Housing LIN
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West of England extra care housing improvement project

Report for Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council

Housing LIN

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Contents

Executive summary

This is a report from the Housing LIN for the West of England's four unitary local authorities: Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council.

The purpose of this study are:

- Understanding the profile of need for extra care housing.
- Developing a marketing strategy for extra care housing.
- Agree extra care housing cross-border working arrangements between the four councils.

In summary, the recommended actions are:

Understanding the profile of need for extra care housing

Councils and the providers should agree how to manage the increasing *diversity of need* amongst older people living in and being referred to extra care housing, i.e. to agree the *role and purpose* of existing and future extra care housing schemes.

Councils will need to considering categorising/designating existing extra housing care schemes and/or commissioning new schemes with more *differentiated* housing and care/support services suited to the increasingly diverse needs of their older populations. This may mean, for example:

A. Extra care housing schemes that are predominantly focussed on meeting the needs of older people with *age related care needs*, including provision accommodating people living with dementia, which includes design and support options that enable people to remain living in extra care housing and/or consideration of the co-location of care homes alongside extra care housing.

B. Extra care housing schemes that can accommodate a mix of *low to high age related care needs* as well as a manageable level of older people with *higher support needs*.

C. Smaller scale supported housing schemes for older people with more *complex support needs*.

It is not realistic for extra care housing schemes to be, in effect, a 'one size fits all' service for the increasing diversity of need amongst older people. Councils should *review* the existing portfolio of extra care housing schemes in each council area as a basis for agreement about the role and purpose of all extra care housing schemes and the mix of needs that can be accommodated and supported, for example, in line with the suggested categories above.

All of these approaches to address meeting the housing and diverse care/support needs of older people will be most effectively met based on a partnership model of working between councils and providers, both in terms of strategic agreement about the role and purpose of extra care housing and the operational management of schemes.

Developing a marketing strategy for extra care housing

The four councils should agree a consistent brand to be used for extra care housing, at least amongst themselves and ideally with social/not for profit providers of extra care housing (although it is accepted that it may not be possible to agree this degree of consistency with providers). On balance, of the alternative branding, *Senior Living* is potentially the most helpful as it implies the product is aimed at older people but with a focus on 'living' (which implies living independently) rather than the use of the term 'Retirement' given that people are retiring at varying ages and 'retirement' does not have a uniform meaning.

It is essential to market the benefits of living in extra care housing, rather than just describing what it is, and how this enable older people to live independently and to live well in later life.

Create an online marketing presence for extra care housing to cover the 4 council areas. This should include short video clips of existing extra care housing residents describing the benefits of living in extra care housing, as well as an explanation of what extra care housing is, a directory of schemes across the 4 council areas and how to access them.

The 4 councils should consider appointing a lead front line housing or social care professional as an extra care housing 'champion' who can support, coach and, if necessary, train other front line social care, housing and housing operational staff to ensure that the marketing of extra care housing to older people and their families is consistent and effective.

Agree extra care housing cross-border working arrangements between the four councils

It is proposed that the four councils:

- Develop a joint older person's housing (including extra care housing) strategic plan/position statement.
- Establish an Officer extra care housing strategic group to lead and coordinate all joint working arrangements.
- Identify options and locations for the joint commissioning of extra care housing schemes where the likely customers will come from more than one council area.
- Develop as far as practicable, a consistent approach to specifying the range and mix of care and support needs to be accommodated in extra care housing (accepting that this may need to be flexible to response to localised differences in need).
- Nominate an operational housing and adult social care lead for extra care housing and that these operational leads liaise with each other to harmonise (as far as practicable) the operational delivery of the service provided in extra care schemes across all four council areas.

Where it is agreed that an extra care housing scheme will be commissioned as a 'cross border' scheme. i.e. it will take customers from more than one council area, the councils involved will use the existing Memorandum of Understanding to govern cross border working arrangements.

A forum is established for all extra care housing providers operating across the four council areas to discuss operational matters and issues (at a frequency to be agreed) to encourage a partnership based approach to service delivery and a collaborative approach to problem solving operational practice and policy issues.

It is proposed that the four councils agree to harmonise access arrangements to extra care housing schemes as far as practicable across the 4 council areas.

1. Introduction

1.01 This is a report from the Housing LIN for the West of England's four unitary local authorities: Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council.

1.02 The aims and objectives of this study are set out below.

Understanding the profile of need for extra care housing

1.03 This is intended to provide a shared understanding of the evidence of the 'profile' of need for extra care housing based on:

- Contextual evidence drawing on demographic, tenure, socio-economic and health & care factors.
- The current supply of extra care housing across the West of England councils.
- Evidence from research with older people about their future housing preferences and intentions.
- Insights from local stakeholders about trends in the need for extra care housing, specifically providers of extra care housing and officers from the four councils.
- Existing evidence in relation to quantitative estimates of need for extra care housing.

1.04 The implications and suggested actions are set out based on the evidence of the profile of need for extra care housing.

Marketing strategy for extra care housing

1.05 To develop an innovative regional and local marketing strategy to achieve greater awareness and understanding of extra care housing amongst both professionals (e.g. front line NHS staff such as GPs, district nurses, occupational therapists; social workers; commissioners) as well potential residents and their families. The evidence for a marketing strategy is drawn from:

- Evidence nationally in relation to the terminology used to market extra care housing.
- Evidence locally in relation to the marketing of extra care housing.
- Evidence from research with older people about their awareness of, interest in and what they are seeking from extra care housing.

Cross-border working arrangements and opportunities

1.06 To agree extra care housing cross-border working arrangements between the four councils to ensure that extra care housing is an early planning option, involves appropriate cross border local authority teams and utilises both the need profile and marketing approaches emerging as part of this project's outcomes.

2. Extra care housing: need profile

Introduction

2.01 This includes evidence in relation to all four councils within the West of England footprint. Where appropriate evidence is differentiated between the four council areas.

2.02 The intention is to identify evidence of the 'profile' of need for extra care housing drawing on evidence of need from:

- Quantitative contextual evidence.
- Consideration of the current supply of extra care housing.
- Evidence from research (locally and nationally) regarding older persons' preferences in relation to extra care housing.
- The perspectives of local stakeholders about evidence of need for extra care housing.
- Quantitative estimates of need for extra care housing produced by or for the four councils.

2.03 The implications and suggested actions are set out based on the evidence of the profile of need for extra care housing.

Contextual evidence

2.04 Contextual evidence includes demographic, tenure, socio-economic factors and health and care factors.

Demographic context

2.05 The following tables (tables 1 to 5) show the projected 55+, 65+ and 75+ populations for the four council areas for each five-year period to 2042[1].

2.06 Tables 2 to 6 show the percentage change for each five-year period to 2042.

Table 1. 55+ population projections to 2042.

Local authority	2022	2027	2032	2037	2042
Bath and North East Somerset	61,852	65,532	67,324	68,997	70,904
Bristol	107,178	110,151	111,678	114,365	117,709
North Somerset	82,646	88,191	91,375	94,500	97,818
South Gloucestershire	91,631	97,489	100,252	103,642	108,148
Total (WoE)	**343,307**	**361,363**	**370,629**	**381,504**	**394,579**

Source: 2021 UK census & 2018-based subnational population projections

[1] ONS P02 Census 2021: Usual resident population by five-year age group, local authorities in England and Wales

Table 2. 55+ population projections (% growth relative to 2022 population).

Local authority	2027	2032	2037	2042
Bath and North East Somerset	6.0%	8.8%	11.6%	14.6%
Bristol	2.8%	4.2%	6.7%	9.8%
North Somerset	6.7%	10.6%	14.3%	18.4%
South Gloucestershire	6.4%	9.4%	13.1%	18.0%
WoE average	**5.5%**	**8.3%**	**11.4%**	**15.2%**

Source: 2018-based subnational population projections

2.07 The highest projected growth of the 55+ population to 2042 is for North Somerset and for South Gloucestershire, both projected to grow by c.18% by 2042, followed by BANES (c.15%) and Bristol (c.10%).

Table 3. 65+ population projections to 2042.

Local authority	2022	2027	2032	2037	2042
Bath and North East Somerset	37,952	40,749	44,304	46,906	47,899
Bristol	61,183	64,152	68,320	70,930	71,950
North Somerset	52,650	56,601	61,790	65,611	67,331
South Gloucestershire	54,838	59,490	65,447	69,447	71,058
Total (WoE)	**206,623**	**220,992**	**239,861**	**252,894**	**258,238**

Source: 2021 UK census & 2018-based subnational population projections

Table 4. 65+ population projections (% growth relative to 2022 population).

Local authority	2027	2032	2037	2042
Bath and North East Somerset	7.4%	16.7%	23.6%	26.2%
Bristol	4.9%	11.7%	15.9%	17.6%
North Somerset	7.5%	17.4%	24.6%	27.9%
South Gloucestershire	8.5%	19.3%	26.6%	29.6%
WoE average	**7.1%**	**16.3%**	**22.7%**	**25.3%**

Source: 2018-based subnational population projections

2.08 The highest projected growth of the 65+ population to 2042 is for South Gloucestershire (c.29%) and North Somerset (c.28%) followed by BANES (c.26%) and Bristol (c.18%).

Table 5. 75+ population projections to 2042.

Local authority	2022	2027	2032	2037	2042
Bath and North East Somerset	19,046	21,253	22,680	24,384	26,808
Bristol	28,076	30,190	31,775	33,954	36,821
North Somerset	25,819	29,003	30,708	32,920	36,331
South Gloucestershire	26,862	29,702	31,485	34,189	38,249
Total (WoE)	**99,803**	**110,148**	**116,648**	**125,447**	**138,209**

Source: 2021 UK census & 2018-based subnational population projections

Table 6. 75+ population projections (% growth relative to 2022 population).

Local authority	2027	2032	2037	2042
Bath and North East Somerset	11.6%	19.1%	28.0%	40.8%
Bristol	7.5%	13.2%	20.9%	31.1%
North Somerset	12.3%	18.9%	27.5%	40.7%
South Gloucestershire	10.6%	17.2%	27.3%	42.4%
WoE average	**10.5%**	**17.1%**	**25.9%**	**38.8%**

Source: 2018-based subnational population projections

2.09 The most significant growth is projected to be amongst the 75+ population. he highest projected growth of the 75+ population to 2042 is for South Gloucestershire (c.42%) followed by BANES (c.41%) and North Somerset (c.41%), and Bristol (c.31%). This increase in the 'older' older population is likely to be a 'driver' in relation to increasing need for extra care housing.

Socio-economic context

2.10 The following tables show evidence from the Index of Multiple Deprivation (IMD)[2] and the Income Deprivation Among Older People Index (IDAOPI)[3].

Table 7. Income Deprivation Affecting Older People Index (IDAOPI)(% score).

Local authority	IDAOPI score (%)
Bath and North East Somerset	9.6%
Bristol	17.5%
North Somerset	10.4%
South Gloucestershire	8.7%
WoE average	**11.6%**
South West average	**10.9%**

Source: DLUHC 2019

2.11 Income deprivation affecting older people is highest in Bristol, where it is significantly higher than the 3 other local authorities in the West of England. The West of England average level of deprivation among older people is slightly above the South West average.

Table 8. Index of Multiple Deprivation (IMD 2019)(% score).

Local authority	IMD score (%)
Bath and North East Somerset	11.8%
Bristol	26.4%
North Somerset	15.8%
South Gloucestershire	11.7%
WoE average	**16.4%**
South West average	**17.3%**

Source: DLUHC (2019)

2.12 The IMD score, measuring deprivation amongst the entire local population, shows that the level of deprivation is highest in Bristol relative to the other local authorities

[2] English Index of Multiple Deprivation 2019

[3] Income Deprivation Affecting Older People

in West of England. The evidence from these socio-economic factors indicates that there is likely to be an ongoing need for affordable extra care housing to rent, particularly in Bristol, as well as extra care housing for sale and shared ownership.

Table 9. Percentage of households living in fuel poverty.[4]

Local authority	% of households living in fuel poverty
Bath and North East Somerset	11.2%
Bristol	14.4%
North Somerset	9.3%
South Gloucestershire	8.4%
WoE average	**10.8%**
South West average	**11.3%**

BEIS (2020)

2.13 This shows that the percentage of households living in fuel poverty in Bath & North East Somerset is in line with the south west average, however the level of fuel poverty is above the regional average in Bristol. Given the recent increases in energy costs, it is likely that the current levels of fuel poverty are now higher. This indicates that energy efficiency measures need to be considered at existing extra care schemes to mitigate the effects of increasing energy costs on residents and designing in energy efficiency to new extra care housing schemes will be essential.

2.14 The tenure mix amongst 65+ households is shown in table 10. This shows that whilst the majority of older households are home owners, in Bristol the percentage of older households living in social housing or private rented housing is c.29% and in BANES it is c.21%.

2.15 The evidence from these socio-economic factors indicates that there is likely to be an ongoing need for affordable extra care housing to rent, particularly in Bristol, as well as extra care housing for sale and shared ownership.

[4] BEIS (2020): Percentage of households in fuel poverty; accessed via LGA Inform

Table 10. Tenure of 65+ households in West of England by local authority.[5]

Local authority	Owned / Shared Ownership		Social rented		Private Rented		All tenures	
	Households	%	Households	%	Households	%	Households	%
Bath and North East Somerset	16,524	79%	3,403	16%	1,100	5%	21,027	100%
Bristol	26,955	71%	8,934	23%	2,277	6%	38,166	100%
North Somerset	22,648	83%	2,854	10%	1,756	6%	27,258	100%
South Gloucestershire	23,761	83%	3,590	13%	1,263	4%	28,614	100%
WoE average	**22,472**	**78%**	**4,695**	**16%**	**1,599**	**6%**	**28,766**	**100%**

Source: 2011 UK census

[5] ONS/Nomis 2011 census: DC4604EW Tenure by occupation by age - Household Reference Persons

Ethnicity context

2.16 The size and profile of the ethnic minority population[6] is shown in table 11. This shows that the size of the ethnic minority population across all four council areas is c.12.5% however in Bristol it is c.19%. This suggest that it is important that extra care housing needs to be provided in a way that is inclusive and 'culturally competent' (i.e. service delivery and management reflects the diversity of need in relation to, for example, catering provision, staff backgrounds) in order to be attractive to older people from ethnic minority communities.

[6] Nomis/ONS: Ethnic group, England and Wales: Census 2021

Table 11. Number of people in West of England by ethnic group (aggregated categories) (% of total).

Ethnic group (total)	Bath and North East Somerset	Bristol	North Somerset	South Gloucestershire	WoE average
Asian / Asian British	6,387 (3.3%)	31,271 (6.6%)	3,321 (1.5%)	11,094 (3.8%)	13,018 (4.4%)
Black / Black British of African background	976 (0.5%)	17,953 (3.8%)	726 (0.3%)	2,753 (0.9%)	5,602 (1.9%)
Black / Black British of Caribbean background	869 (0.4%)	9,933 (2.1%)	407 (0.2%)	1,783 (0.6%)	3,248 (1.1%)
Mixed or multiple ethnic groups	5,257 (2.7%)	21,120 (4.5%)	3,638 (1.7%)	7,280 (2.5%)	9,324 (3.2%)
'Other' ethnic groups	1,606 (0.8%)	9,043 (1.9%)	11,547 (5.3%)	2,651 (0.9%)	6,212 (2.1%)
White British	165,409 (85.5%)	338,251 (71.6%)	195,874 (90.4%)	249,090 (85.8%)	237,156 (80.9%)
White: 'other'	12,898 (6.7%)	44,891 (9.5%)	1,200 (0.6%)	15,766 (5.4%)	18,689 (6.4%)
Total	**193,402 (100%)**	**472,462 (100%)**	**216,713 (100%)**	**290,417 (100%)**	**293,249 (100%)**

Source: 2021 UK census

Health and care context

2.17 Table 12 shows the prevalence of long-term disabilities and limiting illnesses[7] among the West of England local authorities and for the West of England as a whole. The number of 65+ households that have members with long term health problem or disability (day-to-day activities limited a lot) is c.30%.

2.18 Given the projected rise in the 65+ population to 2042, the number of 65+ households that have members with long term health problem or disability is likely to increase over the next 10-20 years.

Table 12. Number of 65+households with members that have a long-term illness or disability.

Local authority	Number of 65+ households	Number of 65+ households that have members with long term health problem or disability (Day-to-day activities limited a lot)	% of overall 65+ households
Bath and North East Somerset	24,724	6,445	26.1%
Bristol	41,763	15,772	37.8%
North Somerset	34,085	8,531	25.0%
South Gloucestershire	35,882	9,374	26.1%
WoE average	**34,114**	**10,031**	**28.8%**

Source: 2011 UK census

2.19 Table 13 below provides information on the level of dementia prevalence[8] and the projected level of dementia[9] to 2042 in the four WoE local authority areas compared to the South West regional prevalence and national prevalence.

2.20 This evidence indicates that the prevalence of dementia amongst people aged 65+ is projected to more than double by 2042.

[7] Nomis/ONS: 2011 census: tenure, prevalence of LLTI and disabilities

[8] NHS Digital, Recorded Dementia Diagnoses publications, December data files; accessed via OHID Fingertips: Dementia Profile

[9] Projections of older people living with dementia and costs of dementia care in the United Kingdom, 2019-2040

Table 13. Recorded prevalence of dementia (among the 65+ population).

Area	Number of people 65+ with dementia in 2020	Percentage of people 65+ with dementia out of total 65+ population	Annual estimated % growth in people 65+ with dementia	Projected number of people 65+ with dementia to 2042
Bath and North East Somerset	1,648	4.04%	3.30% p.a.	2,844
Bristol	2,970	4.43%	2.62% p.a.	4,682
North Somerset	2,350	4.33%	4.14% p.a.	3,928
South Gloucestershire	2,020	3.93%	3.83% p.a.	5,473
South West region	**49,543**	**3.83%**	**3.74% p.a.**	**82,506**
England	**429,052**	**3.97%**	**6.53% p.a.**	**917,851**

Source: NHS Digital & Wittenberg et al (2019).

Current supply of extra care housing

2.21 Table 14 below shows the current supply of extra care housing schemes for each of the four council areas.

Table 14. Extra care housing schemes across the West of England authorities (tenure and units).

Operator	Scheme name	Local authority	Units: Rent	Units: Sale/SO
Anchor Hanover	Pemberley Place	BANES	72	-
Curo Places Ltd	Greenacres Court	BANES	30	-
Curo Places Ltd	Hawthorn Court	BANES	30	-
Curo Places Ltd	St Johns Court	BANES	30	-
LiveWest	The Orchards	BANES	20	-
St John's Hospital	City Centre Almshouses	BANES	92	-
St John's Hospital	St John's Almshouses	BANES	54	-
The Guinness Partnership	Avondown House	BANES	30	-
St Monica Trust	The Chocolate Quarter	BANES	-	136
McCarthy Stone	Lambrook Court	BANES	-	50
		Total (BANES)	**358**	**186**
Anchor Hanover	Ash Lea Court	Bristol	48	-
Anchor Hanover	Blaise Weston Court	Bristol	55	-
Bristol Charities	Haberfield House	Bristol	60	-
Brunelcare	ABC Centre	Bristol	56	-
Brunelcare	Colliers Gardens	Bristol	50	-
Brunelcare	Waverley Gardens	Bristol	66	-
Housing 21	Bluebell Gardens	Bristol	61	-
Housing 21	Hillside Court	Bristol	49	-
The Guinness Partnership	Lincoln Gardens	Bristol	55	-
The Guinness Partnership	Southlands / Anchor House	Bristol	29	-
Audley Villages	Audley Redwood	Bristol	-	127
Bristol Care Homes	Quarry Court	Bristol	-	17
McCarthy Stone	Magpie Court	Bristol	-	56
St Monica Trust	Westbury Fields Retirement Village	Bristol	-	51
St Monica Trust	Monica Wills House	Bristol	61	61
The ExtraCare Charitable Trust	Stoke Gifford Retirement Village	South Glos	41	-
		Total (Bristol)	**631**	**312**

Operator	Scheme name	Local authority	Units: Rent	Units: Sale/SO
Anchor Hanover	Waverley Court	North Somerset	60	-
Anchor Hanover	Lakeside Court	North Somerset	33	-
Housing 21	Diamond Court	North Somerset	53	-
Alliance Homes	Tamar Court	North Somerset	33	32
Housing 21	Strawberry Gardens	North Somerset	60	-
St Monica Trust	Sandford Station	North Somerset	15	94
		Total (North Somerset)	**254**	**126**
Anchor Hanover	Badminton Gardens	South Glos	63	-
Housing 21	Cambrian Green Court	South Glos	60	-
Housing 21	Falcon Court	South Glos	40	-
LiveWest	Springfields	South Glos	58	-
Merlin Housing Society Ltd	Nutfield House	South Glos	37	-
The ExtraCare Charitable Trust	Stoke Gifford Retirement Village	South Glos	40	180
McCarthy Stone	Barnhill Court	South Glos	-	60
Housing 21	Edward Jenner Court	South Glos	30	20
McCarthy Stone	Magpie Court	South Glos	-	54
		Total (South Glos)	**328**	**314**
		Total (WoE)	**1,571**	**938**

Source: Elderly Accommodation Council, South Gloucestershire Council, Bristol CC, BANES Council, North Somerset Council

2.22 Table 15 shows this supply of extra care housing aggregated for each of four council areas and compared in terms of current prevalence rates (supply per 1,000 population at 75+) and compared to the South West of England and England overall.

2.23 This shows that the prevalence of extra care housing in all four council areas is above both the South West and the England average prevalence. Based on the Housing LIN's experience of the commissioning and provision of extra care housing across England, this should be interpreted as meaning that other areas of England are likely to have an under supply of extra care housing, rather than that there is an 'oversupply' of extra care housing in the West of England.

Table 15. Extra care housing - summary of number of units among West of England local authorities, compared to regional and national provision (prevalence: per 1,000 population aged 75+).

Local Authority	ECH (units) Sale / shared ownership	ECH (units) Rent	ECH (units) Total	ECH (units) Prev.
Bath and North East Somerset	186	358	544	29
Bristol	312	631	943	34
North Somerset	126	254	380	15
South Gloucestershire	314	328	642	24
South west	**2,162**	**4,924**	**7,086**	**12**
England	**13,629**	**46,176**	**59,805**	**13**

Source: Elderly Accommodation Council, South Gloucestershire Council, Bristol CC, BANES Council, North Somerset Council

Profile of need: older people's housing preferences and needs

2.24 The evidence regarding the housing preferences of older people, including their views about extra care housing, has been drawn from:

- Evidence from qualitative and quantitative research undertaken by the Housing LIN[10], including with older persons in the West of England.
- Local evidence provided by some of the 4 councils

2.25 This evidence is considered in terms of what and how older people express their 'need' for housing in later life, specifically in relation to extra care housing.

2.26 Older people are an increasingly diverse cohort, in terms of a widening age range and varying needs for support, with different views and preferences about housing and support services they may need or want, however, a *consistent* theme from research evidence about future housing preferences is that people want homes that enables them to live as *independently* as possible in later life.

2.27 The majority of older people are neither actively thinking about or considering moving in the future; in part this is about a lack of alternative affordable, attractive housing choices and information about potential options, but it also reflects a desire that predominates amongst the majority of older people of wanting to remain in their existing homes and communities. The perception of the upheaval of moving, real and perceived, is also a significant barrier for many older people in terms of moving from their existing homes.

2.28 However, for many, this may mean potential adaptations to their current home, and/or bringing in care/support if required, however for a minority of older people this is about moving from their existing home to more suitable housing that enables them to continue to live independently, for example where an existing property is no longer meeting their needs and requirements, where a person/s may have difficulties in managing stairs or home maintenance is becoming unmanageable.

2.29 A move to alternative housing could mean moving to extra care housing, however the evidence from the Housing LIN's research is that amongst older people who are considering a move in later life, many of these people are considering moving to mainstream housing, either for sale or for affordable rent depending on their financial circumstances, that does not have an age designation but simply better suits their needs and requirements in later life; for example it is well known that, for example, bungalows are often popular with older people, amongst both home owners and people who need to rent (affordable).

2.30 The evidence from the Housing LIN's research is that typically no more than c.25-30% of older people are *potentially* interested in a move to housing that is better suited to their needs and requirements in later life. Of this cohort at least c.50% would prefer to live in non-age-designated housing whilst c.50% are seeking age-designated

[10] Evidence from research that the Housing LIN has conducted with over 2,000 older people aged 55+ across England in the last 4-5 years using survey and focus group methods.

housing. Amongst the cohort of older people who are potentially interested in a move to age-designated housing, the *majority* are considering some form of 'retirement housing', with a *minority* considering a move to extra care housing. Evidence from our research is that of the cohort who are *potentially* interested in moving in later life, it is a smaller proportion of this cohort that actually move in practice.

2.31 This evidence clearly indicates that a minority of older people are seeking to move to extra care housing as a preferred housing choice. Our research indicates that the term 'extra care housing' is off-putting for many older people; in part as many people associate it with a care home (linked to the use of the words 'extra' and 'care'), and there is very little interest in moving to a care home, but also because there is relatively low awareness of what 'extra care housing' is as a product (see section 3 covering marketing).

2.32 The evidence from our research is that amongst older people who are considering a move to extra care housing, particularly (but not exclusively) amongst older home owners, this is increasingly being considered as a move for 'later' in older age rather than as a 'lifestyle' or 'preventative' move at a potentially younger age. The evidence from the extra care housing scheme visits corroborated this; amongst both (affordable) renters and home owners the average age of people moving to extra care housing is typically increasing. Amongst the private schemes visited, the average age of residents was over 80 years.

2.33 The evidence from our research is that amongst many older people, extra care housing also tends to be seen as an 'expensive' housing option, particularly for those that are self-funding. This is particularly the case for older people who may need and want to move to a rented extra care housing scheme dwelling but are, perhaps, outside the eligibility for housing benefit. The service charges for many people can be a significant barrier to accessing and considering extra care housing, both for rent and for sale.

2.34 However, the evidence from older people whom have moved to extra care housing is that moving has been a positive decision and has improved their quality of life. *"I wish I had moved sooner"…"I love living here, I have a great sense of community"*. This suggests that some of the strongest advocates for a move to extra care housing are older people who have made that move because it better meet their needs – some operators do make use of resident 'ambassadors' to market their schemes to potential residents/customers (see section 3).

2.35 Amongst those older people who have moved or are interested in moving to extra care housing, a strong 'pull' factor is the availability of staff onsite 24/7 which meets their need for peace of mind and safety/security. It also meets the need of families in terms of knowing that their older relative has access to onsite staff 24/7 in the event of an emergency or if they have care needs.

2.36 The availability of communal facilities within extra care housing is typically seen by older people who are interested in moving to extra care housing as an important feature as it helps to provide opportunities for social connections with neighbours and to make friendships. The research evidence indicates that if designed to be vibrant and welcoming, communal facilities help to foster a sense of community in extra care housing. .

2.37 Increasingly important is having technology available to support older people to live independently and that works alongside staffing as part of an extra care housing service offer. The evidence from the TAPPI programme[11] is that older people are seeking technology that is easy to use, and supports them with independent living and social connectivity. Increasingly, this need is expressed in terms of an expectation of the provision of wi-fi throughout an extra care housing scheme.

2.38 The evidence from a 2018 survey[12] with people aged 55+ in South Gloucestershire about their housing needs stated that 78% of respondents consider extra care housing 'a good option that they would consider in the future'. Simultaneously 31% of respondents commented that they wanted to retain their independence or that they didn't need the type of support provided in extra care. The evidence from this survey indicates that there is demand for extra care housing.

2.39 The evidence from a 2020 survey[13] with the Bristol Older People's Forum was that the majority of older people want to stay in their own communities near people of all ages and that for older people who would like to 'downsize' they would like to see more innovation and creative housing choices. This indicates that extra care housing is likely to be just one of several potential housing options that older people in Bristol are seeking but that where it is developed it needs to take into account that people want to remain connected to their local communities.

2.40 The evidence from research conducted by the Housing LIN in North Somerset in 2022 as part of an assessment of need for housing and accommodation for older people, indicated that there is interest amongst some older people in moving to a care village; some older people have considered a move to an existing retirement village at Sandford.

[11] https://www.housinglin.org.uk/Topics/type/The-TAPPI-Inquiry-Report-Technology-for-our-Ageing-Population-Panel-for-Innovation-Phase-One/

[12] https://consultations.southglos.gov.uk/gf2.ti/f/914722/45950053.1/PDF/-/OP%20HNA%20Survey%202018%20-%20Consultation%20Report%20-%20FINAL.pdf

[13] https://bopf.org.uk/wp-content/uploads/2020/07/Housing-Survey-Report-May-2020-Final-for-publication-23-06-20.pdf

Profile of need: evidence from extra care housing providers

2.41 The evidence from extra care housing providers operating across 4 West of England authorities has been drawn from:

- 13 in-person site visits to extra care housing schemes.
- A survey of extra care housing providers.
- Telephone interviews with a sample of extra care housing providers.

2.42 The evidence from providers of extra care housing indicates a difference in some aspects of the profile and characteristics of residents moving to private schemes compared to social schemes.

2.43 The profile of residents in private extra care housing schemes is increasingly likely to be 'older' older people (i.e. aged 75/80+) who have started to develop care/health related needs. A minority of people have moved to private extra care housing as a result of 'forward planning' in their 'younger' older years (i.e. aged 60-75). The evidence from scheme managers in private schemes is that 'younger' older people that have looked around schemes choose not to move in, often stating that they 'aren't ready' for such a move to specialist housing

2.44 Private schemes tend to attract older people from a broader range of geographical locations for a variety of reasons. For example, a number of people have moved to be closer to family in other parts of the country; for others they were purposefully looking for extra care housing and actively moved further for this type of housing, particularly where the scheme is particularly well specified (e.g. The Chocolate Quarter, Keynsham).

2.45 In extra care housing schemes developed by social housing providers (including those that are mixed tenure) there is a greater diversity of residents. More significantly, the diversity of residents living in social extra care housing has been increasing both in relation to the age range and mix of care and support needs accommodated. Increasingly, operators of social extra care housing have been and are receiving referrals of 'younger' older people with *support* needs, rather than *care* needs, (e.g. people aged 55-65 with needs linked to drug/alcohol misuse, serious mental ill health, offending).

2.46 Whilst providers of extra care housing recognise that there is a shortage of accommodation for older people with more 'complex' support needs, the majority of them are concerned that this trend in the need profile of residents makes it harder for them to effectively support a resident cohort with increasingly diverse care and support needs. They are also concerned that for some of their 'older' older residents with care needs linked to ageing, living alongside much younger people with high support needs can be concerning or, in some cases, even a risk.

2.47 The majority of social extra care housing providers want to deliver what they consider to be a model of extra care housing that was designed and developed for older people with, or who may develop, predominantly age-related care and health needs,

whilst accepting that extra care housing can work well for a range of other people, for example people aged under 55 years who may have care and/or mobility related needs, e.g. people with learning disabilities and people with long term health conditions, as well as a small number of older people with more complex support needs.

2.48 They see a trend towards accommodating a growing proportion of residents who have a profile of need as 'younger' older people with high support needs, as both being increasingly challenging to manage operationally and compromising the 'fidelity' of the model of extra care housing they originally developed.

2.49 Scheme managers of extra care housing schemes said that the changing resident need profile is changing the 'dynamic' within schemes and has had an impact on the 'community feel' and therefore the wellbeing of some residents. There is also concern about some older residents' safety when accommodating and managing residents with complex support needs. Some scheme managers believe that local authority referrers to extra care housing tend to see it as a supported housing resource with 24/7 on site staff that can therefore accommodate people for whom there may not be other supported housing resources or options.

2.50 However, there are some social extra care housing providers that do manage well the changing resident demographic and need profile; this tends to be where they also manage other types of supported housing so may have more organisational experience and resources to draw on, e.g. staff with experience of supporting people with serious mental health needs.

2.51 Social housing providers that offer shared ownership properties tend to find that these are more likely to attract older people who are 'future planning' or moving as a 'life-style choice' however the majority of these people are also leaving a move until later in life (75+).

2.52 The geographic profile of residents in social extra care housing tends reflect policies in relation to allocations and local connection criteria; however providers identify that they are approached by potential applicants who may want to move across local authority boundaries where these 'truncate' communities or where older people simply want to exercise greater choice in relation to meeting their housing and care needs.

2.53 A number of social housing providers accommodate younger people with a learning disability within their extra care schemes and state that this can work well in terms of managing support needs and mix of residents.

2.54 The evidence from extra care providers indicates that residents value and are attracted to move to extra care because of the:

- The opportunity to live independently.
- The availability of staff 24/7.
- Safety and security.

- The potential for social opportunities and a sense of community.
- Communal facilities.

Profile of need: evidence from local authorities

2.55 A summary of the evidence of the need profile for extra care housing is based on meetings with officers from the four local authorities.

2.56 All the councils see the role of extra care housing as an opportunity for individuals that need care/support to remain living independently but with access to care and support if they need it. For some older people it is considered as an effective alternative to a move to residential care and a more cost-effective alternative, both for older people who may need to self fund some of their housing and care needs and for councils.

2.57 All the councils are experiencing an increase in the range and diversity of needs amongst older people that they are seeking to accommodate in extra care housing. However, this can vary between councils.

2.58 For example, the profile of need for extra care in Bristol is becoming significantly more diverse. Alongside a more 'traditional' customer with age-related care needs, the council is under pressure to provide accommodation for older people with more complex support needs who might also have a housing need as well as a care/support need, e.g. people at risk of homelessness, people with drug/alcohol related needs, people with mental health needs.

'We can't keep extra care housing for 'traditional' customers only, this is not the profile of need we are seeing'

2.59 There is lack of supported accommodation or floating support services for individuals that fall outside the 'traditional' customer profile so extra care housing is being considered as an option for people who might have otherwise been supported in the community or with more bespoke housing services. The council wants to make the best use of the housing facilities, i.e. extra care housing, that it has available and it is their view that extra care housing can support a proportion 'non-traditional' customers.

2.60 BANES and North Somerset Councils are also experiencing an increasingly more diverse profile of need being referred for extra care housing. The councils are increasingly seeing customers with history of homelessness, drug and alcohol misuse and mental health related need. But there is also an increase in the number of people living with dementia being referred for extra care housing.

2.61 In South Gloucestershire the profile of need for extra care housing is also becoming increasingly diverse. The two cohorts of 'need' which South Gloucestershire is receiving more referrals for older people with low, or indeed no care needs, and people with high care needs. Typically, referrals with low/no care needs exhibit as

older people experiencing social isolation and loneliness and seeking the range of activities on offer in extra care housing as well as a more accessible living environment, i.e. someone who is considering a preventative move. Typically, referrals with high care needs exhibit as older people living with dementia but who don't currently need nursing care. However, much of the extra care housing provided in South Gloucestershire isn't 'dementia-ready'. In the past three to four months there has been an increase in the number of referrals from older people at risk of homelessness, it is assumed this is a result of the current cost of living and housing crisis. This is not a 'traditional' extra care customer but individuals with more complex housing related support needs.

2.62 The experience of the councils is that landlords are being 'selective' when it comes to accepting nominations from the councils for extra care housing and prefer more 'traditional' customers, i.e. older people with age-related care needs. This means that the councils have a group of older people that are outside the 'traditional' extra care housing customer need profile but need somewhere to live with access to support.

2.63 The councils report experiencing challenge back from extra care housing scheme managers/housing providers about the 'needs' of some of the people being referred to extra care housing. There isn't always a clear agreement in place about the 'needs' that can or should be supported in extra care housing.

2.64 It is the view of most of the councils that scheme managers currently act as 'gatekeepers' of extra care housing and tend to prefer a more 'traditional' customer. The councils understand that skewing an extra care housing scheme too much towards 'non-traditional' customers can be problematic for residents and staff, but the councils are facing pressure to find accommodation for older people with high support needs and consider that extra care housing can work well for soe people with this 'non traditional' profile of need.

2.65 There is recognition that this trend towards a much greater diversity of need being referred to and accommodated in extra care housing is creating other challenges. The councils would like extra care housing to attract more older people to move before they need it, e.g. before it is too late and a move to a care home may become a more practical option (for example following a period in hospital), however the reality is that the changing profile of need is creating a housing offer that isn't as attractive to some older people with age related care needs.

2.66 In this context of the diversification of the profile of need for people being referred and living in extra care housing, the councils are seeking an agreement with housing providers about the role of extra care housing and the types of 'needs' that can be supported.

2.67 The councils are seeking to exploring mechanisms and approaches with providers that would enable a greater diversity of 'need' to be successfully accommodated in extra care housing such as using some schemes to potentially have a higher proportion of older people with more complex support needs, but working with

external agencies, such as mental heath services and drug/alcohol services, to provide better support to residents and staff.

2.68 The need profiles of potential customers suggests a need for an increase in supported living environments specifically for older people with high support needs as well as more support for older people that are able to living in mainstream housing with support.

Quantitative estimates of need for extra care housing

2.69 Bristol City Council (2020) and North Somerset Council (2022) have undertaken relatively recent quantitative assessments of need for extra care housing. These show need increasing over the next 10-20 years but are also influenced and moderated by the qualitative evidence outlined above, particularly in relation to research with older people about their housing preferences.

2.70 BANES and South Gloucestershire have quantitative evidence of increasing need for extra care housing from earlier assessments undertaken as part of local strategic housing market assessments.

2.71 The four councils have jointly commissioned a local housing market needs assessment which will include (*tbc*) evidence of the need for specialist housing for older people. It is suggested that the evidence from this study in relation to the profile of need for extra care housing, particularly the qualitative evidence about the housing preferences of older people, informs any new quantitative assessment of need for specialist housing for older people.

Summary: evidence of the profile of need for extra care housing

2.72 A range of contextual evidence suggests that the need for extra care housing is likely to increase in the future across the West of England 'footprint':

- By 2042 the population of people aged 65+ is projected to increase by c.25% and the population of people aged 75+ is projected to increase by c.40%.
- The prevalence of dementia amongst people aged 65+ is projected to more than double by 2042.
- The number of 65+ households that have members with long term health problem or disability (day-to-day activities limited a lot) is c.30%. Given the projected rise in the 65+ population to 2042, the number of 65+ households that have members with long term health problem or disability is likely to increase over the next 10-20 years.

2.73 These factors affect the older population from all socio-economic groups and indicate that the population of older people with care needs is likely to increase and

the need for specialist accommodation, including extra care housing, that can meet these needs is likely to increase commensurately.

2.74 The policies of the local authorities are to support older people to live as independently as possible with support and care in their own homes as far as possible; extra care housing is one of the accommodation options that will enable this to happen.

2.75 Whilst this evidence suggests there will be an increasing need for extra care housing both for sale and (affordable) rent, the evidence from research about the housing preferences of older people indicates that the potential need for extra care housing, and other types of specialist housing, is far more nuanced.

2.76 The evidence from research by the Housing LIN with older people indicates that:

- The majority of older people are neither actively thinking about or considering moving in the future; in part this is about a lack of alternative affordable, attractive housing choices and information about potential options, but it also reflects a desire that predominates amongst the majority of older people of wanting to remain in their existing homes and communities.
- A minority of older people are potentially seeking a wider range housing options to choose from that will enable them to live independently.

2.77 A move to alternative housing could mean moving to extra care housing, however the evidence from the Housing LIN's research is that amongst older people who are considering a move in later life, many of these people are considering moving to mainstream housing, either for sale or for affordable rent.

2.78 Amongst the cohort of older people who are potentially interested in a move to age-designated housing, the majority are considering some form of 'retirement housing', with a minority considering a move to extra care housing, i.e. a minority of older people are seeking to move to extra care housing as a preferred housing choice.

2.79 However, the evidence from older people whom have moved to extra care housing is that this has been a positive decision and has improved their quality of life. Amongst those older people who have moved or are interested in moving to extra care housing, a strong 'pull' factor is the availability of staff onsite 24/7 which meets their need for peace of mind and safety/security.

2.80 Amongst older people who are moving to private sector extra care housing, whether to buy or to market rent, the profile of residents is increasingly likely to be 'older' older people (i.e. aged 75/80+) who have started to develop care/health related needs. A minority of people have moved to private extra care housing as a result of 'forward planning' in their 'younger' older years (i.e. aged 60-75). The evidence from scheme managers in private schemes is that 'younger' older people that have looked around schemes choose not to move in, often stating that they 'aren't ready' for such a move to specialist housing

2.81 The more recent assessment of need for extra care housing, for example undertaken by Bristol City Council (2020) and North Somerset Council (2022), are reflective of this more nuanced balance between the evidence of demographic and other factors influencing future need alongside careful consideration of the evidence in relation to older people's housing preferences and propensity to move in later life.

2.82 In the extra care housing sector provided by social landlords, both councils and providers see the role of extra care housing as an opportunity for individuals that need care/support, or who may have this need in the future, to remain living independently but with access to care and support if they need it. However there is an increasing *tension* between councils and providers about the current and future role of extra care housing and who it is 'for'.

2.83 All the councils are experiencing an increase in the range and diversity of needs amongst older people that they are seeking to accommodate in extra care housing.

2.84 Alongside a more 'traditional' customer with age-related care needs, councils are under pressure to provide accommodation for older people with more complex support needs who might also have a housing need as well as a care/support need, e.g. older people at risk of homelessness, older people with drug/alcohol related needs, older people with mental health needs.

2.85 However, councils are also seeing increasing numbers of older people with more complex care and health needs, such as people living with dementia, being referred to extra care housing.

2.86 This is reflected in the experience of extra care housing providers. Amongst older people being referred to and moving to extra care housing provided by social landlords, the diversity of residents living has been increasing both in relation to the age range and mix of care and support needs accommodated.

2.87 Increasingly, operators of social extra care housing have been and are receiving referrals of 'younger' older people with support needs, rather than care needs, (e.g. people aged 55-65 with needs linked to drug/alcohol misuse, serious mental ill health, offending). At the same time there are increasing referrals of older people with complex care and health needs, often associated with older people living with dementia.

2.88 Whilst social housing providers of extra care housing recognise that there is a shortage of accommodation for older people with more 'complex' support needs, the majority of them are concerned that this trend in the need profile of residents makes it harder for them to effectively support a resident cohort with increasingly diverse care and support needs.

2.89 The majority of social extra care housing providers want to deliver what they consider to be a model of extra care housing that was designed and developed for older people with, or who may develop, predominantly age-related care and health needs, whilst accepting that extra care housing can work well for people with a range of care and support needs.

2.90 This tension is manifested in terms of the experience of councils who consider that providers are being 'selective' when it comes to accepting nominations from the councils for extra care housing and prefer more 'traditional' customers, i.e. older people with age-related care needs. This means that the councils have a group of older people that are outside the 'traditional' extra care housing customer need profile but need somewhere to live with access to support.

2.91 However, the evidence from extra care providers indicates that residents value and are attracted to move to extra care because of the opportunity to live independently, the availability of staff 24/7 and the associated sense of safety and security this offers, the potential for social opportunities and a sense of community and having a range of communal facilities. Their view is that if the attractiveness of extra care housing is 'diluted' because it is increasingly accommodating people with high support needs, then one effect of this will be that many older people will not want to move to extra care housing even though such a move might be highly beneficial.

Implications and suggested actions

2.92 The need for extra care housing is likely to increase in the future, both for private schemes for sale and and/or market rent, and for schemes for affordable rent and shared ownership.

2.93 In relation to extra care housing for affordable rent and shared ownership, the councils and the providers should agree how to manage the increasing diversity of need amongst older people living in and being referred to extra care housing, i.e. to agree the *role and purpose* of existing and future extra care housing.

2.94 Extra care housing schemes are expensive and time consuming to develop. Providers are unlikely to commit to future substantial capital investment in additional extra care housing schemes if they don't think that the balance of needs to be accommodated will be feasible or sustainable.

2.95 Councils need to be in a position to commission and enable a range of housing with care/support services that can meet the increasingly diverse needs of their older populations.

2.96 It is not realistic for extra care housing schemes to become, in effect, a 'one size fits all' service for the increasing diversity of need amongst older people. This would mean councils and providers jointly reviewing the existing portfolio of extra care housing schemes in each council area as a basis for agreement about the role and purpose of extra care housing and the mix of needs that can be accommodated and supported.

2.97 In relation to existing extra care housing services, councils and providers should consider mechanisms and approaches that would enable a greater diversity of need to be successfully accommodated in extra care housing such as using some existing schemes to potentially have a higher proportion of older people with more complex

support needs, but working with external agencies, such as mental heath services and drug/alcohol services, to provide necessary support to residents and staff.

2.98 In relation to new development of extra care housing schemes, providers may want to develop schemes that are predominantly for older people with age related care needs, but with a balanced mix of needs accommodated, particularly where schemes are mixed tenure.

2.99 Councils may need to commission more *differentiated* housing and care/support services suited to the increasingly diverse needs of their older populations. This may mean, for example:

- Extra care housing schemes that are predominantly focussed on meeting the needs of older people with age related care needs, including provision accommodating people living with dementia, which includes design and support options that enable people to remain living in extra care housing and/or consideration of the co-location of care homes alongside extra care housing.
- Extra care housing that can accommodate a mix of low to high age related care needs as well as a manageable level of older people with higher support needs.
- Smaller scale supported housing for older people with the most complex support needs.

2.100 The digital switchover in 2025 provides an opportunity for providers of extra care housing and local authorities to collaborate to maximise the use and impact of digital technology in supporting residents living in extra care housing to remain living well and independently for as long as possible, to complement support from staff.

2.101 All of these approaches to address meeting the housing and diverse care/support needs of older people will be most effectively met based on a partnership model of working between councils and providers, both in terms of strategic agreement about the role and purpose of extra care housing and the operational management of schemes.

3. Marketing approaches to extra care housing

3.01 We have reviewed a range of evidence in relation to the marketing of extra care housing including:

- Evidence nationally in relation to the terminology used to market extra care housing.
- Evidence locally in relation to the marketing of extra care housing.
- Evidence from research with older people about their awareness of, interest in and what they are seeking from extra care housing.

3.02 The evidence is summarised and the key implications are set out for a marketing strategy for extra care housing.

Extra care housing terminology and marketing: national evidence:

3.03 There is increasing diversification in the 'terminology' that housing providers are using to describe extra care housing services. There is a trend towards housing providers moving away from using 'extra care housing' terminology, particularly the term 'care' to describe this type of housing.

3.04 Avoiding the use of the term 'care' is influenced by the need to disassociate extra care housing with care homes by potential residents/customers, as well as other interested stakeholders. This includes older people, their families and health and social care professionals some of whom tend to consider extra care housing to be the same as a care home.

3.05 Using more neutral and 'age-positive' terminology is an attempt by housing providers to attract a wider range of older people to move to extra care housing by indicating that it is independent living and for it to seen as a more 'aspirational' move, rather than a move specifically or solely linked with having care needs.

3.06 A similar trend is occurring in relation to how many social housing providers 'rebrand' sheltered housing. Many providers are replacing the term 'sheltered' in favour of 'retirement' or 'independent living'.

3.07 A report by Shakespeare Martineau[14] recommended that language must be simplified and positive – reflecting the many benefits of retirement housing schemes. It also suggests that while one term does not fit all, the number of terms should be condensed and used consistently across the sector in order to increase public recognition of terms used to describe specialist housing for older people.

3.08 The table below provides a summary of housing association, charitable and private sector operators in terms of the brands and terms they use to describe both extra care housing and other types of age designated housing. This includes operators of extra care housing across the 4 council areas.

[14] https://www.shma.co.uk/retirement-housing-white-paper/

Table 16. Housing association, charitable operators and private sector operators. Brands and terms in use.

Organisation	Branding used for older people's housing services	Branding used for extra care housing services
Alliance Homes	Accommodation for older people	Extra care housing referred to by scheme name
Anchor	Retirement housing	Retirement Villages Extra care housing
Audley	N/A	Audley Villages
Bristol Charities	Accommodation for older people	Extra care housing
Brunelcare	Sheltered housing	Extra care housing
Curo	Sheltered housing	Extra care housing
The ExtraCare Charitable Trust	N/A	Retirement Village
Guinness	Homes for older people – retirement living	Extra care homes New extra care housing schemes referred to by scheme names (i.e. not branded as extra care)
Housing 21	Retirement living	Extra care housing
Inspired Villages	N/A	Retirement villages referred to as scheme names
LiveWest	Sheltered housing	Extra care housing
McCarthy & Stone	Retirement Living	Retirement Living Plus
Midland Heart	Retirement housing	Retirement Living Plus
One Housing	N/A	Season Senior Living
Orbit Housing	Independent Living	Independent Living – extra care
Peabody Trust	Homes for over 50s	Homes for over 50s
Platform Housing	Retirement Living	Retirement Villages
Riverside	Retirement Living (covers all sheltered and extra care housing)	Retirement Living (covers all sheltered and extra care housing)
St Monica Trust	N/A	Retirement Villages
Your Housing	Retirement living	Retirement living

3.09 In the housing association sector, extra care housing still tends to be used as a 'generic' brand even though it isn't well understood by the public/potential customers. Guinness, for their most recent extra care housing scheme in Devon, don't use the term 'extra care' and instead brand using the development name, 'Quayside'. Hanover (pre merger with Anchor) used a 'downsizer' brand for their most recent older people's housing offer, i.e. this brand avoids terms like 'retirement living' or 'retirement housing'.

3.10 There are also a number of other ways that housing providers are starting to change their marketing approaches to extra care housing.

3.11 Housing providers are being more transparent about the costs of living in extra care in their marketing. On their website, Housing 21 provide a breakdown of anticipated

costs, including rents, previous sale prices and service charges at sheltered and extra care schemes. The ExtraCare Charitable Trust (ECCT) provide a range of financial case studies and examples in their brochures which clearly demonstrate what it would cost to live in one of their villages. This is intended to help potential residents to compare the costs of living in extra care housing with living in their existing home.

3.12 The Shakespeare Martineau report states many of the public are unsure about whether retirement housing schemes are good value for money, because they are unlikely to have anything to benchmark this against.[15] To address this issues, Housing 21 and ECCT for example, are seeking to provide evidence of the value for money of living in extra care housing to potential customers/residents.

3.13 Based on research with older people and what they value from extra care housing, housing providers need to market extra care housing by defining it by the benefits it can bring. Sarah Davis from the Chartered Institute of Housing recommends focusing on the benefits *'not the age or retirement status [of residents] because not everyone is at retirement age that these schemes are suitable for. Promote according to benefits and broaden the audience'*. Housing providers are starting to focus on telling 'stories' and case studies that provide real examples of these benefits, often featuring people who have already moved to extra care housing. Worcestershire County Council[16]l uses these types of 'first person' videos on its website to explain and market extra care housing to older people, their families and professionals.

3.14 To align with more age-positive terminology and language, the branding and imagery that some housing providers use is diversifying. Using images that promote extra care housing as an attractive and desirable place to live with positive images of older people living independently, for example by One Housing in relation to their *Seasons* senior living brand,[17] are used to create a positive image of living in extra care housing, and more likely to consider such a move.

3.15 The marketing of extra care housing needs to consider that older people are a diverse cohort, which includes people from ethnic minorities. Housing LIN research with older people from ethnic minorities in Kirklees[18] indicated that marketing needs to adopt a 'culturally competent' approach. In practice this means building trust with communities and engaging in more face-to-face marketing to break down any misconceptions about extra care housing and who it is 'for, i.e. it is a housing and care/support option that works well for people from a diverse range of backgrounds.

3.16 However, to attract older people from ethnic minorities, extra care housing needs to provide a 'culturally competent' service. It should also recognise that for some

[15] https://www.shma.co.uk/retirement-housing-white-paper/
[16] https://www.worcestershire.gov.uk/care-and-support/care-homes-and-supported-accommodation/extra-care-housing
[17] https://care.onehousing.co.uk/senior-living/our-schemes/properties/lorenco-house
[18] https://www.housinglin.org.uk/Topics/type/Older-People-from-Ethnic-Minorities-in-Kirklees-Housing-Needs-and-Preferences-Study/

people, there is a desire to live amongst people with similar lifestyles and cultures.[19] For example Housing 21 has responded to this preference by developing purpose-built housing for older people, influenced by co-housing principles, in Birmingham that are designed to be attractive and relevant to people from ethnic minority communities.

3.17 Marketing extra care housing to older people who are LGBTQ+ also means ensuring that the service is inclusive and reflects people's preferences and needs.

Extra care housing terminology and marketing: local stakeholder perspectives

Extra care housing providers' perspectives

3.18 The evidence from local extra care housing providers is broadly consistent with the evidence from housing providers nationally.

3.19 Local extra care housing providers recognise that most older people have very limited awareness of extra care housing and the term can put off potential customers/residents due to the association with a care home. They recognise the need to avoid using the terminology 'extra care' when describing it to future customers to prevent this association with a care home and also to manage expectations about the level of care and support that is provided.

3.20 Providers of market extra care housing do not use this term, for example McCarthy Stone use the Retirement Living Plus brand to market their extra care housing service offer.

3.21 Some providers are seeking to attract people to move to extra care housing before they 'need' to by using more age-positive marketing to encourage 'younger' older people to consider a move, for example Guinness at their latest extra care housing scheme in Devon[20]. Providers are doing this in part to help maintain a balanced and vibrant community with a mix of ages. This is seen as a 'virtuous circle' in marketing terms because it helps to show to potential customers/residents that an extra care housing scheme is a place where older people live independently and there is an active community, rather than the appearance that the majority of residents have high care needs.

3.22 Extra care housing providers identified that having an increasingly diverse customer base (i.e. customers with increasingly diverse and high support needs as well as older people with age related care needs) can makes marketing a greater challenge because if the extra care housing 'product' and 'service offer' becomes more diluted, this has the potential to put off some potential residents/customers.

3.23 Some extra care providers offer 'trial stays' which they consider to be an effective way of enabling prospective customers to get a feel for what living in a scheme is like.

[19] https://www.housinglin.org.uk/_assets/Resources/Housing/Housing_advice/Developing_Extra_Care_Housing_for_BME_Elders_March_2006.pdf

[20] https://www.guinnesspartnership.com/extra-care/quayside-totnes/

3.24 Some organisations, for example St Monica Trust, also stress their principles and values in their marketing, selling the fact that they are a not for profit organisation with charitable status. According to scheme managers, this is often a selling point for potential customers.

Councils' perspectives

3.25 The evidence from discussions with local council officers corroborates the national evidence.

3.26 Council officers confirmed that extra care housing is a term that is not well understood by older people, their families, as well as many health and social care professionals.

3.27 There is recognition that the term 'care' tends to put some people off considering extra care housing and there is local evidence of confusion between extra care housing and a care home. The misunderstanding amongst professionals can result in people being referred to extra care housing that are not well suited to this housing model.

3.28 There is an awareness amongst council officers that the access arrangements to social sector extra care housing is often not clear to many older people and their families.

3.29 Council officers stated that the marketing of extra care needs to follow on from an agreed understanding of who the service is designed for and aimed at. It is more challenging to market extra care housing if it is a service that is increasingly becoming 'all things to all people'.

3.30 There is recognition that it is important to use a broad range of marketing tools to attract a wider range of older people to extra care housing. This will involve improving the use of digital marketing tools such as videos that demonstrate what it is like to live in extra care housing. However, it is also recognised that not all older people are digitally literate, but it is anticipated that over time this will change; recent internet use in the 65 to 74 age group increased from 52% in 2011 to 80% in 2018[21].

Marketing extra care housing: evidence of older peoples' perspectives

3.31 Research by the Social Care Institute for Excellence[22] showed that the highest level of public familiarity was with care homes (94%) and retirement villages (82%), but only 3 in 5 were aware of extra care housing.

3.32 Qualitative research undertaken by the Housing LIN indicates:

- The majority of older people are not aware of extra care housing.

[21] https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019

[22] https://www.scie.org.uk/housing/role-of-housing/commission

- Many older people associate the 'extra care housing' terminology with a care home, which is off-putting; most people have negative perceptions of a move to a care home.

3.33 The Housing LIN's research with older people indicates that to address this lack of awareness of extra care housing and to differentiate it from care homes, it is necessary to market the *benefits* of living in extra care housing. This means that extra care housing should be marketed as an attractive housing offer that that has the following benefits which meet the needs and requirements of older people:

- Providing *a positive image of ageing*, i.e. a place that supports people to live independent, active, and healthy lives for as long as possible.
- Providing *an accessible living environment*, i.e. it is better 'futureproofed' for ageing but also has contemporary fixtures and fittings (it must not look and feel 'institutional').
- Providing *a safe and secure environment*; having staff on site 24/7 is a key benefit.
- Offering homes that are easy to maintain and manage.
- Providing the *opportunity for social interaction and a sense of community*; this may be facilitated through the provision of modest but attractive communal spaces, internally and externally, as well as staff to assist in facilitating socialising opportunities.
- Being *located in a town centre or close to amenities* and with good links to public transport.
- Is seen by a majority of older people making a move to extra care housing as a *'lifestyle choice' rather than solely a 'care choice'*. A move to this type of housing should be seen as an attractive option rather than somewhere a person moves to solely in order to receive care.
- Offering *value for money* and is affordable for a range of older people.
- Has the offer of *a 'support to move' service* which can help people to overcome both the emotional and practical barriers to moving, e.g. practical/financial help with moving home.

3.34 The Housing LIN's research also suggests the following issues should be considered when marketing extra care housing to older people:

- Most older people don't wish to be seen as 'old' and therefore marketing needs to reflect this.
- Older people are seeking greater transparency around the cost of living in extra care housing. Older people are seeking clear information on, how much it would cost to live in extra care housing and the types of tenure options that are available. Many older people are also concerned of increasing costs and are seeking clarity around this.

- There is a need for clarity about when personal care is paid for by the local authority or when it needs to be self-funded; there is a need to provide the information that enables people need to make informed decisions about the costs of living in extra care housing including the cost of care.
- The use of technology amongst older people is increasing rapidly. There is a role for digital communications when marketing extra care housing, however it is important to retain face-to-face communication when examining and 'selling' extra care housing.
- Offering 'trial stays' in existing extra care housing can be an effective way of enabling people to get a 'feel' for what living in extra care housing would be like. Existing residents are also an excellent marketing tool as 'ambassadors' for the benefits of living in extra care housing.

Implications and suggested marketing strategy

3.35 The terminology of 'extra care housing' is not helpful as a marketing term. A range of both private and social providers of extra care housing have moved away from using this term. However, there is no overall consensus on alternative branding; examples of alternative branding include Retirement Living Plus, Retirement Villages and Senior Living. Other operators simply use the name of a development and then describe the benefits of living there.

3.36 It is suggested that the four councils agree a consistent brand to be used for extra care housing, at least amongst themselves and ideally with social/not for profit providers of extra care housing (although it is accepted that it may not be possible to agree this degree of consistency with providers). On balance, of the alternative branding, Senior Living is potentially the most helpful as it implies the product is aimed at older people but with a focus on 'living' (which implies living independently) rather than the use of the term 'Retirement' given that people are retiring at varying ages and 'retirement' does not have a uniform meaning.

3.37 To be able to market extra care housing effectively it is necessary for there to be agreement between the four councils and providers about what the extra care housing 'product/s' is/are and who it is 'for' (see section 2). Once this is agreed the marketing strategy can be agreed.

3.38 The suggested components of a marketing strategy are summarised below.

3.39 It is essential to market the benefits of living in extra care housing, rather than just describing what it is, and how this enable older people to live independently and to live well in later life. Marketing of the benefits needs to be focussed on:

- A positive image of ageing that is consistent with independent living.
- An accessible living environment.
- A safe and secure environment with 24/7 staff on site.

- Homes that are easy to maintain and manage.
- Opportunities for social interaction and friendships.
- Proving communal facilities but also located close to amenities.
- Offering value for money.

3.40 Develop and provide an extra care housing 'cost calculator' to use across the 4 council areas that shows potential residents/customers, their families and professionals how the cost of living in extra care housing compares to living in a person's existing home and other options (such as moving to a care home).

3.41 Create an online marketing presence for extra care housing to cover the 4 council areas. This should include short video clips of existing extra care housing residents describing the benefits of living in extra care housing, as well as an explanation of what extra care housing is, a directory of schemes across the 4 council areas and how to access them.

3.42 The 4 councils should consider appointing a lead front line housing or social care professional as an extra care housing 'champion' who can support, coach and, if necessary, train other front line social care, housing and housing operational staff to ensure that the marketing of extra care housing to older people and their families is consistent and effective.

3.43 For the marketing of extra care housing to be effective, there needs to be a close partnership model of working between councils and providers, in terms of strategic agreement about the role and purpose of extra care housing and the operational management of schemes, and how the marketing approaches of councils and providers need to be closely aligned.

3.44 Consider how to market extra care housing to minority communities amongst the older population. This means that extra care housing services need in practice to be 'culturally competent' and inclusive to a range of people, including older people from ethnic minorities and older LGBTQ+ people.

3.45 If acceptable to existing residents, consider how extra care housing can be used as a 'hub' for the local community and therefore encourage greater awareness of what is on offer. For example, extra care housing schemes could be used to host local community groups.

4. Cross border working arrangements

4.01 Proposed approaches for more extensive cross border working arrangements between the four councils in relation to extra care housing are proposed based on discussions with representatives from all four councils and a review of the existing memorandum of understanding (MoU) for extra care housing between Bristol City Council and South Gloucestershire Council.

4.02 The intention is to agree extra care housing cross-border working arrangements between the four councils to ensure that extra care housing is an early planning option, involves appropriate cross border local authority teams and utilises both the need profile and marketing approaches emerging as part of this project's outcomes.

Strategic collaboration

4.03 It is proposed that:

- The four councils develop a joint extra care housing strategic plan/position statement that sets out to the market:
    - How the 4 councils are collaborating strategically in their approach to planning, developing, commissioning and managing extra care housing.
    - A summary of the need for extra care housing across the 4 council areas over the next 10-15 years.
    - The mix and type of extra care housing required to meet identified need.
    - The expectations in relation to design and quality of extra care housing schemes, including alignment with HAPPI design principles.
    - This strategic plan/position statement and the evidence base that supports it could be referred to in future iterations of the four councils' Local Plans.
- The four councils establish an Officer extra care housing strategic group to lead and coordinate all joint working arrangements. In time, the remit of this group could include collaboration in relation to other types of specialist and supported housing, for example supported housing for people with complex support needs (such as people with learning disabilities/autism related needs requiring supported housing on discharge from inpatient/care home settings).

Development of extra care housing

4.04 It is proposed that:

- The four councils share with each other, through the strategic group proposed above, their development plans for extra care housing (in the context of the strategic plan referred to above).

- The four councils identify options and locations for the joint commissioning of extra care housing schemes where the likely customers will come from more than one council area.
- The 4 councils agree to undertake pre development consultation between themselves in relation to all extra care housing development proposals.
- The 4 councils consider establishing a joint framework of housing providers that could be selected to provide (social) extra care housing across the West of England footprint.
- Intelligence about the development of extra care housing, for example development costs, architecture and design trends, innovation in construction methods, environmental standards, is shared between the four councils.

Commissioning arrangements for extra care housing

4.05 It is proposed that:

- The 4 councils develop as far as practicable, a consistent approach to specifying the range and mix of care and support needs to be accommodated in extra care housing (accepting that this may need to be flexible to response to localised differences in need).
- A common approach is adopted to the model of onsite care delivery in extra care housing, including the level and type of overnight staff cover provided (accepting that this may need to be flexible to response to localised differences in need).
- A consistent approach is adopted in relation to the procurement and contracting for care services in extra care housing, for example, the circumstances in which a housing provider that is also a care provider, is able to provide the care service without there necessarily being a procurement process (whilst remaining compliant with the councils' Care Act responsibilities).
- Where it is agreed that an extra care scheme will be commissioned as a 'cross border' scheme. i.e. it will take customers from more than one council area, the councils involved will use the existing Memorandum of Understanding (as previously agreed between and used by Bristol City Council and South Gloucestershire Council) to cover the following:
    - Nomination and referral arrangements and responsibilities.
    - Charging arrangements for care, i.e. that each council will meet the care costs of people who originate from their area.

Operational management of extra care housing

4.06 It is proposed that:

- Each council has a nominated operational housing and adult social care lead for extra care housing.

- These operational leads liaise with each other to harmonise (as far as practicable) the operational delivery of the service provided in extra care schemes, for example, covering:
    - The extent of care/support needs and risk assessment information shared with extra care housing providers.
    - The nature of and circumstances in which external professional support is offered to extra care housing providers, e.g. in relation to supporting customers with mental health needs.
    - Promoting consistency in the delivery of the care/support service in extra care housing schemes through maintaining an appropriate balance of care needs in agreement with providers.
- A forum is established for all extra care housing providers operating across the four council areas to discuss operational matters and issues (at a frequency to be agreed) to encourage a partnership based approach to service delivery and a collaborative approach to problem solving operational practice and policy issues.

Access arrangements to extra care housing

4.07 It is proposed that the four councils agree to harmonise access arrangements to extra care housing schemes as far as practicable across the 4 council areas.

4.08 In practice this is likely to mean:

- Choice based lettings not being used as a mean of access to extra care housing schemes (even if applicants are still required to register their housing need).
- Access arrangements are based on decisions taken by local officers along with extra care housing providers to ensure that a manageable balance of care/support needs is maintained in schemes whilst seeking to prioritise applicants with the greatest need for extra care housing (balancing applicants' housing and care needs).

4.09 The 'hierarchy' of access to an extra care housing scheme would be:

- Nominations of people with eligible housing and care needs from the 'host' council.
- Applicants who may be nominated by the extra care housing providers (where this has been agreed with the 'host' council).
- People with eligible housing and care needs living in the other three council areas (i.e. people who don't live in the council area where the scheme is located).

5. Recommended actions

5.01 Based on the evidence from sections 2, 3 and 4, proposed recommended actions/next step are set out below

Profile of need for extra care housing

5.02 The need for extra care housing is likely to increase in the future, both for private schemes for sale and and/or market rent, and for schemes for affordable rent and shared ownership. Given the projected increase in the older population, it is reasonable for councils to assume that need for extra care housing will increase in line proportionately over time in line with the projected increase in the older population. However, it is important to note that amongst the cohort of older people who are potentially interested in a move to age-designated housing, the majority are considering some form of 'retirement housing', with a minority considering a move to extra care housing, i.e. a minority of older people are seeking to move to extra care housing as a preferred housing choice.

5.03 In relation to extra care housing for affordable rent and shared ownership, the councils and the providers should agree how to manage the increasing *diversity of need* amongst older people living in and being referred to extra care housing, i.e. to agree the *role and purpose* of existing and future extra care housing schemes.

5.04 Councils will need to considering categorising/designating existing extra housing care schemes and/or commissioning new schemes with more *differentiated* housing and care/support services suited to the increasingly diverse needs of their older populations. This may mean, for example:

A. Extra care housing schemes that are predominantly focussed on meeting the needs of older people with *age related care needs*, including provision accommodating people living with dementia, which includes design and support options that enable people to remain living in extra care housing and/or consideration of the co-location of care homes alongside extra care housing.

B. Extra care housing schemes that can accommodate a mix of *low to high age related care needs* as well as a manageable level of older people with *higher support needs*.

C. Smaller scale supported housing schemes for older people with more *complex support needs*.

5.05 It is not realistic for extra care housing schemes to be, in effect, a 'one size fits all' service for the increasing diversity of need amongst older people. Councils should *review* the existing portfolio of extra care housing schemes in each council area as a basis for agreement about the role and purpose of all extra care housing schemes and the mix of needs that can be accommodated and supported, for example, in line with the suggested categories above. This review should also consider:

- The fitness for purpose of the current supply of extra care housing schemes in the context of the suggested categories above.
- The standards and services available at each extra care housing scheme and whether, where applicable, any 'retro fitting' may be required to better meet need and current/figure environmental standards.
- The cost-benefits and 'affordability' of extra care housing to the councils, particularly in relation to expenditure on social care.

5.06 In relation to existing extra care housing services, councils and providers should consider mechanisms and approaches that would enable a greater diversity of need to be successfully accommodated in extra care housing such as using some existing schemes to potentially have a higher proportion of older people with more complex support needs, but working with external agencies, such as mental health services and drug/alcohol services, to provide necessary support to residents and staff.

5.07 All of these approaches to address meeting the housing and diverse care/support needs of older people will be most effectively met based on a partnership model of working between councils and providers, both in terms of strategic agreement about the role and purpose of extra care housing and the operational management of schemes.

Marketing approaches to extra care housing

5.08 It is proposed that the four councils agree a consistent brand to be used for extra care housing, at least amongst themselves and ideally with social/not for profit providers of extra care housing (although it is accepted that it may not be possible to agree this degree of consistency with providers). On balance, of the alternative branding, Senior Living is potentially the most helpful as it implies the product is aimed at older people but with a focus on 'living' (which implies living independently) rather than the use of the term 'Retirement' given that people are retiring at varying ages and 'retirement' does not have a uniform meaning.

5.09 Councils with their provider partners should market the benefits of living in extra care housing, rather than just describing what it is, and how this enable older people to live independently and to live well in later life. Marketing of the benefits needs to be focussed on:

- A positive image of ageing that is consistent with independent living.
- An accessible living environment.
- A safe and secure environment with 24/7 staff on site.
- Homes that are easy to maintain and manage.
- Opportunities for social interaction and friendships.
- Proving communal facilities but also located close to amenities.
- Offering value for money.

5.10 Councils should develop and provide an extra care housing 'cost calculator' to use across the 4 council areas that shows potential residents/customers, their families and professionals how the cost of living in extra care housing compares to living in a person's existing home and other options (such as moving to a care home).

5.11 Councils should create an online marketing presence for extra care housing to cover the 4 council areas. This should include short video clips of existing extra care housing residents describing the benefits of living in extra care housing, as well as an explanation of what extra care housing is, a directory of schemes across the 4 council areas and how to access them.

5.12 The 4 councils should consider appointing a lead front line housing or social care professional as an extra care housing 'champion' who can support, coach and, if necessary, train other front line social care, NHS staff (such as GPs, district nurses, occupational therapists, acute hospital discharge staff) housing and housing operational staff to ensure that the marketing of extra care housing to older people and their families is consistent and effective.

5.13 Councils and housing providers should consider how to market extra care housing to minority communities amongst the older population. This means that extra care housing services need in practice to be 'culturally competent' and inclusive to a range of people, including older people from ethnic minorities and older LGBTQ+ people.

5.14 If acceptable to existing residents, councils and providers should consider how extra care housing can be used as a 'hub' for the local community and therefore encourage greater awareness of what is on offer. For example, extra care housing schemes could be used to host local community groups.

Cross border working arrangements

5.15 It is proposed that the four councils

- Develop a joint extra care housing strategic plan/position statement.
- Establish an Officer extra care housing strategic group to lead and coordinate all joint working arrangements.
- Share with each other, through the strategic group proposed above, their development plans for extra care housing.
- Identify options and locations for the joint commissioning of extra care housing schemes where the likely customers will come from more than one council area.
- Develop as far as practicable, a consistent approach to specifying the range and mix of care and support needs to be accommodated in extra care housing schemes in line with the proposal at paragraph 5.03 (accepting that this may need to be flexible to response to localised differences in need).
- Agree a common approach to the model of onsite care delivery in extra care housing, including the level and type of overnight staff cover provided (accepting that this may need to be flexible to response to localised differences in need).

- Nominate an operational housing and adult social care lead for extra care housing and that these operational leads liaise with each other to harmonise (as far as practicable) the operational delivery of the service provided in extra care schemes across all four council areas.

5.16 Where it is agreed that an extra care scheme will be commissioned as a 'cross border' scheme. i.e. it will take customers from more than one council area, the councils involved will use the existing Memorandum of Understanding (as previously agreed between and used by Bristol City Council and South Gloucestershire Council) to cover the following:

- Nomination and referral arrangements and responsibilities.
- Charging arrangements for care, i.e. that each council will meet the care costs of people who originate from their area.

5.17 The councils should establish a forum for all extra care housing providers operating across the four council areas to discuss operational matters and issues (at a frequency to be agreed) to encourage a partnership based approach to service delivery and a collaborative approach to problem solving operational practice and policy issues.

5.18 It is proposed that the four councils agree to harmonise access arrangements to extra care housing schemes as far as practicable across the 4 council areas. In practice this is likely to mean:

- Choice based lettings not being used as a mean of access to extra care housing schemes (even if applicants are still required to register their housing need), including bidding not needing to happen via HomeChoice.
- Access arrangements are based on decisions taken by local officers along with extra care housing providers to ensure that a manageable balance of care/support needs is maintained in schemes whilst seeking to prioritise applicants with the greatest need for extra care housing (balancing applicants' housing and care needs).