustainability – looking at eco living as well as age-friendly and inclusive design. Relevant government departments (DHSC, MHCLG, Cabinet Office, DSIT) to each set up a research team under the national programme to ensure all government departments are co-sponsors of the research programme and issues are not siloed.

2. **Creating and funding a 10-year national programme of research and innovation for 'Housing, Ageing, Wellbeing and Inclusive Communities', to help implement the above strategy and building on the success of its 'Healthy Ageing Challenge' programme,** through a cross-funded collaboration between Innovate UK (part of UK Research and Innovation - UKRI), the Economic and Social Research Council (ESRC), and the National institute for Health and Care Research (NIHR). The programme should provide age-friendly and inclusive housing solutions for an ageing population and promote economic growth; envision a cohesive, cross-government, and cross-sectoral program to ensure a holistic approach. This approach will: integrate efforts from various sectors, such as government agencies, housing providers, healthcare organisations, technology firms, academia, and community groups; suggest community engagement and co-design principles are embedded throughout the programme to ensure that housing solutions are tailored to meet the unique needs and aspirations of senior citizens; implement robust monitoring and evaluation mechanisms to assess the effectiveness and impact of OPH/LLH solutions**;** appoint a Research Director to coordinate and lead the programme, who is responsible for ensuring capacity building for researchers in OPH/LLH at all career stages.

3. **Establishing local and regional networks across housing, health and social care** to help feed into and inform the national programme of what innovation, research and development is needed, drawing on lived experience of users, carers and providers. Such a network would allow researchers and innovators nationally to engage with each other to share intelligence and would connect sector leaders and champion best practice locally.

4. **Supporting the development of a national minimum dataset (NMDS) for OPH/LLH**, including data on age-friendly and inclusive housing and neighbourhoods, outcomes for senior citizens and public services, and inclusion of the housing support workforce in the NMDS for the social care workforce. This would enable an infrastructure to monitor progress and address issues (e.g., workforce challenges).

Local systems should work together to:

5. **Build the pipeline of research and innovation** through establishing a consortium of researchers and industry partners (across several local authorities) to co-produce a programme of research, in collaboration with senior citizens, that meets their on-going and shared agenda for OPH/LLH.

6. **Co-fund and deliver local action-oriented projects** to pilot and test the implementation of key recommendations, in order to generate impactful good practice models to be shared more widely with others nationally.

Industry partners should:

7. **Participate as active partners** in the innovation, research, sector improvement and professional development strategy at all levels of the national and local systems.

8. **Contribute to the funding of local projects** that independently evaluate new ways of delivering OPH/LLH.

Chapter 10: Create collective leadership to drive change.

To achieve a step change, we need to inspire and empower ambitious action, from the top of government and outwards to communities and families. We need to fully integrate housing health and care at all levels of the system.

Cross government and system-wide action is urgently required to meet the challenges of a growing older population and the demands that this will place on our health and care system. Housing that promotes wellbeing and community for an ageing population will be critical to reducing reliance on the welfare state and supporting a sustainable health and care system.

Bringing together key stakeholders who will **all** need to play a part in creating the change we want to see is vital at both national and local levels. We would like to see this partnership working and collective leadership continue to achieve lasting impact.

Vision

Our vision is for transformational national and local leadership and commitment to delivery, to meet the challenges of a growing older population.

Meeting the scale of the challenge.

The scale of the need and opportunity cannot be underestimated and if the goal is for 30,000 – 50,000 additional units to be built annually, at a cost of up to £15bn, this will require all key stakeholders working together.

At present, investment in OPH/LLH represents only 2% of investment in the wider Healthcare real estate market. Delivering growth in supply nationally will need investors and banks to see that long-term and structural changes are being implemented to de-risk lending and investment decisions and to encourage new investment to help meet demand for OPH/LLH. As previously referred to in this report, the Government has a crucial role to play in providing enabling support to help the sector gain momentum, utilising its considerable investment levers, until it is fully established and sustainable.

Government can play an important and active role to heighten awareness across systems that work with senior citizens to '**think housing', 'address ageing', 'promote wellbeing' and 'create inclusive communities'**. In particular, Government should work with local systems and with professional health and care leaders to shift the conversation from point of crisis intervention, to an active conversation which enables our senior citizens, their families, and their carers to plan early.

The future workforce

Government is also in the prime position, along with the leaders of Royal Colleges, Chartered Institutes and other national leaders, to consider the workforce implications of expanding supported living and assisted living options for our senior citizens, and to ensure these are included in the development of care career pathways, workforce development and education.

Similarly, leadership is needed to embed age-friendly and inclusive home and community design and construction principles into professional development and education for architects, planners, and those involved in housebuilding and construction.

Learning from other systems

Overall, there is a need to galvanise urgent action at national and local level and to establish longer-term plans that will have lasting impact. Through our work, it has become evident that developing recommendations alone will not be enough and there needs to be clear focus on implementing change. A similar Taskforce in the Netherlands has been tasked, over six years, to bring about social change to meet their ageing population's housing needs.

We have been fortunate to have the opportunity to engage with international colleagues and to review international best practice. We have found there are lessons that can be learned from other Western economies which are facing similar challenges in the face of ageing populations.

In the Netherlands, they recognise the importance of creating intergenerational communities which can help support one another and reduce dependence on the welfare state. This has meant creating the conditions for multiple entrepreneurial projects on different scales to thrive, many of them community-led and some making better use of existing stock, for example enabling senior citizens to make adaptations that mean they can share their property with a younger person, expanding available housing and tackling social isolation. Many of the Dutch models are grounded in the principles of reciprocity, support, innovation and social enterprise. They are focussed on several action lines to bring about the social change required, working closely with government. This may well be worth consideration.

There are also lessons to be learnt from New Zealand (NZ), in particular in relation to large scale housing with care and support services (also known as retirement villages).

Over the last 35 years or so, the popularity of retirement village living in NZ has grown dramatically with 14.3% of the +75-age population residing in retirement villages in 2021[121]. With a mix of 'lifestyle' villages and others providing some residential care, 50% of the total number of care beds (approximately 19,300 care beds) could be found in a retirement village [122].

It's been claimed that the NZ retirement village regulatory regime is "world-leading". The International Longevity Centre in the UK described the NZ retirement village regime as "perhaps the strongest example of legislation specific to this sector"[123]. This view was reflected by Kathryn Griner in her Report on the Inquiry into the NSW Retirement Village sector[124]. We would be well advised to reflect on their journey and consider how we might learn from their achievements – see Annex G for more information.

Clearly there are differences in culture between The Netherlands, New Zealand and England, but the principles are certainly worth further exploration and, if we are to see lasting impact, then it will be important to build momentum for action and create effective mechanisms to support implementation. In conclusion, our overarching and most important recommendation is to secure collective leadership to make change happen.

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[121] Jones Lang LaSalle, *op cit*

[122] JLL RV White Paper, June 2022, p. 4

[123] P. 12 https://ilcuk.org.uk/wp-content/uploads/2018/10/Stronger-Foundations-International-Lessons-for-the-Housing-with-Care.pdf

[124] https://www.fairtrading.nsw.gov.au/__data/assets/pdf_file/0008/381572/Inquiry_into_the_NSW_Retirement_Village_Sector_Report.pdf

Recommendations for providing leadership to drive change.

Our collective ambition should be to:

See the delivery of a long-term National Housing Strategy for an Ageing Population, to enable the country to be better prepared for the multifaceted impact of an ageing society and to support the transformational thinking of government departments in housing, health and social care and other key stakeholders in local communities. Such a strategy is urgently needed if we are to enable people to live healthy and independent lives for longer, support them to make active contributions to society, reduce reliance on the welfare state and make better use of housing stock for all sections of the community. There needs to be ownership of this task at the highest levels of government based on a long-term commitment to delivery. A new Office for an Ageing Population should drive delivery forward.

Central government should drive progress by:

1. **Championing and delivering a National Housing Strategy for an Ageing Population**, which should include consideration of the role of care homes.

2. **Establishing a joint unit between MHCLG and DHSC** to create a plan of action**.** This body should be responsible for **driving forward** delivery of an age-friendly and inclusive homes and communities' agenda across the country and ensuring the right incentives to create an attractive and viable market. **This jointly sponsored unit between MHCLG and DHSC could take the form of an arms-length body (Office for an Ageing Population)** that will galvanise transformational leadership at national and local levels, governed by an independent board, including investors.

3. **Engaging in a continuous dialogue with operators, customers and investors as part of the Office for an Ageing Population (OAP)'s work on OPH/LLH:** It will be crucial that the OAP involves the voices of providers, investors and customers, enabling any action plan to be co-produced and implemented with all stakeholders involved.

4. **Updating the Health and Housing National Memorandum of Understanding (MoU) to support the Integrated Care Systems and local stakeholders to work jointly** by setting a very clear expectation that the national partnership across housing, health and care is mirrored locally and action plans are agreed through a concordat approach to create strong accountability.

Local systems should work together to:

5. **Place senior citizens and local communities at the heart** of OPH/LLH action plans to pilot and test new ways of implementing key recommendations, drawing on lived experience of users, carers and providers.

6. **Adapt the National Memorandum of Understanding to their locality and establish small but dedicated multi-disciplinary teams** that span local housing, planning, health and care stakeholders, to co-produce a MoU action plan and co-ordinate accelerated delivery of a larger pipeline of service led OPH/LLH housing provision.

7. **Establish local OPH/LLH advisory groups and local and regional learning networks**, which help guide implementation of the MoU and key recommendations, and feed lessons learnt back to the National Steering Group and best practice more widely.

The industry should:

8. **Work collaboratively with health and social care providers** to enable both the public and professionals to 'think housing' and support the growth of OPH/LLH to meet the needs of an ageing population, through promoting individual wellbeing and creating community for mutual support.

Chair's Reflections

The Taskforce is presenting its work at a critical time. Often, I have heard people say this is a "once in a lifetime opportunity to influence" and I hope this report has the impact that so many people want.

What strikes me is the passion of people working with OPH/LLH – they know that a strategic vision matters not just to the future wellbeing of senior citizens, but also, society at large.

OPH/LLH is currently a small part of housing. Nonetheless, I am persuaded that it is a vital part and, if addressed with the attention that it warrants, it could help to solve the general housing crisis in England today. By senior citizens moving into more appropriate housing, family homes could be released with a positive ripple effect on the housing market generally. Also, helping senior citizens to live in more age-friendly and inclusive housing could save money for the public purse by avoiding unnecessary hospital admissions.

Although we know that OPH/LLH works well for those who choose it, we seem to lack either the ambition or the confidence to scale up supply and market it to those many senior citizens and families who still have little first-hand experience of it. OPH/LLH is besieged with challenges and new models and regulations are urgently required to build consumer confidence - but appetite for innovation seems to have waned. If we are to move from cottage industry to mainstream industry, we need government intervention to kick-start the OPH/LLH market – developing and testing new types of tenure. We also need to attract new entrants to the market.

The current dominant private sector models are just not working for the lower to middle-affluence market. And the current Older People's Shared Ownership (OPSO) scheme is not attracting enough developers and operators either. Something new, which works well for customers, investors, developers and operators alike, is needed.

We are not unique in grappling with the challenge of devising suitable housing solutions for an ageing demographic. No country has entirely solved this issue across the entire spectrum of needs and income levels. Even the more mature markets in New Zealand and United States only have a limited minority of older people living in housing with care and support services, and this largely confined to the top end of the market, despite being significantly more advanced than the UK. This underscores the widespread nature of the challenge and the need for innovative, scalable solutions.

However, it's not just service-led housing (supported living and assisted living) that needs to be addressed – we need more of all types of housing. Community-led housing for senior citizens has unique value but remains beneath the radar of both professionals and public. Age-friendly and inclusive co-housing developments, most often inter-generational, have huge potential to bring people together to offer mutual support and companionship as they age – yet less than 20 are up and running 20 years after their potential was re-imagined. The scale of Homeshare arrangements looks to be no higher than 500 matches at any time. If we are to meet the growing and varied needs of our diverse ageing population, we need more of all types of housing (lifetime homes, care ready homes, adapted homes, community-led housing, service-led housing schemes, and last, but by no means least, care homes).

Internationally, it's common to have legislation governing service-led housing, including specific tenures like the United States 'life interest' option. Such legislation typically offers consumer protections, such as representation on governance structures, safeguards for deposits/upfront fees and regulation of support provision. However, we are conscious that even with legislation in place, things can go awry. To mitigate this risk, legislation must be clear, properly applicable, and rigorously

enforced. Achieving this entails leadership from the top, a long-term commitment to change, comprehensive policy development, extensive collaboration with key stakeholders and education for the public and professionals about the importance of "thinking housing", whilst at the same time, "addressing ageing", "promoting wellbeing" and "creating inclusive communities".

Having championed older people issues for nearly forty years, my worry is that we will all continue to bury ours heads in the sand and marginalise the ageing population. We need to be brave and give it our urgent attention. This is why we are calling for the establishment of the **'Office for an Ageing Population'** to not only help address the crisis in OPH/LLH, but also, to encourage government to develop a long-term strategy to address the rapidly changing needs of our society.

We need to see senior citizens as part of the solution and consider how we make more positive use of their skills and abilities – as the number of senior citizens grow in proportion to younger people, traditional notions and models of retirement need to be reconsidered. Senior citizens should be seen as valuable assets in later life – they should be helped to remain in paid work for longer and enabled to volunteer productively for the benefit of society. While increased longevity brings with it possibilities and opportunities, it also poses challenges at an individual and societal level, particularly in relation to funding social care and the funding of retirement. There are some important challenges ahead and the Office for an Ageing Population could play a useful role in steering us along the right path, rather than stumbling along to a place where society may (or may not) wish to be.

The Taskforce has outlined nine key recommendations and one overarching recommendation to change the dial on older people's housing. On their own, the nine recommendations are not enough to make the difference that is required. We urge the Government to adopt all ten recommendations and show strong leadership from the front and a real commitment to change.

Annex A – Combined Set of Recommendations for Older People's Housing/Homes (OPH)/Later Living Housing/Homes (LLH).

Introduction

What we have learned is that older people do not want to be seen as 'old' and see 'retirement' as less relevant in today's world – they would much prefer to use the terms 'Later Living', and if grouped together, to be referred to as 'senior citizens'. It should also be noted that whilst professionals use the term 'housing', senior citizens wish the focus was more on 'home'. We have tried to recognise this throughout the report and in the recommendations.

Recommendations for standardising definitions.

Our collective ambition should be to:

Create agreed national definitions for the different types of OPH/LLH that can be understood not only by senior citizens and the public, but also professionals (investors, planners, developers, operators, health and social care providers) and policy makers (national and local).

Central government should drive progress by:

1. **Working across government departments to agree definitions on age-friendly, dementia-inclusive, faith and culture-sensitive housing and neighbourhoods**, drawing on exemplary tools and practice, so that language is shared across the housing, health and social care sector and understood by the public. Clear terms and definitions will support senior citizens and stakeholders in understanding whether a home is supported or not, and/or has access to care and in the case of the larger developments, if nursing care is available. Each of these types will create their own footprint depending on size of development and proximity to existing services. Larger developments often situate on town fringes, but with many town centres in decline there is opportunity to revive highstreets. There is a need to drive better awareness and understanding across the different sectors to inform decision-making and future planning.

Local systems should work together to:

2. **Make use of agreed definitions locally** across health, housing and social care.

The industry should:

3. **Make use of agreed definitions** in marketing materials to help senior citizens and the public understand what housing is on offer more clearly.

Recommendations for incentivising a wide range of OPH/LLH options.

Our collective ambition should be to:

Put the needs and preferences of senior citizens at the forefront, recognizing that "home" encompasses more than just physical structures. We need to recognise that, given our growing and increasingly diverse ageing population, the UK faces numerous housing challenges, including unsuitable mainstream housing, under-occupied dwellings and a lack of faith and culture-sensitive choices for later living. We need to acknowledge the urgent need for adaptation and upgrade of

existing stock, raise accessibility standards for new homes, and consider community-led forms of housing, as options that may be more affordable and beneficial for the majority of people.

Central government should drive progress by:

1. **Incentivising a range of OPH/LLH options including community-led models and moving towards the overall housing stock being more suitable for people as they age:** Recognise the heterogeneity of senior citizens and incentivise a range of OPH/LLH options to be scaled up, in order to meet the needs of individuals, enhance their wellbeing and create inclusive communities.

2. **Setting a target of 10% of delivery through the Affordable Homes Programme being for OPH/LLH**, in terms of grant funding to support the capital costs of developing affordable age-friendly and inclusive housing in England. This should be accompanied by a review of rent and service charge settlements, and how the revenue operating costs should be best funded, to encourage providers to bring forward schemes.

3. **DHSC reviewing support for the Care and Support Specialist Housing Fund** to set aside capital and revenue funding for service-led housing providers to bring forward proposals for development of OPH/LLH to meet the needs of senior citizens and adults with disabilities or mental health problems.

4. **Developing measures which encourage homeowners to adapt their own homes** for later life, such as public campaigns, guidance, changes to value added tax (VAT) on adaptations, or low-cost loans.

5. Radically improving the efficiency of the **Disabled Facilities Grant.**

6. **Recognising those who work in service-led housing care and support roles** in all plans to grow the adult social care workforce, and ensuring the roles and skills required in service-led housing are considered in DHSC plans for a Care Workforce Pathway for Adult Social care.

Local systems should work together to:

7. **Understand the needs and preferences** of senior citizens living in their local community and build housing to suit their varied needs.

The industry should:

8. **Work in partnership with relevant stakeholders** to come up with creative solutions that enable senior citizens to access the housing choices that best meet their needs.

9. **Adopt the Care Workforce Pathway** to ensure staff have the opportunities to grow their skills and progress.

Recommendations for ensuring more housing is designed for later life.

Our collective ambition should be:

that building regulations and design codes play their appropriate part in ensuring a greater range of attractive, well-designed, age-friendly, dementia-inclusive, faith and culture-sensitive homes. Homes need to be desirable, accessible, adaptable, technology-enabled, energy efficient and affordable, to meet the housing needs and lifestyle choices of an ageing population. This would enable senior citizens to gain from the known mental and physical health benefits of age-friendly housing, whilst living well and comfortably into older age, connected to their local communities.

Central government should drive progress by:

1. **As part of the Design Planning Practice Guidance, , developing a national design code for age-friendly and inclusive housing**, drawing on evidence-informed recommendations for HAPPI 'care-ready' housing principles[125], dementia design, accessibility, adaptability, sustainability, technology and faith and culture-sensitive requirements. These recommendations could inform Homes England's prospectuses for grant-aided mainstream social and mid-market housing programmes. An advisory group could be appointed to advise government on this and other building design issues, for example, how changes to the Energy Performance Certificate could better reflect energy usage by older occupants and other environmental conditions such as net zero and impact on affordable warmth.

2. **Immediately implementing the adoption of Part M4(2)** of the Building Regulations for all new housing. Also, in the medium term, adopt **guidance** on the provision of wheelchair accessible dwellings under **Part M4(3)** of Building Regulations to ensure that such dwellings are provided as appropriate and that full occupation by those for whom they are intended can be reasonably ensured.

3. **Reviewing the National Model Design Code** and local design guidance for OPH/LLH, to ensure it is fully up to date with the latest research.

4. **Requiring Homes England and the Greater London Authority to review design criteria** for the Affordable Homes Programme and for the Care and Support Specialised Housing Fund to ensure grant-aided mainstream social and lower to middle-affluence market housing programmes must incorporate age-friendly design.

Local systems should work together to:

5. **Encourage local planners to engage with dementia charities**/organisations to ensure local design codes are dementia-inclusive.

Industry partners should:

6. **Work with the Royal Institute of British Architect's and other existing award schemes**, such as, the Royal Town Planning Institute and the Landscape Institute to accommodate an additional category of award for 'age-friendly and inclusive housing and neighbourhoods', in their annual awards programme. In particular, an award for low-cost innovative building design to meet the needs of the lower to middle-affluence market. The prize should be

[125] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

awarded for all types of OPH/LLH (mainstream, community-led, service-led, care homes) and all types of innovation (new building, retrofit or adaptations).

7. **Generally, ensure that providers undertake thorough feedback exercises on all new schemes and incorporate the ideas and data obtained into all new designs. Where appropriate involve community groups including potential residents in co-production focus groups** to ensure outcomes mean that local resident views are incorporated in the design brief for professional teams.

8. Ensure all **new OPH/LLH is 'future proofed' for an increasingly digital age** and **that existing settings are ready for the switch from analogue to digital** by the end of January 2027.

Recommendations for creating age-friendly, dementia-inclusive, faith and culture-sensitive communities.

Our collective ambition should be to:

Ensure all senior citizens and their families have accessible and inclusive amenities, community connections and open spaces within easy reach of their homes. New and existing communities should be connected and curated to meet the needs of our ageing society. Where new communities are established or where regeneration is planned, all new public realm should be landscape-led, designed for health and wellbeing outcomes and should be age-friendly, dementia inclusive, faith and culture-sensitive; whilst being well-designed, attractive and promoting independence. The mix of housing would be varied and incorporate a full spectrum of housing typologies appropriate for an ageing and diverse society but planned to encourage mutual support through intergenerational living and social prescribing.

Central government should drive progress by:

1. **Requiring that Local Planning Authorities ensure that all Local Design Codes** give due consideration for the need that new developments, redevelopments and improvements to the public realm within the plan area be designed to be age-friendly and inclusive of households that are able to live independently and experience the health benefits.[126] Guidance and wayfinding to education for decision makers should be made available in the National Model Design Code and National Design Guidance. All improvements to existing public realm should be done to meet the needs of an ageing population, focusing more on environments that support social connections and build community assets. Inclusive-design, social prescribing and community and cultural connections should be at the heart of all placemaking.

2. **Updating guidance on Community Infrastructure Levy (CIL)** to encourage spending on local infrastructure which will improve the age-friendliness of the area, for example, ensuring bus stops include seating and shelters, or adding benches in key shopping areas, or along walking routes.

[126] https://ilcuk.org.uk/wp-content/uploads/2018/10/ILC-UK-Does-Living-in-a-Retirement-Village-Extend-Life-Expectancy-Web-version.pdf

3. **Commissioning pilot schemes for age-friendly neighbourhoods** that are intergenerational but meet the varying and progressive needs of an ageing population and those caring for them, as part of urban extensions or new settlements, with a full evaluation of the outcomes to shape future policy.

4. **Mandating and funding Local Authorities and NHS England to publish spatial data on age-friendly and inclusive areas, including accessibility of health services**. Requiring local authorities to use agreed metrics to differentiate, measure and monitor the growth of age-friendly, dementia-friendly, faith and culture-sensitive neighbourhoods over time. Also, requiring the NHS Estate to publish data on the accessibility to building-based health assets (e.g. hospitals, GPs, dentists) at local authority levels. Placing a duty on the health service, local government and combined authorities to cooperate in place-making.

5. **Commissioning of research for rating homes** for their age-friendliness and on a simple scale, A, B, C etc. The WHO toolkit for age-friendly cities is a useful starting point[127] and should include both the physical build of a property and the character of the immediate area. Alongside this, it should also take into account social and psychological aspects too. The existing practice of reporting the thermal efficiency of homes is a precedent for this idea. Ratings would include such measures as square meterage, number of floors, and location (distance to shops, GPs, social hubs etc.). Such information would be available in estate agent shop windows and could be part of the National Information Platform (see chapter 7). It is feasible that this process could be automated using Artificial Intelligence.

6. **The inclusion of age-friendly and inclusive modules** by the relevant bodies (e.g., Chartered Institute of Highways and Transport, The Royal Institute of British Architects, the Royal Institute of Chartered Surveyors, The Royal Town Planning Institute, Urban Design Institute and the Landscape Institute) and universities in the pertinent qualifications for accredited education and continuing professional development, in order to raise awareness across the professions. These should also take into account the increasingly diverse nature of the UK's elderly population.

Local systems should work together to:

7. **Consider boundary effects where an age-friendly area straddles a neighbouring authority,** in which case both authorities would need to consult together as required.

8. **Report progress in their strategic plans** for meeting the diverse needs of local communities with a range of age-friendly and inclusive housing and neighbourhoods and in annual and public health reports to Health and Wellbeing Boards. This should include the needs of people living with dementia.

Industry partners should:

9. **Ensure all marketing material includes relevant information** on age-friendly and inclusive housing and neighbourhoods, where they have specialist services or facilities making them more culturally inclusive communities.

[127] https://iris.who.int/bitstream/handle/10665/343780/9789240031531-eng.pdf?sequence=1

Recommendations for expanding OPH/LLH at scale and ensuring it is affordable to live in and viable to finance, build and operate.

Our collective ambition should be to:

urgently scale up the quality and quantity of the OPH/LLH, market, at more affordable pricing, in order to open up new more age-appropriate choices in later life to people of lower to middle-affluence. If developers and operators can build and run housing options that customers can afford to buy and live in, investors will provide the capital funding to fuel the growth of service-led housing (supported living and assisted living). In turn, the ability to connect senior citizens with the 'right choice', at the 'right size', at the 'right price' will be key to securing the capital investment needed to fuel the sector's growth.

Central government should drive progress by:

1. Mandating Homes England to support the expansion of OPH/LLH, including Social and Affordable housing for senior citizens. Homes England has a crucial role to play in supporting the OPH/LLH sector to accelerate provision by using the full range of its tools and resources - both as an enabler and direct funder. It should enable the market to reach maturity (at which point Homes England's role could be scaled back again) by providing access to competitive development finance, funding against future operational income and bridge finance to cover working capital and maintenance whilst a scheme sells down (for example by putting in place an Older People's Housing Guarantee Scheme). It should also use its land holdings and role in strategic land assembly to enable access to development sites (including larger sites that are cheaper to run).

2. MHCLG reviewing and expanding funding for the Older People's Shared Ownership Scheme for senior citizens who are unable to afford the full price of a new property in an OPH/LLH development. The review should ensure the scheme is attractive for both customers and investors and should include looking at the grant rates for OPSO, the current maximum annual income thresholds, the maximum equity stake, and rent chargeable at different equity shares to avoid cliff edges for consumers, while maintaining viability for providers.

3.Offering incentives for senior citizens to 'rightsize' and move into age-friendly and inclusive housing and communities. This could include reviewing eligibility for housing benefit such that a higher element of capital is allowed when considering housing benefit to cover monthly fees and running costs. In addition, stamp duty for 'Last Time Buyers' could be aligned with the additional allowances for 'First Time Buyers', meaning senior citizens downsizing to smaller properties would not pay Stamp Duty Land Tax (SDLT) on properties worth up to £425,000. In order to address one of the disincentives to moving to rental accommodation, allowances should be considered that make income arising from the sale of the family home tax free (for example, via a 'Downsizer Individual Savings Account (ISA)' or 'Downsizer Allowance') which would mean senior citizens would no longer pay income tax on the income they receive from the proceeds of the sale of their previous home.

4. Introducing a support package for developers and operators. For instance, government should enable operators to buy back leases and reissue them in modernised and updated form to the next customer by introducing a SDLT relief for operators when they buy back and resell service-led housing leases (i.e. addressing the current situation that stamp duty would be payable twice in this scenario). This would enable, for example, a provider to offer a lifetime lease instead of a traditional lease. Operators/developers should be exempt from council tax payments during the sell down/fill

period of new developments. Capital Allowances should be applied to all built floor space (not just the common parts) which would reduce the high costs of construction and encourage more integration of 'Green Features'.

5. Reviewing the regulatory framework for lifetime leases with a view to expanding their use while appropriately protecting older customers.

6. Undertaking an in-depth analysis of international business models for the delivery and operation of OPH/LLH for the lower to middle-affluence market to learn from what has been done internationally to bring in new investors (including, social impact funders), new developers (including, small to medium businesses) and new operators (including, social enterprises) into the OPH/LLH market for people of the lower to middle-affluence.

7. Continuing to act as a facilitator for change and innovation as the barriers to entry are complex, **to accelerate supply of OPH/LLH,** and in the past have resulted in the private sector focusing primarily on the more affluent demographic segments. To accelerate supply at scale for the lower to middle-affluence market, OPH/LLH investors, developers and operators will need leadership and support from the Government to find creative solutions.

Local systems should work together to:

8. Take into account the needs of senior citizens, both those who qualify for Affordable Housing and those who are just above the thresholds. Here, local systems should work with housing associations and registered providers of social housing.

Industry partners should:

9. Recognise the operational value inherent in some models of OPH/LLH so that viability and finance is not focused solely on early returns from developments. This is established practice in other operational real estate markets and enables finance to be long-term, often 20 – 30 years and encourages innovation for flexible tenures for the benefit of the main stakeholders (consumers, operators and capital providers alike).

10. Act to offer OPH/LLH at lower price points both to buy and, importantly, to live in by developing dedicated design specifications for the middle market, exploring opportunities for modular construction, looking to build schemes where possible close to wider existing community amenities, and making use of economies of scale in larger schemes with lower operating costs.

11. Explore innovative charging models that enable both purchase prices and ongoing costs to be matched to senior citizens' capacity to pay. This could include for example the increased use of rental, lifetime leases, short fixed-term leases, shared ownership, deferral of costs or variants of equity release.

12. Put in place mechanisms for developers who are only interested building OPH/LLH, to connect with operators who can work with them on service-led developments.

Recommendations for strengthening planning policies.

Our collective ambition should be to:

Ensure that the planning system helps deliver a greater volume and diversity of OPH/LLH by ensuring there is a common understanding of the different types of OPH/LLH and their benefits, that there is a proper assessment and response to levels of need, that there is sufficient site allocation for all forms of OPH/LLH and that local planning authorities (LPAs) make better and more timely choices in planning applications for OPH/LLH. This shift should be underpinned by consistent use of shared definitions, policies, and requirements through the National Planning Policy Framework (NPPF) and National Planning Practice Guidance (NPPG) and adopted locally in the Local Plan.

Central government should drive progress by:

1. **Introducing a planning policy presumption in favour of OPH/LLH** to scale up appropriate housing for an ageing population. The recent revision to paragraph 63 of NPPF should be used as the platform and OPH/LLH should be given an increased profile in the NPPG. The language needs to give significant weight to the urgency of provision and to ensure that planning for OPH/LLH is aligned with local objectives, supports wellbeing and community integration and delivers viable high-quality design and the provision of social infrastructure.

2. **Revising the use class definitions guidance to** clarify which use class(es) would apply to the various forms of OPH/LLH (as described in Chapter 1) with due consideration to the design and operational requirements, including types and levels of service and care.

3. **Revising the NPPG and developing a new National Development Management Policy (NDMP)** to positively profile OPH/LLH and include specific agreed requirements for LPAs to make provision, allocate sufficient land in varied locations (town centre to greenfield) and recognise the nuances of the form and function of the various types of OPH/LLH to ensure the viable delivery of sufficient OPH/LLH. NPPG and the National Model Design Code (NMDC) should also direct that for any land allocated for any major development or adjacent to an existing settlement or where a new settlement is to be established, the principles of age-friendly and inclusive placemaking should be deemed essential.

4. **Reviewing regulations - and in the interim, revising guidance to LPAs - on planning obligations** to recognise that OPH/LLH schemes face significant viability challenges arising from the higher upfront and ongoing operational costs compared to mainstream housing. Age-friendly and dementia inclusive housing which is service led can deliver wider societal benefits by reducing burdens on health and social care services. As such, guidance to LPAs should include a presumption that service-led housing will not be able to contribute to Affordable Housing and should be exempt from Community Infrastructure Levy (CIL) payments. Section 106 contribution requirements for OPH/LLH should also be reviewed in light of the wider benefits such schemes provide, the profile of residents and their more specific needs.

5. **Establishing a common standardised methodology for local assessment of minimum need** for the various forms of OPH/LLH (as a subset of overall housing) which is simple, universally recognised, transparent and available for LPAs to use free of any costs. Also, to establish national prevalence rates for each type of OPH/LLH which are not based on past delivery but is instead

aspirational and outcome driven in line with the Chief Medical Officer's annual report from 2023 to help guide practice. LPAs should ensure that affordable housing for health and social care workers is planned for proactively. The NPPG should make clear that all forms of housing for senior citizens and health and social care workers contribute towards the overall housing numbers, as well as, having distinct characteristics of benefit. Guidance relating to land use should be clear that the overall need cannot be met by over-provision in one subcategory of OPH/LLH at the expense of others.

6. **Requiring LPAs to co-produce an OPH/LLH Strategy** in consultation with senior citizens with lived experience, local communities including faith groups, public and private sector providers, which is based on a robust local assessment of need (as outlined in recommendation 3) and supported by the Integrated Care Board and the local Social Care funding body. To optimise performance, LPAs to have a cross-functional team across housing, health and social-care with single leadership. Where a Local Plan is not up to date, the OPH/LLH Strategy should be incorporated into the emerging Local Plan and, where there is an up-to-date Local Plan, the OPH/LLH Strategy should be adopted as a Supplementary Planning Document.

7. **Requiring Homes England and local authorities to utilise a sufficient proportion of their own land** in suitable locations for OPH/LLH to ensure the ageing population's needs are being met through public sector investment.

8. **Requiring LPAs to allocate sufficient land** (including town centre locations, greenfield sites and potentially green belt sites) for OPH/LLH to be developed at a scale that enables viable and affordable options for senior citizens to right size. Where an LPA is unable to allocate sufficient land to meet the needs of their ageing population, the local plan should include an exceptions policy.

9. **Rewarding high performing LPAs.** LPAs should be required to keep a record of the delivery of their OPH/LLH Strategy to ensure that schemes are approved and deliverable in their Authority Monitoring Report. Where a local authority has a proven track record of planning OPH/LLH with successful delivery, an OPH/LLH delivery grant could be considered to reflect the benefits of OPH/LLH reducing burdens on local and NHS infrastructure as well as freeing up family homes.

Local systems should work together to:

10. Ensure that local plans and local design codes jointly incorporate guidance for local decision-makers to better appreciate the characteristics of OPH/LLH and age-friendly and inclusive placemaking.

11. Consider the benefits of employing small multi-disciplinary teams to facilitate the planning and delivery of new OPH/LLH.

12. Work collaboratively to educate local residents on the benefits of age-friendly and inclusive homes/housing, together with the importance of age-friendly and inclusive placemaking in order to prevent NIMBYism.

Industry partners should:

13. Work more closely with landowners, including public sector bodies (e.g. Homes England, NHS England), with the view to engage in development partnerships and joint venture delivery models for age-friendly and inclusive OPH/LLH in a way that meets the needs of current and future generations (such as for example, Poundbury in Dorset, and Welbourne Garden Village in Fareham).

Recommendations for establishing a national information platform and local hubs.

Our collective ambition should be to:

Ensure senior citizens, families and professionals working with them can access free, timely, trusted information, advice and advocacy on housing options locally - including support to stay in their own home, rightsize, or move into community-led housing, service-led housing (supported living and assisted living), or care homes (nursing and non-nursing). Specialist financial advice, including on benefits, should be available to assist people in planning for the future, as well as legal advice. And we need to develop, use and popularise a clear, shared understanding (across public and professionals) of common terminology for the different types of OPH/LLH.

Central government should drive progress by:

1. **Funding a national 'Which?-style' online platform** and accompanying in-person or interactive software system Advice Line for senior citizens, families, and professionals to access a comprehensive databank of information about the different forms of housing options that exist, and what is available locally. This platform could include a range of briefing and explanatory materials and presentations, as well as web tools (e.g., a tool to help open up a conversation about what a person is looking for in terms of OPH/LLH, a tool linked to Google Maps to help identify age-friendly and inclusive locations for shared use with Estate Agents – see chapter 4 - and a tool to calculate wealth and income in relation to expected life span to assess affordability of different OPH/LLH options). The online platform, as well as the new service's web tools and case recording system, could be built in a way that facilitates capturing large scale evidence of senior citizens' evolving attitudes to housing options to inform future strategic thinking.

2. **Encouraging and investing in local systems, working with local community and voluntary sector organisations, to establish a network of local community hubs** to provide 'in-person' support to senior citizens to access the national online platform and/or in person or interactive software system Advice Line. Performing a similar role to Family Hubs and Start for Life programme, these could help senior citizens, including people living with dementia, to explore and realise their housing options. Such services could also link to 'Good Home Hubs' - 'one-stop shops' for a range of home improvement, retrofit and energy efficiency schemes[128]. Building on the existing Home Improvement Agencies in some areas, this should include advising people who wish to stay in their own homes with information about repairs, maintenance, home adaptations, help with trusted traders and innovative financing options for those who do not qualify for means tested grants and loans.

3. **Leading a national 'Think Housing: Last Home, Best Home' campaign** to encourage the public to plan to adapt their own home or move at the right time. The national IA&A platform could be launched as part of this media campaign which should include preparing professionals (e.g., GP housing, health and wellbeing checks, employee support for retirement, health and social care

[128] https://demos.co.uk/wp-content/uploads/2023/11/Triple-Dividend-Part-Three.pdf

staff working with long-term conditions) to start the conversation with members of the public. The conversation could also be linked to advice on pensions and power of attorney.

Local systems should work together to:

4. **Upskill housing, health, and social care professionals to initiate conversations with senior citizens about 'Thinking Housing'.** Various professionals (e.g., social prescribers, care navigators, discharge teams) could play a vital role in signposting senior citizens and their families to the national IA&A platform and their local community hubs. Recruiting and supporting senior citizens as 'peer mentors' to share their housing pathway experiences with others. Engaging and training volunteers to facilitate housing choices for senior citizens – especially those living on their own.

Industry partners should:

5. **Co-operate with the new information, advice and advocacy initiative** advocated above by providing accurate and comprehensive information about their housing provision to populate its national directories and website for use across the IA&A infrastructure that our recommendations aim to create.

Recommendations for building consumer confidence.

Our collective ambition should be to:

Ensure senior citizens and their families can have confidence in the option of moving into age-appropriate homes and have a clear understanding of any fees and charges that may be charged in some OPH/LLH developments. This requires openness and transparency of information being provided by developers and operators at an early stage in the decision-making process.

Central government should drive progress by:

1. **Specifying legislation and regulation for the OPH/LLH sector.** A working group should report back within 1 year and be tasked with:
   - Delivering an assessment of the feasibility of new tenure models beyond leasehold for service-led forms of OPH/LLH, as seen in other countries (e.g. the Occupational Rights Agreements seen in New Zealand). New tenures should enable new business models that will drive a step-change in how senior citizens live well in these settings and can continue to self-fund their cost of living, support and care. This should include consideration of how to test new tenures for OPH/LLH through pilots which can be scaled up if deemed successful.
   - Developing an overarching regulatory approach to the sector to safeguard consumers and give certainty to investors: reviewing and assessing existing codes, their applicability to different sub-sectors and how large-scale monitoring programmes could be delivered to increase compliance with these codes. The approach needs to consider the changes coming under the current Leasehold and Freehold Reform Bill and also be integrated into any existing or future measures to drive up standards and conduct of agents responsible for managing and maintaining buildings with consideration of whether compliance with a code should be mandatory.
   - Implementing the current Law Commission recommendations for improvement of commonhold.
   - Developing guidance on information provision, routes to redress and dispute resolution for services delivered in OPH/LLH schemes.

- Engage with the Regulator of Social Housing to review the impact on OPH/LLH delivered by registered providers of social housing, of the new standards under the Social Housing Regulation Act 2023.

2. **Implementing measures to protect consumers from hidden event fees** as soon as possible, based on recommendations developed by the Law Commission in 2017, and accepted by government in 2019.

3. **Instructing the National Trading Standards Estate and Lettings Agency Team (NTSELAT) to produce further guidance** on 'material information' in property listings/advertisements specifically for OPH/LLH.

4. **Commissioning an independent body to collate and publish a report into resale values** for OPH/LLH, together with a comprehensive analysis into drivers of positive/negative resale performances. This should provide a robust evidence base on how property values perform over time and should inform the sector's development of successful models. In addition, it should also inform customers' choices when deciding to make a move into OPH/LLH when combined with the proposed new information, advice and advocacy service.

Local systems should work together to:

5. **Ensure local systems, regulators and trading standards teams** (as the primary enforcers of the Consumer Protection from Unfair Trading Regulations) **have appropriate oversight** over marketing and sales of OPH/LLH by both external estate agents and operators and also ensure that operators comply with The Tenancy Standard for social housing tenants.

Industry partners should:

6. **Provide open and transparent intelligence to the public** on fee structures, obligations falling on customers and operators, routes to redress and complaints mechanisms available to customers.

7. Clearly set out that developers/operators should not financially incentivise consumers to use particular firms of conveyancing solicitors in **guidance from the Solicitors Regulation Authority and the Council for Licensed Conveyancers**.

8. **Require estate agents** who offer services selling and reselling OPH/LLH to ensure that **relevant staff are properly trained in key issues relating to OPH/LLH** including understanding: the different levels of support and care offered, the role of event fees, service and other charges (if applicable) and the ongoing commitment to payment of service charges until a property is sold.

Recommendations for enhancing innovation, research and professional development.

Our collective ambition should be to:

Develop and deliver a strategic, co-ordinated and inter-disciplinary approach to research, sector improvement, professional development and innovation on OPH/LLH in order to pioneer enterprising and innovative housing solutions that not only support the wellbeing of senior citizens but also, drives economic growth and social inclusion on a national scale.

Central government should drive progress by:

1. **Creating and implementing an Innovation, Research and Development Strategy for OPH/LLH,** co-produced with people with lived experience (users, carers, and providers) and in partnership with charitable funders of ageing research and the research community. This should be inter- and multi-disciplinary and draw on a wide range of methodologies to inform policy and practice and join research agendas to drive progress. For example, research on how different models of OPH/LLH impact public services, e.g., reducing hospitalisation and social care costs, alongside linked agendas such as sustainability – looking at eco living as well as age-friendly and inclusive design. Relevant government departments (DHSC, MHCLG, Cabinet Office, DSIT) to each set up a research team under the national programme to ensure all government departments are co-sponsors of the research programme and issues are not siloed.

2. **Creating and funding a 10-year national programme of research and innovation for 'Housing, Ageing, Wellbeing and Inclusive Communities', to help implement the above strategy and building on the success of its 'Healthy Ageing Challenge' programme,** through a cross-funded collaboration between Innovate UK (part of UK Research and Innovation - UKRI), the Economic and Social Research Council (ESRC), and the National institute for Health and Care Research (NIHR). The programme should provide age-friendly and inclusive housing solutions for an ageing population and promote economic growth; envision a cohesive, cross-government, and cross-sectoral program to ensure a holistic approach. This approach will: integrate efforts from various sectors, such as government agencies, housing providers, healthcare organisations, technology firms, academia, and community groups; suggest community engagement and co-design principles are embedded throughout the programme to ensure that housing solutions are tailored to meet the unique needs and aspirations of senior citizens; implement robust monitoring and evaluation mechanisms to assess the effectiveness and impact of OPH/LLH solutions**;** appoint a Research Director to coordinate and lead the programme, who is responsible for ensuring capacity building for researchers in OPH/LLH at all career stages.

3. **Establishing local and regional networks across housing, health and social care** to help feed into and inform the national programme of what innovation, research and development is needed, drawing on lived experience of users, carers and providers. Such a network would allow researchers and innovators nationally to engage with each other to share intelligence and would connect sector leaders and champion best practice locally.

4. **Supporting the development of a national minimum dataset (NMDS) for OPH/LLH**, including data on age-friendly and inclusive housing and neighbourhoods, outcomes for senior citizens and public services, and inclusion of the housing support workforce in the NMDS for the social care workforce. This would enable an infrastructure to monitor progress and address issues (e.g., workforce challenges).

Local systems should work together to:

5. **Build the pipeline of research and innovation** through establishing a consortium of researchers and industry partners (across several local authorities) to co-produce a programme of research, in collaboration with senior citizens, that meets their on-going and shared agenda for OPH/LLH.

6. **Co-fund and deliver local action-oriented projects** to pilot and test the implementation of key recommendations, in order to generate impactful good practice models to be shared more widely with others nationally.

Industry partners should:

7. **Participate as active partners** in the innovation, research, sector improvement and professional development strategy at all levels of the national and local systems.

8. **Contribute to the funding of local projects** that independently evaluate new ways of delivering OPH/LLH.

Recommendations for providing leadership to drive change.

Our collective ambition should be to:

See the delivery of a long-term National Housing Strategy for an Ageing Population, to enable the country to be better prepared for the multifaceted impact of an ageing society and to support the transformational thinking of government departments in housing, health and social care and other key stakeholders in local communities. Such a strategy is urgently needed if we are to enable people to live healthy and independent lives for longer, support them to make active contributions to society, reduce reliance on the welfare state and make better use of housing stock for all sections of the community. There needs to be ownership of this task at the highest levels of government based on a long-term commitment to delivery. A new Office for an Ageing Population should drive delivery forward.

Central government should drive progress by:

1. **Championing and delivering a National Housing Strategy for an Ageing Population**, which should include consideration of the role of care homes.

2. **Establishing a joint unit between MHCLG and DHSC** to create a plan of action**.** This body should be responsible for **driving forward** delivery of an age-friendly and inclusive homes and communities' agenda across the country and ensuring the right incentives to create an attractive and viable market. **This jointly sponsored unit between MHCLG and DHSC could take the form of an arms-length body (Office for an Ageing Population)** that will galvanise transformational leadership at national and local levels, governed by an independent board, including investors.

3. **Engaging in a continuous dialogue with operators, customers and investors as part of the Office for an Ageing Population (OAP)'s work on OPH/LLH:** It will be crucial that the OAP involves the voices of providers, investors and customers, enabling any action plan to be co-produced and implemented with all stakeholders involved.

4. **Updating the Health and Housing National Memorandum of Understanding (MoU) to support the Integrated Care Systems and local stakeholders to work jointly** by setting a very clear expectation that the national partnership across housing, health and care is mirrored locally and action plans are agreed through a concordat approach to create strong accountability.

Local systems should work together to:

5. **Place senior citizens and local communities at the heart** of OPH/LLH action plans to pilot and test new ways of implementing key recommendations, drawing on lived experience of users, carers and providers.

6. **Adapt the National Memorandum of Understanding to their locality and establish small but dedicated multi-disciplinary teams** that span local housing, planning, health and care stakeholders, to co-produce a MoU action plan and co-ordinate accelerated delivery of a larger pipeline of service led OPH/LLH housing provision.

7. **Establish local OPH/LLH advisory groups and local and regional learning networks**, which help guide implementation of the MoU and key recommendations, and feed lessons learnt back to the National Steering Group and best practice more widely.

The industry should:

8. **Work collaboratively with health and social care providers** to enable both the public and professionals to 'think housing' and support the growth of OPH/LLH to meet the needs of an ageing population, through promoting individual wellbeing and creating community for mutual support.

Annex B – Taskforce Members

Chair

Professor Julienne Meyer CBE Professor Emerita of Nursing: Care for Older People; City, University of London (Chair)

Members

Caroline Abrahams CBE, Charity Director of Age UK

Stewart Baseley, Executive Chairman of the Home Builders Federation

John Galvin, Chief Executive of Elderly Accommodation Counsel

Rt Hon Damian Green MP, Member of Parliament for Ashford and Chair of the All-Party Parliamentary Group on Adult Social Care

Councillor Lord James Jamieson OBE, Councillor for Central Bedfordshire and Former Chair of the Local Government Association

Professor Les Mayhew, Professor of Statistics at Bayes Business School

Sarah McClinton, Past President of the Association of Directors of Adult Social Services and Director of Health and Adult Services and Deputy Chief Executive at Royal Borough of Greenwich

Geeta Nanda OBE, Chief Executive of Metropolitan Thames Valley Housing

Professor Judith Phillips OBE, Deputy Principal (Research) at the University of Stirling and Professor of Gerontology

Jeremy Porteus, Chief Executive of the Housing LIN (Learning and Improvement Network)

Ben Rosewall, Head of Investment, Later Living, Legal and General Capital.

Nick Sanderson, Chief Executive of Audley Group and Chair of the Associated Retirement Community Operators

Kathryn Smith, Chief Executive of the Social Care Institute for Excellence

Sunena Stoneham, Legal Director of Voyage Care and former Chief Operating Officer of LifeCare Residences Limited

Richard Morton, Managing Director at Richard Morton Architects, and Chair of the Retirement Housing Group

Paavan Popat, Chief Executive of Trulocom and TLC Care

Jon Rouse CBE, City Director of Stoke on Trent City Council

Andrew Surgenor, Senior Director (Operational Real Estate - Healthcare) at CBRE Limited

Annex C – Sites Visited

1. Fern Bank, Bingley, Abbeyfield The Dales
2. Aster Group (formerly Central and Cecil), Grace House, London
3. Audley, Mayfield Village, Watford
4. Extracare, Shenley Wood Retirement Village, Milton Keynes
5. Elysian Exhibition, University of Law, Guildford
6. McCarthy Stone, Neptune House, Worthing
7. Anchor, Runnymeade, Roehampton
8. Birchgrove, Woodbank Apartments, Woking
9. MTVH, Lotus Close, Dulwich
10. Elysian, Wildernesse House, Sevenoaks
11. New Ground Co-Housing, High Barnet
12. LifeCare Residencies, Grove Place, Nursling
13. Central Bedfordshire, All Saints View, Houghton Regis
14. St Monica Trust, The Chocolate Quarter, Keynsham
15. Beechcroft Developments, The Farthings, Leatherhead
16. Lifestory Group, Cobham Bowers, Cobham
17. Stoke on Trent City Council, Rialto Court, Stoke-on-Trent
18. Stoke on Trent City Council, QEII Court, Stoke-on-Trent
19. Retirement Villages Group, Elmbridge Village, Cranleigh
20. Churchill, Wessex Lodge, Bagshot
21. Thirteen, Orchid House Extracare Scheme, Sowerby
22. Housing 21, Meadowfields Extracare Scheme, Thirsk
23. Audley, Fairmile, Cobham
24. Charter Quay, Kingston
25. Inspired Villages, Ledian Gardens, Leeds, Maidstone
26. Shared Lives, Liverpool
27. MHA, The Maples, Peterborough
28. Morden College, John Morden Centre, Blackheath London
29. Tonic Housing Association, Bank House, Vauxhall
30. Churchill, St John's Lodge, Timperley
31. Habion, Liv-Inn, Amsterdam, The Netherlands
32. Aafje Cooperative, Rotterdam, The Netherlands
33. Retirement Security, St Margaret Court, Stratford on Avon
34. London Borough of Camden, Charlie Ratchford Court, Chalk Farm
35. Agudas Israel Housing Association, Schonfield Square, Hackney
36. North London Muslim Housing Association, Cazenove Road, Stoke Newington

Annex D – Our Call for Evidence

To support the taskforce and to help test the emerging recommendations, a six-week call for evidence was launched in July 2023 to gather views from across housing, health and social care. We received 178 responses from professionals and organisations.

While responses were often wide ranging, we found it striking how often we saw similar themes recur across responses and in relation to the three workstreams – People, Products and Places – that we had used to structure the work of the Taskforce.

It was also striking how consistent the responses were with the overall aims and focus of the taskforce. Specifically, considering a person-centred approach to ensure we can provide greater choice, quality and security of housing for senior citizens, to enable individuals to age in place should they wish.

The following summary outlines both the issues and recommendations put to the taskforce. The analysis is grouped under high-level themes that were recurrent throughout the responses.

Suitability and availability of housing choices for senior citizens – respondents told us that . . .

- Many senior citizens are finding themselves in housing that is not appropriate for their needs due to the shortfall in the supply of affordable OPH/LLH. More needs to be done to develop more affordable options for people of lower to middle-affluence in particular.
- As well as delivering new housing, adaptations should support people living at home in a cost-effective way – a grant to remedy homes in disrepair or a home adaptations programme should be considered.
- Affordability is a key barrier for many senior citizens – there needs to be an increase in housing options for senior citizens with less financial means to ensure that they too are able to access appropriate housing options suited to their needs.
- Affordable housing options should be inclusive of all different demographics and their choices should not be limited by financial constraints.

Advice, Information and Guidance – respondents told us that . . .

- Senior citizens find it difficult to understand the choices and options they have because of the complex language used combined with the lack of clear and accessible information. There is a need for a service for senior citizens to access impartial information when seeking out what options and choices are available to them.
- Information needs to cater to the diversity of senior citizens and include details of the financial implications of specific provisions (some responses flagged the issues of rental and service charges impacting the choice that senior citizens may make).
- It is vital that senior citizens feel confident in the products they are buying, and its build is to high standards. Therefore, more needs to be done to offer them a protection of their rights and improve consumer knowledge to improve this lack of understanding.

Planning and Local Placemaking – respondents told us that . . .

- The current planning system is complicated and is supported by inadequate funding, with no national strategy for OPH/LLH or policy body providing advice and guidance to developers on how to better plan housing for an ageing population.

- More certainty is needed on planning use class which can cause confusion across the planning system and may be suppressing the supply of OPH/LLH. The development of a new use class could potentially support local authorities to consider how OPH/LLH fits within the wider market.
- Alongside a national strategy, local authorities should appropriately assess the housing needs for senior citizens and forecast demand and local planning processes should identify and allocate more land to OPH/LLH. This could be done by ensuring a percentage of each large development is dedicated for OPH/LLH, ensuring that in later life someone can move and remain connected to the area they know and maintain any social networks.
- Planning and funding should also consider more mainstream options and support for adaptations, with access to practical, affordable housing repair and adaptation services. There should be more attention on ensuring affordable energy solutions in new and current mainstream and OPH/LLH stock.
- New policies should encourage flexible fundings models for local authorities, commissioners and providers to help ensure that new housing responds to the needs of local population as well as ensuring consistency across the country. Government should also provide assurances for revenue as well as capital funding to support this.

Age and Dementia Friendly Design – respondents told us that . . .

- It is important that homes are designed to certain standards for senior citizens; and there needs to be improved regulation or guidance on what good, attractive age-friendly and inclusive design looks like in OPH/LLH, with references to the Housing our Ageing Population: Panel for Innovation (HAPPI) principles. We should involve senior citizens in the planning and design of OPH/LLH.
- Local placemaking should ensure communities are intergenerational, age-friendly and inclusive and accessible – catering for the diversity of senior citizens and allow everyone to 'age in place'. For example, local areas in which new housing is built should have adequate support services available (e.g., doctors, public transport, shops and community space).
- New-build homes should be both more accessible and more readily adaptable and more should be done on helping the stock of existing housing to be adapted or to help senior citizens to continue to live there as they age. All new build housing should be built with age-friendly and inclusive design (incl. dementia-friendly design principles).
- We should encourage greater use of technology (with references to Technology for our Ageing Population: Panel for Innovation (TAPPI)) to support senior citizens living in both OPH/LLH and mainstream housing.
- Housing standards need to focus on keeping senior citizens warmer in their homes, mitigating the impacts of climate change and ensuring homes are more economical to run in the future.

Health, Wellbeing and Social Care – respondents told us that . . .

- We need to better connect housing with the wider health and social care sector, including when new housing sites are being proposed for senior citizens, health and social care systems are collaborated with much earlier on in the process. This is because where senior citizens live will significantly impact their health and wellbeing. Local systems should draw on the National Health and Housing Memorandum of Understanding and produce their local versions (ADASS).

- Many submissions discussed the impact that demographic change and the increasing number of senior citizens will have on housing, community infrastructure, health and social care. Respondents also highlighted the impact that wider societal health inequalities were having on senior citizens. They noted that organisations alone cannot respond to this. There needs to be more support, direction and attention on this issue by government.

- The increase in age-related illness and disabilities (incl. dementia) must be considered when developing OPH/LLH and new mainstream housing – cater for life course.

- Unsuitable housing delays hospital discharge, yet senior citizens are unable to access adaptations or alternative appropriate housing resulting in longer hospital stays or inappropriate care placements.

Geographical Location– respondents told us that . . .

- The housing options for many senior citizens will be heavily impacted based on where they are geographically located. Senior citizens in urban settings will face different barriers to those who live in more rural/coastal settings. Wider than housing, this will also impact their access to public transport, health, care and social services.

- There is a need to increase investment and housing supply in all parts of the country to ensure people do not feel forced to leave their communities and relocate (which could increase social isolation and loneliness), due to choice and access issues.

The Role of Technology– respondents told us that . . .

- The review should explore how new technologies could be utilised to support senior citizens in their current homes, including the use of artificial intelligence (AI) / robotics and new smart technologies in the construction of new homes.

- The Disabled Facilities Grant (DFG), social work and NHS adaptation grants should be widened to include low level technology. This could potentially support more senior citizens living in their current homes. Care and support staff should be encouraged to embrace technology to help them better support and monitor senior citizens.

Annex E – Roundtables

To further our thinking, a series of roundtables were held with leading experts in housing, health and social care:

1. Policy Research
2. Supported Housing
3. Directors of Adult Social Services
4. Integrated Care System Leaders
5. Tackling Inequalities
6. Information, Advice and Guidance
7. Home Builders
8. Dementia
9. Local Authority Heads of Housing
10. Investment
11. Planning Professionals
12. Consumer protections
13. Needs Assessment
14. Design
15. Investment

Annex F – The Taskforce in The Netherlands

Mission

Government wants public to be less reliant on welfare state (too costly) – their Taskforce is steering a social change initiative, in partnership with government, placing what senior citizens and local communities at the heart of what they do at all levels of the system.

Open and honest with the public that can't afford to meet the needs of the ageing population and not enough care workers, so government is changing the system for everyone to play a role.

Taskforce brought people together who had been working in silos (call to action)

Created a fund for Housing Associations (borrow based on guaranteed pay back with low interest – easy access to capital). Not-for-profit, but encouraging care entrepreneurial models to develop.

Distribution/allocations system for land but allows exceptions.

Housing Associations are clearly key players in the lower to middle-affluence market.

History

Dutch Taskforce started in 2019 (two government departments working together with housing and care providers) – at beginning no one was prioritising housing for ageing population.

Dutch Pension Funds invested in middle level rental sector. Private investors worked together with builders.

Raised awareness at local government level (explicit policies, but needed support with execution)

By 2023 local government had agreed the numbers locally and were ready to commit

- Had mapped new housing programmes, existing housing, people needing care and local facilities (shopping centres, healthcare centres, bus stops etc.)
- Helped select partners (housing developers and care providers) to work with (urban and rural)
- Established three levels: Taskforce working with government, Regional Advisers and Ambassadors
- Encouraged to think creatively – 3 monthly meetings to identify problems/solutions and plan action (shared excitement through story telling)
- Worked with national government to prioritise caring communities, design standards, how to share knowledge, create instruments for policy makers (e.g., yearly agreements)
- Focused on caring communities – brought together health care organisations, housing, volunteers, local government, social care, investors, home care, community organisations.
- Shared good examples to avoid replication and duplication.
- Created maps for locations to help businesses grow and invest.

How the Taskforce works in practice

Team facilitates OPH/LLH with care and support by linking national goals.

with practical execution, identifying and addressing opportunities and obstacles.

through actions. Current activities include:

- Assessing OPH/LLH needs and investment capacities in local areas.
- Analysing ageing trends and peak projections for 2040 to guide investment in OPH/LLH, including modular construction options.
- Evaluating existing OPH/LLH programmes to ensure have sufficient sustainable, affordable and accessible homes, plus clean energy and healthy nature.
- Assisting local governments to plan for OPH/LLH using data analysis tools like, focusing on demographics, care demand and facility availability.
- Observing housing associations efforts in transforming properties to suit later living requirements, seeking clarity on transformation conditions from ministries.
- Exploring house splitting by housing associations to facilitate mutual care among older tenants and discussing findings with stakeholders.
- Encouraging knowledge sharing on age-friendly and inclusive living environments.
- Ongoing efforts to tackle new challenges, aiming to remove barriers or enhance progress in OPH/LLH.
- Promoting the four-step model through conferences, online publications and participation in learning courses addressing real estate interests in OPH/LLH.
- Conducting discussions with steering committee partners, administrators and organisational stakeholders to gain insights and inspire action.
- Engaging in steering committees and working groups on OPH/LLH and care and the national housing acceleration table, providing quarterly updates on local authority developments, opportunities and challenges.
- Utilize regional consultations for working sessions with local authorities and partners on OPH/LLH site identification.
- Identify local authority ready for housing programming.
- Inventory needs for local authorities/partners to advance to step 2, offering support options.

Five action lines

1. Growing Old Vitally Together – people-centred, choice in alignment with culture and customs, normalisation not medicalisation of ageing, resilient happy networks (combat loneliness, provide support)
2. Strong Basic Care for Older People – development of joint triage tool for care assessments, simplifying entitlements for temporary stays, enhancing geriatric rehabilitation care, improving public pharmaceutical care and oral care for older people living at home.
3. Appropriate Wiz Care [Long-term Care Act] - moving away from nursing homes, separating housing and care, developing a quality framework for nursing homes and community nursing, embedding cross domain initiatives and deploying regional resources for palliative care.

4. Housing in Conjunction with Support and Care for Older People – accelerating construction to meet housing needs for older people, developing residential care visions/performance agreements, embedding cross domain initiatives, ensuring a suitable living environment through national agendas and policies.

5. Labour Market and Innovation – addressing workforce and innovation challenges, good employment practices, learning and development, innovative work forms and deploying healthcare technology. Importance of professional autonomy, safe and inspiring learning environments and scale-up of proven social and technical innovations

Annex G – New Zealand's Regulatory Regime - Information provided by the Retirement Villages Association

1. The retirement village industry

The ageing population in New Zealand (NZ) has been known and understood for many years. Between 2020 and 2043, people aged 75+ are projected to increase by almost 460,000, or 142%. Providing safe, secure and age-appropriate housing for them will be a public policy challenge but is also one that allows retirement village operators to be part of the solution.

Over the last 35 years or so the popularity of retirement (or lifestyle) village living has grown dramatically. In 1998 there were approximately 10,000 villas and apartments; by 2000 this had grown to 12,800 dwelling units (up 27%)[129]. By the end of 2021 there were 460 registered retirement villages providing approximately 38,500 completed villas and apartments and which are home to around 50,000 older New Zealanders.[130]

As of December 2021, the retirement village development pipeline indicated a total of 20,750 units at some point in the design, consent or construction phase across 129 existing villages planning to expand and 87 brand-new villages.

The industry's market share as of December 2021 was around 14.3% of the +75-age population. This figure is an increase on the 9.4% penetration rate recorded at the end of 2012.[131] Just to maintain this market share and cater for the natural increase in the +75 demographic, retirement village operators will need to build 17,800 units by 2028. [132] This is an increase of 52% on the current number of units in just seven or eight years.

"Retirement Villages" are defined in the Retirement Villages Act 2003 [133] as having four characteristics – there are more than two dwellings, they are for people who are predominately retired, the residents have paid a capital sum for the right to live in their unit and there is a regular fee to cover the cost of services (rates, insurance, maintenance, gardening, etc).

65% of retirement villages include a rest home and/or hospital providing a degree of residential care; at the end of 2021, there were approximately 19,300 care beds (50% of the total number of care beds) could be found in a retirement village [134]. Other villages concentrate only on independent living with the minimum of care services. This latter group tend to see themselves as "lifestyle" villages catering for the active elderly. In general, retirement village living is about maintaining independence.

People move into a retirement village for many reasons, but in our experience, the main ones are:

- Appreciating the peace of mind that a safe and secure environment brings.
- Realising the equity in their home.
- Enjoying a wider range of social contacts and friends.
- Finding out about and experiencing new leisure activities in the company of like-minded people.
- Peace of mind around maintaining a house and garden.

[129] RVA National Survey, 2000
[130] Jones Lang LaSalle, *NZ Retirement Village Database*, June 2022
[131] Jones Lang LaSalle, *op cit*
[132] Jones Lang LaSalle, op cit p. 16
[133] Section 6, Retirement Villages Act 2003
[134] JLL RV White Paper, June 2022, p. 4

2. Occupancy rights

The Retirement Villages Act [135] ("RV Act") requires residents to have an "occupation right agreement" (ORA) which sets out the terms and conditions of their residence in the village. There are three broad types of occupancy rights in a village – a "licence to occupy" (LTO), unit titles, or rent/leases.

LTOs make up approximately 95% of all occupancy right agreements. The licence is a contractual right to occupy. It does not give rise to any interest in the land and is personal to the licensee.

In unit title villages residents will own the stratum fee simple estate. In a cross-lease village, a resident will usually own the cross-lease title. Approximately 5% of the RVA's membership comprise of unit title villages.

Some villages offer rental units in which the residents pay a rent which includes the right to live in the unit and have access to any community facilities. The Residential Tenancies Act excludes tenants with an ORA from the provisions of that Act (and includes them in the RV Act).

Financial structure

A resident pays a capital sum for the right to live in the village and have use of the facilities for as long as they want to live there or are able to live there independently. At the end of their occupancy a percentage of the initial capital sum (usually between 70 – 80%) is repaid to the resident. In some cases, the village will share any capital gain on the resale of the unit. The retained amount (20-30%), usually referred to as the "facilities fee" or "deferred management fee (DMF)", includes the cost of the resident's access to and use of the community facilities and it is charged at the end of the resident's stay in the village rather than at the start.

An important point to note is that (in most cases) the exiting resident (or their estate) is refunded the capital sum less any deductions as set out in the ORA only when their unit has been resold and the operator has received the incoming resident's capital payment in full. This is an entirely different situation to other investments which fall due on specific dates and the risk to the exiting resident is accordingly minimised.

Operators can also agree to pay the exiting resident earlier if they wish. ORAs that are terminated by the operator must be paid within five working days.

All repayments are covered by contract.

3. The retirement village regulatory regime

The retirement village industry is regulated by the Retirement Villages Act 2003 (the Act) and associated regulations. The regime provides comprehensive consumer protections and is designed expressly for residents and intending residents.

Registration

The Act provides for a registry of retirement villages in a manner similar to the Companies Registry and all villages which fit the definition provided in the Act must be registered or face substantial penalties. Registration provides the residents with a degree of security of occupancy in that their interests are protected ahead of any lenders via a memorial over the village's title.

[135] Retirement Villages Act 2003, Section 27 and schedule 3.

The effect of the memorial on the village title stops the receiver or liquidator of a village from disposing of the village other than as a going concern or evicting or excluding any resident from using the village's facilities which s/he is entitled to use [136].

The importance of the memorial was demonstrated in the Crossdale Courts episode in February 2008 when a group of elderly residents were faced with eviction from their homes because the owner had failed to register the village. The Minister of Building and Housing declared Crossdale to be a retirement village pursuant to S.103 of the Act, but after considerable court action, the order was found to be invalid because it couldn't be issued after the village operator was found to be bankrupt. Sadly, the remaining residents were evicted.

To register a village, the operator must deposit with the Registrar of Retirement Villages the following documents:

- the deed of supervision from the statutory supervisor and the statutory supervisor's consent to act,
- the ORA,
- a disclosure statement setting out the village's financial situation, ownership etc,
- the legal description of the property.

In certain circumstances, operators must ensure that any amendments to the documents are lodged with the Registrar or that s/he is notified of certain changes.

The Registrar may suspend or cancel a village's registration under certain circumstances [137].

Disclosure statements

The requirements to make a disclosure statement available to intending and actual residents is set out in the Retirement Villages (General) Regulations 2006. The disclosure statement must set out:

- Village ownership structure and occupancy rights
- The resident's interests in the residential unit
- Management arrangements for the village, including insurance.
- The role of the statutory supervisor
- Legal details about the village title, size, number of dwellings, etc
- Services and facilities provided.
- Charges
- Maintenance and development
- Financial statements
- Terms of entering into and exiting ORAs and moving to higher levels of care.

Occupation Right Agreements[138]

ORAs are required to include provisions dealing with the following topics:

- The village name and address.

[136] RV Act, s. 22
[137] RV Act, ss. 18 – 19
[138] RV (General) regulations 2006, clauses 6 – 11

- The nature of the right of occupy (i.e. Licence to Occupy, unit title, etc.).
- Rights of both parties around the unit itself, such as selling, security interests, borrowing against the unit, etc.).
- Arrangements for managing the village.
- Services and facilities available.
- Charges relating to the village.
- Provisions requiring the operator to use "reasonable care and skill" in managing the village.
- Keeping the village in "good condition and order".
- Making and adhering to a long-term maintenance plan.
- Insuring the village for full replacement to the satisfaction of the statutory supervisor.
- Using reasonable care and skill in the exercise of the operator's powers, functions and duties.

Operators are also required to provide the village's financial statements on request to residents, call and manage residents' meetings and if the operator is responsible for fining a new resident for a vacant unit, s/he must make all reasonable efforts to do so and not give preference for unoccupied units over previously-occupied units.

Statutory Supervisor[139]

Unless exempted[140], each village must appoint a statutory supervisor to oversee the village's financial affairs, liaise with the manager, operator and residents and generally ensure the village is meeting its statutory obligations. If a supervisor believes the financial position of a village is inadequate, s/he may direct the operator to supply specific information to residents, operate the village in a specific manner, or apply to the Court under S. 49 of the Securities Act 1978.

Village operators' and statutory supervisors' duties and responsibilities are set out in the village's deed of supervision, which is available to intending residents.

A Deed of Supervision must contain all information and other matters that are required to be included in it by Regulation 45 of the Retirement Village (General) Regulations 2006. These include the name and address of the operator, a description of the village and its facilities, its degree of completeness, liabilities, ownership structure, rights to occupy the units, a description of the residents' liabilities (if any) resulting from the village's winding-up, details of meetings and the supervisor's rights and duties and their costs.

Statutory Supervisors are licensed and regulated though the Financial Markets Authority, a government agency established to supervise the working of the financial markets.

Code of Practice (CoP)

A legislated CoP came into effect in October 2009.

The Code must be complied with by all registered retirement villages in their day-to-day activities and covers the following matters:

- Staffing of retirement village
- Safety and personal security of residents

[139] Statutory supervisors' powers and duties are set out in the Retirement Villages Act 2003, sections 42-43.
[140] RV Act, Section 41

- Fire protection and emergency management.
- Transfer of residents within retirement village
- Meetings of residents with operator and resident involvement
- Complaints facility
- Accounts
- Maintenance
- The process to terminate an occupation right agreement.
- Communication with residents

Following the Canterbury earthquakes the Code was amended to require operators to refund 100% of a resident's original capital sum if a village or unit were destroyed and not rebuilt. This change, led by the RVA, overcame an unfairness when a resident only received the amount in their ORA if their village or unit was not rebuilt in these circumstances. This version came into effect on 14 October 2013.

Code of Residents' Rights [141]

The Act sets out a list of residents' rights, which include the right to:

- Services and benefits promised in the ORA.
- Information relating to any matters affecting or likely to affect the terms and conditions of the residency.
- Be consulted on any proposed changes in the services and benefits provided or charges paid that may have a material impact on the residency.
- Complain and receive a response.
- A speedy and efficient dispute process
- Have a support person when dealing with the operator or other residents.
- Be treated with courtesy and have rights respected.
- Not be exploited while living at the village.
- Residents are obliged to treat others in the village with respect and courtesy.

Complaints and disputes

Each village must have a complaints and disputes process which residents must use should they wish to lodge a complaint about any aspect of village life. If this system fails to resolve the complaint, residents can take it to the next step, the Retirement Villages Disputes process. This process is set out in detail in the Retirement Villages Act part 4. Managed by the Retirement Commissioner (RC), one or more experienced mediators are selected from a pool appointed by the RC hear the dispute and adjudicate the outcome. Disputes can be brought about alleged breaches of the CoP, the resident's ORA and the Code of Residents' Rights.

The CoP includes a mediation step between the village complaints system and the formal disputes process. Operators must offer residents the opportunity to mediate unresolved disputes. The cost of mediation is met by the operator, although the costs can be shared between the parties if it is a resident v resident matter. The RC maintains a list of approved mediators who have undergone training in elder law and the challenges around mediating disputes involving older people.

[141] Retirement Villages Act 2003, schedule 4.

To date, the formal disputes process has been used 21 times. Most decisions have been in the operator's favour. The costs of mediation and the disputes panel are borne by the operator.

Advertising retirement village units

The RV Act[142] sets out the requirements for advertising units for sale. Only registered villages can advertise themselves as "retirement villages" and offer ORAs. Advertisements must not be misleading or deceptive and there must be no statement that entering into an ORA is safe or free from risk. Neither can there be any reference to "prospective financial information" unless the advertisement refers to the village's disclosure statement and if a reference is made to a "right to occupy", the advertisement must state if the right is secured or unsecured and if secured, the nature and ranking of the security.

If resident safety and personal security promises are made as a promotional feature in advertising, the operator is required to ensure that the elements of that security are indeed provided.

If a retirement village operator breaches the provisions of the RV Act, the penalties are substantial:

- The Registrar can suspend registration
- Fine up to $50,000
- Injunction
- Other orders
- Adverse publicity

The provisions of the Fair Trading Act also apply to retirement village advertising.

4. Specific protection for new residents

Intending retirement village residents are encouraged to visit as many villages as they can, talk to other residents and operators and find out as much as possible about each village, its ambience and quality of amenities.

Intending residents must [143] be given copies of the ORA and the disclosure statement, the Code of Residents' Rights and the Code of Practice then in force. The deed of supervision and the village's financial statements must be provided on request.

In addition, intending residents must "receive independent legal advice" [144] about the details of the ORA and the resident's signature on the ORA must be witnessed by a lawyer. The same lawyer must also certify that before the intending resident signed the ORA, s/he "explained to that person the general effect of the ORA and its implications." The RV Act requires that "the explanation must be given in a manner and in a language that is appropriate to the age and understanding of the intending resident."

All ORA must include a provision allowing a resident to cancel the ORA within 15 days after it is signed without having to give any reason (the "cooling-off period"). [145]

All deposits and other payments paid by the resident for an ORA must be held for the resident's benefit in an interest-bearing account held by an independent person to the operator until settlement or the

[142] RV Act 2003, s. 25-26
[143] RV Act 2003, s. 30 (1)
[144] RV Act 2003, s. 27
[145] RV Act 2003, s. 28

ORA is cancelled pursuant to the cooling-off period. After the 15-day cooling-off period and provided the ORA has not been cancelled, the money is then paid to the operator.

The ORA is voidable by the resident [146] if the village's registration has been suspended (s. 18 (3)), the advertising is misleading (s. 25 (1)), the ORA contravenes the requirements set out in the RV Act and regulations (s. 27), or the required information has not been provided (s. 30). If this occurs the resident is entitled to receive a refund of all capital sums paid, interest and costs.

The RV Act (s. 34) sets out the details of additional information a resident is entitled to have if it will have a material impact on the ORA or the charges to be levied as part of the ORA and lists a range of other specific matters on which residents have the right to be notified. These include issues such as changes in secured liabilities over the village, the Registrar's decision to exempt the operator from any provisions of the retirement village legislation, suspension, actual or threatened action by a creditor, an insurer's decision to refuse to insure the village or any part of it and any actual or threatened legal provisions against the operator that may affect the residents' interests.

[146] RV Act 2003, s. 31

Annex H– Further Reading

Title of Report	Link to the report	Date of Publication	Author
Seniors Housing Annual Review	seniors-housing-annual-review-2023-24-10752.pdf (knightfrank.com)	2023-24	Knight Frank Sam Heffron, Andrew Sandison & Tom Scaife
Independent living for Older People in Epping Forest 2023/24 to 2028/29	C-040-2023-24 Independent Living for Older People Strategy 2023-2028 - Appendix A -Final Draft - Jan.pdf (eppingforestdc.gov.uk)	2023	Epping Forest District Council
Planning for Retirement	RHGuk-Planning-for-Retirement-December-2022-1.pdf (housinglin.org.uk)	January 2023	Retirement Housing Group
Making Retirement Living Affordable: the role of shared ownership housing for older people	38136_Shared Ownership for Older People Report_v8AW.indd (housing21.org.uk)	January 2023	All-Party Parliamentary Group on Housing and Care for Older People
An IRC in Every Borough: ARCO's housing-with-care manifesto for Greater London	arco0324.pdf (thinkhouse.org.uk)	February 2023	ARCO (Associated Retirement community operators)
Moving On report: could later living be the answer to the housing crisis	Moving On Report | Shakespeare Martineau | Later Living (shma.co.uk)	March 2023	Shakespeare Martineau
Seniors Housing Development Update	Seniors-Housing-Development-Update-2023.pdf (housinglin.org.uk)	Summer 2023	Knight Frank
Housing for an Ageing Population	2023-cw-housing-for-an-ageing-population-report.pdf (cw-gbl-gws-prod.azureedge.net)	June 2023	British Property Federation (BPF) and Cushman & Wakefield
The state of Health and Care of Older People in England, 2023	age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf (ageuk.org.uk)	July 2023	Age UK,
Assessment of need for housing and accommodation for older people in Epping Forest District to 2037	Assessment of need for housing and accommodation for older people in Epping Forest District to 2037 (eppingforestdc.gov.uk)	July 2023	Housing LINN for Epping Forest District Council

Locked out: A new Perspective on Older People's Housing Choices	locked-out-presentation.pdf (ageing-better.org.uk)	August 2023	Centre for Ageing Better
Finding the right place to grow older	finding-the-right-place-to-grow-older.pdf (ageing-better.org.uk)	August 2023	Centre for Ageing Better
Hidden Renters: The unseen faces of the rising older rental wave	Hidden renters: the unseen faces of the rising older rent wave (thinkhouse.org.uk)	October 2023	Independent Age
Lost opportunities	lost-opportunities-report.pdf	October 2023	Centre for Ageing Better
Supported Housing	Supported housing (thinkhouse.org.uk)+	October 2023	House of Commons Committee of Public Accounts
Older people in the private rented sector	Older people in the private rented sector: NFH research report 2023 - Resource Library - Resources - Housing LIN	November 2023	National Housing Federation
Chief Medical Officer's Annual Report 2023 Health in an Ageing Society	Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society (publishing.service.gov.uk)	November 2023	Department of Health and Social Care
One hundred not out: a route map for long lives	One-hundred-not-out-report-final.pdf (ilcuk.org.uk)	December 2023	International Longevity Centre UK
How to embed asset-based approaches in health and social care: integration across public and community sectors	Asset-Based-Approaches-report.pdf (housinglin.org.uk)	January 2024	IMPACT (Improving Adult Care Together)
No place for older renters: How the geography of older private and social renters has changed	No place for older renters (thinkhouse.org.uk)	January 2024	Independent Age
Collaborative Housing and Innovation in Care (CHIC)	chic0124.pdf (thinkhouse.org.uk)	January 2024	NIHR, LSE & Housing LIN
Making the case for specialist home for older people	older-persons-housing-group-resource-2024.pdf	February 2024	National Housing Federation
Cold at Home: How winter cost of living pressures continue to impact older people and what more needs to happen to support them	cold-at-home-energy-and-col-report.pdf (ageuk.org.uk)	February 2024	Age UK
Homing In: How to improve the lives of older renters in Scotland	Homing In: How to improve the lives of older renters in Scotland - Resource Library - Resources - Housing LIN	February 2024	Independent Age
An IRC in Every Borough: ARCO's Housing with-Care	An-IRC-in-Every-Borough.pdf (housinglin.org.uk)	February 2024	ARCO (Associated Retirement

Manifesto for Greater London			community operators)
Creating a Britain that works and cares	Creating a Britain that Works and Cares (housinglin.org.uk)	February 2024	CSJ thinktank
Developing local housing partnerships: a Serious Game for older people's housing	A-serious-game-for-older-peoples-housing.pdf (scie.org.uk)	March 2024	Social Care Institute for Excellence Rebekah Luff and Tasnim Rahman
Housing for older people in Scotland: a call for a discussion	cacheb0324.pdf (thinkhouse.org.uk)	March 2024	UK collaborative centre for housing evidence
Creating homes we want to grow old in: A 15 point plan from the Housing and Ageing Alliance	HAA-15-Point-Plan-2024.pdf (foundations.uk.com)	March 2024	The Housing and Ageing Alliance
National Housing Federation: Supported Housing in England: Estimating need and cost to 2024	report---nhf-need-for-supported-housing.pdf	17 April 2024	National Housing Federation Bekah Ryder, Jessie McDonnell, Bradley Tollon and Rebecca How
The Disabled Facilities Grant A step change: improving delivery of Disabled Facilities Grant	the-disabled-facilities-grant-a-step-change-improving-delivery-of-the-disabled-facilities-grant.pdf (ageuk.org.uk)	April 2024	Age UK
Evaluation of InCommon's online platform and the social impact of InCommon's intergenerational activities	lin0424.pdf (thinkhouse.org.uk)	April 2024	Housing LIN Lois Beech & Darius Ghadiali