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## Housing options for older people in a reimagined housing system: a case study from England

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### ABSTRACT

The housing options of older people now extend far beyond the traditional choice between staying put and making do, or moving to specialist housing or residential care. A flexible suite of options has emerged, centred on promoting independence and well-being. Valuable insights have been provided into the development, delivery, costs and benefits of these options. Light has also been cast on the experiences and preferences of older people. However, little is known about who gets what housing, where and why. This reflects a tendency within analysis to consider these different housing options in isolation. This study responds by situating the housing options of older people within wider debates about the reimagining of the housing system driven by the neoliberal transformation in housing politics. Taking a case study approach, it explores the gap between the ambitions of policy and realities of provision at the local level, relates this to the particular intersection of state practices and market mechanisms manifest within the case study and, in doing so, rises to the challenge of extending analysis of the impacts of the neoliberal approach on the right to housing to new groups and different settings.

**KEYWORDS** Population ageing; older people; housing; neoliberal; England

### Introduction

Population ageing – involving a shift in population toward older ages – is an established global trend and is forecast to continue for several decades (United Nations, 2015). The increasing number of older people in society is prompting demand for an array of new and extended services. This includes housing options that extend beyond the traditional binary choice

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between either staying put or moving into specialist housing or residential care, and toward a more differentiated, diverse and user-centred suite of opportunities for housing, care and support (Szebs, 2009). More flexible regimes have increasingly come to the fore, in terms of the nature of provision, the level of aids and adaptations provided and the intensity of care (Stula, 2012). Central has been an emphasis on promoting independent living, through housing support to promote well-being and independence amongst people who choose to stay put, as well as options for people to maintain control of their housing situation by moving in older age to housing that is more appropriate by virtue of size, design, location or support (Abramsson & Andersson 2016; Hillcoat-Nalletamby & Ogg, 2014). These developments appear consistent with the stated preferences of older people and supportive of the ongoing shift in health and social care policy away from high-cost, reactive and bed-based care and toward the promotion of independent living and the provision of care that is preventive, proactive and based closer to people's homes (Oliver, Foot, & Humphries, 2014; Rechel et al., 2013).

A wealth of evidence has accumulated regarding this extended range of housing options for older people. Analysis rooted within the traditions of gerontology and housing studies has explored the views, opinions and experiences of older people regarding different forms of provision, measured costs and benefits against health and social care priorities and generated formative insights into the effective development and efficient delivery of different housing solutions. However, we still know relatively little about who gets what housing, where and why. This reflects a tendency toward segmentation within analysis of housing options for older people, with different options being evaluated in isolation, rather than recognised as components of a wider housing system. This paper sets out to address this lacuna. Focusing on the English context and employing a case study approach, it explores the intersection of market mechanisms and residual housing welfare services that inform the housing options of older people. In doing so, it recognises the complex interconnections between housing policy, markets and provision, and wider political and economic processes (Aalbers & Christophers, 2014; Smith & Easterlow, 2004).

Through this focus, this paper makes three notable contributions. First, it exposes the gap between the emerging consensus on promoting positive housing options for older people and the realities of provision. Second, it ventures beyond the narrow empiricism of much of the existing evidence base and situates analysis of housing options of older people within wider debates about the reimagining of the housing system being driven by the neoliberal transformation in housing politics. Housing has been a primary target for neoliberal reforms, reflecting both its status as a public good

demanding state involvement and a market commodity underpinning global financial markets (Blessing, 2016; Kadi & Ronald, 2014). Characterised by increasing commodification, deregulation, privatisation and financialisation, this reimagining has involved a reorientation of the role of the state, away from decommodification and redistribution and toward the role of commodifying agent actively incentivising the market to fill gaps in provision (Aalbers, 2015; Berry, 2014). This paper asserts the importance of challenging the ahistoricism of narrow empirical accounts and situating analysis of the housing options of older people within this wider context. Third, exploring housing options for older people in a post-industrial town in Northern England, it responds to the call for more work tracing the impacts of the neoliberal approach to housing on the right to housing for different groups in different contexts and at different times (Rolnik, 2013).

Discussion begins with a review of the framework guiding analysis, which is followed by an overview of the case study context and the methods employed. Attention then turns to consider the findings emerging from the case study, which are framed by attention to four dimensions of housing provision that have shaped recent discussion and debate regarding housing options for older people in England. A discussion section draws upon the insights provided to piece together a picture of housing options for older people in the case study and considers the reasons for an apparent imbalance between provision and need. The focus throughout is on housing, whilst recognising that health and social care services have a key role to play in promoting well-being and independence across all housing options. Housing is defined as self-contained accommodation that offers security of tenure through either tenancy rights or ownership; care and nursing homes are therefore beyond the remit of this study.

### **A framework for analysis**

This study employs four key fields or dimensions of provision identified as critical to the housing options of older people as a heuristic device to frame analysis. These four priorities have emerged from the growing interest in England in recent years about the relevance and appropriateness of housing options for older people. Inquiries into the challenges posed by population ageing have foregrounded housing issues (APPG, 2011; CLG Committee, 2018; Government Office for Science, 2016; House of Lords, 2013). Charities and campaign groups seeking to raise awareness of the situations faced by older people have called for targeted action to meet the housing needs of older people (Blood, 2013; Oldman, 2014; Oliver et al., 2014; Shelter, 2012). Government policy documents setting out proposals for legislation in the fields of health and housing have spotlighted older

people's housing as a strategic priority (DCLG, 2008, 2011, 2017; DoH, 2012; MHCLG, 2018). These discussions have been informed by a number of key messages distilled from the research evidence base. These include the fact that older people in England prefer to stay put or move to more appropriate general needs housing in mixed aged communities; improvements and adaptations have a key role to play in helping people to stay independent as long as possible; specialist housing is playing an important role meeting the needs of older people, but demand outstrips supply and the sector is only ever likely to accommodate a small minority of older people; and adequate housing is critical to meeting the health needs of older people and creating a health and care system focused on prevention, early diagnosis and intervention (Croucher, 2008; Croucher, Wilcox, & Holmans, 2009; Fendt-Newlin, Cornes, Manthorpe, & Moriarty, 2016; Hillcoat-Nalletamby & Ogg, 2014; Pannell, Aldridge, & Kenway, 2012; Pannell & Blood, 2012; Powell et al., 2017; Sixsmith et al., 2014).

From this debate an apparent consensus has emerged across policy, practice and research, focused on the importance of promoting independent living and framed by attention to four housing priorities. First, housing support and assistance services (repairs, maintenance and adaptations) are vital in helping to ensure that older people are living in safe, appropriate housing that promotes health and well-being. The focus here 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. Second, new housing should promote independent living by providing opportunities for older people to move to more appropriate accommodation as their needs change in later life. This might involve building to accessibility and liveability standards, developing a mix of dwelling types and creating age-friendly neighbourhoods. Third, specialist housing can assist older people with their housing and support needs in later life. A move into specialist housing can improve quality of life and delay or reduce the need for social care. Finally, information and advice for older people, their families and carers promotes informed choices and planned moves and supports independent living in later life. These four priorities were integrated into the national strategy for housing in an ageing society published by government (DCLG, 2008) and were central to the 'new deal' for older people's housing outlined in the government's housing strategy for England (DCLG, 2011; p. 48).

The dynamics of local provision and range of housing options for older people within the case study are explored through analysis within and across these four fields. In addition, analysis ventures beyond description to elucidate the processes shaping the particulars of provision across these four priorities. This endeavour is framed by attention to the dynamic processes of a housing system reimagined through neoliberal transformation.

Neoliberalism, in this context, is understood to be a diverse and shifting series of ideas that share a commitment to a number of key precepts, including individual choice, freedom and responsibility, and an emphasis on certain key mechanisms, in particular, the market logic (Harvey, 2005). A small state has often been portrayed as key to achieving these ‘freedoms’, but in reality neoliberalism has increasingly sought to harness the state to protect and enhance the operation of the ‘free market’ (Whitworth, 2016). Rather than shrinking, the role of the state has been reimagined (Davies, 2017). A ‘rolling back’ of traditional activities has been accompanied by the ‘rolling out’ of new forms of state practice (Dodson, 2006; Soss, Fording, & Schram, 2011).

In relation to housing, this has involved the weakening or dismantling of traditional state housing assistance programmes through processes of deregulation, privatisation and reduced spending (Kadi, 2011; Rolnik, 2013). Funding for the construction and maintenance of social housing has been cut, stock has been privatised through sales and transfers, and tenant protection has been weakened (Dodson, 2006; Hodgkinson, Watt, & Mooney, 2013). Meanwhile, governments have actively sought to grow, protect and advance the role of the market. Hence, public spending in England on housing remains significant – £28 billion in 2015/16 (NAO, 2017) – but whereas once intervention in the housing system might have been driven by political authority rooted in some notion of the ‘common good’ and focused on decommodification and redistribution, new forms of state activity focus on actively supporting market principles and promoting competition and growth (Davies, 2017; Kadi & Musterd, 2015). This study explores the iterations of these processes across four dimensions of provision deemed key to the housing options of older people.

### Case study overview and approach

The case study area is a local authority in the North of England, centred on a major town and surrounded by a rural hinterland of smaller towns and villages. The area has an industrial heritage dominated by manufacturing and coal mining, both of which have been in decline since the 1980s. According to the Census of Population, there were 88,352 people aged 55 years and over in the area (29% of the total population) in 2011, the definition of older people employed in this study. Population projections estimate that the number of people aged 55 years and over will grow to 102,100 and account for 33% of the total population by 2020. The vast majority (98%) of these people identified themselves as White British or Irish in the 2011 Census.

In 2011, more than 80% of older people lived in general needs accommodation; standard housing for single people and multi-person households, which includes accommodation owned outright and on a mortgage or rented from a (social or private) landlord. Three quarters (76%) were owner occupiers, 18% were social tenants and 6% rented from a private landlord. Specialist housing for older people in the area is dominated by age-designated and sheltered provision and the vast majority is available to rent from a social landlord (see below for further details). Long-term limiting illness and disability are relatively common amongst older people. Analysis of the Census of Population reveals that in 2011 32% of people aged 65 and over in the area had a long term health problem/disability which limited day-to-day activities 'a lot', compared to 25% of people aged 65 and over across England.

The research approach consisted of three key strands of activity. First, 35 face-to-face interviews were conducted with managers and front line workers to explore understandings of the local housing offer for older people and to identify challenges and priorities. Respondents were drawn from key public agencies, including Adult Social Care, the strategic housing team, public health, and the adaptations and repairs services; social landlords, including the arms length management organisation managing the council owned stock and housing associations; private sector developers; and voluntary organisations providing a range of services for older people. The interviews were semi-structured in nature and guided by a schedule that focused on local housing and care provision across the four key priority areas identified above and explored: strengths and weaknesses of policy, practice and provision; priorities for action; and barriers to delivery. Second, the population of older people and provision of relevant housing services were profiled through analysis of local and national secondary and administrative data sources. These included the 2011 Census of Population, which was supplemented by information drawn from publically available data sets, such as CORE data on new tenancies and Hospital Episodes Statistics, as well as data accessed via local social landlords and care providers and the local authority adult social care team. Third, insights from the national evidence base were sensitised to the local context via a series of focus groups with older people. Focus groups were guided by a series of open questions designed to prompt discussion of housing opportunities; aspirations and preferences; support for staying put and living independently; and information and advice about housing options. Seven focus groups and a small number of one-to-one conversations with people not able to take part in a focus group were conducted involving more than 70 respondents. Participants were recruited through specialist accommodation schemes (age designated, extra care and sheltered housing); health related



care and support groups; and more general resident groups and clubs. These were selected in an attempt to ensure the involvement of older people living in different housing situations (general needs and specialist housing in different tenures) in towns and villages across the council area. Face-to-face interviews with key stakeholders and focus groups with older people were digitally recorded, with the permission of participants, transcribed and subjected to thematic analysis.

## Findings

Case study findings are organised into four sections. Each focuses on a particular dimension of provision. The local situation is revealed and the particular intersection of policy and practice and market dynamics informing this condition is explored.

### *Housing support*

Housing support and assistance services help to ensure that older people are living in safe, appropriate housing that promotes health and well-being. Examples of housing support in this context include renewal, maintenance and repairs, and adaptation services. The focus is on ensuring that housing is fit for purpose and that older people are able to stay in their own home and live independently as long as possible.

Local authorities have traditionally been responsible for providing housing support services for older people in England, in the form of loans or grants, equipment and materials, or advice, guidance and information on repairs, improvements and adaptations. However, in recent years, there has been a rolling back of state involvement in the direct provision of local housing support services. A number of the national programmes that have traditionally been drawn on by local authorities to resource local provision have been subjected to major cuts, whilst others have been reoriented toward other priorities (see [Table 1](#)). It was not, therefore, surprising to uncover evidence of retrenchment within the case study.

Practitioners recognised the importance of general home improvements. Carrying out general repairs and upgrades was recognised as vital in allowing people to remain in their home, as well as improving health outcomes. Social landlords were reported to be delivering home improvements through the renewal, maintenance and adaptation of their stock. However, no support was reported to be available to help the 76% of older people who were owner occupiers to maintain and improve their property, following the reported decision of the Council to end its private sector renewal programme after central government withdrew funding from private sector



**Table 1.** Key national housing support programmes.

Funding source	Summary	Retreating
Supporting People	A programme launched in 2003 as a £1.8 billion ring fenced grant to local authorities that had to be spent funding services to help vulnerable people live independently	The level of the grant gradually reduced over subsequent years, despite increasing need linked to population ageing, and in 2009 the ring fence was removed allowing local authorities to spend their allocation however they deemed appropriate. The result has been a reduction of over 40% in spending on housing support (Jarrett, 2012).
Disabled Facilities Grant	A means-tested grant that helps home-owners and private tenants meet the costs of adapting the home of a disabled person; landlords typically make arrangements for social tenants. Over the last 25 years the Disabled Facilities Grant (DFG) has helped over 40,000 people a year to live in more accessible housing and approximately three-quarters of these DFG payments were to people aged 60 years old and above (Mackintosh and Leather, 2016).	Central government funding increased to £185 million in 2014/15 (Wilson, 2018), but DFG funding also comes from local authorities and significant cuts to local authority spending after 2010 have resulted in an overall reduction in funding for DFG. The result is a widening gap between available funding and the total required to cover grants for all people theoretically eligible for a DFG, which was estimated to be £1.9 billion at 2005 prices (BRE, 2011). Evidence also suggests that when spending levels are mapped against the number of people reporting health and disability problems the number of people receiving DFGs is lower in areas with high proportions of households reporting problems with health and disability (Mackintosh and Leather, 2016).
Private Sector Renewal Grants	Introduced in the aftermath of the Second World War to support the renovation and renewal of private rented properties.	In 1983/84 spending was £1.1 million. This reduced to £308 million by 2010-11 before the government ended all funding for private sector renewal work from March 2011, referencing the need for savings to tackle the budget deficit (Wilson, 2011). The PSR budget had part funded HIA core costs and was a key source of means-tested small grants and loans to support owner occupiers to improve their property.
Handypersons Grant	Handyperson services are local services, typically commissioned or delivered by local councils, that undertake a range of small works such as 'odd jobs', DIY repairs, minor adaptations, home safety and security measures, and fire safety and accident prevention. In 2009, government allocated £33 million over two years to local authorities in England to help kick-start handyperson services where they did not exist and to build capacity where they did. This reflected the fact that there were many areas of the country with limited or no provision. In addition, allocations of between £50-200,000 were awarded to 19 local authorities for innovative and enhanced housing-related support services for older people.	In 2010, government announced reduced funding of £51m for 2011-15 for handypersons services. Since 2011, funding for handypersons has been rolled into the formula grant to local authorities and has not been ring-fenced. Another potential source of funding - Re-enablement Funding - which is intended to help prevent people do not return to hospital, has been rolled into the Better Care Fund. It is unclear whether local reablement strategies recognise the benefits of investing in handyperson services; based on conservative modelling assumptions, the benefits achieved by the handyperson programme have been estimated to outweigh the costs of providing the programme by 13% (Croucher, Lawson, & Fountain, 2012). In response to funding problems, some handyperson services have started charging clients. It is unclear to what extent local services have been reduced or withdrawn.

renewal grants (see [Table 1](#)). This was despite council officers reporting that many owner occupiers in the area have relatively low incomes and few assets to draw on to maintain the condition of their property.

Direct provision of housing support by the local authority was limited to an adaptations service and a handyman service providing older people in all tenures with help undertaking small-scale household repairs. The handyman service was recognised as an important service by practitioners, who suggested that basic repairs – such as changing a lightbulb or tacking down a carpet – could prevent accidents in the home and help people maintain independence. However, it was reported to be limited in scale and not widely advertised. As a result, many older people and practitioners reported being unaware of the service. One practitioner suggested this was a means of rationing demand in response to limited capacity. This suggestion was reflected in comments frequently made during the focus groups, particularly by owner occupiers, about not knowing where to go for help or assistance with repairs, maintenance or adaptations. Mary, who was an owner occupier, observed:

*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.*

The local authority adaptation service oversaw local allocation of Disability Facilities Grants (DFG), a national programme funding home improvements ranging from the installation of a grab rail through to the building of an extension to enable wheelchair access or to provide an extra bedroom or bathroom (see [Table 1](#)). DFG funds are limited, access is rationed on the basis of clinical need and an income and savings test, and few people in need of adaptations were likely to qualify for a DFG (Mackintosh and Leather, 2016). It was not, therefore, surprising to hear reports of people applying for and failing to qualify for DFG in the focus group sessions. In one group discussion two women who were home owners shared experiences of trying to access financial help from the local authority covering the costs of a stair lift. Both explained that mobility problems made it difficult for them or their husband to get upstairs to their bedroom and bathroom, and both recounted being unsuccessful in their application for DFG. Neither respondent were clear why their application was turned down. However, Tanya, whose husband was an amputee and needed a stair lift to more easily get up and down stairs, reported subsequently approaching a local councillor who advocated on their behalf and helped them access DFG funding. In contrast, Cynthia reported having no choice but to manage without a stair lift during her recovery from a stroke.

Focus group respondents who had received help from the adaptations service spoke positively about the assistance received. Glenda, an owner

occupier, reported that her and her husband had received help with various adaptations:

*Before Christmas I had two steps at the back door and after that I had a rail so that's been a great help .... 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 and later on the steps.*

Glenda went on to reflect about how when she tells people about the help she has received she is often asked 'how did you get that done'? This response appears to reflect a presumption, frequently expressed in focus group discussions, that home owners do not qualify for help or assistance with adaptations. Cynthia spoke for many focus groups respondents when she said 'I don't think there is much help if you own your home'.

There was no evidence of the gap left by the retreat of state provision being filled by the private sector or through charitable activity. This is a notable finding. Nationally, government has promoted a shift toward quasi-public and private sector as the main providers of housing support, actively promoting Home Improvement Agencies (HIAs) as the primary providers of housing support at the local level. HIAs are local non-profit making organisations typically operated by housing associations or charities that seek to corral various public funding streams into a coherent local offer. HIAs focus their activities on the private sector. A national support network for HIAs (Foundations) is operated by a private company contracted by central government. Foundations (2016) estimates that there are some 200 HIAs in England covering around 80% of local authority areas and spending £100 million per annum on housing support. However, more recently some HIAs have been struggling to survive or have closed due to funding cuts. This was the case in the case study, where a council-run HIA had closed the year prior to fieldwork. No alternative provider had stepped in to fill this gap.

### ***New general needs housing***

New general needs housing is recognised as having an important role to play in meeting the housing needs of older people by providing accommodation that is flexible and adaptable in order to provide a suitable residential environment and to promote independent living as needs change in later life. This includes providing opportunities for downsizing – or right-sizing – and helping to counter visitability problems apparent in the existing stock base; only 1.7 million (7%) of dwellings in England are fully accessible by government standards (DCLG, 2016).

Local authority housing and planning officers in the case study recognised various potential benefits of providing opportunities for downsizing, including releasing 'under-occupied' larger family accommodation onto the

market and allowing older people to realise housing assets that might be drawn upon to help cover housing and care costs. Meanwhile, focus groups with older people revealed an appetite for downsizing amongst older owner-occupiers, although questions were raised about whether the local housing system was geared to their needs given a reported dearth in the availability of suitable housing, findings consistent with the wider evidence base (Beach, 2016; Sutherland & Tarbatt, 2016). Local authority officers also acknowledged the importance of building to high visitability standards and reported that the council had plans over the next 2 years to develop 130 houses on eight separate sites across the case study area owned by the council that would be built to lifetime homes standards.

Lifetimes homes is a design standard developed in the 1990s in a bid to ensure that new homes are accessible to a wide range of people and can be easily adapted to meet the changing needs of a household through time. Central government has allowed local authorities to exercise discretion determining whether new developments should meet the lifetime homes standard and limited the statutory duty of local authorities to ensuring that new developments comply with Building Regulations and make 'reasonable provision' for most people to approach and enter and to access habitable rooms and sanitary facilities. Freedom of information requests from 266 (82%) local authorities secured by Habinteg Housing Association (2016) revealed that only 3% of councils outside London – where the Greater London Authority requires all new homes adopt the lifetimes home standard – had planning policies that required new buildings to meet the lifetimes homes standard.

Within the case study, local authority officers reported that both private developers and housing associations were currently failing to deliver lifetime homes or smaller 'downsizer' properties. According to a health and social care commissioner, this reflected the failure of planning colleagues to consider the needs of older people:

*it's clear when you have discussions with planning, they're planning stuff but not with social care in mind or dementia or older people in mind and there hasn't been a multi-agency approach to planning for housing, it's been housing, planning, planning or housing, and it's about breaking that down a bit so we can have the opportunity to advocate on behalf of older people and people with dementia for the type of housing they probably need going forward. (Health and Social Care Commissioner)*

However, planning officers explained that 'the market isn't interested' in delivering lifetime homes or smaller 'downsizer' properties, the focus being on more profitable family housing, a view consistent with a national context within which policy is focused on promoting new supply to meet the needs of first time buyers and house builders prioritise the development of

new family housing (House of Lords, 2013; Ota, 2015). This officer went on to explain that if the local authority imposes tighter planning, design and construction conditions on new schemes, developers 'look elsewhere'. It appears that to enforce such requirements is to risk driving away house builders who are already questioning the viability of investing in the area given concerns about the resilience of the local market, and who tend to prefer locations where planning conditions are less onerous and policies more favourable to their preferred focus on family housing (Payne, 2015). Officers reported that the local authority has to 'take what it can get' when it comes to new housing. However, it was acknowledged that doing so might serve to store up problems for the future:

*we've got to make sure on sites that we own ... that's where we've really got to make sure that we are almost making sure that we're catering for that demand [older people] because the private sector left to its own may not deliver that in [the case study] and we could end up with a situation where we've got a lot of people in the wrong type of housing for them (Local authority housing strategy officer)*

Exploring this issue further, local authority officers reported that private developers point to the extra cost of building to lifetime homes standards, argue that there was little or no demand for lifetime homes and challenge the local authority to provide evidence to the contrary, something the local authority reportedly struggles to do because of a lack of local needs analysis. This reasoning is consistent with arguments put forward by The National Housebuilders Federation, which has argued that the enforcement of lifetime homes standard would 'adversely affect homebuilders' efforts to keep housing affordable and meet the needs of customers in younger age groups' (Baseley, 2008).

### **Specialist housing for older people**

Specialist housing is designed to assist older people with their housing and support needs in later life. There are an estimated 515,000 units of specialist housing for older people in England (EAC, 2015), which are restricted to older people, often through conditions in the tenancy agreement or long-lease. Less than 10% of older people are estimated to live in specialist housing (Pannell et al., 2012). However, many people spend time in specialist housing at some point in their life in order to benefit from accommodation that is more suitable, where some level of care or support might be available and their quality of life can be enhanced. Table 2 profiles supply of the principal forms of specialist housing within the case study.

Age-exclusive housing was the most common form of specialist provision within the case study. Local authority officers explained that this sector had grown in recent years, largely as a result of the re-designation of sheltered housing. This finding is consistent with a reported reduction nationally in the provision of sheltered housing, reflecting falling popularity linked to the quality and condition of some stock and pressures on revenue funding that have led to the removal of warden services (Croucher, 2008). In response, some schemes have been decommissioned and others have been reclassified as age-exclusive housing. Meanwhile, there has been a reduction, nationally, in the development of new specialist housing for older people, from more than 30,000 new units per annum in the 1980s to an average of 7,000 units per year over the last decade (Lyons, Green, & Hudson, 2016). Lower rates of construction have been attributed to a major reduction in government subsidy for the provision of new specialist (social) housing for older people and concerns about a proposal floated by government to cap the amount of rent that Housing Benefit will cover in the social sector, which reportedly led to some landlords 'mothballing' or cancelling plans for new schemes (Best & Porteus, 2016). Within this context, an increasingly large proportion of new specialist housing for older people in England is being provided by the private sector.

**Table 2.** Current and recommended supply of specialist housing for older people in the case study area.

	Recommended supply	Current supply	Difference
Age exclusive housing Exclusively for older people on the basis that it might be more suitable to their needs by virtue of location, type, design and adaptations. No specific support or care provision is available.	2,323	3,070	747
Sheltered housing Independent, self-contained accommodation with its own front door in a development where other residents are older people. Support, in the form of practical assistance with a range of tasks and activities, can be provided either on-site or via floating provision.	4,328	538	(3,810)
Enhanced sheltered housing Care provision is between levels in sheltered extra care housing. There may be 24/7 staffing cover, at least one daily meal will be provided and there may be additional shared facilities	96	0	(96)
Extra care housing Independent living in a home of your own, with care services on hand if required.	451	208	(243)
Care beds Supported living in a unit registered to provide personal or nursing care	2,648	2,059	-589

Care beds are located in residential care homes, rather than independent accommodation.

Note: Estimates were generated using the model developed by Archer et al. (2017).

No specialist housing in the case study was currently provided by the private sector. Local authority housing and planning officers reported that this reflected the viability of private schemes given the nature of the local housing market, making their point through reference to the recent withdrawal of a specialist private developer from a proposed development in the area:

*They just pulled out, couldn't make it add up. They just didn't think that there was a big enough market who could afford the prices they'd charge. And this was in the most affluent area of the borough, so there's no chance of bringing private sector into the equation. I think that housing associations may be making similar calculations too – even when the land is gifted or discounted. (Local authority housing strategy officer)*

This situation is consistent with evidence that some areas of England are proving unattractive to private developers due to the low house prices. Analysis by DEMOS for the APPG (2013) estimated that between 40% and 50% of owner occupiers over 65 would not be able to afford to purchase a retirement property outright and that these households were living predominantly outside London and the South East. Even with lower land prices in these areas, retirement developments are not significantly cheaper because of the additional building costs associated with the sector. Prices are therefore outside the price range of a large proportion of the local population and new developments are deemed unviable by private developers. Consequently, just 12% (2,582) of units in specialist housing schemes for older people in the North East and 14% in Yorkshire (5,914) are for sale, compared to 40% (37,830) in the South East (EAC, 2015). This is despite the vast majority of older people in all regions of England being owner occupiers.

A housing association development officer confirmed that similar considerations were informing social landlord decisions about new developments, explaining that a major reduction in state support for grant funding and an increasing reliance upon private finance rendered new developments untenable within many parts of the case study area:

*if it doesn't stack up for [the private developers] it's never going to stack up for us. I was with [local] councillors on Tuesday, they're looking at places like [names of three neighbourhoods] ... the council are saying there's lot of people in those properties which are not suitable and that's where the extra care should be built to rehouse people in council accommodation, free up the houses they're in at the moment, go into more appropriate accommodation, but ...it won't stack up in terms of rents ...we couldn't go near it, cos of what the rents are - you wouldn't want to use other tenures like shared ownership cos it can't sell. We've got a specification of how we build and you couldn't do it in those areas. (Housing association development officer)*



The result of these dynamics was a gap between the aspirations of local politicians and practitioners and the realities of what was delivered by a retreating local state and a reticent private sector. Local politicians championed the need for more extra care provision to compensate for a reduction in sheltered provision and better meet the needs of an ageing population. Local health and social care commissioners and managers pointed to the need for an expansion of specialist housing provision to minimise pressures on social care and to prevent older people 'leapfrogging' prematurely from independent living into residential care. Yet, there was a reported reduction in provision over recent years, resulting in a notable gap between supply and demand (see [Table 2](#)).

### *Information and advice*

Choosing where to live in older age can be a complex decision, informed by inter-related issues of finance, social support and care (Donald, 2009). In recent years, there has been increasing interest in helping people with this difficult decision through the provision of improved housing information and advice to older people, their families and professionals (Age UK, 2015). This trend is consistent with the consumerist turn in welfare provision, whereby people are expected to operate as active consumers, seeking out, engaging with and acting upon information about available services (Clarke, Newman, Smith, Vidler, & Westmarland, 2007). The national strategic framework on housing for older people (DCLG, 2002) identified the provision of accessible information and advice to older people and professionals about housing and support and care options as a key priority and spotlighted HIAs as key local providers of independent advice and assistance for older people. In 2008 the government funded the launch of FirstStop, a national information and advice service available for older people and their families available via the web and telephone. In 2014, the Care Act introduced the requirement that local authorities establish and maintain a service providing information and advice relating to care and support, which must include advice about relevant housing and housing services (DoH, 2016).

Stakeholders in the case study identified several potential benefits of providing older people with information about housing and support options. These included supporting people to make more informed and appropriate choices, thereby reducing the number of 'premature moves' into residential care, and having more opportunity to inform older people about new initiatives, such as rolling-out of assistive technologies. It was also reported that information and advice services might serve to help expose hidden demand, for example, for moving to more appropriate

accommodation. However, there was no dedicated housing information and advice service for older people in the case study.

No stakeholders were able to point to a service fulfilling the duty to provide advice and information under the Care Act 2014. There was no HIA in the area. There was a reported dearth of information and guidance for people interested in moving to more appropriate housing in older age and no formal support or assistance for people who did not qualify for DFG, despite the Care Act 2014 requiring local authorities to provide good quality information and advice about home adaptations and repairs, including how to access suitable local tradespeople (Adams & Hodges, 2018). There was no HIA in the area. There was a local housing options service, but this focused on fulfilling the council's duty to provide advice and guidance to homeless people rather than offering more 'general' housing advice. Social tenants were able to approach their landlord for information and advice about housing options, but the 82% of older people living in the private sector had no local source of housing information and advice, other than general advice services, such as the local Citizens Advice Bureau. Within this context, social and health care professionals were reported to be an important source of information for older people, although one respondent questioned whether they possessed the knowledge to offer general housing advice.

Reflecting on the apparent dearth of information and advice for older people a local authority officer responsible for commissioning services for older people suggested that this situation reflected the fact that 'there's not a lot to know':

*In the absence of there being a clear vision and strategy around housing that we've created as officers, the idea that there can be reasonable information about provision, it just isn't possible cos given the lack of a real offer we've only got three, four extra care properties coming on, for an area this size. We haven't got the flexibility in other issues as well so I can't see we can have information and advice of any substance cos there isn't the strategy that's driving the various provisions we need. So there's not a lot to know, that's part of the issue. (Adult social care commissioning officer)*

## Discussion

Analysis has revealed a notable implementation gap between the stated principles and priorities of policy in England and the housing options of older people in a local case study area with a growing population of older people and relatively high levels of long-term health problems and disabilities. Housing support services have been scaled back. New supply of general needs housing has focused on meeting demand for family housing and neglected the priorities of older people seeking to move to more appropriate accommodation, despite the projected growth in the population of

older people. Local provision of specialist housing for older people has declined as the development of new (public and private) schemes has failed to keep pace with the decommissioning of existing social rented schemes. There is no local advice service providing guidance to support older people, their families and professionals to make informed choices about housing options in later life. In short, three key presumptions within a marketised welfare regime – that services exist, people know about them and they are accessible – are not satisfied. Rather than a flexible regime providing a diverse suite of housing opportunities, older people – owners and renters – were faced with the traditional binary choice of staying put and making do, or seeking a move to specialist housing or residential care.

The most obvious explanation for this deficit is declining state commitment to and investment in the housing welfare system for older people consistent with broad patterns of transformation associated with the retreat of the state that have been noted in urban contexts across the globe (Rolnik, 2013). However, this was only part of the story in the case study. Also notable was the absence of any evidence that the reimagined state was fulfilling the role of commodifying agent and intervening to support and encourage the market to provide housing options for older people. The provision of opportunities through new housing developments represents a case in point.

Despite an apparent shortfall in provision of specialist housing for older people and a shrinking social rented sector, there were no private sector specialist housing schemes for older people in the case study area. Neither was there any evidence of interest amongst private sector developers in the provision of general needs housing appropriate to the needs and preferences of older people by virtue of location, size and design standards. This should not come as surprise. Private developers prioritise maximising shareholder returns over increasing output or improving productivity, and certainly over meeting local housing needs (Archer & Cole, 2014). Doing so involves focusing on prime locations and traditional products, where resilient sale prices provide confidence and predictability (Payne, 2016). Relatively low average house prices in the case study area limit opportunities for profit maximisation and render the development of new specialist provision sub-optimal in the eyes of private developers, who prefer to pursue opportunities in higher value markets where older people have greater levels of housing equity. Meanwhile, developers of general needs housing focus on the development of traditional products at minimal cost, ruling out delivery to the lifetime home standard.

In response, it might be anticipated that new forms of state practice might emerge centred upon advancing the role of the market, particularly in places where 'leaving it to the market' is resulting in the undersupply of key housing options for older people. However, the new types of state activity that have emerged within the English housing system aimed at

maximising growth and competition have focused exclusively on supply and demand side initiatives designed to address problems that younger households encounter accessing owner occupation (Best & Porteus, 2016; Wilson, Seely, & Barton, 2016). No transformation has been pursued in the modest output of new house building for older people delivered by the market. This is an important point that nuances popular narratives of inter-generational conflict between young people struggling to access home ownership and subjected to the expense and insecurity of residing in the private rented sector, and older people portrayed as asset rich owners underoccupying family homes (Hoolachan & McKee, 2018).

In such circumstances, one might expect to hear calls for, what Smith (2014, p. 28) refers to as, old fashioned interventionism orientated toward the values of welfare and promoting the common good. Such voices were heard in the case study and examples of interventions were shared, including a modest council house building programme delivering to lifetime homes standards and the development of new extra care schemes by a housing association providing accommodation for rent and shared ownership. However, frustration was also expressed by local policy-makers about their relative powerlessness to pursue alternative solutions on a more significant scale within the centralised English governance model. Consequently, there was little evidence of local adaptation and coordinated action in response to what were recognised shortfalls in provision for older people.

## Conclusions

This study makes three key contributions to knowledge and understanding. First, it points to the value of venturing beyond the traditional tendency toward segmentation and the analysis of different forms of provision in isolation at the expense of exploring local geographies of choice and opportunity. Surveying across different dimensions of provision within one case study area has revealed a gap between prevailing opinion regarding the need to deliver a diverse suite of housing options for older people and the realities of local provision. Whether this deficit reflects the broader picture for the population of older people across England, or represents the manifestation of a particular intersection of market mechanisms and residual housing welfare services in a specific type of place is a matter requiring further attention.

Second, analysis has related deficits in provision of housing options for older people to the neoliberal transformation of housing. Local manifestations and consequences associated with the 'rolling back' of state involvement in the direct provision of housing options for older people have been revealed, particularly in relation to housing support and specialist housing provision. In contrast, no evidence emerged regarding the concomitant

'rolling out' of new forms of state practice to incentivise the market to fill gaps in provision for older people, despite the apparent lack of interest the market has shown in filling gaps left by the retreat of the state from direct provision. The resultant shortfall represents further evidence of the consequences arising from expecting and encouraging the use value of housing to be delivered by a system that prioritises exchange value (Christophers, 2010). It also underlines the importance of looking beyond over-simplified narratives of inter-generational conflict when considering who benefits from and who loses out within this system.

Third, this study has contributed to efforts to flesh out the fine detail of the big picture regarding the neoliberal reform of housing and explore, what Smith (2014) refers to as, the human dimension of the free markets' debacle. By venturing beyond traditional sites of analysis, in global cities such as London and New York, it has contributed to efforts to understand the ways in which failures of the neoliberal reimagining of housing are impacting on the right to housing for a diversity of groups, in different ways and in different places.

The fact that the market system is incomplete and fails to exist in relation to key purposes or priorities associated with housing options for older people makes the case for some form of 'progressive' interventionism (Berry, 2014). So, what are the alternatives to 'leaving it to the market' and how might they be advanced? Key here is recognising housing as more than a means to create more value, particularly given the well-established and widely acknowledged importance of housing to health and well-being in older age. This involves rediscovering housing as a social good; what Rolnik (2014) refers to as one of the commonalities a society agrees to share or provide. The challenge then turns to how to provide this good. This demands consideration of alternatives crowded out by market fundamentalism. An obvious possibility is a return to interventionism that seeks to create spaces outside of markets where social values can prevail; what has been referred to as 'deresidualisation'. Another intriguing possibility involves reimagining the role of markets in order to move beyond the neoliberal project. To venture beyond criticism of what markets are and to make a bid for what they might become; to build markets that civilise and care, rather than corrupt (Smith, 2005). Certainly, there is a pressing need for a clearer vision about how we adequately house an ageing population.

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