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# Better Homes

*Older people's needs and aspirations*



**Activmobs CIC**

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## **Introduction**

In September 2010 Activmobs CIC and its partner SILK were commissioned by Kent County Council to gather insights from Kent residents on older people's needs and aspirations regarding older peoples housing and services. A multi agency Steering Group was established and developed the key questions that needed exploring.

The insights detailed in this report formed part of the evidence discussed at the Ideas Workshop held in March 2011. The ideas from the March workshop have been documented in a final report which will be available to inform the debate for the next iteration of the Forum Housing Strategy and other local strategic documents. A Task and Finish Group has been established to take the recommendations and ideas forward.

## Methodology

50 people participated in a range of events to gather views and insights. Between December 2010 and January 2011, 3 Focus Groups were held in Maidstone, Ashford and Sevenoaks and 2 smaller “round table” discussions were held in Chatham and Herne Bay. A number of venues were used including sheltered housing schemes and a private retirement development.

It was important to invite and involve a range of people from across Kent and Medway. The table below shows the breakdown by age and current housing tenure for those attending Focus Groups and round table discussions.

Age	Own home	Private Rental	Social Housing	Total by age
Under 30		2	1	3
31 – 40	1		2	3
41 – 50	6	1	1	8
51 – 60	4	1	1	6
61 – 70	2		7	9
71 – 75	5		3	8
Over 75	4		9	13
<b>Totals</b>	<b>22</b>	<b>4</b>	<b>24</b>	<b>50</b>

Two further “coffee” mornings were held at two specialist residential homes – in Sittingbourne and Chatham. A total of 13 people participated from the two homes. Attendees included residents, families and a small number of staff.

### Focus groups

For the two Focus Groups held in Sevenoaks and Ashford local social housing providers publicised the event to tenants and others in the area. Two sheltered housing schemes were

used as the venue. For the Focus Group in Maidstone, a number of third party organisations were approached including Age Concern, Voluntary Action Maidstone and the local social housing provider to promote the event which was held in a community venue in the centre of town.

Participants were provided with refreshments including a light lunch and a small thank you voucher for their time.

The facilitated Focus Group discussions were based around a timeline exercise, looking at milestone ages between 50 and 75. A range of 'life events' were introduced at certain ages (e.g. getting divorced or becoming ill) to start people thinking about what could happen and how this might affect their housing choices. Information on housing options and a number of prompt cards at each table assisted with the discussion.

### **“Round table” discussions**

Following on from the Focus Groups, the Team held smaller discussions with “home owners” as it was felt that this group had not been fully represented at the Focus Groups. The format of these discussions were less structured but sought to capture thoughts and views from a home owner’s perspective. Two discussions took place; one in Chatham with representatives from the Medway Older Peoples Partnership and the second in a private retirement village.

### **Specialist residential homes**

Researchers were invited to visit two dementia specialist residential homes in Kent and Medway. Informal coffee mornings were arranged in the lounge areas and residents and families were asked to attend. A small number of staff also joined in the discussions.

The format was informal and researchers began by asking participants why they had moved to each of the homes, to understand the triggers and choices and the process of moving. Discussion moved to sharing insights on their current views on the homes and how these met their expectations and aspirations.

## Clustering of insights

At the end of the insight gathering events and activity, the Team plus a member of the project's Steering Group, met to "cluster" the findings. The data was clustered around the five research questions agreed by the Steering Group.

## Questionnaires

Attendees at the Focus Groups completed a short anonymous questionnaire. In total 45 questionnaires were returned and the results can be seen later in this report.

## Key Messages

- Those living in sheltered schemes feel isolated as if they are "living in a bubble". They have little contact with the community outside of the scheme and there is little sense of community within the scheme.
- Designing good "systems" that provide reliable and caring support (that work) were seen as important as the actual building and accommodation.
- Within a specialist residential setting, where residents rely totally on staff, the training and approach of staff is critical. Smaller homes (up to 30 residents) appeared to provide a "happier" environment than larger ones. Staffs have time to spend chatting with residents and families. People are more familiar with both their surroundings and staff.
- Leadership within a residential setting is critical to setting the atmosphere for the home.
- There are emotional barriers to moving which affect whether a person will consider moving.
- There were strong views on under-occupancy. People should be made to move without incentives. It is felt there is already a lot of support available for under-occupiers. However there is a lack of information and support to help people make decisions.

## **People wanted information they could trust and were unsure where to start looking.**

- There is a lack of understanding around the different terms that are used to describe types of accommodation.
- Residential homes/nursing homes were not mentioned by participants at the Focus Groups. This appeared to be because this type of accommodation was seen as a “last resort” rather than something they would choose.
- There was a good understanding of the services that may be available and also the costs involved. People were willing to pay however they were unsure where they could get trusted and good value services from.
- Two bedrooms are considered a must.
- Affordability was a worrying point. People knew what was available but were unsure or didn't feel they could afford it.
- Information and where to get it from was a key issue especially for home owners. People wanted information they could trust and were unsure where to start looking. Friends were considered the main source of reliable information. GPs and Wardens were also trusted.
- There was a fear of equity release; people are very suspicious of it.

## **Two bedrooms are considered a must.**

## Findings

Text in *italics* includes quotes from attendees either noted during a discussion or written on completed questionnaires.

### Provision and availability of information

Within each of the Focus Groups and “round table” discussions, there was plenty of debate regarding information for people in seeking and understanding their housing and support services options. It became clear that for the majority of participants, “face to face” engagement with a trusted and knowledgeable individual was best. Suggestions included GPs, voluntary sector and housing officers (for social housing). There was general concern as to how the recently publicised changes in the NHS and PCT could impact on local GPs and practices being able to provide this kind of support on a personal level or at least be in a position to signpost locally (to community group or website).

### ***“You don’t know what you don’t know – so you don’t know what to ask for!”***

Some concern was raised with current information sources including council front line offices where one attendee spoke of his frustration – *“You don’t know what you don’t know – so you don’t know what to ask for!”* Similarly some people found that “trusted” people such as housing officers were not always well enough equipped with the knowledge and information required or what the client expected.

Whilst social housing providers offer telephone support for tenants on housing and support matters, home owners felt that there was very little support and information available for them if and when they wanted to consider their options.

People across the Focus Groups felt in the future there could be a situation of *“haves and have nots – with real choices being available to those with money”*. They therefore felt that

face to face support and information on options was critical to assisting them to make the right choices, retain independence that they could afford.

Language came up again and again. In particular terminology used for housing choices and what each provide and different sets of eligibility for both housing and support services such as Home choice register. The system was seen as a “*nightmare to get through*”. Language used for different types of accommodation was also seen as confusing, for example Extra Care and Flexi Care were not understood. There was also seen to be a difference in standards for both accommodation and services offered which depended on the type of accommodation and the location.

A number of alternative ways of obtaining information were suggested as possibilities for the future. This included establishing a Free Phone Number such as the one for NHS Direct, TV (very keen to explore) and local opportunities for groups to get together to discuss pathways and options. For younger attendees (up to 51-60) the internet would be helpful.

Attendees were also very clear about the kind of information they would need especially when they were considering a range of housing options. In particular they would like information on housing availability in their locality, local services (shops and transport) and facilities (groups), support services and managing finances.

Younger attendees (up to 60) wanted signposting to support and services that they could then follow up on.

## **Views on the range of housing options**

Throughout the insight gathering we explored people’s views on different housing options. Everyone confirmed that ideally they would like to remain in their own home (be it owner occupier, rented or social tenant). Some of the reasons behind this are detailed below under Barriers.

### **Systems in accommodation (for older people)**

A key point made by many regarding all housing choices was the importance of what they referred to as the “systems” within any housing specifically for older people. “A building doesn’t make people happy – you need to put the heart into it”. In particular when talking about purpose build accommodation for older people (private and public) people felt that the systems within the building were more important than the actual building. “you can build a new building but if it still has old systems there won’t be a community”

Specifically they referred to the role of the “warden” or other staff working in the accommodation. Staff should play a key role in encouraging residents to participate in activities and generally join in and meet people. Ideally this should be a short term activity until a handful of residents can take this role on.

Other examples included the need for service providers to apply common sense to the way they worked. One example sighted was an older lady who had recently come out of hospital, isolated and very deaf. Service providers phoned her to see how she was getting on but even though the conversations were poor (due to deafness) did not consider visiting the lady in her home instead.

Another assumption attendees were concerned about was that all people want to remain in their own homes, “they do but they do not want to stay in their own homes if they can’t look after it”

Examples of systems in both specialist residential and sheltered accommodation included flexible approaches to meals, opportunities to take part in a range of simple activities (such as helping out with chores), time for staff to incorporate informal “chats” into daily tasks, retaining choice and time for staff to listen and involve residents and their families.

Employing high quality staff is seen as a vital element in ensuring people’s physical, emotional and social needs are met. Participants (and their families) in specialist housing for

older people (sheltered and residential) felt very strongly about the importance of strong leadership and a team who could create and foster a homely environment. In the case of specialist residential facilities this was seen as more important than the actual physical building.

In the case of the two specialist residential establishments, there was a significant difference in customer (and family) satisfaction that they put down to the skills, training and approach of staff in the homes.

### **Residential Care**

Not raised or discussed at all by any participant within the Focus Groups. Two dementia specialist residential homes were visited by researchers. Some residents spoken to felt that a residential setting with the right “systems” and support in place was the best place and had high praise for the staff and care. With the right leadership and staffing, residents felt they could retain independence and choice.

### **Sheltered Housing**

Sheltered housing was seen as negative by people who did not live in one or did not know of anyone within such an establishment. There was little knowledge of what they offer and they were seen by some as a “last resort when the time came or they became homeless”.

For those living in Sheltered Housing there were in general positive views on their accommodation.

However some concerns were raised by some based on their own experiences. For example concerns about people moving in when “fit” and feeling “really old and embarrassed with the design of the accommodation (i.e. pull cords)”. Other concerns were raised regarding systems within sheltered housing schemes which did not work and were considered old and not meeting people’s needs.

Speaking to people living in Sheltered Housing, concern was raised by many about feeling like they lived in a “bubble” with no communication with the outside world. Schemes were said to be seen as places that people “living on the outside” could not pop into unless they had a specific appointment or purpose.

Some residents also felt isolated and lonely within the accommodation even with community spaces built in. They felt very strongly that the assumption that building a community lounge people will automatically get together was wrong. They urged planners and developers to be more creative in considering how a Sheltered Scheme could be part of a community. “At the moment contact with the “other side” is through the housing people and warden. It can be very lonely”.

Ideas on important design features for new Sheltered Housing schemes included accommodation with a minimum of 2 bedrooms, a small garden, some communal facilities and their own front door.

Finally, people would like sheltered accommodation that could “grow” with their needs for the future rather than offering all adaptations from day one. (I.e. pull cord, handrails)

### **Retirement Village**

People not living in a retirement village had limited knowledge and understanding of what the accommodation would be like. There was a general perception that this accommodation would be very expensive although “lovely, but out of reach financially”. People assumed due to the word “village” that there would be shops, cafes, restaurants, gym etc all self contained.

Experience of some attendees living in a retirement village was positive but a few observations were made. When moving into the retirement village very few options on design of fixtures and fittings were offered – in fact the experience was no different from moving into any other new property. For example choices on heights of cupboards, flooring, units and appliances were not offered.

Furthermore new residents would have loved a “Welcome Pack” that could have provided information on local amenities, services and in general how to contact socially. This was seen as of particular help for people moving away from a different locality.

A retirement village was seen by some home owners as somewhere they would aspire to but they were very concerned about affordability and what options and support they could access to assist them. There was a perception (by home owners) that those currently in social housing had more support and information available to them and that there is very little for home owners. They feel that service providers and developers assume people have their family to assist. This is not always the case.

### **Extra Care**

People had very little knowledge and understanding about Extra Care housing. There was confusion as to who would be eligible to access this accommodation.

From the name people thought it was somewhere you would go when you really needed personal care and support and somewhere you could also retain your own independence but have the support when you required it.

The perception was that the accommodation would be self contained with people having their own front door but being able to access cafes, gyms and shops within the setting. Attendees (with little information) really liked the idea of Extra Care and saw it as a real alternative to Residential Care once they reached a point where they could no longer live in their own home.

### **Mobile Home Park**

For some this would be a preferred choice giving space and an individual plot with the potential to develop a community spirit on the Park. However experience of some raised concerns regarding the need for permanent tenancy as some people had bad experience of landlords.

***They feel that service providers and developers  
assume people have their family to assist...***



## **Barriers to planning future housing**

Barriers to thinking about housing as you get older was a topic discussed throughout the Focus Groups. Overall there was general consensus that people would prefer to stay living in their own home be it owned, rented or social housing. Furthermore comments made on the questionnaires revealed some more personal reasons and surprisingly some movement in thinking having participated in the Focus Group.

**Denial** is the main barrier to considering future housing and services – even when people may have developed a potentially progressive illness, individuals see maintaining independence as staying without support for as long as possible. People in their 50's and 60's are still working, leading busy lives and have families to care for.

Many have had experiences with their own parents which have led them to “keep going” with their own busy lives as long as possible. Regarding independence there appears to be a perception that this means staying in your own home without support rather than seeing support (and adaptations) being a way of remaining independent for longer.

In general most people attending in their 50's, 60's and 70's don't “feel old” and therefore don't see the need to think about what may go wrong in the future.

The questionnaires completed at the end of the Focus Groups revealed some observations that suggested that they wished they had considered their options earlier. “Had I had this conversation and heard views in my 60's I would have through about my housing options then – it is too late now” (home owner 71-75)

**Reacting** was a common theme amongst attendees. Rather than a desire to plan – some examples included having to move due to being homeless, lack of money, loss of a partner, illness and forced to move to Sheltered by the council.

**Language** /information and the perceptions of different terms are a real barrier. In particular language used for housing choices, complicated eligibility criteria and benefit system.

**Emotional attachment** to your home and possessions can become a barrier to considering new accommodation. People talking about not only tangible things such as the building, garden, possessions but also memories of their life in their own home and other things they would not be able to take with them. This was particularly felt by those who had lost a partner.

**Money**, especially for home owners is a huge worry. People were generally aware of what things may cost as they became infirm and they accepted that they would have to pay for them but there was tremendous anxiety about how they would manage financially.

Whilst they may consider downsizing to a more suitable home, they saw great difficulties in looking at the options and the thought of selling and buying a new home was seen as difficult. *“It is almost too difficult to contemplate as you get older and frail”*. People felt they would have been better off not owning a home.

**Pride** in your home is a barrier to people (home owners) thinking about moving, especially if they have lived there for some time and made improvements.

**Fear** about managing, money and very importantly who to trust in considering options. This is particularly important for home owners.

## **Support and Services**

In general there was a very good understanding of the types of services people would require as they became older and infirm. Examples quoted included; personal care, handyman service, shopping, cooking and meals and gardening. There was also a good understanding of what the charges would be for these services.

In terms of actual services available, people felt that there was a good range of services and support to “fix things” but very little to help with what they believe is a very common issue, **depression and loneliness**. They felt this should be given a higher priority as it was at the heart of ensuring people remained independent and as a consequence less of a burden on services. For some people, who have lost their partners, loneliness is the biggest barrier to making decisions and moving forward. The role and importance of being able to access trustworthy “live in support” (almost like a housekeeper /companion) was suggested as a service for the future.

There was a realistic assumption that they would have to pay for their own services when they required them and whilst there were positive comments on Personalised Budgets, people recognised that fewer and fewer people would be entitled to these in the future. As mentioned before there is a real worry (especially amongst home owners) that they may not be able to afford what they might need. *“If you can’t afford it you will simply go without”*

Different generations had different expectations. Older people today do not expect services to be provided free of charge. There was a view held by many that *“other people”* in their 50’s and younger potentially will have expectations for support to be available to them if they have relied on benefits throughout their lives.

Younger working attendees (30’s) recognised that even though they are paying into the health system now they will still have to pay for services in the future possibly through an additional tax.

Many voiced a concern about finding trustworthy service providers both now and in the future especially when they might feel more vulnerable.

On a more positive note there was some encouraging discussion on the importance of developing and keeping social networks who can support each other in the future as an alternative to paying cash. People felt that there was a need to adopt a behavioural change

to encourage people to take more responsibility for their care rather than rely on Social Services and other service providers.

**When considering services for the future note should be taken of the comments made earlier in this report regarding “systems” which discussed the perceived “failings” of some current systems and the importance of designing future services and support mechanisms that fit with what people want and would purchase. The inference being that too much thought is given to the actual building of accommodation and where more creativity and pragmatism should be applied to design and delivery of services.**

### **Under occupancy**

There were some very strong views supporting the need to persuade people to move to smaller homes. Furthermore, attendees felt that there are already enough incentives for people to move and that people in council housing should be “made” to move to smaller accommodation. (It was suggested that support in packing and moving was available to those in social housing)

Attendees suggested that incentives should not just be about physically moving but also to incentivise people to take up services, support and adaptations that maintain their independence.

Equity release schemes were raised with home owners and views were taken. In general there was a great deal of concern regarding the range and “honesty” of available schemes. Only one lady who had taken advantage of such a scheme had a positive view. In the case of this individual, who had no family it has enabled her to remain in her own home and have some cash to pay for services she requires.

However there are points to consider, people have emotional attachments to their homes to do with memories in particular of loved ones and family. People are also very attached to furniture and possessions and moving to a smaller property could be difficult.

As a way forward, attendees suggested that key to encouraging people to downsize was the provision of unbiased information on the clear pathways of the choices available and further personalised support to make the transition.

The process of moving is very stressful and ongoing support to assist with decision making is essential to encourage people to have the **confidence to move**. Authorities need to be aware that moving is a very personal decision and should always consider the individuals needs (not just physical) but emotionally such as offering accommodation close to social networks. ) Moving to more “suitable” accommodation may generate different problems if that person becomes isolated in the new home.

## **Aspirations on design**

The aspirations on accommodation were unanimous – 2 bedrooms on a single floor.

Attendees aspired to accommodation that had some element of individuality in its design and a front door. Middle age and older people felt very strongly about having their own space and a door they could close. Younger people (30's) favoured more communal space both indoors and outdoors. Interestingly, the older people on the tables suggested that they would feel *“differently when they were their age”*

Attendees feared the idea of moving into accommodation that advertised outside words such as “older people’s housing” or “retirement housing” this made them feel old.

In terms of a community space, careful thought needs to go into what this space should be for. Attendees felt that just building a communal lounge would not lead to people meeting up. They want to be involved in the design of any communal space both indoors and outdoors and suggested that a space with a purpose had more potential. For example a laundry room, garden or vegetable plot.

Design within a specialist residential setting appears, from the people interviewed, to be less important than the “feel” and approach taken by the staff providing the care. Large, modern buildings pose real problems for staff to develop a homely atmosphere. Small complexes of around 25- 30 residents appear to work well. Residents want to get to know familiar places and staff and have the freedom to move around the building and grounds safely. Residents prefer communal areas to be used and left as permanent activity rooms (i.e. art, music, exercise) rather than “hotel” like communal spaces. In the case of the homes visited these areas were purpose built to offer choice and quiet spaces for people to use.

Any future housing developments should be what they called “clever housing” one that can be easily adapted (at low cost) as your needs require it. And not before! Finally, all accommodation should be low maintenance.

***“Wording such as ‘older people’s housing’ and ‘retirement housing’ makes us feel old”.***

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## Feedback from participants

Questionnaires were completed by 45 of the 50 participants. Detailed below are some of the responses to the questions asked:

### Question 1 - Has this activity changed the way you feel about planning your own housing future?

- *“Made me stop and think” (60 Sheltered)*
- *“Now at 75 I feel very differently to when I retired – I did no planning then” (sheltered)*
- *“My world is becoming more restricted due to health problems. Today has made me realise I need to try and maintain my circle of friends” (60 Sheltered)*
- *“I am very worried about the future and how we will be able to care for older people” (60 own home)*
- *“The world has changed so much and will change so much in the future – by the time I retire – I will look into it more then, I will need more money to have real choices” (31-40 Private)*

### Question 2 – When would you start planning your future housing, and what would you do first?

- *“Once my health gets worse” (65 Sheltered)*
- *“I would choose the area first then the accommodation” (60 sheltered)*
- *“I am hoping to retire early – this is when I will start planning my future” (55 own home)*
- *“I would look at the area first and type of community rather than the accommodation (40 own home)*

### Question 3 – Have your aspirations changed for future housing?

- *“Too late now for aspirations at 75” (sheltered)*
- *“No aspirations at all as I feel sorted in sheltered housing” (70 sheltered)*
- *“That I can actually afford what I need in the future” (35 own home)*
- *“My aspirations have changed, now I want to ensure that I will be able to access all areas of my home so that I can remain independent” (50 own home)*

- *“I still would like to keep my own home, in terms of moving for me the trigger would be once I felt isolated” (60 own home)*

**Question 4 – What information would you find helpful in making these choices in the future?**

- *“I would like to talk to people and not simply fill in forms” (70 sheltered)*
- *“I would like information not just on housing but more importantly on support and services available” (60 own home)*

**Question 5 – Is there a place for incentives for people to move in the future?**

- *“Yes, definitely, it will be crucial to incentivize in the future” (45 own home)*
- *“Yes, but suitable alternatives must be available – 2 bedrooms” (60 own home)*
- *“We need incentives not only to encourage people to downsize but also to increase independence” (60 own home)*
- *“We must address under occupancy – fixing up family homes – but I don’t know what the incentives should be” (50 own home)*

## Feedback from housing information providers

A short questionnaire was used to seek insights from those providing information to older people regarding housing and services. The key points are detailed below:

- Requests for different types of accommodation by over 50's highlight the fact that the majority are looking for bungalows (40% Swale and West Kent).
- People are requiring accommodation with adequate storage, space for car (space for scooters also on the increase).
- Location continues to be top driver for people accepting alternative accommodation.
- Calls from members of the public highlight the worry older people have about maintenance to their homes. As they get older they cannot do things, either physically or financially, as they used to. For many people this causes levels of stress and worry *"they often lay in bed worrying if raining or windy that their roof will leak."*
- People call to obtain lists of reputable organisations that can help with house work, decorating and obtaining new furniture and generally support in making changes such as moving home and practical assistance on moving day.
- Many calls relate to finding gardening services that are offered to those who cannot fund such a service. People worry about their gardens getting into a state of disrepair.
- There is a slight increase in people presenting as homeless (West Kent) who urgently need housing and services.

- There is a noted increase in the number of people selling their home and coming to live in Extra Care schemes.
- Other key information requested by callers includes advice on affordability especially on rents and service charges. People need advice and guidance on eligibility.

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