



Rountable Breakout: An Ageing Population

Professor Vikki McCall

BE THE DIFFERENCE

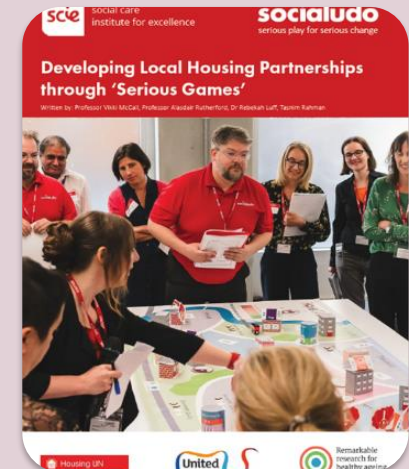
Why focus on the Ageing Population?

The changing demographic of Scotland is impacting the housing stock and services we need to provide...

Are we building what is required?

Are we working with health and care partners to deliver the services people need?

Today we will be having a conversation around how housing can take on a bigger role in health and social care.



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**Intersectional
Stigma of Place-
Based Ageing
(ISPA)
Led by Prof Vikki
McCall
funded by the
ESRC**

**Adapting the
Adaptations
Process: Tackling
the Barriers
within Policy and
Practice
Led by Prof Vikki
McCall
in partnership
with CaCHE**

**Making
Adaptations
Work for Older
People in
Scotland
Led by Prof Vikki
McCall
in partnership
with Age Scotland**

**Developing local
housing
partnerships
through
'Serious Games'
Led by SCIE with
Socialudo, United
St Savior's
Charity, and
Housing LIN
funded by the
Dunhill Medical
Trust**

A call for discussion...Housing for older people in Scotland

Scotland is getting older faster than the rest of the UK

There are now over one million people aged 65 and over (1,091,000),

Population projections estimate that the number of people aged 65 and over will continue to grow, increasing by 23 per cent by 2045 and those aged 75 and over increasing by 39 percent.

Decline in private house building

Scottish Government housing statistics show a decline in private house building starts and completions across all house types.

High housing need

Recent reports highlight that a quarter of Scotland's households face a form of housing need

In terms of accessible housing, 86,000 disabled households in Scotland need adaptations but do not have any

Strategy for Housing and Ageing?



Our population is ageing... but the way we deliver housing hasn't been changing fast enough to keep up with changing needs.



NPF4 promotes choice but lacks the necessary direction to properly shape and manage Scotland's changing demographics where the number of older people are significantly increasing.



The wrong housing can lead to unplanned admissions to hospital or moves to care homes.



Most people want to stay in the homes they are in, with 12 percent were currently considering a move – that would equate to over a quarter of a million people aged 50 and over actively considering moving home.



Why should this be a housing sector priority?

- Ageing is best supported by environments when they can adapt with people's changing experiences (Golant 2003)
- The impact of non-decent homes is not felt equally by all older people, with clear individual and spatial inequalities (Buffel et al 2023)
- Ageism attached to 'othering' is a key barrier that stops individuals and professionals planning for the future.



Patterns of discrimination and deprivation

- Using data from UKHLS (Understanding Society) waves 11 and 12 (2019/22), we found **2,831 individuals** experiencing some form of discrimination; **47% of whom reported more than one type**, e.g. age AND disability, or age AND gender².

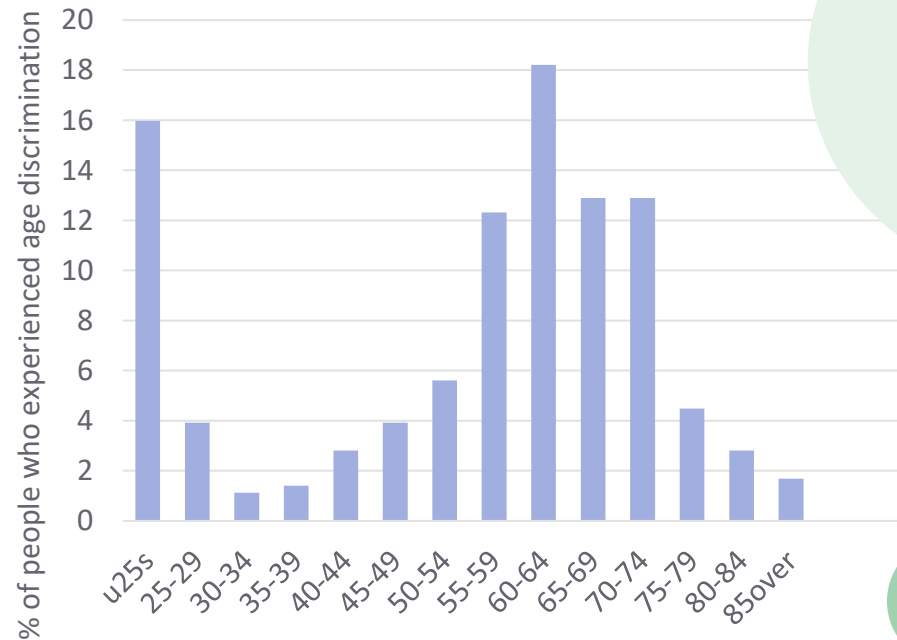


43% of adults living in the **most deprived areas** of Scotland report disabilities compared to **23% in the least deprived areas**¹.

In England, **27% of females** and **25% of males** living in the **most deprived areas** are **disabled** compared to **14% and 12%** in the **least deprived areas**³.



Age discrimination by age categories²

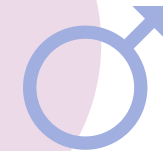


Age discrimination experienced mostly by people aged **60-64 (18%)** but was also common for those **under 25 (16%)**².

19% of those experiencing age discrimination also experience discrimination based on a **disability**².



51% of those experiencing age discrimination also experience discrimination based their **gender**².



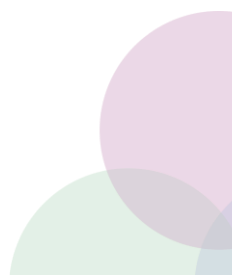


THE POWER OF STIGMA AND THE AESTHETIC

Stigma is “constructed and deconstructed through linguistic and aesthetic dimensions....

scheme characteristics can also have de-classificatory and thus de-stigmatizing power”

(Bricknell et al 2023: 2)





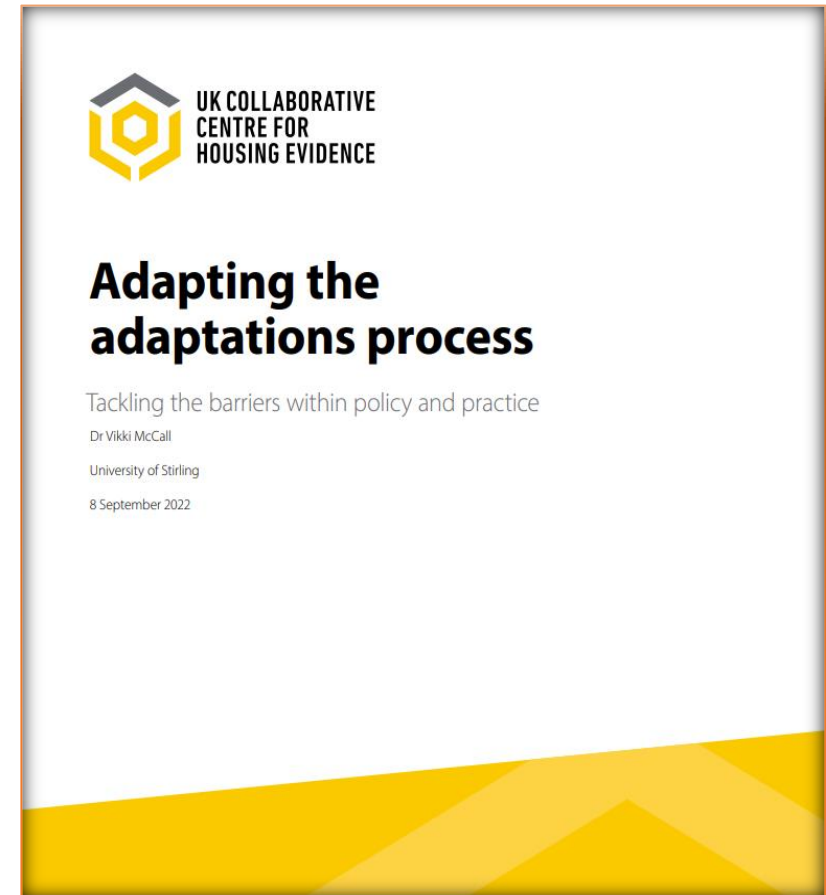
Challenges in implementing support for the ageing population

Tackling the Barriers within Policy and Practice

The current system often **does not work smoothly** for key stakeholders, service users, or service providers (health, social care and housing) involved in supporting or delivering the service.

When the adaptations process works well, this is often related to **positive relationships** between people, partners and services.

If the ambitions of planning for the ageing demographic are to be fulfilled, **the current adaptations system in the UK not only needs to be reviewed, but reset to support investment**, partnership working and integration of adaptations into wider health, social care and housing priorities.



Barriers within the Adaptations process

INFORMATION BARRIERS INCLUDE:

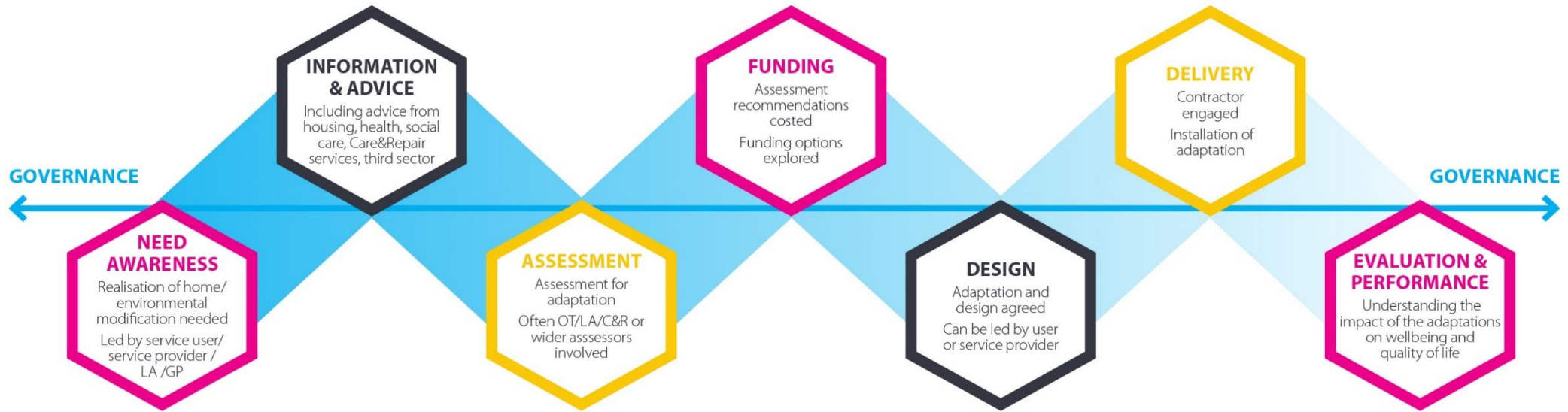
- Fragmented and different information and advice between the UK nations and local authority area
- Different processes across tenure
- Some LAs defunding Care & Repair
- Vague or unclear information/ advice
- Gatekeeping
- Lack of ownership of adaptations across organisations/departments

FUNDING BARRIERS INCLUDE:

- Governance
- Waiting lists
- Availability of funding (inc time of year)
- Differences in eligibility between area, tenure
- Minor, major adaptation assessment
- Means testing
- Perceived as a challenging process
- Inequalities between areas and groups
- Ineligibility for preventative actions

DELIVERY BARRIERS INCLUDE:

- Contractor availability
- Equipment/ material supplies
- Increased cost of materials
- Need for maintenance plans
- Delays in assessment/ funding/ delivery time may result in ineffective adaptation
- Learning curve for users/clients on managing contractors
- Supervising quality of work
- Agreements for changes to communal areas



NEED AWARENESS BARRIERS INCLUDE:

- Unequal access to adaptations
- Stigma
- Lack of accessible housing/ reallocation and little support for early intervention to support rehousing
- Reactive changes
- Challenges with partnership working
- Confusion around eligibility
- Lack of trust in LA/Government
- Identifying 'need'
- Overlap with other agendas (e.g. sustainability/ digitalisation)

ASSESSMENT BARRIERS INCLUDE:

- Criteria difference between the UK, local authority area and tenure
- Funding availability
- Differences in housing policy between tenure
- Waiting list for assessment
- Lack of data sharing
- Duplication of assessment across partners
- Bureaucratic process /paperwork
- Complex internal processes within LAs
- Lack of training to support staff to apply wider 'housing solutions' approaches

DESIGN BARRIERS INCLUDE:

- Unattractive (stigmatizing) design
- Available funding and costs
- Lack of representation/ voice of user groups
- Perception that adaptations can detract from asset
- Family/other household needs
- Non-integration of inclusive design
- Options limited due to house type (esp space)

EVALUATION BARRIERS INCLUDE:

- Lack of data sharing across partners for full impact evaluation
- Lack of overall evaluation strategy
- Lack of mechanisms for recycling adaptations and equipment
- Lack of follow up/ regulation
- Lack of longitudinal academic evidence on impact

“I don't know if you could even call it a landscape and if it's a landscape, then it gets massively potholed and filled with obstacles and just kind of blind alleys, you know, it's confusing.

We find it confusing, and we are so called experts”

(Participant Six).

*The adaptations process is
seen as a
'fight'*

"I think we had a few points of crisis,
and that really can set you back. When
you feel you're on top of things and
you've got that control over the
situation that really takes a lot of the
stress away."
(Focus Group 3)



Planning for the future

Stigma and Complex Landscapes

BE THE DIFFERENCE



Remarkable
research for
healthy ageing
THE DUNHILL MEDICAL TRUST



social care
institute for excellence

Developing local housing partnerships through 'Serious Games'



Housing LIN

Connecting people, ideas and resources



Serious Play for Serious Change

Hopetown was developed as an impact methodology for supporting important insight and strategy around housing and ageing

The research emphasized:

- The importance increased need for partnership working between housing, health and social care
- The need for more strategic planning for future demographic change
- Housing planning and support is an underexplored yet key priority, especially in the preventative agenda

Housing and Ageing:
Linking strategy to future delivery for Scotland, Wales and England 2030



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Housing and Ageing and an integrated solution

- They have the power to overcome:

- Stigma
- Discrimination
- Ageism

& Future-proof for the benefit of all groups

Housing can be the

'Ripple in the pond'



Practical steps to help with our conversation

- **A new housing strategy for older people with links to other strategies and Scottish Government Housing to 2040 ambitions.**
- **Renew focus on Housing Need and Demand Assessments (HNDAs) to integrate the housing requirements of an ageing population.**
- **Link age-appropriate housing to a preventative approach with health and social care partners, including a tenure-neutral, adequately funded adaptations system.**
- **Pro-active policies for older people's housing linked to the planning process**

INCLUSIVE LIVING ALLIANCE



Foundations



Motionspot



For more detail, please feel free to e-mail me! vikki.mccall@stir.ac.uk



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