The National Service Framework for Older People:
... a GP Perspective — Andrew Mowat
... 'The promotion of health and active life' — Gillian Granville

Politics, Policy-making and Long-term Care: the 'art of the possible' — Andrew Eccles

Ethics Committees—Help or Hindrance? — Anthea Tinker

Care Homes in Crisis? — Jess Barrow

Real Choice in Later Life Living Arrangements — Keith Sumner

Direct Payments and Older People — Janet Leece

BSG CONFERENCE AT STIRLING — Angela Kydd

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• Research in Progress
• Book Reviews
• Network of Gerontology Students
• BSG News
• FREE RADICALS
POLICY AND PRACTICE

Real Choice In Later Life
Living Arrangements: Radical Solutions to make this a reality

Keith Sumner

‘Choice for older people and an acknowledgement of the diverse nature of their wishes and needs must be at the forefront of current and future government planning and provision for accommodation and support. The Centre for Policy on Ageing has set out to challenge current thinking in this area and to influence decision-making processes to ensure that these issues are taken up. Diversity of provision and the involvement of older people at the heart of decision-making about their future living arrangements are key’.

Dr Gillian Dalley, Director
The Centre for Policy on Ageing
(2001)

Introduction

This quotation is taken from a recent press release linked to the start of a major seminar series being undertaken by the Centre for Policy on Ageing (CPA) centred around these issues. It encapsulates the main themes of this paper: genuine choice for older people as they make decisions about their present or future living arrangements and their care support needs; involvement, with respect to having an influence in the nature of that provision at an individual level and a voice in issues around quality and flexibility at a more strategic level.

At this time of unprecedented change in both the health and social care sectors, we have reached a pivotal point in the position of many of the forms of accommodation and care that have traditionally been available to older people, such as sheltered housing and residential homes. At the same time we are seeing fundamental changes in the make-up, attitudes and living patterns within the older population. A willingness to take on new ideas to address these ‘social facts’ is essential if policy solutions are to be found to make these aspirations a reality.

Context

It is now widely known that for the next 20-30 years the demographic characteristics of the population will continue to undergo rapid and increasing change. The age profile is seeing a major growth in those aged 65+ (a rise in the region of 60% between 1995 and 2031); this is even more marked amongst the 85+ group in which there will be an 80% rise over the same period. There will be an additional 1.2 million people of retirement age by 2011 compared with 1998 figures, rising to an additional 1.5 million by 2021.

We are also seeing changes in the patterns of the socio-economic position of older people. Average incomes continue to rise and future cohorts of the 65+ age group will be better off than comparator groups at present. However, we also have rising inequality, and the gap between the well off and the poor within this group is expanding. This diversity of financial means is an important factor when discussing choice and housing markets in terms of accessibility in addition to availability.

Major changes in patterns of household tenure and composition are taking place. There are increasing numbers of older owner-occupiers (likely to reach 75% of those aged 65+ by 2010). The role of Home Improvement Agencies will become increasingly important in assisting owners to maintain these properties and to remain living there. The availability of flexible and appropriate equity release products is also of significance here.

Within the overall increase in the number of older people, there is a growth in the number of single person households (currently around 15% for those at retirement age, set to rise to 20% by 2021). By far the largest group are women, around twice the number of men living alone in each age cohort. This ratio increases further with age (85+:men 43%, women 72%). When focussing on sheltered housing alone this is even more marked; with 75% of residents living alone, gender imbalances persist.

Around 5% of those aged 65+ live in sheltered housing. The growth in public sector rented housing has declined, as have the numbers of older people choosing this type of accommodation. The 1990s saw significant growth in the independent sector. Privately owned or rented sheltered housing now accounts for around 13% of properties. There is currently a growth in the provision of ‘very sheltered’ or ‘extra-care’ housing, which accounts for around 3.5% of all sheltered accommodation. At the same time, there is a continuing and increasing difficulty in letting many of the older, smaller one bedroom or bed-sit type of sheltered properties. This factor, indicative of older people’s changing and rising expectations, is supported by the findings of a number of recent studies. The aspirations of older people are continuing to move towards those held by the rest of the population. Older people are consequently more likely to refuse offers of such accommodation than in the past.

Residential care also provides accommodation for around 5% of the population of those aged 65+. This sector has changed greatly over the last twenty
years, with a major shift from a public sector domination of provision up to the early 1980s, to around 78% of provision now being located in the independent and voluntary sectors. Though local authorities are still the major purchasers of residential care places, a significant proportion of this population continues to elect to move to this form of provision and fund themselves (around 28%). Those qualifying for Preserved Rights account for around 22%; funding for this group will also become a local authority responsibility during 2002.

With increased regulation and scrutiny from the mid-1980s onwards, quality standards have risen, albeit from a low base and inconsistently. The forms that residential provision now take are quite diverse in terms of size, care regimes, communities of interest, etc. Recent years have seen transformations in the mix of providers in terms of locally run independent homes (often as family businesses) and large regional or national businesses moving into this sector, though this 1990s trend has slowed down.

Pickard et al (2000) predict an increase of 45% in the numbers of 'dependent' older people living alone by 2031 compared with 1996 numbers, i.e. those requiring help with domestic or personal care tasks as defined in the General Household Survey 1994/95. Computer simulation is used to identify a predicted 88% growth in the number of older people aged 85+ likely to need long-term care during the same period. There will be inevitable implications for the planning of both housing and care services.

Policy Framework

Policy and Practice

It is widely accepted that 'staying put' and traditional conceptions of 'family-based' models of care are the most desirable options for all older people. As already stated, for the last twenty years government policy formulation has been driven by this belief arguing that this option reflects people's wants and should take priority. Recent support for this is demonstrated by three key developments:

- Additional funding in 2000 for Intermediate Care schemes enabled another significant step down this path.

The largely negative associations which research has equated with the consequences of communal forms of living adopted by most residential and nursing care homes has become more muted; ambivalence on the part of government, wider society and the majority of the research community has emerged. There is a tension between the rejection of 'institutional' forms of care and a tacit acceptance that they continue to fulfil a role not addressed by alternative models of provision.

The recent publication of the housing strategy for older people, Quality and Choice for Older Peoples Housing: a strategic framework, continues to drive the 'staying put' agenda forward. Despite stating that choice and diversity of provision are required if older people's needs are to be met, that the present situation falls well short of this and that practice acceptable in the past is no longer so, it fails to go on and explore the policy implications of this position. The strategy also reveals ambivalence towards 'extra-care' housing, asserting that it is not a panacea, and questioning the wisdom of combining accommodation and care in a built form.

A positive role for residential forms of care as part of this spectrum has been almost entirely neglected, though a public and private sector role in terms of accommodation with care and support for those with specialist care needs such as dementia, is briefly acknowledged. This position is at odds with sections of the document that stress the need to adopt a whole systems approach within a Best Value framework, and fails to address this very specialised part of the spectrum.

The strategy's focus stays firmly upon mainstream housing provision and raising standards. Its emphasis is on enhancing the potential for 'staying put' through:

- Architectural design,
- Secure funding for Home Improvement Agencies,
- Disabled Facility Grants,
- Promoting equity release mechanisms.

It reiterates the commitment to a move away from 'institutional forms of care', emphasising independence achieved through being part of the community. This is both welcome and necessary, but it only addresses part of the current situation for older people.

There is some evidence that whilst the majority of older people clearly wish to remain in their present home or similar mainstream independent housing for as long as possible, others prefer to live in some form of alternative setting or smaller property which would be more manageable. This includes a range of forms of communal living such as private sheltered housing, co-housing and residential care. Provision may take the form of communities of interest such as homes for former teachers, nurses or members of the armed services in addition to religion based communities at one end of the scale or continued growth of entire retirement communities (such as Hartridge Oaks in Yorkshire or Bradley village in Staffordshire) at the other. A significant proportion of older people has long chosen and continues actively to choose and fund these options for themselves. If real and positive choice to accommodate the diversity in the wishes of older people is to be made available then the range of types of accommodation will need to become more varied. We should provide for the fact that significant numbers of people may opt for specialist provision of some kind, albeit that they will constitute a minority of older people.

Discussion

It is clear from population growth, changes in patterns of living arrangements such as the growth of solo living and the rising expectations of the ageing post-war 'baby-boomers' that many traditional forms of sheltered housing and residential care are increasingly unacceptable in their present form. This is mirrored by the inadequate robustness of support services to enable those who wish to remain in their existing 'mainstream' accommodation such as domiciliary care services and home improvement agencies (partially addressed in the recent housing green paper) in which issues of staff recruitment and retention and adequate long-term funding are key.

Crucial to the acceptability of various options is the task of ensuring that the values of independence and autonomy can be realised whatever the setting. Though this poses a particular challenge for residential forms of care it is not beyond the bounds of possibility. Beyond this we need to learn from our European neighbours about living options developing on the fringes of traditional forms of housing. Co-Housing models are a particularly interesting development in communal cooperative ventures. However, an exploration of realising some of these options rapidly brings would-be developers into conflict with local authority housing and planning rules, not least issues of tenancy and nomination rights.
and equal opportunities policies around access. The whole arena of communal forms of living is one that suffers from neglect as it is widely perceived as outside the boundaries of prevailing concepts offering the individual the opportunity to maintain their independence, seen as untenable within ‘institutional’ settings.

Architectural innovation has a good deal to offer in terms of the mainstreaming of adaptable housing that can be repeatedly remodelled within a flexible shell to meet the needs of its residents as disability or increasing frailty demands. Though I would argue that the elimination of specialist housing altogether is neither possible nor desirable.

These areas need to be addressed if we are to extend choice from its present limitations for any but those who are able to buy their way out of this situation. With current estimates of around 25% of older people living in poverty (based on falling within the scope of Minimum Income Guarantee limits) and the inequality of access to long-term care inherent in present local funding and charging systems, those dependent on state help, often the most vulnerable, are doubly disadvantaged.

The second theme running through this paper is participation and the empowerment to influence one’s own future and the nature of housing and care provision for older people locally and nationally. The proliferation of legislation from the late 1980s onwards, the implementation of the NHS and Community Care Act (1990) and the range of initiatives since the election of a labour government in 1997 (Health Improvement Programmes, Joint Investment Plans, Better Government For Older People and National Service Frameworks) all emphasise full involvement in decision making around care options at an individual level and strategic involvement in local service development through older people’s representation on inter-agency service planning fora. So the mechanisms to facilitate this influence are in place. But what is increasingly clear is that the effectiveness of this representation of older people’s views and how that has translated into real change in local strategic planning is questionable across the health and social care spectrum, and even more so within housing services planning.

However, it is not enough to ensure that this emerging potential is realised. Older people’s resources to exert such influence needs to be in harness with architects, designers and planners at all stages to enable boundaries to be pushed to their limits. Without such action on this range of fronts it will not be possible to claim real progress towards addressing the needs of the diverse wishes of older people today and in the coming decades.

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References