Housing in Later Life
market position statement

A statement for providers about Birmingham’s housing and housing related services for older people; presenting information on the current market and future demands and sharing an aspiration to deliver quality solutions

Autumn 2015
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Foreword

Welcome to Birmingham’s first Housing in Later Life Market Position Statement.

This statement is intended to encourage new conversations between elected members and officers of the Council and organisations that deliver - or who are thinking of delivering - older people’s housing and support services in our city.

We are confident that these new conversations can lead to refreshed possibilities which, when realised through joint working, will offer quality solutions for all members of Birmingham’s diverse older community.

Demographic and social changes are combining to create unprecedented circumstances for people entering later life. Many older people now enjoy longevity and prosperity that would have been unthinkable to their younger selves, benefiting from many years of economic and technological growth and huge advances in healthcare. However, these same advances are putting increased strain on public services; putting at risk the expectations that people have developed throughout their lives. At the heart of this is a risk that residents face a lack of fulfilment, dignity and security in their later years.

We all need to focus on making sure that our offer to older people can deliver affordable and achievable ways to maintain independent living - for as long as possible - with dignity. We also seek innovative solutions to help free people from the negative experiences that too often characterise the lives of our relatives, neighbours and friends who find themselves living their later years in isolation.

Whilst we are facing challenging financial circumstances, we are sure that a joint effort to improve Birmingham’s housing and support offer can result in greater numbers of older people enjoying happy and fulfilled lives in our city.

This Market Position Statement sets out what we know about the specialist housing and support that is available for older people now and what will be needed in the future. As such it provides information on market needs and opportunities and is intended to prompt and fuel discussion and proposals for meeting the identified needs. You may disagree with our assessment or wish to challenge our thinking. This is welcomed - above all we want to start a dialogue that leads to innovation and unlocks solutions.

We look forward to working with you.

Councillor John Cotton
Cabinet Member for Neighbourhood Management and Homes

Peter Hay
Strategic Director
Directorate for People
Introduction

The foreword message by the Strategic Director and the Cabinet Member for Neighbourhood Management and Homes sets out both the purpose of and the ambitions for this Housing in Later Life Market Position Statement (MPS).

The MPS links with other Birmingham City Council activities that support older people, like nursing care provision and domiciliary care, and it also references services that enable independent living within the home.

The MPS uses two main sources to inform about local trends: the Birmingham Joint Strategic Needs Assessment (JSNA) published in 2012 and the Interactive Toolkit Ltd. 2014. The toolkit takes a range of information and local indicators to present a picture of current provision and a model for future demand for specialist housing and related services for residents aged 75 or more.

Whilst some people do enter specialist older people’s housing from 50 years of age, the MPS focuses on older people aged 75 plus, as this is when the level of need for specialist accommodation becomes more apparent.

A range of definitions are used to describe specialist housing for older people. The definitions used by Birmingham City Council (the Council), its service provider partners, and the terms used throughout this MPS can be found in section four, the glossary.
Section one
The challenge posed by older people’s housing and support

This part of the MPS sets out the key facts and issues relating to the current housing circumstances and future requirements of the city’s older population

The national and local facts and the challenges these present

A national overview

Across the UK there are currently 9.3 million households headed by a person over retirement age, with around one-third being older households. By 2033 this is expected to increase to 13 million. As 42% of older households aged 55 to 64 are single the proportion of single retired households will increase as well.

The specialist housing currently on offer does not reflect the choices that older people make. While retirement properties make-up just 2% of the UK housing stock (533,000 homes) with just over 100,000 available to buy, one in four over 60s would be interested in buying a retirement property - equating to 3.5 million people nationally.

Beyond this, 58% of all over 60s are interested in moving and if just half downsized, it would release around £365 billion worth of (mainly family-sized) property, with nearly half being three-bedroom and a fifth being four-bedroom homes.

Since 57% of all older households (and 68% of older home-owners) ‘under occupy’ their homes, the official definition of under occupation is at odds with older people’s views and preferences. Currently death is a more common factor than downsizing in releasing larger homes back into the market, with 85% of homes with three or more bedrooms released by older people due to death rather than a move to a smaller home.

76% of UK older households are owner-occupiers and most own outright, 18% are housing association or council tenants, while 6% cent are private sector tenants. There are currently an estimated 600,000 older people in sheltered housing in England. Over two thirds (71%) of householders aged 65+ own homes outright without a mortgage, but more than 20 per cent of individuals aged 50 or older in England, have no housing wealth at all.¹

¹ From Age UK’s Later Life in the United Kingdom January 2015 factsheet
The majority of older people (93%) live in general needs housing, which includes housing with adaptations such as stair lifts or built to life time homes standards.

Around 10% of specialist dwellings are in schemes offering care as well as support. Of these, over two-thirds have a lease or tenancy which restricts occupation to people aged over 55, 60 or 65. Most of these schemes are provided by housing associations and offer special facilities, design features and on-site staff.

26% of the homes occupied by older people in England fail the decent homes standard (just over 2 million households) and over three quarters of a million people aged 65 and over need specially adapted accommodation because of a medical condition or disability - 145,000 of them report living in homes that do not meet their needs. Due to this and other factors, over a third of older people live in one room to reduce their heating bill.

The local picture
At the last census there were just under 50,000 people aged 75 and over within Birmingham. Aligned to the national trend, Birmingham’s older population will see a sizeable increase. By the year 2030 one in ten of the city’s predicted population of 1.23 million residents is likely to be aged 75 or older (123,000 people).

This fact presents a pressing need to plan ahead, refresh and refocus what the market offers with regards to supplying and managing specialist housing.

Integral to this is the need to ensure services will effectively enable people to remain living independently and with dignity at home for as long as practically possible.
Birmingham’s older demographic is predominately White, at 83%, with Asian and Black Communities accounting for 10% and 6% respectively. By 2026, however, there is a strong likelihood that the city’s older population make-up will be more diverse. As with any effective service planning process - to result in delivering quality, value for money services - this likelihood presents a major challenge to ensuring the future needs and aspirations of all communities are met.

Housing and health often become intrinsically linked with ageing, and as the majority of the population continues to live longer lives this will also present a continuing increase in demand for quality housing and care solutions city wide. This includes increased levels of isolation as single person households increase with age.

Birmingham’s JSNA 2012 captures important information about older people’s housing, health and wellbeing and sets the baseline from which local demand profiling of the city’s older community and their service needs must be drawn from.

As emphasised earlier, current and future providers will need to work in effective collaborative partnerships formed between the Council, statutory health service providers, and a wide range of others to meet the challenges associated with the housing needs of Birmingham’s older population.

<table>
<thead>
<tr>
<th>Household Category</th>
<th>Households Aged 75 to 84</th>
<th>Households Aged 85 and over</th>
<th>All Households Aged 75 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>22553</td>
<td>11686</td>
<td>34239</td>
</tr>
<tr>
<td>Family</td>
<td>12301</td>
<td>2694</td>
<td>14995</td>
</tr>
<tr>
<td>Total</td>
<td>34854</td>
<td>14380</td>
<td>49234</td>
</tr>
</tbody>
</table>

Text source: 2011 census

2. The JSNA looks at people over 50 but sometimes information is only available for an older group 65 year plus
There are many factors involved in delivering actions that can provide better housing and care solutions for older people. However, we have identified three topics which we feel are fundamental for the market to consider. Whilst they undoubtedly read as challenges to provider partnerships (existing and new), they are also grouped here specifically to help inspire innovation and market opportunities around future service delivery models.

1. The AGEING WELL challenge for all
   - Life expectancy in Birmingham is 76 for males and 81 for females—both below the average for England, with the gap greater for the local male population. Poverty, deprivation, and low income, which are prevalent in many parts of the city, are key factors in determining mortality.
   - Lifestyle and income are also key factors in determining quality of life for older people, for example smoking is associated with poverty and 50% of Birmingham’s population is in the top 20% of the most income deprived in England.
   - 90% of cancer is diagnosed in those aged 50 or over, and the four major cancers in Birmingham are Colorectal, Prostate, Breast, and Lung.
   - The number of people with dementia is expected to double over the next 30 years. Appropriate new housing solutions are sought to meet demand for quality, joined up housing and care, not only for residents diagnosed but for those who will be live-in carers.
   - Other conditions including mobility issues, hearing and visual impairments, and diabetes are all set to increase by at least 20% by 2030.

2. Successfully enabling good HEALTH and WELLBEING for older people throughout later life years
   - Obesity is a key contributory factor to many long term conditions. Across Birmingham only 45% of people aged 45 or more engage in at least 3 sessions per week of 30 minutes of moderate participation in sports.
   - The NHS Information Centre estimates that 25% of Birmingham’s population consume at least 5 portions of fruit and vegetables per day, which compares well with the average for England, but less than 10% of people with learning disabilities have a balanced diet.
   - 51.3% of pensioners living alone in the city do not have access to their own transport limiting access to services and potentially, fuelling incidents of debilitating isolation. Affordable and reliable transport solutions are needed to better maintain older people’s social mobility and therefore independent lifestyles.

3. Tenure of Older Households
   - Owner occupied: 68%
   - Social rented: 25%
   - Private rented: 7%
3. Delivering REAL CHOICE, QUALITY and AFFORDABILITY across HOUSING and CARE services

- Over half of older people who would benefit from living in specialist accommodation will need some form of financial support with their housing costs.
- The largest movement amongst older people is out of the city as they approach retirement age. There is a net movement into the city by the 80 to 84 age groups, which is thought to be for better access to local health services.
- The proportion of the older population without central heating in Birmingham is over double that of the average for England, with fuel poverty particularly prevalent in Birmingham’s inner city areas.
- People living on higher floor levels of buildings report greater long term illnesses. This should be noted when assessing suitable accommodation for aging residents, for example those currently occupying such property types (vertical sheltered housing etc.).
- People living in social rented housing report higher levels of long term limiting illness and poor health than those owning property or privately renting and those living rent free.
- Poor housing can trigger problems of anxiety, stress, depression and respiratory disease, conditions not exclusive to older people but amongst whom such conditions may develop more quickly into a chronic or life threatening illness.

- **Housing for Older People in Birmingham:** The existing housing stock, current issues and opportunities.

- **The Current Stock**
  There is a significant amount of older person’s specialist housing in Birmingham at present, the majority within the affordable sector.

  **The vast majority of both the affordable and market supply is sheltered housing.** There are relatively small amounts of other types of specialist older person’s housing, and this is especially true for the Council’s own stock.

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Age Related</th>
<th>Sheltered</th>
<th>Enhanced Sheltered</th>
<th>Housing with Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable</td>
<td>933 (6%)</td>
<td>8,334 (55%)</td>
<td>323 (2%)</td>
<td>529 (4%)</td>
<td>10,119 (67%)</td>
</tr>
<tr>
<td>of which BCC</td>
<td>0 (0%)</td>
<td>4,797 (32%)</td>
<td>142 (1%)</td>
<td>0 (0%)</td>
<td>4,939 (33%)</td>
</tr>
<tr>
<td>Mixed</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>504 (3%)</td>
<td>504 (3%)</td>
</tr>
<tr>
<td>Private</td>
<td>807 (5%)</td>
<td>2,797 (19%)</td>
<td>298 (2%)</td>
<td>519 (3%)</td>
<td>4,421 (29%)</td>
</tr>
<tr>
<td>Total</td>
<td>1,740 (12%)</td>
<td>11,131 (74%)</td>
<td>621 (4%)</td>
<td>1,552 (10%)</td>
<td>15,044 (100%)</td>
</tr>
</tbody>
</table>
Age related units

- 60 and Over
- 40 to 59
- 20 to 39
- 1 to 19
- None

Ward Boundaries

sheltered units

- 60 and Over
- 40 to 59
- 20 to 39
- 1 to 19
- None

Ward Boundaries
Housing with care units

- 80 and Over
- 40 to 79
- 1 to 39
- None

Enhanced sheltered units

- 40 and Over
- 20 to 39
- 1 to 19
- None
Quality of existing stock

The quality as well as the quantity of accommodation is crucial to the ongoing health and wellbeing of older people. While there is specialist housing that meets current best practise and design standards, other dwellings were developed or converted under historic standards and are now unable to meet the expectations of citizens. Innovation and capital investment can enable some properties to be improved to meet current standards and residents’ expectations, but for others, the problems are more fundamental.

For example, the Council’s stock of sheltered accommodation contains 37 vertical warden schemes, high rise blocks containing nearly 1,650 1 and 2 bedroom units. The blocks were converted from general needs properties in the mid 1980s, but continue to have intrinsic design features – such as narrow corridors, lifts that stop at alternate floors and lack of space for mobility scooters – that do not meet the needs of older residents. To this end, the Council is considering options for these schemes.

Issues like this, which are not unique to the Council, will mean that some current older person housing provision will cease to operate in their current form, especially as best practice evolves. However, such changes also offer opportunities for re-development (full or partial) or a change of use.
Under-occupation and the barriers to moving in later life

Under-occupation in older people’s housing is a growing issue across all tenures. The Interactive Toolkit estimates that at 2014 there were 47,000 home owners aged 65 or older, and that 26,575 of these households were under occupying their home by two or more bedrooms. Surveys suggest that 9% of this cohort would be willing to move with the present market offer and of these 54% (1,300 households) could afford to move to a new two bedroom property.

The remaining 24,000 home owners who do not wish to move at present represent a significant potential market. If the right offer was available up to 13,000 of these households are likely to be able to afford to purchase a suitable property.

Of those older people currently renting homes from the Council, 56% are registered as having excess bedroom space, or are under occupying. Affordable housing providers at present only have a limited supply of properties that are appealing to these under occupied households. While some new build housing is helping to address this issue (detailed within Current Development), this provides only a small contribution to resolving the issue.

There are a number of factors that act as barriers to people in later life downsizing their home. These include: the lack of suitable alternative options; access to the right size home at the time when an acute need dictates a move; the whole process of managing the sale of a home in later life, often with no family support to ease the process; a desire for a spare room to accommodate family or a carer; a wish to move with a pet or pets; and the anxiety experienced of moving from a familiar community or neighbourhood.

Current development

The development of new housing for older people is an area of sustained activity across the city, reflecting the sector’s response to the needs of an aging population and the opportunities that are presented, though not yet to the levels required. Developments are a mixture of market and affordable housing, with a variety of building forms including some very large retirement villages alongside smaller developments, with some being aimed at particular groups.

Under occupier schemes (BMHT)

In recent years Birmingham has led the way amongst large local authorities to build new council owned homes for affordable rent, through the Birmingham Municipal Housing Trust (BMHT). As part of efforts to provide an attractive option for under-occupying older tenants, BMHT has developed dormer-style, two bedroom homes at several sites across the city. To date, BMHT have built 16 dormer bungalows across 2 sites with more being planned. So far this has been successful at encouraging older people to relinquish tenancies of large, family size homes - another housing resource greatly in demand within the city.
Housing with care (extra care) villages

Housing with care villages are large enough developments to act as community hubs for older people within their vicinity and Birmingham has 4 villages currently in operation. There are currently an additional 1,224 units of older people’s specialist accommodation in the pipeline, with 4 schemes going through planning and a further 4 currently on site. These developments offer both market and affordable accommodation.

Current housing needs of older people

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Current Supply</th>
<th></th>
<th>Current Need</th>
<th></th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Market</td>
<td>Affordable</td>
<td>Total</td>
<td>Market</td>
<td>Affordable</td>
</tr>
<tr>
<td>Age related</td>
<td>807</td>
<td>933</td>
<td>1740</td>
<td>2,195</td>
<td>3,347</td>
</tr>
<tr>
<td>Sheltered</td>
<td>2797</td>
<td>8334</td>
<td>11131</td>
<td>2,153</td>
<td>3,129</td>
</tr>
<tr>
<td>Enhanced sheltered</td>
<td>298</td>
<td>323</td>
<td>621</td>
<td>370</td>
<td>563</td>
</tr>
<tr>
<td>Housing with care</td>
<td>519</td>
<td>1033</td>
<td>1552</td>
<td>1,307</td>
<td>1,994</td>
</tr>
<tr>
<td>Total</td>
<td>4421</td>
<td>10623</td>
<td>15044</td>
<td>6,025</td>
<td>9,033</td>
</tr>
</tbody>
</table>

Modelling the need for older people’s accommodation in the city suggests that there is significant over-supply of sheltered units, especially within the affordable sector, and an under-supply of other forms of accommodation for older residents. However, in terms of total numbers the overall provision of supply is only just short of current need, suggesting many households currently in sheltered units could be more appropriately accommodated in other supported accommodation types. While some sheltered accommodation may be suitable for conversion to other forms of housing, much is not (see Stock Quality section).

3. The model uses results from housing needs surveys of older people across multiple locations across the country that provide a valid comparison to Birmingham. These surveys of people’s abilities are translated into housing requirements in accordance with the Wanless Review. To this base data ONS population projects, Census data and the current provision of older person specialist housing are added to reflect local conditions.
Future housing needs of older people

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Current Supply</th>
<th></th>
<th>2029 Current Need</th>
<th></th>
<th>Difference</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Market</td>
<td>Affordable</td>
<td>Total</td>
<td>Market</td>
<td>Affordable</td>
<td>Total</td>
</tr>
<tr>
<td>Age related</td>
<td>807</td>
<td>933</td>
<td>1740</td>
<td>2,556</td>
<td>3,900</td>
<td>6,456</td>
</tr>
<tr>
<td>Sheltered</td>
<td>2,797</td>
<td>8,334</td>
<td>11,131</td>
<td>2,471</td>
<td>3,768</td>
<td>6,239</td>
</tr>
<tr>
<td>Enhanced sheltered</td>
<td>298</td>
<td>323</td>
<td>621</td>
<td>450</td>
<td>686</td>
<td>1,136</td>
</tr>
<tr>
<td>Housing with care</td>
<td>519</td>
<td>1,033</td>
<td>1,552</td>
<td>1,588</td>
<td>2,421</td>
<td>4,009</td>
</tr>
<tr>
<td>Total</td>
<td>4,421</td>
<td>10,623</td>
<td>15,044</td>
<td>7,065</td>
<td>10,775</td>
<td>17,840</td>
</tr>
</tbody>
</table>

The key requirement indicated by the future needs model is for an increase of 2,457 housing with care and 515 enhanced sheltered units by 2029. Good progress is already being made against this requirement with over 1,200 units in the development pipeline. While the delivery of the units, especially in affordable tenures will be challenging, they are an essential component if the proportion of household entering residential care is to be reduced. The model also highlights the need to replace obsolete sheltered units with more appropriate age related forms of housing for households with lower levels of need.

**Personal budgets**

Personal budgets offer a choice of care provider to individuals, no matter where they reside. Where residents choose to arrange care themselves, outside of the offer provided by the specialist accommodation providers, this can pose challenges to the scheme provider around the reduced economy of scale that scheme-wide integrated accommodation and care arrangements provide. This is particularly the case for enhanced sheltered and housing with care provision. There can also be issues when emergency care is required from onsite provision and reimbursement from an individual to scheme provider is required.

The need to balance between the individuals’ right to arrange their own care needs against the financial sustainability of providers’ schemes is something that is still being worked towards.
Independent living though housing choice

Birmingham, like other cities, has a priority to reduce the proportion of its residents admitted to and living long term in residential care settings. As the older population grows it will not be sustainable for the current levels to be maintained. It is also understood that older residents can experience better outcomes from living in other forms of accommodation for longer.

Research by the Council in 2011 and 2012 considered the admissions made to care homes from hospital and from those living at home or in the community. The core reasons for admissions from hospital were due to health conditions linked to dementia and from people experiencing falls. Half of the admissions from a home setting were because of incidents relating to dementia (and the 2014 JSNA records dementia as being the main reason for all residential care admissions). Notably, for admissions from home, half of secondary reasons for admittance were due to issues relating to an individual’s inadequate care arrangements - be that either because of lack of support / access to a personal carer or the inability to self-care. Service providers agree that, wherever possible, to enhance the quality of life for those both living with dementia and their families, that it is important for older people with mild to moderate symptoms of dementia to remain living independently at home / in the community.

Research by Aston University looked at the reasons why older people choose or move to extra care accommodation. The study found that overall it was because of a crisis experienced by an older person; due to bereavement of a partner or carer; and other risk factors linked to safe independent living, like personal perceived risk of living alone. Only a small number of cases studied reported that they chose extra care housing as a long term option while enjoying good health. This may present opportunities to providers to improve the ‘benefits pitch’ around this type of housing, and therefore enable people to make more informed choices before reaching a life crisis point.

To be able to deliver workable solutions for this issue, it is suggested that the council and its partners can work better together to understand why older people are admitted to care homes. It is only by fully understanding and planning coordinated actions that a better offer for older citizens can be developed.

The ideal is to establish a robust preventative framework to minimise the need for residential care – better housing choices are very much part of this framework.

Current & Future Support for independent living
Currently around a third of older people receive some level of informal help (unpaid) support or care, mainly provided through family, neighbours or local community networks. However, the future demand will see a growing number of older people experience reduced access to these support routes because of general demographic changes, including the increasing number of childless older people and resource pressures within the voluntary sector.
We know that *housing related support can enable people who are vulnerable, and those at risk of vulnerability, to both maintain independence and to achieve a quality lifestyle in later life.* Many older people are able to remain living independently at home with low-level support.

It is estimated that the need for support at home will increase to over 7,400 in 2029. At present 39% are able to pay for this support, but 28% need a financial contribution. In addition 32% are currently receiving informal support (unpaid). The table below projects this forward based on a constant trend. However, given demographic and social change some of these households could be expected to require a support service, subsidised or not, in the future.

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Current Support (2014)</th>
<th>2014 (Modelled Need)</th>
<th>2029 (Modelled Need)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-Funding</td>
<td>Subsidy Required</td>
<td>Receiving Informal Support</td>
</tr>
<tr>
<td>Low</td>
<td>857</td>
<td>1,026</td>
<td>714</td>
</tr>
<tr>
<td>High</td>
<td>908</td>
<td>1,414</td>
<td>986</td>
</tr>
<tr>
<td>Total</td>
<td>1765</td>
<td>2,440</td>
<td>1,700</td>
</tr>
</tbody>
</table>

![Support at home chart](chart.png)
Section two

A collective ambition to improve older people’s housing choices

The MPS sets out our understanding of the current market and potential future issues and opportunities. It is a starting point for those with a stake in improving housing outcomes for older residents – whether in the public, private or voluntary sectors, alongside citizens - to work better together. It should encourage the sharing of resources so that innovation will develop to help deliver new and refreshed housing choices for older people.

The MPS should help to guide future investment and action planning to ensure that all of Birmingham’s older communities gain the health and wellbeing benefits from better housing choices. Our ambition is that the MPS will be a catalyst for activity to:

- Help shape both the current and future market – by increasing the supply of specialist housing for older people. In particular to help meet the demand for enhanced sheltered housing and housing with care.

- Help shape the independent living offer – in particular to meet a growing demand for support to enable older people to remain living in a home of their own.

- Address the imbalance in supply – in particular the surplus of obsolete sheltered housing that no longer meets the needs and expectations of older residents.

- Address under occupation – help find innovative and affordable solutions to tackle the issues associated with numbers of older people occupying homes not suitable to their needs.

- Assist People to make earlier choices – too often people make housing choices at the point of crisis. Choosing to move to more suitable housing earlier can help to prevent the crisis from occurring.

Ensure that the following issues are integral to planning and developing housing choices for older people:

- Affordability – reflective of the low income levels experienced by many older people in the city;

- Health and wellbeing – the need to ensure that older people have the opportunity to live in homes and environments that make a positive contribution to their health and wellbeing by enabling an active, healthy lifestyle; combating social isolation and helping to mitigate the effects of dementia.
Section three

An invitation to join the conversation

This publication is one of a series of Birmingham City Council Market Position Statements aimed at inviting stakeholders to engage in expressing their ideas about how to successfully achieve the challenging service agendas relating to adult social care and housing provision. To start such a conversation, or share your thoughts on addressing these issues, please contact us using any of the methods noted below.

If you would like to be added to our contact list, or you have ideas about ways to improve our communication with providers and potential providers - or how to improve and extend the coverage of this publication - please do contact us.

We very much look forward to hearing from you.

Email: HousingResearch@Birmingham.gov.uk

Telephone: 0121 464 2858

Finally, if you would like to complete the short feedback survey please go to https://www.research.net/r/HousinginLaterLife
Glossary

**Housing affordability**

*self-funding:* residents have the means to pay for their housing and/or housing and support either from buying from the private market and/or statutory providers like the Council.

*subsidy required:* residents need to receive a financial contribution to meet the cost of their housing and/or housing and support. This may include accessing affordable housing and/or claiming welfare benefits.

**Housing tenure**

*affordable:* homes rented out by either a local authority landlord, housing association or other charitable trust (registered providers).

*market:* homes rented from a private landlord or owner occupation.

**Housing types**

*general needs:* properties built without any specific features for older people and could be just as suitable for older people as for any other type of household.

*age related:* purpose built or designated homes for older people without on-site support.

*sheltered housing:* where some form of scheme manager is provided but where no registered personal care is provided.

*enhanced sheltered housing:* where the service is more than that delivered at sheltered schemes, but does not provide ‘around the clock’ personal care.

*housing with care:* also known as extra care. Similar to enhanced sheltered but care and support are available around the clock (24/7).