

# The Housing Options of Older People in Doncaster

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# Executive Summary

## Background

The Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University was commissioned by Doncaster Metropolitan Borough Council (DMBC) to work alongside Doncaster Adult Social Care, Strategic Housing and the Joint Adult Commissioning Forum to develop a housing options strategy for older people that would inform Doncaster's refreshed strategic housing strategy and future commissioning activities. Development of the strategic plan was underpinned by the generation of a robust evidence base profiling the housing options for older people in Doncaster aged 55 years and over, as well as the current and future housing preferences and needs of older people in the Borough. This report presents the key findings from this research exercise. The strategic plan is presented separately.

## Methods

The research approach consisted of four key strands of activity:

### a. **Setting the scene - literature and policy review**

A review of existing research evidence and good practice was conducted to ensure that the research approach was rooted in a comprehensive appreciation of existing knowledge and understanding about housing options of older people. This involved analysis of: key reports on older people's housing; research and good practice materials on specialist housing and housing with care models; research into private retirement and self-funding of housing and care costs; and emerging interest in particular housing issues associated with older people, including under-occupation and downsizing. These insights were nuanced to the local Doncaster context via subsequent strands of the research approach. The review also clarified best practice, national standards and statutory requirements. The review was written up separately and is not presented in this report, which focuses on highlighting findings to emerge from primary and secondary analysis of the Doncaster context.

### b. **Understanding the local context - stakeholder interviews**

This strand of work centred on engaging with key (strategy, policy and provision) stakeholders to explore understandings and awareness regarding the housing offer for older people in Doncaster and to identify challenges and priorities. Key stakeholders included Doncaster Adult Social Care, the strategic housing team, public health, adaptations and repairs services, social and private housing developers, social landlords, providers of specialist housing for older people, members of the Joint Adult

Commissioning Forum, and relevant voluntary and community sector organisations working with older people in Doncaster. In total, 36 face-to-face interviews were conducted with senior managers and front line workers.

### **c. Profiling provision and demand - quantitative analysis**

A number of secondary and administrative data sources were analysed in order to profile the population of older people in Doncaster. This included attention to demographics, health and housing situations, and associated geographies within the borough. Analysis also considered future trends, for example, in relation to the size, health and well-being of the older population and housing provision. Secondary and administrative data sources were explored to profile aspects of current provision and service delivery in relation to housing options, including specialist housing for older people.

### **d. Understanding preferences, needs and requirements**

Insights from the review of the national evidence base were sensitised to the Doncaster context via a series of focus groups with older people in locations across the Borough. Sampling sought to ensure that the focus groups included a cross section of older people of different ages, household situations, housing tenures and living in different parts of the DMBC area. This provided an opportunity to explore views and opinions of existing housing, perceptions of future options and preferences. In total, seven focus groups and a number of one to one conversations were conducted, involving over 70 older people.

## **Older People in Doncaster**

- The older person population in Doncaster is sizable and is predicted to grow: there are projected to be 94,100 older people in Doncaster in 2015 (31 per cent of the total population) and this is forecast to increase to 102,100 by 2020: an 8.5 per cent increase between 2015 and 2020.
- Over 80 per cent of the older person population live in general needs accommodation, with around three quarters living in owner occupation.
- The four wards with the largest older person populations are located on the outer south and eastern sides of the authority.
- The provision of social housing is concentrated along a diagonal path running from Mexborough/Conisbrough and Denaby in the west through to Stainforth and Moorends in the north east, including wards such as Adwick, Central and Bentley.
- The cost of adult social care provision for older people exceeds £55.0 million.
- Increasing health and social care issues and needs amongst the older person population mean this cost is likely to rise.

## **Specialist Housing for Older People**

- There is a shortfall of 3,704 units of specialist housing for older people in Doncaster Metropolitan Borough, according to national guidance.
- Demand will increase in future years as the population of older people grows.

- The gap between supply and demand is greatest in the Central and North Priority Areas. However, the profile of supply and demand varies, often quite dramatically, between wards within the same Priority Area.
- High levels of owner occupation in particular wards underline the importance of increasing the opportunities for older people to own (as well as rent) age appropriate and specialist housing.

### **Meeting the Housing Needs of Older People in Doncaster**

- New housing developments have an important role to play meeting the needs of Doncaster's older population. This role will be enhanced by delivering Lifetime Homes standards in new general needs developments and attracting specialist developers to build private sector retirement homes in the Borough. These objectives are currently proving difficult to achieve.
- Making the best use of Doncaster's existing housing stock is an important part of the solution for better meeting the needs of an ageing population. This requires interventions across all housing tenures using existing tools and services (adaptations, housing allocations, handyman services) and the introduction of new tools and services (such as a home improvement agency, and a dedicated maintenance service).
- Future plans and strategies should ensure that specialist housing provision in Doncaster is commissioned in a form that best meets the needs of Doncaster's citizens. Extra care housing is popular amongst all stakeholders, and can be configured in different ways to meet a variety of housing and care needs. In particular, stakeholders are keen to see extra care housing that provides best practice solutions for people living with dementia.
- Stakeholders shared a common view that joined up care and support and housing should be a key principle for any future housing strategy for older people in Doncaster. While progress had been made, it was reported that there is still some way to go before housing policy, practice and commissioning are fully integrated with health and social care.
- The availability of housing advice and support for older people in Doncaster is reported to be patchy, particularly for owner occupiers. Enhancing advice and support can help to challenge and change people's housing perceptions, prevent premature moves to residential care and enable the roll-out of new services, tools and strategies aimed at improving older people housing options.

### **The Housing Experiences and Preferences of Older People in Doncaster**

- The focus groups revealed a preference for independent living (often equated with residing in general needs housing), a finding consistent with the preferences of older people revealed by the national evidence base.
- Respondents recognised the benefits of making a planned move to more suitable accommodation, but the preference was for 'staying put'. This reflected attachment to current home, limited awareness of alternative options and various (practical and financial) barriers to moving.



- Owner occupiers shared a common perception that support and assistance with housing was 'not for them', but was reserved for social tenants.
- There was limited knowledge or awareness about extra care housing within the Borough but considerable interest in the option once the offer was understood. Respondents living in extra care housing expressed high levels of satisfaction with their situation.
- Respondents (in particular, owner occupiers) were unclear or uncertain about where to go for information, advice and help with housing issues. This included help and support staying put and moving to more suitable accommodation. Some home owners reported that they did not think they could ask for help.

## Conclusions

The findings presented in this report spotlight five key areas of activity demanding the attention of any strategic plan developed to promote the housing options of older people:

- 1. Effective advice on housing options, care and support so that people can plan ahead and make informed choices.** Key ambitions should include:
  - Older people and staff of key service providers are well informed about housing options (including support and care) in the Borough.
  - Older people (in all housing tenures) and service providers know where to go for help, advice and support with housing and related issues.
  - Pathways into 'premature' residential care are curtailed through advice and support to promote planned moves within general needs and to specialist housing.
- 2. Housing assistance (including help and support with repairs, maintenance and adaptations) to deliver independent living through 'staying put'.** Key ambitions should include ensuring that:
  - Older people in Doncaster (in all tenures) are living in safe, decent, healthy housing.
  - Older people can easily access information, advice, help and support with repairs, maintenance and adaptations.
  - Housing renewal and energy efficiency measures promote health and well-being.
  - Older people are supported to make planned moves to more suitable housing.
  - The housing support needs of older people who develop dementia are being met.
- 3. New housing provision to extend choice and opportunity for older people and support independent living for the older people of today and tomorrow.** Key ambitions include:
  - Providing age friendly, general needs housing.
  - Creating a strategic, planning, funding and regulatory environment that promotes sensitivity to the needs of older people.
  - Plan for age friendly communities within regeneration areas and through Local Development Frameworks.

**4. Delivering independence through the provision of health and social care for older people living in the full range of different housing situations.** Key ambitions should include ensuring that:

- The increasing number of older people living independently can access the support and care they need.
- Older people are only moving into residential care when it is the preferred, appropriate option.
- There is a shared strategic commitment across health, social care and housing to support older people to live independently, including clear responsibilities and agreed outcomes.
- Housing is playing a central role in the development of more personalised and preventative services for older people.
- Housing, health and social care are working creatively to maximise the impact of available funding.

**5. Improving lives through the provision of specialist housing for people across the Borough for sale and for rent.** Key ambitions should include ensuring:

- There is a strategic environment within Doncaster that advances the provision of specialist housing for older people.
- There is increased choice in specialist housing for older people, including options to rent and own.
- More older people are making planned moves to more suitable housing.
- There is access to specialist housing for different population groups.

# Introduction

## 1.1. Background

The Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University was commissioned by Doncaster Metropolitan Borough Council (DMBC) to work alongside Doncaster Adult Social Care, Strategic Housing and the Joint Adult Commissioning Forum to develop a housing options strategy for older people that would inform Doncaster's refreshed strategic housing strategy and future commissioning activities and opportunities. Development of the strategic plan was underpinned by the generation of a robust evidence base regarding the profile of housing options for older people in Doncaster aged 55 years and over, and current and future housing preferences and needs of older people in the Borough. This report presents the key findings from this research exercise. The strategic plan is presented separately.

## 1.2. Methods

The research approach consisted of four key strands of activity:

- a. literature and policy review
- b. stakeholder interviews
- c. analysis of secondary and administrative data
- d. focus groups.

### a. Setting the scene - literature and policy review

A review of existing research evidence and good practice was conducted to ensure that the research approach was rooted in a comprehensive appreciation of existing knowledge and understanding about housing options of older people. This involved analysis of:

- Key reports on older people's housing (for example, recent reports produced by the Homes and Community Agency, National Housing Federation, DCLG and the All Party Parliamentary Group on Housing and Care for Older People).
- Research and good practice materials on specialist housing and housing with care models (including analysis by the Department of Health, Joseph Rowntree Foundation, Housing Learning and Improvement Network, and HCA guidance on design).

- Research into private retirement and self-funding of housing and care costs (such as research by the Association of Directors of Social Services, JRF and others).
- Emerging interest in particular housing issues associated with older people, including under-occupation and downsizing.

This review highlighted key messages emerging from the extensive body of research already undertaken exploring what older people want and need. These insights were nuanced to the local Doncaster context via subsequent strands of the research approach. The review also clarified best practice, national standards and statutory requirements. The review is not presented in this document, which focuses on highlighting findings to emerge from primary and secondary analysis of the Doncaster context.

### **b. Understanding the local context - stakeholder interviews**

This strand of work centred on engaging with key (strategy, policy and provision) stakeholders to explore understandings and awareness regarding the housing offer for older people in Doncaster and to identify challenges and priorities. Key stakeholders included Doncaster Adult Social Care, Strategic Housing, Public Health, adaptations and repairs services, social and private housing developers, social landlords, providers of specialist housing for older people, members of the Joint Adult Commissioning Forum, and relevant voluntary and community sector organisations working with older people in Doncaster. In total, 35 face-to-face interviews were conducted with senior managers and front line workers.

The interviews focused on establishing views and understandings regarding: housing and care provision within the Borough and any perceived deficits; perceptions about strengths and weaknesses in existing strategy and delivery (and associated consequences); and priorities for action. These discussions also provided an opportunity to scope the form nature and extent of existing housing and care options in the Borough, including the supply of housing for older people, who is developing stock and what is being provided. Requests were made at these meetings for any relevant data, including information on expenditure associated with different elements of provision. All interviews were digitally recorded, with the participant's consent, and a written note of the discussion generated.

### **c. Profiling provision and demand - quantitative analysis**

A number of secondary and administrative data sources were analysed in order to profile the population of older people in Doncaster. This included attention to demographics, health and housing situations, and associated geographies within the borough. Analysis also considered future trends, for example, in relation to the size, health and well-being of the older population and housing provision and associated situations. Secondary and administrative data sources were explored to profile aspects of current provision and service delivery in relation to housing options, including specialist housing for older people.

Key amongst the data sets drawn on to support analysis was the 2011 Census of Population, which provided insight regarding key demographics, housing situations and health at different geographical scales. These insights were supplemented by information drawn from publically available data sets (for example, CORE data on new tenancies; Hospital Episodes Statistics) and through contact with local service providers (social landlords and private housing and care providers; adult social care; NHS etc.).

#### **d. Understanding preferences, needs and requirements**

There is a wealth of national evidence detailing what older people want and a high degree of consistency in the findings to have emerged. This includes information regarding attitudes and preferences in relation to dwelling types, tenure, specialist provision (and associated forms of support and care) and moving in older age. The literature review generated an overview from these sources. This was sensitised to the Doncaster context via a series of focus groups with older people in locations across the Borough.

Sampling sought to ensure that the focus groups included a cross section of older people of different ages, household situations, housing tenures and living in different parts of the DMBC area. This provided an opportunity to explore views and opinions of existing housing, perceptions of future options and preferences. Key conclusions from the national evidence base were also tested to establish their local relevance and to identify any issues particular to the Doncaster context.

In total, seven focus groups and a number of one to one conversations were conducted, involving over 70 older people. Participants were recruited through existing groups or fora (classes, clubs, groups, associations). These were selected to ensure a cross section of respondents from different towns and villages in the Borough. All focus groups were digitally recorded, with the permission of participants, and transcribed for the purposes of analysis.

### **1.3. Scoping the Housing Options of Older People**

This research report focuses on housing options for older people to buy and to rent in general needs and specialist housing. Table 1.1 scopes these housing options. It is important to emphasise that the research did not presume that older people will inevitably follow a pathway through the various options presented in Table 1, from ordinary, general needs housing through to a care home with nursing. Many people will continue to live independently in general needs housing and never move into specialist housing or a nursing home. It is also important to recognise that two people with similar needs can be living in different housing situations and draw on different packages of support and assistance as a result of personal preference and circumstance.

**Table 1.1: Housing Options for Older People**

General Needs Housing			Specialist Housing		Care Homes	
'Ordinary' Housing	Lifetime Homes	Age Designated Housing	<b>Sheltered Housing</b> <ul style="list-style-type: none"> <li>independent</li> <li>self-contained</li> <li>emergency alarm service</li> <li>can have a manager or warden</li> <li>communal facilities</li> </ul>	<b>Extra Care</b> <ul style="list-style-type: none"> <li>independent</li> <li>self-contained</li> <li>communal facilities</li> <li>on-site staff</li> <li>domestic support</li> <li>personal care</li> </ul>	<b>Without Nursing</b> <ul style="list-style-type: none"> <li>shared</li> <li>single rooms</li> <li>on-site care</li> <li>can meet specific needs (e.g. dementia)</li> </ul>	<b>With Nursing</b> <ul style="list-style-type: none"> <li>shared</li> <li>personal care</li> <li>qualified nurse on duty</li> <li>can meet specific needs (e.g. dementia)</li> </ul>
<b>Housing Support</b> <ul style="list-style-type: none"> <li>repair schemes</li> <li>home improvements</li> <li>equipment and adaptations</li> </ul>			<b>Social Care and Support</b> <ul style="list-style-type: none"> <li>smart technology</li> <li>floating support</li> <li>intensive home care</li> <li>day care services</li> </ul>			

- An **older person** is someone aged 55 years old or over. This is often the lower age limit for developments specifically for older people.
- **Care** refers to direct help that an older person receives from a carer. This might include help and assistance going to bed, getting out of bed, washing and dressing, and help with medical matters that do not require a trained medical professional.
- **Support** refers to practical assistance with a range of tasks and activities, which can include cleaning and tidying, shopping, preparing food and paying bills. Support does not include direct help with personal care, but can include reminders or advice that helps an older person manage their personal care.
- **Housing support** refers to practical assistance that is required to maintain an appropriate, safe and healthy living environment. Housing support can include basic repairs and maintenance, renewal work to address more substantial issues (a new boiler, double glazing, repairing a leaking roof) and adaptations in response to health or disability related needs.
- Mainstream or **general needs housing** refers to 'ordinary' housing and includes accommodation (flats, apartments, bungalows and houses) owned outright or on a mortgage and accommodation rented from a social or private landlord. General needs housing also includes housing that might be more suitable for older people, by virtue of location, type, design and adaptations. This includes housing that conforms to the **lifetime homes** standard and age designated housing. This housing might be available to households of any age or might be designated for people over a particular age (**age designated housing**).

- **Specialist housing** is restricted to older people, often through conditions in the tenancy agreement or long-lease. While these housing options take many different forms, they have common features such as individual dwellings with a private front door; some communal living areas such as lounges and gardens, and sometimes restaurants, hair salons and even post offices and shops; and some form of support service such as a scheme manager or another type of service, and varying levels of personal care and support. In addition, specialist housing can be different forms of tenure – private, social, rented, owned and shared ownership. Specialist housing can be usefully reduced down to two essential types: sheltered housing; and extra care housing. **Sheltered housing** typically provides residents with their own independent, self-contained flat or bungalow with their own front door in a development where other residents are older people. Properties in sheltered housing schemes are often designed to age-friendly standards. Design features might include raised electric sockets, lowered worktops and walk-in showers. Some developments are designed to accommodate wheelchair users. There are four main types of organisation which provide sheltered housing: local councils (to rent only); housing associations (to rent or part-buy); the voluntary sector (to rent only); and private sheltered housing developments (to buy only). **Extra care housing** is a broad concept rather than a specific housing type. It provides independent living in a home of your own, but with services on hand if they are required. The key attributes for extra care housing can be defined as: being housing rather than an institution; appropriate design, plus help and support, to 'stay put' and live independently; and, perhaps, intermediate care and rehabilitation services. These attributes can be provided in a range of building types and different tenures. They may form purpose built retirement villages or a block of apartments with a restaurant or other linked services. Similarly, it could be a development of bungalows and apartments surrounding a central resource building, housing services or other community facilities. Extra Care can also be new-build, or a remodelling of another housing type. It is also possible to create mixed tenure schemes and provide dwellings of different sizes.
- **Care homes** are residential settings where a number of older people live, usually in single rooms, with access to on-site care services. Care homes provide a shared living environment. Each care home is registered to provide a particular level of care. A home that is registered as a **care home providing personal care** will provide personal care only, including help with washing, dressing and giving medication. Whereas, a home registered as a **care home providing nursing care** will provide personal care *and* have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes cater for people who are physically or mentally frail and need regular medical attention provided by a nurse. Some homes can be registered for a specific care need, such as terminal illness or dementia.

## 1.4. Structure of the Report

The key findings from the study are presented in four distinct chapters:

- Chapter 2 - draws on administrative and secondary data sources to provide a descriptive overview of the population of older people in the Doncaster Metropolitan Borough and their housing situations.
- Chapter 3 - explores supply and demand for specialist housing for older people within Doncaster MBC and provides projections of future demand, taking into account the likely growth in the older person population.
- Chapter 4 - explores issues of policy and delivery, drawing on interviews with more than 35 front line officers, managers and directors within DMBC and partner agencies involved in the provision of housing options, including housing and social care providers.
- Chapter 5 - explores the experiences and preferences of older people in Doncaster drawing on data from a series of focus groups with older people in different housing situations conducted across the Borough.

A final chapter summarises the key insights to emerge from the research and the defining issues to be addressed by the strategic plan to promote housing options for older people in Doncaster.



# Older People in Doncaster

# 2

## Summary

- The older person population in Doncaster is sizable and is predicted to grow. There are estimated to be 94,100 older people in Doncaster in 2015 (31 per cent of the total population) and the population is forecast to increase to 102,100 by 2020 (an 8.5 per cent increase between 2015 and 2020).
- Over 80 per cent of the older person population live in general needs accommodation; some three quarters of all older people live in owner occupation.
- The four wards with the largest older person populations are located on the outer south and eastern sides of the local authority.
- The provision of specialist social housing for older people is concentrated along a diagonal path running from Mexborough/Conisbrough and Denaby in the west through to Stainforth and Moorends in the north east, and including wards such as Adwick, Central and Bentley.
- The cost of adult social care provision for older people exceeds £55.0 million.
- Increasing health and social care issues and needs amongst the older person population mean this cost is likely to rise.

## 2.1. Introduction

This chapter provides a descriptive overview of the older person population in Doncaster, their housing situations and health and social care needs. The purpose of the chapter is to provide context that underpins the detailed analysis in subsequent chapters and the development of a strategic plan for older person housing towns in Doncaster.

The information presented is drawn from a range of secondary and administrative data sources including: the 2011 Census, Doncaster's HomeChoice choice based letting registration data, St Leger Homes housing stock data, the POPPI dataset, the National Adult Social Care Intelligence Service and data from Doncaster council on care home and extra care provision. When reading this chapter it is important to note that while this report has used a working definition for older people as 55 years and over data availability means that some findings relate to a slightly different age range. It is clearly noted where this is the case.

The chapter has been split into three overarching sections:

- The first looks at the size and broad socio-demographic characteristics of the older person population.
- The second presents information on the housing tenure of older people in Doncaster and the housing options available to them.
- The final section provides information on the health and social care needs of older people in Doncaster and the costs associated with providing this care.

## **2.2. Population size and socio demographic characteristics**

This section presents data from the 2011 Census and the POPPI dataset on the size and broad socio-demographic characteristics of the older person population in Doncaster.

### ***Population size***

The 2011 census identified 88,352 people aged 55 years and over in Doncaster, 29 per cent of its total population. Within this number:

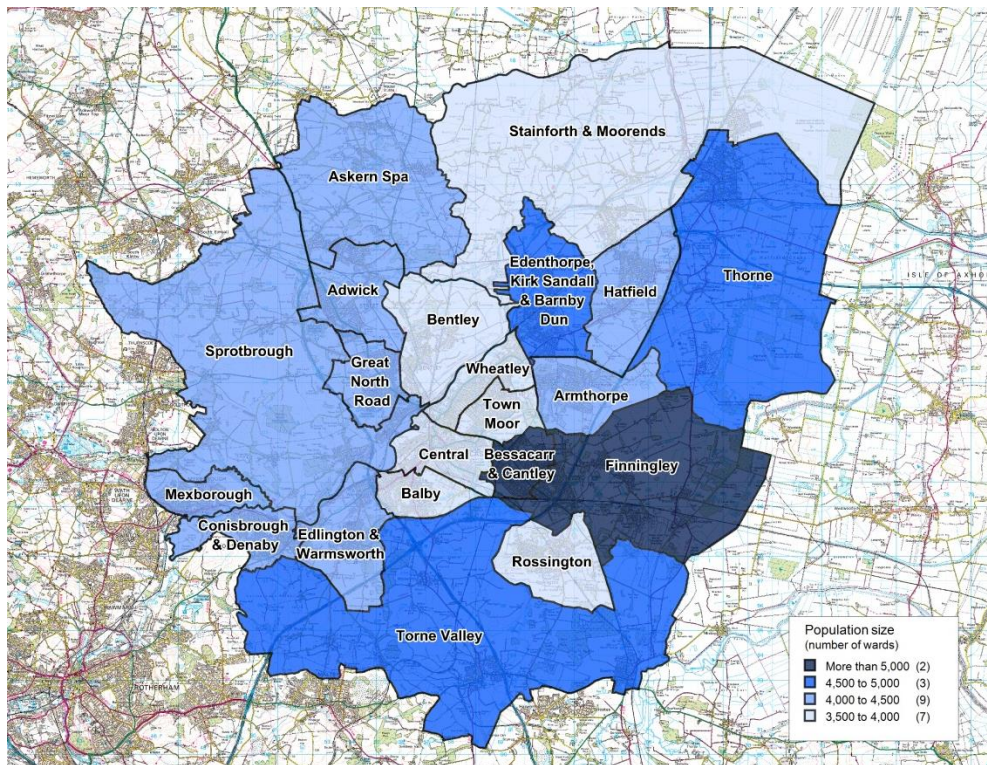
- 37,211 were aged 55 to 64 years; 12 per cent of the total population
- 27,109 were aged 65 to 74 years; nine per cent of the total population
- 17,660 were aged 75 to 84 years; six per cent of the total population
- 6,372 were aged 85 years or over; two per cent of the total population.

These proportions are similar to those for: the Sheffield City Region, Yorkshire and the Humber and England as a whole.

The size and proportion of Doncaster's older person population is projected to increase over time. Population projections estimate that the number of people aged 55 years and over will grow to 94,100 in 2015 and to 102,100 by 2020: an 8.5 per cent increase between 2015 and 2020. The number of people aged 55 years and over is projected to account for 31 per cent of Doncaster's total population in 2015 and will increase to 33 per cent by 2020.

Map 2.1 illustrates the number of people aged 55 years and over in each of Doncaster's 21 wards. The four wards with the largest older person populations are located on the outer south and eastern sides of the authority: Finningley (5,215), Bessacarr and Cantley (5,138), Torne Valley (4,939) and Thorne (4,674). Whereas the population is smallest in Wheatley (3,556), Central (3,731), Stainforth and Moorends (3,758), Balby (3,759) and Bentley (3,784); wards which are located on a diagonal from the centre to the north east of the authority.

**Map 2.1: Population aged 55 years and over by ward; 2011 Census**



Source: Office for National Statistics, 2011 Census and OS data © Crown copyright (2015)

A similar pattern emerges when the proportion of population aged 55 years and over is considered (Table 2.1)

**Table 2.1: Population aged 55 years and over by ward; 2011 Census**

	Population aged 55 years and over	
	Number	Per cent
Torne Valley	4,939	40
Bessacarr and Cantley	5,138	36
Sprotbrough	4,200	35
Finningley	5,215	34
Edenthorpe, Kirk Sandall and Barnby Dun	4,510	34
Askern Spa	4,269	33
Hatfield	4,072	30
Edlington and Warmsworth	4,098	30
Armthorpe	4,259	29
Thorne	4,674	29
Conisbrough and Denaby	4,074	28
Great North Road	4,270	28
Mexborough	4,288	28
Rossington	3,807	28
Stainforth and Moorends	3,758	28
Town Moor	3,869	27
Bentley	3,784	27
Adwick	4,082	26
Balby	3,759	25
Wheatley	3,556	24
Central	3,731	20
<b>Doncaster</b>	<b>88,352</b>	<b>29</b>
<b>Sheffield City Region</b>	<b>531,551</b>	<b>29</b>
<b>Yorkshire and the Humber</b>	<b>1,505,178</b>	<b>28</b>
<b>England</b>	<b>14,829,798</b>	<b>28</b>

Source: Office for National Statistics, 2011 Census

### ***Socio-demographic characteristics***

This section provides headline information from the 2011 Census on the socio-demographic characteristics of Doncaster's older person population.

In 2011, 53 per cent of the population aged 55 years and over were female and 47 per cent were male. The gender balance across wards ranged from 51:49 female to male in Central ward to 56:44 in Bessacarr and Cantley.

Ninety eight per cent of people aged 55 years and over identified themselves as White British or Irish. Asian/Asian British was the second largest ethnic group (one per cent).

The 2011 census provides information on people aged 65 years and over living in single person households. Table 2.2 shows across Doncaster as a whole 16,179

people were in a one person household (33 per cent). The number is highest in Bessacarr and Cantley (1,033), Central (887), Torne Valley (872) and Conisborough (862).

**Table 2.2: Population aged 65 years and over living in single person households by ward; 2011 Census**

	Number	Per cent
Bessacarr and Cantley	1,033	34
Central	887	45
Torne Valley	872	29
Conisbrough and Denaby	862	38
Mexborough	850	37
Bentley	837	39
Town Moor	833	38
Great North Road	830	32
Adwick	795	36
Armthorpe	775	34
Thorne	772	29
Edenthorpe, Kirk Sandall and Barnby Dun	771	30
Wheatley	744	38
Edlington and Warmsworth	744	32
Finningley	704	25
Balby	703	35
Askern Spa	671	28
Rossington	645	32
Stainforth and Moorends	631	31
Sprotbrough	613	25
Hatfield	607	27
<b>Doncaster</b>	<b>16,179</b>	<b>33</b>
<b>Sheffield City Region</b>	<b>100,170</b>	<b>33</b>
<b>Yorkshire and the Humber</b>	<b>281,870</b>	<b>33</b>
<b>England</b>	<b>2,725,596</b>	<b>33</b>

Source: Office for National Statistics, 2011 Census

### 2.3. Housing tenure and housing options

The section summarises information on the housing tenure of older people in Doncaster, their area preferences and the housing options available to them.



## Housing tenure summary

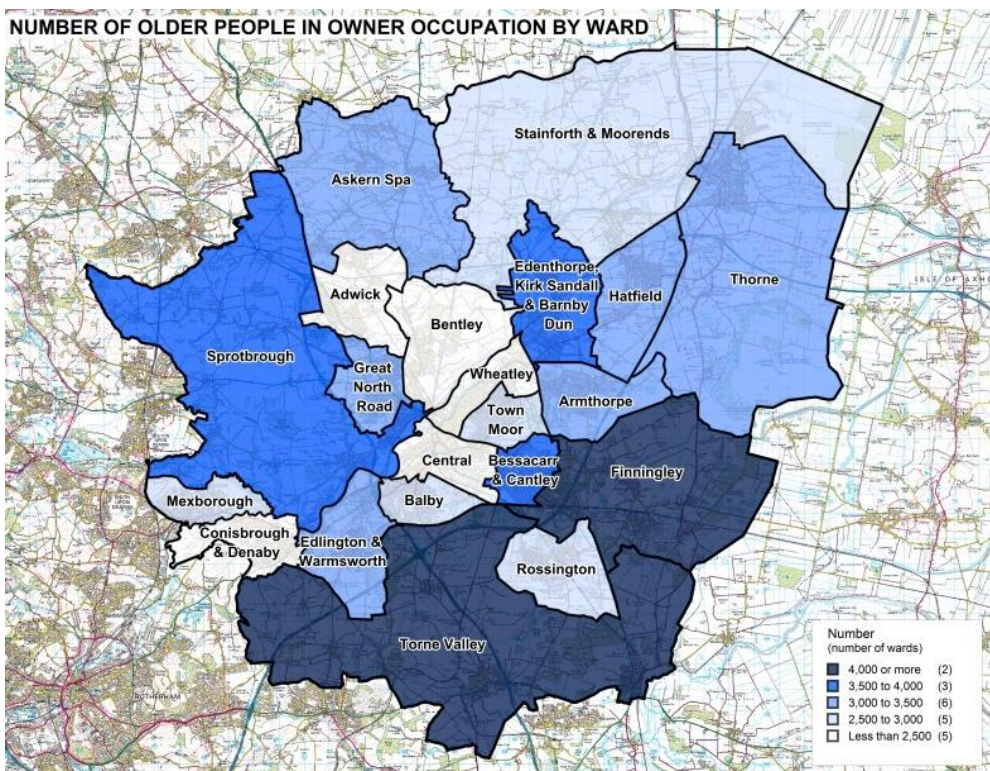
This subsection summarises the housing tenure for older people in Doncaster using data from the 2011 Census.

It is first worth reflecting that there were 131,590 dwellings in Doncaster in 2011, of which over four fifths (82 per cent; 107,720) were in the private sector. Only 18 per cent (23,870) were in the social rented sector.

In 2011, just over three quarters of Doncaster's older person population aged 55 years and over lived in owner occupation (76 per cent). Of the remainder, 18 per cent lived in social rented accommodation and six per cent lived in private rented accommodation.

Maps 2.2 to 2.5 illustrate for each ward the number and percentage of older people over who live in owner occupation and social rented accommodation respectively. The maps show that there are geographic imbalances across the local authority. Owner occupation is most prevalent in the southern wards of Finningley and Torne Valley on the southern edge of the Borough, as well as Sprotbrough to the west and Edenthorpe, Kirk Sandall and Barnby Dun, which is located on the north eastern edge of Doncaster town. In contrast, social rented is a more prominent tenure along a diagonal path running from Mexborough/Conisbrough and Denaby in the west through to Stainforth and Moorends in the north east, including wards such as Adwick, Central and Bentley.

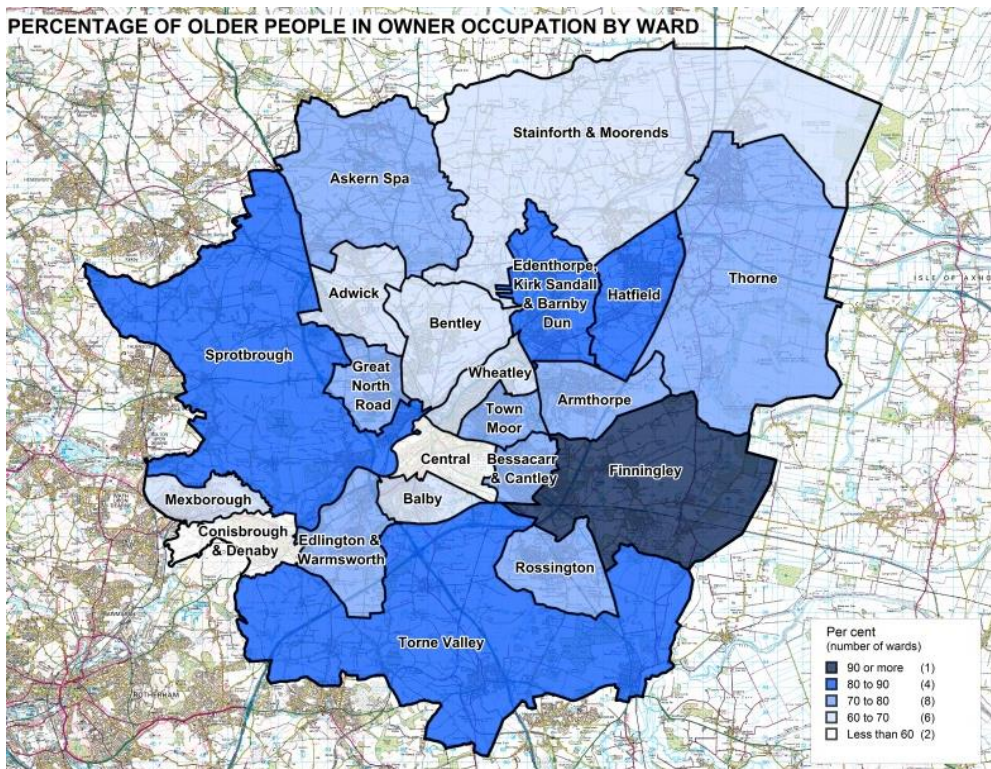
### Map 2.2: Population aged 55 years and over living in owner occupation by ward; 2011 Census



Source: Office for National Statistics, 2011 Census and OS data © Crown copyright (2015)

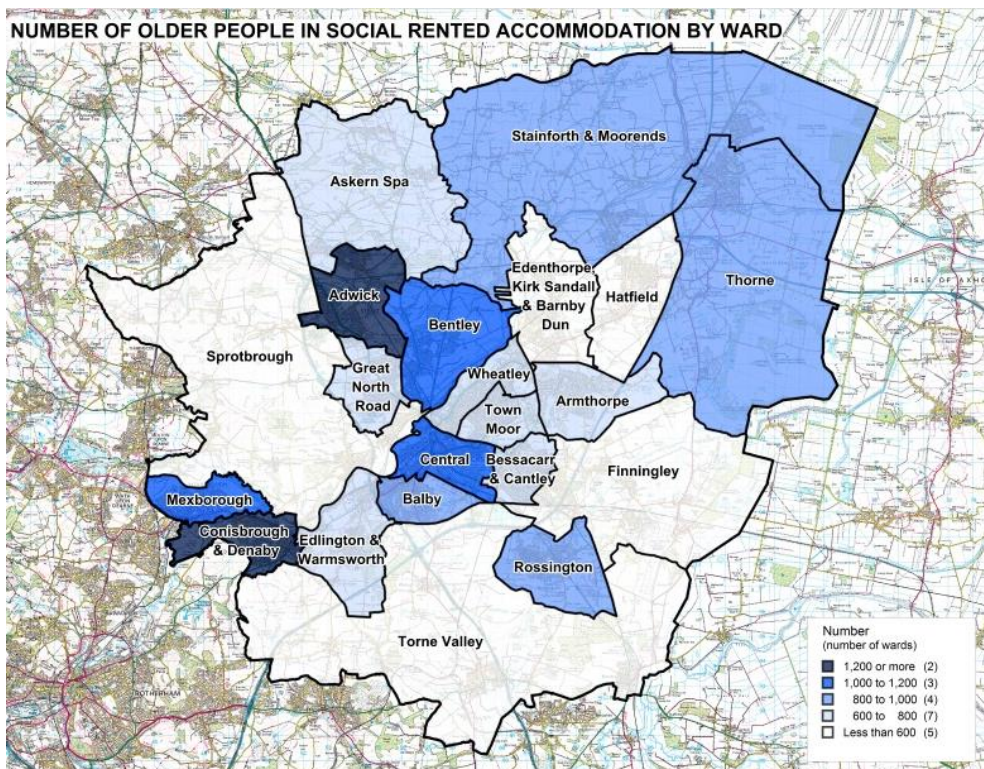


**Map 2.3: Proportion of population 55 years+ in owner occupation by ward**



Source: Office for National Statistics, 2011 Census and OS data © Crown copyright (2015)

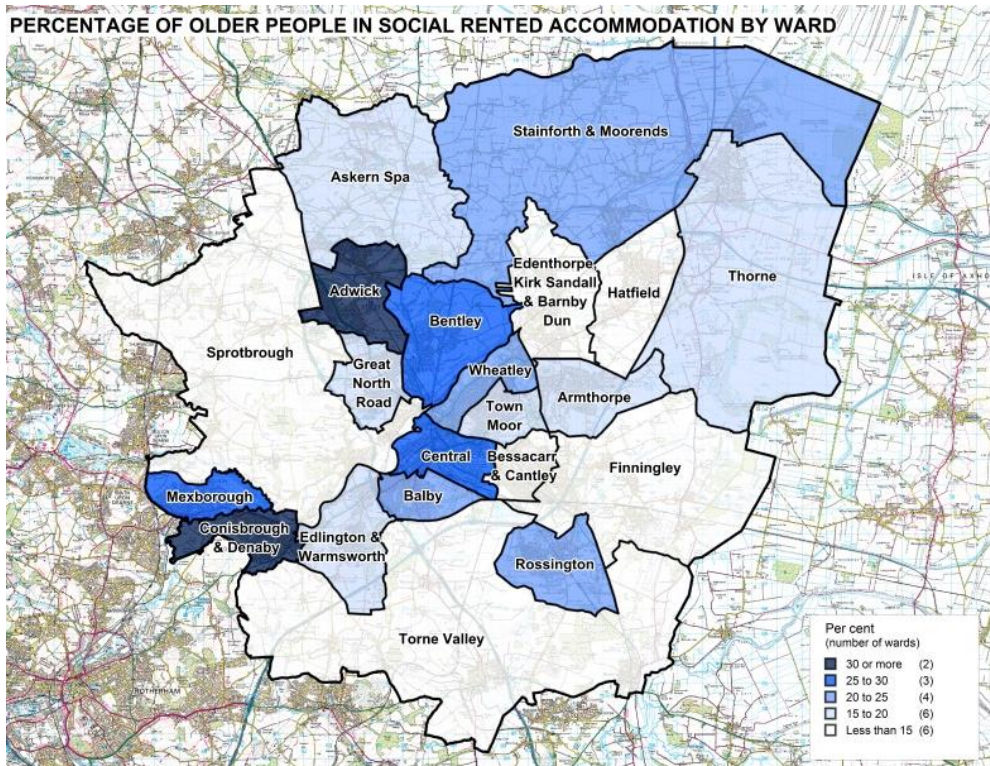
**Map 2.4: Population 55 years+ in social housing by ward**



Source: Office for National Statistics, 2011 Census and OS data © Crown copyright (2015)



**Map 2.5: Proportion of population aged 55 years and over living in social housing by ward; 2011 Census**



Source: Office for National Statistics, 2011 Census and OS data © Crown copyright (2015)

### **Social housing area preferences**

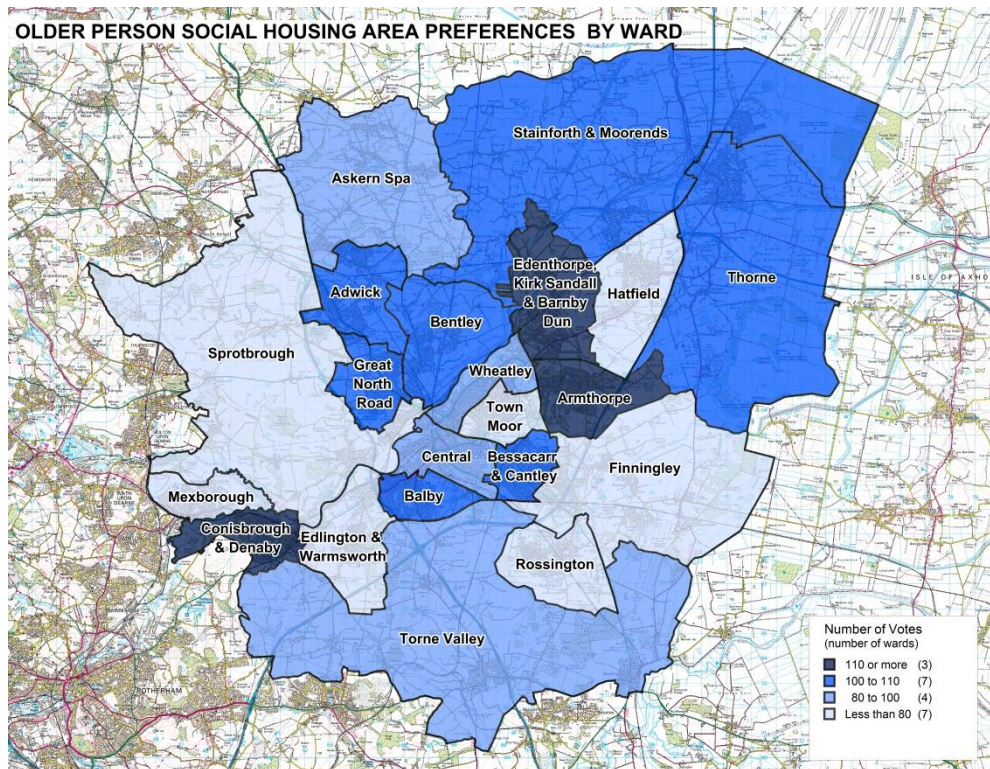
Doncaster operates a Choice Based Letting (CBL) scheme called Doncaster HomeChoice through which Council (St Leger), housing association and some private rented homes are advertised. Eligible social housing tenants can join the housing register to express an interest in properties they would like want to consider. As part of registration tenants are asked to identify their preferred neighbourhoods. This information is presented in this section to illustrate social housing area preferences. Area preferences have been defined in terms of votes. If a tenant selected one area then that area got one vote. However, if a tenant selected multiple areas each selected area would get a fraction of a vote. With two areas selected each would get half a vote.

The first part of this subsection presents the area preferences for older people who live in social housing and want to move. It then compares these preferences against the stock of social housing in each ward to take into account voting based on the likelihood of securing a social housing property in an area and to give an indication of excess demand or supply.

Map 2.6 shows the three most popular wards for social housing tenants were: Conisbrough and Denaby (114 votes); Armthorpe (113 votes); and Edenthorpe, Kirk Sandall and Barnby Dun (112 votes). The least popular wards were: Finningley (61 votes); Hatfield (62 votes); and Town Moor (71 votes).



## Map 2.6: Social housing area preferences; HomeChoice 2014

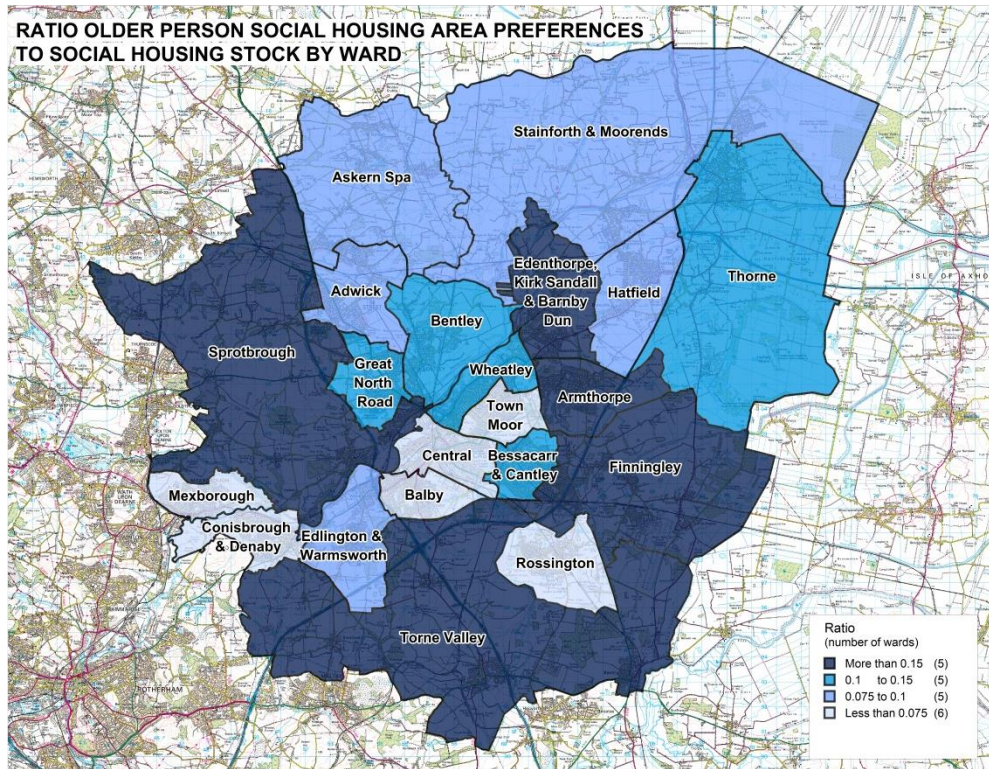


Source: HomeChoice (2014) and OS data © Crown copyright (2015)

Map 2.7 shows the number of preference votes for each ward as a fraction of the number of social housing units in the area. A higher value indicates greater demand per unit. Finningley, which had the lowest votes, has the most votes per social housing unit. Other wards with relatively high votes per social housing units were: Sprotborough; Edenthorpe, Kirk Sandall and Barnby Dun; and Torne Valley.

The three wards with the lowest number of preference votes per social housing unit were: Mexborough, Town Moor and Central.

**Map 2.7: Social housing area preferences per social housing unit; HomeChoice 2014 and Census 2011**



Source: HomeChoice (2014); Office for National Statistics, 2011 Census; and OS data © Crown copyright (2015)

**Designated housing**

Designated housing for older people typically comprises independent flats and bungalows, some of which are in small blocks or large schemes. Most of the units are eligible for people over 55 years who live alone or as a couple. However the age criterion can vary with some schemes operating a lower and some schemes a higher age limit. Exceptions may also be made on a particular unit or for a particular tenant.

There were 8,100 age designated social housing units in Doncaster in 2014. Housing associations operating in the Borough managed 983 units and St Leger<sup>1</sup> reported managing 7,117 units. St Leger's stock comprised:

- 80 bedsits
- 4,241 one bed units
- 2,742 two bed units
- 54 three bed units.

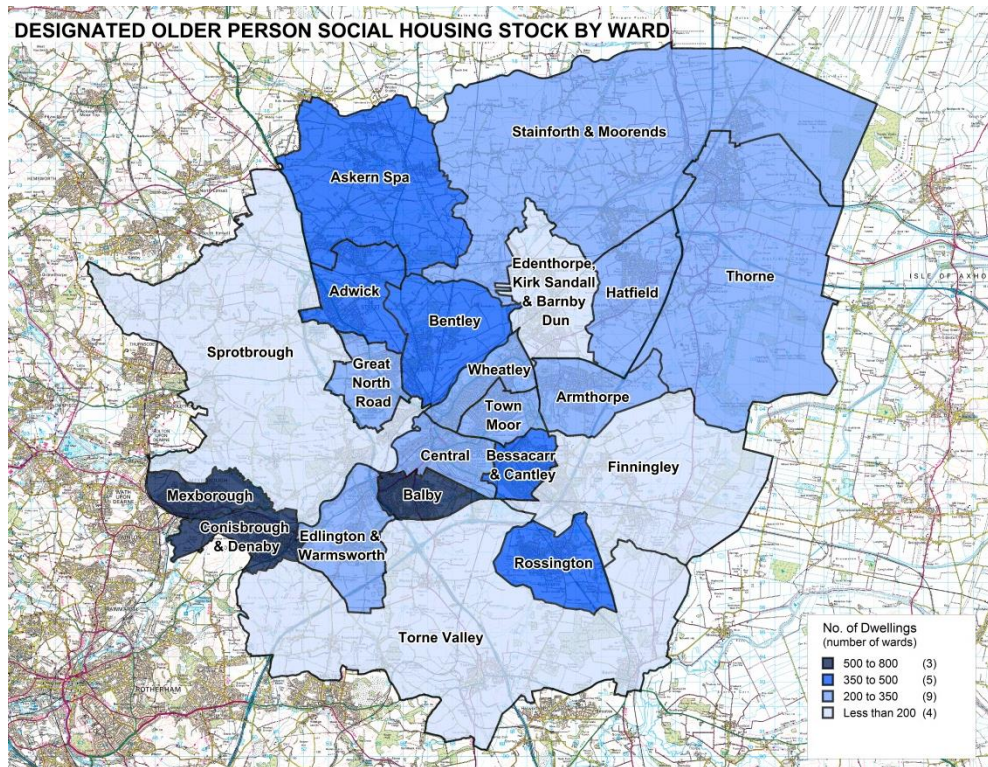
Demand for age designated housing appears high. St Leger reported only 18 voids: 8 one bed and 10 two bed units.

<sup>1</sup> St Leger is the Arms Length Management Organisation managing the Council's social housing stock.



Map 2.8 shows the location of St Leger's age designated housing across Doncaster. This follows a similar pattern to numbers of older people in social housing (Map 2.4). The wards with the highest numbers of units were Conisbrough and Denaby (796 units), Mexborough (581 units) and Balby (555 units). Twenty seven per cent of St Leger's designated housing for older people was located in these three wards.

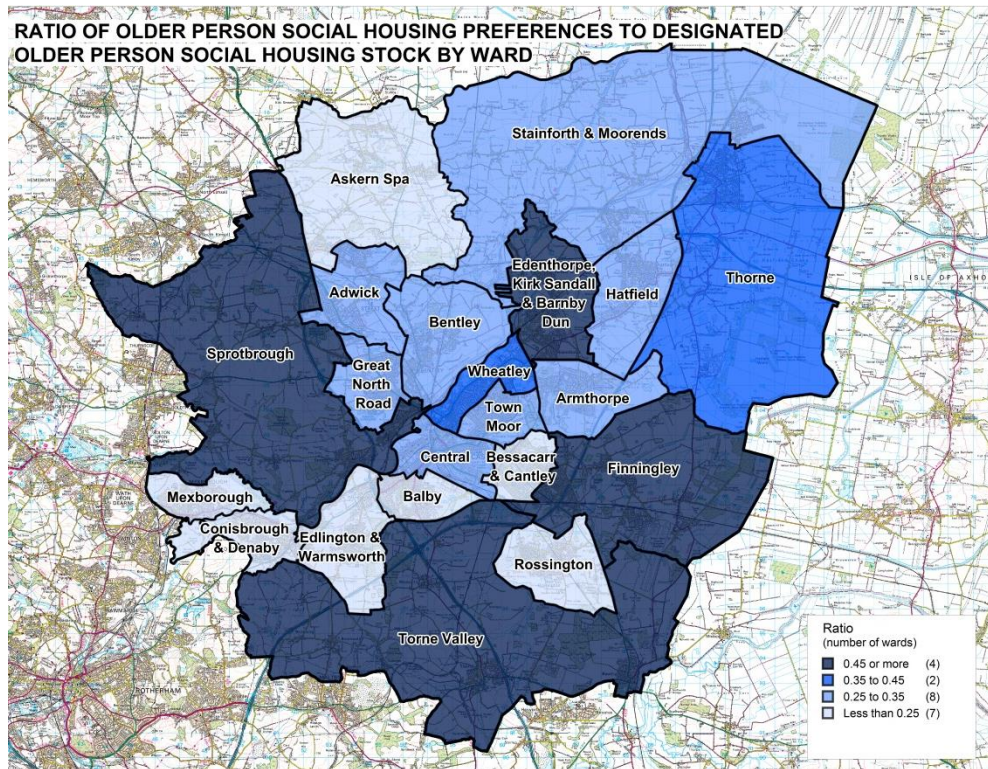
**Map 2.8: St Leger age designated housing by ward; St Leger 2014**



Source: St Leger (2014) and OS data © Crown copyright (2015)

Map 2.9 illustrates the ratio of older person social housing area preferences to stock of age designated housing in each ward. A higher rate illustrates more demand per unit. The rate is highest in wards with least supply (Edenthorpe, Kirk Sandall and Barnby Dun; Finningley; Sprotborough; and Torne Valley) suggesting there is demand to expand supply in these areas.

**Map 2.9: Ratio of social housing area preferences to St Leger age designated housing stock by ward; HomeChoice and St Leger 2014**



Source: St Leger (2014); HomeChoice (2014); and OS data © Crown copyright (2015)

### ***Retirement, Sheltered and Age Exclusive Accommodation***

The Elderly Accommodation Counsel (EAC) provides a comprehensive national directory of housing and care homes for older people. The 'HousingCare.org' website groups a category of provision into 'Retirement, Sheltered and Age Exclusive Accommodation' which includes:

- Housing exclusively let or sold to older people but without on-site management.
- Self-contained units with some shared facilities (e.g. a residents lounge) and on-site management; some schemes may also have additional services to promote independent living.
- Residential settings where a number of older people live and have access to on-site personal care services.

The website indicates there were 210 housing and care schemes - providing 3,641 units - in 2014, of which 181 were operated by St. Leger. Detailed information on the 210 schemes reveals:

- 125 have a community alarm service
- 23 have non-resident/visiting management staff
- seven have resident management staff.



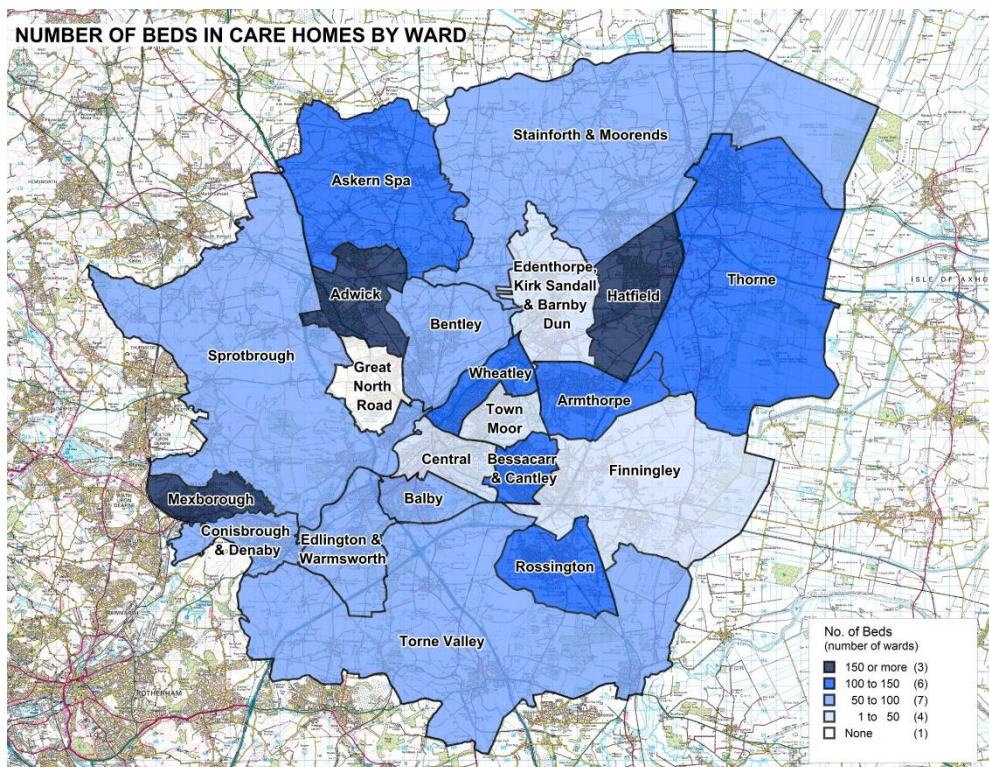
## Care homes

Doncaster council holds detailed information on the supply and use of care homes in the authority. In November 2014 there were 47 care homes providing 1,845 bed spaces, of these:

- 558 were residential beds
- 304 were nursing beds
- 544 were residential complex care beds
- 266 were nursing complex care bed.

Map 2.10 shows the number of care home beds in wards across Doncaster. Hatfield (208 beds), Adwick (186 beds) and Mexborough (150 beds) had the largest numbers of care home bed-spaces, accounting for nearly 30 per cent of all bed-spaces.

**Map 2.10: Number of beds in Care Home by ward; Doncaster Council 2014**



Source: Doncaster Council (2014); and OS data © Crown copyright (2015)

Information on vacancies reveals around one in every ten bed-spaces (173 bed-spaces) was vacant in November 2014. This included:

- 47 residential bed-spaces
- 45 nursing bed-spaces
- 43 residential complex care bed-spaces
- 38 nursing complex care bed-spaces.

### ***Extra care***

Extra Care housing is seen as a positive alternative to residential care. It provides purpose built accessible housing alongside an offer of care and housing support at different levels to enable people aged 55 years and over to stay independent and look after themselves in their own self-contained home.

Three extra care schemes were open in Doncaster at the beginning of 2015 providing 142 units; 131 units were for rent and 11 units shared ownership. Where data is available, occupancy rates stood in excess of 98 per cent, suggesting Extra Care is a popular form of accommodation.

A fourth scheme is due to open in Spring 2015. This scheme in Edlington will provide a further 66 units:

- 52 units to rent (104 beds)
- and 14 shared ownership units.

## **2.4. Health and social care needs and costs**

This final section provides information on the health and social care needs of older people in Doncaster and the costs associated with this care. The data presented has been drawn from the POPPI dataset, the National Adult Social Care Intelligence Service and Doncaster's own adaptation service and Accessible and Medical Housing Registers.

### ***Health and social care needs***

This section summarises key health and mobility indicators from the POPPI dataset. Originally developed of the Department of Health's Care Services Efficiency Delivery Programme (CSED), POPPI provides estimates and projections for older people: living alone, living in care homes, receiving unpaid care, unable to carry out domestic tasks and self-care. It also applies prevalence rates to estimate long-term limiting illness and numbers suffering from given conditions and illnesses.

These data illustrate housing and social care needs and support requirements for Doncaster's population aged 65 years and over. Key points to note include:

- 32 per cent had a long term health problem/disability which limited day-to-day activities 'a lot'; this number is predicted to increase by 11 per cent by 2020.
- 33 per cent were unable to manage at least one self-care activity, such as bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines.
- 40 per cent were unable to manage at least one domestic task, such as household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities.
- 18 per cent were unable to manage at least one mobility activity on their own, such as going out of doors and walking down the road; getting up and down

stairs; getting around the house on the level; getting to the toilet; getting in and out of bed).

- 1,139 older people aged 65 years and older were predicted to be hospitalised as a result of a fall, many of which in home.
- 1,683 (three per cent) older people were living in a care home with or without nursing; this number is expected to increase by 16 per cent by 2020.
- 3,738 (seven per cent) older people were predicted to have dementia; this number is predicted to increase by 17 per cent by 2020; an additional 70 people aged 50 to 64 years are predicted to have early onset dementia.

### ***Social Care Use and Costs***

This subsection provides headline information from the National Adult Social Care Intelligence Service (NASCIS) on adult social care service use and costs for adults aged 65 years and over in Doncaster.

Table 2.3 shows that in 2013/14:

- 1,240 people aged 65 years and over received Residential Care and 360 received Nursing Care.
- 3,265 people aged 65 years and over received Community Based Services; of these:
  - 2,175 service users received home care
  - 635 service users received day care
  - 585 service users received equipment and adaptations
  - 165 service users received professional support
  - 130 service users received direct payments
  - and 15 service users received short term residential, but not respite care.

**Table 2.3: Adult Social Care service use for people aged 65 years and over; NASCIS 2013/14**

	<b>Number of service users</b>
Residential Care	1,240
Nursing Care	360
Community Based Services	3,265
<i>Community based services of which:</i>	
Home Care	2,175
Day Care	635
Equipment & Adaptations	585
Professional Support	165
Direct Payments	130
Short Term Residential - not respite	15
Meals	0
Other	0

Source: NASCIS 2013/14

Table 2.4 lists the cost of social care services for people aged 65 years and over in 2013/14. Key points include:

- Total expenditure on adult social care services for service users aged 65 years and over was £55.0 million.
- Nursing (nine per cent) and residential care placements (47 per cent) account for 57 per cent of expenditure; based on service use information in Table 2.4 the average unit cost of residential and nursing care were £21,000 and £15,500 respectively.
- Home care expenditure was £9.7 million; approximately £4,500 per service user based on Table 2.4.
- Day care expenditure was £1.7 million; approximately £2,700 per service user based on Table 2.4.
- Equipment and adaptations expenditure was £1.6 million; approximately £2,700 per service user based on Table 2.4.
- Direct payments expenditure was £1.0 million; approximately £8,000 per service user based on Table 2.4.



**Table 2.4: Adult Social Care costs for people aged 65 years and over; NASCIS 2013/14**

	<b>£,000</b>
Residential care placements	26,068
Fairer charging - Community services	11,385
Home care	9,677
Assessment and care management	8,259
Nursing care placements	5,216
Day Care / Day Services	1,708
Equipment and adaptations	1,571
Direct Payments	1,042
Supported and other accommodation	810
Meals	0
Other services to older people	651
<b>Total</b>	<b>55,002</b>

Source: NASCIS 2013/14

### **Adaptations**

Doncaster council runs a housing adaptations service for people in both private and social sector housing to provide help and advice with adaptations so they can stay mobile in and around their home. Adaptations can range from small minor items such as grab rails through to major alterations such as stair lifts and ramps.

Data from the service reveals, in 2013/14:

- 231 private sector households received an adaptation:
  - 294 adaptations were completed
  - the adaptations cost £35,650; on average £121 per adaptation
  - the most common adaptations were grab rails (152), galvanised rails (41) and mopsticks (39)
- 67 social housing tenants received major adaptations:
  - 74 major adaptations were completed
  - these cost £194,897; on average £2,634 per adaptation
  - the most common major adaptations were stair lifts (9) and ramps (6)
- 70 social housing tenants received minor adaptations:
  - 82 minor adaptations were completed
  - these cost £15,435; on average £188 per adaptation
  - the most common minor adaptations were: bannister rails (11), galvanised rails (6) half steps (6).

### ***Accessible and Medical Housing Registers***

The Accessible and Medical Housing Registers run by Doncaster council hold the details of people who require special needs housing because their current accommodation is unsuitable to meet their specific needs. Key summary information from the registers include:

- There were 127 older person households aged 55 years and over on the Accessible Housing Register, of which:
  - 114 had a preference to live in the same ward
  - 74 required wheelchair access
  - 18 required internal wheelchair access
- 190 households were on the Medical Housing Register, of which 28 desired a two or more bedroom property.

## **2.5. Conclusions**

This chapter has provided a descriptive overview of the older person population in Doncaster, their housing tenure and housing options, and their health and social care needs. Key issues raised include:

- The older person population in Doncaster is sizable and is predicted to grow: there are projected to be 94,100 older people in Doncaster in 2015 (31 per cent of the total population) and this is forecast to increase to 102,100 by 2020: an 8.5 per cent increase between 2015 and 2020.
- Around three quarters of older people in the Borough live in owner occupation; this creates issues including the likelihood of hidden demand for housing and care, which might only be revealed in a crisis; it also limits the options available for the council to support independent living.
- There is a geographic mismatch between:
  - both the wards with the largest older person populations
  - the wards where social housing tenants would like to live
  - and the wards where social housing is concentrated
- The costs of adult social care services for older people exceed £55.0 million; this figure is likely to increase as the number of older people in Doncaster with health and social care need increases. For example the number of older people with a long term health problem/disability which limited day-to-day activities 'a lot' is predicted to increase by 11 per cent by 2020.

# Specialist Housing for Older People

## Summary

- There is a shortfall of 3,704 units of specialist housing for older people in Doncaster Metropolitan Borough, according to national guidance.
- Demand will increase in future years as the population of older people grows.
- The gap between supply and demand is greatest in the Central and North Priority Areas. However, the profile of supply and demand varies, often quite dramatically, between wards within the same Priority Area.
- High levels of owner occupation in particular wards underline the importance of increasing the opportunities for older people to own (as well as rent) age appropriate and specialist housing.

## 3.1. Introduction

Specialist housing for older people assists older people with their housing and support needs through later life. Specialist housing can take different forms but has a number of common features, including: individual dwellings with a private front door; some communal living areas such as lounges and gardens, and sometimes restaurants, hair salons and even post offices and shops; some form of support service such as a scheme manager or another type of service; and varying levels of personal care and support. Specialist housing is provided to rent (social and private) and available for shared and outright ownership.

This chapter explores supply and demand for specialist housing for older people within Doncaster MBC. Demand projections are generated by employing prevalence rates for categories of specialist provision proposed in *More Choice Greater Voice*<sup>2</sup>. The result is supply and demand figures for sheltered housing, enhanced sheltered housing and extra care housing. Supply and demand projections are also generated for care homes places.

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<sup>2</sup> [http://www.housinglin.org.uk/\\_library/Resources/Housing/Support\\_materials/Reports/MCGVdocument.pdf](http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf)

### 3.2. Supply and Demand for Specialist Housing in Doncaster MB

Current demand for specialist accommodation for older people is estimated to be 8,127 units, using an adapted version of the Housing Lin SHOP@ model to cover persons aged 65 years and over.<sup>3</sup> This is estimated to increase to 9,075 units in 2020 and 11,799 units in 2030 (Table 3.1). The demand columns of Table 3.1 and 3.2 use prevalence rates proposed in *More Choice Greater Voice*<sup>4</sup> to generate an estimate of demand by type of specialist provision (the split between rent and lease is based on current levels of provision). The supply column of Table 3.2 shows the number of units currently provided based on data from the Elderly Accommodation Counsel, national housing database 2014<sup>5</sup> and information provided by Doncaster MBC on its Extra Care accommodation.<sup>6</sup>

Comparing demand against supply (Table 3.2), there is currently an under supply of 3,704 units. Of the short fall:

- 45 per cent (1,670 units) is for sheltered housing,
- 27 per cent (986 units) is for registered care,
- 14 per cent (530 units) is for enhanced sheltered
- 14 per cent (518 units) is for Extra Care.

The shortfall in sheltered housing is likely to increase, not merely as a result of projected growth in the population of older people in Doncaster but also as a result of a reduction in sheltered housing provision linked to the decommissioning of poor quality sheltered stock. A likely consequence is that rising numbers of older people will remain in general needs housing in the future, placing further demands on housing support and home care services. An increase in the proportion of older people living in general needs housing is consistent with the emphasis of policy on older people having the right to independent living. It is also in line with the stated preference of the vast majority of older people. However, it is important that older people are making an active, informed choice to live independently, rather than being required to do so because of a lack of alternatives in specialist housing.

A second potential consequence of the shortfall in sheltered housing is rising demand for other forms of specialist housing, including extra care. However, under existing plans, supply is already struggling to keep up with demand; supply will still be more than 100 units short of the recommended provision if the six Extra Care schemes currently under consideration proceed to development: 603<sup>7</sup> units provided compared to an estimated need for 726 units. The 17 units of age designated, dementia-friendly accommodation in Bentley being provided as part of the current

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<sup>3</sup> <http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?>

<sup>4</sup> <http://www.housinglin.org.uk/AboutHousingLIN/HowdoulusetheHousingLIN/KeyDocuments/?&msg=0&parent=1648&child=2545>. These are based on a range of data and assumptions by the authors.

<sup>5</sup> Note properties have been allocated to the scheme's dominant tenure

<sup>6</sup> For the purposes of this analysis four sites have been included: Charles Court (40 units, all rent) Harrogate Court (50 units, all rent), Rokeby Gardens (52 units, 41 rent and 11 shared ownership) and Swallowdale (66 units; 52 rent and 14 shared ownership), which is due to open soon.

<sup>7</sup> The number of units in three schemes (Askern, Hatfield/Stainforth and Muse) are currently unknown. For the purposes of this analysis the average of the other seven schemes has been used: 60 units.

new council house building programme are another welcomed addition, but demand is likely to outstrip demand, given the projected increased in the number of older people with dementia in the Borough.

**Table 3.1: Demand for specialist accommodation for older people, 2014 - 2030<sup>8</sup>**

	Demand 65+				
	2014	2015	2020	2025	2030
<b>Sheltered Housing</b>	<b>3,628</b>	<b>3,686</b>	<b>4,052</b>	<b>4,742</b>	<b>5,268</b>
Sheltered Housing: rent	3,555	3,612	3,970	4,647	5,162
Sheltered Housing: lease	73	74	81	95	105
<b>Enhanced Sheltered</b>	<b>580</b>	<b>590</b>	<b>648</b>	<b>759</b>	<b>843</b>
Enhanced Sheltered: rent	580	590	648	759	843
Enhanced Sheltered: lease	0	0	0	0	0
<b>Extra Care</b>	<b>726</b>	<b>737</b>	<b>810</b>	<b>948</b>	<b>1,054</b>
Extra Care: rent	639	649	713	835	927
Extra Care: lease	87	88	97	114	126
<b>Registered Care</b>	<b>3,193</b>	<b>3,243</b>	<b>3,565</b>	<b>4,173</b>	<b>4,635</b>
Residential Care	1,887	1,916	2,107	2,466	2,739
Nursing Care	1,306	1,327	1,459	1,707	1,896
<b>Total</b>	<b>8,127</b>	<b>8,256</b>	<b>9,075</b>	<b>10,621</b>	<b>11,799</b>

<sup>8</sup> Demand for specialist accommodation for older people is estimated using an adapted version of the Housing Lin SHOP@ model to cover persons aged 65 years and over.

**Table 3.2: Demand and Supply of specialist accommodation for older people, 2014**

	Demand (65+ years)	Supply <sup>9</sup>	Over (under) supply
<b>Sheltered Housing</b>	<b>3,628</b>	<b>1,958</b>	<b>(1,670)</b>
Sheltered Housing: rent	3,555	1,921	(1,634)
Sheltered Housing: lease	73	37	(36)
<b>Enhanced Sheltered</b>	<b>580</b>	<b>50</b>	<b>(530)</b>
Enhanced Sheltered: rent	580	50	(530)
Enhanced Sheltered: lease	0	0	0
<b>Extra Care</b>	<b>726</b>	<b>208</b>	<b>(518)</b>
Extra Care: rent	639	183	(456)
Extra Care: lease	87	25	(62)
<b>Registered Care</b>	<b>3,193</b>	<b>2,207</b>	<b>(986)</b>
Residential Care	1,887	1,209	(678)
Nursing Care	1,306	998	(308)
<b>Total</b>	<b>8,127</b>	<b>4,423</b>	<b>(3,704)</b>

### 3.3. The Geography of Supply and Demand for Specialist Housing

This profile of supply and demand for specialist housing in Doncaster has a particular geography. Table 3.3 reveals the largest shortfall in supply to exist in the Central and North Priority Areas. A relatively large shortfall is also apparent in the South West. The largest shortfall in provision within each of these areas is in sheltered accommodation, which for the purposes of this analysis is defined as schemes where some form of scheme manager or warden service is provided on site on a regular basis but where no registered personal care is provided and there is typically access to traditional shared facilities (a residents' lounge and possibly laundry and garden) and schemes where there may be 24/7 staffing cover, at least one daily meal will be provided and there may be additional shared facilities (but provision is below that in extra-care).

<sup>9</sup> The data are based on the current number of specialist housing and registered care beds listed on the Elderly Accommodation Counsel national housing database 2014. EAC's classifications are as follows: *Sheltered housing* - schemes / properties are included where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. A regularly visiting scheme manager service may qualify as long as s/he is available to all residents when on site. An on-call-only service does not qualify a scheme to be included in sheltered stats. In most cases schemes will also include traditional shared facilities - a residents' lounge and possibly laundry and garden; *Enhanced sheltered housing* - schemes / properties are included where service provision is higher than for sheltered housing but below extra care level. Typically there may be 24/7 staffing cover, at least one daily meal will be provided and there may be additional shared facilities; *extra care housing* - schemes / properties are included where care (registered personal care) is available on site 24/7; *residential care* - where a care homes is registered to provide residential (personal) care only, all beds are allocated to residential care; *Nursing care* - where a care homes is registered to provide nursing care all beds are allocated to nursing care, although in practice not all residents might be in need of or receiving nursing care.

**Table 3.3: Demand and Supply of Specialist Housing by Area<sup>10</sup>**

	North			East			South West			Central		
	Demand	Supply	Over/ under supply	Demand	Supply	Over/ under supply	Demand	Supply	Over/ under supply	Demand	Supply	Over/ under supply
Sheltered Housing	980	162	-818	988	920	-68	1,222	685	-537	1,019	242	-777
Extra Care	169	0	-169	170	92	-78	211	116	-95	176	0	-176
Registered Care	743	475	-269	749	659	-90	927	800	-127	773	273	-500
<b>Total</b>	<b>1,892</b>	<b>636</b>	<b>-1,256</b>	<b>1,907</b>	<b>1,671</b>	<b>-236</b>	<b>2,360</b>	<b>1,601</b>	<b>-758</b>	<b>1,968</b>	<b>515</b>	<b>-1,453</b>

Source: SHOP@, POPPI and authors estimates

<sup>10</sup> North - Adwick, Askern Spa, Bentley, Great North Road; East - Armthorpe, Edenthorpe, Kirk Sandall and Barnby Dun, Hatfield, Stainforth and Moorends, Thorne; South West - Bessacarr and Cantley, Conisbrough and Denaby, Edlington and Warmsworth, Finningley, Mexborough, Rossington, Sprotbrough, Torne Valley; Central - Balby, Central, Town Moor, Wheatley

Table 3.3 sets out where Doncaster MBC and its partners should focus their efforts in terms of meeting the specialist housing needs of older people across the Borough. However, there is one important caveat to add to this information. The profile of supply and demand appears to vary, in some instances quite dramatically, within each of the four priority areas.

It is not possible to apply the method employed above to estimate demand at the ward level with any degree of confidence. The model makes various presumptions about the range and incidence of situations and needs found within the general population of older people. These presumptions are less likely to prove valid for the relatively small population of older people living in any particular ward, who will inevitably be less diverse and more homogenous (for example, in terms of socio-economic status, housing tenure, health and well-being) than the general population of older people. However, an indication of the variation across wards in demand for specialist housing is provided by the incidence of long-term health problems and disabilities that limit daily activity. Specialist housing serves people in need of some form of support or care needs. The greater the number of people in a ward with a limiting long-term health problem or disability, the greater the likely demand for some form of specialist housing provision in that ward. On this basis, there appear to be wide variations in potential demand for specialist housing between wards within the same Priority Area.

Overall, Thorne and Bessacarr and Cantley have the largest population of people 65 years and over with a health problem or disability that limits their daily activities (Table 2.4). Other wards with relatively large numbers of people whose daily activities are limited by health or disability are Conisbrough and Denaby, Mexborough and Great North Road. However, the situation can vary dramatically between wards within the same Priority Area. Contrast, for example, Bessacar and Cantley with Sprotborough in the South West Priority Area; Stainforth and Moorends with Thorn in the East; and Great North Road and Bentley in the North (Table 3.4).

The final column in Table 3.4 further sensitises this analysis by relating the size of the population of people who are 65 years or older and have a health problem or disability that limits daily activity to the supply of specialist housing in each ward. The lower the rate or ratio, the greater the gap between the size of the population 65 years or over whose daily activities are limited by health or disability and the provision of specialist housing for older people. Great North Road is revealed as having the greatest shortfall in provision, followed by Sprotborough, Balby, Town Moor and Finningley.



**Table 3.4: Overview of the Older Person Population by Ward (top five wards in each category are shaded)**

Area	Ward	Population aged 55+ years		Population: aged 75+		Owner Occupation (55+)		Social Rented (55+)		Private rented (55+)		65+ years with Limited Activity*		Specialist Housing / Limited Activity**	
		%	N	%	N	%	N	%	N	%	N	%	N	Rate	Rank
North	Adwick	26	4,082	7	1,093	61	2,437	33	1,305	6	225	69	1,536	0.17	17
East	Armthorpe	29	4,259	8	1,163	77	3,178	18	730	5	204	66	1,506	0.13	10
North	Askern Spa	33	4,269	9	1,177	78	3,238	16	656	6	238	63	1,510	0.10	7
Central	Balby	25	3,759	6	931	70	2,584	24	899	6	220	59	1,181	0.05	3
North	Bentley	27	3,784	7	1,040	65	2,404	27	1,006	8	312	65	1,393	0.12	8
Southwest	Bessacarr and Cantley	36	5,138	13	1,803	79	3,986	15	745	6	285	53	1,636	0.26	18
Central	Central	20	3,731	5	965	59	2,162	30	1,085	11	421	63	1,261	0.15	14
Southwest	Conisbrough and Denaby	28	4,074	8	1,110	58	2,319	35	1,397	7	272	69	1,553	0.13	11
East	Edenthorpe, Kirk Sandall and Barnby Dun	34	4,510	9	1,167	88	3,953	8	380	4	161	55	1,405	0.14	12
Southwest	Edlington and Warmsworth	30	4,098	8	1,059	76	3,090	19	760	5	220	62	1,453	0.13	9
Southwest	Finningley	34	5,215	8	1,283	90	4,625	6	317	4	189	49	1,387	0.07	5
North	Great North Road	28	4,270	8	1,194	78	3,304	17	730	5	220	60	1,539	0.01	1
East	Hatfield	30	4,072	8	1,063	83	3,245	12	487	5	193	58	1,323	0.33	21
Southwest	Mexborough	28	4,288	7	1,085	66	2,751	28	1,190	6	237	67	1,546	0.16	15
Southwest	Rossington	28	3,807	8	1,029	73	2,670	23	840	4	150	66	1,316	0.16	16
Southwest	Sprotbrough	35	4,200	9	1,064	90	3,725	3	132	7	295	48	1,170	0.04	2
East	Stainforth and Moorends	28	3,758	7	919	69	2,541	24	896	7	256	64	1,321	0.32	20
East	Thorne	29	4,674	8	1,285	75	3,430	18	807	7	327	62	1,648	0.26	19
Southwest	Torne Valley	40	4,939	11	1,366	84	4,112	10	502	6	285	49	1,464	0.09	6
Central	Town Moor	27	3,869	8	1,205	75	2,873	19	721	6	234	59	1,299	0.06	4
Central	Wheatley	24	3,556	7	1,031	69	2,354	21	733	10	344	61	1,188	0.14	13
	<b>Doncaster</b>	<b>29</b>	<b>88,352</b>	<b>8</b>	<b>24,032</b>	<b>75</b>	<b>64,981</b>	<b>19</b>	<b>16,318</b>	<b>6</b>	<b>5,288</b>	<b>60</b>	<b>29,635</b>	<b>0.15</b>	

\* People over 65 years old whose daily activities are limited a little or a lot by a long-term illness or disability.

\*\* Supply = the supply of specialist housing expressed as a ratio of the size of the 65+ population whose daily activities are limited by a long-term illness or disability. The higher the ranking the greater the gap between supply and the 65+ population with a limiting health problem/disability.

Table 3.5 table identifies wards within each Priority Area in most urgent need of additional specialist housing, based on their ranking in relation to the gap between supply and demand (as measured by the number of people with limiting long-term illness or a disability). The conclusion to be drawn is that there are particular wards in the Central, North and South West Priority Areas that should represent the focus of efforts to increase the supply of specialist housing within these Areas (see highlighted wards).

**Table 3.5: Ranking of wards within priority areas on the basis of gap between supply and demand (ratio of number of specialist housing units compared to number of people with limited activity)**

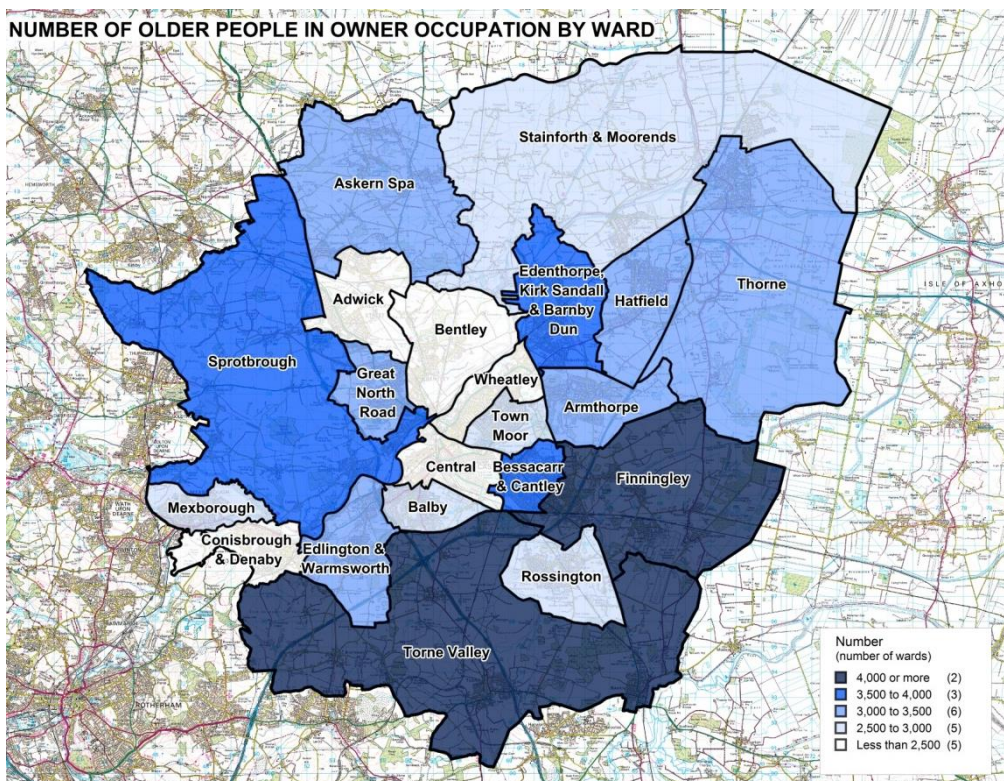
Priority Area	Specialist Housing Shortfall (units)	Ranking of DMBC Wards (higher the ranking greater the gap between supply and demand)
Central	-1,453	<ul style="list-style-type: none"> <li>• <b>Balby (3)</b></li> <li>• <b>Town Moor (4)</b></li> <li>• Central (14)</li> <li>• Wheatley (13)</li> </ul>
North	-1,256	<ul style="list-style-type: none"> <li>• <b>Great North Road (1)</b></li> <li>• <b>Askern Spa (7)</b></li> <li>• <b>Bentley (8)</b></li> <li>• Adwick (17)</li> </ul>
South West	-758	<ul style="list-style-type: none"> <li>• <b>Sprotbrough (2)</b></li> <li>• <b>Finningley (5)</b></li> <li>• <b>Torne Valley (6)</b></li> <li>• Edlington and Warmsworth (9)</li> <li>• Conisbrough and Denaby (11)</li> <li>• Mexborough (15)</li> <li>• Rossington (16)</li> <li>• Bessacar and Cantley (18)</li> </ul>
East	-236	<ul style="list-style-type: none"> <li>• Armthorpe (10)</li> <li>• Edenthorpe, Kirk Sandall and Barnby Dun (12)</li> <li>• Thorne (19)</li> <li>• Stainforth and Moorends (20)</li> <li>• Hatfield (21)</li> </ul>

An important final consideration when reflecting on the supply of specialist housing for older people concerns the issue of tenure. *Housing for Life*<sup>11</sup> guidance proposes a major shift from the current 75-25 tenure split in specialist provision in favour of rental units to a 67-33 split in favour of leasehold units, reflecting the situations and preferences of older people. The guidance advises that in more 'deprived authorities' this split might be closer to 50-50. Currently, in Doncaster the vast majority of specialist provision outside of the care home sector is housing for rent and there is a dearth of specialist housing for sale. This is despite three-quarters of older people in the Borough being owner occupiers (Table 3.4) and evidence suggesting that most people prefer to remain owners when they move into specialist housing. The highest levels of ownership amongst older people are apparent in Finningley and Torne Valley in the south of the Borough, as well as in Bessacar and

<sup>11</sup> <http://www.housinglin.org.uk/Topics/type/resource/?cid=8654>

Cantley, Edenthorpe, Kirk Sandall and Barnby Dun, and Sprotborough (Figure 3.1). It is particularly important that (age appropriate and specialist) housing options for older people in these wards include opportunities to own.

**Figure 3.1**



### 3.4. Conclusion

There is a shortfall in the provision of specialist housing for older people in Doncaster and a particular shortfall in provision of specialist housing for sale. The gap between supply and demand is particularly acute in wards in the south and the west of the Borough.

The ideal response to this shortfall would be to maintain the existing stock of specialist housing and ensure that it continues to be fit for purpose, whilst increasing supply through the development of a minimum of 3,700 new specialist units. At least 50 per cent of these new units should be for sale and located in wards where there is currently the greatest shortfall in supply.

Delivering on this ambition is problematic. Maintaining existing specialist provision and ensuring that it is fit for purpose is not always a viable proposition, given the built form and condition of the stock. This fact helps explain the decision to decommission sheltered housing units managed by St Leger that failed decent homes standards and were proving unpopular and difficult to let. Second, efforts to increase the supply of new specialist housing units are limited by the concerns of housing associations and private developers about the viability of investing in the development of specialist provision in Doncaster.

Recent and ongoing development of new extra-care provision represents a notable exception. These units are likely to prove popular given the shortfall in supply, assuming that they meet recognised design standards and are appropriately sited within a positive community setting, providing access to amenities and facilities and are well connected via public transport. However, the gap between supply and demand is likely to increase as the supply of specialist housing fails to keep pace with the growth in the population of older people.

This situation prompts three key questions for Doncaster MBC and its partners:

- *What is the potential for overcoming barriers to development and increasing the supply of specialist housing?* Does this potential extend beyond the existing extra-care programme? What is the likely form and location of any additional supply? Will this include private provision and developments in the west and south of the Borough where the gap between supply and demand is greatest?
- *What is the future for the existing stock of specialist housing in the Borough?* What opportunities exist for maximising the role played by the existing stock of specialist housing provision, through renewal and refurbishment of stock that fails to meet decent homes standards or the remodelling of out dated stock to ensure that it is fit for purpose? Is it inevitable that some stock will be decommissioned? If so, which stock and what will be the impact on the housing options of older people living in those areas?
- *What support is available to the increasing number of older people that will be living independently in general needs housing?* What is the likely size, location and needs of this population, given the response to the two questions above regarding new specialist provision and the role played by existing stock?

# Meeting the Housing Needs of Older People in Doncaster

## Summary

- New housing developments have an important role to play meeting the needs of Doncaster's older population. This role will be enhanced by delivering Lifetime Homes standards in new general needs developments and attracting specialist developers to build private sector retirement homes in the Borough. These objectives are currently proving difficult to achieve.
- Making the best use of Doncaster's existing housing stock is an important part of the solution for better meeting the needs of an ageing population. This requires interventions across all housing tenures using existing tools and services (adaptations, housing allocations, handyman services) and the introduction of new tools and services (such as a home improvement agency, and a dedicated maintenance service).
- Future plans and strategies should ensure that specialist housing provision in Doncaster is commissioned in a form that best meets the needs of Doncaster's citizens. Extra care housing is popular amongst all stakeholders, and can be configured in different ways to meet a variety of housing and care needs. In particular, stakeholders are keen to see extra care housing that provides best practice solutions for people living with dementia.
- Stakeholders shared a common view that joined up care and support and housing should be a key principle for any future housing strategy for older people in Doncaster. While progress had been made, it was reported that there is still some way to go before housing policy, practice and service commissioning are integrated fully with those of health and social care.
- The availability of housing advice and support for older people in Doncaster is reported to be patchy, particularly for owner occupiers. Enhancing advice and support can help to challenge and change people's housing perceptions, prevent premature moves to residential care and enable the roll-out of new services, tools and strategies aimed at improving older people housing options.



## 4.1. Introduction

This chapter summarises the key issues to emerge from a series of interviews and group discussions conducted with front line staff and managers from different agencies and services working with older people in Doncaster. These included: housing strategy; social landlords; private developers; specialist housing providers; planning and communities; housing support services; public health; social care; voluntary and community sector providers; and the Clinical Commissioning Group. In total, 36 people shared their views about challenges meeting the housing needs of older people in Doncaster, the strengths and weaknesses of current policy, practice and provision, and suggestions for meeting the future housing and related support needs of older people.

All respondents were guaranteed anonymity and confidentiality in a bid to provide a safe space in which a frank exchange of views and opinions could take place, including perspectives on problems and challenges that might be undermining productive partnerships and effective working with different agencies and services. The discussion below provides a distillation of the salient points to emerge from these interviews, but avoids reporting the views and opinions of individual respondents in order to protect anonymity. It addresses how to make the best use of existing housing stock, the role of future housing developments in meeting the housing needs of older people, the role of specialist housing, the importance of housing advice and support, and the role of health and social care in supporting independent living.

## 4.2. New Housing Development in Doncaster

The role of future housing developments in Doncaster in helping to meet the housing needs of an ageing population was identified as a key issue by many stakeholders. While some stakeholders were of the view that 'getting specialist housing right' should be the principal objective of any future housing strategy focusing on the needs of older people, some people also spotlighted the importance of ensuring that general needs housing in Doncaster serves the needs of an ageing population.

### *Lifetime Homes*

One of the most common points raised when discussing the need to ensure the relevance of new housing developments to the needs of older people was the importance of ensuring that all new housing developments are built to **lifetime homes standards** - a set of building standards that ensures that homes have the capacity to meet different (and changing) needs of their occupants.<sup>12</sup> Stakeholders recognised lifetime homes as a 'gold standard' for future development. However, a number of challenges to achieving this standard in Doncaster were highlighted and it was reported that both private developers and housing associations were not currently delivering lifetime homes. The principle explanation provided was that developments did not 'stack up' financially if they specified design requirements, such as lifetime home criteria, that increased development costs. Several stakeholders suggested that lifetime homes standards were very difficult to achieve

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<sup>12</sup> <http://www.lifetimehomes.org.uk/pages/lifetime-homes.html>

even where land was available to at 'below market value'. Relatively low house prices in Doncaster were the main reason provided to explain why such developments were deemed to not be financially viable by developers. A concern expressed by more than one stakeholder was that if tighter planning, design and construction conditions were imposed within Doncaster, (private and social housing) developers could (and most likely would) go elsewhere.

Despite these problems, some progress had been made promoting lifetime homes standards via the Council's new build programme. Although this programme was (at the time of writing) relatively small scale, it was referenced by some stakeholders as evidence that 'delivery vehicles' did exist that were capable of supporting the development of lifetime homes.

### ***Lifetime Neighbourhoods***

Several stakeholders were very keen to ensure that neighbourhoods created or redesigned through new housing development were catering for the needs of older people. This included ensuring that: appropriately designed infrastructure was in place (such as kerbing, easy access); a range of essential services (shops, post office, library, medical services and community services) were provided; and public transport promoted access and mobility. All stakeholders recognised that these were the 'essential ingredients' for sustainable and successful neighbourhoods, which should be the goal for all new developments. Several stakeholders suggested that new housing developments often overlooked the 'service needs' of older people, and relied on the presumption that people travelled by car to access services. There was little consensus about whether Doncaster currently has a well-defined, effective strategy for neighbourhood planning.

### ***Dementia friendly design***

Designing for dementia was another important aspect of new housing developments discussed by stakeholders. These comments had, in part, been prompted by a recent initiative promoting Doncaster as a dementia friendly Borough. This campaign had resulted in greater awareness and sensitivity to increasing incidence of dementia within the population. While there was plenty of enthusiasm for introducing dementia friendly design into new developments, there was little evidence of knowledge and awareness about what this might entail. Furthermore, there was scepticism that such designs could be delivered within Doncaster in the current economic climate. It was reported that, to date, dementia sensitive design considerations had rarely, if ever, been incorporated into new developments in the Borough.

### ***New developments specifically for older people***

Stakeholders identified that there was a significant gap in housing provision of bespoke 'retirement accommodation' in Doncaster. Nationally, there are a number of housing developers providing specialist housing for sale for older people. Several stakeholders recounted unsuccessful attempts to attract these private developers to Doncaster. Even in areas of the Borough where house prices are higher, private developers were reported to be unconvinced that there is sufficient demand from

people with the requisite equity to purchase a property in a specialist housing development for older people.

When discussing meeting the needs of older people through new developments, several stakeholders also reflected on a shortage of smaller properties within new general needs developments in Doncaster, reporting that the majority of new developments provided 'family' style three and four bed accommodation. New developments were therefore doing little to increase opportunities for households wanting to 'downsize' – that is, move to a smaller property – which were reported to currently be relatively limited within Doncaster (for owner occupiers and social tenants). In response, developers suggested that new schemes were designed to cater for a mix of needs, but there was acknowledgement that smaller (and bungalow) properties that might appeal to older people were in short supply. Similarly, social landlords suggested that opportunities for downsizing were limited, particularly where people had a desire to stay within a particular area of the borough.

Some stakeholders had very fixed views on the 'size' of new homes for older people – that they should all be two-bed or more, and that one-bed properties were not desirable and generally regarded as unacceptable. It was an accepted wisdom in some quarters that "Doncaster's older residents won't entertain one-bed properties". However, some respondents pointed out that, a) successful developments required a mix of property types (including one-beds, for which they believed there was some demand) and b) a mix of property types was required to ensure that development 'stack up' financially.

### ***Planning new developments***

A widely shared view amongst stakeholders was that planning for new developments to meet the needs of older people required effective partnership working across housing strategy, housing providers (and managers), social care, public health and planning. Stakeholders reported that progress was being made in developing these links but that there was "still a fair way to go". In particular, links between housing strategy, social care and public health were reported to have strengthened in recent months, with representatives interacting more frequently and meeting more regularly to discuss challenges meeting the housing needs of older people.

It was very apparent throughout the stakeholder consultation that there was a lack of understanding about the issues and challenges facing services, agencies and departments working in other policy areas. Stakeholders from health and social care did not fully appreciate the difficulties of bringing forward new developments and the intricacies of negotiating with developers in a challenging economic climate. Similarly, housing and planning colleagues were often unsure about the aims and objectives of social care and public health and how housing and planning aims and objectives might be better aligned to support efforts to address these priorities.

Some stakeholders suggested that an improved dialogue was required with housing providers (both social sector and private). While the council has a framework agreement with a number of housing associations (as preferred development partners) it was suggested that this relationship could be improved. Housing associations also suggested that their expertise could be put to better use by being 'part of the conversation'.



### 4.3. Making Best Use of the Existing Stock

Most stakeholders accepted that making the best use of Doncaster's existing stock was a key part of the solution to better meeting the housing needs of an ageing population. Stakeholders suggested that this should be by physical improvement and adaptation of existing stock where appropriate, and by improved, or 'smarter', allocations policies and practices.

It was widely understood that the vast majority of older people would continue to live independently in 'general needs' housing in Doncaster. It is important that strategy, policy, resourcing and practice are aligned to support independent living and to ensure that older people are living comfortably at home. It was therefore recognised as a point of concern that public sector cuts were undermining key services that support independent living.

Stakeholders extolled the virtues of the **adaptations service** for providing a critical support assistance through the funding (via a disabilities facilities grant) of minor and major improvements to homes, based on clinical assessments of need. This might range from the installation of a grab rail through to building an extension to enable wheelchair access or to provide an extra bedroom or bathroom. Without being critical of the service, some stakeholders suggested that the adaptations service did not represent a 'complete solution' to the housing related problems of independent living in Doncaster. For some, the time taken for adaptations to take place could pose problems, and there were suggestions that some homes were not suitable for adaptation. A common concern was that such problems might drive some people towards a premature move into residential care. Furthermore, only limited support was reported to be available to people who were not eligible for a Disabilities Facilities Grant (DFG) but were still in need of adaptations to their home. Concerns were also expressed about people (in particular, owner occupiers) not approaching the adaptations service for help either because they were unaware of the service or did not think they would qualify for support.

The **Accessible Housing Register** is a register of adapted properties that can be let to people with a proven priority need for an adapted property, as and when they become available. At present, the register only includes St Leger Homes properties. It was suggested that there was merit to expanding the register to include housing association properties in an attempt to increase choice for tenants.

While the adaptations service responds well to clinical needs, stakeholders recognised that general **home improvements** are also important to supporting people to stay put. Improving, for example, the thermal comfort of properties or carrying out general repairs and upgrades can be vital in allowing people to remain in their home, as well as improving health and wellbeing outcomes. For social tenants, landlords were reported to be delivering home improvements, via the decent homes programme and other initiatives, which were improving the standard of accommodation. In contrast, owner occupiers were reported to often be overlooked, very little support being available to help them maintain and improve their property. This problem was reported to have been compounded by cuts in funding for private sector renewal grants from central government. This was reported to be despite many owner occupiers in Doncaster having relatively low incomes and few assets to

draw on to maintain the condition of their property. Problems were also reported identifying reliable and trusted companies to carry out home improvement works.

This 'gap' in the support and assistance for households in private accommodation was not fully recognised by all stakeholders, but it did prompt some to suggest that the re-introduction in Doncaster of a **Home Improvement Agency** should be considered. Also, several people pointed out that the Council did run a **handyman service (DRASS)** aimed at providing small-scale household repairs to all older residents in the Borough regardless of tenure. This was recognised as an important service – often the inability to change a lightbulb or fix a broken tap could jeopardise a person's ability to maintain their independence and wellness. However, the service was thought to be limited in scale, not widely known about (with households and support workers) and to be a reactive, rather than a preventative service.

A number of stakeholders were keen to champion more creative and innovative ways of making best use of the existing housing stock. For example, **assistive technologies** could have a more important role to play in the future. Enthusiasm for these new technologies was not always matched by a common understanding about their application or cost.

#### 4.4. Specialist Housing Provision

A priority concern for many stakeholders was increasing the supply and improving the quality of specialist housing in Doncaster and ensuring that the "right mix" of specialist provision was commissioned in the future.

In recent years, a large proportion of the sheltered housing stock in the Borough has been decommissioned by St Leger Homes because it was concluded to be no longer fit for purpose, unpopular, increasingly stigmatised and too expensive to renovate or remodel. It is unclear how this decommissioning had impacted on the housing needs of older people, but several housing associations that had maintained their sheltered housing reported that it was still proving to be relatively popular. It was suggested that this might reflect the fact that much of this stock was relatively new, compared to the St Leger / council stock.

Against the backdrop of a reduced role for sheltered housing, **extra care housing** was recognised as having a key role to play in Doncaster. The common perception of extra care housing was that it provided a modern, popular and future-proofed form of housing with support for older people. Priority considerations when planning a new extra care development were reported to include: location (linked into an existing community); size (not too large as to create an 'institutional feel'); tenure (for sale and to rent), mix (a variety of ages and people with different levels of independence); support and care (accessible and flexible).

Despite wide spread enthusiasm for the extra care model, some stakeholders expressed concern that Doncaster was becoming too reliant on its future plans for extra care developments and that a more diverse range of specialist housing types might be preferable. This observation repeats a common misconception of extra care housing as a specific model of specialist housing provision, when it can actually take multiple forms in terms of built form, support and care provided, needs catered for and level of independence. Recognising this fact, one stakeholder

championed the development of extra care developments catering for the **needs of people living with dementia**. The aspiration was that not only would such a development support a number of older people in the Borough, it could also serve as a hub for dementia services.

A important final point in relation to specialist housing was the gap in provision identified by several stakeholders for people leaving hospital care who were not able to return home, at least in the short-term, until their health improved, adaptations were completed or a more suitable property secured. **Intermediate housing** was identified as necessary to bridge this gap, providing people leaving hospital with appropriate accommodation and support during their reablement period. Suggestions for the development of intermediate housing provision included co-location on or close to a hospital site, a new development alongside an extra care housing development, and the redevelopment of difficult to let or decommissioned sheltered housing managed by St Leger.

#### **4.5. Independence through Health and Social Care**

Stakeholders shared a common view that meeting the housing needs of older people required effective joint working across housing, health and social care. There was a shared understanding that decent housing was essential for the promotion of health and well-being within an ageing population. In particular, specialist housing was seen as central to a more personalised and preventative services for older people in Doncaster. Less emphasis was placed on supporting older people who are living independently in general needs housing. In particular, needs and requirements of older people who were owner occupiers (the majority of older people in Doncaster) were rarely addressed during discussion.

Stakeholders accepted that while progress had been made, the Council still had some way to go to fully integrate housing policies, practices and service commissioning with those of health and social care. A number of suggestions were forthcoming for how housing, health and social care could work together more effectively to maximise the positive impact of limited public resources on the housing options of older people:

- clarify responsibilities and agree objectives for helping older people to live healthy, independent lives – and adopt a shared vision.
- improve systems for assessing housing and support needs before leaving hospital (though options are inevitably limited by the nature of existing housing provision).
- recognise the importance of suitable housing in delivering health and social care objectives relating to well-being and independence to prevent people reaching a crisis, which can result in premature moves into residential care.
- recognise the importance of (and invest in) housing related support (repairs, improvements, adaptations etc.) in facilitating independent living and promoting health and well-being.
- promote understanding amongst older people and service providers about housing and care options for older people.

## 4.6. Housing Advice and Support

Stakeholder discussions revealed that the **availability of housing advice and support for older people in Doncaster is patchy**, particularly for owner occupiers. It was reported that there was no dedicated housing advice and support service for older people. The Doncaster Housing Options service (operated by St Leger Homes) was reported to focus mainly on the needs of homeless people and to not offer more 'general' housing advice. Many stakeholders had no idea where older people (particularly those who are not social tenants) might seek housing advice. It was also suggested that a lack of knowledge amongst social and health care professionals limited their ability to offer advice, to advocate on behalf of clients or to signpost people to relevant services.

Several benefits to improved housing advice and information were spotlighted. Firstly, many stakeholders suggested that it was important to 'challenge and change the perceptions' of some older people in order to improve their housing situation. For example, it is often difficult for older people to see the health and wellbeing benefits of a move, especially when it means moving from a long-established home and community. Secondly, it was suggested that 'poor' advice and support meant that some people ended up moving prematurely into residential care prematurely, when better housing options were available. Thirdly, a more comprehensive advice and support service would better serve the roll-out across all tenures and types of housing of assistive technologies, adaptation services, home improvement services and housing-related health and social care support.

## 4.7. Conclusions

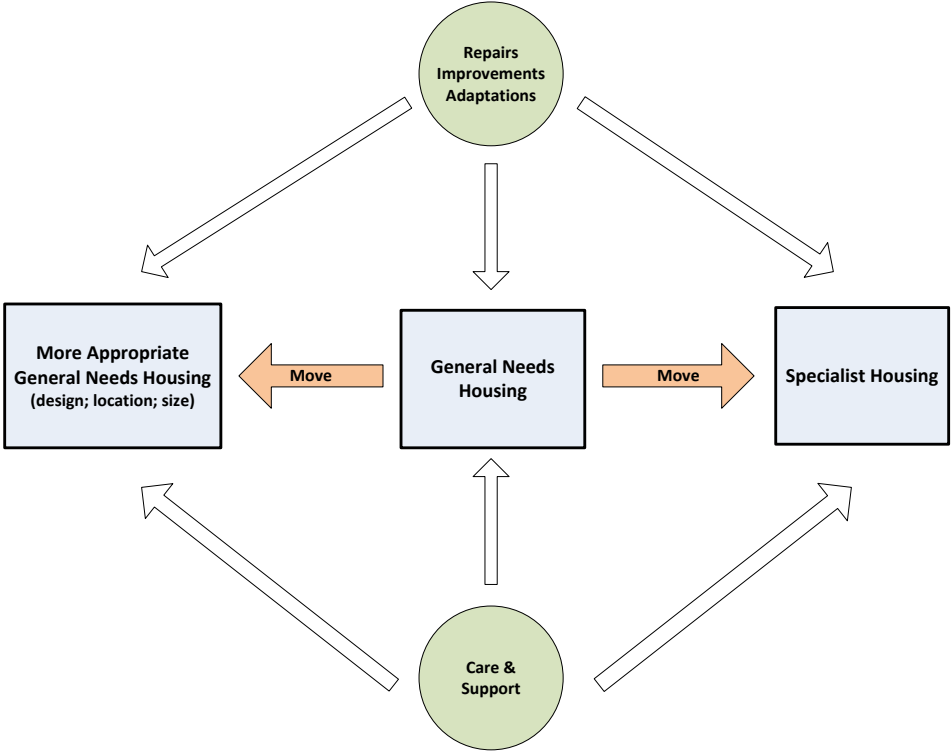
Four key overarching conclusions emerged from the interviews with key stakeholders:

1. **Decent housing underpins the well-being of older people.** Housing that is appropriate to the needs of the individual and provides a safe living environment serves an important preventative role, promoting health and well-being. This fact was acknowledged by the key stakeholders in Doncaster. However, there was limited understanding about how to maximise this potential through effective joint working across different agencies and service areas. In particular, housing issues were not clearly understood by health and social care colleagues, while the aims and objectives of health and social care were not fully appreciated within housing policies and strategies.
2. There was a strong narrative across service areas about **the importance of supporting people to stay put** and live independently in their own home. This focus is very much in line with national best practice and policy, as well as evidence regarding the preferences of older people (see Chapter 5). However, respondents questioned whether a clear strategy exists to guide the efforts of different services to deliver against this ambition. A particular shortfall was noted in relation to housing support and assistance for owner occupiers, who represent the vast majority of older people in Doncaster.
3. Improving the housing pathways of people in Doncaster as they move into later life, **promoting planned moves and avoiding crisis moves**, was a recurring

theme in the comments of different agencies and services. Two key priorities were spotlighted by stakeholders. First, **specialist housing** was recognised as critical to efforts to meet the housing needs of older people in Doncaster and to prevent premature moves into residential care. A common refrain concerned the shortage of good quality, appropriate specialist housing in the Borough, which was identified as a priority for any future strategic plan aiming to promote housing options for older people. There was no shared definition or understanding of specialist housing and there were different views about what specialist housing was required within the Borough, but there was a tendency for this narrative to focus in on the contribution to be made by extra care housing, which was widely championed by stakeholders as a positive development in the provision of specialist housing for older people. A second point of concern was the reported tendency for people to move prematurely toward residential care following **discharge from hospital**. Not only, was this outcome regarded as problematic for the health and wellbeing of older people, it was also reported to place a huge burden on health and social care services and budgets.

4. There was a tendency for the **role of general needs housing** (in which the vast majority of older people live) in meeting the needs of older people to be neglected in favour of a narrative that focused on specialist housing. The question of how policy, strategy and practice might seek to improve the housing situations of the majority of older people living independently in general needs housing (for example, through improvements and adaptations to existing stock and support for moves to more appropriate general needs housing) was frequently overlooked. Options for the majority of older people who are owner occupiers to move into more suitable housing (either general needs or specialist) were also largely neglected. This is despite owner occupiers having limited opportunity to access social housing; options for moving into more suitable general needs housing (for example, to a smaller or a ground floor property) being restricted by limits of available stock, as well as issues of affordability; and the possibility of moving into and owning purpose built specialist housing being virtually absent as a result of the failure of private companies to develop such provision in Doncaster. This neglected narrative is summarised in Figure 6.1.

**Figure 4.1: Understanding the role general needs housing**



# 5

## The Housing Experiences and Preferences of Older People in Doncaster

### Summary

- The focus groups revealed a preference for independent living (often equated with residing in general needs housing), a finding consistent with the preferences of older people revealed by the national evidence base.
- Respondents recognised the benefits of making a planned move to more suitable accommodation, but the preference was for 'staying put'. This reflected attachment to current home, limited awareness of alternative options and various (practical and financial) barriers to moving.
- Owner occupiers shared a common perception that support and assistance with housing was 'not for them', but was reserved for social tenants.
- There was limited knowledge or awareness about extra care housing within the Borough but considerable interest in the option once the offer was understood. Respondents living in extra care housing expressed high levels of satisfaction with their situation.
- Respondents (in particular, owner occupiers) were unclear or uncertain about where to go for information, advice and help with housing issues. This included help and support staying put and moving to more suitable accommodation. Some home owners reported that they did not think they could ask for help.



## 5.1. Introduction

This chapter explores the experiences and preferences of older people in Doncaster drawing on data from eight focus groups with older people in different housing situations that were conducted across the Borough. Discussion highlights the key themes and issues to emerge and points to any consistencies or distinctions between the views and opinions of older people in Doncaster and the national evidence base relating to the housing preferences of older people.

## 5.2. Preferences

Focus group participants expressed a clear preference for independent living. There was a tendency to equate independent living within general needs housing, although some respondents did refer to living independently in specialist housing (for example, sheltered or extra care housing). The clear consensus regarding what older people in Doncaster want from their housing was consistent with the national evidence base.

**Focus group participants reported wanting, as a minimum, a dwelling that is:**

- *Spacious* - this includes adequate storage space, a reasonably sized kitchen, enough living space to sit, for hobbies and to welcome visitors. The national evidence base points to a preference amongst older people for at least two reasonably sized bedrooms, but there was some evidence from the focus groups that single people would consider a dwelling with only bedroom, if, overall, the living space was adequate. For the majority of couples, two bedroom properties were viewed as a necessity. This was particularly true where one partner was living with dementia or had some form of limiting illness that made sharing a bedroom difficult. Even couples in good health regarded two bedrooms as a future-proofed option.
- *Accessible* - accessibility was related to the ease with which people can enter and leave the dwelling, as well as use of the space within the property (for example, an accessible bath or shower). References were made to the need, for example, for downstairs toilets, showers instead of baths and accommodation on one level.
- *Manageable* - supporting choice, flexibility and independence. This might include physical features (many of the comments received were consistent with the notion of lifetime homes). Some respondents reported that a manageable property was one that was cheap to live in because bills were low (for example, because of an efficient and economical central heating system and double glazing).
- *Attractive* - including an attractive site and situation, appearance (there are frequent references to the literature to avoiding an 'institutional' appearance in specialist housing), outlook and availability of green space.
- *Well-located* - for many focus group respondents this included being in a mixed-aged neighbourhood, although some people to express a preference to live around people of a similar age. Other important locational considerations included living in a neighbourhood that is safe and secure, close to amenities and facilities (such as green spaces, shops and leisure facilities), with good



pedestrian access and transport links. The key concern here appeared to be that the built environment enables older people to actively participate in their local communities, not exclude them. Two extra care developments (Charles Court and Rokeby Gardens) were explicitly identified as satisfying these requirements.

Planned moves to more suitable, independent accommodation were recognised as sensible in older age, but there was a tendency amongst focus group participants to want to **stay put** in their current housing, at least for the time being. This was despite frequent references to ways in which current accommodation was unsuitable or inappropriate and comments about the challenges of managing their home (for example, cleaning, maintenance and gardening). This preference was explained with reference to a number of factors including attachment to home, the challenge of moving (practicalities and cost) and limited awareness of suitable alternatives (for example, a common theme was the limited options for downsizing, which respondents recognised as holding various benefits).

The focus group discussions explored **tenure preferences**. Owning is not a viable option for some older people and social rented housing was the preferred option amongst focus groups respondents who were not owner occupiers. Owner-occupiers reporting wanting to continue to own, even if they moved into specialist accommodation. This finding is consistent with the national evidence base, which relates this preference to the greater choice buying can afford; indeed, buying can be the only option for entering retirement housing given provision and restrictions sometimes placed on owners accessing rented retirement accommodation from by local authorities and some charities. However, the options for older owner occupiers in Doncaster wanting to move into to smaller, more appropriate accommodation were reported to be very limited. Such housing was reported to be in short supply. For example, it was reported that many older people would like to move to a property without stairs, but bungalows were reported in relatively short supply. There was a discussion in one focus group about the fact that new mainstream developments should more directly consider the housing needs of older people, rather than focusing on first time buyers and young families. Reference was also made to the reported dearth of specialist housing options within the Borough for home owners.

Rather than choice, the key reasons given for wanting to remain an owner occupier were a desire to hold on to housing equity, to maintain the perceptions of status that some people associated with being a owner-occupier and the greater choice and quality that the sector was presumed to provide. No owner-occupiers reported that they might be financially 'better-off' moving into social rented housing. The common perception amongst owner occupiers was they were not allowed or did not qualify to move into social rented housing (including specialist social housing for older people). This is consistent with the wider perception amongst owner occupiers that support and assistance provided by Doncaster MBC and other local agencies was 'not for them'.

### 5.3. Staying Put

Housing support and assistance services (repairs, maintenance and adaptations) help to ensure that older people are living in safe, appropriate housing that promotes

health and well-being. The focus is on ensuring that housing is fit for purpose and that it is easier and safer for older people to stay in their own home and live independently as long as possible.

Adaptations were recognised by focus groups respondents as important in allowing people to continue to live independently. This is consistent with the stated preference of many respondents for 'staying put'. Adaptations are permanent or fixed alterations to a property to make it more suitable for the occupants. Adaptations can make staying put a viable, attractive option for older people and help prevent slips, trips and falls and other household injuries, such as burns, to which older people can be particularly prone. It is estimated that the average cost of home adaptation allowing an older person to remain at home is £6,000, compared with the yearly cost of £26,000 for residential care (Heywood and Turner, 2007)<sup>13</sup>. However, many respondents, particularly owner occupiers, reported problems securing adaptations to support independent living in their own home. Three key issues emerged to explain these problems. First, some respondents were unclear or unaware how to access (practical or financial) help with adaptations. Second, some respondents presumed that because they were owner occupiers they did not qualify for any or help or assistance, which was reserved for social tenants. Third, some respondents reported struggling to access help and assistance with adaptations.

An important source of funding for adaptations is the Disabled Facilities Grant (DFG). The Grant is estimated to help some 44,000 disabled people every year to live independently, including a large number of older people. The Government has maintained funding for DFG (£220m for 2015/16), but only a small proportion of older people who need help actually receive support with adaptations and some older people experience a long wait before receiving help. These problems were evident in an exchange between owner occupiers about adaptations in one particular focus group:

- Respondent 1 I don't have a toilet downstairs but it's too expensive to do it....That's the reason I haven't got one.
- Respondent 2 How do they expect you to pay for it though?
- Interviewer So there's something around cost if you own your own home you might want to stay there but...
- Respondent 2 I don't think there's much help if you own your own home.
- Interviewer Have you asked for help?
- Respondent 2 When my husband was alive yes....I broke my ankle three years ago and my toilet was upstairs and for a week nobody knew that I was there with a broken ankle, he was the only one.
- Interviewer You're talking about adaptations for your own home, do you know where to go for help?
- Respondent 2 No, I'd saved up some money for my children and I had to draw it out to get a chair lift to take me up and I was able to go back upstairs....I wouldn't know where to go to get anything no.

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<sup>13</sup> Heywood, F. and Turner, L. (2007) Better outcomes, lower costs. Office for Disability Issues and Bristol University.

Interviewer	(Speaking to the group) Would anybody know where to go to find out?
Respondent 1	I don't think I'd get anything anyway cos it's my own house, I have signed it over to my two sons but it's not mine really so they'll have to do it but no.
Respondent 3	When I had my stroke and I came home from Tickhill I was in a bed in the living room, I wasn't well enough to go up the stairs at the time, once I was ready to go upstairs we applied to social services, council, whatever for a chair lift and they said I would have to wait three year before they'd consider it.
Respondent 4	That happened to us, my husband, we lived in a house and my husband was disabled on one leg and he fell downstairs. We applied for a stair lift, they came and looked round and then said 'sorry you can't have a stair lift you're not disabled enough' so my daughter in law saw [local Councillor] and within three weeks we got a stair lift, but the council wouldn't put in a stair lift in cos they said he wasn't disabled enough, and he'd only got one leg!
Respondent 1	I'd like a shower and a toilet downstairs. But they won't give you them.

#### 5.4. Moving

Respondents recognised various **benefits associated with moving house** in older age. These were reported to include moving into more appropriate, good quality housing; being closer to amenities, services and facilities; and being better connected via public transport links (a particular issues for older people living in more remote parts of the Borough). However, a common refrain from respondents when asked whether they would consider moving was "not quite yet". When reflecting on why they did not want to move at the current time, respondents referred to various costs that need to be weighed against the recognised benefits. These included the wrench of leaving a neighbourhood that someone might have lived in for many years and where they have strong social networks, which might provide vital support and assistance. For this reason, there was a strong preference amongst respondents to move within their current neighbourhood, village or town. However, some people questioned whether better, more appropriate housing was available and accessible in the local area.

Interviewer	A lot of you were saying you want to stay around this area, particularly you for your family, is that a major issue, wanting to stay in [name of town]?
Respondent	Yes it would change my life. I wouldn't want to move anywhere and not know anybody.
Interviewer	So if you had to move even say two miles away would that be an issue?
Respondent	Probably yes....Yes I said to my daughter the other day if I was clever and could sort out my kitchen and have a shower and a

- toilet I'd be the happiest woman on earth, I wouldn't care if I was there till the last day.
- Interviewer            Could you afford to do that?
- Respondent            No cos I paid the money out when I broke my leg for my stair lift which I'd saved for, it cost 3000, I didn't know you could get second hand ones and I bought a new one and it was 3000.
- Older people were therefore confronted with a complex balancing act when weighing the pros and cons of moving house. It is also important to recognise that the particular reasons for not wanting to move can be uniquely personal, as the following example illustrates:
- Interviewer            Would you consider moving?
- Respondent            I wouldn't....They asked me when I broke my ankle if I'd consider moving to a bungalow and I said I'd die if I had to move out of that house, I don't like those bungalows, my friends used to live in them at the back and I used to go round and see them, they're more isolated than you are on the front, I wouldn't go there.
- Interviewer            So it's something about location?
- Respondent            That's right.
- Interviewer            It wouldn't' be the bungalow itself?
- Respondent            No it's where it is. I like to see people going by.
- Pannell *et al.*, 2012<sup>14</sup> have identified three broad types of mover amongst older people. All were apparent within the sample of older people who took part in the focus groups, although some were more evident than others:

- **Crisis movers** – these are often the older age range, who remain in their existing housing for as long as possible and until they have to move, for example, because of an accident or ill-health. This group are likely to have more limited choice and can end up in accommodation that might be less suitable or appropriate that accommodation that might have been able to secure if they had made a planned move. Most focus group participants appeared to fall into this group. Some had moved following some kind of crisis, but most fell into this group by virtue of the fact that they were making no plans to move until they were confronted with a crisis that rendered it impossible for them to remain in their current accommodation. The following exchange illustrates this position, which was common amongst respondents:

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<sup>14</sup> Pannell, J., Aldridge, H. and Kenway, P. (2012) *Market Assessment of Housing Options for Older People*. London: New Policy Institute.

Interviewer Are there any circumstances in which you would consider moving?

Respondent Well that depends, if I got disabled, yes I would think of it.

Interviewer And what sort of accommodation might you want?

Respondent I don't know.....To be honest I've never thought about it.

- **Lifestyle movers** – these are typically people who move in early older age seeking a better quality of life (for example, to the city centre, the countryside, coast or abroad). Examples of lifestyle movers were few and far between in the focus groups, but there was one person who reported moving from another town in South Yorkshire with her husband following retirement to live on a caravan park in a rural part of the Borough.
- **Planners** – tend to be in the middle age range of older people and move in advance of their housing becoming less suitable. Moving is sometimes prompted by the onset of health problems and the recognition of future problems if they remain in their current housing. Key for this group is maintaining control over their housing situation. There were some examples within the focus groups of people who fell into this category, including people who had move into one of the new extra care developments in the Borough. The following example illustrates the positive stories shared by people who had made a planned move to more suitable accommodation:

Interviewer Looking forward, have any of you considered moving to a different property if your existing property's getting a bit too large or something?

Respondent I did that 17 years ago, I was in a house and I was getting worse so we thought ahead and thought we'll get a bungalow, in the same village.

Interviewer How's that worked out?

Respondent Brilliant. A lot better. We did think of stair lifts but I'm glad we moved cos it's easier on my husband as well cos before if I was in bed I had to shout downstairs but now in the bungalow I'm in bed and I'm easy to hear.

Various **barriers** were reported to limit the residential mobility of older people in Doncaster. A lack of choice of suitable and affordable housing for older people in the local area was reported to be a key barrier. This was reported to be true in relation general needs housing and specialist provision. Other reported barriers include the cost of moving, the practical challenges of moving (including finding a new home and managing the financial issues), the breaking of emotional ties associated with moving house, particularly relevant when someone has been resident in the same property for many years, and the physical energy involved in moving house. As a result, moving was reported to be a daunting prospect, and it was reported that it can take some time for people to come to terms with the prospect and proceed with a move. The following quotes from focus groups respondents illustrate a number of these key barriers:



Respondent	We did talk earlier about the fact that moving house is very stressful. I've a friend who's just about in her 90s and she wanted to move from Doncaster to another place where her daughter lived. She was ill for six months before she went worrying about it, she was ill for six months after she'd gone trying to get used to the new place, it took her a year to move and that was someone that wanted to go to her daughter's. My struggle to move would be making up my mind to let go.
Respondent	I've been involved with several people from church in the past two or three years, one lady in particular, she lived in a terraced council house and she'd had a few falls, two on the stairs, it wasn't possible to put a stair lift into the house cos there was a turn in it, she was very reluctant to move, this was a consideration that had been put to her time and time again but she kept putting it off, eventually she did have another fall and she died a year ago now. I don't think she would ever have moved into a bungalow cos she wanted to be where she'd lived for a long time, even though she was in a three bedroomed house living alone. Another lady at the moment, she has mental health problems but she's also got physical problems and she and her husband live in a private detached house and her mobility is getting more and more difficult. She said her mental health nurse has said 'you ought to move to a bungalow' and she said 'but I don't want to' and this is it, people, it takes a long time for people to....

## 5.5. Extra Care Housing

Very few older people in Doncaster live in specialist housing; this is consistent with estimates suggesting that around 90 per cent of older people in England live in mainstream housing. Supply is limited and what is provided often fails to meet the preferences and needs of many older people. For example, the vast majority of older people are owner occupiers, but the vast majority of specialist housing is for rent (in Doncaster and in England). Specialist housing is also reported to be polarised between retirement villages for the affluent (few if any examples in Doncaster) and subsidised sheltered housing for people on low incomes (history of extensive provision in Doncaster - see Chapter 2), with relatively few options for the majority of older people living in modest owner occupied homes on low to middle incomes.

Specialist housing is designed to assist older people with their housing and support needs in later life. The majority of older people choose to stay put, but many decide to move somewhere more accessible with some level of care or support. A move into specialist housing can improve quality of life and delay or reduce the need for social care, and is an important element of the housing offer for older people. Extra care housing is a particular form of specialist housing for older people that has grown in popularity in recent years. Extra care housing is a broad concept rather than a specific housing type. It provides independent living in a home of your own, but with services on hand if they are required. The emphasis is on delivering quality of life,

not just quality of care. There is no nationally agreed definition or standard model of delivery for extra care, but the key attributes for extra care housing can be defined as:

- being housing first, and not an institution
- enabling residents to 'age in place', by adopting appropriate design, plus help and encouragement to foster independent living
- perhaps also providing intermediate care and rehabilitation services.

These attributes can be provided in a range of building types. They may form purpose built retirement villages or a block of apartments with a restaurant or other linked services. Similarly, it could be a development of bungalows and apartments surrounding a central resource building, housing services or other community facilities. Extra Care can also be new-build, or a remodelling of another housing type; sheltered schemes are commonly remodelled as extra care housing. It is also possible to create mixed tenure schemes and provide dwellings of different sizes.

Extra care is proving to be increasing popular with health and social care commissioners in Doncaster who are seeking to reconfigure and modernise long-term care provision for older people. It is viewed as providing a modern alternative to sheltered (and other types of specialist housing) that are deemed to no longer meet modern expectations and standards. The popularity of extra care also stems from the role that it might play housing people who would otherwise be relying on a regular basis on acute, hospital-based services because their home provides an unsuitable environment for home-care provision. National evidence also points to better outcomes in extra care housing, compared to people who move into care homes, in terms of functional and cognitive ability six months after moving in, which would be expected to have beneficial implications for people's future needs for care and support<sup>15</sup>. There is some evidence to suggest that extra care may be a value for money alternative to care homes for some people<sup>16 17</sup>. The cost for people with similar needs situations living in extra care compared to a care home are similar or lower but the physical and cognitive outcomes have been reported to be better in extra care housing and the value for money is reported to be greater because of the preventative benefits of extra care. For example, compared to older people living in the community and receiving domiciliary care, extra care residents have been found to be less likely to enter institutional accommodation.<sup>18</sup>

National evidence suggests that **extra care housing is also proving very popular** with older people. This is certainly the case in Doncaster, judging by the comments of focus group participants who were living in extra care housing:

Interviewer	First of all we're interested to know what it's like to live here, what you like about it?
Respondent 1	It would be easier to say what we don't like....Well nowt really, that's what I'm saying.

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<sup>15</sup> <http://www.pssru.ac.uk/archive/pdf/dp2774.pdf>

<sup>16</sup> <http://www.jrf.org.uk/publications/costs-and-outcomes-extra-care-housing-scheme-bradford>

<sup>17</sup> <http://www.pssru.ac.uk/project-pages/extra-care-housing/>

<sup>18</sup> [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/establishing\\_the\\_extra\\_in\\_extra\\_care\\_perspectives\\_from\\_three\\_extra\\_care\\_hou](http://www.ilcuk.org.uk/index.php/publications/publication_details/establishing_the_extra_in_extra_care_perspectives_from_three_extra_care_hou)

- Respondent 2            Best thing about it is you've got company if you want it and if you don't want it you just go to your flat.
- Respondent 3            The flats are nice, they're warm, when you want them warm you can get them red hot.

When asked why they moved into extra care housing, some focus group respondents described a feeling of "just knowing I was ready". A number of more specific factors were also identified as important drivers for moving; safety, not being able to manage, security, isolation. 'Not being a burden' to family members was a key reason for moving into Extra care. Some residents had actively planned their moves before they reached crisis point, to specifically combat being a burden. One resident reported that he "*did not want to come here*" as he was happy in his own accommodation but it was proving difficult to remain. He could no longer manage his garden and the family were visiting every day. His family suggested the move but he was reluctant. However, after a visit he decided to make the move. He described an improvement in his quality of life since the move and felt very settled. He also reported that his family felt more at ease knowing he was well looked after, safe and secure.

**Advantages of living in extra care housing** identified by focus group participants who were current residents of an extra care development included:

- *Security* - participants described feeling safe within the complex. Secure access was welcomed. Many described feeling unsafe in their previous accommodation such as bungalows being on one level easily accessible for criminal activity.
- *Safety at home* - participants welcomed the fact that there was always someone on hand, in case of falls or not feeling well, staff or other residents to help out. All welcomed the buzzer they could use to call for help in emergencies.
- *Company* - this was viewed as very important. All welcomed the communal areas in which to meet and chat. Social isolation had been an issue for some residents and they welcomed the camaraderie. The TARA provided a voice and all reported that they felt part of the complex and could raise issues. TARA members also organised trips and events.
- *Having all the bills paid* - bills paid in one payment eased the worry of paying for separate bills. Residents described the feeling of relief that they knew what they had to pay and when it was paid.
- *Having a self-contained flat* - this allowed people to maintain independent living, which was reported to be very important. However, the communal area and restaurant were also welcomed.

These findings are consistent with insights from the national evidence base, which reveals the most important attractions of extra care housing for the vast majority of residents to be: tenancy rights, flexible onsite care and support, security offered by the scheme and accessible living arrangements (Baumker *et al.*, 2012)<sup>19</sup>. However, a scarcity of desirable specialist housing for older people can contribute to older

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<sup>19</sup> Baumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A. and Towers, A.M. (2012) Deciding to move into extra care housing: residents' views. *Ageing and Society*, 32, pp. 1215-1245.

people moving to residential care in the absence of any other form of accommodation that meets their low level care and support needs. One evaluation of triggers for a move to residential care found that as many as one-third of placements could have been avoided if alternative housing choices had been available locally (Kerslake and Stilwell, 2004).<sup>20</sup> The only disadvantages associated with living in extra care accommodation identified by focus group participants were the cost, although this was balanced against the advantages noted above, and the wrench of leaving their previous home.

Respondents who were not currently living in an extra care development but were aware of the offer provided by new developments including Rokeby Gardens and Charles Court also talked positively about extra care housing and reported being willing to consider moving into such accommodation at some point in the future.

Respondent: if I did have to move into some sort of sheltered accommodation I think the Charles Court example, the Rokeby Gardens. I would be happier to move into such a complex as that cos both at Charles Court and Rokeby Gardens, they're close to some shops, quite a variety of shops, the doctors surgeries on hand, within the complexes they do meet a variety of needs, hairdressing, chiropody and things like this, all the things that are important as you are getting older

The importance of location and being part of the local community were recurrent themes in the comments of these respondents:

Respondent 1 And one of the reasons that Rokeby Gardens is so popular, they're near the people they know and the shops they know so they haven't been taken and put out in the middle of nowhere, they're in an area where they're familiar and they haven't had all that huge upheaval of having to move.

Respondent 2 No and they're near a Co-op and a post office and a hair dresser, although there is one in the complex, there's a fish and chip shop, a newsagent, there's all things literally on the doorstep and they're very much part of a community and it's a community that does have a sense of community identity so in that sense they feel that they are, even the people who weren't from Kirk Sandal originally, feel that they are now part of a community.

Many focus groups respondents were unfamiliar with the residential offer provided by extra care housing and were unaware of provision in their local area or across the Borough. However, once the extra care model was explained, there was widespread enthusiasm for the offer. However, some owner occupiers questioned whether they would be able to move into extra care housing, unclear that opportunities were available to both rent and own.

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<sup>20</sup> Kerslake A and Stilwell P (2004), *What makes older people choose residential care and are there alternatives?* Housing, Care and Support. Pavilion.

## 5.6. Information and Advice

Information and advice promotes informed choices and planned moves and supports independent living in later life. Information and advice for older people, their families and carers helps older people to make informed decisions about their housing options and support needs, including whether to stay put or move to more suitable accommodation. A recurring theme across all the focus group discussions was uncertainty about where to go for help with housing options. This included information, advice, guidance and assistance with staying put and also finding out about and moving to more suitable accommodation:

- Respondent 1 I wouldn't know where to go, where would I go to get some help with planning for my future?
- Respondent 2 Where would you go?
- Respondent 3 You said there's a waiting list for Rokeby Gardens (extra care development), who do you approach to get on a waiting list?
- Respondent 2 I don't know, I assume your starting point would be to go in and see the manager and say 'how do I get my name on your waiting list?'.  
Interviewer You're saying there's nowhere obvious to go for that kind of housing advice?
- Respondent 1 No, you would think it would be in some way, shape or form it would be part of Doncaster council's adult and community services/social services, but if you're in the position where you're thinking ahead and those needs aren't actually with you at the moment, you think there are people out there who've got far more pressing needs and who need to take up the time of the social workers rather than as we are talking about the future and the way things are likely to go.
- Respondent 2 Maybe there should be a post for some sort of advisor or consultant who could be available to advise people either through the council or through one of the housing agencies and if need be go to talk to people in their own home rather than expect people to go to a central point. I had a situation recently, someone whose mobility isn't very good and she's got a disabled badge, her husband drives, but she's had to come into here [council offices] for a reassessment of her needs and this lady in her late 80s, so people can't always access places like this and they need someone to go to their home to advise them.

Respondents were unequivocal in championing the value of information, guidance and advice in increasing options and helping people to plan for their future:

- Respondent 1 If you can tell people who are thinking about these things [making a planned move], if you can tell them about these [extra care] developments and show them what they're like it might actually encourage them to consider it.
- Respondent 2 You're always going to have to cope with the crisis situation cos people will get ill or whatever, but I think the more that you



can talk to people about planning and thinking ahead and where do you see yourself in 10 years' time, if you're not as mobile as you are now, if you need a bit more help, it's being honest with people and facing up to things. My parents' generation didn't expect to live very long after retirement and my father never did, he died at 61, they didn't have to think about this cos it didn't happen for the majority of them.

A recurrent theme in discussion about adaptations was the key role that a key professional (for example, an occupational therapist, social worker, or GP) had played in helping to arrange for adaptations to the dwelling. The following discussion illustrates this point, one respondent receiving help with adaptations from an occupational therapist, whilst another respondent reported not knowing where to turn for help or assistance:

- Interviewer In the housing that you've got at the minute have you had to have had anything done to them? Any adaptations?
- Respondent 1 Before Christmas I had two steps at the back door and after that I had a rail so that's been a great help.
- Interviewer Did the council help with that?
- Respondent 1 Yes, it was the occupational therapist who I was under at the time was pretty good and she arranged for me to have some grab rails in the bath.
- Respondent 2 I've had all sorts done but my husband had cancer and we had them done for him and we paid for everything, I didn't know you could get them any other way.
- Respondent 1 Yes, when I tell people what I've had done they'll say 'how did you get that done?'

Another respondent underlined the important role that key professionals can play facilitating access to adaptations, support and assistance staying put. Before a stay in hospital this respondent reported getting no help or assistance and having to buy a bed for down stairs because she was unable to climb the stairs to bed. After being in hospital for a broken hip, social services were reported to have been "brilliant", installing various adaptations to make life easier around her home. This example illustrates the obvious risk that lack of information, advice and assistance can expose people to, placing clinical demands on the health service and increasing the number of housing pathways driven by crisis. Age UK argue that the speed and efficiency with which adaptations are provided can make the difference between older people staying in the comfort and security of their own homes or being forced into residential care. However, adaptations are often only considered in a crisis situation that is impacting on mobility and independence. The House of Lords Select Committee on Public Service and Demographic Change (2013) championed investment in fast, cost effective and universally available adaptation services, but funding for adaptations has seen cutback across England in recent years.<sup>21</sup>

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<sup>21</sup> <http://www.parliament.uk/business/committees/committees-a-z/lords-select/public-services-committee/report-ready-for-ageing/>

## 5.7. Conclusion

The housing experiences and preferences expressed by older people in Doncaster are largely consistent with the national evidence base relating to the housing preferences of older people:

- focus group participants expressed a clear preference for living independently in their own home. Many people related independent living with residing in mainstream, general needs housing. Older people who were owner-occupiers expressed a preference to remain home owners.
- older people recognised the benefits of making a planned move to more suitable housing in later life but pointed to various barriers limiting such a move, including attachment to their current home, a lack of more suitable options within the local area (specialist or general needs), the practical challenges of moving and a lack of knowledge or awareness about possible alternatives.
- staying put can require help and assistance with repairs, adaptations and home improvements. Some focus group participants reported problems getting the housing support and assistance they required. A key issue was a lack of knowledge and awareness about what help is available and how it might be accessed.
- few older people in Doncaster live in specialist housing, but focus group participants expressed an interest moving into specialist accommodation 'when the time was right'. Extra care housing proved very popular amongst people familiar with provision within the Borough or already living within an extra care development. Some respondents were unfamiliar with extra care housing and the current offer within the Borough but were interested in the option once they understood the offer. In particular, people were drawn to the combination of independence and support.
- older people in Doncaster appear uncertain and unclear about their housing options and the support available to help them stay put or move to more suitable accommodation. There was little awareness amongst respondents about where they might seek assistance, unless they were in contact with a key professional (for example, occupation therapist or social worker) who could refer or signpost them to relevant support. Social tenants reported being able to approach their landlord for such advice and guidance.

# Conclusion

## 6.1. Introduction

This chapter draws together the key findings and associated implications, questions and challenges for policy and practice in addressing the housing options of older people in Doncaster. Specific responses to these key points are provided in the strategic plan developed in response to these findings.

## 6.2. Key Findings

- There are some 88,000 older people in Doncaster – 29 per cent of the total population of the Borough.
- The older population of Doncaster is predicted to grow by 16 per cent to 102,100 by 2020. During this period there is expected to be a 43 per cent increase in the population of people aged 75 years and older
- Almost one in four (23 per cent) of people aged 50 years or older have a long-term health problem or disability that limits day-to-day activity ‘a lot’.
- 3,738 people aged 65 years and older in Doncaster have dementia. This number is expected to increase by 17 per cent by 2020.
- The vast majority (97 per cent) of older people in Doncaster are White British or Irish.
- The vast majority of older people in Doncaster (over 80 per cent) live in general needs housing and three-quarters of all older people (76 per cent) are owner occupiers.
- Older people have a diverse range of needs, but available local and national evidence suggests that most older people want to live independently.
- National evidence reveals that most older people move when faced with a personal crisis but that moves prompted by a crisis tend to result in less satisfactory outcomes than moves that have been planned.

- Demand outstrips supply for most forms of specialist housing in Doncaster. There is currently an estimated shortfall of some 3,700 specialist housing units across the Borough. This shortfall is likely to increase as the population of older people grows, placing further demand on services supporting people to live independently.
- Service providers across Doncaster are committed to meeting the housing needs of the growing population of older people, working to prevent premature pathways into residential care and supporting older people to live independently. However, whilst attention has focused on the (undoubtedly important) issues of specialist housing provision for older people and reablement support upon leaving hospital, the fact is that the vast majority of older people will continue to live independently in general needs housing and the majority of these people will continue to be owner occupiers.

### 6.3. Implications

This research was designed to support development of a housing options strategy for older people that would inform Doncaster's refreshed housing strategy and future commissioning activities and opportunities. The ambition was to ensure that the development of the strategic plan was underpinned by a robust evidence base regarding the profile of housing options for older people in Doncaster aged 55 years and over, and current and future housing preferences and needs of older people in the Borough.

The findings presented in this report spotlight five key areas of activity demanding the attention of any strategic plan developed to promote the housing options of older people:

1. **Effective advice on housing options, care and support so that people can plan ahead and make informed choices.** Information and advice promotes informed choices and planned moves and supports independent living in later life. Information and advice for older people, their families and carers helps older people to make informed decisions about their housing options and support needs, including whether to stay put or move to more suitable accommodation. Key ambitions should include:
  - older people and staff of key service providers are well informed about housing options (including support and care) in the Borough.
  - older people (in all housing tenures) and service providers know where to go for help, advice and support with housing and related issues.
  - pathways into 'premature' residential care are curtailed through advice and support to promote planned moves within general needs and to specialist housing.
2. **Housing assistance (including help and support with repairs, maintenance and adaptations) to deliver independent living through 'staying put'.** These services target the vast majority of older people living independently in general

needs housing help to ensure that older people are living in safe, appropriate housing that promotes health and well-being. The focus is on ensuring that housing is fit for purpose and that it is easier and safer for older people to stay in their own home and live independently as long as possible. Key ambitions should include ensuring that:

- older people in Doncaster (in all tenures) are living in safe, decent, healthy housing.
- older people can easily access information, advice, help and support with repairs, maintenance and adaptations.
- housing renewal and energy efficiency measures promote health and well-being.
- older people are supported to make planned moves to more suitable housing.
- the housing support needs of older people who develop dementia are being met.

**3. New housing provision to extend choice and opportunity for older people and support independent living for the older people of today and tomorrow.**

Currently, not enough new housing is flexible and adaptable enough to provide a suitable living environment for people as their needs change in later life and to promote independent living. Rising to this challenge will involve building to lifetime homes standards, developing a mix of dwelling types (including smaller properties) and creating age-friendly neighbourhoods. Key ambitions include:

- providing age friendly, general needs housing.
- creating a strategic, planning, funding and regulatory environment that promotes sensitivity to the needs of older people.
- Plan for age friendly communities within regeneration areas and through Local Development Frameworks.

**4. Delivering independence through the provision of health and social care for older people living in the full range of different housing situations.**

Collaboration and joint-working between housing, health and social care is essential to effectively meet the needs of older people. This includes promoting independent living, improving well-being and reducing the chance of hospital admission. Key ambitions should include ensuring that:

- the increasing number of older people living independently can access the support and care they need.
- older people are only moving into residential care when it is the preferred, appropriate option.
- there is a shared strategic commitment across health, social care and housing to support older people to live independently, including clear responsibilities and agreed outcomes.



- housing is playing a central role in the development of more personalised and preventative services for older people.
- housing, health and social care are working creatively to maximise the impact of available funding.

**5. Improving lives through the provision of specialist housing for people across the Borough for sale and for rent.** Specialist housing is designed to assist older people with their housing and support needs in later life. The majority of older people choose to stay put, but many decide to move somewhere more accessible with some level of care or support. A move into specialist housing can improve quality of life and delay or reduce the need for social care, and is an important element of the housing offer for older people. Key ambitions should include ensuring:

- there is a strategic environment within Doncaster that advances the provision of specialist housing for older people.
- there is increased choice in specialist housing for older people, including options to rent and own.
- more older people are making planned moves to more suitable housing.
- there is access to specialist housing for different population groups.

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*The housing options of older people in Doncaster*

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