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# The environment of ageing

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## SUMMARY

The issue of housing and the wider environment for an ageing population is one where there are many unanswered questions. In this paper a number of key issues are discussed and for each of these the focus is on three aspects. These are the current situation, its reasonableness and what research is needed in order to make decisions about policy and practice.

The first three issues relate to the profile of older people themselves and the importance of home to them. The changing profile of older people is not just about an ageing population but also about the growing prominence of those with dementia, women, people from black and ethnic minority groups and one person households, yet little is known about the type of housing which should be provided. Of equal concern is the widening gap between those with a high standard of living (including housing) and those with a low standard of living. The importance of home to older people means that research must focus on how people can be enabled to remain there, and also on the costs, financial and otherwise, to carers and to society.

The next three issues relate to the type of housing older people live in and moves in later life. The startling change in the tenure pattern with a growth of owner occupation brings problems as does the decline in social housing. The advantages and disadvantages of the different types of housing—mainstream and specialized—for older people are relatively well known. However the balance between the two needs more research as does that on retirement communities. While it is well known that there are peaks of migration in old age and that moves are often made in haste, little is known about the process of decision making.

The final two topics concern links between housing and other aspects of older people's lives. On health more research is needed on temperature, mortality and morbidity, homelessness and accidents and especially on links between services.

These topics have implications for planning and design. The emphasis should be on a multidisciplinary approach using a variety of quantitative and qualitative techniques with an emphasis on dissemination.

## 1. INTRODUCTION

The environment means the surrounding objects, region or conditions and I have interpreted it in terms of housing in its widest sense rather than what surrounds the person in terms of their circumstances of life. With that in mind three questions about a series of issues will be posed.

1. What is the current situation?
2. Is this reasonable/desirable/what we would want?  
And on this, of course, there may not be agreement and so different perspectives may be offered.
3. What do we need to know in order to make decisions about policy and practice and how can research help?

There will then be a brief discussion about some implications for those involved in planning and design. The paper finishes with a few short comments on how the research might be done, including the evaluation of new approaches, before drawing some conclusions.

Although the focus will be the situation in the UK, examples from other countries will be drawn on where appropriate.

## 2. SOME KEY ISSUES

This section will look at the current situation, the reasonableness of it and what we need to know to make decisions. It is obviously not possible to discuss all the possible issues but instead eight key ones for older people will be highlighted. The first three are general scene-setting ones about older people themselves and the importance of home to them.

1. The changing profile of older people and their housing.
2. The widening gap between those who have a high standard of living (including their housing situation) and those who do not.
3. The importance of the home and its condition.

The next three are specific to the kind of housing older people live in, and move to in later life.

4. The changing pattern of tenure.
5. The balance between mainstream and specialized housing.
6. Why people move and the extent of migration.

The final two relate to the links between housing, health and other key aspects of older people's lives.

7. The link between health and housing.
8. Housing and other aspects of older people's lives.

In all these cases research is needed so that policies can be based on sound data. Sometimes there is a dearth of research on what is actually happening but in all cases there is a need to consider what might be desirable for an ageing population.

**(a) Older people and the importance of home**

**(i) The changing profile of older people and their housing**

We know from the papers on demography that the profile of older people is changing. Not only do we have an ageing population but certain groups are coming more into prominence. These include those who are very old, those with dementia, women, people who live alone and people from black and ethnic minority groups.

In the UK there were four million people over the age of 75 in 1994 and the projected numbers for 2025 are 5.9 million (Tinker 1997, p. 13). For those aged 80 and over the increase will be about one million (Tinker 1997, p. 274). Very old people, as is well known, are more likely to suffer from physical disabilities, the number of which rise rapidly with age (Office of Population Censuses and Surveys (OPCS) 1996, chapter 3). This has implications for housing and the wider environment. The 1994 *General Household Survey* showed that whereas 13% of those aged 65 and over could not go out of doors and walk down the road, 37% of those aged 85 and over could not do so (OPCS 1996, p. 166). For getting up and down stairs and steps 9% of those aged 65 and over could manage this, but only 23% of those aged 85 and over could (OPCS 1996, p. 166). We know something about the implications of this including the fact that people leave their homes for these reasons and that improvements and adaptations are cost effective (Leather & Mackintosh 1990; Mackintosh & Leather 1993). A small scale qualitative study showed that older people put a high value on a bathroom, or at least a lavatory, on the same level as the room in which they live (Wilson *et al.* 1995). Research on the coping strategies of older people and on the value of changes such as adding a down-stairs lavatory is important now.

One of the major housing problems is likely to be of older people with dementia and their carers. About half a million people suffer from dementia in the UK and it is estimated that there could be about a 20% increase at the beginning of the next century because of the growth in numbers of people aged 80 and over (Taylor & Taylor 1989, p. 11). A certain amount is already known about older people in their own homes; the majority live cared for by family and other services. Research shows that many families want to continue to support their older demented relatives but that they themselves need a great deal of help and recognition (Levin *et al.* 1989; Askham & Thompson 1990). While there is some research on the kinds of social and health

services that are wanted there is little on housing needs in the community.

Nor is there a great deal on sheltered housing. What research there is shows it to be successful for people with dementia, although the independence that other tenants have with regard to cooking facilities may have to be withdrawn. Research on whether elderly people with dementia can be housed with others is mixed. My own research shows that older people in an existing scheme are tolerant of one or two older people who develop dementia but that they do not welcome people coming fresh into the scheme in that state (Tinker 1989a). More recent research came to the same conclusion (Kitwood *et al.* 1995, p. 53).

There are, therefore, a number of research areas on older people with dementia that need addressing.

1. The housing needs of this group and their carers.
2. The case for and against separate provision for older people with dementia.
3. The role of specially designed equipment, e.g. are special telephones needed with pictures to indicate the person to be called rather than a number? Are there special features needed in the kitchen to make it safer? The effect of assistive technology and smart houses is relevant here and there are ethical implications too.

Very little is known about any special needs that older women may have, although they will form the bulk of the older, especially the very old, population. It is expected that there will be 1.6 million women over the age of 80 in 2030 compared with 0.7 million men (Tinker 1997, p. 16). Not only are older women more likely to be disabled than men but they are more likely to be dissatisfied with their housing (Wilson *et al.* 1995). This can be attributed to the fact that they are more likely to be poorly housed in old age than men. There are, however, some different ways of living that are developing. For example, there are a growing number of housing co-operatives in the UK. Some of these are exclusively for women and at least one is for older women (in Liverpool) (Tinker 1989b, p. 44). More research is badly needed.

Similarly very little research has been undertaken on the housing needs of older people from black and minority ethnic groups. Numbers are relatively small. In 1995, 21% of the white population were aged 60 and over compared with only 6% of those from black and minority ethnic groups (Central Statistical Office (CSO) 1996, p. 40). Care must be taken not to generalize about such a diverse group. A Working Party recommended more assessment of needs but there has been little research on this group, which is likely to grow. What little research there is relates in the main to sheltered housing (Jones 1994). The case for and against separate provision needs thorough investigation.

Finally most current research is inevitably based on the current generation of older people. The next generation will almost certainly have higher expectations and this is already being seen by the dislike of one-bedroom accommodation by people contemplating buying private sheltered housing. But more than that it

is possible that the next generation of older people may be more enthusiastic about not just a higher standard but also of accepting professional help. There is already some early evidence from Scandinavia that older people would prefer public services compared with family help (Daatland 1990). A great deal more research is needed on the impact of changing patterns of employment, especially that due to more women in the labour market, before we know what the likely impact will be on family care.

Also relevant to the discussion about the changing profile of older people is their household composition. The striking feature of the UK is the increase in one-person households. In 1994 50% of those aged 75 and over lived alone (OPCS 1996, p. 38). The trend towards smaller households is partly due to an increase in numbers of elderly people but also to the increase in numbers of young people, especially men, living alone. Research on the implications of large numbers of very old people living alone is needed to assess what kind and level of help will be needed.

(ii) *The widening gap between those who have a high standard of living (including their housing situation) and those who do not*

The current situation in the UK is that there is a widening gap for all groups between those who have favourable financial circumstances (both income and capital) and those who do not (Joseph Rowntree Foundation 1995). This is true for older people too where the gap between rich and poor is widening (Retirement Income Inquiry 1996). This is not just important for those in old age but also for those who will be older. The poor now, and this includes families as well as single people, will come into old age with less assets and less ability to improve their housing. With a decline in council and housing association housing, where will these people live? Although specialized housing is exempt from the right to buy legislation the falling amount of ordinary small accommodation through sales to sitting tenants allied with the great decline in building will mean that there is likely to be a lack of suitable housing.

The problem of those who are owner occupiers may be particularly acute. The problems and expense of improvements and maintenance may be difficult for older people on low incomes.

Research can help in a number of ways including:

1. ways in which income can be generated from the home and various ways of releasing equity;
2. what can be done to help those whose incomes are inadequate in later life to afford decent housing. There may need to be specific research on groups, such as older women or from black and ethnic minority groups, and their needs and how they can be met.

(iii) *The importance of the home and its condition*

We currently know an increasing amount about the importance of home to older people. And here I am not talking about the house, the dwelling or the accommodation—terms all used by professionals. The word most of us use is home. Researchers have long presented

evidence of older people's desire to remain at home (summarized in Tinker (1997)) and also that the loss of home is akin to bereavement (Norman 1980). More detailed qualitative work is showing the complexity of the term and what it means to older people (Gurney & Means 1993; Saunders 1989; Saunders & Williams 1988; Sixsmith 1990). This includes issues of independence and autonomy.

But it must also be constantly borne in mind that a home may be a prison for an old person and, if it cannot be made suitable, is not the right place to face disability. There are other factors to consider and three of these relate to the size of the home, its condition and the cost of an older person remaining there. On size many older people do not occupy all of their home and are said to be underoccupying (note 'under-occupation' has no statutory meaning but is usually defined as the situation of having two or more bedrooms above the bedroom standard). In 1994–5 half of two-person households where one or both were aged 60 or over underoccupied as did one in three single adults of that age (Central Statistical Office 1996, p. 80). However what is of concern is the half a million tenants (of all ages) who were underoccupying in housing provided by councils and housing associations where there is also a responsibility to house overcrowded families and homeless people. Few public authorities persuade older people to move in such circumstances but the position poses a real ethical dilemma. But the other side of the picture needs to be given, i.e. the one spare bedroom may enable a carer to stay or for a couple to occupy separate bedrooms in case of illness.

The condition of the home is clearly important especially as older people tend to spend longer in their homes than most other age groups. The 1991 *English House Condition Survey* showed that one in five homes in England suffered from dampness, condensation or mould growth and one in 13 were unfit (Leather *et al.* 1994). As far as older people are concerned the situation is complex and largely related to tenure so that in the social rented sector they tend to occupy the best housing whereas lone older households were most likely to live in private housing in the worst condition. Ways of helping older people to repair and maintain their homes is obviously helpful (see next section on tenure). But there is a wider question for society about the balance between renovation and repair, and new build.

The third issue is about the cost of keeping someone in their own home. What are the costs to the public purse of keeping someone with a high level of disability in their own home? Although costings exercises are still in their infancy (see Tinker 1997) they have shown that keeping an older person at home is cheaper than the alternatives of some kind of institutional care (Tinker 1989a; McCafferty 1994). Tables 1 and 2 show that staying at home options are cheaper than the various kinds of sheltered housing (which vary from category 1 (the minimum) to category 2.5 (very sheltered or extra care)). However, very little work has been done on the very dependent older person who needs constant attention for most domestic, social and personal tasks. And if



Table 1. *Average gross resource costs (£ per person per annum) for the highest level of dependency*

(This includes rent, revenue costs, health and social care and state benefits. Source: McCafferty (1994).)

	category 1 sheltered housing	category 2 sheltered housing	category 2.5 sheltered housing
staying at home	£7890 <sup>a</sup>	£9537	£11 034
			£13 378

<sup>a</sup>If notional informal costs are included this rises to £13 390.Table 2. *Average gross resource costs (£ per person per annum average) for all levels of dependency*

(This includes rent, revenue costs, health and social care and state benefits. Source: McCafferty (1994).)

	category 1 sheltered housing	category 2 sheltered housing	category 2.5 sheltered housing
staying at home	£7353 <sup>a</sup>	£8436	£9698
			£14 825

<sup>a</sup>If notional informal costs are included this rises to £11 677.

they need nursing as well, the costs are likely to be very high.

How can research help? It can help answer some of these questions.

1. How reasonable is it to go along with the findings of research on older people and their home without considering it from other viewpoints? For example, some research indicates that some older people are kept at home but at considerable cost to others, i.e. their carers. This may include financial and physical costs as well as emotional ones.
2. What research do we need on other contenders for the home? If it is publicly subsidized then an older person underoccupying may prevent a young family moving into somewhere more suitable. Clearly there are ethical issues here but research can at least give the basis for decisions by indicating the extent of underoccupation, numbers and types of families in need, homelessness, etc.
3. What should be the balance between new build and rehabilitation of property?
4. What are the total costs of keeping a frail old person at home and who bears these?

**(b) *The kind of housing older people live in, and move to in later life***

*(i) The changing pattern of tenure*

The current pattern of tenure in this country is that a growing number and proportion of people are owner occupiers. In 1961 40% of all households owned their own homes in Great Britain but in 1994 that had risen to 67% (CSO 1983, p. 114; OPCS 1996, p. 229). For those aged 65 and over the figure was 62% (derived from OPCS (1996), p. 223, table 11.9). For those aged

45–59 the percentage was 77% and for those aged 60–64 it was 76%, so there are likely to be larger proportions coming into owner occupation in old age. Research indicates a higher level of satisfaction with this tenure than others (Department of Environment 1993, p. 9; Green & Hansbro 1995, p. 31; Wilson *et al.* 1995), and the desire of high proportions at all ages who want to become owner occupiers. Owner occupation does bring well-known advantages including security, the greater ability to move, freedom to improve and decorate and a potential source of income (Davey 1996). On the other hand research shows that owner occupation brings responsibilities such as upkeep that some older people find difficult. When the market is depressed and homes have negative equity owner occupation may bring problems that other tenures do not.

What is interesting is why owner occupation is such a sought after option in the UK. In some countries such as New Zealand this is also the case ('becoming a home owner is a rite of passage; anybody who reaches 40 without buying a house is decidedly suspect, not fully adult' McLeod quoted in Dupuis & Thorns (1996)). In Western Europe there is great variation in owner occupation, with a rate of 79% in Norway and only 38% in Germany, with The Netherlands just below half (46%) and France just over (54%) (Joseph Rowntree Foundation 1994, p. 22).

The other side of the coin is the decline in proportions of older people in social rented housing. In both council and housing association property, the poor and disadvantaged, and this includes older people, are disproportionately represented (Page 1995; Housing Corporation 1996). The dependence of these groups on social renting is in stark contrast to the decline in the number of homes. In 1981 there were 6.9 million social housing dwellings in the UK but this had dropped to 5.6 million in 1993 (Wilcox 1995, p. 104).

Recent research on the economic and social limits to increases in sustainable home-ownership shows that while the number of households is set to increase significantly, slower growth in owner occupation (for a range of reasons including increasing job insecurity and reduced government financial support for housing) will increase the need for alternative forms of rented housing (Radley 1996). Other research on housing demand and need in England up to 2011 also indicates additional social housing will be needed (Holmans 1995).

What we need to know to make decisions is much more research on the following.

1. The advantages and disadvantages of different tenures in old age. Is the further encouragement of owner occupation reasonable? In many other countries it is not the preferred option. Do we want to take steps to increase or decrease owner occupation in old age? Or indeed at younger ages?
2. Who moves from one tenure to another in old age and why (for example, this department is undertaking some exploratory work on why older people leave owner occupation).

3. As far as owner occupation is concerned much more research needs to be undertaken into ways in which older people can release their equity if that is what they want to do.
4. What is going to be the long-term effect of the growing residualization of council housing?

(ii) *The balance between mainstream and specialized housing*

Most specialized housing for older people is sheltered. Recent research shows that of the older people living in the community 5% are in sheltered housing although this figure rises to 10% if those with a peripatetic warden are included (OPCS 1996, p. 157). The current situation is reasonably well known thanks to a large national survey recently undertaken for the Department of the Environment (McCafferty 1994) and other research (summarized in Tinker (1997)). This is not the place to go into the details of the findings but it is pertinent to note a number of points from this and other recent research.

1. General satisfaction with the housing is linked to the nature of the housing and the design, i.e. that it is easily managed and not too large.
2. About one-fifth of older people in all surveys would have preferred to have stayed where they were and not to have moved.
3. Small sized accommodation, especially bedsitters, are becoming increasingly unpopular and in some cases 'difficult to let' (Tinker *et al.* 1995).
4. A lack of knowledge, by older people, their carers and professionals, about sheltered housing, its role and its limitations is evident.
5. Sheltered housing is unable to house and care for very frail older people but very sheltered, or extra care, housing can do this (Tinker 1989*a*; McCafferty 1994).

Looking at the other side of the picture from sheltered housing, that of mainstream housing, there is ample evidence of the success of housing options for improvements and adaptations. In particular home improvement agency schemes, where advice and practical assistance is given to householders to repair and maintain the fabric of their homes, have been proved by research to be successful on a satisfaction and cost criteria (Mackintosh & Leather 1993; Mackintosh *et al.* 1993; Fielder *et al.* 1994). The title of one study summed up the intention of such schemes '*Staying put—the best move I'll never make*' (Randall 1995).

How would research on sheltered and mainstream housing help? These are a few examples.

1. On sheltered housing there is need to know in much more detail exactly what is liked and disliked by older people.
2. Since research has already suggested that there is too much ordinary sheltered housing and a need for more very sheltered or extra care housing (McCafferty 1994), there is a need to undertake research on what the best models of the latter are and how existing schemes of sheltered housing can be enhanced to give more care.

3. In order to make decisions about mainstream housing we need to know how far it is possible to design homes that are 'for life', i.e. that people do not have to move out of if they become physically disabled. 'Lifetime homes' are now being promoted by the Joseph Rowntree Foundation (1997). These incorporate sixteen standards and are held to be 'more flexible, convenient, safe and accessible than most other new homes' (Joseph Rowntree Foundation 1997, p. 1). A pilot study found that the majority of the features could be included at little or no extra cost (Bonnet 1996) but little other evaluation has been done.
4. Another fruitful area for research is the balance between different kinds of housing and care on one site. In theory the retirement community model, where a range of housing is provided so that people can move from completely independent housing to ones with some support to nursing homes, may sound an attractive proposition but very little research has been undertaken into the few schemes that are in existence. For example do people move from one kind of housing to another and is this what they want and need? What little research has been done is mainly in the United States where the housing, financial and social situation is very different from the UK.

(iii) *Why people move and the extent of migration*

Older people are not a particularly mobile group but there is a peak at retirement and then again quite late in life (Champion & Stilwell 1991). Those who move around retirement age do so for housing reasons and those who move later—8% of the over 85s in the 1991 census—do so with care and surveillance in mind (Warnes & Ford 1995). They often move to relatives or to institutional care. Apart from moves to traditional retirement areas there has been a growth in moves to metropolitan suburbs and to more rural areas (Champion and Stilwell 1991). Problems of inner city decay including vandalism, congestion and poor housing are likely to make people of all ages want to leave cities. However, if there are insufficient areas for expansion there is a desperate need to improve the environment of cities.

Decisions about location in old age are frequently made in haste, often in a crisis. Research on reasons for entering sheltered housing or residential care shows that advice from a professional (often the doctor) or family are the main ones, although there may be an acceptance that this is the right decision. What many seem to want is mainstream small accommodation, i.e. something which is smaller and easier to manage. There is also evidence that some older people and their families would welcome specially designed housing such as granny flats (Tinker 1976; Lazarowich 1991). These are specially designed or adapted homes where both the older person and the family can have their independence yet live close (i.e. the older person lives next door, above or below the family) (Morton 1993). Policies to enable older people and their families to move closer are also in demand (Tinker 1980). But research also points to the lack of

knowledge of the older person and others about what the alternatives are.

If the objective of moving or not moving in later life is to find the best solution for all concerned, including the older person, their carers (if any) and the public (for services will be needed), then the evidence is that this does not always happen. Research on a number of fronts would help.

1. At an individual level much more research is needed on the process of decision making, what sort of decisions are made and when, why do older people move and what kind of advice/housing would be helpful.
2. At a planning level more detailed work is needed on what kind of people move and where to. We already have hints of this. For example older people who move are not typical (see Tinker 1997). Research has shown that they tend to be owner occupiers and, for those moving to a retirement area, less likely to have a family. But most of these studies are either quite old or are on a small scale and they need to be either replicated or done with larger data bases. The knowledge that some older people will not have adult children to help will have an impact on the type and volume of services to be provided.
3. Studies on how can cities be improved and made more pleasant, safer and more accessible for older people as well as other age groups.

(c) ***Links between housing, health and other aspects of older people's lives***

(i) *The link between health and housing*

Research is increasingly showing that where older people live and their surroundings has an impact on the quality both of their lives and that of their carers. Awareness of the link between health and housing is not new, of course. Florence Nightingale said 'The connection between health and the dwellings of the population is one of the most important that exists' (Lowry 1991, p. 9). There are a number of areas where research shows that housing is often the direct or indirect cause of health problems. Three examples are over temperature and mortality and morbidity, homelessness and accidents.

1. *Temperature, mortality and morbidity.* There is concern about the number of old people who are at risk of developing hypothermia in the winter (Salvage 1993). Although the excess number of deaths in winter in this country is not just a result of hypothermia but due to respiratory problems, strokes and myocardial infarction there must be concern about older people in cold conditions. One expert suggests that the higher mortality rates in this country are related to both outdoor exposure and cold indoor temperatures (Collins 1989).

The fact that more adequate heating would help the problem needs addressing by changes in policy on income, housing and energy. The 1991 *English House Condition Survey* showed that pensioner households and lone adults tended to live in less energy efficient homes as well as being over-represented in the least improved homes (Department of the Envir-

onment 1996). It was estimated that energy-related work such as insulation would save approximately 5% in fuel expenditure.

Research is needed on ways to reduce the mortality and morbidity of older people due to low temperatures.

2. *Homelessness.* Although older people do not figure prominently in the official homelessness statistics they represented 5% of the total in 1994 (CSO 1996, p. 186). But it is the number of people who do not apply for accommodation, who sleep rough and who inhabit hostels sporadically who are a matter of concern. Research shows that a number of factors contribute to homelessness and that these include loss of home as well as a breakdown in relationships, etc. Research is increasingly showing the very poor physical and mental health of this group (Crane 1990, 1993; Kelling 1991).

Research on what would be the most helpful policies and practices for this group is needed.

3. *Accidents.* Falls are the main cause of accidental deaths of the over-75s. The main type of non-fatal accident for older people is also a fall. The cause include medical reasons, medication, alcohol, housing and the environment (such as stairs or uneven surfaces), and social and psychological factors (Askham *et al.* 1990; Lilley *et al.* 1995). The consequences may be far-reaching and lead to an older person being admitted to institutional care. It may also lead to a loss of confidence and to over-protection by relatives and professionals. The high level of accidents have led to them being one of the *Health of the Nation* targeted groups (Department of Health 1992).

For these and other topics, recent evidence (Goss & Kent 1995) suggests that:

1. inter-agency working between health and housing is very limited;
2. the different planning and funding cycles are unhelpful;
3. clients are falling through the net because of the lack of coordination (e.g. on discharge from hospital);
4. there is sometimes a lack of political or managerial will.

Other research issues include the following.

1. Far too little is known about some aspects of direct and indirect causes (especially psychological) and much more research is needed on this as well as on methods of prevention.
2. For all these topics the lack of attention to research on prevention is striking.
3. There needs to be more attention to what will help older people. For example, would the design of the home, the heating, insulation, better nutrition, different clothing, more exercise or a change in lifestyle make the most difference to preventing illnesses and conditions related to lack of warmth or to rehabilitation after accidents? And how can these messages be put across both to the current generation of older people and to those who will be the next generation.



4. The lack of attention to housing in the UK is striking (see the next section for general comments).

(ii) *Housing and other aspects of older people's lives*

A final important part of the discussion about the environment of ageing is an appreciation that there will be many services and factors which will impact on older people. As the Department of Health acknowledged in *Health of the Nation*, health is determined by a wide range of physical and social factors (Department of Health 1991). Research, however, shows that the importance of housing is often ignored and that it is left out of planning in many countries (Tinker 1994). Despite recent Government advice in circulars and elsewhere and examples of good inter-agency cooperation there is still evidence that links are often poor (Henwood & Wistow 1994; Goss & Kent 1995) and can inhibit decisions that are in the interest of older people. Recent guidance from the Departments of Environment and Health do produce practical advice and checklists on how to take forward joint planning (Department of the Environment/Department of Health 1997), but often it is the mutual understanding and trust of individuals which will make it work. What is also helpful is clear guidance such as the recent publication *Managing adaptations: positive ideas for social services* (Heywood 1996).

Research is needed to show how some of the problems of lack on adequate links between housing, health and other services can be overcome.

### 3. SOME IMPLICATIONS FOR PLANNING AND DESIGN

An important starting point is that research shows that the views of older people are often not taken into account when planning both at the macro and micro levels.

A number of topics have been identified where a great deal more needs to be known about housing and the environment. There are implications for the planning and design of the right kind of housing to be provided in the right quantities, at the right time and in the right places.

Taking planning in its widest context the housing needs of an ageing population need to be considered not just by those who plan in the public sector but those in the private sector too. Knowing where people are likely to live and with what support will enable health and social services to plan for the appropriate services. It is a hopeful sign that architects are beginning, for example, to become interested in designing environments for people with dementia (Manser 1991). But we also need much more attention to the importance of planning for everyone with reference to noise, light and space (Lowry 1991).

What then are some of the implications including those for research?

1. Those who design housing should be aware of the need to plan for an ageing population, i.e. more people with disabilities.

2. There is a growing realization that it is not just older people who need well-designed housing with features such as wide entrances and accessible switches. There will be few people who are not at some time in their lives disabled in some way through accident or other means.
3. More attention should be paid to the increasing proportion of people living alone.
4. There should be an understanding of the expertise of other professions, such as doctors and social workers.
5. Research in allied fields such as transport and mobility needs to go hand in hand.

### 4. HOW THE RESEARCH MIGHT BE DONE AND THE EVALUATION OF NEW APPROACHES IN HOUSING AND THE ENVIRONMENT

Research on all aspects of ageing must increasingly be multidisciplinary. This means taking a medical, biological and social science perspective. A recent example of this was a multidisciplinary meeting at the CIBA Foundation on the implications of drugs that enhance memory. It is not sufficient to consider the biological aspects without undertaking research on how older people will act, what the views of their carers would be and how they might be influenced by psychological and other means.

In the field of the environment it is equally important, so that, for example, the effects of particular building types on the physical and mental well-being of the older person can be measured.

But the links between disciplines in a similar field are equally important. For example, we can learn a great deal about ageing from anthropologists as well as from history. What is becoming of much greater importance now is the discipline of economics. Economics is the science which puts a price on things and enables choices to be made by taking these into account. This does not mean that the economic perspective has to be the over-riding one, but it does mean that it should be one of the indicators when decisions are made.

Any research benefits from different approaches and all make a contribution to the total picture. For housing a mixture of quantitative and qualitative approaches is particularly important. On the quantitative side a great deal can be gleaned from national studies such as the *General Household Survey* (GHS) and, of course, the census. Ideally the quantitative studies should be specially designed to focus on housing and one such study that is likely to continue to be very influential is the one by the Department of the Environment, which has already been referred to (McCafferty 1994). Quantitative studies where the data is deposited for others to undertake secondary analysis is useful because it enables greater use to be made of expensively collected information. This approach is increasingly being adopted. For example the Gerontology Data Service at ACIOG King's College London is currently undertaking research on owner occupation in old age by re-analysing data from the GHS.

Qualitative work is valuable not just at the beginning of research to help identify the questions and issues but



to flesh out views and evidence in more depth. Focus groups, detailed individual interviews and observation are three approaches that have all been used to good effect in studies of housing and older people.

Of crucial importance is the need for longitudinal studies. Cross-sectional studies have their place but the ability to follow through the lifetime experience of people as they age would be of incalculable value. The National Child Development Study or one of the others, which started with babies would be ideal. Even starting with people in middle age and following them through will be very instructive provided funding continues. One such study is that of stress and civil servants. Admittedly this only contains data about people who have been in work but it does cover many different types of work and social classes. As well as a detailed account of the participants physical and mental health it covers exercise, diet and many other factors such as lifestyle.

The evaluation of new approaches is of key importance. If there are new designs (such as those designed for lifetime living), different patterns of tenure (such as part buy part rent), new ways of living (such as co-operatives for particular groups such as older women) or different mixes of provision (such as mixed sites of housing, residential and nursing care), then there needs to be a thorough evaluation. Ideally this needs to be done from lots of different perspectives—the older person (both the current generation and those in the future), their carers, professionals, management and, especially if there is public subsidy, society. This should involve not just seeking views but a cost benefit appraisal of the scheme.

What also needs stressing is the importance of the dissemination of research. There is little point in doing good research and then not publishing widely. Refereed articles are essential for any academic but it is crucial that a wider audience is reached. Articles in professional and more popular journals as well as talking to those who make and carry out policy, is just as important, though little taken into account in the academic world. Talking to and with older people themselves is equally if not more important. One way round this is to give the dissemination role to someone other than the researcher. The production of easy to read summaries is sometimes better done by someone who is less involved in the technicalities.

## 5. SOME CONCLUSIONS

In some cases, as we have seen, we do have considerable knowledge, for example, about the ill effects of poor housing on health, yet what is missing is the political will to do anything about it. This is all part of the same scenario, which gives little priority to housing.

In a similar vein, a greater appreciation by policy makers and practitioners about the role of housing and its potentiality in preventing entry into residential care needs to be taken into account.

But it has been shown that there are many gaps in our understanding about the role and potentiality of housing. In this paper nearly 40 potential areas for research have been suggested. The vast amount of

research that has been poured into other areas such as case management may or may not have yielded good results but we neglect housing at our peril.

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