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Housing and Health in Old Age:

A Research Agenda

by
ROSE WHEELER

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ABSTRACT

Housing is a key element in maintaining well-being and independence in old age. However, the elderly live in worse housing conditions than younger people in terms of unsuitable housing, accommodation which is draughty, cold and lacking in basic amenities and in properties in a poor state of repair. Given the generally accepted policy objective to keep old people in their own homes in the community for as long as possible and desirable, it is essential that housing policies are co-ordinated with health and social policies to ensure that the domestic environment is as clean, comfortable, safe and warm as possible. Investment in satisfactory housing accommodation forms an important element of any preventive health strategy for the elderly.

The purpose of this paper is to propose through a carefully thought-out research agenda a broad examination of the links between housing and health in old age. The research agenda is designed to cover existing gaps in the information presently available to housing, health and social services about the effects of improved housing provision on health and health care provision. The agenda consists of a major follow-up study and a set of smaller-scale proposals. There is a marked lack of information about the way in which elderly people make choices about their housing accommodation and the ways in which they can be guided to make them. A follow-up study of a cohort of elderly people would aim to identify the full range and mix of housing needs in old age and the nature of their interaction with health, status, services and costs. It would also evaluate different approaches to meeting these needs. The smaller-scale projects would be concerned inter alia with examining the role of housing in maintaining the independence of the elderly (for example in preventing admission to residential care or facilitating early discharge from

hospital) and/or with evaluating specific initiatives in the development of housing services for elderly people. If this research agenda were accepted the results would go a long way to helping policy makers decide about the most efficient use of resources available for helping the elderly to stay in their own homes and to ensure that these policies are effectively put into practice through joint planning and collaboration between agencies.

Introduction

> For the elderly, many of whom spend much of their time at home, housing is crucial. Its design, its nearness to relatives and shops, the cost of heating and so on, all play a part in providing a situation which is conducive or otherwise to elderly people remaining independent.
>
> (Tinker 1984a, p.57)

In an article entitled 'Health and Housing , Tinker highlights the importance of the relationship between health status and accommodation in old age. Housing is clearly a key element in provision for well-being and independence in old age and its importance to health is increasingly acknowledged by housing references in medical literature on the elderly (Kinnaird et al 1981). However, causation is difficult, if not impossible, to establish within the housing/health relationship because so many factors come into play, particularly in old age when a multiplicity of needs often interact to create a particular individual problem or to indicate a particular solution.

The aim of this paper is to propose a much broader examination of the interface between health and housing in old age than the analysis of direct causal links. It is argued that information and analysis is badly needed on the character of the housing/health relationship in old age with an emphasis on the impact of housing circumstances and interventions on the health and health care of elderly people. This emphasis encompasses the dynamic role of inter-agency planning and provision and includes a consideration of the strategies - policy, planning and service delivery - and mechanisms - administrative and collaborative - which help to determine the character of the relationship between health and housing for local elderly populations in the context of medical, social care and housing provision. In other words we need to explore in a dynamic way what a Scottish Health Research team has described as "the unexplored no man's

land of housing and medical care" (MacLennan et al 1983, p.186).

This paper is set out in the following way. First, a number of trends and developments are identified that indicate the growing importance to policy makers and providers of services for elderly people of the interaction between housing and health factors. The paper then summarises the limited work available on this subject and goes on to map out a broad research agenda with examples of specific projects to illustrate immediate research possibilities and priorities.

Background trends

Relevant trends and factors outlined here fall under three headings: demographic and social trends; housing characteristics and trends; and particular policy developments.

Already at the 1981 census one in four households were elderly-only. It is well documented that a growing proportion of these elderly households are comprised of frail, disabled or very old people, and of people living on their own. The number of people aged 85 or over is projected to make up 11 per cent of the elderly population in 2001 compared with just over 8 per cent in 1984, increasing over the same period from some 656 thousand to 1,047 thousand (CSO 1986, p.20). At the same time we can expect just under half of elderly people over 65 (and as many as six in ten of those 85 or over) to experience a 'limiting' long-standing illness (OPCS 1984) a proportion which will grow with increased longevity. The general increase in longevity (especially for women) has also led to growth in the number of elderly people living alone (Grundy 1984). Between 1961 and 1981 the number of lone elderly households doubled (OPCS 1983) and currently about three in ten pensioners live on their own, four in ten of whom are aged 75 or over. Projections suggest that, between 1981 and 2001, the number of

pensioner households will grow by just over one million.

Although the spread of occupational pensions will have increasing effect over the coming years, a substantial proportion of elderly people will continue to experience income levels lower than those of people in work and lower than they experienced themselves before retirement. Almost half of pensioner households depend for at least 75 per cent of their income on state pensions and benefits.

These demographic trends, and the household characteristics set out above, combine to create a significant increase in the number and proportion of the elderly population who are frail or disabled, living alone and dependent on limited incomes.

Housing characteristics

Housing characteristics are often critical in determining whether older people can live healthy and independent lives in ordinary homes in the community. Housing layout stairs and particularly where the only toilet is upstairs - can seriously handicap people whose mobility is limited or who suffer with long-term heart or bronchial conditions. Chronic illness and disability are exacerbated by cold living conditions. Homes that are dilapidated and in need of repair offer limited comfort, are often draughty and cold, and cause anxiety for elderly people who are aware of that neglect but are often powerless to remedy it. Health and safety risks are interwoven with every aspect of housing deprivation in old age.

Yet the current housing profile although markedly improved over the last 20 years for the population as a whole reveals elderly households over-represented in older homes, in homes lacking basic amenities such as hot

water and an inside toilet, in the growing number of draughty homes requiring major repairs and in homes with inadequate heating. These conditions are particularly likely to be found in private sector housing. At the 1981 census for example, altogether 394,000 elderly people still had to go outside to the toilet (or suffer the indignity of a commode) and of these 159,000 were living alone, and 161,000 were over 74 years old (OPCS 1983). The English House Condition Survey, carried out in the same year, found that nearly half (43 per cent) of unfit properties were occupied by elderly people - a total of 480,000 elderly households (DoE 1983). Although these are increasingly owner occupied homes, smaller but still substantial numbers of elderly private tenants are living in the worst housing conditions of all (Smith 1986).

The Trend towards higher levels of owner occupation is critical in this context, coinciding as it does with an ageing housing stock and growing numbers of frail elderly people continuing to live in their own homes in the community (Wheeler, 1985). The age structure of owner occupier households has yet to mirror the population at large but it will not be long before a more balanced structure, with its full share of frail and disabled occupants, is reached. Over the next ten years this will mean a growth in the health and housing costs, borne both by the elderly themselves and the community as a whole, of housing that is inappropriate, difficult to heat, or falling into disrepair.

Purpose-built sheltered housing provides a high standard of accommodation in the public and voluntary housing sectors but is only available for about 5 per cent of elderly households. Waiting lists are long and allocation often haphazard. Other kinds of easy-to-manage one storey accommodation in both the public and private sectors are in limited supply, although a booming private sheltered housing market now exists for more affluent

elderly households.

This housing profile means that growing numbers of frail and older elderly people live in poor, cold or unsuitable houses. The demographic and housing trends described above dovetail to produce an increasingly serious mismatch beween needs and both the level of resources and the character of the response to meet them. A number of policy developments further compound the situation.

Policy developments

Two significant policy developments serve to make ordinary housing even more vital to the health and independence of elderly people. The first is the widespread rejection of institutional forms of care leading to the rehabilitation (or continued residence) of increasing numbers of frail or disabled elderly people in the community. The second policy development closely related to this stems from the discovery that, with innovatory and flexible packages of care, even the most frail or disabled people can remain satisfactorily in their own homes (Tinker 1984b). As health and care initiatives increasingly focus on elderly people living in ordinary homes in the community, the housing deficiencies outlined above will become more difficult, and foolhardy in health terms, to ignore.

At the same time the housing situation is worsening with public expenditure constraints at their most severe in the housing sector. The supply of private sector home improvement grants has dried up in many areas (although some local authorities give priority to elderly and disabled households); the level of construction of one-bedroom properties in the public sector is at its lowest since the early 1950s (Age Concern 1985); and imminent social security changes will reduce the level of housing support for

previously made available both through housing benefit and through additional requirements and single payments for supplementary pensioners.

These trends and factors together produce a situation in which the contribution of housing to health and community care for elderly people, whilst growing in significance, is increasingly negative and restricted. At the same time information about the character of the housing/health relationship - the impact of poor or inappropriate housing and the contribution of innovative housing services on health and health care, for example - is urgently required for planners and policy-makers to be able to respond positively to demographic trends. To quote the Audit Commission:

> 'the number of people aged 85 and over is expected to rise by 35 per cent between 1984 and 1996 and it is important that authorities decide their policies now for providing housing services for these potential clients'
>
> (Audit Commission 1986, p.51)

There is a growing, though so far limited, body of piecemeal evidence pointing towards the current negative role that house condition and housing characteristics play in unnecessary or premature admissions to residential care, and in preventing a return to home following a hospital stay for frail elderly people (Pope 1984/5; Soldo 1985). Similar evidence is available of poor or unsuitable housing as a primary factor in the request for or allocation of sheltered accommodation (Butler et al 1983). Risk factors and falls asociated with the layout or unsuitability of an old person's house (and particularly with stairs) can be critical in this context in leading as they often do directly to hospital admission (Hunt 1985). Research on hypothermia in old age also points to the role of poor housing and heating standards, and a consequent cold home environment, in causing or exacerbating illness and even leading in some cases to death (Lloyd 1986). Other issues in this context include the health impact of moving house to achieve a more suitable or supportive living environment;

the inappropriateness of health or care responses where they are found to compensate solely or largely for housing deficiences or difficulties (Wheeler 1986a); and the effect of 'enabling' housing design, adaptations and minimum standards in facilitating preventive health care and independence (and conversely of poor housing design and conditions in enhancing dependency in old age). (Soldo 1985).

Research progress in the breadth of this unexplored but vital territory of housing and health indicated above is piecemeal and limited. The next section looks at this neglect in the context of housing and care initiatives and developments before going on to explore the more general field of housing and health studies from the perspective of old age.

Research neglect

Certain housing initiatives have been developed in recent years with particular reference to elderly people's needs. The main illustrations are housing advice services including the introduction in local authority housing departments of an officer with responsibility for housing advice for elderly people; and the development of housing agency services, sometimes known as Staying Put or Care & Repair schemes, set up to advise and assist elderly people in the private sector to tackle repairs, improvements or adaptations to their homes. Although housing agency services have formed the basis for a number of research projects, (Leather et al 1985; Morton 1982; Wheeler 1985), these and other similar initiatives have not been examined systematically from a health perspective. For example, although the findings of the Staying Put study (Wheeler 1985) clearly demonstrate both the negative impact of poor, cold or difficult housing characteristics on the health and independence of elderly people and the positive benefits to health of housing repairs, improvements or

adaptations, the evidence is contained mainly in case study material.

Similarly the relationship between health care and housing has received little attention in the context of the 'Care in the Community' initiatives (DHSS 1981). Although Joint finance and planning arrangements now encompass housing departments and housing associations, there has been a tendency for housing service elements to be incorporated as an afterthought (or not at all). Where the role of housing and housing services have been positively identified, a focus on 'special' needs or sheltered accommodation frequently occurs at the expense of a broader focus on the role of ordinary housing in the community, and the contribution of housing advice and home repairs or improvements to flexible care packages for frail elderly people.

In the context of larger data gathering exercises, it is noteworthy that the Welsh Housing Condition Survey, unlike its English counterpart, included a question on chronic sickness repeated from the OPCS General Household Survey: "Does.....have any longstanding illness, disability or infirmity". Although only put to use to date in a useful comparison of the housing of disabled and non-disabled households, the inclusion of this question makes the Welsh House Condition Survey data amenable to further examination from a health perspective.

Finally, the OPCS National Disability Survey, to be reported in 1987, has collected fairly detailed housing data which could contribute to our understanding of the relationship betweeen health and housing in old age.

General research on housing and health

The origins of interest in the housing/health equation lie in the health hazards of inadequate environmental standards. Damp housing and the

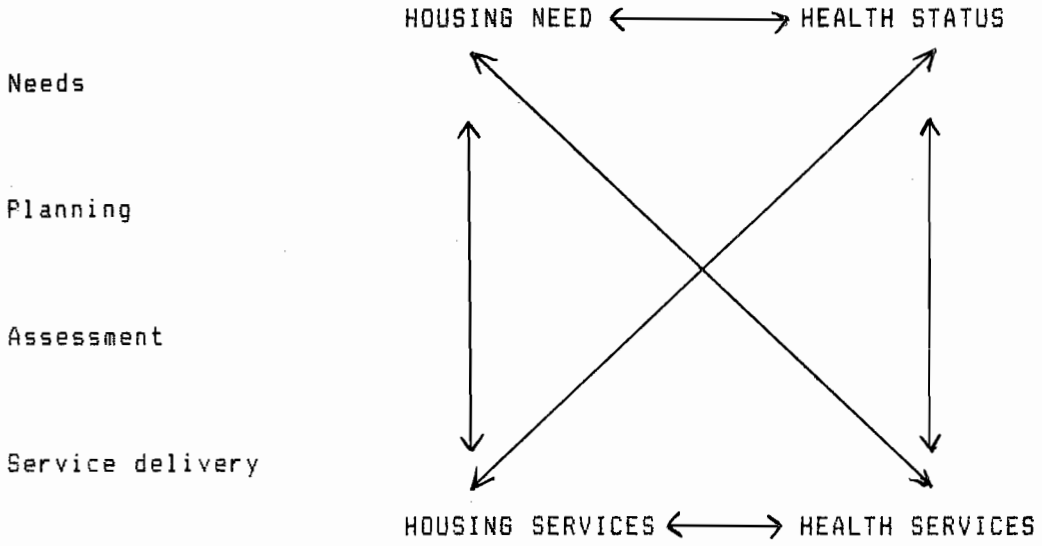
incidence of tuberculosis; high rise living and depressive illnesses provide examples (Byrne et al 1986, ch.2). Early environmental health campaigns and legislation identified the public health consequences of poor housing, conditions and major slum clearance efforts and new house building in the 1930s were directed at improving the health of town dwellers (Bryne et al 1981, p.1). But as Byrne and his colleagues point out in their recent study, the relationship between health and housing has slipped from the policy agenda over the last 30 years.

Their study, carried out in Gateshead, whilst focusing on the relationship between housing conditions and health, is limited by its concern solely with public sector housing. Their aim is not only to remind researchers and policy makers of the relationship between housing quality and health outcomes, but also to argue that significant changes in the housing market have served to shift the appropriate focus for an examination of this relationship from the private sector (where it existed until the 1950s) to mass housing in the public sector. Their claim of the "virtual disappearance of dwellings lacking the basic amenities in the private sector" (p.139) as a major aspect of this shift, is supported by "our evidence ... that it is this mass (public sector) housing which is the unhealthy housing of today" (Bryne et al 1985, p.13).

The findings of the Staying Put study question the simplicity of that assertion and reveal that the small absolute numbers of very elderly people in houses still without amenities in the private sector, but more important the large and growing number living in homes falling into disrepair or requiring alteration or adaptation, adds up to a critical relationship between housing and health in the private sector for this group. This relationship can only grow in significance in the context of the

demographic trends described earlier and the expansion of home ownership at low income levels and during retirement. Although housing needs and preferences are as diverse in old age as at any other time of life, the predominance of households which are poor, women and living alone or suffering a chronic sickness or disability creates a widely shared experience of housing deprivation in private sector housing.

Three further aspects of the approach adopted in the Byrne study are also worth re-examining from the perspective of old age. First, the emphasis in the study is on quantitative analysis and evidence of an "epidemiological" character. This paper argues instead the need for a more broadly based qualitative approach to further our understanding of the relationship between housing and health rather than an emphasis on direct causation. As the simple diagram below demonstrates, it is the character of the relationship from the level of needs and rights through to service assessment and delivery that is crucial for policy-makers, rather than evidence (albeit social rather than scientific) of the causal relationship



The second point concerns the reliance in the study on subjective measures of ill health. Whilst it is important to record and respect the consumer view of housing needs and difficulties and their impact on health, it is equally important to lend weight to the evidence with more systematic use of medical records or documentation. It is largely because of the significance of this research issue, and partly also for reasons of data comparability and reliability, that subjective health measures alone are not enough.

Finally, the study's emphasis on the collective experience of housing conditions and poor health is problematic in the context of old age. This is not to deny that particular collective experience or its significance, but rather to stress that it is at the level of the individual, in terms of both need and provision that the relationship between health and housing becomes critical for disabled or frail elderly people. It is clearly

important to recognise the collective experience of poverty in old age in creating housing deprivation, but in terms of health policy it is perhaps more important to understand and respond to the impact of this experience at the level of individual (and multi-dimensional) needs and choices.

6 Research Agenda

Unlike earlier studies concerned only with housing characteristics which have universally damaging health consequences, such as overcrowding, the research agenda outlined here is concerned also with housing characteristics which can be harmful or disabling for particular households. These households comprise elderly people who may be (or become) frail, disabled or chronically sick; who are at home (often on their own) all or most of the day and therefore particularly reliant on the home environment. It is also important to emphasise the preventive and enabling role of good housing and appropriate housing measures, and the dynamic nature of the housing and health relationship, by adopting an approach which avoids 'snapshot' views of people's housing career and instead takes full account of the life-cycle or longitudinal pattern of health and housing.

The discussion below identifies four substantial aspects of this research agenda: the need for a representative survey in a number and variety of local authority areas; the need for smaller scale research projects identifying particular samples of elderly people registering a housing or health need; the need for a range of evaluative studies to assess current initiatives; and finally the need for organisational and procedural studies to evaluate collaborative structures and responses at all levels in the development of integrated housing/health or multi-disciplinary aproaches to care in the community.

A representative survey

From the point of view of funding this is clearly the most ambitious component of the proposed research agenda. However, it is equally the most badly needed study. There exists little research evidence, based on a representative sample of elderly people in all tenures, of the housing needs and preferences of older people. Studies have tended to be based on samples selected from a group of applicants to, or residents of, particular housing schemes (for example Fennell 1986). A representative sample in at least three different kinds of location with a follow up survey at least once after one or two years will make it possible to begin to identify the full range and mix of housing needs in old age and the nature of their interaction with health status, services and costs. A more costly longitudinal approach will be required if we are to fully improve our understanding of housing careers in later life and the changing relationship between housing and health needs and service requirements throughout old age. However, provision for a follow up survey will at least take us some way in this direction.

The choice of locations for this (cohort) study will need to encompass a range of different characteristics. Selection will need to reflect different levels of housing stress and unmet housing needs in the elderly population, a range of local authority housing policies for elderly people including some innovation and new initiatives, and variation in the development of housing-integrated collaboration in health service planning, assessment and delivery within the community. Particulary high proportions of both frail elderly people and of owner occupiers found in the population in certain areas of Wales would indicate the value of including one Welsh location.

The principal objectives of such a large project would be to significantly enhance our understanding of the relationship over time between health and health care on the one hand, and housing characteristics and housing initiatives on the other. It is this complex and dynamic interaction which has been seriously neglected in the past and a representative study is required which can give a balanced picture of the distribution of service costs in the health/housing equation in old age, and provide an opportunity also for comparisons to be made between health/community care costs and housing costs with reference to the often longer-term consequences of the latter. The views of elderly people themselves, their own perceptions of their housing difficulties and aspirations, will also need to form an essential qualitative dimension of such a survey.

Such a study would aim also to produce specific information under three headings: causation, inter-agency collaboration, and the impact of innovation. Under the first heading the concern is to examine the qualitative (and to some extent subjective) impact of housing conditions and characteristics throughout old age on health status (including risk of medical emergency), on demands for health and community care services, and in turn on the delivery of those services. The second heading is concerned with the way in which housing services are integrated in the health and community care of elderly people at all levels of inter-agency policy-making planning and service delivery. In this respect, the study would aim to assess the impact of different kinds of collaborative structure and of formal and informal joint working arrangements in enabling housing professionals and housing services to make an optimal contribution to the health care of older people. Finally under the heading of innovation, the study would aim to monitor and assess the role of housing measures, both traditional and innovative, and the impact of integrated housing/care initiatives, on the health status and health needs of older people with

regard both to preventive as well as curative health care.

The context for these more specific objectives is concern over the effectiveness, in both social and economic terms, of current responses to the health needs of frail or disabled elderly people in the community, with particular regard to the neglect of the housing dimension.

Smaller scale research projects : I

Some of these more specific aims can also be pursued in the context of smaller scale research projects using particular sample bases. It is important that these studies, without being longitudinal in themselves, take a full as possible account of changes over time, either by tracing back housing and health careers or by including a follow-up interview stage in the main proposal. Examples of possible studies are listed in Table 1.

Most of these proposals share an emphasis on the need for a multi-disciplinary approach to providing community based services for frail or disabled elderly people, and on the development of the role of a key-worker in assessing and responding to client needs within this approach (Welsh Office 1985). Additionally, however, this research agenda emphasises the traditional neglect yet growing and fundamental importance of the housing dimension in community based services for older people. The role of the community occupational therapist and the development of comprehensive housing advice services for elderly people are two of the most critical aspects of this housing dimension (Casey and Wheeler 1986).

Table 1: Proposed Research Projects

SAMPLE BASE	NATURE OF SURVEY
(a) CLIENT GROUPS Sheltered Housing Waiting lists - Local Authority	To assess housing and health needs, allocation procedures; and to appraise the scope for -cost of alternative housing measures
As above - Housing Associations	Ditto
Social work assessments for residential care places	As above with particular regard to alternative housing measures integrated in a package of care, and the need for housing knowledge in a multi-disciplinary key-worker approach.
Hospital discharge and community rehabilitation	To assess housing and care needs in the community; the timing, adequacy and costs of housing aspects of planned interventions; and the scope for improving the contribution of housing measures in the discharge of elderly patients into ordinary homes in the community.
GP caseload or over 75 GP population (representative or patient sample)	To examine housing characteristics, with particular reference to their role in primary and preventive health care - both negative and positive -; to assess the potential contribution to health and independence of housing advice and appropriate housing measures, and of a housing-integrated approach to assessment and service delivery in primary health care; to examine and asses the implications of GP/community nurse awareness of and regard to the housing dimension.
(b) INSTITUTIONS Death certificates eg. lone elderly, falls, hypothermia	Examining the role of housing deficiencies, absence of particular housing inputs, to hospital admissions/death
Geriatric or acute hospital wards: 'blocked' beds	As above but in relation to planned discharge and rehabilitation in the community and the development of integrated housing advice and other measures
Residential care admissions	Examining the incidence of remediable housing features in precipitating admission (LA and private) and the level of 'housing' awareness, provision and choice in assessment and recommendation for admission (LA)

At the level of evaluation, service costings must form an integral part of any study. However, much work needs to be done to develop and refine a framework for economic comparisons of different types and packages of care

that pays full regard to the housing dimension central to this research agenda. As a Swedish researcher recently concluded, there are few good studies of the economic aspects of the care of elderly people (for example Wright et al 1981), and many studies leave out the housing costs of home-based care and fail to address more long-term aspects relative both to costs and to effectiveness (Hakansson 1985).

Smaller scale research projects : II

The second group of research projects are evaluative and based on current initiatives in housing and related provision for older people. The Staying Put (Wheeler 1985) and Walbrook research studies are good examples of projects set up to evaluate new housing initiatives. The proposal outlined here is to carry out such evaluations from a more systematic health perspective, whilst retaining the same broad multi-disciplinary focus. The recently sponsored Walbrook research project, which is an evaluation of Walbrook Housing Association's Disabled Persons Housing Service, has been designed to address questions concerning the relationship between health and housing and the impact of the housing advice service on the distribution of service costs (University of York, IRISS, 1986).

The table below sets out a number of initiatives which, through their evaluation, would yield extremely useful knowledge about health and housing in old age and the impact of the particular housing or housing related initiative on that relationship and the distribution and levels of service costs involved.

Table 2: Examples of initiatives for evaluation

* The development of a comprehensive (and peripatetic) housing advice service for elderly people

* The development of an interventionist community Occupational Therapy strategy

* Housing Agency Services for elderly people in the private sector (to advise and assist with house repairs, improvements and adaptations)

* A multi-disciplinary strategy for assessment, delivery and monitoring of service provision with a core housing element

* The appointment of a Senior Housing Adviser for the Elderly in a local authority housing department

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The evaluative approach looking at health and housing with direct reference to initiatives which might contribute to a more positive relationship in the balance of services and to a greater role for housing measures in health care - has a clear practical orientation in the development of community-based care for elderly people. The acute need for housing studies of this kind is perhaps summed up by Taylor et al in 'The Elderly at Risk':

> While there are few who would deny the importance of a preventive approach to the care of the elderly, there is remarkably little research-based evidence* on the practicalities involved. Given, on the one hand, the large and increasing numbers of very old people and, on the other, the current limitation on resources, there is an urgency in the need for practicable solutions. (Taylor 1983)
>
> * their emphasis

Studies of collaborative structures

It is the same practical orientation that indicates the urgent need for studies to examine broadly how best to integrate the housing dimension into joint planning, working and financial arrangements for community-based care. Housing professionals or local authority housing departments have often been included in joint planning committee structures as an

afterthought (Hudson 1986). There are many instances of planning arrangements failing to recognise that local authority housing functions are often spread across two, three or more departments and that housing department involvement often only relates to a responsibility for elderly people living in public sector housing. Although JCC's (Joint Consultative Committees) are sometimes organised on the basis of local authority district boundaries, which are clearly conducive to the full participation of housing oficers, in other areas only nominal liaison bodies operate at that level and the real deliberations take place at shire county (social service authority) level, which may include as many as nine different housing authorities; or at district health authority level which may encompass all or part of the territories of as many housing authorities (Fuller and Wistow 1985).

In addition to overcoming difficulties introduced by lack of coterminosity, and by the disparate nature of local authority housing functions, there may be more fundamental barriers to collaboration which fully integrates local housing policies, resources and practice. To date no studies have been carried out specifically from a housing perspective to identify those barriers and to examine and asess collaborative structures in which they may have or may be overcome. It is clear from the response to a recent paper delivered at the Annual Conference of Local Authority Chief Executives that this organisational issue is one which is of particular concern to local authorities at the current time (Wheeler 1986b).

Conclusion

There is further work required to develop this research agenda, to assess the professional and financial support for particular elements within it and to establish research priorities. Long-term neglect of the issues it

raises and the complexity of the questions it seeks to address mean that careful further thought and development will be required as a basis for any research proposals and priorities.

Gaining widespread acceptance and support for this research agenda and the need to pursue all or part of it vigorously will not be enough to ensure that it comes to fruition. One of the very reasons for its neglect, the fact that it straddles or at times falls between the major areas of departmental responsibility at central government level, is in turn problematic for the development of a field of research which involves jointly, health and community care on the one hand and housing on the other. And it is not only at the level of central government that the subject matter falls foul of the division of responsibility between care and accommodation issues. But if this research agenda on housing and health in old age is in essence about furthering collaboration and a multi-disciplinary (and consumer responsive) approach to community-based care for elderly people, then it will take a joint or collaborative effort on the part of potential funders to secure progress on that agenda.

This research agenda is surely central to the Government's own oft-stated strategy of making the most effective use of the resources available for elderly people, and, through joint planning, to ensure that wherever possible elderly people are supported in the community.

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