

Title: A Home for Life? A Critical Perspective on Housing Choice for “Downsizers” in the UK

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Abstract

A range of policy, research and media commentary has highlighted the link between housing, health, and wellbeing in later life, with discourses around “ageing in place” and “downsizing” emerging as particularly dominant. Proponents of “downsizing” strategies argue that the motivation for older people should be self-evident: difficulties with maintenance, heating bills, getting upstairs, and the increasing risk of falls are all commonly referred to. This outlook also highlights the economic benefits of downsizing to “age-appropriate” housing, particularly in relation to potential savings for health and social care budgets. Drawing upon participatory research with older people in the city of Sheffield, UK, this paper critiques current practices and discourses around the commissioning, design, and management of purpose-built retirement housing. The paper calls for an urgent need to reframe housing from a lifecourse perspective and to recognize older people as active citizens, for whom their homes are essential to their continuing to contribute to family life and society. We argue for a more nuanced debate around “downsizing” and “ageing in place”, and call for policy-makers to recognize the risk of spatially and socially marginalizing older people through current limitations in housing choices. The paper concludes by setting out a number of measures to improve the choice, quality, and flexibility of housing for later life.

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Introduction

Growing unmet demand for housing is one of the most significant challenges faced by local and national policy-makers across the UK.¹ This pressure is exacerbated by an overall increase in the number of households, and a combined failure of the private housing market and social housing providers to match demand. Wider demographic shifts are also impacting on the demand for homes of a particular size, type, and tenure. One such trend is the changing age profile of the population. Within the next ten to fifteen years the UK is expected to become a “super-aged” society where more than 20% of the population are aged 65 and over.² Other trends include a larger number of older people than ever owning their own home (76%)³ and an overall increase in the number of older single-person households.⁴ Putting these national demographic trends into the context of city such as Sheffield highlights the scale of these changes. Sheffield is likely to see the number of households with residents aged 75 and over rise from around 43,000 in 2014 to 60,000 in 2030 – an increase of almost 50%.⁵ This population growth poses significant challenges to local authority policy-makers, planners, and service providers, particularly in the context of an increasing number of people suffering long-term health conditions such as dementia and diabetes.⁶

A range of policy, research, and media commentary has highlighted the link between housing, health, and well-being. Policy approaches that address these issues can be broadly divided into two categories. The first, “ageing in place,” responds to assumption that the majority of older people want to remain living independently in their existing homes and community. Ageing in place describes a mixture of broad strategic aims and specific policies – including physical improvements and support services within the local neighbourhood, adaptations to the home, and, if required, domiciliary care provision. Here the emphasis is clearly on maintaining existing links with the physical and social environments which are assumed to promote the

older person's well-being, including support networks developed over their past lifecourse. The second approach might be best summarized by the term "downsizing." While this term is used in different ways across areas of social policy, downsizing typically describes a housing move to (and resulting benefits from) a property that is "age-appropriate": accessible, smaller, and easier to manage, or to a purpose-built retirement scheme where additional care and support are also available. Policies to support or encourage downsizing are typically constructed around the notion that a move from one's existing home makes "sense" to both the state and individual for several reasons: first, it can delay or prevent admission to more expensive forms of residential or hospital care; secondly, it can promote continued independence; and thirdly, it allows for the management of physical and mental decline.⁷ This approach makes a case for promoting a "fit" between the physical environment and the older person's (declining) capabilities, assuming that this will result in a higher degree of autonomy and well-being. A further case for downsizing has been made by those who argue that it offers broader economic benefits by "freeing up" larger "family-sized" accommodation that is currently owned or rented by older households, thus creating further activity along the housing market chain.⁸ The combination of economic, health, and well-being benefits linked to downsizing have been framed as a "win-win-win" scenario.⁹

While ageing in place and downsizing could, at least in theory, complement one another, the present reality for many older people is a chronic lack of housing choice in the right locations. The shortage of housing supply means that even those with greater resources are likely to face a choice between staying put (and, where possible, adapting their own home) or moving outside of their current neighbourhood. The resulting lack of lifecourse continuity can be traumatic and have lasting effects on well-being and independence. At the same time as trying to make such a complex emotional and financial decision about their future housing, many older people and their families are subjected to the politicized debate around the impacts of an ageing population, a national housing shortage, growing housing inequality and "over occupation", and concerns over the future sustainability of health and social care.

Drawing on recent policy, academic literature and the ongoing work of the DWELL project – which includes workshops and design projects with older participants, the local authority, and housing providers in Sheffield – this paper aims to draw out a more nuanced understanding of housing in later life. The paper highlights the ways in which existing housing discourses and policy-making are contradictory and reinforce the notion of "old age" as an inevitable a process of decline that is distinct from the rest of the lifecourse. This negative stereotyping and exclusion of older people in society contributes to their disempowerment with regards to housing in later life. The paper goes on set out an argument for housing to be considered from a continuous lifecourse perspective across space and time from past, present, to the future. Lifecourse research approaches emphasize, first, that individual lives and whole generations are shaped by the social and historical circumstances

they encounter;¹⁰ and as a result lifecourse researchers view the ageing as a continual process which can be punctuated by change, transitions, or ruptures.¹¹ Previous research has found that housing transitions, for example into purpose-built housing with care and support, are less traumatic for the individual when he or she is well prepared for the transition and has a degree of choice and freedom in the decision-making process.¹² We therefore argue for a model of housing in later life that enables individuals to actively contribute to the way that housing is conceptualized, planned, designed, and managed to reflect a positive model of ageing – with older people viewed as active citizens rather than passive consumers.

Downsizing

The need to encourage more people to downsize to more “age-appropriate” accommodation has appeared with increasing frequency in recent policy and media discourses, not least because of the links drawn between the current “crises” in housing, in health, and in social care. As Best and Porteus stated in the 2012 “HAPPI 2” report:

Solutions to health and social care problems so often lie in provision of specially designed high quality homes: these reduce risks of falls; provide safety and security; protect against the effects of cold homes and fuel poverty; enable earlier discharge from, and fewer re-admissions to, hospital; prevent the need (both temporary and permanent) for institutional residential care. And the companionship that comes with retirement housing can combat the depression and poor health that so often results from isolation and loneliness. These factors can save public (NHS and local authority) funds as well as conserving private resources.¹³

While the underlying motivation for downsizing policies may be framed (at least partly) in terms of benevolent action to improve older people’s well-being, critics have argued that instrumental dimensions of downsizing policies are based on a so-called “deficit” model of ageing.¹⁴ This has been further revealed in the links that have been drawn between housing and the current “crises” experienced in health and social care funding, and is perhaps most clearly identifiable in the emergence of pejorative terms such as “bed blockers” in media and policy discourse to describe older people who cannot be discharged from hospital until adequate housing or support arrangements are in place.¹⁵ In this context, housing choices in later life are often framed around the ageing individual’s need to take greater personal responsibility to minimize the burdensome effect on the healthcare system (and wider society) by planning ahead.¹⁶ This feeds into a wider negative stereotyping around ageing, whereby older age is viewed as distinct from the rest of the lifecourse, physical and mental decline in older age is inevitable, and older people are considered a burden to the rest of society.¹⁷ This opens up a potentially wider question of whether a transfer of responsibility onto older individuals and families – in this case by living more “independently” – is facilitating a

political agenda that seeks to reduce the scale of national healthcare and the welfare state support.

Downsizing policies have become further entrenched and reinforced by the economic arguments, with researchers and political think-tanks quantifying the potential fiscal benefits of “freeing up” more “family-sized” housing assets that are currently owned or rented by older households.¹⁸ Statistics relating to current “over-occupancy” by older households have also been used to challenge the orthodoxy that the UK faces a crisis of housing supply, with Dorling suggesting there are enough bedrooms to meet the needs of the whole population – they are just not evenly distributed.¹⁹ The author goes on to suggest that a determination to resist downsizing, even where it makes economic sense for an older person or household, is often driven by the powerful motivator of rapidly increasing house prices and a desire to maximize inheritance value:

It is not that elderly people should be forced out of larger homes. Almost all that occupy such homes own them outright. But almost any encouragement to downsize would help the situation greatly.²⁰

Policy ideas to financially incentivize downsizing have included a removal of stamp duty for older people who choose to move to a smaller property.²¹ New measures to discourage “under-occupation” of private homes through reform of the Council Tax system have also been suggested.²² This is particularly pertinent given the context of the recent so-called “bedroom tax” for social housing tenants. Although this is not currently applicable to households over state pension age, DWELL research has found that the measure can have a disproportionate impact on those between 50 and 65 years of age, particularly those who may find a move difficult due chronic long-term health problems. Despite having lived in their accommodation and neighbourhood for many years, people in this situation may be effectively denied the right to “age in place” and maintain vital local links with family and friends for mutual support.

Authors such as Dorling have framed their argument in terms of a moral duty of older generations to society to release “over-sized” homes to mitigate for a shortage of supply of new homes in the UK.²³ A generational lifecourse perspective enables us to reframe this discussion: first older people have often worked very hard to be able to afford their homes. They therefore rightly feel that they deserve to stay put or dispose of their homes as they see fit. Secondly, owning a home in the UK is an aspiration which is closely linked to social status and social identity. As we have found in discussions with residents in Sheffield, downsizing can be considered a step down on the ladder of social success, particularly when available accommodation is positioned in less attractive areas. Thirdly, the downsizing debate is further complicated when extended families are taken into consideration: spare bedrooms are required for visitors, particularly children and grandchildren. Being able to offer attractive accommodation to visiting grandchildren seems to be an enticement for visits. As we found in our fieldwork, older households may even go so far as to adapt part of a larger house especially for this purpose,

such as by creating an additional bathroom or playroom. Being able to actively grandparent in this way plays an important part in many older people's lives and can support working parents through offering free childcare. In this way several generations benefit from the supposedly "under-occupied" homes of their older relatives. In contrast to the stereotyping of older people in media and policy discussions, our research has been able to develop a more holistic and nuanced understanding of the older people and their housing as part of complex networks, and having space in one's home enables the maintenance of reciprocal relationships across generations.

Personal and Household Motivations

As introduced previously, proponents of policies to encourage or support downsizing have argued that the motivation for individuals to downsize should be self-evident. Housing moves have been characterized as either "lifestyle," "planned," or "crisis," each of which is typically underpinned by a number of "push" or "pull" factors (see Figure 1).²⁴ These relate to changes in the individual's circumstances or specific "trigger points" linked to an individual's health.²⁵ Push factors include difficulties with maintaining the home or garden, the cost of energy bills associated with a larger or older home, or difficulties with steps or stairs (linked to the increased risk of falls). Pull factors include the accessibility of local shops and services (often framed in terms of reliance on a car) or a desire to move closer to other family members. The decision for owner-occupiers to either release equity or stay and maximize the inheritance value of a home has also been framed in terms of push and pull factors.²⁶ However, Pannell and others have argued that, once moving costs and disruption are taken into account, the majority of older owner-occupiers would not gain a substantial amount from downsizing in terms of releasing capital.²⁷ In addition, those that do not require a capital lump sum may consider downsizing to be an illogical, time-consuming, and costly move that is not necessary to improve their overall quality of life.

Survey data produced around this issue are somewhat conflicting. Previous research has indicated that the majority of older people do not want or intend to move home as they grow older – preferring to remain where they currently live for as long as possible.²⁸ Of course, not everyone who wishes to

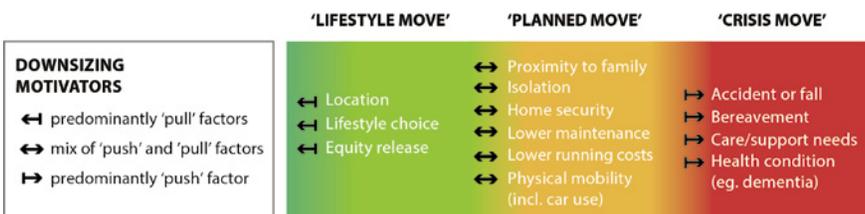


Figure 1. Typical "push" and "pull" factors affecting the decision to downsize.

Image: Author.

stay in their current home is able to do so, particularly as many older houses cannot be adapted to suit the needs of people with mobility problems.²⁹ In these instances, push factors can act as powerful determinants and effectively force a decision to downsize. In contrast, a study by the National Housing Federation found that as many as 80% of residents aged 65+ were “positive” about the idea of downsizing,³⁰ with around a third of UK residents aged 60+ (equivalent to 4.6 million people) actively looking to downsize.³¹ Despite this interest (and the potentially powerful combination of push and pull motivators) the 2012/13 DCLG Housing Survey showed that only 3% of retired households had moved in the past twelve months, compared to a figure of 10% for all households.³² When it comes to making a decision about moving in later life, the positivity expressed about the principle of downsizing appears to be counteracted by a number of other, more personal factors. These include a strong emotional attachment to one’s existing home; a desire to sustain social networks within the immediate community (particularly neighbours); the disruption and costs associated with moving house; a human tendency to defer planning for the future (and ignore potential changes in physical mobility or health); a fear that an unknown future dwelling may not match up (in utility or comfort) to one’s current home;³³ and, perhaps crucially, a lack of availability of alternative affordable and/or attractive downsizing options.³⁴

Competing emotional and financial motivations underpin the decision to move house at any age, but the process becomes even more complicated when housing choices are limited. In this case, a survey response about intention to move is likely to be a weak predictor of whether an individual will actually act on the various push and pull factors. The statistics produced around attitudes to downsizing suggest that older people do not act as “rational” decision-makers in the way that economic modelling might suggest, and that in reality most people are happy to cope (“muddle along”) in their existing home until a crisis point or other intervention by their family or social services. In cities such as Sheffield, many older people face the particular challenge of living in a neighbourhood that has undergone significant social change. In spite of having lived in an area for decades, these external developments can lead to an older person’s alienation with the neighbourhood and to social isolation, with the choice of neighbours outside their control.³⁵ Whilst some may decide to move to retirement accommodation to combat loneliness, others may feel “better the devil you know” and stay in the area they used to be familiar with in the past. Many older people may need to be encouraged to more actively and positively engage with the future. The emphasis should here be not on physical and mental decline and increasing exclusion from society, but on the many opportunities still open to older individuals in a housing setting which encourages engagement with the world.

Tenure and Asset Wealth

Grand narratives around the housing wealth of the “selfish” older generations or the burdensome costs of social care and dementia can mask growing

	INDICATIVE FINANCIAL STATUS	INDICATIVE HOUSING TENURE	TYPICAL 'DOWNSIZING' OPTIONS
Most wealthy households 10%	Asset rich, considerable savings.	Owner occupier in higher-value market area. Owns more than one property.	Choice of locations and properties (privately owned or rented) in higher-value market areas.
25%	Asset rich, limited savings.	Owner occupier in middle-to-higher value market area.	Limited choice of locations and properties: <i>OPTIONS:</i> - Move to lower value market area - Move to rented or shared tenure - Stay put
35%	Some assets, 'cash poor'.	Owner occupier in middle-to-lower value market area.	Existing assets insufficient to access private market: <i>OPTIONS:</i> - Move to rented or shared tenure - Stay put
Least wealthy households 30%	Limited assets, 'cash poor'.	Social renter in middle-to-lower value market area.	Limited choice of smaller social rented housing in lower value market areas.

Figure 2. The impact of tenure and asset wealth on downsizing options – building on modelling by Ball and Nanda. Image: Author.

inequalities within generations. These inequalities are often caused by wider economic factors, geographic location, and social class.³⁶ Economic inequalities are exacerbated by both the rapid inflation of house prices, which has created significant asset wealth for older owner-occupiers in higher-value housing market areas. The majority of older people (76%) are owner-occupiers, and the vast majority of those are completely mortgage-free.³⁷ Despite this, the inability or unwillingness of people to downsize in later life can create the common situation where a household is “asset rich” yet cannot access their housing wealth and therefore are unable to pay for basic repairs, adaptations, or other household costs. The issues related to downsizing are therefore very different depending on factors such as tenure, household assets, and location. Building on recent work by Ball and Nanda,³⁸ the different groups and their downsizing options can be categorized as shown in Figure 2.

Despite progress being made in the planning and design of purpose-built retirement housing, recent private-sector development has tended to be concentrated in the higher-value areas of the UK (London and the South) and at the higher end of the private market. Figure 2 highlights the differences in options between owner-occupiers at the higher end of the housing market – who have access to a greater range of downsizing choices on the private market – and those currently in social rented accommodation – whose choices are largely determined by supply of downsizing properties delivered by local authorities and registered social landlords. In between these two extremes,

a significant proportion of older owner-occupiers are affected by a shortage of housing supply and the high costs of retirement housing. Ball and Nanda estimate that around 35% of older households (the lower-middle category on the table) do not have sufficient housing equity to access purpose-built retirement properties on the private market (their lack of choice is highlighted by the grey boxes in Figure 2).³⁹ Particularly affected are large numbers of older people who were encouraged by previous governments to purchase their council house under “Right-to-buy” policies. The unexpected long-term consequences of this policy for their later life could not be predicted by individuals at the time. Rather than building up wealth which could be used for a comfortable retirement, the move has in fact narrowed people’s choices and locked them into a home which is increasingly difficult to maintain and therefore becomes dangerous or unhealthy for the older person. At present, one of the few choices open to people in this situation is to move tenure to a social-rented arrangement, but based on the predictions, it appears unlikely that the social-rented sector will be able to keep up with the increased number of older households seeking this type of move.⁴⁰ An alternative to this is to introduce new mechanisms to significantly increase supply (and therefore competition) across the private owner-occupier, shared, and rented tenures.⁴¹ However, if the political will to do this is not forthcoming, there is a risk that the only tools left to policy-makers will be to enact punitive policies to force people to move to less desirable neighbourhoods or types of housing – whatever their current asset wealth.

Purpose-Built Retirement Communities

Government intervention to improve the supply and quality of retirement housing has primarily taken the form of a capital investment programmes administered by the Department of Health and the Homes and Communities Agency.⁴² Much of this investment has been directed towards new extra-care schemes or retirement villages, where apartments are typically provided alongside on-site residents’ facilities (such as care and support staff, a café, and hairdresser). The economic case for direct investment in this form of housing has been the subject of a number of studies, with efforts to model the economic benefits in terms of health and social care savings. For example, modelling from East Sussex indicated that 63% of residents of extra-care housing would otherwise have needed residential or nursing care.⁴³ This evidence indicates that, by enabling residents to access flexible levels of care and support as needed, extra-care housing schemes and retirement villages can replace the demand for costly institutional care settings. The combination of grant funding and the assumed economic and health benefits of these schemes have sparked significant interest from local authority commissioners, which has in turn resulted in a substantial growth in these models of housing.

A frequently cited challenge in commissioning and designing new forms of purpose-built retirement housing is the risk of recreating the “institutional” nature of residential or nursing care settings. Although a precise definition of

what constitutes “institutional” is rarely given, the need to avoid or mitigate this risk is commonplace within good practice guidance for the design and management of retirement housing.⁴⁴ DWELL researchers have undertaken a range of visits to recently completed purpose-built retirement housing across the UK to speak to both residents and managers about their experience of newly built retirement schemes (completed within the past ten years). These visits have found a huge variation in terms of both design quality and whether residents felt “institutionalized” by their housing. Common complaints at both the top and bottom ends of the market included space standards and management policies. Despite being set out as priorities in the HAPPI and HAPPI2 reports, dwellings often lacked adequate storage, levels of daylighting and ventilation, and private outdoor space was sometimes non-existent.⁴⁵ Governance structures in all schemes visited lacked accountability by managers or scheme owners in relation to residents’ concerns, even where they had been raised formally in a meeting. This often left residents feeling disempowered in being able to influence decisions regarding their immediate living environments. Several of the schemes visited were poorly located in relation to existing local centres or public transport links or poorly integrated into the immediate neighbourhood. Even where public transport links were advertised as being close by, residents often struggled to access these due to the limited pedestrian connectivity between the scheme and “outside world.” At some of the schemes visited, a deliberate sense of segregation from the rest of the neighbourhood was not only an integral part of the scheme design but was linked to perceived concerns over resident safety and security. This finding, although anecdotal, highlights the inherent risk that this form of housing reinforces the spatial and social segregation of older people from the rest of the community or city. This echoes previous warnings by Bytheway that:

(sheltered housing) often reinforced the marginalization of old people, through their enclosure within boundaries of three kinds – social, administrative and spatial. Their very existence as accommodation built exclusively for old people reinforced their distinctiveness from “ordinary” housing.⁴⁶

Many recognize that ageing is accompanied by changes which are outside one’s control. For this reason it is essential that older people can maintain a sense of continuity with the past and a purpose for the future. Being a visible and active part of a community can help to build relationships and trust and give older people greater sense of control, which are important dimensions of well-being in later life.⁴⁷ In contrast, poorly designed or located housing can reinforce the view of old age as a distinct and separate stage of the lifecourse. Despite their benevolent intentions, housing policy-makers, commissioners, developers, designers, and managers are at risk of reinforcing that marginalization and consequently a heightened sense of vulnerability.⁴⁸

The Problem with “General” Needs

As the previous section implied, much of the recent policy and research into downsizing has focused on the supply of purpose-built retirement housing, despite the fact that less than 10% of older households currently live in in this type of accommodation.⁴⁹ Expectations of where and how people will live in older age are also changing, with many people seeking to downsize earlier in retirement (or before retirement) and looking for alternatives to the purpose-built schemes or villages.⁵⁰ Although downsizing also has connotations of a move to a smaller home, research has also indicated that many older people who are looking to move do not necessarily want to reduce their number of bedrooms or overall area of living accommodation.⁵¹ Moreover, increasing longevity means that many people in their fifties and sixties may expect to “downsize” several times in later life as their needs and aspirations change. Downsizing might therefore be redefined as a move to residential accommodation that is more suited to the requirements of older residents – whether this is a home that is more easily accessible, more conveniently located, more energy efficient, and/or easier to maintain. This type of housing move has also been referred to by some commentators as “right-sizing.”⁵² As the lifecourse of current and future older generations extends and diversifies there are strong arguments to be made for housing options that are more flexible and *less* specialized in order to be adaptable to the changing needs of future generations.⁵³ This might include the anticipation of adult children returning to a household; space for carers, or a need to accommodate elderly parents; the ability to host friends and family; and space to continue to pursue the activities and hobbies that shape one’s individual identity. This can be translated into a list of common features that many downsizers are looking for in a new home: affordability, accessibility, security, energy-efficiency, space, flexibility, ease of maintenance, and a good location with access to local shops and services – features that are also prominent within the HAPPI recommendations for older persons’ housing (see Figure 3).⁵⁴ These are, however, all factors that are important regardless of age – opening up a broader point of debate about the planning and design of homes that support people’s well-being across the lifecourse, not just in later life.

Previous research has indicated that the private market has been slow to respond to this demand, with a particular shortage of options available to those looking to downsize to so-called “general needs” housing.⁵⁵ Recent government initiatives such as “Help-to-Buy” have served to focus attention on the supply of housing for first-time buyers and families, arguably at the expense of more accessible or flexible typologies for downsizers.⁵⁶ This lack of availability has been one of the factors behind the increased interest from self-builders and co-housing groups, many of whom are leading the way in defining what these alternative forms of accommodation might look like.⁵⁷ Nonetheless, this self-provided approach will remain beyond the reach of the vast majority who lack the financial means and/or expertise to build their own home. So what other policy measures might be introduced to encouraging

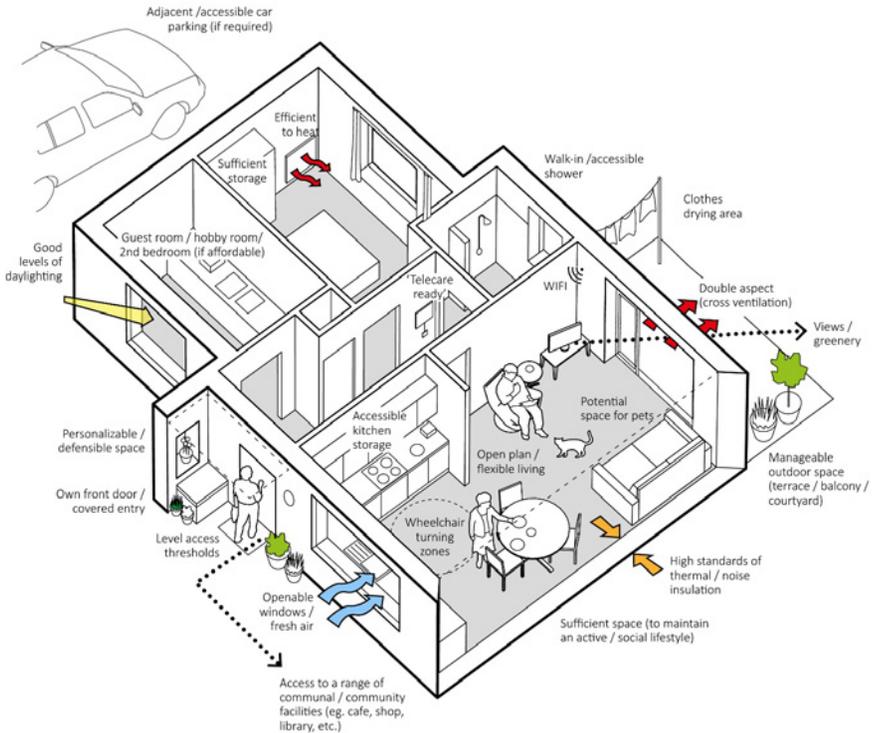


Figure 3. Summary of “HAPPI” design recommendations for accessible dwellings (apartments or bungalows) for downsizers. Image: Author

greater supply of this form of housing? One commonly cited issue is the difficulty of adequately defining, classifying, or collecting data on the types of properties that might be desirable for downsizers but are not purpose-built or attached to care and/or support provision.⁵⁸ This issue relates to the breadth of the C3 (dwelling house) planning use-class, which doesn’t distinguish between different types of residential accommodation.

Tools to improve the quality of new general-needs homes in the UK, most notably the “Lifetime Homes” standard,⁵⁹ have gained significant traction with policy-makers in recent years. The Lifetime Homes criteria are designed to anticipate and support future conversion of a dwelling for the use by a resident with impaired mobility. The standard also anticipates the needs of residents who are (perhaps temporarily) unable to use stairs – for example, by identifying a potential sleeping area space and bathroom at ground level. The limitation of this standard is its focus on physical accessibility – Lifetime Homes lacks any means of defining the characteristics of housing that impact on resident’s everyday well-being and any means to quantify the benefits of these features. These might include (but is not limited to) proximity to local

transport and amenities, daylighting and ventilation, outdoor space and internal space standards, storage, and measures to build-in future flexibility.

Despite the progress made in some parts of the UK in establishing Lifetime Homes as a requirement for general-needs housing, the standard has recently been replaced as part of the Technical Standards Review.⁶⁰ Optional standards for space and accessibility of new homes have been subsumed within Part M of the Building Regulations, with two new levels (“Accessible and Adaptable Homes” and “Wheelchair Homes”) in addition to the minimum level previously required. Crucially, local authority planning departments will only be able to require developers to build to the higher accessibility standards if they can demonstrate a local need for more accessible housing *and* show that the optional standards will not impact on the overall viability of a development. While it is not yet completely clear how these rules will operate in practice, the politics of optional standards and viability testing suggests a clear preference for less regulation and a handing over of responsibility to the private market to deliver housing of a suitable quality and cost.

Conclusion

Two dominant policy discourses, downsizing and ageing in place, have shaped housing choice in later life in the UK. While these discourses differ in the way that they represent the preferences (and agency) of older people, both have been used as part of an instrumental preventative agenda with the aim of supporting older people to live independently for as long as possible and reduce the burden on the state. To this end, policies to promote downsizing have tended to focus on moves to purpose-built retirement housing, particularly extra-care or village models with care and/or support provision attached. These housing typologies, which typically cater for the “older old”, have received significant political and financial backing with the aim of reducing the number of hospital “bed-blockers” and “crisis” moves into residential care institutions. Whilst acknowledging the role that extra-care schemes can play in offering choices for older people, the current design and location of many purpose-built “schemes” or “villages” has created gated communities that segregate older people on the grounds of safety. This paper has critiqued this segregation, arguing that purpose-built retirement housing schemes can inadvertently recreate the institutional conditions they are designed to replace. In order to reframe downsizing as a more positive discourse, the paper has developed an argument for a much greater policy focus on housing that is attractive and affordable for downsizers but, crucially, more flexible and better integrated into existing neighbourhoods.

A range of research and policy reports have warned of the chronic shortage of housing supply for potential downsizers and the grave implications of not taking action to improve the availability and choice in this market. A large proportion of households, particularly those that are not “asset rich,” are already at risk of becoming isolated with few choices available as they grow

older. Others who can afford to downsize will only do so if they are able to find a home that will support their aspirations for later life. Recommendations have been made to stimulate the supply of higher quality and accessible purpose-built and general-needs housing for downsizers. However, in recent years these arguments have been somewhat drowned out by other political priorities and a drive to cut regulation in the housing sector. This paper has argued that housing quality and choice for older people is too important to leave to the market alone – and adds to recent calls for policy interventions to incentivize development across a range of typologies and tenures. Alongside increases in supply, there is a need to improve the availability of information for potential downsizers, housing providers, and local authorities. This includes improvements to the way that data on the existing housing stock and future housing demand are collected in order to identify gaps in local housing markets. This may require a national review of residential use classes to reflect the diversity of housing types and to better match local supply and demand through the planning process, and could help close the gap between “general-needs” and purpose-built accommodation. Perhaps most critically, policies designed to promote and improve options for downsizing should reflect the lifecourse model of ageing. This will require a cultural shift in policy-making and housing delivery – moving beyond a simplistic model of older age and a rethinking of the current view of purpose-built retirement housing as an instrument to manage the physical and mental decline in older age. Only then can we focus on the challenge of planning, designing, and delivering new housing that supports and enhances well-being of future generations throughout their lifecourse.

Note on Terminologies

This research is carried out in the context of the DWELL research project,⁶¹ which is investigating how the design of houses and neighbourhoods can facilitate the mobility and well-being of older people. To better understand how existing housing choices are shaped and how people might envisage alternative housing options in later life, the DWELL research project is working with groups of residents aged 50 and over in the city of Sheffield, UK. The DWELL project employs a participatory research process, with residents involved in shaping the research questions, methods, and terminologies. As part of this process, DWELL participants of varying ages have rejected the terms “old” or “older” to describe themselves or their peers. However, for the purposes of clarity this paper applies the term “older people” to describe a range of research participants from the age of 50 and over. For the purposes of illustrating particular demographic or housing issues, statistics relating to specific age categories are also used (e.g. “people aged 65 and over” or “households 75 and over”). Unless otherwise stated, statistics related to household age refer to the age of the ‘Housing Reference Person’ (the main earner or oldest member of the household).

Notes

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