

Primary research into housing options information and advice for people in later life

Sarah Frost
Simon Rippon
Kerry Swain
Julie Wrigley

July 2019

Contents

04	1.	Introduction
04	1.1	Centre for Ageing Better in Leeds
04	1.2	Project aims and objectives
04	1.3	Evidence summary
10	2.	Method in brief
10	2.1	Event with national providers
10	2.2	Desk-based scoping exercise (including GIS mapping)
11	2.3	Telephone and face-to-face interviews with key local providers
11	2.4	Engagement with older people and carers
12	2.5	Data analysis
12	2.6	Acknowledgements
14	3.	Key findings
14	3.1	Mapping of current I & A provision in Leeds
19	3.2	Findings from older people, carers and providers
50	4.	Conclusions and recommendations
51	4.1	Summary conclusions
52	4.2	Recommendations
56	5.	Appendices
56	5.1	Method in detail
62	5.2	Limitations
63	5.3	I & A providers – national and Local
78	5.4	Maps
79	5.5	Case studies

About the Centre for Ageing Better

The Centre for Ageing Better is a charity, funded by an endowment from the National Lottery Community Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.

1. Introduction

1.1 Centre for Ageing Better in Leeds

In October 2017, the Centre for Ageing Better (Ageing Better) entered a five-year partnership with Leeds City Council (LCC) and Leeds Older People's Forum (LOPF). Together, they will pilot innovative approaches to ageing, generating new evidence that can be spread nationally, and adopting and implementing evidence of 'what works'.

An agreed priority area for the partnership is housing, including a desire to build on the Me and My Home consultation which found that older Leeds residents want to improve their understanding of their housing options and know where to go for this information.

1.2 Project aims and objectives

Ageing Better commissioned research to examine what information and advice (I & A) on housing options is wanted and / or needed by older people aged 50+, from a range of tenures, across Leeds. The project was also required to determine what housing options I & A currently exists in Leeds and when, how and if older people are accessing this and acting upon it. It was expected that relevant I & A topics could include tenants' rights; repair/improvements; adaptations; opportunities to move within general needs market; and specialist housing options. The research would identify and document any gap between provision, need and desire, before providing recommendations about a future I & A offer on housing options in Leeds.

Specific project outcomes were for:

- a) Qualitative engagement with older people about I & A seeking, timing and triggers, actions taken on receipt of I & A, barriers and opportunities missed, attitudes to paying
- b) Mapping exercise covering I & A offered across Leeds; and consideration of regional / national policy implications
- c) Construction of business case / recommendations to reshape the provision of I & A on housing options in Leeds

1.3 Evidence summary

1.3.1 The national context for housing I & A for older people

Across the UK there is a growing knowledge and evidence base exploring and supporting action for housing options for older people and strong examples of work across Leeds that offers a positive platform for future action by system partners. Some of that evidence base is reviewed here.

“Just like any other age group, ‘older people’ are highly diverse. They may be rich, poor or somewhere in between. They may be healthy or have health problems, physical and/or mental. Their housing situations and the options open to them vary greatly dependent upon their tenure, geographical location, income and equity. Their personal situations — links with family, friends, neighbours, their interests, lifestyles and aspirations — are also diverse.”¹

The report from the Communities and Local Government Committee (2017)² positively endorses the role for housing I & A seeing its value in supporting older people to make proactive and informed choices, “...access to good quality I & A is fundamental to helping older people make informed, planned and timely choices about how and where they live in later life, and to helping them to live healthily and comfortably wherever they choose to do so and to make the most of their financial resources.” (ibid p8)

Furthermore, the focus for advice provided should be holistic, covering the range of issues relating to housing for older people including:

- Repairs, maintenance and adaptations, and access to funding for these
- Home improvement agencies (HIAs), handypersons, trusted traders
- Heating and energy efficiency
- Housing options, including specialist housing
- Moving home, including the practical and financial aspects of moving
- Care options and financing of care and
- Signposting to appropriate agencies for advice on housing finance: mortgages, equity release, Help to Buy and shared ownership

In our work on this project, these perspectives have been evident and well cited in our engagement with local older people and organisations providing I & A services.

It is evident that housing is a wider determinant of health and wellbeing, it impacts on independence and our interaction with the wider community (ibid p7 chpt2). The homes that people live in significantly affect their wellbeing and ability to live their lives the way they want to. Older people spend more time in their homes and immediate neighbourhoods than any other age group³. The impact that local housing stock has on the health of

-
1. Communities and Local Government Committee: Housing for older people Second Report of Session 2017–19, p.5, evidence summary submitted by CEO of Care and Repair to the Committee.
 2. Housing for older people Second Report of Session 2017–19: <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>
 3. Docking, R (2018) Homes that Help. Centre for Ageing Better, London.

people is also marked; every 10 per cent increase in an area where housing was deemed unfit was associated with a two-month reduction in life expectancy⁴. Local housing policy development can contribute to action on population health; locating housing as part of wider place-based planning for health will, in turn, impact on the delivery of (public) health and care services⁵.

There has been much positive action on housing for health at a national level in recent years; the Memorandum of Understanding (MoU)⁶ with over 25 stakeholder signatories makes it clear that **“Poor housing, unsuitable housing and precarious housing circumstances” affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.**” (P5, MoU, 2014)

The Care Act 2014 places a duty on Local Authorities (LAs) to work with partners to enhance the wellbeing of local people and places housing as a core element of such action. Recently the Kings Fund⁷ underlined the role of the NHS locally in shaping action on housing as a key feature in creating healthy places and population health systems.

Around a third of all UK households are headed by a person over retirement age, a figure that is rising as people are living longer, increasingly with long-term health conditions. The number of people aged over 85 is expected to more than double by 2034 with an associated increase in demand for health and social care services⁸.

Most people experience a series of significant life transitions as they become older (e.g. retirement; bereavement of partner and/or friends; changes in health situation). Each raises issues and questions about living arrangements and related finance that may not have been faced before. Previous work by HOPDEV⁹ has offered a helpful categorisation of older people seeking I & A as:

4 Docking, R (2018) Homes that Help. Centre for Ageing Better, London.

5 Ham C, Alderwick H (2015), Place based systems of care: A way forward for the NHS in England. The Kings Fund <https://www.kingsfund.org.uk/publications/place-based-systems-care>

6 A Memorandum of Understanding (MoU) to support joint action on improving health through the home (2014) https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf

7 <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health-housing>

8 Cooper, K (2015), FirstStop Advice for Older People: An independent evaluation of local services. KHC Consultancy Ltd.

9 Directory of Housing Advice and Information Services for Older People (2003), The Housing and Older People Development Group (HOPDEV).

- **Staying put** – older people who are housed and who wish to stay in their existing home (with adaptations if necessary)
- **Moving on** – older people who are housed but who prefer, or accept the need, to move to more suitable accommodation
- **Homeless** – older people who are homeless, at risk of eviction or living in such bad conditions that they could be considered to be homeless (often in private rented housing)

Poor or inadequate housing comes at a cost. It is estimated that poor housing costs the NHS in England £1.4 billion annually with cold and damp housing and fall hazards being the main reasons for this health care cost¹⁰. It would therefore be prudent to design housing I & A services and resources in such a way as to enable older people to make planned choices and decisions at key transition points in older age, accounting for changes in health status, finance and relationships and to ensure, **“Local authorities (all levels) should work with health sector partners (including CCGs and Hospital Trusts) to commission integrated, independent local I & A services for older people that encompass care, housing and finance, offer practical support to implement choice, and which work in partnership with national specialist I & A providers”** (P7)¹¹.

Housing I & A seeks to promote informed choice on a range of issues; for example, moving home, changing tenures and making adaptations to the current home and the financial matters it raises. Within this, there is the potential for older people to make informed choices to ‘Right Size’ their home, Rightsizing can be defined as, **“an older person’s active, positive choice to move home as a way of improving their quality of life. The ability to ‘rightsize’ is dependent on both the availability and accessibility of housing options that people feel would improve their quality of life.”**¹² Being able to access I & A that addresses ‘rightsizing’ requirements would seem a critical feature of such a resource.

The barriers to planning for later life are often complex; a recent study¹³ concluded that there are, **“limitations to an approach that seeks simply to give people more information in the hope they will act on it”** and that there is a need to tailor advice and support, recognising that some individuals need more support than others at certain time points in older age. This seems a fundamental approach but one that requires attention and good design by commissioners and providers. As stated in ‘Making the Case’¹⁴, **“Good**

10 Nicol, S, Roys, M and Garrett, H (2015), The cost of poor housing to the NHS. Building Research Establishment (BRE).

11 Adams, S and Green, G (2015), Making the Case for integrated and impartial I & A about housing and care for older people. Care & Repair England, EAC, Age UK, Foundations, Independent Age.

12 Hammond M, White S, and Walsh S (2018), RIGHTSIZING: Reframing the housing offer for older people. PHASE Manchester School of Architecture.

13 Centre for Ageing Better (2018), Planning and preparing for later life. Summary of research findings. Centre for Ageing Better, London.

14 Adams and Green (ibid.).

quality, impartial information and advice plays a critical role in enabling older people to make informed decisions about their later life housing and care, both of which fundamentally underpin wellbeing”(P3).

Housing needs for older people are often varied and reach into issues that are often outside of but inform housing options and tenures; these include issues related to finance matters, benefits and welfare, access to personal care and support in the home and safety in the home and neighbourhood. Some older people will have particular housing needs because of ill-health, impairment (such as hearing or sight loss) or disability.

There may be faith or cultural issues to consider. Some will be able to manage with appropriate information and the help of relatives. Others will need emotional and practical support from agency staff and volunteers, and perhaps advocacy to represent their views and needs. A study by the Centre for Ageing Better¹⁵ found strong evidence that home adaptations can improve outcomes and quality of life for older people and be an effective and cost-effective intervention for preventing falls and injuries. However, it also recognised an urgent need for positive messaging, advice and support about home adaptations to encourage people to act early to make necessary changes.

1.3.2 The Leeds context

Leeds has an ambition to be ‘The Best City in the UK to Grow Old in’ and there is a strong platform for action for housing and, in turn, the role of I & A to older people which is helping shape provision.

There are some significant local demographic features within Leeds that will shape its housing and wider Public Health strategies. Having an ageing population poses some particular challenges; by 2021 the population of people over 50 will increase to over 250,000 and by 2026 Leeds will have an additional 22,000 households with a head of household aged over 65¹⁶. Linked to the challenges of housing stock and quality set out in the Joint Strategic Needs Assessment (JSNA)¹⁷, **“Old age and an increasing prevalence of activity-limiting conditions places additional demands on housing stock, and residents with disabilities require property adaptations to enable them to live in their own homes.”** it is timely for the council to consider in the round the place and focus of housing I & A for older people as part of a strategic plan for older people.

In October 2017, the Centre for Ageing Better entered a five-year partnership with Leeds City Council and Leeds Older People’s Forum (LOPF). One of the priority areas of work in Leeds is housing and the need for older people living in Leeds to be able to better understand their housing options and where to go for information.

15 Docking, R (ibid.).

16 Leeds Housing Strategy 2016-2021: Effectively meeting affordable and social housing need, promoting independence and creating sustainable communities to make Leeds the best place to live.

17 Joint Strategic Needs Assessment 2015 <https://observatory.leeds.gov.uk/jsna/>

One of the key themes within the vision for the Housing Strategy for Leeds is, **“Meeting the needs of older residents...We need to ensure that we have a strategy in place to offer older people the help, support and housing options they need to live independently in their place of choice”** (P19)¹⁸.

Following consultation with older people the ‘Me and My Home’ Group was established by Leeds City Council in partnership with LOPF and aims to address the needs of older people in all housing tenures, and is based around four themes, these being:

1. ‘I have the support I need to live independently and well in my own home’
2. ‘I know what my options are and where to go for information’
3. ‘When I need it, I have the option to move to a home with extra support’
4. ‘I know that when new houses are built my needs are considered/my voice is heard’

These ‘I’ statements provide the four themes of the Older People’s Priority in Leeds City Council’s Housing Strategy 2016–21. Given the commitment to strategic action with partners and through a designed infrastructure to support older people with housing issues, there is a very positive opportunity to shape future I & A services and resources in such a way as to meet local strategic ambitions and to respond to national trends and evidence whilst ensuring that accessible, high quality and timely resources are available to older people across Leeds. Further, through providing such resources, good housing is seen as health promoting and is pivotal in supporting people’s independence and place in their community and neighbourhood.

18 Leeds Housing Strategy (ibid.).

2. Method in brief

A multi-method approach was used for this study to ensure a range of key stakeholders were consulted. In brief, the following engagement activities were conducted between July 2018 and November 2018:

- An event with national providers
- Desk-based scoping exercise (including GIS mapping)
- Face-to-face and telephone interviews with key local providers
- Engagement with older people and carers of older people

The detailed method can be found in Appendix 5.1.

2.1 Event with national providers

An event was held in London on 30th July 2018; this was co-hosted by Ageing Better and the research team held at The Lift.

Invitations were made to 15 organisations. Five organisations were represented at the event, by six delegates:

- Age UK
- Independent Age (x2)
- Begins at Home (Foundations)
- Money Advice Service (MAS)
- London Re-building Society

Another two organisations unable to attend on the day submitted written contributions, namely:

- EAC Elderly Accommodation Council (including First Stop)
- Care and Repair England

2.2 Desk-based scoping exercise (including GIS mapping)

A desk-based exercise to establish the current landscape and provision of information and / or advice regarding housing options was completed. This was undertaken using internet searches, emails and telephone calls to gather as much detailed information relating to the services as possible.

Using GIS mapping software, key data was presented in a series of maps to visually illustrate where and how provision was offered and distributed across Leeds.

2.3 Telephone and face-to-face interviews with key local providers

In order to complement the scoping and mapping work, a number of key organisations were interviewed (four by phone and one face to face). The organisations involved were:

- Leeds Older People's Forum (LOPF)
- Care and Repair Leeds
- Age UK Leeds
- Engage Leeds
- Leeds City Council (Housing Options)

2.4 Engagement with older people and carers

To engage with older people aged 50+ in a way that felt appropriate for them and comfortable, a number of options for involvement were provided, namely:

- Focus groups
- Telephone interviews
- Face-to-face interviews
- In home case studies

Recruitment and promotion of the research was undertaken via a range of local organisations, services and voluntary groups working with the target audiences. Everyone who expressed an interest in being involved in the research was asked a series of demographic questions to ensure that a range of older people across Leeds were being consulted. In total, 58 older people were consulted along with two carers of older people. A full breakdown by key demographics can be found in Appendix 5.1.

2.4.1. Focus groups

A series of six focus groups were conducted across Leeds involving 36 older people aged 50+. Participants were grouped by housing tenure.

2.4.2 Face-to-face and telephone in-depth interviews with older people and carers

In total, 18 interviews were conducted with older people (eight face to face and ten by telephone) and a further two interviews were conducted with carers of older people.

2.4.3 In home case studies

In order to delve into some of the issues raised in the groups and interviews and also to gather more detailed personal accounts and experiences, four in home case studies were undertaken.

2.5 Data analysis

All write up data was analysed using a thematic approach across the different methods / approaches used (focus groups, interviews, case studies). The data is presented in the key findings section below. Quotes are used to illustrate important points and issues raised.

2.6 Acknowledgements

We are grateful to all the organisations that supported this work, by promoting the research and by providing venues for hosting the focus groups. Thank you to these and to any others we have unintentionally overlooked:

- Age Friendly Leeds
- Bramley Elderly Action
- Calverlands Day Centre
- Carers Leeds
- Caring Together
- Cross Gates & District Good Neighbours
- Dewsbury Road Community Hub / One Stop Centre
- Forum 2000
- Garforth Library + One Stop Shop
- Grove Lunch Club & Women's Fellowship
- Health for All
- Leeds Black Elders
- Leeds Older People's Forum
- Leeds Sailing Centre, Yeadon
- Leeds Time to Shine
- Meanwood Elders Neighbourhood Action
- Middleton Library / St George's One Stop Centre
- Morley Elderly Action

- Old Pool Bank Village Hall
- Richmond Hill Elderly Action
- St Barnabas Church Centre, Alwoodley
- Seacroft Gate Block 2 TARA
- Seacroft Library / N Seacroft One Stop Centre
- South Leeds Live at Home Scheme (MHA)
- Unity Housing Association
- U3A / University of the Third Age
- Woodhouse Community Centre

Thank you to those local people that invited us into their homes and participated in telling their story to inform the case studies.

We are grateful to Joanne Volpe, Dr Rachael Docking, Helen Laird and members of LOPF for their insights and support through the project.

3. Key findings

3.1 Mapping of current I & A provision in Leeds

In order to determine the sources of housing information and advice (I & A) that currently exist for older people in Leeds, we undertook a desk-based mapping exercise to identify current providers. This included both national and local providers within the voluntary, statutory and private sectors. To supplement the information found through internet searches, where clarification was needed, we also contacted organisations by email and telephone to gather further information relating to their services.

In terms of I & A provision, the findings of the mapping exercise have been grouped into three categories as outlined in Table 1.

Table 1: Summary of I & A providers

Type of provision	Number identified	Example of organisation
National providers: a) housing specific I & A b) generic I & A - with housing as one area covered	25	<ul style="list-style-type: none"> - Elderly Accommodation Council (EAC) - Housing Care - Independent Age - Shelter - Disabled Living Foundation (DLF) - Stonewall Housing Advice - Disability Information and Advice Line (DIAL UK) - Age UK - Citizens Advice Bureau - Money Advice Service
Local providers - housing specific I & A	45* <i>[*Includes: 15 x one stop/ community hubs and 9 x N'hood housing offices]</i>	<ul style="list-style-type: none"> - Care and Repair (Leeds) - Engage Leeds - Leeds Irish Health and Homes - Local Neighbourhood Housing offices (x 9) - Local 'One stop'/Community hubs (x 15)
Local providers - generic I & A providers (with housing as one area covered)	10 <i>Plus: 35 x Neighbourhood Networks 13 x Integrated Neighbourhood Teams</i>	<ul style="list-style-type: none"> - Social prescribing services - Age UK Leeds - Citizens Advice Bureau (CAB) Leeds - Mindwell Leeds - Connect helpline - Neighbourhood networks

3.1.1 The national providers

Providing generic I & A

Both Age UK and Citizens Advice are national generic I & A organisations providing information on a range of topics, one of which is housing. Both organisations have a wide range of housing related information, covering a range of issues, available on their websites. Age UK also operate a national Freephone helpline which operates 365 days of the year. Another example of a national generic provider is the Money Advice Service.

A number of advice services exist for older people who have worked in particular professions. Some of these provide housing and support services and others administer benevolent funds to alleviate financial hardship. Examples of these are: The Charity for Civil Servants (formerly the Civil Service Benevolent Fund) and The Retail Trust. SSAFA the armed forces charity offers practical housing advice and support to veterans and their dependents.

There are also a number of organisations aimed at particular communities (i.e. BAME or faith communities) who may offer advice about housing and related issues. Examples of these include: Jewish Care, Irish in Britain (formerly Federation of Irish Societies) and The Chinese in Britain Forum.

Providing housing specific I & A

In total, 25 national providers of I & A offered housing options. Most of these provide information online with some offering advice phone lines and a small number offering face-to-face support through local affiliated providers or branches (e.g. Care and Repair, Elderly Accommodation Council).

Some national providers offer I & A on specific areas related to housing options e.g. Housing Care on residential care options, Disabled Living Foundation on equipment and adaptations. Other providers offer I & A for specific groups e.g. Stonewall for LGBT community, SSAFA for ex-services community, DLF for people with disabilities. Further details on the national providers are given in Appendix 5.3.

3.1.2 The local providers – generic (with housing as one area covered)

There is a wide range of sources of advice and information available across Leeds. As with the national providers, many offer a generic service with housing related issues as one area covered. Both Age UK Leeds and Citizens Advice Bureau have a strong presence in Leeds offering I & A by phone, email as well as face-to-face support via appointment or drop in.

At the time of the research there are three social prescribing services covering the city (North, South & East and West). These services work closely with individuals to get a good understanding of their needs and link them to whatever best meets those needs which may include specialised support such as housing support.

The 37 Neighbourhood Networks (NNs) across the city provide a range of activities for older

people that promote independence and health and wellbeing. They also offer advice and information, help around the home, healthy living activities, leisure and recreation, transport and general support. As the NNs aim to be responsive and flexible in meeting local needs, the services, activities and opportunities offered vary.

There are 15 council 'One Stop Centres' or 'Community Hubs' (and nine local housing offices) which offer housing services and customer services for council tax, benefits, help for older people, disabled people, children and families. Some also have library services and offer job searching advice and help. Some of these hubs are also a venue for pop-up surgeries from other advice giving organisations such as DWP, Money buddies, Credit Union, CAB.

There are also 13 local integrated neighbourhood teams¹⁹ across Leeds which provide patient-centred health and social care in the community. They offer information and advice and also work in partnership with other organisations. As part of this they have a role in, **"Supporting people to remain in their own homes and live as independently as possible with the best quality of life and living conditions."** People can self-refer or be referred by a worker.

Most of the local providers offer I & A to any age groups, the exception being the NNs who work specifically with older people. Some local providers offer I & A to specific groups e.g. Carers Leeds for carers; Mindwell and Connect for people with mental health issues; Leeds Gypsy and Traveller Exchange for people from the Gypsy and Irish Traveller communities; ASHA Neighbourhood Project for women in South Leeds. Further details on the local providers are given in Appendix 5.3.

3.1.3 The local providers – housing specific

In total, 45 housing specific I & A providers were identified in Leeds (this includes the 15 one stop/ community hubs and 9 x Neighbourhood housing offices. As with the national organisations, some services are aimed at older people whilst others are for any age group.

Some local providers offer I & A on specific areas related to housing options e.g. Groundwork's Green Doctor provides advice on home energy saving measures, safe and well checks for older people are delivered by West Yorkshire Fire and Rescue and William Merrit Centre offers advice on daily living aids.

Other local providers offer I & A for specific groups e.g. Yorkshire Mesmac provides a Housing Advice Surgery for people from the LGBT community; Carers Leeds provide advice on care homes to people living with dementia.

Local council housing offices still exist in some parts of the city (nine in total) but in certain areas these have been combined with the One Stop centres / Community hubs. Housing offices offer advice, support and guidance with queries about tenancy, rent, repairs or other housing-related matters. These services are mainly for council tenants. The Housing

19 <https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/neighbourhood-teams/neighbourhood-teams/>

Options centre at Merrion House is Leeds City Council's drop-in advice service for people who are homeless, at risk of homelessness or who want advice about housing options.

Key providers of housing I & A across Leeds include:
<p>The Home Plus (Leeds) (funded by LCC and delivered by Care & Repair, Groundwork NEWY and Age UK Leeds) is a new service to help people live safely and independently in their own homes by addressing risks such as falls and poor heating. Following a home assessment, relevant advice and support is offered on areas such as aids and adaptations, energy saving, repairs, advice. Home Plus also offer support on other on issues such as a change in housing or financial circumstances, bereavement or increasing care needs.</p>
<p>Care and Repair (Leeds) is the Home Improvement Agency for Leeds. They aim to improve people's living conditions and promote independence through enabling people to stay in their own homes or return to home after hospital discharge. They can also help people access DLG and benefits.</p>
<p>Better Leeds Communities (BLC) offers advice on all aspects of housing to people in housing need (e.g. homeless, at risk of homelessness) or those with general housing enquiries. Advice is provided over the phone or in person by appointment</p>
<p>ENGAGE Leeds is a city-wide visiting housing support service, funded by LCC and delivered by a third sector partnership. They provide floating housing support for all ages and offer drop-in housing and advice sessions. The service is for homeowners, people renting or those looking for a new home.</p>
<p>Hospital to Home provides a transport service for people over 60 following discharge from St James hospital. Support is then provided to ensure that the patient is settled at home with further support provided to secure long-term support if needed.</p>
<p>Leeds Irish Health and Homes is a charitable organisation offering a variety of services and support to members of the Irish community but also to the wider community in Leeds. Their primary purpose is to enable people to live as independent a life as possible. Services include: housing and advice, support & outreach services – especially for people with mental health issues.</p>

What organisations provide

The organisations identified through the mapping provide a range of services including:

- Information online
- Advice (by phone or in person)
- Support services

Sub-categories of housing options I & A

Amongst the areas of housing-related I & A provided by agencies, a number of sub-categories were also identified. These are outlined below in Table 2, along with examples of organisations that provided this:

Table 2: Sub-categories

Sub-category	Providers (local examples)	Providers (national examples)
Housing Choices / Finding a new home	Leeds Homes, Housing Options Centre	
Living well at home - aids and adaptations	Care and Repair Home Plus	Disabled Living Foundation
Energy efficiency	Green Doctor	The Energy Saving Trust
Community safety, crime prevention	SAFER Trading Standards	
Care options / care homes / paying for care	Carers Leeds (for people with dementia)	Elderly Accommodation Council Housing Care Independent Age
Personal & nursing care		First Stop Care and Advice Counsel and Care
Hospital to home support	Hospital to home, Care and Repair (Leeds), Age UK Leeds	Independent Age
Harassment, eviction, homelessness	St Georges Crypt Care Centre Housing options Centre	Shelter
Trusted trades people	Leeds Directory Care and Repair (Leeds) Trusted Traders	
Sheltered housing	Housing Options? Housing Leeds?	First Stop Care and Advice Housing Care
Problems linked to health or disability	Local integrated neighbourhood teams Connect Mindwell	DIAL UK
Legal advice	Citizens Advice Bureau	Citizens Advice Bureau
Repairs (social tenants)	Housing Options Centre Housing Associations Care and Repair (Leeds)	
Repairs/ improvements (home owners)	Care and Repair (Leeds)	
Benefits, financial advice, access to grants	CAB Age UK Leeds	Turn2us First Stop Care and Advice Money Advice Service (MAS) Society of Later Life Advisers (SOLLA)
Floating housing support	ENGAGE Leeds St George's Crypt Care Centre	
General signposting	Age UK Leeds	Age UK

3.1.5 The maps

To visually illustrate the number and range of I & A providers in Leeds, GIS mapping software was used. Key data is presented in a series of maps (see Appendix 5.4) to show the location and type of provision across Leeds.

The mapping exercise provides a view of where categorised services and resources for I & A are located across localities in Leeds. We see high clustering of all provider types (i.e. voluntary and statutory provision, generic and housing specific I & A in inner city areas; e.g. City, Hunslet, Chapel Allerton and Gipton and Harehills). These areas also have 'multiple support types' services available to local people (e.g. services that cover a wide range of housing related issues). These locations are areas of high private rented ownership and where the highest likelihood is that the housing is in poor condition²⁰. Some of these areas are also within the clusters of Lower Super Output Areas ranked as the most deprived 20% nationally (ibid p1-7), given that housing is a wider social determinant of health the location of Housing Support resources such as I & A is a critical feature in the wider action to support public health.

The maps have a number of limitations; the location of the services does not mean that the resource is only available in that area; it may be that the service is provided across a wider geography, so we need to understand more about who is using the service and the alignment of such data to wider public health issues in the area. This may help answer the question 'Is the service reaching the people living with housing issues that are impacting on health, independence and social connection?'

A more sophisticated mapping exercise could look to map I & A resources onto JSNA data on housing stock, deprivation, health needs, and so on to give a richer picture to inform any redesign of I & A services to ensure best reach.

The description of what is provided by services (in the mapping narrative and tables in Appendix 5.3) is largely taken from organisational websites. In some cases, this was vague in relation to the nature of support provided, the topic areas covered and / or the type of people they supported. It is recognised that some services that state they provide I & A to 'anyone' are likely to be used by some groups more than others for a range of reasons e.g. location, perceptions of users. It is also acknowledged that some web-based information may be outdated or inaccurate.

20 Leeds Joint Strategic Needs Assessment (JSNA) 2015. https://leedsobs.wpengine.com/wp-content/uploads/2018/03/03-JSNA_2015-Homes-and-Housing.pdf

3.2 Findings from older people, carers and providers

This section of the report presents the findings, organised theme by theme, from the consultation with:

- Older people (and a few carers of older people)
- Local providers of I & A services
- National providers of I & A services

Older people and carers discussed their housing aspirations and needs, reported on previous experiences of seeking I & A, considered their future need for I & A, together with details of how that I & A should best be delivered. Local and national providers described their current provision (where they provided services directly) and provided views on I & A provision, together with any perceived gaps.

Any differences of views are explored, analysed (in the case of older people) by housing tenure or other demographic factors, such as age, gender or health status and may be illustrated by direct quotations.

3.2.1 Housing options

There were a range of current housing situations

Across the focus groups, interviews and case studies, older people (and carers) were asked about their current housing situation; who they lived with, what type of accommodation and for how long they had lived in their current home.

Just over half of the participants lived alone (some had always lived alone, others had divorced or were widowed), a third lived with a partner or spouse and just over one in ten lived with other family members, mainly adult children.

In terms of housing tenure, the majority (36 out of 58) were owner occupiers, around one third (18 out of 58) were social housing tenants, only a small number four out of 58 were privately rented – which broadly matches the distribution of older people's housing tenure across Leeds.

Participants living in social housing were a mix of tenants of Leeds City Council including sheltered housing and housing associations such as the Leeds and Yorkshire Housing Association, Jewish Housing Association and Cooperative Housing Association.

Owner occupiers were much more likely than social housing and private renting tenants to have lived in their current property for a long time – 20-30+ years in a number of cases. These owner occupiers often owned 3-4 bedroomed family homes, which some acknowledged were 'surplus to requirement'.

Preferences for housing options provide the context for I & A seeking

In order to understand what may motivate older people when seeking I & A on housing options, all were asked the question – ‘what does good housing mean to you’ in relation to getting older. This elicited the preferences for the types of housing they aspired to have as they aged; in turn, these preferences affected the type of I & A they thought they may be looking for now or in the future.

For many older people the main priorities they referred to were quite ‘basic needs’ that were affordable. Most wanted to be living in properties that were warm, dry, energy efficient and well-maintained (by a landlord) or that were easy to maintain themselves – both financially and practically.

“Maintenance is key. A property that is well insulated and well maintained, ideally on one level.”

Social housing tenant, interviewee [No. 1]

National and local providers were in agreement that affordability, security of tenure, ease of maintenance, warmth and safety (for example, adapted to minimise falls) were essential features.

Other important factors identified by older people and local providers alike included: a good neighbourhood, which is in a quiet and safe location, close to local amenities such as GP surgeries, shops and social venues.

“...needs to be secure and close to amenities like shopping and recreational facilities”

Social housing tenant, interviewee [No. 6]

The social aspect of a home’s location was highlighted as an important feature by older people and local providers. The ability to maintain good social networks, by connecting with others in the local community, was viewed as hugely important. This was particularly so following retirement, for those living alone and also for certain community and faith groups.

“We wanted to stay there [same area, having recently moved]. We are Jewish and Jewish live in north Leeds. That is the Jewish area... We have got wonderful neighbours...they are just lovely people.”

Owner occupier, focus group participant [Grp 1]

Several people expressed a real fear of being lonely and isolated as they got older.

“I never see my neighbours hardly... but I do try and go out every day to see something that’s going on in the community as I feel that’s really important [for preventing loneliness]”

Social housing tenant, focus group participant [Grp 5]

Good transport links, for example being on a decent bus route was also mentioned by the majority, as a number said they'd given up or expected to give up driving in the future. One lady with MS echoed this view.

"If you ever have to give your car up buses are really important"

Owner occupier, focus participant [Grp 3]

Looking ahead to their likely future housing needs, regardless of housing tenure, there was a strong desire amongst the majority of the participants to stay living independently for as long as possible, even if this meant moving home, or having adaptations or alterations to their current home to allow them to do so. Local providers agreed that supporting people to maintain independence in their housing situation was a priority and many had experience supporting older people to access adaptations for their home. Over two thirds of the older people consulted said they had a long-term health condition or a limiting illness many of which involved mobility issues; therefore, were very realistic about the need to make their homes future proof.

"Make it so you are unlikely to trip up...take away the risks of accidents."

Private tenant, interviewee [No. 18]

Also, on the topic of future proofing homes, national providers suggested there should be a greater number of houses built or adapted to the 'lifetime homes' standard.

Fear of the unknown prompted many older people to avoid the prospect of moving house. Happy and established in their existing neighbourhoods, it seemed too risky to them to uproot themselves to a new house and / or area. Instead this group preferred to adapt their homes and make any necessary changes to allow them to continue to stay for as long as possible.

"Moving away can be a bit of a lottery..."

Owner occupier, focus group participant [Grp 4]

One of the fears about the future that was specified (by older people across tenures) was that of going into a care home or a 'poor quality' care home, which many believed would be their only alternative option. The cost of being able to choose a suitable care home felt out of reach for the majority of older people consulted.

"The thought of care home fees frightens me, or if I can't pay and the authorities have to pay... it's where they'd move me...the worry is I may end up in some hell hole"

Owner occupier, focus group participant [Grp 4]

Among affluent owner-occupiers, particularly those living with partners or spouses, it was perceived there was nothing to be gained by moving or downsizing. This group wished to retain space at home to accommodate visits from grown up children and other family members.

“We can have visitors, including the children, with the appropriate space. We have a garden where we spend a phenomenal amount of time, now we have retired...We have no intention of moving, because we just find it rather nice...we definitely don’t want to downsize.”

Owner occupier, focus group participant [Grp 1]

Additionally, there was also a sense that moving house was very costly and wouldn’t provide any cost savings. Generally, these people had paid off their mortgages, so it was purely the running costs of their homes they would be paying for.

“[advice from an estate agent suggested] after paying stamp duty and moving costs, it wouldn’t be worth my while....not really in need to start thinking about downsizing for economic reasons.”

Owner occupier, interviewee [no. 3]

Some participants had downsized or moved to more appropriate accommodation within the last ten years or so; and a few were also in the process of moving (or thinking of moving). When probed further, it appeared that in a number of cases, there had been a life-changing event or crisis that had prompted their decision to move. Key triggers such as: divorce, loss of a partner, health issues and financial problems were the most common noted – sometimes several of these issues were interrelated, such as divorce or being widowed often affecting people’s financial situations.

“I need to get a smaller house [recently widowed], so I can manage financially better...free up some money for me to spend it on things I want to do, rather than maintaining a house which is way too big for me now.”

Owner occupier, focus group participant [Grp 1]

Another group of older people had already or were actively thinking ahead about their potential future needs and had decided to move and take control whilst they still had ‘real’ options rather than a decision being forced upon them later. Those considering a move were generally in the younger age category (50-65). One participant described how she had chosen to live in a rented property because she preferred the house and felt it was better suited to her needs (despite previously living as an owner occupier). She explained that her former house was on a hill and in the winter was dangerous, as she struggled to get about on foot as well as getting her car up and down the hill, so she decided very quickly that she would move.

“I had to get up to move the car. The pavement was very icy. I thought – ‘I can do this now, but I can’t be doing this in five or ten years’. I moved quickly and sold the house...I was trying to think ahead.”

Private tenant, interviewee [No. 17]

Local providers also thought it important for older people to plan ahead for their housing needs, by taking action on financial planning and seeking tenures that were future proofed for lifestyle changes due to health conditions.

Availability and awareness of housing options are related to I & A seeking

Older people consulted gave the impression they would be more motivated to move if more positive, inspiring types of housing provision were on offer. National stakeholders also agreed that appealing housing options could encourage older people to seek I & A earlier, before reaching crisis point.

This topic was discussed enthusiastically within a few of the groups and interviews. For example, people talked about co-housing and felt this concept offered real benefits in many ways (socially, financially, ecologically).

“Community is really important to me... I like the idea of co-housing. There’s one in London been started – an older women’s co-housing scheme... I want somewhere where there are groups of homes together [mix of social housing, privately owned etc...] where I can share some facilities, share some things and where you can all look after each other, a place where you can have a meal together.”

Owner occupier, focus group participant [Grp 3]

Although purpose-built retirement homes were also talked about as being a desirable housing option for some, ‘cost’ was the sticking point for the majority. A well-known retirement home developer was mentioned several times across the groups, interviews and within a case visit, but it was felt these properties were out of reach financially. A couple of people had visited the showrooms but when they received more information on the costs, they’d not pursued it further.

“[Retirement home developer] is wonderful, beautiful. It is the future. But how many local people could afford to live there? You are paying for the fact that there are staff on site 24 hours a day.”

Carer, interviewee [no. 1]

Among older people of different tenures, there were different aspects highlighted related to a perceived lack of attractive and available housing options. National providers stated a need for attractive housing options to be available for older people, no matter what their tenure.

Owner occupiers often referred to themselves as being ‘on their own’ and out of the system – referring to council and social housing options.

“It’s difficult being an owner occupier, there doesn’t seem to be much help out there. We would like to be able to move in the future, but we don’t know what we could move into [type of housing] or how to get help with that”

Owner occupier, focus group participant [Grp 4]

Social housing tenants raised concerns about a perceived lack of available, suitable housing for them, particularly if they had specific needs. One man in his early 60s explained how his medical needs necessitated a downstairs toilet and despite being told he could have one fitted (and having had the surveyor out and chosen the tiles) he was later told this wasn’t feasible and

it would be cheaper for the council to move him instead to a bungalow. This was felt by the participant to be a suitable option; however, that was five years ago and no suitable bungalows (able to accommodate his wheelchair) have become available in that time.

3.2.2 Awareness and use of I & A

There is a well-established range of I & A provision in Leeds on housing and related topics

Local providers described how the range of I & A services within Leeds is very rich with both commissioned provision (from LCC) and provision that has developed as part of a core offer from national charitable agencies working at a local level – Citizens Advice Bureau, for example. The role of the 35 NNs was also highlighted as a local source of I & A although there was recognition that the extent to which these offer support on housing issues will vary depending on staff skills and expertise and also the needs of the local population e.g. areas with high rates of certain housing or tenancy types.

Whilst there seems to be a good degree of understanding between providers as to what resources and services are in the local system there are perceived limitations on joint working and collaboration. More often agencies helped people navigate into other services and resources for specific issues and responses.

The recently commissioned arrangement (2017) by Leeds City Council to a new collaborative model for Housing Support Services resulted in a single provider within a consortia model²¹; this is seen as a positive by step by providers underpinned by a long contract tenure and delivered through a central hub and being situated in three areas of the city offering a blend of face to face case workers, trades people and thematic support e.g. for people living with dementia.

All local providers described well the local services and resources available to older people generally for housing support and specifically for housing I & A. There was a range of resources available to older people ranging from access to trades people for home maintenance and adaptations, advice on finance and income and expertise on tenancy support.

There is some evidence of topic specific action for older people in the context of housing I & A; for example, services and resources that are specific to people living with dementia, a locality-based resource working with older Asian women and a hospital support service that helped people live independently at home²². These are examples of housing connecting into wider system, sector initiatives specific to people's needs.

People were aware of a mix of sources of I & A

Across the groups, interviews and case studies, the older people participants were asked how they would seek and obtain I & A. Overall, the majority said they would rely on the internet,

21 See Engage Leeds: <https://engageleeds.org.uk/>

22 These themed services were being provided by Age UK and Care and Repair Leeds.

approach the council, their landlord (housing association or private), a large charity, or ask friends and family. Charities known of by participants included: Age UK, Citizens Advice, Care and Repair, Engage Leeds, Carers Leeds and some of the Neighbourhood Networks.

When probed further it was clear some differences in responses by housing tenure were noted. Owner occupiers were more likely to say once they had done their initial research, that they would approach private companies and larger charitable organisations, with some assuming the council wouldn't be able to help them. Owner occupiers were also much more likely to rely on advice from friends and family and seeking recommendations, particularly in relation to housing repairs / adaptations.

Social housing tenants were most likely to say they would contact the council or housing association in the first instance and a number of these said they would also contact Voice of Older Leeds Tenants (VOLT) or tenant and resident associations (TARAs). Several also said if it was a serious or specific issue, they would also contact their local councillor.

Those renting privately gave mixed responses suggesting the council, larger charities and some NNs, depending on the issue.

Presenting issues included other topics alongside housing

Those who had sought I & A on housing options had mainly done so for themselves, though several said they had also sourced this for other people, such as elderly relatives or people they cared for. A range of housing and related topics had featured in these experiences of seeking I & A.

The key reasons for seeking housing I & A for themselves were:

- Aids and adaptations
- Moving and downsizing
- Household repairs
- Alternative housing options
- Energy efficiency and insulation
- Tenants' rights (e.g. dealing with problem neighbours)
- Financial issues (e.g. rent arrears)

...whilst the main I & A sourced for other people primarily focussed on:

- Care homes & nursing homes
- Adaptations

National providers agreed that presenting issues could be various; in their experience, common presenting issues were finance or illness /disability / the need for care.

The internet and councillors were used as a first source of information

When looking for I & A, the first necessary step was to choose or navigate to a useful source of I & A.

The internet was frequently used as a first source, to gather initial, general ideas along with contact details for relevant organisations who could provide further, more specialist or detailed I & A.

Although the internet was seen as a valuable source, it was also thought to provide too much or confusing / conflicting information that had to be sifted through and navigated.

“Feel overwhelmed about how much information is out there...my feeling is you have to take in lots of information, process it and decide what is the best for you.”

Owner occupier, focus group participant [Grp 3]

Local councillors had also been a useful first source for several participants. They had been able to signpost to appropriate organisations and / or departments relevant to need, as well as ‘opening doors’ and providing introductions.

A housing association tenant explained how she’d had problems with rent arrears and was facing eviction. She wasn’t sure who to approach so contacted her local councillor who suggested speaking with the housing options team at the council.

“Often you’re not told what’s out there [services]... my councillor sent me to Leeds housing options and they were great”

Social housing tenant, focus group participant [Grp 5]

People were uncertain whether they would be eligible or suitable to receive I & A from providers

Participants could not always confidently choose which providers to approach as their first source for I & A. For example, they were unsure about the remit of different charities and whether their own circumstances would or would not render them eligible for support from different charitable organisations.

“I think about them [Neighbourhood Networks]...I think I am not that old yet!...I am well into the age category, but don’t see myself that old yet... I’ve never considered looking into the Neighbourhood Networks.”

Owner occupier, focus group participant [Grp 1]

Local providers also developed this theme, identifying that their services were not equally accessed by all who could benefit. They reported that the uptake of their services was mainly by people aged 70 years upwards with very limited contact from people in the 50 - 65 years age spectrum.

There was also a sense that there was a lack of housing I & A provision for owner occupiers

and those living in private rented properties. There are 335, 322 households in Leeds (as of 2015 JSNA) and the 2011 census identified some marked shifts in housing tenure with a rise in the overall private rented market from 10% to 17.9% of households whilst the private ownership market fell from 70% of households to 58.2%.

Many of those living in owner occupied properties may want to stay in their own homes but may need advice on making adaptations or repairs to enable them to do so. There was a sense that the council tend to focus on social housing and provide little support to owner occupiers when in fact, it was felt that supporting people to stay in their own homes for longer could result in significant savings for the wider health and social care system.

“Funding used to be available to people to maintain their private sector housing – but this has all gone now...”

Local provider

In some localities, older people would be more confident in approaching local organisations, such as charities, for support. The charities were reported to be well promoted, with recognisable branding and a message conveying that help would be offered to all older people, regardless of tenure.

Reaching the correct person or department to provide I & A could be challenging

Once an organisation was identified to approach for I & A, the next hurdle could be reaching a relevant person or department to help with the query. Both online and telephone systems were criticised as hindering this process. It was reported to be difficult to navigate online systems to find the right pages on websites. Automated telephone services sometimes resulted in participants failing to reach the correct department, being placed on hold for a long time or being cut off before an issue was resolved.

“Council have that many departments that you get passed around that much that I just don’t bother anymore with them...When you eventually get through to someone, they say it’s not our department...They are useless.”

Owner occupier, focus group participant [Grp 3]

Examples of good I & A provision featured face-to-face support, responsiveness and information that met people’s needs

Face-to-face I & A services were popular amongst those who had used them – whether from one stop community hubs, housing options services, charities or private sector companies. One participant described a positive experience at Horsforth One Stop Shop. She explained she had been thinking of having a downstairs toilet fitted, but was feeling daunted by the prospect of disruption and the logistics. She called into the centre and a very helpful man discussed her options with her and gave her useful pointers and things to think about.

“It was good. He gave advice about drains and bi-fold doors...really practical things... also about building regulations.”

Owner occupier, focus group participant [Grp 1]

A range of charities were praised for their service – with responsiveness mentioned specifically.

Private companies had provided I & A (mainly to owner occupiers), regarding repairs and adaptation services, estate agency, legal services, and private retirement homes. Generally, the information, advice and service provided had been good and met their needs. However, it was acknowledged that these were often expensive, paid-for services, so a good quality service was expected.

Examples of poor I & A provision featured incorrect information, impersonal treatment and lack of a resolution

Reasons given for rating experiences of I & A as poor included:

- Receiving incorrect or unhelpful information about seeking a care home
- Lack of follow-through in obtaining a resolution / difficulties in reaching the person who could achieve a resolution
- Feeling treated impersonally
- Lack of continuity of staff, leading to the need to repeat a personal story

“They were absolutely useless. I weren’t given the right information and they weren’t very helpful and so I ended up finding information myself from the internet. I would never go to them again.”

Owner occupier, focus group participant [Grp 3]

“I tell you what’s the worst thing...when you have to keep repeating your story time and time again...until you are sick of repeating it.”

Owner occupier, focus group participant [Grp 4]

Social tenants looking to source I & A on obtaining alternative properties faced frustrations

Social housing tenants perceived that there was a lack of available and / or suitable properties for them or long waiting lists to receive such a property. When looking for I & A on this topic and when applying, tenants perceived that they were required to use online methods; they found these confusing and difficult to understand. This left tenants either seeking alternative support face-to-face or giving up and staying in unsuitable accommodation. Similarly, mixed messages about the prospect of being provided with adaptations or a new home could leave tenants waiting for years in unsuitable housing.

“Well we’d seen [communication] and it looked really good. They said to register on the website and even that wasn’t very good [difficult to understand]... That’s the problem... everything is digital.... We called into the office in the end, but we couldn’t get through the receptionist to speak to anyone.”

Owner occupier, focus group participant [Grp 4]

“When social care came to assess me for the wet room, they said it would be easier to put me on the waiting list for a bungalow...but the waiting list is three years! What am I supposed to do in the meantime?”

Social housing tenant, interviewee [No. 7]

3.2.3 Barriers to seeking I & A

Personal and emotional barriers mean older people tend to seek I & A only at crisis point

The national providers observed that many people tend to access I & A only at crisis point.

Older people themselves tended to agree. A number of respondents felt that they are not encouraged to think about housing needs early enough and would, themselves, be likely to leave housing decisions ‘too late’. This was more likely to be the case for younger participants and those in good health, who found it hard to envisage their future needs. They tended to see themselves as ‘only young’, not yet ‘old enough’ to be seeking help for housing or care related issues. As they were in good health, they found it hard to anticipate what their future health needs might be and did not feel it relevant to plan just yet.

“We’ve seen so many people who have put off the decision [to move] until it’s too late...”

Social Housing, interviewee [No.11]

Another reason was provided to explain why people may seek help late: a housing association may be aware that a tenant is in difficulties, but only refer them for help from a support worker at a late stage. A participant who works as a support worker highlighted how he would seek to flag up any emerging housing issues to discuss with clients through ongoing support planning. However, a barrier could be that the housing association would only refer people to him for support when the tenant reached crisis point (such as being in rent arrears and with linked mental health difficulties) which meant options available could be limited.

“The housing association is operating a business model that may not be as person-centred... they will only refer a client to us at crisis point... why do they refer at this late stage?”

Carer, interviewee

There were strong emotional factors influencing the process of seeking I & A for some older people.

In a number of cases, people’s emotional attachment to a happy family home meant that they would not or could not think about moving, even if they could see the property was no longer suitable for their needs or, in some cases, was unaffordable.

“I’m so emotionally attached to the property as it was the family home ...the thought of moving is really upsetting...”

Owner Occupier, interviewee [No.12]

For others, there was a more marked fear that future issues of housing were too big or complicated to face up to, that engendered a reluctance to seek I & A on the matter. For some homeowners, practical concerns were overwhelming and stressful, such as clearing a house where they had lived for many years and planning the logistics of a move. Finding information, planning ahead and moving itself can take a lot of emotional and physical energy. For a large number of older people, especially if living with health conditions or recently bereaved, a lack of energy to do anything over and above getting through the day presents a barrier in terms of accessing and acting on I & A. This is a good argument to address housing issues sooner rather than later and to normalise these discussions and this phase of life.

From the national providers' perspective, they observed that it could be difficult for people to be sufficiently clear themselves about their main issue, particularly when several issues are inter-related.

Fear of ageing and of bereavement could also deter older people from looking to the future to consider their housing needs. Couples did not want to think of a time when their partner would not be around. Those with deteriorating health and becoming less able to manage independently may not want to face up to the need for an unwanted change that was becoming imminent

"Fear that it is one step nearer the end [death]...it's emotionally complicated."

Private tenant, interviewee [No. 16]

Individuals experienced additional communication or cultural needs that made it difficult for them to contemplate seeking I & A. These included lack of confidence following bereavement and being hard of hearing. It was recognised that there may be language and/or cultural barriers for some groups (such as people who have English as a second language) which may mean they have difficulty accessing some sources of I & A.

National providers were clear that there were consequences when older people sought I & A late, at crisis point. Those seeking help could then be left with reduced options, for example, due to the slow application process for Disabled Facilities Grants (DFGs) which may come through too late to be useful. Seeking advice at this late stage also places a burden on the I & A provider: it demands a speedy response, that may be a struggle for them to fulfil.

Lack of suitable housing options dissuades people from seeking I & A

Some social tenants felt they had no possible housing options available to them, other than their current house.

"I missed the boat, I didn't buy a house – can't sell this [as it's a co-op] so don't feel there are any other options and feel all alternatives will be awful."

Social housing, interviewee [No. 1]

Conversely, some owner occupiers also had the perception that their options were limited,

as they wouldn't be able to access social housing.

"I wouldn't even consider sheltered housing as a home owner... the council just don't want to know you, we wouldn't even get into the [name] sheltered housing scheme – they send you to a private organisation like [private retirement home provider]."

Owner occupier, focus group participant [Grp 3]

Uncertainty over eligibility for some types of support deters people from seeking help

Another barrier to accessing I & A was the lack of awareness about whether or not people would be eligible for the support available (for example, DFG). Related to this, there was a lack of knowledge about whether people could self-refer to certain services and providers.

Owner occupiers felt there was a lack of housing I & A and other related services aimed at their needs.

"The gap for me is for those people who don't fit the free services and the only other option is paying – which is manageable when I'm working – but won't be when I retire."

Owner occupier, interviewee [No. 8]

Some felt that there was an assumption that many older people were, "living on gilt edged pensions when many are struggling in reality", which meant that I & A and housing related provision was not easily available to them.

People are unclear or overwhelmed with finding and deciding who to approach

There was a general lack of awareness amongst many older people about what I & A sources are available and where they could go for I & A about housing options.

"if I don't know about it then there's little you can do about it"

Social housing, Interviewee [No.4]

National and local providers agreed that people were often very unclear about which organisation could best provide the advice needed.

"We need to look to raise awareness of what is available for older people in Leeds... there's more of this for younger people and we need to look to develop this for older people too..."

Local provider

A particular issue reported by council tenants was that they would not know who else to contact aside from the council. Some housing association tenants felt they had nowhere to go, while others appreciated the fact that they had access to dedicated I & A services as part of their tenancy.

Whilst a number of people knew of certain service providers by name (e.g. Care and Repair, one stop hubs), they didn't always know exactly what services the organisation provided.

Linked to this was the general feeling from a majority of participants that there is, "so much information out there", that people can be overloaded. Several people felt the wide array of providers was confusing with no way of knowing which is best or most appropriate to their needs. There was a sense that these services were not joined up – which added to the confusion and required older people to provide the same information more than once. There was a perception that finding the right person, agency or department was difficult; but that it was only if you knew the right people to contact in the right organisations that you could get what you needed. In sum, there was a perception that it is not easy or quick for people to navigate the system or find out the information they want, without support.

"It takes time and a lot of aggravation to find out what there is..."

Owner occupier, focus group participant [Grp 1]

"As you get older, it is difficult to know where to go. There are so many people claiming to be able to give you advice. It would be much better if you could dial a number and get the right source every time."

Owner occupier, focus group participant [Grp 2]

"Some groups and individuals just don't understand the system...don't know where to go or where to get help. They need support."

Owner occupier, interviewee [No. 10]

People are unsure which organisation to trust with their enquiry

The need for trusted I & A from an independent and credible source was mentioned by a few participants. This was especially felt to be required when related to online information, where sources may be unclear or unknown and for support on issues with financial implications. There was also a suggestion that some I & A providers could have hidden agendas. Seeking I & A from an accredited agency was seen as one way of gaining trustworthy advice.

"People tend to shove forward their own favourites... people are biased"

Owner occupier, focus group participant [Grp 3]

One-to-one support would be required by some people to access and make use of I & A

There was a wide recognition of the value of talking to someone to gain advice and support, and the vital need for this, more so when action needs to be taken with some urgency:

"People have forgotten the value of talking to each other... – the benefits you get from 1:1 contact."

Social Housing, interviewee [No.7]

Having someone to help access and make sense of I & A would enable those who lacked the ability or confidence to access the information they may want and need. A number of respondents gave examples of how they had helped older friends and relatives with accessing information related to welfare benefit claims and other issues. Others reported that younger and / or more able family members had been able to seek out information for them, but raised a concern about those who don't have family members to help. There was a sense that without this help they wouldn't have been able to access the support needed.

"It depends on who you know and what they know... you need help from people who know what to do and where to go"

Owner occupier, interviewee [No.2]

Whilst support from friends and family was broadly seen as a benefit, there can also be challenges associated with provision of advice from this source. Respondents highlighted instances where advice from well-meaning family members had been ignored, and then became 'the elephant in the room', to the point where it could no longer be raised. This sort of situation can end up placing a burden on families making it difficult to make a change until it is forced on them by medical emergency. This also further highlights the need for independent and impartial sources of I & A.

The provision of I & A via only digital channels can be a deterrent

There was recognition that online sources of I & A could be really useful, for some people whilst others felt using the internet yielded too much information.

There was a view that I & A providers assumed everyone had internet access, a device on which to access it and the relevant IT skills. This may not be the case for many older people, especially those in the 75+ age bracket. It was also recognised that some older people may be unsure or even fearful of accessing (or providing) information online. Many of the participants we engaged were IT literate, but knew of friends and older relatives who did not have IT skills or access to internet enabled devices – thus presenting a barrier to accessing information online. There was a strong feeling that information and advice should be provided in different formats and via a range of sources to meet the needs of different groups and individuals.

"A lot of [older people] do not have the internet. More and more you are getting this disconnect...banks, councils, the service they provide (digitally)...but a lot of elderly people do not have the ability to be on the internet."

Owner occupier, focus group participant [Grp 2]

3.2.4 Future demand for I & A

A variety of issues could trigger a demand for I & A

Older people suggested there could be a variety of events which would trigger a requirement for I & A about their housing options. These events do not necessarily stand

alone; some events are likely to influence or co-exist alongside others.

One situation identified is where an older person experiences increasing difficulties in maintaining their independence and managing their surroundings. For example, changes in health status and mobility levels could impact negatively on someone's ability to clean and maintain their house to a safe standard.

Local providers also noted that there was a need for housing I & A particularly for older people living with long-term and/or life-limiting health issues. This focus of I & A is being developed in response to the wider care system, issues aligned to the NHS and Adult Social Care agenda on prevention. All local providers cited a need to shift I & A towards supporting older people to live independently through adaptations in the home that reduce risk (of trips and falls) and promote safety.

Changes in household composition and family relationships would also be likely to trigger a need for I & A around future housing options, according to older people. Examples could include following bereavement, following separation, after children have moved out, or when children and grandchildren have moved away from the area.

Changing financial circumstances, such as retirement / loss of income, reductions in benefits and reduction in pension receipts could make it difficult for older people to afford fuel bills and other running costs, such as repairs. In turn, this could act as a trigger for considering making changes to housing circumstances.

Some people were looking to gain I & A to help them plan before reaching crisis point

As mentioned previously, there was acknowledgement that many older people tend to leave thinking about housing needs too late, until a crisis occurs.

There was a minority of participants who claimed that they would not be among that group to avoid planning for the future. One participant was adamant that she wanted any decisions about future housing to be her decisions and not anyone else's. She stated that as soon as she felt she couldn't manage anymore she would look to seek help on what her options would be. Another stated that she felt it was important to change circumstances before hitting crisis point or getting to a point of need.

"I'm very pragmatic. I embrace getting older... I'm not too proud to ask for help and I don't want to get stuck in a rut."

Social housing, interviewee [No. 1]

When asked what if anything could make people more likely to seek I & A earlier, before a crisis, the following factors were suggested – both to be promoted suitably:

- A proactive audit or MOT-type tool
- Regular reviews of housing situation and related issues

An audit tool was suggested to help plan for future housing needs

A proactive audit tool could encourage people to consider what they might want to happen should certain life events occur or their needs change; and to plan how they could finance it. There was support for such a tool which could alert people early enough to the potential need to change their housing circumstances.

“I would like something like an audit, challenging us to assess where we are on a spectrum and how to navigate that trajectory from being fully mobile and able to maybe needing adaptations or downsizing or moving to a different kind of community. I think that is a missing area.”

Social housing, interviewee [No. 4]

Some thought the audit tool may be more useful for younger older people, but may not be suitable for all age groups. A promotional campaign could augment its uptake. The tool could provide people with details of organisations that could help them with a range of issues. It was suggested that the promotion and advertising of any new audit tool would be key.

Not everybody was positive about the prospect of using an audit tool. One participant felt that some older people would be reluctant to complete an MOT-style audit form as they wouldn't want to think about the future in that way as it confronted them with thoughts of mortality.

“it's a bit like making a will... people put it off because they think if they do it, they are going to die sooner.”

Owner occupier, interviewee [No. 2]

An example audit tool was reviewed

An example of an audit tool, known as HOOP (Housing Options for Older People)²³ was presented to participants.

The online questionnaire, headed 'How well does your home suit you?' is designed to help people think about different aspects of their home and how they live in it. Aspects covered include:

- Size and space
- Independence
- Cost (affordability)
- Condition of property
- Comfort and design

23 Developed by Elderly Accommodation Council (EAC), retrieved 5/12/18 <https://hoop.eac.org.uk/hoop/start.aspx>. A localised version of the HOOP tool has also been tailored for use in Manchester, retrieved 5/12/18 <http://www.firststopcareadvice.org.uk/project/project-1/>

- Security and safety
- Location
- Managing
- Quality of life

On completion of the questionnaire, suggestions are provided for how to tackle any concerns arising and who to contact. There is an option to speak to an adviser if required. Mini-HOOP, a short, printed version, is available. There is also an extended questionnaire, known as original HOOP.

Feedback on the HOOP tool was positive in the main. Participants were particularly in favour of the proactive nature of the tool, which could 'encourage you to think' and plan ahead. Some, even those who had earlier been reluctant about the idea of planning ahead, could see that the tool was useful.

"It would require you to order your thoughts properly and get your objectives clear. Could be a good idea..."

Private tenant, interviewee [No.18]

A carer felt the HOOP would be particularly useful for his work, when supporting carers of people with dementia to make decisions about their loved one's housing and care provision.

"This is a really good idea. It would help the people I work with. We always tell them if they are going to move to get on and do it so that the person with dementia has the chance to get used to it."

Carer, interviewee

Other features remarked upon positively included:

- The tool was simple, concise and formatted in a way that made the on-screen experience uncomplicated
- You could complete it in your own home by yourself
- Local recommendations were provided

Suggestions were made for developing the tool by providing even more localised options and advice; and by adding more questions, for example about eligibility for grants.

There were some concerns that use of the HOOP in the current format required a level of IT literacy that some older people may not have. One person thought it would be difficult to complete the HOOP, but liked the concept so felt it would be useful for someone to go through it with him (for example, at the council offices or over the phone).

A regular review was suggested to help plan for future housing need

Reviewing housing situations on a regular basis appealed to a minority of participants. One

person described how he is happy with his current housing situation, but that he and his wife have agreed to review it every five years. Whilst some people are happy to commit to reviewing and discussing housing needs, some actively chose not to plan ahead as they felt there were limited options available to them.

“I really don’t want to talk about it. I will react to it when it happens...maybe if they are a little better off, they may be able to plan. In our position, you don’t have many options open to you.”

Private tenant, interviewee [No. 17]

Organisations may face challenges in meeting demand

When considering meeting future demand, the national organisations identified that their main challenges were limitations on funding and resources. Funding could be limited and / or sporadic, leading to challenges for staffing continuity, gaps in expertise and inability to meet demand in a timely manner.

There was also a challenge they identified in terms of promoting and ensuring that local agencies utilise the specific and specialist resources available such as the financial planning and advice resources.

Similarly, local providers also identified a challenge of insufficient capacity to meet demand. More specifically, they noted the difficulty of providing sufficient capacity within commissioned services to deliver I & A – more so when services are contracted to deliver I & A on a quota basis.

“We allocate a worker to assess and organise support for up to six months... but when we were commissioned, we migrated 800 people from pre-existing services and were then contracted to deliver to 1500 people so we reached saturation quickly.”

Local provider

Broadening the reach of I & A services for groups and communities is also a challenge. Whilst there are some examples of supporting people from BAME communities and people with specific health issues, providers were unable to describe other groups to whom I & A is or needs to be delivered; for example, people in the LGBT and faith-based communities. It was also recognised that the way housing is used by some communities and groups is different and that any I & A needs to be sensitive to this and offer culturally competent and informed provision. Thought also needs to be given in how best to deliver housing I & A messages to groups who have English as a second language. One provider reported how they had invested in the translation of leaflets into a large range of community languages which then remained unused as they were judged ‘not fit for purpose’.

3.2.5 Preferences for I & A delivery

A reliable, local, trustworthy service was preferred

The national organisations consulted believed that, based on their experience, there are a few components of effective advice. Importantly, it needs to be based on up-to-date, local knowledge.

Among older people consulted, there was universal agreement that local knowledge and understanding of local communities was vital for providing effective I & A services. All assumed that local providers would be in a better position to have this expertise.

“Local people know the area and what we’ve already got and what we need locally.”

Owner occupier, focus group participant [Grp 2]

National providers perceived that local organisations or established charities, such as Age UK or Citizens Advice, would be most trusted.

I & A services should not be paid-for

Another non-negotiable element of an I & A service, for many older people, was that these services should not be paid for.

Some owner occupiers, however, expected that they might have to pay. They were used to paying for private sector services, such as estate agents, solicitors and surveyors, when they wanted to move house. Other than that, they felt they would not trust the private sector to give them independent housing options I & A as companies may distort their claims in adverts to gain a commercial advantage. A carer had the perspective that the private sector would deliver a lower standard of customer care than a service from the public or voluntary sector.

Staffing attributes were an important component of a trusted I & A service

Staffing was an important issue, raised by many participants, especially by owner occupiers.

Desired attributes required of staff were:

- Sensitivity, empathy
- Friendliness, approachability
- Understanding of the issues, life experience (or to be 50+ themselves)
- Awareness of disability related issues
- Having received training
- Ability to offer community languages

“Someone who actually wants to help you...down to training...”

Owner occupier, focus group participant [Grp 2]

I & A should be offered on a range of issues related to housing

Older people were asked whether they would like to receive I & A on housing topics or a range of related topics, such as health, mental health, care, mobility, finance, adaptations and transport in addition to housing.

People from all tenures, including carers, were in agreement that it was preferable to offer a wide range of I & A on inter-related issues, as this could allow for a more thorough exploration of options, with a different solution than anticipated if just one topic was addressed.

“You could go in for a specific question. But then, that person could notice that [your topic] leads to others...and then you get the whole thing [picture] including things that you hadn’t thought of...a holistic view is important.”

Owner occupier, focus group participant [Grp 1]

Local and national providers also agreed that I & A should be offered on housing and related matters together, in order to meet the needs of the whole person – from a wellbeing perspective.

“You can’t separate a person’s housing from their health and wellbeing – they are so interrelated...housing cannot work in a silo...”

Local provider

There were concerns expressed by local providers that housing and care agendas were not sufficiently aligned in Leeds to enable such a holistic, multi-disciplinary approach to housing options I & A. One example of this gap was that the 18 Local Care Partnerships²⁴ across the city do not currently have housing representation; this is an important strategic environment in which to place housing. This situation is not unique to Leeds as highlighted in a report by the Kings Fund:

“STPs and emerging ICSs [integrated care systems] will not be successful in the short term in preventing people’s need for care, or reducing demand for services unless they engage and work more closely with local partners, including...the local housing sector and others...In some areas this is already happening, but it is not happening at the scale and depth needed.”(P5)²⁵

There is a clear need for all providers to think in an integrated and strategic way about health, social care and housing.

“There is a need to be fully engaged with health and social care on housing issues.”

Local provider

24 <http://inspiringchangeleeds.org/whats-changing/local-care-partnerships-2/>

25 Buck, D and Gregory, S (2018), Housing and Health: Opportunities for sustainability and transformation partnerships. The Kings Fund, London
<https://www.kingsfund.org.uk/publications/housing-and-health>

It was preferred for an I & A service to be sited at a local, neighbourhood level

Participants considered whether they would prefer an I & A service to be located in local neighbourhoods and/or the city centre. Across tenures, there was a strong preference for a service based in local neighbourhoods as that would provide greater accessibility. It could build on existing trusted services, such as libraries, one stop shops, NNs, GPs (social prescribing) and local charities – while taking care to avoid duplication.

A handful of other, creative ideas were offered for providing a service locally, including:

- Locating the service within a church, post office, pharmacy or supermarket
- Providing the service during the annual housing visit to social tenants

Local providers, too, deemed that locating services and resources at a hyper local level was preferable.

“...locating the [I & A] offer on a super local hub...locally based in neighbourhoods in neutral settings not in council offices or branded...using libraries in communities is a good place...not back to the Housing Offices.”

Local provider

There was little enthusiasm for accessing an I & A service in the city centre, though a few older people observed that a city centre presence could provide a back-up to neighbourhood locations or an option for those living in the city centre.

A partnership of organisations was preferred to deliver an I & A service

Different models to deliver I & A were discussed with participants. Almost all older people, across tenures, saw that there could be an advantage in terms of combined expertise if a network of multiple organisations provided the service.

An attractive feature of this ‘one stop shop’ approach was identified as ‘one front door’, ‘all under one roof’ or ‘a single gateway’, along with an effectively co-ordinated approach to signposting.

“A hub that deals with all issues...to save you going from one to another...they would talk to each other and there would be continuity.”

Social tenant, interviewee [No. 11]

Similarly, integrated resources and services were cited by all local provider participants as being the suggested organising frame for future models of housing I & A.

“It would be helpful (to have a single community located hub) as it’s a single place for information that is required ...it cuts down duplication, delays for people...there could be members from different teams and services where clients can see people in one place...the NHS is now doing this...”

Local provider

The national providers noted that the advantage of a hub approach would be a streamlined customer journey, with one front door and then navigation, signposting and referrals taking place from the point of origin.

Discussions about co-ordination between organisations led to the topic of data sharing. There was acceptance across people of all tenures that data sharing would make for a more streamlined service and would prevent the need for repeating their 'story' - as long as certain protections were in place, such as seeking consent and respecting privacy.

"As long as it's explained to the person how that information is being used and as long as the information they keep and share is relevant to the organisation."

Social tenant, interviewee [No. 4]

A minority of older people participants, typically social and private tenants, thought it important that one organisation should accompany clients through the process and that this organisation should 'take care of you'.

"I like the idea of one organisation, providing they have connectivity."

Social tenant, focus group participant [Grp 5]

Older people gave their views about which sector was best placed to offer I & A services, bearing in mind their own preferences for using such a service provided from this sector.

Social housing tenants and owner occupiers both felt strongly that the public sector, especially the council, should take a leading role in providing, co-ordinating, funding or overseeing an I & A service. The council's existing local presence in neighbourhoods, with trusted services like libraries and one stop shops, made them well placed to offer I & A. It was thought that, for social tenants, the council would be a natural first point of contact and therefore able to easily offer I & A to people of that tenure.

However, among other tenures, there were doubts about whether the council would deliver a responsive, high quality service. These comments were informed by participants' experiences of encountering difficulties in communicating with the council.

"Sometimes, you actually want to talk to somebody, without having a forensic job to reach them first."

Owner occupier, focus group participant [Grp 2]

People from all tenures, including carers, were enthusiastic about including the community and voluntary sector in delivery of I & A. Positive features of this sector were seen as:

- Their existing good work in local communities, leading to trust
- A higher quality of knowledge and capability, compared to the public sector
- More experience of working with people with lived experience

- A more person-centred approach than other sectors
- Easier to contact and a higher degree of responsiveness, compared to the public sector

Popular examples from this sector were Age UK and Citizens Advice Bureau. Both were seen as independent, trustworthy and professional. Other examples (cited by social tenants) included Leeds Older People's Forum (LOPF) Marie Curie, Mindwell and some of the NNs.

Local providers agreed with the older people that a housing options I & A service should be voluntary sector led. The reason given was that they could use their experience which was rooted in working with older people.

Some charities (including Age UK and Engage Leeds) were perceived by participants to be available only to the older old or to those who met certain eligibility criteria. These organisations might not therefore appeal to the younger old.

"If it is from a charity, you might think you do not deserve it."

Owner occupier, focus group participant [Grp 2]

Owner occupiers and social tenants also discussed NNs. For those who had heard of NNs, it was acknowledged that the networks had the advantage of a strong local presence and they were perceived to cater for the older old. However, as NNs respond and are funded according to local needs, older people were unsure what each NN would offer as activities varied.

"It depends which one really... [name of NN] one is more social – it's not really offering advice; whereas Belle Isle Elderly is... I have a friend who lives there – they are really good, they visit her and tell her everything she's entitled to even though she owns her own home."

Owner occupier, focus group participant [Grp 3]

However, amongst social tenants, there was more recognition that the NNs would be able to make a useful contribution as part of an I & A service for local, older people.

In sum, the majority view amongst older people, and national providers, was that a partnership or combination approach between council and community and voluntary sector could work well. Providers also suggested the NHS could be involved. This way, it could be possible to incorporate the acknowledged expertise of organisations while choosing carefully which organisation should front the partnership. There was no agreement about a 'front' or 'lead' organisation, with many candidates mentioned, including: the council, Age UK, LOPF, Mind and Carers Leeds.

"...Locally based voluntary organisations, with the backing of the council [financially]."

Social tenant, focus group participant [Grp 5]

Information was abundantly available particularly via the internet or directories

In discussions with older people about their preferences for information, advice and / or support, in particular, the owner occupiers believed there was abundant information available, particularly if you could access the internet. It was stated that the internet was useful for gathering material on a range of options, prior to deciding on a course of action.

“Like me... I’m looking at selling up and then looking at somewhere to live, so it’s not urgent – I can be gathering the information but at the point at which I need to start to act then I may need more advice...”

Owner occupier, focus group participant [Grp 3]

Another benefit mentioned of the internet was that online services could have an online chat facility, which provided a written record of a conversation, perhaps making it more accountable than a phone call.

Another suggested a self-help tool to help people access information by themselves about a multiplicity of services in the local area was a directory of services provided with user recommendations or testimonials as part of this.

“It would be nice if there was a directory...of where you could go – something you could trust.”

Owner occupier, focus group participant [Grp 2]

National providers cautioned that self-help methods, including online, would have limited appeal for those in greatest need.

A personalised I & A service, with different channels and formats could cater for individual needs

It was discussed with participants that a variety of channels for delivery of an I & A service would be best, as that could allow for different age groups and needs, as well as for individual preferences for accessing information in different ways.

The national organisations identified that multiple channels of I & A could be offered, with clients guided towards the lower cost, self-help versions initially, such as a national phone line.

There were very few advocates among older people of digital only channels. Comments from all participants, but particularly from social tenants, suggested that the council required residents to communicate digitally, but that this was unwelcome as it was not always a suitable channel for older people or those with additional needs.

“Not just online – that would be impossible for me as I can’t use my computer any more [due to eyesight deterioration]. Paper-based information would be best for me.”

Social tenant, interviewee [No. 11]

Local providers offered a slightly different perspective. For them, the focus on delivering I & A through digital portals was acknowledged as being part of any future model but limitations were emphasised in terms of IT and digital literacy, access and maintaining skills and know how as age increases and digital platforms develop.

A face-to-face service, at a physical location, was the most popular channel cited, across tenures. A physical location could also offer self-service information, such as leaflets, posters, and online methods – for when it was unstaffed.

Several advantages were highlighted with this method:

- It was likely to be particularly suitable for the older old
- It was essential to support those with literacy, cognitive or communication needs, including dementia and English as another language
- It could kick-start the client journey by clarifying the presenting issues and providing a 'big picture' overview, followed by navigation, signposting or referrals
- It could provide sufficient time to allow trust to develop so that a more personalised exploration of issues can take place
- It could provide a sounding board for clients to appraise different options and clarify their thoughts thoroughly

“Important to be able to strike up a relationship with someone you feel comfortable with to raise your worries and ask for help...”

Social tenant, interviewee [No. 6]

Tenants (both social and private) would particularly welcome the continuity that could be provided by seeing a named worker and being provided with a dedicated phone number to reach that person.

In addition to face-to-face, the use of paper (post) or telephone channels were acceptable. It was noted that it could be important to provide 0800 numbers and to ensure no complicated menu systems which tended to make it difficult to access the person or department you want.

In addition to the factors covered above, one owner occupier noted the need for an I & A service to take into account many communities, including those not geographically organised. This could include those based on sexuality, disability, gender, ethnicity and faith and may affect choice of location, staffing and other issues for the service.

“People from those communities should access the single gateway by trusted routes. People need to see themselves reflected in that first point of access. It would have to build partnership with existing trusted community organisations.”

Owner occupier, focus group participant [Grp 1]

More intensive advice and support could be provided for those in most need

Both owner occupiers and private tenants identified that advice could be needed when there is a more urgent need to act, for example if health challenges increase. At these points in time, they would welcome “guidance” to help:

- Sift through options, navigate the system
- Provide additional information to what can be gathered via the internet
- Advise on eligibility or suitability of options
- To recommend

It was felt by owner occupiers and private tenants that support may be required as the need for taking action becomes urgent. This could be because:

- Extra support is needed for advocacy and to liaise with organisations to resolve problems
- You have become unwell or less able to do things for yourself (for example, due to mental health or long-term conditions)
- You need help getting a care assessment and care support plan in place
- You are about to move to supported living or a care home
- There are legal issues to resolve
- You have a precarious tenure or financial situation
- You don't have any family or friends who could fulfill this role

National and local providers also identified that many older people may need advice and support / brokerage / case work. National providers noted that it was worth the time and money to ‘tease out the whole picture’ to help maximise the benefit of any information provided as the client could then turn the advice into action. In addition, they suggested that clients would be best helped by advice delivered in a personalised way, with manageable action points that are framed positively.

I & A to support forward planning would be welcome

There was an appetite amongst older people for support to plan for future housing needs, rather than leaving it to crisis point. They thought an audit or triage approach could support them with this.

Owner occupiers and social tenants put forward the idea that the first point of contact should provide an opportunity for collecting the client's views, capturing key data and performing a diagnostic exercise, similar to the NHS Health Check or a prescription review.

Several felt that the HOOP app (overlaid with additional local knowledge) could be used for this purpose as it would help provide consistency, before signposting clients to further I & A.

Owner occupiers felt this could be particularly useful to them, as some felt out of the loop of council support that they perceived social tenants received.

It was noted that it would be important to provide different access points for using HOOP, such as the ability to complete it online, by phone, in person with a staff member / volunteer or supported in person to complete it online.

“If you can’t use the app, you can go and see someone to go through the app with you...”

Social housing tenant, focus group participant [Grp 5]

National providers, however, held more mixed views about how successful the offer of preventative I & A would be. It seemed to them most suitable for people not in immediate need, perhaps still in ‘middle age’. They observed that a ‘housing MOT’ type service could be a valuable offer that could be easily introduced, particularly by Age Friendly Cities.

Peers, volunteers and asset-based approaches could be used to help promote and deliver a service

Participants of all tenures showed strong support for the use of trained volunteers, with lived experience, to support paid staff in delivering the service. Owner occupiers particularly discussed this option in their focus groups, with many expressing a willingness to volunteer themselves.

“What I find is there are plenty of people in the local community that are prepared to give their time to things like this... the more you get the community involved, the more it builds a better service ... It would need professional administration though.”

Owner occupier, interviewee [No. 3]

Providers were also enthusiastic about adopting peer-to-peer support.

National providers noted that the example of peers can be an enabler of I & A seeking and decision making based on that I & A. Therefore, a model that uses peer-to-peer support and provides case studies or testimonials could be helpful.

Local providers saw a positive opportunity to develop peer-to-peer support within a future I & A model. They noted that there are other examples of this approach in other sectors which Housing Support Agencies and Commissioners might look to adapt. This also chimes well with Leeds wider work around developing asset-based approaches and supporting ‘better conversations’ with local people. This type of model not only addresses the need for advice and information but employs peer support roles and provides an opportunity for older people to actively participate and share their knowledge and skills, rather than acting as passive recipients.

An example of this asset-based model was the Silverlinks initiative²⁶ established by Care and

26 <http://careandrepair-england.org.uk/silverlinks/>

Repair England. Silverlinks created networks of mutual support to enable older people to make informed decisions about their housing & related care. Older volunteers shared their personal housing experiences, offering one-to-one help as well as providing information & advice. 'Pass it on' workshops also helped to spread knowledge about housing & care options through older people's informal networks.

I & A services could be promoted via community groups and venues

Several participants, across tenures, raised the idea that distinctive branding would be important to raise visibility and awareness of an I & A service and to communicate clearly its offer to its audience. As many participants had embraced the idea of seeking I & A preventatively, in the early planning stages for old age, they felt that the branding should not just appeal to 'old' or 'older old' people, but to 'younger old' and those in 'middle age'. The audience needed to be able to recognise itself in any branding or messaging. One suggestion for how this could be done was to use case studies and testimonials from success stories from peers. Owner occupiers discussed that the branding should suggest a new, independent organisation – neither the council, nor a large charity.

"Maybe a solution is to create one unique semi-independent, yet supported [funded] organisation (not council / not charity) or set of organisations, appealing to everybody, not segmenting people into e.g. tenants, owner occupiers..."

Owner occupier, focus group participant [Grp 1]

National providers also believed that sensitive and appropriate messaging and branding should be adopted in order to target preventative forms of I & A to those still in 'middle age'.

A diverse range of promotional ideas was suggested by the participants. Across the board, there was a feeling that the service could promote itself via word of mouth if it was good. This could be facilitated by staff, volunteers or users talking about the service at existing community groups and venues:

- Service user groups
- Support groups
- U3A
- Cafes
- Supermarkets
- Post offices
- Churches

"The best thing if anybody is offering a good service is word of mouth isn't it!?... It will promote itself."

Social tenant, interviewee [No. 1]

Similarly, GP surgeries were suggested as useful venues for 'word of mouth' promotion of an I & A service.

"It [GP] is a really good portal to other services."

Carer, interviewee [No. 1]

Existing council services could provide an opportunity for promoting an I & A service:

- One stop shops
- Libraries
- Communication from councillors
- During annual visits to council tenants
- Via phone announcements, when on hold
- Via an improved, more 'customer friendly' website

"Annually when they [LCC] do their checks on tenants to see who is living in the property, this would be an ideal time to speak to people and hand out a leaflet with a list of the services that exist with key contact details."

Social tenant, interviewee [No.4]

Visibility about an I & A service could be raised in any locality by the provision of a mobile service or roadshow, a community event or open day.

Another imaginative idea to promote the benefits of planning ahead as a positive choice and to encourage people to seek information was to model a campaign on the Death Cafes and Death Awareness Week which encourage open thinking and discussion about death.

"We should normalise these things. It is complicated. It is about loss – of partners, family, friends, energy, independence...So, can it be presented as lessening the pain of the loss – if you get yourself in the right house, with the right people around, amenities around, not isolated...We need to have a phrase about how to live comfortably right to the end – adding to your wellbeing by doing this sort of thing. Living in the appropriate housing is part of the wellbeing of later life. You are not ringing at the undertaker's door. It can help you feel much relieved when you make a good decision about your future."

Private tenant, interviewee [No. 16]

Other, more generic, promotional channels were mentioned by a handful of participants each:

- TV, including Leeds TV
- Local radio

- Mailshots
- Posters, billboards and bus adverts
- Local publications (North Leeds Life, the Squeaker and On Your Doorstep and those from Arm's Length Management Organisations (ALMOs))
- Facebook

4. Conclusions and recommendations

4.1 Summary conclusions

From the consultation with national and local providers as well as older people themselves, it is clear that housing needs don't sit in silo; they are often interlinked and related to health and care needs as well as financial and social issues. This is also supported in the recent literature and evidence base on housing and older people.

Findings from the older people engagement suggest they believe they often only seek I & A at crisis point and acknowledge that they should act in a more preventative way. This tends to be more the case with those who already feel their options are 'limited', for example financially. Typical triggers for seeking I & A are changes in: health, mobility, household composition, relationships, financial situations, abilities to manage cleaning and maintenance, affordability of fuel bills and affordability of maintenance costs.

There is an interest among some older people for seeking advice pre-emptively before an urgent need occurs. Means by which this could take place include: a proactive audit tool, such as HOOP (offered via several channels); and/or a regular review of housing needs – coupled with a proactive publicity campaign to raise awareness of the benefits of planning ahead.

National providers also note that older people tend to access I & A only when they reach crisis point and when their needs have become complex, leaving the provider little time to achieve a resolution. Funding challenges for some providers make it difficult for them to meet demand in a timely manner. Providers agree that there could be benefits in providing two tiers of service at different time points and different levels of need:

- Preventative I & A to (younger) older people (those not in immediate need)
- A more intensive form of advice or case work to enable clients to address multiple challenges holistically and to develop a personalised approach to turning advice into action

Levels of knowledge and awareness of I & A provision amongst older people are also mixed with some having very limited awareness of what is on offer. Potential sources of advice with highest levels of awareness are the council, a landlord (social or private), a large charity or friends and family. Some local organisations also have good recognition, including Carers Leeds, Engage Leeds, LOPF and some of the Neighbourhood Networks. The internet is a valuable resource for some, whilst either inaccessible or confusing and overwhelming for others.

Trust plays an important part when choosing who to approach for I & A. This can be earned based on word of mouth or on prior experience. Local, Leeds-based charities tend to receive praise as they are perceived as meeting the needs of the Leeds older people's community and so are generally preferred over national charities, for their local knowledge. There are more mixed experiences of both national charities and the council – with some users of these services declaring themselves satisfied, whilst others report shortcomings. However, when older people are asked who they would go to first for I & A on housing options in future, there is a range – with council, housing associations, local charities and national charities all gaining several mentions each.

In addition to lack of awareness of I & A services, other barriers preventing older people from accessing I & A services are:

- Finding it overwhelming to know where to start to find information
- A difficulty in knowing how to choose a trustworthy, reliable source
- Confusion over whether they will match eligibility criteria to, for example, receive a grant, access a service or apply to move to social housing
- A preference to avoid thinking about housing options for the future in case it may mean a move from the current home which, for many, would be perceived as a change for the worse
- They do not know of any appealing housing options being available such as co-housing

National and local providers suggested people often leave asking for help until it's too late, meaning their options are very limited. In addition, these providers claimed that many older people had multiple challenges which made it difficult to be able to signpost and refer to the correct agency / sector.

Amongst the providers, there was also a challenge relating to consistent funding being available, which has a knock-on effect in being able to train staff and therefore being able to provide a quality service.

The methods by which I & A is provided is a critical feature for older people with many in this study recognising that digital platforms are valuable for some, while challenging or impossible for others. To cater for all needs and preferences, a variety of channels are desired. Face to face is the most popular, with several perceived advantages, including: suitability for the older old; suitability for those with additional communication or cognitive needs; providing an ability to triage or clarify presenting issues before navigating to I & A; allowing for a personalised exploration of issues by client and worker – perhaps over more than one session, via casework. Other popular means of delivering I & A are peer support and telephone helplines.

There is a strong preference for a service that would be accessible, based in a hyper-local neighbourhood resource hub. It could build on existing, trusted services (libraries, one

stop shops, NNs, GPs) and could be supplemented by implementing a partnership with organisations from the community and voluntary sector. In this way, a network of support could be delivered, based on the expertise of individual organisations.

National and local providers had very similar views to the older people in terms of how I & A should be provided, in terms of issues such as the channels they use, the organisations most suited to offer the services and their location – being local was key.

4.2 Recommendations

There are both short-term, easier to implement recommendations and more strategic, service re-design options, as detailed below:

4.2.1 Capitalise on and consolidate the strengths of the existing services by 'quick wins'

Make best use of existing services to provide I & A related to housing options

Existing services within local neighbourhoods could be better utilised to provide I & A to older people on housing options and related topics. It would be worth considering providing two streams of I & A (a) more generic, low-level information, as a universal offer, provided in a consistent manner across Leeds and (b) more intensive, support-based advice for those with more complex and challenging needs.

Offer generic information as a universal offer through existing neighbourhood outlets

Generic information should be offered online and in leaflet format via social landlords (the council, housing associations) and existing neighbourhood outlets such as libraries, community hubs, GPs, NNs and across a wide range of community groups. This range of outlets will help to reach people of all tenures. Existing touchpoints, such as the annual council tenant review, would provide a useful opportunity to distribute the information.

In order to support the widest possible range of people to be able to access fully any digital resources provided, services should look for opportunities to offer informal digital support.

Any literature designed should take into account the differing needs of older people (e.g. language, communication and cognitive needs). Different communities (such as BAME, faith, LGBT) should also be considered and their requirements met.

Aim to involve older people as volunteers and peer supporters in providing I & A on housing options

There was a clear appetite for older people to be involved in volunteering to deliver I & A to their peers. Evidence also suggests that older people get more out of services when they have a chance to reciprocate and 'give back'. Therefore, many benefits could accrue from implementing a volunteering scheme to support delivery of generic I & A as part of a universal offer.

Volunteers should be provided with clearly defined roles and with supervision from suitably qualified staff. Volunteers could be supported via a training package developed and piloted via U3A or another similarly well supported community organisation.

Promote and provide a preventative tool or app to allow for a holistic and pre-planning approach

Coupled with a service providing generic information, it would be worth offering a more preventative tool (such as the HOOP app), allowing a more holistic diagnostic approach to help shape the future plans and needs of those using this service. Evidence²⁷ shows that seeking I & A at an earlier point allows for more options to be explored and enables people to foster independent living for longer.

Providers could be encouraged to widen the age range of clients they support, to incorporate younger age groups, around 50-65 who would be most likely to adopt a preventative approach to I & A seeking on housing options.

Expand existing I & A and support services to include I & A on housing options, targeted to those with greater needs

Select appropriate existing services, already providing a similar advice and support function – but not necessarily on housing options – to provide a more intensive service for housing options I & A to some older people, which could involve one-to-one case work.

In addition to the current training being delivered to key workers across a range of agencies on the Leeds Directory, it would be useful to train these staff on delivering I & A on housing and related topics, making them aware that housing may not be a presenting issue, even when it is an underlying concern.

Strengthen links to build on existing personalised and preventative work in Leeds

We recognise the valuable work already under way in Leeds providing personalised and preventative support. We recommend making best use of links with and between these initiatives to further develop I & A on housing options:

- 'Time to Shine' work by LOPF on loneliness and social isolation
- Asset-based approaches employed via some Neighbourhood Networks and Adult Social Care. Touchstone also now leading on delivery of training on asset-based community development (ABCD) for voluntary sector providers
- 'Better conversations' / health coaching work being delivered to the health and social care system via Leeds Community Healthcare NHS Trust
- Social prescribing services
- Better Care fund initiatives relating to older people and prevention

27 Hammond (ibid.).

Increase awareness of existing and expanded streams of local I & A provision

Increase awareness of current provision available, with a publicity campaign, making it clear what information exists, on which specific topics, where it can be accessed, in which formats and who is eligible to access it.

Consider targeting the campaign by different audience segments: for example, using a different message and branding aimed at younger age groups who you wish to encourage to take part in a 'mid-life MOT'; compared to messages and branding aimed at older age groups or those people with more complex needs. The messages should be chosen to resonate with the audiences, using testimonials and case stories from peers to promote the benefits.

This raised awareness will allow not only allow those people in current need to be able to seek necessary support but will also encourage those from middle age onwards to start thinking about their future needs and make choices whilst they still have plenty of positive options available to them.

The revised Leeds Directory could also serve to raise awareness of I & A provision. This would allow professionals working within the relevant services to access up to date information and cross refer and signpost as appropriate, as well as providing a comprehensive resource for older people themselves to access in various formats and on a range of inter-related topics that affect older people's housing options.

Foster sharing of good practice across the Neighbourhood Networks

To strengthen the consistency of the NN offer, a review of their provision should be undertaken to identify aspects of good practice from each individual NN. This insight could be used to develop and implement a training programme so that all NNs can benefit from the experience of others as they are brought up to the same standard.

4.2.2 Addressing the perceived gaps and weaknesses of the current local offer – by longer term, more strategic measures

Commission a new, streamlined I & A service using a partnership approach, based in local hubs

Older people were in favour of a newly commissioned streamlined service, providing I & A on a range of related topics, to those with low level and more complex needs and requirements. We would recommend this to be a collaborative, consortium arrangement fronted by a trusted organisation but delivered by a partnership utilising a range of resources, skills and expertise from across the third and public sector. This new service should be branded effectively and promoted to older people via services and in locations they typically frequent.

Preferences were for this service to:

- Have one front door, all under one roof, with a co-ordinated approach to signposting
- Be provided in all localities and with a city centre presence
- Be a universal service
- Be free at the point of access
- Be staffed by both paid and volunteer workers (essential those that have the necessary attributes and lived experience)

Involve local people in the co-design of any newly commissioned or developed service

In implementing these recommendations and related developments for I & A on housing options, we would like to emphasise that local people should be involved in the co-design of services and resources to ensure they are co-produced and reflect the aspirations of older people in and across Leeds.

Consult further on the need for an accreditation for agencies providing I & A

Whilst we didn't ask older people directly about their views on sourcing I & A from accredited agencies, the benefits of this were raised by one of the national providers. Having an accreditation could help older people to know who to trust for I & A allowing them to better navigate the complex array of providers. It may be prudent whilst involving older people in service re-design to gauge their level of interest and support for the development of a 'kite mark' scheme, for future consideration.

5. Appendices

5.1 Method in detail

A multi-faceted approach was used for this study to ensure a range of key stakeholders were consulted.

In brief, the following engagement activities were conducted from July 2018–Nov 2018:

- An event with national providers
- Desk-based scoping exercise (including GIS mapping)
- Face-to-face and telephone interviews with key local providers
- Engagement with older people and carers of older people

5.1.1 Event with national providers

An event was held in London on 30th July 2018; this was co-hosted by Ageing Better and the research team held at The Lift.

Five organisations were represented at the event, by six delegates:

- Age UK
- Independent Age (x2)
- Begins at Home (Foundations)
- Money Advice Service (MAS)
- London Re-building Society

Another two organisations unable to attend on the day submitted written contributions, namely:

- EAC Elderly Accommodation Council (including First Stop)
- Care and Repair England

The day consisted of a short introductory session led by The Centre for Ageing Better followed by two breakout discussion workshops facilitated by the research team; the day culminated in plenary session to sum up the discussions and findings from the day. The sessions explored:

- Assumptions about what older people want re: housing and information / advice relating to it

- Funding / commissioning
- Profiles of those helped by the different services
- I & A topics of interest
- Means of providing I & A; timing; tenure; ideas for future trends and options
- Outcomes

5.1.2 Desk-based scoping exercise (including GIS mapping)

A desk-based exercise to establish the current landscape and provision of information and / or advice regarding housing options was completed. This was undertaken using internet searches, emails and telephone calls to gather as much detailed information relating to the services as possible.

An Excel document was populated with key data showing: what information / advice is offered, by which type of organisations (statutory, voluntary, private), in what formats, and in which locations (city wide or locality based).

Using GIS mapping software, key data was presented in a series of maps to visually illustrate where and how provision was offered and distributed across Leeds.

5.1.3 Telephone and face-to-face interviews with key local providers

In order to complement the scoping and mapping work, a number of key organisations were interviewed (four by phone and one face to face). The organisations involved were:

- Leeds Older People's Forum (LOPF)
- Care and Repair Leeds
- Age UK Leeds
- Engage Leeds
- Leeds City Council (Housing Options)

Interviews were approx. 1.5 hours in length and a pre-agreed script was used to aid the discussion. The interviews covered the following key areas:

- Information about the organisations which focus on housing I & A – what is the offer, how/who commissions
- Who uses the services? Includes any specific communities/groups
- Challenges in delivery
- Methods of delivery, including formats, partnerships
- New models and ideas for future models

The interviews were audio recorded to aid the write up process. Key data from the

interviews is presented in the findings section below.

5.1.4 Engagement with older people and carers

In order to engage with older people aged 50+ in a way which was appropriate for them and comfortable, a number of options for involvement were provided, namely:

- Focus groups
- Telephone interviews
- Face-to-face interviews
- In home case studies

Recruitment and promotion of the research was undertaken through a range of activities. First, a large number of local organisations, services and community venues were sourced and contacted via email and in a number of instances, followed up by phone to engage their help in promoting the research amongst their client groups. Posters and flyers advertising the research were provided for display and distribution. Several options were provided for people to sign up / express an interest in being involved, including an online sign up form, direct email, text or call to the research team.

Everyone who expressed an interest was asked (either via the online system or via a follow up call with a member of the research team) a series of demographic questions such as age, gender, ethnicity, sexuality, housing tenure, postal code, annual household income, household composition, long-term health conditions, plus several more. This was to ensure that a range of people across Leeds were being consulted.

Demographics of older people involved in the research

In total, 60 people were consulted as part of the research: 58 older people (aged 50+) and two carers of older people. Below is a table showing a breakdown of those consulted by key demographics.

As the table shows, over six in ten participants were owner occupiers, around three in ten were social housing tenants and only a small number were private renters; however, this broadly reflects the distribution of older people by housing tenure in Leeds²⁸.

The gender split was pretty much 60:40 female to male and there was a good distribution across the age ranges from people aged 50-91 in our sample.

Just over half of the sample lived alone, a third lived with a partner or spouse and just over one in ten lived with other family members (mainly adult children).

A large percentage of participants (over two thirds) described themselves as having a long-

28 Data provided by NOMIS: June 2018 – ONS data 2011, Household Tenure – Persons Aged 65 and over

term health condition or limiting illness. A variety of conditions were disclosed including: COPD, high blood pressure, partial sightedness and a number of mobility issues, for example caused by arthritis, MS and injury through an accident.

Table 5.1.1 Key demographics of older people engaged in the research (focus groups, interviews and case studies)

Category	Sub group	Number consulted
Housing tenure	Owner occupier	36
	Social housing tenant (including sheltered housing)	18
	Private rented	4
Gender	Male	22
	Female	36
Age ranges	50-59	11
	60-69	23
	70-79	16
	80	6
	Prefer not to say	2
Household composition	Lives alone	31
	Lives with partner / spouse only	19
	Lives with other family member (s)	7
	Lives with lodger	1
Long-term or limiting health conditions	Yes	40
	No	8
	Prefer not to say	10

In terms of socio-economic group, we asked about annual household income, but around a third of people didn't want to say – or were unsure. However, of those who did provide this information over one half were in the lower income brackets, with a household income of less than £20,000 per annum, which is likely to be reflective of the percentage of people living alone.

We also included people in our sample from across the whole of Leeds covering a range of postcodes and had representation from BAME groups, the Jewish and LGBT communities.

Focus groups

A series of six focus groups were conducted across Leeds during September 2018 and consisted of 36 people in total. The groups were held at different times of the day in a range of local community venues to accommodate as many people older people as possible. Venues included: a church centre, libraries and community hubs and a sailing activity centre.

Participants were grouped by housing tenure as the key criterion and each group aimed to include a mix of key demographics. Although the original aim was to include a group with those living in private rented accommodation, given the dispersed nature of these people, it wasn't possible to consult them in a group setting; therefore, additional individual interviews with people living in private rented accommodation were undertaken.

Below is a table detailing the dates, times and venues showing where the groups were held.

Table 5.1.2 Focus group dates, times and locations

Group No.	Housing tenure	Date / time	Location
Group 1	Owner occupiers	6th Sept, 1.30-4.00pm	Alwoodley
Group 2	Owner occupiers	6th Sept, 5.30-7.00pm	Yeadon
Group 3	Owner occupiers	13th Sept, 11.00-12.30pm	Garforth
Group 4	Owner occupiers	13th Sept, 2.30-4.00pm	Dewsbury Road
Group 5	Social housing tenants	18th Sept, 1.30-3.00pm	Seacroft
Group 6	Social housing tenants	18th Sept, 4.30-6.00pm	Middleton

A pre-agreed script was designed to aid the discussion (included within the appendices) along with some activities and showcards to ensure everyone was able to be involved. Key themes covered included:

- Participants' current housing situation
- Features of 'good housing'
- Awareness and use of I & A services relating to housing / housing options in the past
- Barriers to accessing I & A relating to housing options (perceived and experienced)
- Who would / could they approach in the future, when and why (identifying key triggers)
- Ideas for new models of delivering of I & A services relating to housing options

The groups lasted up to 90 mins, with participants receiving a £20 cash incentive for taking part. All groups were audio recorded to aid the write up / analysis process.

Face-to-face and telephone interviews with older people and carers

It was acknowledged that group discussions would not be suitable for all older people to take part in, due to a number of reasons such as: location, timing of the groups, work

commitments, health conditions and also a lack of confidence. It was therefore felt appropriate to offer older people (and carers of older people) the opportunity to take part in the consultation via one-to-one interviews: either by phone or face to face.

In total, 18 interviews were conducted with older people (eight face to face and ten by telephone) and a further two were conducted with carers of older people. However, it is important to note that several older people we engaged were also carers themselves for partners, siblings and parents or had been carers in the past so their views / experiences were also captured from a carer's perspective as well as their own within the research.

The interviews used a similar script to the focus group to ensure consistency. They lasted 30-45 mins and participants received a £10 cash incentive as a thank you for taking part. The interviews were audio recorded.

In home case studies

In order to delve into some of the issues raised in the groups and interviews and also to gather more detailed personal accounts and experiences, four in home case studies were undertaken. Participants were selected to include a range of tenures and other characteristics, as shown:

Table 5.1.3 Key demographics of older people engaged in the case studies (also included in the table above)

Category	Sub group	Number consulted
Housing tenure	Owner occupier	1
	Social housing tenant (including sheltered housing)	2
	Private rented	1
Gender	Male	1
	Female	3
Age ranges	50-59	1
	60-69	2
	70-79	1
	80	-
	Prefer not to say	-
Household composition	Lives alone	1
	Lives with partner / spouse only	2
	Lives with other family member (s)	1
	Lives with lodger	

Long-term or limiting health conditions	Yes	3
	No	
	Prefer not to say	1

The case studies consisted of:

- Pre-task 1 – whereby the participants were asked to take photos in and around their home prior to the visits taking place
- Pre-task 2 – completion of the HOOP app <http://hoop.eac.org.uk/hoop/start.aspx> by Elderly Accommodation Council
- In home interview including a discussion around the pre-task activities

The interview was interactive and followed similar themes / lines of questioning to the focus group guide. The case study visits lasted 1.5-3 hours and in two instances, involved more than one person. Participants received a £50 cash incentive as a thank you for taking part.

5.1.5 Data analysis

All write up data was analysed using a thematic approach across the different methods / approaches used (focus groups, interviews, case studies). Key quotes are used to illustrate important points and issues raised.

5.2 Limitations

As with most research projects, there are limitations due to time, resources, interest in participation and so on. The main limitations in this study are:

Engagement with national / local providers – we identified an extensive range of providers of I & A both nationally and locally and made invitations to participate in the data gathering phases (the national event and local interviews). Some respondents felt Housing I & A was outside their core focus and so chose not to participate. Due to time constraints, we had to take a pragmatic approach in recruitment and participation to establish a representative sample from types of providers and their I & A focus within Leeds.

Participation from BAME communities and people with protected characteristics – although there is representation from BAME communities within the study, the original aim was to achieve higher numbers and representation in each focus group. Efforts were made to increase the numbers by contacting a range of organisations and groups specifically working with these communities.

It is important to note that there were a couple of ‘no shows’ for the focus groups from people from BAME communities. We acknowledge that there may be specific issues for people in these communities that need attention in any follow-on work in this area. We

also note that people from faith communities may have some particular I & A resources and needs in Leeds, which could be explored in further work.

People living in private rented accommodation - as noted above, originally the aim was to over-represent the private rented sample of older people in Leeds and attempts were made to recruit a specific focus group for those living in rented properties, by contacting a range of organisations (public, private and voluntary/community sector). However, given the small population, the relative lack of interest and the geographical spread, this wasn't feasible.

5.3 I & A providers – national and Local

Table 6.3.1: National providers – housing specific I & A and generic I & A (with housing as one area covered)

Table 6.3.2: Local providers – housing specific I & A

Table 6.3.3: Local providers – generic I & A providers (with housing as one area covered)

Table 6.3.1: National providers – housing specific I & A and generic I & A

Organisation	Summary	What it provides	Website / contact info
GENERAL / MULTI-TOPIC			
Elderly Accommodation Council (EAC)	A national charity that aims to help older people make informed choices about meeting their housing and care needs. Offers: housingcare.org.uk website and FirstStop advice phone line (see listings) below.	housingcare.org.uk website FirstStop advice phone line (see listings) below	http://www.eac.org.uk/
Housing Care	A charity run website providing free information and guidance for elderly people, their relatives and carers, as well as professionals who work with them. - Includes specialist directories of retirement housing developments and care homes in the UK. - A new Directory of Home Services provides information on local services that can help older people live safely and independently at home.	Website providing free information and guidance	http://www.housingcare.org/index.aspx

<p>First Stop Care and Advice</p>	<p>FirstStop Advice is an independent, free telephone service offering advice and information to older people, their families and carers about housing and care options for later life.</p> <p>The service is provided by EAC in partnership with a number of other national and local organisations. Seeks to help older people and their carers explore the options and choices open to them. It can provide specialist help on any aspect of care, support or housing for elderly people, including financial issues as well as statutory rights and entitlements.</p> <p>A growing network of affiliated FirstStop Local services brings additional local knowledge, and in many cases can offer face-to-face advice including home visits. See above (EAC).</p>	<p>Face-to-face advice via local affiliated providers</p> <p>Hosts the HOOP tool (see listing below)</p>	<p>Advice Line: 0800 377 7070</p> <p>E-mail: info@firststopcareadvice.org</p>
<p>Housing Options for Older People (HOOP)</p>	<p>HOOP Advice is an advice and information service to help older people access information on a range of housing-related matters, including:</p> <p>accessing services to help you live safely and well at home; adapting and improving your home to make it suitable for you; exploring the options available if you wish to move. The self-help HOOP tool encourages users to consider their current home and how they live in it. It then provides suggestions and details of local services and accommodation that may help resolve any concerns identified. The tool is available online, via an app, or in a paper format, known as 'mini-HOOP'.</p>	<p>Online information and advice via completion of HOOP tool</p> <p>Has option to speak to an advisor via a call back</p>	<p>http://hoop.eac.org.uk/hoop/start.aspx</p>
<p>Shelter</p>	<p>Provides advice, support and legal services to those in bad housing or who are homeless. Housing advice on: homelessness, private renting, tenancy deposits, repossession, eviction, repairs, housing benefit, council housing. Shelterline – a free telephone helpline for anyone facing housing problems or homelessness.</p>	<p>Online information and advice</p> <p>Telephone helpline- 24-hour, 7 days-a-week</p>	<p>https://england.shelter.org.uk/housing_advice</p> <p>Helpline: 0808 8004444</p>

Jewish Care	Provides advice and information about Jewish Care services, social care and other organisations which can help in later life. For members of the Jewish community.	Online information and advice Telephone helpline- 24-hour, 7 days-a-week	https://www.jewishcare.org/how-we-can-help-you/information-advice-and-support https://www.jewishcareinteract.org Helpline on 020 8922 2222 email helpline@jcare.org .
Stonewall Housing Advice	Provides housing information, advice and advocacy for gay men and lesbians of all ages. Telephone advice line is available to callers from anywhere in the UK. Weekly drop ins in London.	Online information, advice and advocacy Advice line: 020 7359 5767	https://stonewallhousing.org Advice line: 020 7359 5767
SSAFA Forces Help	For the ex-Service community. Offers free, confidential and impartial advice and information on a range of housing issues and options through its Housing Advisory Service. It has a database of organisations providing accommodation for the ex-Service community and has produced a booklet, which is available free, covering homelessness legislation.	Online information and advice Telephone helpline	https://www.ssafa.org.uk/help-you/veterans/housing-advice tel: 0800 7314880
Care and Repair (England)	Care & Repair England is a small, national charitable organisation set up in 1986 to improve the homes and living conditions of older people. It believes that all older people should be able to live in a decent home of their own choosing. It strives to: ensure that more older people can live independently and with dignity in their own homes for as long as they wish; connect housing, health and social care in ways that improve older people's whole quality of life; work with older people to influence decisions about housing & the related services which affect their lives.	Does not offer a telephone or email advice service.	http://www.firststopcareadvice.org.uk/abt/

Foundations	<p>Foundations is appointed by the Ministry of Housing, Communities & Local Government to oversee a national network of nearly 200 home improvement agencies (HIAs) and handyperson providers across England.</p> <p>HIAs are locally commissioned services that ensure people are able to stay safe, secure and warm and retain independence in their own home. They offer holistic services to their clients, helping to improve a person's wellbeing as well as offering practical solutions around the home. The range of services includes*:</p> <ul style="list-style-type: none"> - Advice and information - Housing options - Disabled adaptations - Home repairs - Hospital discharge - Handyperson services - Energy efficiency measures - Welfare and benefits advice 	<p>Care and Repair (Leeds) is the HIA in Leeds (see listing in local providers table)</p>	<p>https://www.foundations.uk.com</p> <p>Tel: 0300 124 0315</p>
Age UK	<p>Provides free information and advice on a diverse range of topics including housing, finance and claiming benefits, care and support.</p>	<p>Online information and advice</p> <p>Telephone helpline</p> <p>Also local branches (see Age UK Leeds)</p>	<p>https://www.ageuk.org.uk/information-advice/</p> <p>0800 055 6112</p>
Citizens Advice Bureau	<p>Provide free information and advice on a diverse range of topics including housing, finance and benefits, legal issues, health, employment.</p>	<p>Online information and advice and webchat</p> <p>Telephone helpline</p> <p>Also local branches (see CAB Leeds)</p>	<p>https://www.citizensadvice.org.uk/</p> <p>England wide helpline: 03444 111 444</p>

The Silver Line	Free confidential helpline providing advice and information 24 hours a day, 365 days a year. Silver Line can: - Link callers to local groups and services - Offer regular friendship calls - Protect and support older people who are suffering abuse and neglect	Telephone helpline	https://www.thesilverline.org.uk 0800 4 70 80 90
CARE			
Which? Elderly Care	Free and independent information and advice on care choices for older people across the UK.	Online information and advice	http://www.which.co.uk/elderly-care
Independent Age	Provides advice for older people, their families & carers on benefits and entitlements, getting a care assessment, moving into a care home, paying for care, being discharged from hospital and much more.	Online information and advice Telephone helpline	http://www.independentage.org/ Helpline on 0800 319 6789
INDEPENDENT LIVING			
Disabled Living Foundation (DLF)	Provides independent information and advice about equipment, adaptations & services to make living independently at home safer.	Online information and advice Telephone helpline	http://www.dlf.org.uk Helpline: 0300 999 0004
Living Made Easy	An impartial advice and information website about daily living equipment and other aspects of independent living. Provided by DLF.	Online information and advice Telephone helpline	www.livingmadeeasy.org.uk Helpline: 0300 999 0004.
FINANCIAL			
SOLLA (Society of later life advisers)	Provides details of local accredited financial advisors who understand financial needs in later life.	Online information about SOLLA Advisers	https://societyoflaterlifeadvisers.co.uk/ tel: 0333 2020454
Turn 2 Us	Helps people to access welfare benefits, charitable grants & financial help online, or by phone via partners.	Online information and advice Telephone helpline	https://www.turn2us.org.uk Advice Line: 0808 802 2000

Money Advice Service (MAS)	An independent organisation, giving free and unbiased money guidance online to help members of the public better understand and manage their financial affairs.	Online information and advice Telephone helpline	http://www.moneyadvice.service.org.uk/ Advice Line: 0800 138 7777
ENERGY EFFICIENCY			
The Energy Saving Trust	Provides independent and impartial advice on energy efficiency programmes and financial support.	Online advice and information	http://www.energysavingtrust.org.uk 0300 123 1234 0800 512 012
Neighbourhood Energy Action	Aims to eradicate fuel poverty. Range of practical information available on website.	Online advice and information (guides, leaflets, videos)	https://www.nea.org.uk/advice/
London Rebuilding Society	A social enterprise specialising in innovative products and services that support individuals and households; creating healthy homes through increased energy efficiency, and better lives by helping reducing energy costs, increasing household income, improving health and wellbeing.	Advice and information via Home Improvement Scheme (chargeable)	http://www.londonrebuilding.com/ Tel: 020-7997-7333
TRUSTED TRADERS			
TrustMark	A government endorsed Trusted Trader scheme.	Online information	http://www.trustmark.org.uk/
Which? Trusted Traders	Consumer organisation that offers a Trusted Trader scheme.	and advice	http://trustedtraders.which.co.uk/

Table 5.3.2: Local providers – housing specific I & A

Organisation	Summary	Website / Contact info	Postcode	Provider type
GENERAL / MULTI-TOPIC				
Care & Repair Leeds	An independent home improvement agency (HIA) with charitable status, providing services across Leeds Metropolitan District. Delivers the HOME Plus Leeds service (see below).	https://care-repair-leeds.org.uk Tel: 0113 240 6009 enquiries@care-repair-leeds.org.uk	LS8 4HT	Voluntary Sector
HOME Plus Leeds	<p>Care & Repair Leeds, in partnership with Groundwork</p> <p>NEWY and Age UK Leeds is funded by Leeds City Council to deliver Home Plus (Leeds). Seeks to help people live safely and independently in their own homes by addressing risks to health such as falls and lack of adequate heating. Comprehensive home assessment to identify client needs:</p> <ul style="list-style-type: none"> - Rails and equipment to reduce the risk of and prevent falls - Servicing and repairs to heating and hot water systems - Help changing to the cheapest energy deal - Free energy saving equipment and advice - Draught proofing and insulation measures - Assistance with repairs that are causing a hazard (home owners) - Identifying, assessing and reporting housing repairs (tenants) - Advice and support on issues such as a change in housing or financial circumstances, bereavement or increasing care needs 	https://care-repair-leeds.org.uk/news/home-plus-leeds/	LS8 4HT	Voluntary Sector

Neighbourhood Housing Offices / One Stop Centres / Community Hubs	<p>Offers housing services and customer services for council tax, benefits, and help for older people, disabled people, children and families. Some also have library services and offer job searching advice and help. Some hubs also have pop up surgeries from other advice-giving organisations such as DWP, Money buddies, Credit Union, CAB.</p>	<p>https://www.leeds.gov.uk/residents/neighbourhoods-and-community/onestop-centres</p>	<p>Various locations</p>	<p>Public Sector (LCC)</p>
Housing Options	<p>LCC advice service for people who are homeless, at risk of homelessness or simply want advice about housing options. Operate a drop-in service and advice on housing and related matters, including assessment of housing entitlement for homeless people. Provides temporary accommodation where appropriate. Advice for private tenants, home owners in mortgage arrears, homeless people or those threatened with homelessness, single people or families. Details of available council properties. Out of hours emergencies phone.</p>	<p>https://www.leeds.gov.uk/residents/housing/housing-options/leeds-housing-options</p> <p>0113 222 4412</p>	<p>LS2 8BB</p>	<p>Public Sector (LCC)</p>
Better Leeds Communities	<p>Aims to make Leeds a better place to live for everyone in the city's communities. Offers FREE advice designed to provide help to people in housing need as quickly and efficiently as possible. Advice service is for people who are homeless, at risk of homelessness, or simply want advice about a general housing enquiry. Provide advice and assistance on all aspects of housing over the phone or in person by appointment.</p>	<p>https://www.betterleeds.org.uk/advice/housing</p> <p>Tel: 0113 2754142</p> <p>Email: info@betterleeds.org.uk</p>	<p>LS6 1QF</p>	<p>Voluntary Sector</p>
Leeds Irish Health & Homes	<p>Offer a variety of services and support, to both the Irish community in Leeds and wider community as a whole. Services include: housing and advice, support & outreach services – especially for people with mental health issues.</p>	<p>http://www.lihh.org</p> <p>Tel: 0113 262 5614</p>	<p>LS7 3JB</p>	<p>Voluntary Sector</p>

Yorkshire Mesmac Housing Advice Surgery	<p>Yorkshire MESMAC + Leeds Housing Options are working together to provide a confidential housing advice surgery for the LGBT community (Trans and non-binary people welcome). Offers specialist advice and service referrals linked to a range of issues affecting housing, including: homelessness, sofa surfing, domestic violence, family mediation, negotiation with your landlord, council house application, hate crime</p>	<p>https://www.mesmac.co.uk/find-help/support-groups/lgbt-housing-advice-surgery</p> <p>Email: p.hands@mesmac.co.uk</p> <p>Call: 01132444209</p> <p>Text: 07767668428</p>	LS1 4AD	Voluntary Sector and LCC
Healthy Lives, Healthy Homes project	<p>Healthy Lives, Healthy Homes project – partnership</p> <p>project between Feel Good Factor, Care and Repair Leeds and Leeds Black Elders. The aim of the project is to promote and support active, healthy independent living for older people residing in the ethnically diverse areas of Chapeltown and Harehills. Supports and enables people to live independently in their own homes.</p> <p>Provides peer mentoring and support, advocacy, provision of activities that enables the growth of social and support networks for older people.</p> <p>Visits older people in their homes to assess their housing needs in terms of being able to live independently.</p> <p>Provides a decorating and gardening service enabling older people to live safely and comfortably in their homes and support to access to activities including social networks provided by Healthy Lives, Healthy Homes.</p>	<p>http://www.fgfleeds.org/causes/healthy-lives-healthy-homes/</p> <p>Tel: 0113 350 4200</p>	LS7 4BP	Voluntary Sector
Tenant and Residents Associations (TARA)	<p>A TARA is a group of people in the same area who hold regular meetings and represent their members' interests to the council and other organisations. They also hold social events, which can be a good way of getting to know neighbours.</p>	<p>Tel: 0113 378 3330 for details of local TARAs</p>	Various	Voluntary Sector

ENGAGE Leeds	<p>A city-wide visiting housing support service.</p> <p>Engage Leeds is a partnership between GIPSIL, Barca-Leeds, Connect Housing and Riverside Care and Support. Commissioned by the Council to provide floating housing support across the city, for all ages. Offers drop in housing and advice sessions in south, west and east Leeds. Service is for homeowners, those renting or looking for a new home. Can support with a range of issues including: accommodation, money, health and wellbeing, work and learning, empowerment and support networks, legal issues.</p>	<p>http://engageleeds.org.uk</p> <p>Tel: 0113 380 7615</p> <p>referrals@engageleeds.org.uk</p>	LS8 3NT	Voluntary Sector
Yorkshire Move Manager	<p>Private company – can help with:</p> <p>developing a 'stay at home' plan and prioritising what areas need work; finding out what's available locally in terms of support services and funding to help people to remain in their own home; making contact and appointments as required; creating a floor plan and redesigning existing space so it works better for people; practical help to downsize and declutter; addressing maintenance concerns; improving home safety and eliminating common in home hazards.</p>	<p>http://yorkshiremovemanager.co.uk</p> <p>Tel: 01274 870 179</p>	BD19 3BX	
INDEPENDENT LIVING				
The William Merritt centre	<p>A charity and a social enterprise offering impartial and professional advice for Children and Adults, carrying out assessments for clients, healthcare professionals and members of the public about daily living aids. Offers a try before you buy ethos allowing clients to identify individual needs to enhance their independence.</p>	<p>https://www.wmdlc.org</p> <p>tel: 0113 350 8989</p> <p>text: 0785 822 4510</p> <p>email: info@wmdlc.org</p>		Private Sector

Integrated Neighbourhood Teams	<p>13 local integrated neighbourhood teams across Leeds which provide patient-centred health and social care in the community. They offer information and advice and also work in partnership with other organisations. As part of this they have a role in, "Supporting people to remain in their own homes and live as independently as possible with the best quality of life and living conditions." People can self-refer or be referred by a worker.</p>	<p>https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/neighbourhood-teams/contact-information/</p>	<p>Various Locations (x13)</p>	<p>Public Sector</p>
Leeds Community Equipment Service	<p>An integrated service delivering all aspects of equipment for health and local authority customers of all ages in Leeds. Provides information and advice to actual and potential users of equipment as well as providing storage, delivery, installation, collection and cleaning of community equipment.</p>	<p>https://www.leeds.gov.uk/assistedliving/community-equipment-service</p>		<p>Public Sector</p>
Assisted Living Leeds (LCC)	<p>A new centre that brings together a number of assistive technology services under one roof for the first time. Phase 1 hosts the Leeds Community Equipment Service, Telecare, Blue Badge Assessment and Single Point of Information. Aims to provide the right equipment to enable people to live independent and inclusive lives.</p>	<p>https://www.leeds.gov.uk/assistedliving</p>		<p>Public Sector (LCC)</p>
West Yorkshire Fire and Rescue	<p>Safe and well checks being offered to older people.</p> <p>Gives basic advice on topics such as:</p> <p>crime prevention, falls prevention, cold homes, social isolation.</p> <p>Assesses the need for free interventions to help reduce the risk of fire in the home. Can refer to agencies that may offer further help to keep people safe and well at home.</p>	<p>http://www.westyorksfire.gov.uk/your-safety/home/safe-well-visits/</p> <p>Tel: 0800 5874536</p>	<p>BD11 2DY</p>	<p>Public Sector</p>

Hospital to Home	Provides a transport service to enable a timely safe discharge from hospital. Support is then provided to ensure that the patient is settled at home with further support provided to secure long-term support from Age UK Leeds services or other third sector organisations. Provides support to Leeds residents aged 60+ who have attended A&E or had a short stay in hospital on the assessment units at St James Hospital in Leeds.	https://www.ageuk.org.uk/leeds/our-services/hospital-to-home/ eliza.clayton@ageukleeds.org.uk	LS9 7TF	Voluntary Sector
CARE				
Carers Leeds	An independent charity that gives support, advice and information to unpaid carers aged 16 and over. Has a worker based in St James hospital who provides advice & support on care homes to people living with dementia.	https://www.carersleeds.org.uk/ Advice line: 0113 380 4300 info@carersleeds.org.uk		Voluntary Sector
ENERGY EFFICIENCY				
Groundworks Green Doctor	Service provides advice and support on home energy saving measures.	https://www.groundwork.org.uk/Sites/leeds/pages/green-doctor-leeds greendoctorleeds@groundwork.org.uk Tel: 0113 238 0601		Voluntary Sector
HOUSING OPTIONS/FINDING A HOME				
LeedsHomes	Advertises Council, participating Housing Associations and Leeds Rental Standard (LRS) private rented homes.	http://www.leedshomes.org.uk Tel: 0113 222 4413	Online or phone only	Public Sector

Leeds Homeshare	Leeds City Council launched Homeshare in August 2016, a pilot funded by the Big Lottery in partnership with local providers including St Anne's Community Services, Leeds Older People's Forum and Care and Repair (Leeds). Homeshare will carefully match an older householder with a room to spare with a younger person, who will provide an agreed amount of support to the householder and receive affordable accommodation. The homesharer helps with daily living tasks such as: cleaning, shopping, gardening, overnight security and companionship.	https://homeshareuk.org Email: homeshare@leeds.gov.uk Tel: 0113 3785012	LS11 5SB	Voluntary Sector and Public Sector
St George's Crypt Care Centre	Informal advice on issues e.g. household bills and budgeting. Offers temporary emergency accommodation with housing advice and referrals. Resettlement and floating support services.	https://stgeorgescrypt.org.uk Tel: 0113 245 9061 Email: admin@stgeorgescrypt.org.uk	LS1 3BR	Voluntary Sector
TRUSTED TRADERS				
Leeds Directory	Source of trusted tradesmen and handyman services for home maintenance / improvements / adaptations.	https://leedsdirectory.org Tel: 0113 391 8333	Online only	
Safer Project (Scams and Frauds Education for Residents) – Trading Standards	SAFER has been helping older people and vulnerable adults across the five districts of West Yorkshire protect themselves from scams, frauds and doorstep crime over the last five years. During this time, we have actively engaged with vulnerable adults across the region, empowering residents to live in a safer community.	http://www.wyjs.org.uk/trading-standards/safer/ Tel: 0113 535 0242 email: safer@wyjs.org.uk	LS27 7JQ	Public Sector

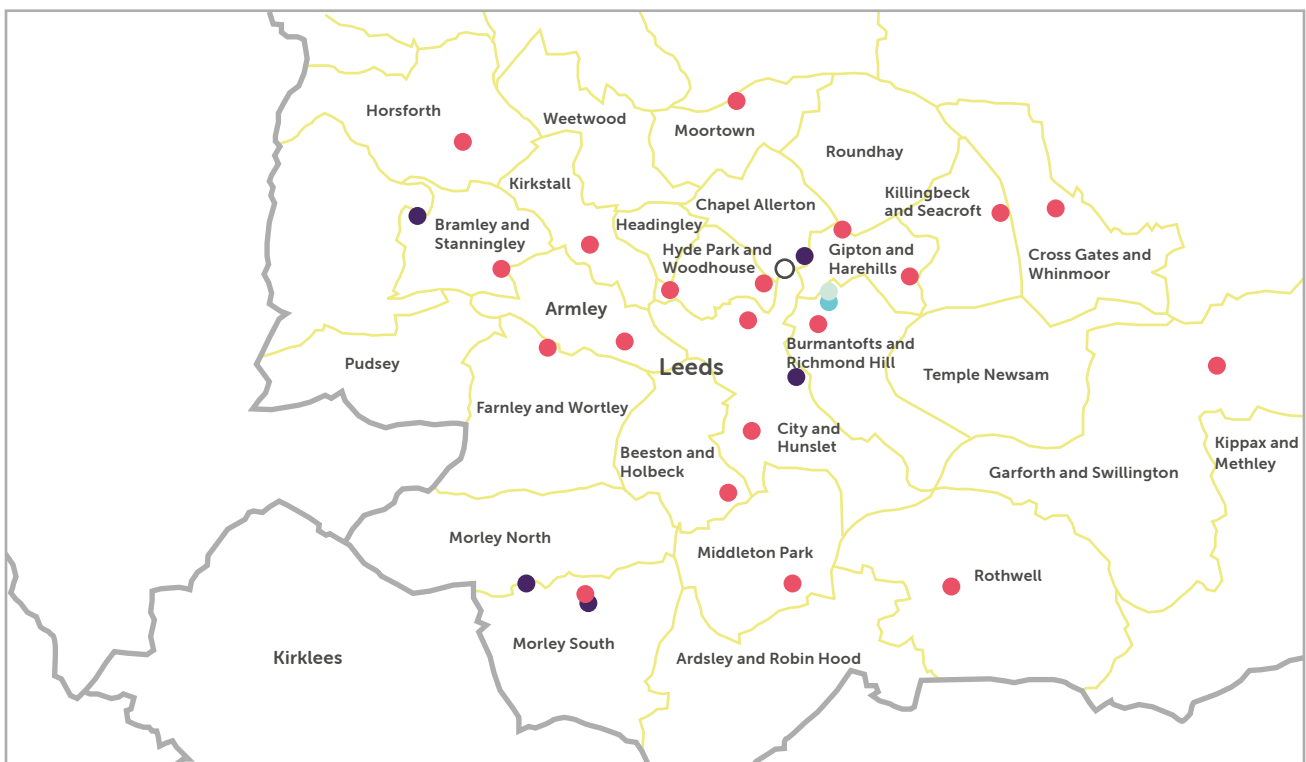
Table 5.3.3: Local providers – generic I & A

Organisation	Summary	Website / Contact info	Postcode	Provider type
Neighbourhood Networks x 35	Neighbourhood network schemes provide a range of activities that promote independence, health and wellbeing; including advice and information, help around the home, healthy living activities, leisure and recreation, transport and general support. The schemes work with some of the most isolated and vulnerable older people in Leeds. The schemes are responsive and flexible. They work within communities to meet local needs and provide the services, activities and opportunities that older people want.	Various	Various locations	Voluntary Sector
Connect for health – social prescribing service	Covers Leeds south and east. Delivered by Leeds Mind in partnership with Barca-Leeds, Better Leeds Communities, Hamara, Leeds Irish Health and Homes and Touchstone.	https://www.connectforhealthleeds.org.uk/ Tel: 0113 387 6380 info@connectforhealthleeds.org.uk	Drops ins at various locations	Voluntary Sector
Patient empowerment project (PEP) – social prescribing service West Leeds	NHS West Leeds Clinical Commissioning Group has funded a partnership of voluntary organisations, led by the charity BARCA, to deliver a social prescribing service in conjunction with the 38 GP surgeries in West Leeds.	http://leedspep.org Tel: 0113 279 5870 pep@barca-leeds.org	LS5 3BT	Voluntary Sector
Connect Well – social prescribing service	Connect Well is a social prescribing service commissioned by Leeds North CCG and is delivered by a partnership of four organisations led by Community Links and including: Feel Good Factor, Age UK and One Medical Group.	https://www.connectforhealthleeds.org.uk/learn-more Tel: 0113 387 6380 info@connectforhealthleeds.org.uk	LS7 3EX	Voluntary Sector

Age UK Leeds	Offers a free and confidential information and advice service for older people, their families and carers. Your home – information on staying warm at home, home adaptations and housing options.	https://www.ageuk.org.uk/leeds/our-services/information-and-advice/	LS2 8JA	Voluntary Sector
Citizens Advice Bureau (CAB) Leeds	Provide free, independent, confidential and impartial advice to everyone on their rights and responsibilities.	https://www.citizensadvice.org.uk/housing/	LS2 7DT	Voluntary Sector
Citizens Advice Bureau (CAB) Chapeltown	As above	https://www.citizensadvice.org.uk/housing/	LS7 4BZ	Voluntary Sector
Mindwell Leeds	MindWell is the mental health website for people in Leeds. Funded by the NHS Leeds Clinical Commissioning Groups Partnership, it brings together information from the NHS, Leeds City Council and the third sector into one single 'go to' place. MindWell provides quick and easy access to up-to-date information for all adults in Leeds, including GPs, employers and other professionals.	https://www.mindwell-leeds.org.uk	Web based.	Public and Voluntary Sector
Carers Leeds	An independent charity that gives support, advice and information to unpaid carers aged 16 and over. Has a worker based in St James hospital who provides	https://www.carersleeds.org.uk/ Advice line: 0113 380 4300	LS1 6PT	Voluntary Sector
connect helpline	A telephone helpline open 6pm-2am every night of the year for people living in Leeds. The service provides emotional support and information for people in distress. They will be offered non-judgemental and empathic support and information about other services, if requested.	https://www.lslcs.org.uk/services/connect-helpline/ Tel: 0808 800 1212		Voluntary Sector
ASHA Project	We are able to offer support and advocacy covering: welfare benefits, housing, education, utilities, domestic issues and signposting to other services.	https://asha-neighbourhood.wordpress.com/advice-advocacy/ Tel: 0113 270 4600	LS11 6JG	Voluntary Sector

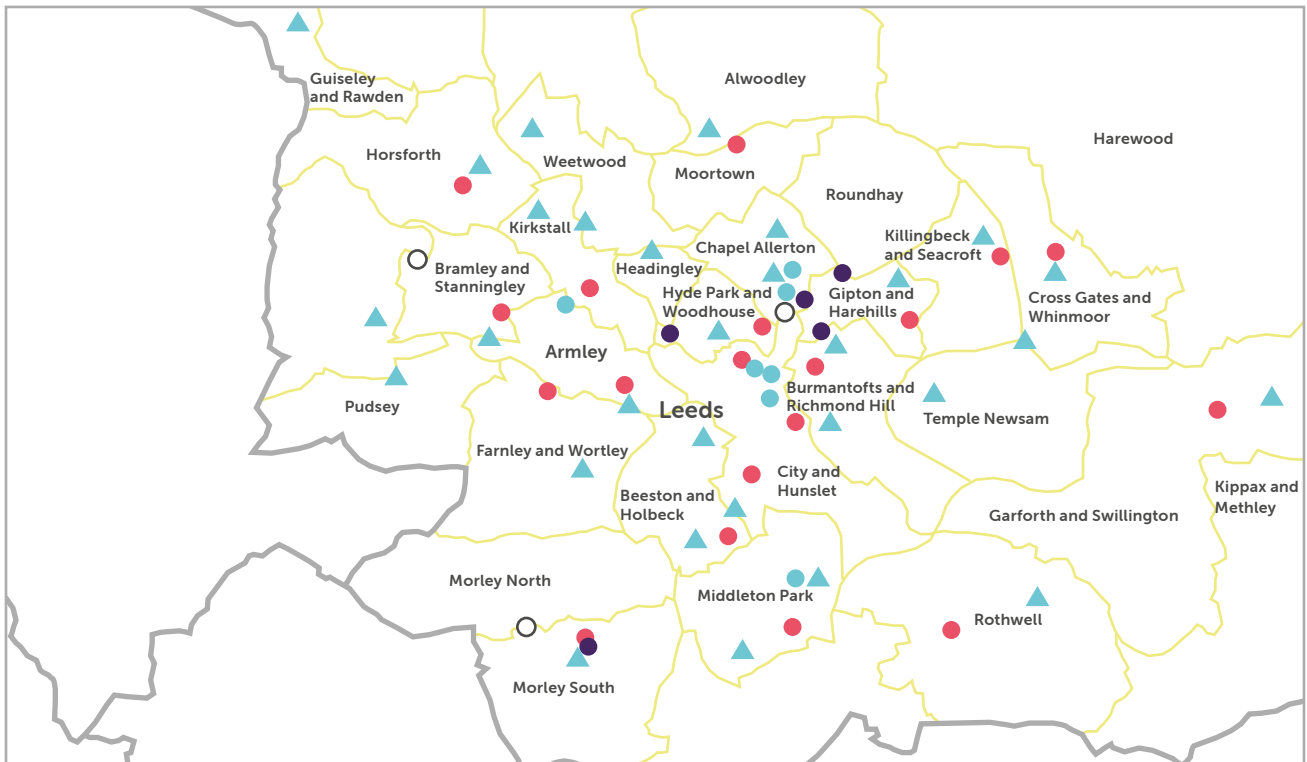
Leeds Gypsy and Traveller Exchange	Works to improve the quality of life for people from the Gypsy and Irish Traveller communities. Provides housing related advocacy support, information, advice and guidance.	http://www.leedsgate.co.uk Email: info@leedsgate.co.uk Tel: 0113 240 2444	LS9 0BD	Voluntary Sector
St Vincents	Provides a free and confidential debt service to people in Leeds struggling with debt issues.	http://stvincents-svp.org.uk/how-we-help/debt-benefits/ Tel: 0113 248 4126	LS9 9LF	Voluntary Sector

5.4 Maps



Types of Information Provided

- Multiple Support Types
- Living Well at Home
- Care Options
- Hospital to Home
- Unknown



Provider Type

- Housing Specific - Statutory
- Housing Specific - Voluntary
- Generic - Voluntary
- ▲ Neighbourhood Networks
- Housing Specific - Unknown

5.5 Case studies

Case Study #1 – Narrative version

George, 74, has lived with his wife in a two-bedroom bungalow in East Ardsley for the past eight years. Their home is part of a sheltered housing complex, which includes gardens, shared outside green spaces and a shared community centre. There is lots of light in the spacious front room, with patio doors opening out onto an immaculately kept garden.

George and wife Dot are both retired, with state pension, pension credit and housing benefit forming their income. For most of his adult life, George used to run his own businesses within the pet food trade. Dot worked at Littlewoods until ill health made it too difficult.

In the run up to retirement, George’s business ran into difficulties not of his making, which led to debt and the business folding. The initial remedy was to sell their four-bedroomed home and move into a bungalow. However, continuing financial challenges made it difficult to manage the mortgage repayments, so the bungalow was sold and they became homeless for a short while.

At that point, they became tenants of the council which provided them with a two-bed flat in Morley. George and Dot are very grateful for this support and that the council also re-housed them several years later, once the stairs to the first-floor flat became difficult for Dot to manage.

“The council have really looked after us, and we are here and they are still looking after us.”

The couple have four adult children, two nearby, one further afield in East Yorkshire and one in America. They are able to visit the children who live nearby and receive visits from them too.

“We see our children at least twice a month...probably more, apart from [son in America].”

Regarding wider family, George has a sister who has lived in Australia for decades, who they have visited a few times.

Around the home, George enjoys making home improvements, looking after the garden and doing wood turning in his shed. Both Dot and George really enjoy looking after Fudge and walking him in the nearby orchard. They are grateful they are allowed to keep a pet.

“Fudge is one of the good things. Being able to have a pet is fantastic.”

Dot enjoys playing bingo at the centre and George has become very involved helping out there. He is the treasurer and cooks meals several times a week for up to 20 or 30 residents – breakfasts, evening meals and Sunday lunch. Next up on the menu is cottage pie and sponge pudding with custard. Some of the other residents help out a bit, as much as they are able to, for example, preparing veg.

“They are all elderly. The ones that can help do, the ones that can’t can’t.”

George’s involvement with the centre started fairly soon after they moved in. They noticed that the centre was an under-used resource and set about putting that right.

“When we moved here there was nothing going on in the community centre. The second Christmas we were here I printed out a menu for a Christmas dinner, took them round to each bungalow to ask if they were interested. 36 people came.”

As well as contributing to the community, being at the centre has benefits for Dot and George as it puts their own health difficulties into perspective.

“We go to the centre and there are some a lot worse than us!!” (George)

“Makes you feel better!” (Dot)

Within walking distance, there are some mini supermarkets, a fish and chip shop, the doctor and one of their nieces. They also drive further afield for a big shop to Morley or Middleton and for George to attend his committees and voluntary work with Leeds Older People’s Forum and Voice of Older Leeds Tenants.

The main challenges for the couple are health related. George gets breathless with COPD

and needs to visit the toilet regularly due to prostate problems.

Dot has a few different conditions, including rheumatoid arthritis, osteoporosis diverticulitis and Cohn's disease. The arthritis affects every joint in the body and can result in 'up and down' days. One challenge has been in finding the right medication that helps the pain but does not exacerbate other conditions. She has recently started new tablets, which seem to be working well, as part of a trial programme. There have been times, though, when the pain has been immobilising.

"Every time she moves in bed, she has to have a little moan – can't help it...it's painful."

Both George and Dot thoroughly enjoy living in their current house and are extremely reluctant to undertake another house move. They feel the bungalow has all the necessary ingredients for them to enjoy an independent life: a light spacious lounge, two bedrooms, all on one level, a garden, off-road parking space, ability to keep a pet and ability to decorate and maintain to their own taste.

"Everything is perfect...A great looking bungalow...Here it is fantastic...Everybody loves it here. The bungalows are not too small. You have plenty of room and you can live independently."

Dot and George enjoy the community dimension to living where they do. There is shared outdoor space used for a summer fundraising event; laundry facilities in the centre can be used; and going to the centre can help residents to feel less isolated.

"I think it [community centre] is fantastic. When I go over there, I say we are all looking after each other. That way, you are not sat in your house and all isolated. People will notice if someone is missing and phone up to see that they are alright."

There is additional reassurance in the form of the Sheltered Support Officer, who can visit as often as residents choose – daily or weekly.

Nearby, an extra-care unit is under construction. It provides great facilities (restaurant, hobbies room) and seems to George to be a sensible option for those residents who find they are starting to need regular care or nursing visits.

Even though George comfortably uses digital technology, he prefers to ask for information / advice or help face to face and finds this an easier way to resolve issues. He approaches the local One Stop Shop when repairs are needed to the bungalow; and has had mixed experiences. Sometimes the repairs are carried out seamlessly; on other occasions the tradesmen have not turned up as agreed and communication about changes to appointments has been lacking.

Generally, he thinks council venues, such as one stop shops or libraries would be good first points of contact for someone seeking information or advice about housing options. GP surgeries could be another option, provided they were happy to accommodate the extra 'bumf'. He thinks it would work well if people could approach one site, via one front door,

from where referrals and signposting could be made to the relevant local organisations which could cover all related topics.

“If you went to one organisation, they could say ‘go here’, ‘go there’...they wouldn’t necessarily have to have all the expertise. All they need is the information and a directory to know what is available.”

Another route for providing I & A to council tenants could be at the annual visit, when the officer could look out for elderly residents or those with needs who could benefit from information about what other suitable housing options could be available to them.

Case Study #1 - Brief version

Hi, I am...

...George. I am 74 years old, retired after running my own businesses for most of my life and live with my wife Dot and dog Fudge.

Most days, I...

... spend some time at the centre, cooking meals for the elderly residents. I like to keep my house and garden tidy and I keep up to date by volunteering with Leeds Older People’s Forum and Voice of Older Leeds Tenants.

My home is...

...a two-bed bungalow, in East Ardsley, part of a sheltered housing scheme...soon to be called retirement living!

My daily challenges are...

...that we both have a few different health issues. I get breathless with COPD and am up at night a lot with prostate problems. Dot has rheumatoid arthritis which causes her a lot of pain and immobility, as well as some other conditions.

My pleasures are...

...cooking for the residents, looking after the house and garden, taking Fudge for a walk and wood turning.

The best thing about my home is...

...that it is all on one level, has a garden, that we are allowed a pet and were able to personalise the house when we moved in. I also like the orchard nearby for dog walking and the community outdoor and indoor spaces.

The worst thing about my previous home was...

...that the steps up to the first-floor front door were getting difficult for Dot to manage.

The I & A I tend to need is...

...best obtained from the council, face to face at a one stop shop or Navigation House, as it is easier to sort things out this way. Other places I would be happy to go for help could be at a library or doctor's surgery.

Case Study #1 – Photos + captions



Laundry facilities, within the community centre



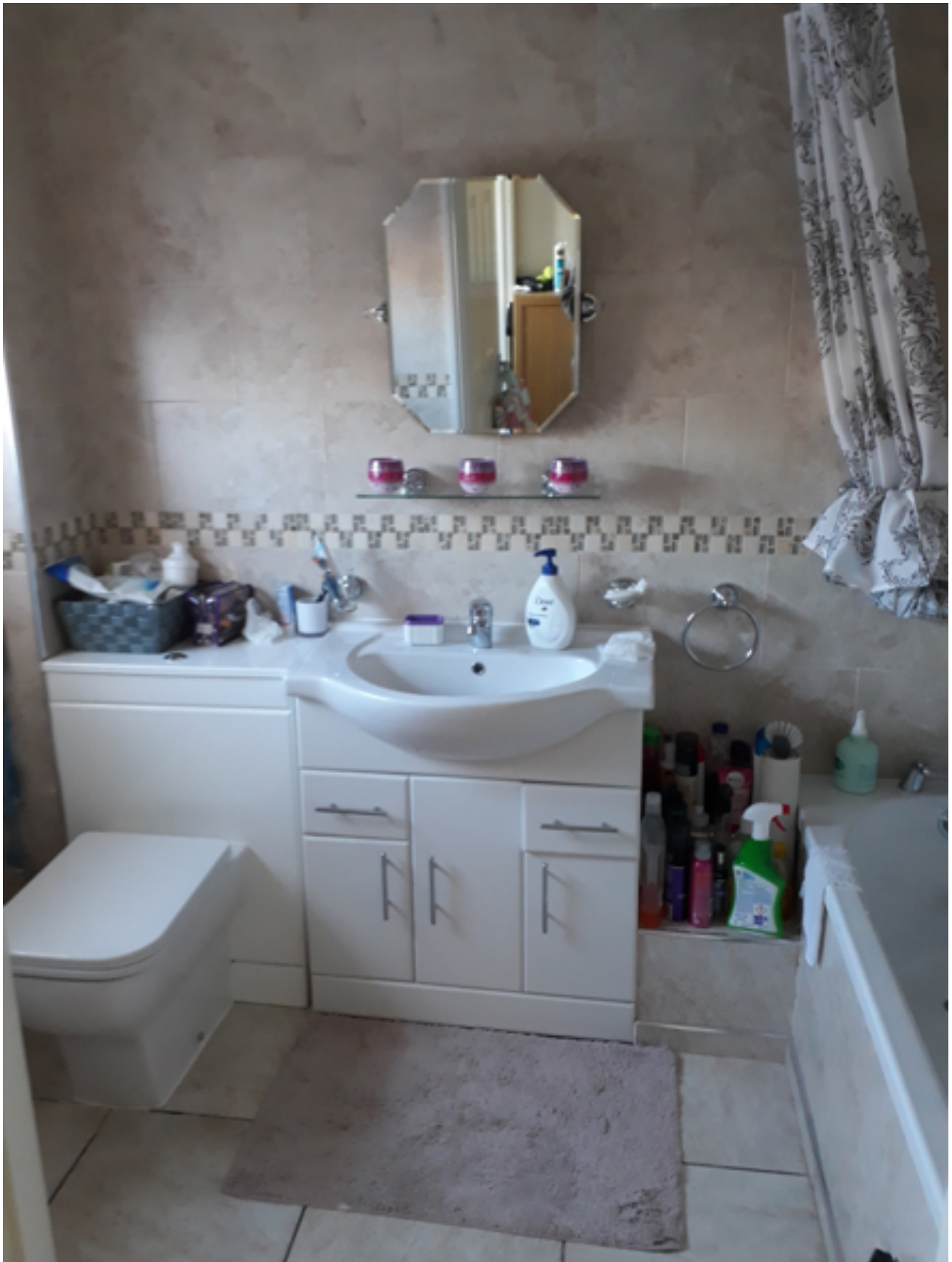
The orchard, with the grass left long, a little bit wild, with the well-worn path as lots of people use it – a great place for going walking with the dog



Apples, from the 32 apple trees in the orchard, nearby



Two bedrooms – can be useful as both have health needs



Bathroom (converted from wet room) – with bath installed and new tiling



Garden, complete with newly installed shed

Case Study #2 - Narrative version

Karen, single and in her late fifties, has lived alone in a two-bed back-to-back terraced house in Armley, as a tenant of the city council, since 1999.

She moved here, after a divorce, choosing the area so that she could live near her sister. It has been enjoyable for her to express her personal taste with colourful home decorations and furnishings, as that had not been possible while she was married.

Karen works part-time, up to around 30 hours a week, at Armley Helping Hands – a service which helps old people and this involves Karen in home visits to people in their 70s and 80s. Her employers have been accommodating to Karen's health challenges. After recent operations, they allowed her to choose a later morning start time and sent an occupational therapist to check that her work set-up would be suitable for her during recovery. She is on a low income, supported by Disability Living Allowance (DLA) and Tax Credits and expects to work up to state retirement age, around 67.

Many of Karen's family live fairly nearby, including siblings in Bramley and Chapeltown, her mother in Seacroft and nieces in Pudsey and Rodley. The relatives tend to come and visit Karen at her house or sometimes give her lifts when they are all having a Sunday family meet-up at a pub lunch or when going out together on a day trip. Each week, Karen goes to her niece's to watch her two-year-old nephew, while her niece is at work.

Karen has experienced health challenges all of her life as she has had septic arthritis from birth and spent a lot of time in hospital as a child. Her condition means she has one leg much shorter than the other, which leads to difficulties in doing physical activities (like standing and walking). Her hip joint has a reduced range of motion and some of her toe bones have become dislocated. Consequently, Karen often experiences pain which, in turn, makes her tired and unsteady on her feet.

"I suffer with lots of back problems, hip problems...knee problems in the past... constantly in pain all the time...I get tired very quickly."

"I am not very good balance-wise, when I get tired."

Karen has already received three hip replacements, staying with her sister during recovery as she re-learnt how to do daily tasks, like climbing stairs.

"The first time I had the hip replacement I didn't think I was ever going to get upstairs again."

Going out and about can be a daunting prospect, especially as she has been the victim of an attempted handbag robbery, while out shopping. This, together with the increased number of people drinking alcohol publicly and begging, has made her feel less secure in the local area.

"I felt so fearful...I feel vulnerable...The fear is I might be attacked and damage my hips and would have to go to hospital."

While Karen drives for work, she usually relies on lifts at weekends. She has tried using public transport, but found the waiting around uncomfortable.

"I found it difficult with the standing. I had to wait for the bus to come. I found it hard on my legs."

One of the main problems for Karen at home is the steep, narrow staircase, typical of properties in the local area. Going up the stairs is particularly difficult, though coming down is a bit easier. It is necessary to go upstairs to use the bathroom. Karen sometimes reduces the amount she drinks in order to avoid needing to go; and on occasion, she has had to resort to using a receptacle from the kitchen if she could not make it upstairs. The stairs are also a challenge if she is tired, so it can be easier to sleep on the sofa.

"If I get too tired...it is easier to sleep downstairs."

Housework and maintenance tasks are challenging for Karen. She sits down to do as much housework and cooking as possible. She cannot manage maintenance tasks by herself.

Owing to the difficulties Karen experiences in a two-storey house, she wants to move into a one-bedroomed bungalow, all on one level, as soon as possible. She would like this to be her final move and feels it would make it easier for her to manage now and in the future if she needs to use a wheelchair. In addition, she thinks it could be helpful to free up her two-bed house for a family.

"I have been thinking like this for quite a time [wanting to move] and worry how I am going to be able to manage in five years' time...I don't want to be really knackered."

She is ready for a change of area, too, as she perceives changes for the worse in Armley. Now, she would like to be nearer family members in Pudsey or Morley.

"It has changed a lot over the years. I do see a lot of people sitting on benches, drinking...people coming up asking for money...just lying there on the ground...I feel like I want a change."

Affordability would be another important consideration. After initial searches, she believes she can find bungalows that are an affordable rent for her, cheaper than her current rent.

"The price for most of the bungalows that have come up is £66 or £70 (weekly) which is manageable for me...totally ideal for me."

Karen has had experience of seeking I & A from local organisations. Before her third hip replacement operation, Karen and her sister discussed the likely difficulty of getting in and

out of the bath. While Karen was in hospital, her sister arranged with Care and Repair Leeds to put a seat in the bath and grab rails for the shower. Both women already knew of the organisation through their work. It was a smooth, helpful experience.

“The whole thing was great.”

On other occasions over the years, Karen has consulted Armley One Stop Shop to request repairs and maintenance for her home. Examples include: repairs to the shower; tiling; pointing; re-wiring; mending a gas fire ignition; and replacing cupboards at a lower, accessible height. On each occasion, she visited the One Stop Shop in person to request the repair. The quality of the work was sometimes poor: after completing some re-wiring, the plastering and decorating was not done and has still not been made good. Communication has been poor on a number of occasions, leading her to say, “They don’t ever listen.”

- Work people did not turn up when arranged
- The wrong number of replacement cupboards was brought – two, rather than the agreed three
- She was threatened with court as they said she had refused entry, even though she had text messages to prove otherwise.

Currently, Karen is keen to obtain I & A about how to move or swap her council home for a bungalow. She has started to look online (at a Leeds city council website) as that is the only way she knows of doing it; she has not yet considered going in person to speak to the council. The website wording seems to suggest she will not be able to move to a bungalow until she is 60, in three years’ time. She feels this is unfair as she has been a good tenant and her medical condition means she would benefit from moving into a bungalow straight away.

“What do they want me to do? Do I have to be in a wheelchair?...Why should I have to wait till I am 60...That is unfair – I pay my rent and have for nearly 20 years...The next place I go I want it to be permanent...Why should I live somewhere I don’t want to live?”

When considering how I & A could be offered in future, Karen felt that the council could get a better understanding of their tenants’ and would-be tenants’ needs by using a checklist or questionnaire, similar to HOOP.

Case Study #2 - Brief version

Hi, I am...

...Karen. I am single, in my late fifties and have lived alone since a divorce almost 20 years ago.

Most days, I...

...work at Armley Helping Hands where I visit people in their 70s and 80s to offer them support.

My home is...

...a two-bedroomed, back-to-back terraced house in a quiet street in Armley.

My daily challenges are...

...standing, walking and getting around. I have a lifelong condition which has led to three hip replacements. I am often in pain and get tired easily.

My pleasures are...

...getting together with my relatives at the weekend for a pub lunch or day out.

The best thing about my home is...

...the colourful way I have been able to decorate and furnish it.

The worst thing about my home is...

...the steep, narrow staircase which is difficult for me to climb – and the fact that the bathroom is upstairs.

The I & A I tend to need is...

...in person, as this would help me to resolve some queries I have about moving to a bungalow. I also need reliable communication, so that people listen carefully and then do what they say they are going to do.

Case Study #2 - Photos + captions



Colourful corner, with photos and picture



Houseplant



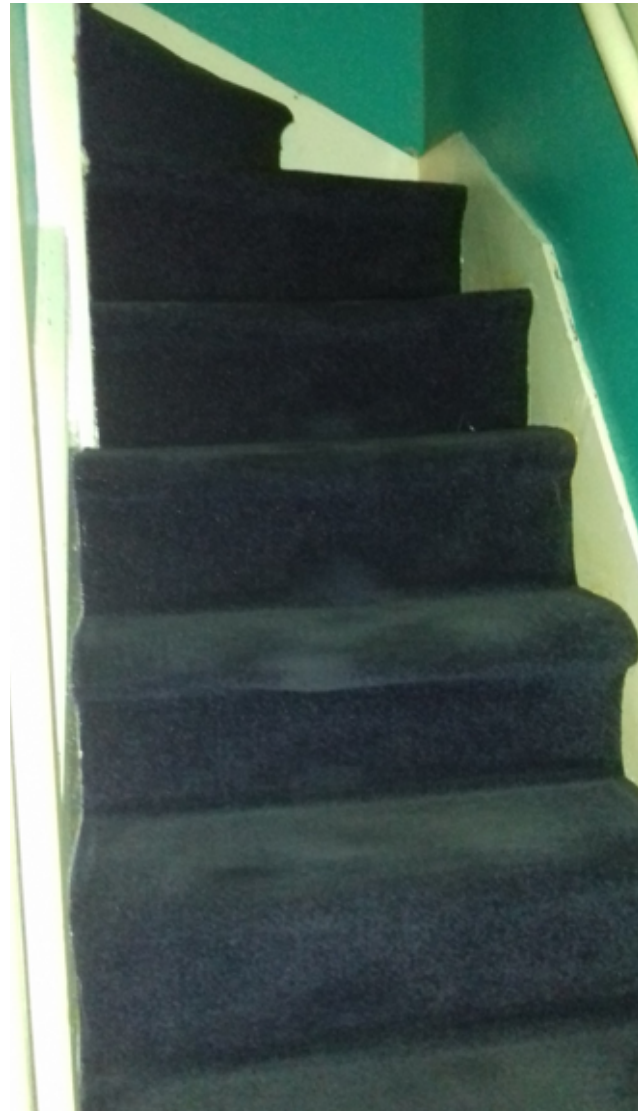
Plants on windowsill; car outside – for independence



Sofa with colourful cushions



Fridge freezer and magnets



Steep, narrow stairs – difficult to get up and down

Case Study #3 – Narrative version

Sue is 64 years old and lives with her husband Roger in their owner-occupied home in the Beeston suburb of Leeds. They live alone and have done so for a number of years now. Their daughter lives some miles away in the Morley area of Leeds, which is a fair distance on public transport. Although they may see their daughter perhaps once a month, they have regular contact via internet and similar technology. Sue has a brother who lives further away in the Leeds area and that too is a significant bus journey time-wise to see him – hence meeting up is not too frequent unless he collects them in his car.

Sue and Roger moved to their current home about 16 years ago having moved from a home (owner occupied) nearby, about ten minutes' walk away in the same district and neighbourhood. They don't recall using any formal I & A resources at the time of thinking about this move but were very clear why they wanted to move and what their new home requirements were.

They had become increasingly unhappy in the place they lived due to an increase in anti-social behaviour, noise and experiencing a general deterioration of what was for them once a nice place to be. They had lived in their previous home for about 19 years.

Their previous home was on a through street in a terraced house with open shared yards which were often noisy. There was also frequent traffic noise too.

"There were a lot of private rented people...children were a menace....destructive.... it became very noisy for us and nobody seemed to be sorting it out."

"Our friends lived next door (to our current home) and told us this house was up for sale so we bought it....to get away from there (the previous home)."

"It's a quieter place... it's not a through road...it's quiet...we could sit out there (in the garden) in peace and quiet..."

Sue and Roger didn't want to move too far. They needed access to buses and good transport links and local amenities, such as shops and access to their workplace. They also wanted to maintain their established social networks and activities.

Their current neighbourhood is mixed in terms of age of residents, with some younger people and families but the majority of people are into early retirement or elderly.

Sue works for Leeds Council in a local Community Resource Centre, she works three days per week and has worked for the council for 19 years. Both her and Roger are non-car drivers and use local public transport frequently.

Sue enjoys her garden, pet dog and spending time with her friends and daughter. Sue has some social contact with her work colleagues but prefers home based hobbies – craft type activities. She cites her health issues as being a main reason for being more home focused socially.

Roger is a member of the local club and plays bowls frequently with his friends there.

Sue is beginning to experience some challenges around the home – the number of steps into her garden are a little difficult for her and she envisages these becoming more of a challenge in time. These challenges are compounded by her health issues.

There are a quite a lot of positive aspects to their current home, Sue describes the garden as being a really important aspect for her and being able to sit outside and enjoy the view, space and peace and quiet. Inside the home, she feels they have plenty of living space which is light and open. Their home is well maintained.

Sue says: **“It’s the right size for the moment...”**

Sue also planned the kitchen when it was first installed and thought how she needed the facilities in certain places and at certain heights in order to manage better over the years. However, the layout of the kitchen and dining area make it difficult for family gatherings.

Sue and Roger have no immediate plans for re housing but Sue acknowledges that at some point ‘downsizing’ in the next ten years or so will be an option to work on. Sue would like to move closer to her daughter in Morley in Leeds.

“We’re pretty much OK at the moment...You (to Roger) have got bad knees...going up and down stairs...up and down into the garden...it’s too big, we don’t need a three-bedroomed house do we as we get on?”

Sue has obviously given some thought to why she wants to move in the next few years. For Roger his social networks locally are highly important and valuable and he’d like to maintain those where possible.

“I’d like a bungalow...all on one level...easier for us to manage for our physical needs...health condition related....”

“I’d like to be nearer family...my daughter...”

For Sue and Roger, good housing includes a home that is easy to maintain both inside and out:

“My health plays a part in this; as I get older, I need to make plans to make home life easier....”

In the past, Sue and Roger haven’t used any housing I & A resources but given Sue’s work background, she is very aware of what is available from the council and other local resources and where to find these. Roger is less aware of housing information and advice services and would look to national agencies such as Age UK or Citizens Advice in the first instance and be signposted and referred from there.

Accessibility of I & A would need to be nearby with flexible opening times. Formats for

presenting I & A online information could be helpful but Sue and Roger would prefer to meet someone face to face to talk through their issues and needs. The idea of meeting someone with similar experiences was welcomed.

A personalised, independent resource was mentioned by Sue as being a preference, a resource that can offer a 'less rushed' response and give impartial I & A.

"IT and websites are OK as long as you're savvy...meeting someone with similar experiences as us would be helpful...I wouldn't mind that...speaking from experience..."

"The web is fine if you know what you're doing...if you've got the IT skills and access to the equipment. People our age don't always have good skills...the tech skills... and it changes all the time so you need to keep your skills up. And I'm not sure how to do that..."

The HOOP website was really welcomed by Sue, finding it easy to work through.

"It really gave me something to think about in terms of types of issues and ideas....I wouldn't have known about it though without you telling me..."

Sue feels strongly that the Leeds Council and partners really need to start promoting Housing I & A more specifically to people such as them to help them think about potential issues and plan more for the future.

In terms of suggestions for a new model of delivering I & A, a single agency is preferred which should mean less passing on. It needs to be very local for people with perhaps a main centre in the city. The agency needs to be well networked and joined up to other relevant services and doesn't have to be a council run entity.

For Sue, Housing I & A can be promoted more through council buildings, by staff going out to local community groups and running pop up events in different places. Using local radio and other community information sources is a good way to get the message across to people.

Realistically, Sue and Roger think they would leave such decisions and planning until they were near a crisis point, when they really needed to do something.

Sue has some good ideas on what are the important features for her home as she gets older:

"...being in a nice area...less noise, no through traffic with good transport links and access to shops and green space....I'd need the doctors to be nearby too....and for the house to be not as big, all on one level..."

Case Study #3 - Brief version

Hi, I am ...

...Sue, I'm 64 years old and work part time for the council in a local Community Resource Centre. I live with my husband, Roger and our pet dog. We're from Leeds and have family living in different parts of the city.

I have some health issues which cause me some concern and more recently limit what I can do.

In my typical week...

...working part time keeps me busy. I like to do craft activities and hobbies at home. I see my friends sometimes from work. I like to spend time out in our garden too when the weather is good.

My house is...

...a semi-detached house and we are owner occupiers. We live in Beeston in Leeds and have lived in this house for about 13 years and lived in the neighbourhood for over 20 years. We really like it here – it has been a good move for us.

My daily challenges are...

...managing the number of steps into the garden. The house is also big for us, we have three bedrooms.

My pleasures are...

...that I do a lot of crafts – sewing, knitting and cooking. I really enjoy our garden; it's south facing and gets a lot of sun and is really nice to sit out in in the summer. I like to visit my daughter too and her family – they live some way away cross town.

The best thing about my house is...

...that the garden is lovely, the street is quiet and the kitchen is great too! I like the green spaces around here as well. In the future I think I would like a bungalow with everything on one level.

The worst thing about my house is...

...the steps into the garden. Access to transport is sometimes a problem – having to walk distances to catch a bus and often I have to use taxis.

I & A on housing...

...at the moment and for the foreseeable future is not something we need. In time I think we'll need some information on how to make the house easier for us, adapting it with hand rails for the steps and so on. I think I know where to go for the advice and information I might need. And I've got someone to help me too (daughter), which is always good.



Here are some pictures of the things I like about our/my home:

Case Study #4 – Narrative version

Sarah works for the public sector and has done so for many years albeit only recently here in Leeds. Previously she lived alone in another area in North Lincolnshire where she had a small house with a mortgage. Sarah is 65 years old and although in regular employment felt she didn't want to work for too long and was faced with the dilemma of living alone, having a mortgage or perhaps looking to a new living arrangement of co-living with her daughter and grandchildren. For Sarah, she was also keen to realise capital from her home ownership which she could share with her daughter in the next few years. This prompted them both to explore the opportunities of home sharing and realise the benefits of economies of scale from sharing household running costs.

"It makes the economies better as a shared household...whilst I'm paying more in rent than I did with the mortgage but I don't have that hanging over my head and I have a little bit of a sort of a windfall to share with my daughters which I wouldn't have had otherwise as it would have been lost in care fees...."

The decision to move to a share home had evolved over time for Sarah:

"I gave it a lot of thought... I tested the water with friends and family...it was a relief that the possible burden of the house was sorted...life clicked into place, new job, new house...new living arrangements..."

The previous home Sarah had was starting to need a few pieces of maintenance work and while she is fit and active and able to do basic DIY, she didn't want to be struggling with bigger jobs.

"In terms of carrying and lifting, I didn't want the responsibility anymore...the house was starting to need a few things doing to it which were beyond my scope..... Moving into a rented house would mean that it was someone else's responsibility for once..."

Sarah and her family began to explore the options for a joint household and given that Sarah's daughter lives in Leeds, Sarah found work in the local public sector which made the move more feasible. Quickly they began to search for rented properties which met their requirements for a large space with at least three bedrooms.

The tenure Sarah has secured is for 12 months with a plan to extend for longer; they found the property through searching letting agents on the web that are Leeds based. A key factor for them in choosing the property was also the financial feasibility. Another factor was the locality, location to schools for grandchildren and other amenities such as buses, shops and so on. Although Sarah has a car, she rarely uses it, due to living in the city.

"This was the first house we came across on the internet; it was the only one we visited but as soon as we walked through the door, we both just realised this was

it! The size of the rooms etc. We hesitated a little bit...going for the first house we see...but it was right...other than that we didn't have a plan."

Sarah was aware that Housing I & A would exist but didn't think she needed to seek any independent support for this move, describing her knowledge as pretty good for what she was about to undertake.

In terms of good housing generally and in relation this new home, Sarah likes a large garden area which offers privacy; internally the large kitchen area gives her space to cook and dine, the layout is good, although the decor is not pleasing to her.

Other internal benefits include having two large bathrooms and central heating, although this doesn't include the upper floors of the house.

The front steps are steep and a little uneven. Whilst these aren't an issue at the moment, they may become so in the future and there is no handrail in place at the moment.

"I've already thought about putting up a handrail for winter as the steps are steep and uneven..."

As Sarah ages, she has realised that her requirements for a good home will change. A number of factors will shape this – manageability and affordability. Sarah sees her future in co-living with her daughter. She thinks that she may well seek out Housing I & A to help her with these decisions and has some awareness of where to find these resources.

"Going forward...home layout needs to keep me active...but realistically...the landlord won't be amenable to making major changes to the place...adaptions etc. as it will become unlettable..."

We talked of her housing and home needs in the past and into the future. Sarah said that she had had no need in her fifties to seek Housing I & A. But as she has aged and in the context of her recent move, she is starting to think more about her requirements, the issues and challenges posed by housing type. She feels that as she moves into her 70s, she wants to relinquish responsibility and worry for her home; hence a rented tenure is appealing to her. As her circumstances alter healthwise, she indicated that she would take a more planned approach and gather the right I & A across time to inform her insights and then be prepared. When asked about her future I & A needs and on what topic she might seek help Sarah replied:

"...On care homes...supported housing, that kind go thing...benefits, money, financial stuff...I'd not really thought of those things but yes, I'd need to think about those things..."

Sarah's preferences would be to find resources for I & A from renowned sources. She spoke of a one door access service with multiple experts on hand. She would look to use accredited, authenticated resources from knowledgeable sources. The ease of navigating

through different services and resources becomes more of a requirement as age progresses. Whilst Sarah is able to use IT-based resources, she sees the challenge in using digital resources in the longer term as systems change. The idea of sharing her data across agencies is generally not a concern as long as it is “telling her story only once”.

Location of resources for I & A is an important consideration, needing to be accessible in a local place, maybe through locally based housing surgeries in community settings, and be accessible to most people especially those often disadvantaged.

Case Study #4 - Brief version

Hi, I am...

...Sarah. I've recently moved into a new house in Leeds co-living with my daughter and two grandchildren. The house is a private rented property which we've taken a lease on for 12 months but hope very much to extend for longer. Previously I lived in Scunthorpe for about 13 years and had my own home with a small mortgage. I have a new job here in Leeds.

I spend my time by...

...working locally and have started to gain more friends through work. I'm also interested in arts and crafts and spend a lot of my spare time doing these activities. Obviously, with living in the same house as my daughter and grandchild, I do a lot of things with them which is great and very enjoyable.

My house is...

... a large Victorian semi-detached with large grounds to the rear. We share the front garden with our neighbour and have our own large rear garden which is very nice. The house underwent much renovation in the recent past with a lot of the fixtures and fittings being restored to their original state.

We lease this property through a letting agency and have agreed a 12-month tenure initially which we'd like to extend for longer. We're located on the north side of Leeds on the Harrogate road.

My daily challenges are...

...that the front steps are steep and a little uneven. Whilst these aren't an issue at the moment, they may become so in the future, as there is no hand rail in place at the moment. Also, my living space is mainly on the top floor, the third floor, so I have to climb a lot of stairs often. I find myself not doing that too often unless I really need to be up there. The central heating also doesn't reach all the way up to the top floors so in winter that might be a problem.

My pleasures are...

...that I enjoy my work. I mentioned the arts and craft things I do and I'm currently doing some upholstery. I have a partner who lives away from Leeds and I enjoy time with my family too. I like socialising with work colleagues and to go out for meals locally too.

The best thing about my house is...

...that the garden is lovely. It's a great space. I like the kitchen as it's very spacious and gives me scope to cook. The house generally has lots of space with large rooms throughout.

The worst thing about my house is...

...that the steps at the front of the house may well be a problem in the future. The road is very busy too but thankfully we have a driveway from there to the house.

Here's some pictures of the things I like about our/my home:



I like the character of these old stairs but realise that in a few years they might be troublesome



These old renovated windows look out to my garden and give me lots of daylight



Pan rack or 'Housemaid's friend'

This report is available at www.ageing-better.org.uk | For more info email info@ageing-better.org.uk



The Centre for Ageing Better received £50 million from The National Lottery Community Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.