Homes England – Measuring Social Value

Paper 4: Measuring the Wellbeing and Fiscal Impacts of Housing for Older People

Date: July 2024

The Housing and Regeneration Agency

Disclaimer

Table of Contents

List of Abbreviations

Abbreviation	Full Term
ARCO	The Associated Retirement Community Operators
CATI	Computer Assisted Telephone Interviewing
CQC	Care Quality Commission
MHCLG (DLUHC)	Ministry of Housing, Communities and Local Government (formally Department for Levelling Up, Housing and Communities)
GDP	Gross Domestic Product
LVU	Land Value Uplift
NHS	National Health Service
ONS	Office for National Statistics
PSSRU	Personal Social Services Research Unit
QALY	Quality Adjusted Life Year
sWEMWBS	Shorter Warwick-Edinburgh Mental Wellbeing Scale[1]
ToC	Theory of Change
VfM	Value for Money
VOA	Valuation Office Agency
WELLBY	One wellbeing adjusted life year
WWCW	What Works Centre for Wellbeing

---

[1] sWEMWBS was developed by the Universities of Warwick, Edinburgh and Leeds in conjunction with NHS Health Scotland.

1. Foreword

Within our Strategic Plan we have set ourselves the mission of driving regeneration and housing delivery, to create high-quality homes and thriving places. This will support greater social justice. We have five interconnected strategic objectives that work together to deliver our mission. One of these strategic objectives is to facilitate the creation of the homes people need, intervening where necessary, to ensure places have enough homes of the right type and tenure.

As a government agency, we are committed to investing public funds where they will deliver the greatest social value. Rigorous economic appraisal, alongside evaluation, plays a central role in ensuring that the interventions we support achieve this ambition. However, this relies on the availability of robust evidence on the impacts of the interventions being appraised.

This is the fourth research paper in our series on the measurement of social value. The research focused on the measurement of the wellbeing impacts associated with the provision of homes specifically designed to meet the needs of older people. It also looked for evidence of fiscal savings that may be generated by providing these types of homes. By applying the HM Treasury Wellbeing Guidance for Appraisal, appraisers can consider new monetised estimates of wellbeing improvements, alongside estimates of fiscal savings and other social value impacts, to present a broader view of the benefits being delivered by schemes involving housing for older people.

The research comes at a critical time for the UK in thinking about future provision of housing for older people. Demand for this type of housing is expected to grow substantially in the next few decades, with the Office for National Statistics (ONS) expecting the population of England aged 65 and over to increase from 10.8 million in 2023 to 14.2 million by 2040.

The report is part of a broader programme of research we have been undertaking, working in close collaboration with colleagues in the Ministry of Housing, Communities and Local Government and in consultation with HM Treasury, focused on strengthening Homes England's ability to measure and assess the full social value delivered through our housing and regeneration activities (https://www.gov.uk/government/collections/homes-englandmeasuring-social-value).

I would like to thank SQW and Qa Research for their work on this project and the What Works Centre for Wellbeing for the advice and quality assurance undertaken as the project progressed. I would also like to thank the developers that provided valuable insight and facilitated access to their residents for the primary research.

Andy Wallis
Chief Economist, Homes England

2. Executive Summary

Research Aim

1. There are a broad range of housing products available that are designed to meet the needs of older people, including different accommodation types, services, adaptations and facilities. **These homes are provided with an aim to improve the wellbeing of the occupants** but will also **release fiscal savings**, for example, as calls on health services are reduced.

2. Typically, economic appraisers would use Land Value Uplift (LVU)[2] to assess the private benefits delivered by the development of housing for older people. However **there may be cases where LVU does not fully capture the social value associated with the provision of housing products designed to meet the needs of older people**.

3. The headline objective of this research was to develop evidence of the wellbeing and fiscal impacts associated with the provision of housing for older people to support development of Homes England's research on appraisal of social value. **This research has identified values for both wellbeing and fiscal impacts**.

Defining Wellbeing

4. Wellbeing looks at how we are doing as individuals, communities and as a nation, and how sustainable that is for the future. It encompasses the environmental factors that affect us and how we function in society, and the subjective experiences we have throughout our lives[3].

5. To articulate how the provision of housing for older people impacts upon their wellbeing, a **wellbeing framework and theory of change were developed** as part of this research. These built upon a number of **well-established and validated tools** to measure wellbeing. For the purposes of this study, the following definition of wellbeing has been developed:

> *"How people who live in older people's housing developments are doing, individually and collectively."*

6. A range of wellbeing frameworks were reviewed to identify the different domains that are impacted by the delivery of housing for older people. This review found the **ONS Domains of National Wellbeing as being the most relevant**, specifically Domains 1-4 (Personal Wellbeing; Our Relationships; Health; and Where we live).

7. The most critical of these was Domain 1, and in particular life satisfaction, **which was a central measure of wellbeing for this study**. The remaining domains helped to nuance how research participants rated their life satisfaction and the key factors contributing to it. Building upon this, the following wellbeing framework was developed, complemented by a range of existing datasets and validated tools that provide data in relation to wellbeing.

---

[2] Land uplift value is the change in the value of land that results from its development (i.e. for housing). It is calculated in terms of the (private) returns to developers net of development costs and fees and factoring normal profit (DLUHC, 2023).

[3] What is Wellbeing?, What Works Centre for Wellbeing website, https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/

Figure 2.1: Wellbeing Framework developed for Older People's Housing
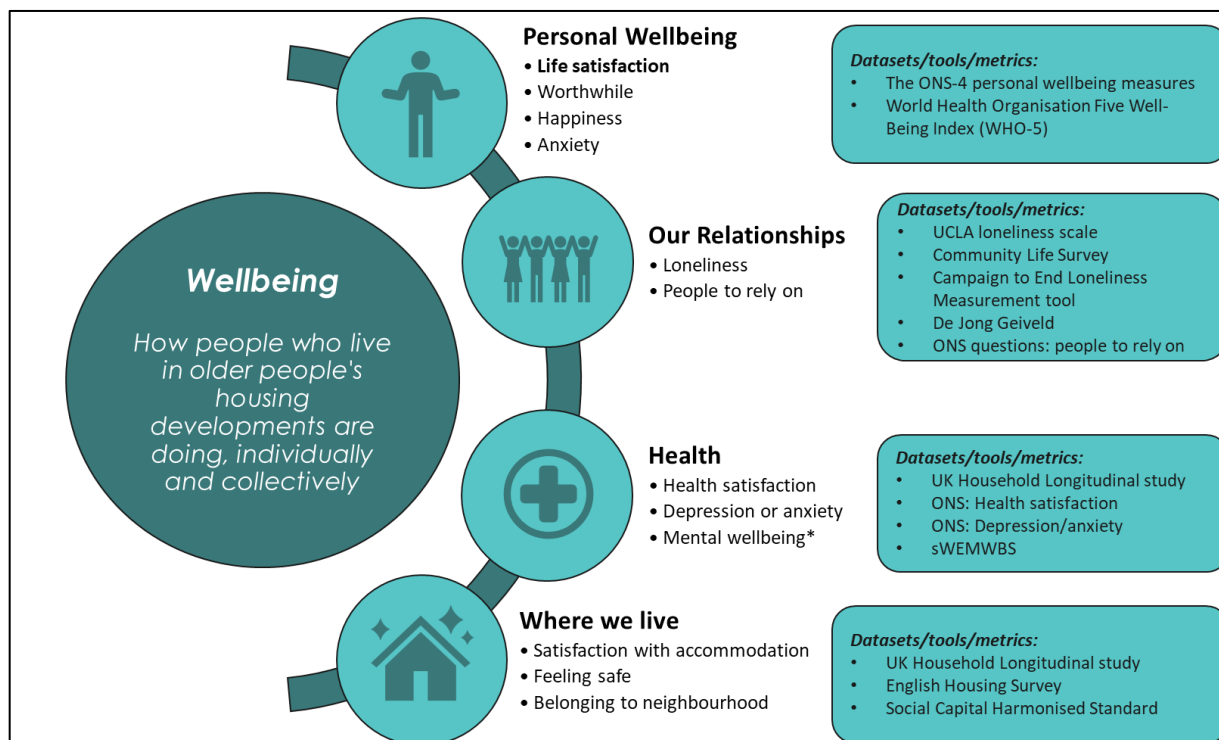
Source: SQW, 2023
Note: * - mental health moved to 'Health' from 'Personal Wellbeing' on What Works Centre for Wellbeing recommendation

Older People's Housing Typologies

8. In addition to the wellbeing framework, **a set of typologies for older people's housing were adopted**, following inputs from stakeholders from across the sector, Homes England and the Ministry of Housing, Communities and Local Government (MHCLG). Those referenced within the *National Planning Policy Guidance: Housing for older and disabled people* were selected as the most pragmatic typologies for further assessment. These are:

- **Age-restricted general market housing (Typology A).** This type of housing is generally for people aged 55+ and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services.

- **Retirement living or sheltered housing (Typology B).** This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24 hour on-site assistance (alarm) and a warden or house manager.

- **Extra Care housing or housing-with-care (Typology C).** This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24 hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages – the intention is for residents to benefit from varying levels of care as time progresses.

Wellbeing Impact

9. **Primary research** was undertaken with people living in general market housing (comparator group) and those living in different types of housing for older people to **identify differences in their wellbeing and to understand what factors contribute to these differences**. The research tool that was developed built upon many of the existing recognised and validated tools and was tested through focus groups with individuals living in different types of housing for older people across England.

10. In total, **1,286 people provided responses to the survey**, including both the comparator group (general market housing) and residents from each of the different older people's housing typologies. This included individuals from across England and across a range of demographic and health characteristics. The sample sizes were large enough to reveal 'small' statistically significant changes in life satisfaction between typologies.

11. The analysis suggests that, controlling for observable characteristics, <u>**on average residents of older people's housing in typologies A (age-restricted general market housing), B (retirement living or sheltered housing) and C (Extra Care housing or housing-with-care) reported higher life satisfaction scores than residents in general market housing**</u>.

Figure 2.2: Key summary findings against the Wellbeing Framework
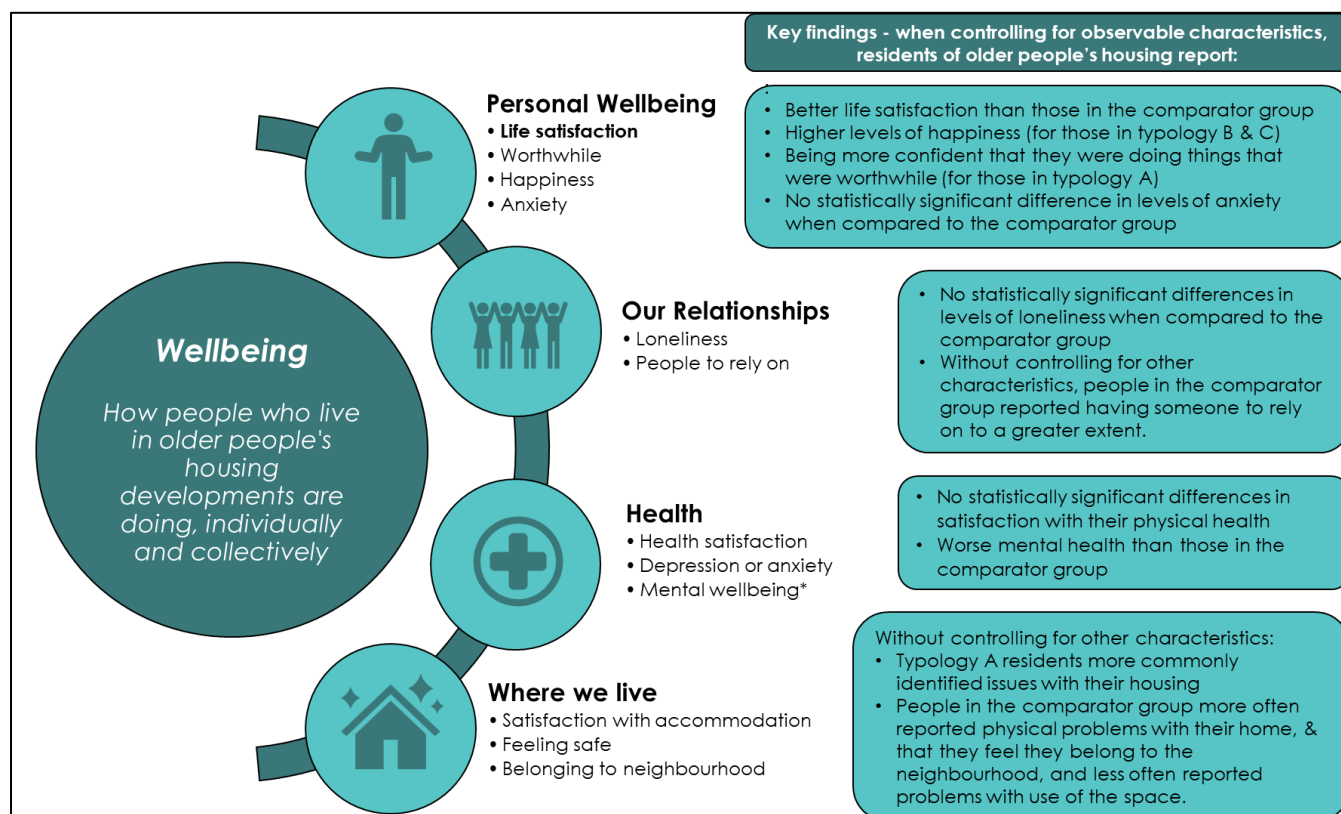
Source: SQW

Fiscal Impacts

12. To identify the fiscal impacts associated with the delivery of housing for older people, a review of existing evidence was undertaken. Whilst a number of fiscal impact areas were identified through this research (including healthcare, local authority social care, housing (market) benefits, and employment effects), it was determined that **there was only robust enough evidence** (to meet HM Treasury Green Book standards) **in relation to healthcare benefits**.

13. A deeper review identified five potential areas of healthcare impact, including an impact on GP visits, the need for community health nurse visits, non-elective admissions to hospital, the length of stay in and delayed discharges from hospital, and ambulance call-outs. Where the secondary evidence was robust enough, estimates were made as to the fiscal impacts associated with the delivery of older people's housing.

Application of Results

Wellbeing Impacts

14. Guidance from the *Wellbeing Guidance for Appraisal*[4] has been used to monetise the wellbeing uplift identified for older people as they move into older people's housing. The monetised values are presented in the table below.

Table 2.1: Wellbeing Uplift Monetised Values (2023 prices, per person, per annum)				
Typology	**Average life satisfaction change (relative to comparator)**	**Low**	**Central**	**High**
Age-restricted general market housing (Typology A)	+0.305	£3,580	£4,654	£5,727
Retirement living or sheltered housing (Typology B)	+0.345	£4,049	£5,264	£6,479
Extra care housing or housing-with-care (Typology C)	+0.283	£3,321	£4,318	£5,314

Source: SQW, 2024

15. These values are **per older person, per annum**. It should be noted that as per the guidance provided within the *Wellbeing Guidance for Appraisal*, changes in wellbeing which occur in future years **should be discounted using the Green Book 'health' discount rate**. This starts at 1.5% for years 1-30, and drops to 1.286% for years 31-60, as the 'wealth effect' or real per capita consumption growth element of the discount rate is excluded. Further guidance on this is provided within the *Wellbeing Guidance for Appraisal.*

16. Sensitivity analysis has been applied as per the *Green Book* guidance, with the low, central and high values shown in Table 2.1.

Fiscal Impacts

17. Based on the existing evidence available, it has been estimated that **each older person living in typology B housing (retirement living or sheltered housing) would generate a healthcare system financial saving of £8 per person per year, and an older person living in typology C housing (Extra Care housing or housing-with-care) would generate a healthcare system financial saving of £1,840 per person per year**. There was not enough available evidence to show any fiscal impacts associated with the delivery of typology A housing.

---

[4] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Table 2.2: Fiscal impact by housing typology (2023 prices)

Impact Area Considered	Financial Saving (per resident per year)		
	Typology A *Age-restricted general market housing*	**Typology B** *Retirement living or sheltered housing*	**Typology C** *Extra Care Housing or Housing-with-care*
GP Visits	£0	£8	£8
Community health nurse visits	N/A	N/A	N/A
Non-elective admissions to hospital	N/A	N/A	£647
Length of stay and delayed discharges from hospital	N/A	N/A	£1,185
Ambulance call outs	N/A	N/A	N/A
TOTAL	**£0**	**£8**	**£1,840**

Source: SQW, 2024

18. Whilst these are fiscal impacts, they are unlikely to be cash releasing (i.e. would not result in a reduction to budgets) and so would usually be treated as a social benefit within economic appraisal. As per guidance from the Green Book, **a 'standard' discount rate** should be applied to these values (3.5% years 1-30, 3% years 31-60).

Areas for Further Research

19. Through the research, a number of areas for further research have been identified that would help to strengthen the evidence base and analysis used to underpin the wellbeing and fiscal impacts calculated in relation to older people's housing. These have been grouped into the respective impact areas below:

In relation to the wellbeing elements of this research:

- A more detailed investigation of the wellbeing of those living in typology A, to understand the **likely transition-related drivers of wellbeing associated with moving from general market housing to age-restricted housing for older people**.

- Design-focused research, in typologies likely to be key to future Homes England interventions, to **identify which specific features and services have the greatest wellbeing impacts for older people**.

- Qualitative research to **explore some of the drivers affecting older people's wellbeing**, as well as what they particularly value about older people's housing (e.g. facilities, characteristics) and how this affects their wellbeing.

- Testing the framework with a **wider group of stakeholders**, and/or in **alternative contexts** within Homes England's remit, to explore its potential wider applicability.

In relation to the fiscal impacts element of this research:

- Undertaking further research to **improve the comprehensiveness and robustness of the healthcare service impacts**. In particular, capturing evidence as to how the provision of housing for older people impacts upon community health nurse visits and ambulance call outs (typically linked to reduced incidence of falls).

- Developing a robust evidence base in relation to the **three potential impact areas excluded from this research, namely around local authority social care, housing (market) benefits associated with freeing up existing homes and employment effects associated with new homes and freeing up time of relatives and friends who may otherwise have been providing care**.

- **Increasing the amount of evidence regarding fiscal impacts for different housing typologies**, in particular housing typologies A and B. The majority of the available evidence at present relates to typology C.

3. Introduction

Background

20. There are a broad range of housing products available that are designed to meet the needs of older people, including different accommodation types, services, adaptations and facilities. These homes are provided with an aim to improve the wellbeing of the occupants but will also release fiscal savings, for example, as calls on health services are reduced.

21. Typically, economic appraisers would use Land Value Uplift (LVU)[5] to assess the private benefits delivered by the development of housing for older people. However **there may be cases where LVU does not fully capture the social value associated with the provision of housing products designed to meet the needs of older people.**

22. To respond to this, Homes England commissioned SQW (an independent research consultancy) with support from the What Works Centre for Wellbeing (WWCW) and Qa Research, to generate evidence to demonstrate the fiscal and wellbeing impacts associated with the delivery of these types of homes, with the headline objective of this study being "to develop a monetised value for the wellbeing and fiscal impacts associated with the provision of housing for older people, for use in business cases."[6]

23. This research seeks to build upon existing research and also the *Wellbeing Guidance for Appraisal*[7], which provides analysts, policy professionals and decision-makers with the tools to understand how to measure wellbeing and use it within Green Book-compliant business cases.

Research Context

24. The research comes at a critical time for the UK in thinking about future provision of housing for older people. Demand for this type of housing is expected to grow substantially in the next few decades, with the Office for National Statistics (ONS) expecting the population of England aged 65 and over to increase from 10.8 million in 2023 to 14.2 million by 2040[8].

25. People in later years typically experience higher levels (and comorbidities) of illness, disability and frailty, with associated implications (including increased demand and cost) for health and social care services[9]. The NHS Long Term Plan sets out that older people's mental health should be embedded as a 'silver thread' in policy making, recognising its increasing importance[10]. There are also implications at both individual and community levels, such as increasing loneliness and social isolation[11], and demand for communal spaces and public transport services[12].

26. Government guidance on housing for older and disabled people, published by the Department for Levelling Up, Housing and Communities (DLUHC) in 2019, sets out that "Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems"[13].

---

[5] Land value uplift is the change in the value of land that results from its development (i.e. for housing). It is calculated in terms of the (private) returns to developers net of development costs and fees and factoring normal profit (DLUHC, 2023).
[6] Invitation to Tender for Wellbeing and housing for older people, Homes England, 2022
[7] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*
[8] Office for National Statistics, 2024, *National Principal Population Projections*
[9] World Health Organization, 2022, *Ageing and health*
[10] NHS England, *Older people's mental health*
[11] NHS, *Loneliness in older people*
[12] Age UK, 2015, *The Future of Transport in an Ageing Society*
[13] DLUHC, 2019, *Housing for older and disabled people*

27. Housing is one factor among many that can affect older people's wellbeing[14]. There is however limited evidence regarding the monetised impacts of different housing types for older people, with a particular gap in evidence regarding wellbeing effects[15].

28. In addition, understanding the fiscal savings associated with the provision of housing for older people will provide a better indication of the benefits this type of housing provides to the Exchequer in the long-term.

29. For the purposes of this research, 'older people' have been defined as people aged 65+, although it is recognised that older people's accommodation can be marketed to and used by a younger cohort of 'older' people.

Objectives

30. The headline objective of this research is to develop evidence of the wellbeing and fiscal impacts associated with the provision of housing for older people to support Homes England's research on improving the appraisal of social value.

31. There are also secondary objectives associated with this research. These include:

- To define a set of typologies of housing products designed to meet the needs of older people.

- To develop a wellbeing framework that can be used to define wellbeing (in the context of older people's housing) and use this as the basis for quantifying the impact of housing products designed to meet the needs of older people on the wellbeing domains defined through that framework.

- To develop a theory of change that demonstrates how the provision of housing for older people generates wellbeing and fiscal impacts.

Report Outline

32. The remainder of the report is structured as follows:

- **Chapter 4 – Approach**: sets out the approach to the research, the theory of change that demonstrates the relationship between the delivery of housing for older people and wellbeing and fiscal impacts, and the wellbeing framework that has been developed specifically for the purposes of this project.

- **Chapter 5 – Primary Research Approach**: sets out the primary research that was undertaken with the aim of identifying the wellbeing impacts associated with individuals moving into housing for older people. This outlines how engagement with developers was undertaken, how the primary research tool was co-created and how the primary research was conducted.

- **Chapter 6 – Respondent Profile and Analysis of Primary Research Data**: provides an overview of the headlines from the primary research undertaken, including the profile of respondents and descriptive analysis of their survey responses.

- **Chapter 7 – Econometric Analysis of Primary Research**: provides the econometric outputs from the primary research, including the wellbeing impact identified, and further relationships seen in the survey data relevant to the provision of older people's housing.

---

[14] Public Health England, 2019, *7. Living well in older years*
[15] SQW & Homes England, 2020, *The impact of housing interventions on health outcomes for older and vulnerable people*

- **Chapter 8 – Wellbeing Impacts**: sets out the approach for monetising the wellbeing impacts identified, utilising the approach set out in the *Wellbeing Guidance for Appraisal*[16], and the values that have been calculated.

- **Chapter 9 – Fiscal Impacts**: describes the approach taken to calculate the fiscal impacts associated with the provision of housing for older people, and sets out the fiscal values that can be used in Green Book compliant business cases.

- **Chapter 10** – **Conclusions**: provides the final values identified from the research on wellbeing and fiscal impacts, and identifies areas for further research based on the findings of this report.

33. The main report content is supported by a supplementary report, which provides further detail on the survey questionnaire used, a more detailed presentation of survey results, further detail in relation to the fiscal impacts evidence base, and evidence from other wellbeing frameworks and associated papers.

---

[16] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

4. Approach

34. This section provides an overview of the approach used in this study. This includes:

- Detailing the approach used to identify and define wellbeing, building upon research collated and undertaken by the What Works Centre for Wellbeing.

- Articulating how wellbeing has been defined for the purposes of this research study and the domains of wellbeing that are considered to be the most impacted by an individual moving into housing for older people.

- Identifying the typologies of housing products that are designed to meet the needs of older people.

- Demonstrating the theory of change that shows the mechanisms through which the provision of housing for older people leads to improved wellbeing and fiscal savings.

Defining Wellbeing

35. Wellbeing is how we are doing as individuals, communities and as a nation, and how sustainable that is for the future. It encompasses the environmental factors that affect us and how we function in society, and the subjective experiences we have throughout our lives[17].

36. There are three key aspects to wellbeing described within WWCW's *Different People, Same Place* briefing[18]:

- **Individual/personal wellbeing**: feeling good and functioning well, affected by internal and external factors such as the physical and social context of the place where we live and personal relationships.

- **Community/collective wellbeing**: how we are doing as a community. This goes beyond just adding up the individual wellbeing of the people in that group, to include considerations of how wellbeing is distributed. Community wellbeing is defined as "the combination of social, economic, environmental, cultural and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential"[19].

- **National wellbeing**: how we are doing as individuals, communities and as a nation, and how sustainable that is for the future.

37. As outlined below in Figure 4.1, these definitions of wellbeing are not mutually exclusive; individual wellbeing sits within collective or community wellbeing, which itself sits within national wellbeing. The research has mainly focused on individual wellbeing, but it is acknowledged that this sits within other levels of wellbeing as indicated here.

---

[17] What is Wellbeing?, What Works Centre for Wellbeing website, https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/
[18] What Works Centre for Wellbeing, 2022, *Different People, Same Place*
[19] Wiseman, J & Brasher, K., 2009, *Community wellbeing in an unwell world: trends, challenges, and possibilities*

Figure 4.1: Wellbeing Framework

Source: What is Wellbeing?, What Works Centre for Wellbeing website

38. WWCW's *Understanding Local Needs for Wellbeing Data* report[20] notes that wellbeing indicators "are an interaction between external conditions, social context and personal resources". Stakeholders involved in the development of WWCW's research outlined the distinction between objective measures (i.e. income, wealth, hospital admissions, number of crimes) as well as subjective measures (an individual's perception of their wellbeing, such as satisfaction with their health, fear of crime, etc). Objective measures tend to capture a societal rather than individual perspective on wellbeing, based on material, tangible and quantitative indicators.

Domains of Wellbeing

39. To understand the domains that describe how wellbeing is measured, 16 wellbeing frameworks (or reports and discussion papers related to wellbeing frameworks) were analysed to build on the existing evidence, identify common features across these frameworks and to start understanding those features most applicable to housing for older people. The analysis included UK and international examples; further information is provided in Appendix 4 in the supplementary report.

40. Almost all of the frameworks reviewed distinguished between individual wellbeing and community wellbeing, and flagged the importance of distinguishing between the two, as well as highlighting how the two interrelate. Similarly, the majority of existing frameworks also highlighted the difference between objective and subjective measures of wellbeing. A number also noted the difference between quality of life and material living conditions in their definitions of wellbeing.

41. The frameworks used a wide range of domains and sub-domains; however, the most commonly used domains included:

- Personal or subjective wellbeing
- Health, including physical and mental
- Relationships and social connections
- Place, housing and surrounding environment
- Education
- Work and employment

---

[20] What Works Centre for Wellbeing, 2017, *Understanding local needs for wellbeing data: measures and indicators*

42. Reflecting on the different domains used by other frameworks, it was decided that the *ONS Domains of National Wellbeing*[21] presented the best starting point to identify the key domains relevant to this research and cohort group. There are ten overarching domains that are considered by the ONS:

1	Personal wellbeing	6	Personal finance
2	Our relationships	7	Economy
3	Health	8	Education and skills
4	Where we live	9	Governance
5	What we do	10	Environment

43. Across these ten domains identified by the ONS, it is the 'personal wellbeing' domain that is of most relevance to understanding an individual's own wellbeing. The ONS have defined four questions ('ONS-4') to create a harmonised standard for measuring personal wellbeing. People are asked to respond to the questions on a scale from 0 to 10 where 0 is "not at all" and 10 is "completely". These questions are set out in Table 4.1 below.

Table 4.1: ONS Four Measures of Personal Wellbeing	
Measure	**Question**
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Source: Measures of National Wellbeing, ONS, 2023

44. Data in Figure 4.2 shows levels of Personal Wellbeing in the UK have been captured through the Annual Population Survey (years 2012 to 2015). This shows average levels of personal wellbeing against each of the four questions, by age group.

45. There is considerable variation across all ages, including the age cohort that is the focus for this study (aged 65+). Overall wellbeing peaks between ages 65 to 74, with this largely linked to retirement, and individuals typically having more time to do the things they want to do whilst still being in relatively good physical and mental health. This reduces over time (with the exception of the 'anxiety' question), largely linked to a decline in physical and mental health, restricting the ability for older people to do the things that bring them higher levels of wellbeing.

---

[21] Office for National Statistics, 2023, *Measures of National Well-being Dashboard*

Figure 4.2 Personal Wellbeing Questions ('ONS-4') by age group, UK
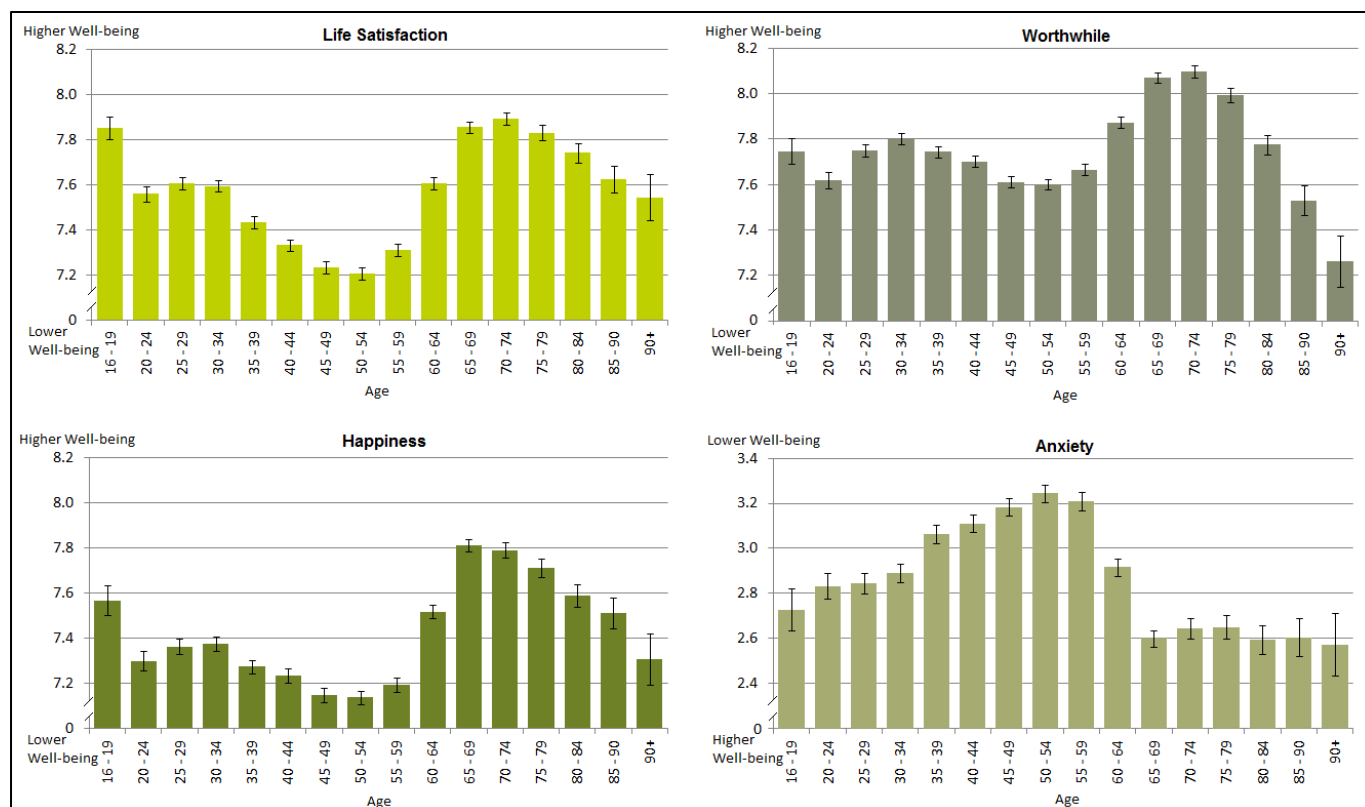
Source: ONS, see Figure 1 in Measuring National Well-being

Wellbeing Framework for Housing for Older People

46. This section sets out the wellbeing framework that has been developed for this study and so is focused on provision of housing for older people. It identifies how wellbeing has been defined (for the purposes of this research) and the domains of wellbeing that have been considered.

Definition of Wellbeing

47. For the purposes of this study, the following definition of wellbeing has been developed:

> *"How people who live in older people's housing developments are doing, individually and collectively."*

48. This definition is adapted from the ONS definition of wellbeing, which is *"'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future"[22]*. It has been adapted to make it applicable to this research, focusing on older people in specific housing/development types and looking at individual and collective wellbeing (rather than national).

49. In addition to the definition of wellbeing, there were a number of other key considerations which informed the development of the wellbeing framework:

---

[22] Office for National Statistics, 2015, *Measuring national well-being*

- The focus of the framework is largely on the **individual wellbeing** of older people, although there is scope to define and measure community or collective wellbeing using the proposed measures.

- The focus of the framework is largely on **subjective measures of wellbeing**, although again there is scope to identify objective measures within the framework. Subjective measures could be more easily implemented through the primary research for this study, and the measures align with the ONS Domains of National Wellbeing.

Wellbeing Framework

50. In developing the wellbeing framework, the most relevant ONS Domains of National Wellbeing for housing for older people were selected. Domains 1-4 (Personal Wellbeing; Our Relationships; Health; and Where we live) were identified as being the most relevant for the cohort in focus, with the potential to make a strong positive contribution to the overall wellbeing of people living in older people's housing developments.

51. The remaining domains were identified as not being as important or as relevant for measuring the wellbeing impacts associated with housing for older people, although it is recognised they will impact upon a person's overall wellbeing. Domains 5 and 6 (What we do and Personal Finance) may be impacted by the provision of older people's housing, although these were discounted due to the challenges in asking these questions through the primary research phase and their arguably more limited relevance compared to Domains 1-4.

Table 4.2: Reasons for including/excluding ONS wellbeing domains from wellbeing framework			
ONS Domains	**ONS associated sub-domains**	**Included / Excluded from wellbeing framework**	**Reason for Inclusion/Exclusion**
1 **Personal Wellbeing**	Life satisfaction Worthwhile Happiness Anxiety Mental wellbeing	✓	Key for understanding changes in individual wellbeing and for monetising wellbeing in line with Green Book guidance.
2 **Our Relationships**	Unhappy relationships Loneliness Trust People to rely on	✓	Community or collective wellbeing was identified as important to explore; these were identified as possible proxy indicators of this. Relationships were identified during scoping as important in affecting wellbeing and relevant to the focus of this study. *Unhappy relationships and trust were not covered via the survey.*
3 **Health**	Life expectancy Disability Health satisfaction Depression/anxiety	✓	An important domain (particularly in the context of older people), given adaptations of older people's housing are largely driven by health and access needs, and wellbeing levels are heavily influenced by (physical and mental) health. *Life expectancy was not covered via the survey.*
4 **Where we live**	Crime Safety Access to natural environment Access to key services	✓	In the context of a housing schemes, the importance of living conditions and feelings of safety are important to understanding how housing specifically impacts upon an individual's wellbeing.

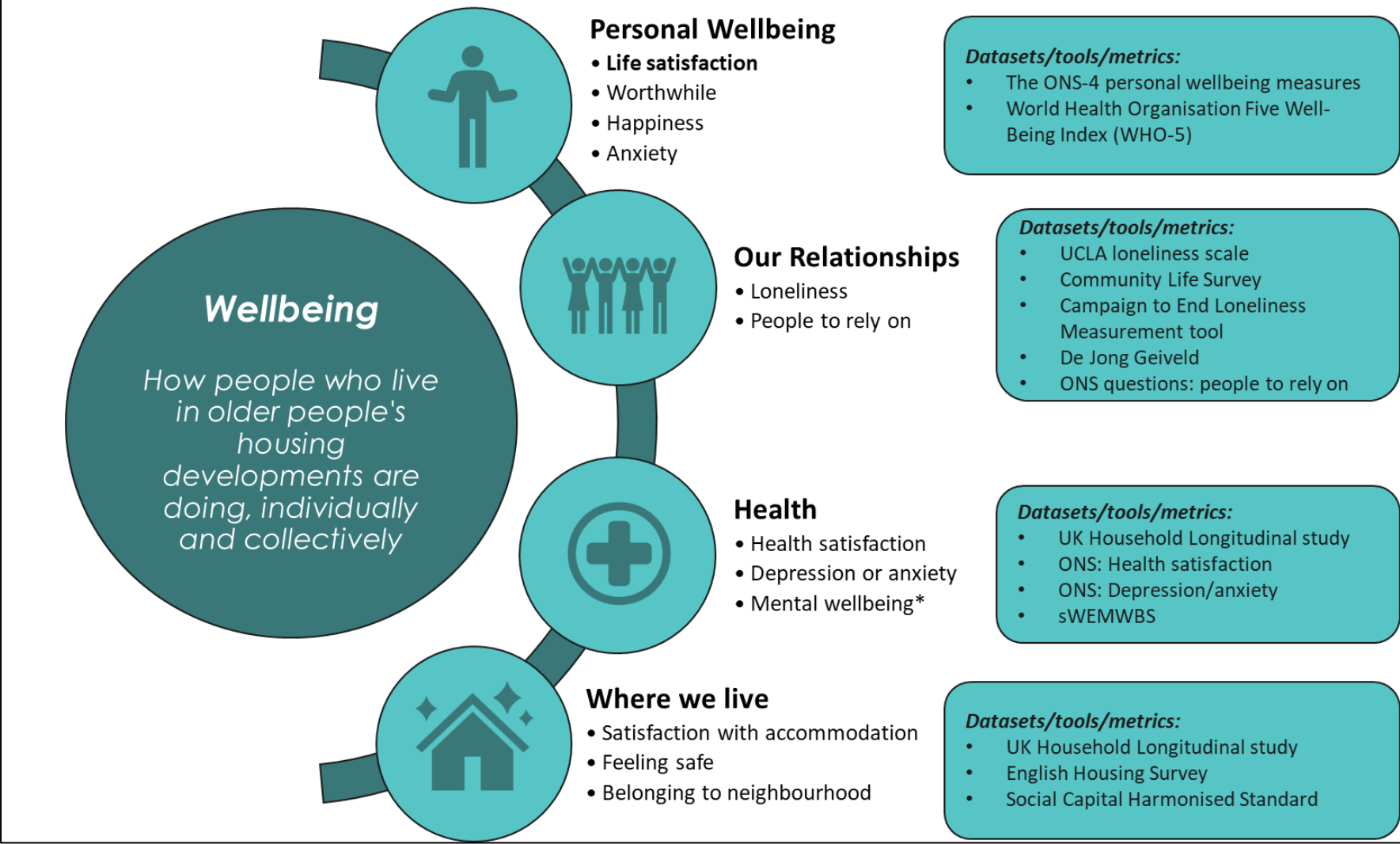|				
		Satisfaction with accommodation		*Crime and was not covered via the survey.*
5	**What we do**	Unemployment Job satisfaction Leisure satisfaction Volunteering Arts & culture participation Sports participation	X	This was considered less directly relevant to the exploration of effects of older people's housing on wellbeing than other domains, so this was excluded.
6	**Personal Finance**	Income Wealth Financial difficulties	X	Although an important factor (given the higher cost of older people's housing), this was excluded given challenges in collecting this type of information/data from older people. *The study did capture insights regarding how financially comfortable older people felt.*
7	**Economy**	Disposable income Public sector debt Inflation	X	These are largely national measures of wellbeing, so are not deemed relevant for this wellbeing framework.
8	**Education and Skills**	Human capital NEETs Qualifications	X	These are largely national measures of wellbeing, so are not deemed relevant for this wellbeing framework.
9	**Governance**	Voter turnout Trust in government Civic engagement	X	These are largely national measures of wellbeing, so are not deemed relevant for this wellbeing framework.
10	**Environment**	Greenhouse gas emissions Renewable energy Recycling	X	These are largely national measures of wellbeing, so are not deemed relevant for this wellbeing framework.

Note: not all sub-domains from the ONS framework were included in the wellbeing framework developed for this study; a further assessment of each was undertaken to decide which were the most relevant. 'Mental wellbeing' has been separated out from the Personal Wellbeing focused domain in the framework developed for this study.

52. Building upon Domains 1-4, a bespoke wellbeing framework was developed for this research, with the inclusion of the most relevant sub-domain(s) for each relevant domain defined by the ONS. As above, the most relevant sub-domains were selected based on the literature and our scoping consultations (see Chapter 5 for details), to select a pragmatic number and range thought to be most influenced through the provision of housing for older people.

53. **Life satisfaction was a central measure of wellbeing for this research** – the remaining measures were used to add more nuance to how research participants rated their life satisfaction and the key factors contributing to it. The remaining sub-domains under Personal Wellbeing all contribute to an individual's wellbeing. Similarly, the other domains – Our Relationships, Health, and Where we live, also contribute to an individual's Personal Wellbeing and overall life satisfaction.

Data for Measuring Wellbeing

54. There are a number of existing datasets that provide data regarding wellbeing. This data enables a comparison of existing indicator values in one area to a similar neighbouring area, to the national average, or to evidence change over time. Whilst this data might not always enable change to be attributed to a specific older people's housing development, it has enabled a comparator group to be developed.

55. Some of these datasets provide age-category specific data, whilst some provide geography specific data. Further information on which datasets/tools/metrics were selected for the purposes of this research is provided in the next chapter and summarised in Figure 4.3 below.

20

Figure 4.3: Wellbeing Framework developed for Older People's Housing

Wellbeing

How people who live in older people's housing developments are doing, individually and collectively

Personal Wellbeing
- **Life satisfaction**
- Worthwhile
- Happiness
- Anxiety

Datasets/tools/metrics:
- The ONS-4 personal wellbeing measures
- World Health Organisation Five Well-Being Index (WHO-5)

Our Relationships
- Loneliness
- People to rely on

Datasets/tools/metrics:
- UCLA loneliness scale
- Community Life Survey
- Campaign to End Loneliness Measurement tool
- De Jong Geiveld
- ONS questions: people to rely on

Health
- Health satisfaction
- Depression or anxiety
- Mental wellbeing*

Datasets/tools/metrics:
- UK Household Longitudinal study
- ONS: Health satisfaction
- ONS: Depression/anxiety
- sWEMWBS

Where we live
- Satisfaction with accommodation
- Feeling safe
- Belonging to neighbourhood

Datasets/tools/metrics:
- UK Household Longitudinal study
- English Housing Survey
- Social Capital Harmonised Standard

Source: SQW, 2023
*Note: * - mental wellbeing moved to 'Health' from 'Personal Wellbeing' on What Works Centre for Wellbeing recommendation*

56. As part of this research, a number of typologies of housing for older people have been adopted. The rationale for identifying these typologies during the scoping phase was to inform the later stages of the research, to enable the wellbeing and fiscal impacts of provision of each identified housing typology to be measured during the primary research and analysis phases.

57. There are a number of frameworks for categorising housing for older people, including the Homes England *Capital Funding Guide*[23] typologies, the Homes for Later Living *Healthier and Happier* report[24], the NHS *Moving to a new home: housing options* page[25], the Shelter *Older people and housing* report[26], and the ARCO *Coming of Age: Better housing options for older people* report[27].

58. The identification of the typologies proposed below was informed by desk-based research into the existing frameworks for categorising housing for older people, as well as consultation with developers regarding the different categories or types of housing they provide for older people (see Chapter 5 for details).

59. While recognising the diversity of different types of housing available for older people, the research has sought to limit the total number of typologies to facilitate the primary research stage. During consultation, developers also noted that selecting a smaller number of more general typologies was preferrable, allowing for greater readability/applicability across different developers or housing offers.

60. The selected housing typologies align with the *National Planning Policy Guidance*[28] on housing for older and disabled people, providing a pragmatic approach to capturing the range of products offered by developers of housing for older people.

Figure 4.4: Older People's Housing Typologies
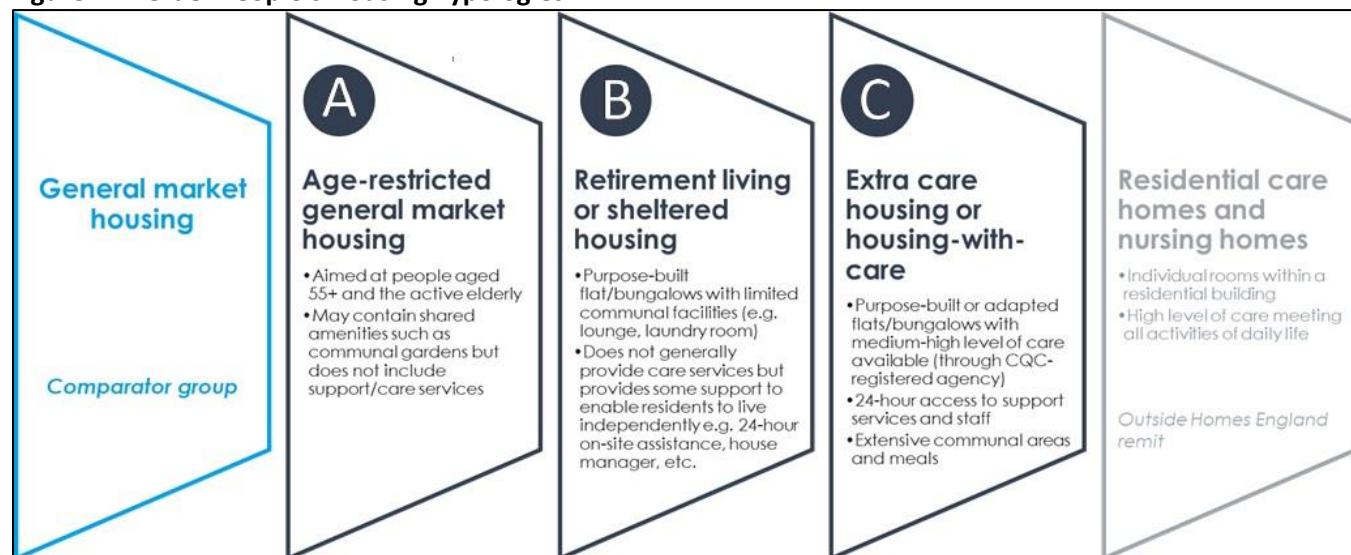
Source: SQW, 2024, based on National Planning Policy Guidance: Housing for older and disabled people, DLUHC, 2019

---

[23] Homes England Capital Funding Guide, 2023 https://www.gov.uk/guidance/capital-funding-guide
[24] Homes for Later Living & WPI Strategy, 2019, *Healthier and Happier: An analysis of the fiscal and wellbeing benefits of building more homes for later living*
[25] NHS, 2023, *Moving to a new home: housing options*
[26] Shelter, 2007, *Older people and housing*
[27] ARCO, 2020, *Coming of Age: Better housing options for older people*
[28] DLUHC, 2019, *National Planning Policy Guidance: Housing for older and disabled people*
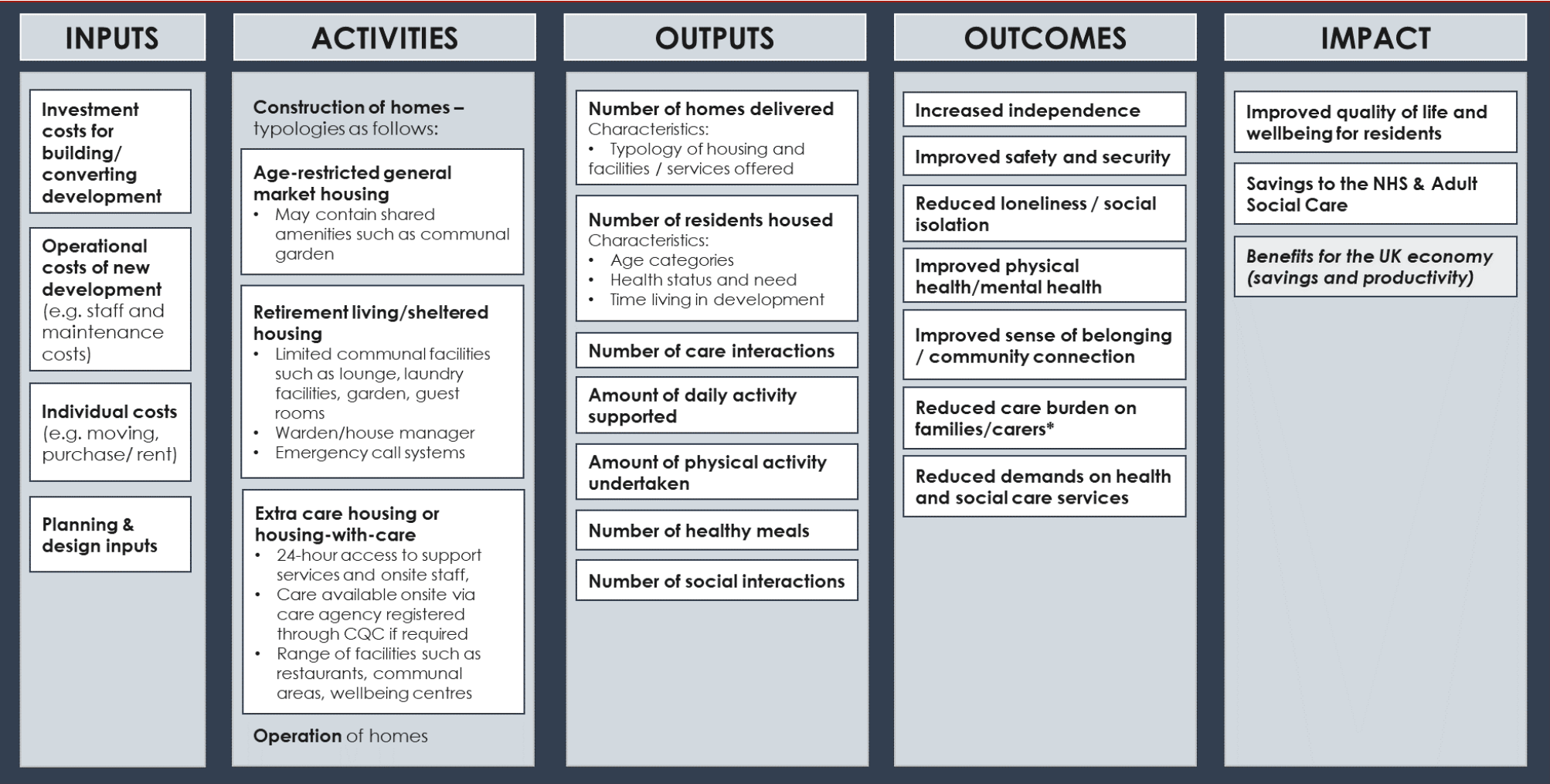
22

61. The typologies are as follows:

- **General market housing.** As part of the primary research design, a comparator group was required to compare against the impacts of the different typologies listed below. This typology refers to housing which is not designated as specific housing for older people or any other specific group.

- **Age-restricted general market housing (Typology A).** This type of housing is generally for people aged 55+ and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services.

- **Retirement living or sheltered housing (Typology B).** This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24 hour on-site assistance (alarm) and a warden or house manager.

- **Extra Care housing or housing-with-care (Typology C).** This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24 hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages – the intention is for residents to benefit from varying levels of care as time progresses.

- **Residential care homes and nursing homes.** These have individual rooms within a residential building and provide a high level of care spanning all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes. Nursing homes are staffed by Registered Nurses. **This typology is outside of the remit of Homes England and therefore was not included in the research.**

Theory of Change

62. A Theory of Change (ToC) sets out "how the intervention is expected to work and what evidence supports this thinking"[29]. ToCs are routinely used in evaluation studies and visually present the underpinning logic of a particular intervention or policy. They set out the intended inputs, activities/outputs, outcomes and longer-term or ultimate impacts expected, alongside key contextual factors and assumptions.

63. For the purposes of this study, a ToC was developed based on the evidence captured during scoping and documentary review regarding both wellbeing (including definitions, frameworks and measurement) and older people's housing developments. The ToC has informed the domains within the wellbeing framework and provides the link between each housing typology and the expected outcomes.

---

[29] Magenta Book: Central Government Guidance on Evaluation, HM Treasury, 2020. Available at:
https://www.gov.uk/government/publications/the-magenta-book

Figure 4.5: Theory of Change setting out how older people's housing contributes to wellbeing

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Investment costs for building/ converting development	Construction of homes – typologies as follows:	Number of homes delivered Characteristics: • Typology of housing and facilities / services offered	Increased independence	Improved quality of life and wellbeing for residents
Operational costs of new development (e.g. staff and maintenance costs)	**Age-restricted general market housing** • May contain shared amenities such as communal garden	Number of residents housed Characteristics: • Age categories • Health status and need • Time living in development	Improved safety and security Reduced loneliness / social isolation	Savings to the NHS & Adult Social Care *Benefits for the UK economy (savings and productivity)*
Individual costs (e.g. moving, purchase/ rent)	**Retirement living/sheltered housing** • Limited communal facilities such as lounge, laundry facilities, garden, guest rooms • Warden/house manager • Emergency call systems	Number of care interactions Amount of daily activity supported	Improved physical health/mental health Improved sense of belonging / community connection	
Planning & design inputs	**Extra care housing or housing-with-care** • 24-hour access to support services and onsite staff, • Care available onsite via care agency registered through CQC if required • Range of facilities such as restaurants, communal areas, wellbeing centres **Operation** of homes	Amount of physical activity undertaken Number of healthy meals Number of social interactions	Reduced care burden on families/carers* Reduced demands on health and social care services	

ASSUMPTIONS	CONTRIBUTING FACTORS/MECHANISMS
Willingness of resident to move into property	**Affordability of housing –** ability of resident to live comfortably and within their means
Older people's housing meets the residents' needs	**Housing design –** physical and design aspects of the housing
Older people's housing is available for the target population	**Housing environment –** the local area or neighbourhood in which the housing is located
Intended support services / facilities are available for residents to access	**Ownership model –** whether the housing is owned, rented, shared ownership etc.
	Access – the resident's access to local services, transport, community, green spaces, facilities, etc.
	Environmental sustainability – the environmental characteristics of the housing
	Stigma & identity – the subjective experience of living in this type of housing
	Objective Circumstances – this includes their current relationship status, and physical / mental health, crime levels, levels of social interaction
	Subjective Circumstances – current perspectives on their living circumstances and housing

Source: SQW, 2024

5. Primary Research Approach

64. This section summarises the primary research approach adopted for the study. An overview of the scoping activities and primary research approach is below in Figure 5.1.

Figure 5.1: Summary of Scoping Activities and Primary Research Approach
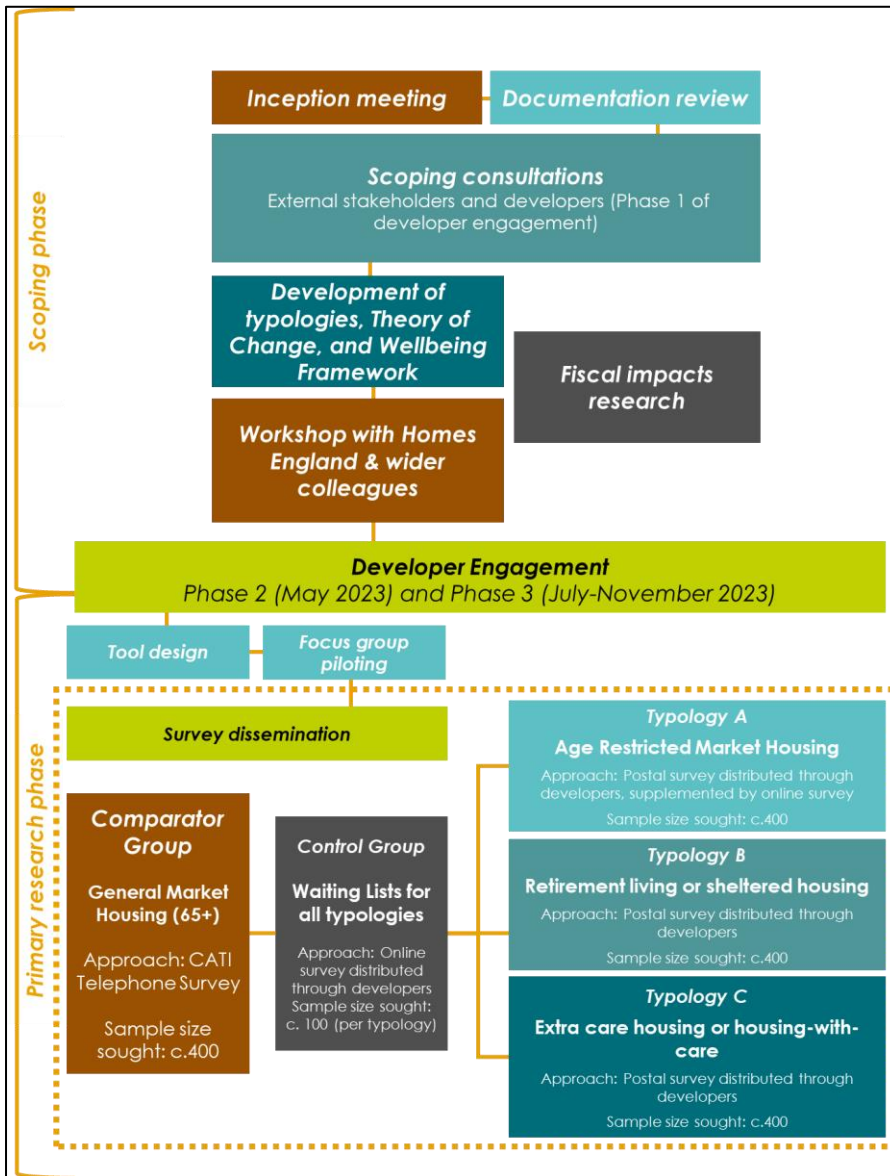
Source: SQW, 2024

Engaging with Developers

65. SQW conducted extensive stakeholder engagement with the sector throughout the study.

66. In January 2023, Homes England provided SQW with a list of representatives from 13 medium-large housing developers that provide housing for older people on a regional and national level across England. The named contacts provided by Homes England were generally at senior leadership level within each organisation. Of the 13 developers SQW contacted, eight were involved throughout the research; three initially engaged during the

initial phases of the study but did not ultimately participate in the fieldwork; two did not engage with the research.[30]

67. This stakeholder engagement consisted of three phases:

- **Phase 1 (Jan-Feb 2023).** This phase consisted of initial engagement with developers, to introduce them to the research, learn more about their organisation and their older people's housing offer, discuss any previous work they have done related to wellbeing, and get their indicative buy-in to support the primary fieldwork. Conversations were held with ten developers.

  Key feedback from this phase included:

  o All developers consulted with were keen to support the research.

  o Stakeholders highlighted the importance of clearly defining the cohort that the study would focus on, as 'older people' is a broad categorisation which may be interpreted differently in different contexts or by different organisations.

  o Developers highlighted the importance of sense-testing any research tools with older people in advance of rolling the tools out more widely.

- **Phase 2 (May 2023).** This phase consisted of follow-up conversations with developers to inform tool design, to sense-test the typologies and how they aligned with developers' own offers. These conversations with developers were also used to discuss practical elements of survey dissemination, such as developers' views on the preferred format for the survey and how many surveys each developer may be able to disseminate. Conversations were held with nine developers.

  Key feedback from this phase included:

  o Developers felt that the typologies largely aligned with their own housing offer, acknowledging that there would be some nuances/differences in wording between developers.

  o The majority of developers consulted felt that a postal survey would be the most effective method to disseminate the survey (although a smaller number of developers felt in-person and online options, or a mixed method approach should also be offered). One developer suggested a digital-first approach, offering an online survey with the follow-up option of requesting a paper survey instead.

  o Developers consulted were willing to support the dissemination of the survey and agreed to put us in touch with regional or scheme managers who could assist with the dissemination of the postal surveys.

  o The majority of developers consulted were willing to support the delivery of focus groups in their settings to sense-test the research tool in advance of dissemination.

  o Developers expressed reservations about the feasibility of a comparator group with people on waiting lists. This was for a number of reasons, including data protection concerns, sensitivities to do with marketing to prospective customers, fluctuating numbers on waiting lists, a lack of relationship with these individuals (which was flagged as limiting the developers' scope for encouraging them to complete it), and waiting lists being held with other organisations e.g. local authorities. Developers

---

[30] In addition, a further three developers participated solely in Phase 3 of the research.

consulted felt that the most feasible way of engaging with individuals on waiting lists would be an online survey, although a number still noted that it would be difficult to share surveys with this cohort.

- **Phase 3 (July-November 2023).** From this phase onward, SQW engaged with developers on an ad hoc basis, to discuss the practicalities of the primary research such as the number of surveys they would receive for each scheme, the named contact(s) who would disseminate the survey, disseminating the survey itself and answering any queries related to the dissemination of the survey. For medium-size developers, SQW liaised directly with regional or scheme managers, while with larger developers, SQW liaised with a point of contact from their central office, who then managed the communications with regional and scheme managers**.**

  o All engaged developers received a detailed email in August 2023 outlining the agreed primary research approach and a request to confirm exactly how many surveys they would be happy to disseminate.

  o While this phase largely focused on the logistics of disseminating the survey, developers did share some feedback during these conversations. Scheme managers noted that response rates were likely to be higher if residents were notified of the survey in advance. As such, SQW developed posters advertising the survey for scheme managers to display in their settings and also provided wording to developers to include in any newsletters or communications with residents.

Primary Research Tool Design

68. Following sign-off of the wellbeing framework, a primary research tool was developed. Initially, the measures and indicators used in a number of datasets, tools and questionnaires that provide data regarding wellbeing were reviewed. These were compared against the domains and sub-domains identified in the wellbeing framework to ensure as many questions as possible were from recognised and validated tools. These included:

- The ONS-4, a widely recognised tool used by the ONS (and more widely) to measure personal wellbeing through subjective reports of satisfaction, purpose, happiness and anxiety.

- The Community Life Survey, a survey focused on social cohesion, community engagement and social action which includes questions on loneliness.

- The English Longitudinal Study of Ageing, a longitudinal survey focusing on the English population aged 50+ and containing questions on a range of different areas, including loneliness (using the UCLA loneliness Scale, a scale designed to measure subjective feelings of loneliness as well as feelings of social isolation).

- The English Housing Survey, a national survey of people's housing circumstances which includes questions on relationships, community and accommodation.

- The Shorter Warwick-Edinburgh Mental Wellbeing Scale (sWEMWBS), a widely recognised tool available via license, that enables the measurement of mental wellbeing.[31]

- The UK Household Longitudinal Study, a longitudinal household panel study which includes questions on a range of different areas including health satisfaction, satisfaction with accommodation, safety and belonging.

69. Table 5.1 details the specific questions that were then selected from each of these validated datasets or surveys to address each domain and sub-domain.

---

[31] sWEMWBS was developed by the Universities of Warwick, Edinburgh and Leeds in conjunction with NHS Health Scotland.

70. A range of bespoke questions were also included, to address topic areas that had been flagged as important during scoping conversations and the stakeholder workshop, but were not appropriately covered by existing tools.

71. A selection of demographic questions were also included within the survey to enable comparisons to be made between different groups and characteristics in the analysis. These questions were largely based on the wording used in the latest Census.

72. The final survey questionnaire is included in Appendix 1 in the supplementary report.

Table 5.1: Primary research tool questions and corresponding (sub-)domains			
Domain	Sub-domain	Question	Question source
Personal wellbeing	Life satisfaction	Overall, how satisfied are you with your life nowadays?	ONS-4
	Worthwhile	Overall, to what extent do you feel that the things in your life are worthwhile?	ONS-4
	Happiness	Overall, how happy did you feel yesterday?	ONS-4
	Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?	ONS-4
Our relationships	Loneliness	How often do you chat to your neighbours, more than just to say hello?	Community Life Survey
		How often do you feel that you lack companionship?	UCLA Loneliness Scale; English Longitudinal Study of Ageing
		How often do you feel left out?	
		How often do you feel isolated from others?	
		How often do you feel lonely?	Community Life Survey
	People to rely on	To what extent do you agree or disagree with the statement 'If I needed help, there are people who would be there for me'?	English Housing Survey
Health	Health satisfaction	Please choose the number which you feel best describes how dissatisfied or satisfied you are with your health.	UK Household Longitudinal Study
	Depression or anxiety	Below are some statements about feelings and thoughts in relation to optimism, feeling useful, feeling relaxed, dealing with problems well, thinking clearly, feeling close to other people, being able to make up my own mind about things.	sWEMWBS[32]
	Mental wellbeing		
Where we live	Satisfaction with accommodation	Please choose the number which you feel best describes how dissatisfied or satisfied you are with your house/flat.	UK Household Longitudinal Study
		Does your house/flat have any of the following? Please tick all that apply. Damp and/or mould; Overcrowding; Too much space; Draughts from windows/doors.	Bespoke
	Feeling safe	How safe do you feel generally when you are at home on your own?	Bespoke
	Belonging to neighbourhood	To what extent do you agree or disagree with the statement 'I feel like I belong to this neighbourhood'?	UK Household Longitudinal Study

---

[32] sWEMWBS was developed by the Universities of Warwick, Edinburgh and Leeds in conjunction with NHS Health Scotland.

Focus Group Piloting

73. Based on the initial draft of the survey, nine in-person focus groups were conducted with individuals currently living in housing for older people, to sense-test the research tool, survey questions, accompanying cover letter and privacy notice. These focus groups ranged in size from 4 to 11 participants (with a total number of 58 focus group participants, including two support workers) and were conducted in settings of varying sizes across the country and across all three typologies.

74. Participants each received a high street voucher as a 'thank you' for their time. Access to residents was facilitated by the developers, who connected the research team with scheme managers to set up the focus groups. A breakdown of area, typology and number of participants is outlined in Table 5.2.

Table 5.2: Focus Group piloting		
Area	Typology	Number of participants
Bolton	Age-restricted general market housing (Typology A)	6
Hull	Age-restricted general market housing (Typology A)	5
London	Retirement living or sheltered housing (Typology B)	4
London	Retirement living or sheltered housing (Typology B)	7 (including 1 support worker)
Bristol	Retirement living or sheltered housing (Typology B)	5
Surrey	Retirement living or sheltered housing (Typology B)	11 (including 1 support worker)
Kent	Retirement living or sheltered housing (Typology B)	7
Kent	Retirement living or sheltered housing (Typology B)	6
Luton	Extra Care housing or housing-with-care (Typology C)	7

Source: SQW, 2024

75. Feedback on the research tool was generally positive, with focus group attendees reporting that the survey and cover letter were clear and easily understood. Participants generally reported that they would be interested in completing the survey if they received it and would understand how to do so.

76. The focus group attendees also offered some feedback and recommendations. These included:

- A number of focus group participants felt the cover letter should open with high-level bullet points to 'grab people's attention' and make clear the aims and objectives of the study. SQW added a summary box to the first page of the cover letter to present key information up front.

- Participants in one focus group stated they would like more information as to the purpose of the survey and exactly how the data they were being asked for would be analysed and used by Homes England. SQW added more information to the summary box.

- The focus groups were offered versions of the survey in size 14 font and size 12 font – participants generally preferred the larger print versions. SQW produced all survey materials (including the cover letter) in size 14 font for dissemination.

- The majority of participants said they would not find it difficult (emotionally) to complete the survey. However, a minority of participants stated that the ONS-4 questions (which were the first questions in the

survey in the original draft) felt quite personal and might deter people from completing the rest of the survey. SQW reordered the survey to open with the 'Where we live' questions instead of the ONS-4 questions.

- SQW removed a small number of survey questions that were included in the initial draft based on questions raised regarding their suitability.

Dissemination of the Survey

77. As outlined above, the survey was delivered in three ways: via a postal survey, an online survey, and a telephone survey (for the general population comparator group).

78. SQW partnered with Qa Research, who were responsible for providing the printed survey materials, receiving and inputting the returned surveys, and delivering the CATI telephone survey. SQW facilitated the delivery of the online version of the survey via SmartSurvey software.

79. The option of Qa Research delivering in-person, face-to-face surveys to residents was also explored to ensure the survey was accessible to those unable to complete a written survey. This option was offered to a number of developers; however, this proposed approach was discontinued for a number of reasons:

- Developers reported that individuals who may have difficulties completing a paper-based postal survey by themselves would likely already be receiving support, and would likely prefer to receive support to complete the survey from a known support worker rather than an external researcher.

- Developers felt it would be difficult to predict in advance how many individuals might benefit from a face-to-face survey (vs. completing a paper-based version of the survey), which raised logistical challenges in organising researcher visits to sites.

  o Additionally, typology C developers did not feel there were any of their settings in particular that would benefit from the offer of face-to-face surveys and explained that residents with higher support needs tended to be evenly spread across developments, rather than concentrated in a number of them. As such, they were unable to suggest specific sites that would be particularly beneficial for researchers to visit to deliver face-to-face surveys.

- Developers felt that individuals may be uncomfortable completing the survey face-to-face given the personal and potentially sensitive nature of some of the questions.

80. Based on these insights, the face-to-face survey element was not implemented.

Postal Survey

81. A total of **3,687 individual postal surveys**, cover notes and postage paid return envelopes were provided to developments, sent via courier to the addresses provided by the point of contact from each developer.

82. The number of surveys sent to each development was based on the total number requested by the scheme manager, ranging from five surveys to more than 300 surveys. The breakdown of surveys sent by typology is below; the target number of returns for each typology was 400 responses. The aim was to supplement the relatively lower figure of surveys sent to typology A (age-restricted general market housing) schemes by offering online surveys to residents in this typology, as outlined below.

Table 5.3: Postal survey figures	
Typology	Number of surveys sent
Age-restricted general market housing (Typology A)	828
Retirement living or sheltered housing (Typology B)	1,130
Extra Care housing or housing-with-care (Typology C)	1,729

Source: SQW, 2024

83. The surveys were disseminated in w/c 9th October 2023 via courier, with the return deadline listed as Friday 10th November 2023. Each participating centre/scheme manager received a briefing note, a copy of the survey for their own reference, and a poster to promote the survey (in addition to wording via e-mail), alongside survey packs to distribute to their residents.

84. The postal surveys were shared with a total of **91 housing schemes across the country**. Figure 5.2 outlines the geographical spread of schemes that received surveys as part of this study.

Figure 5.2: Housing schemes that received surveys
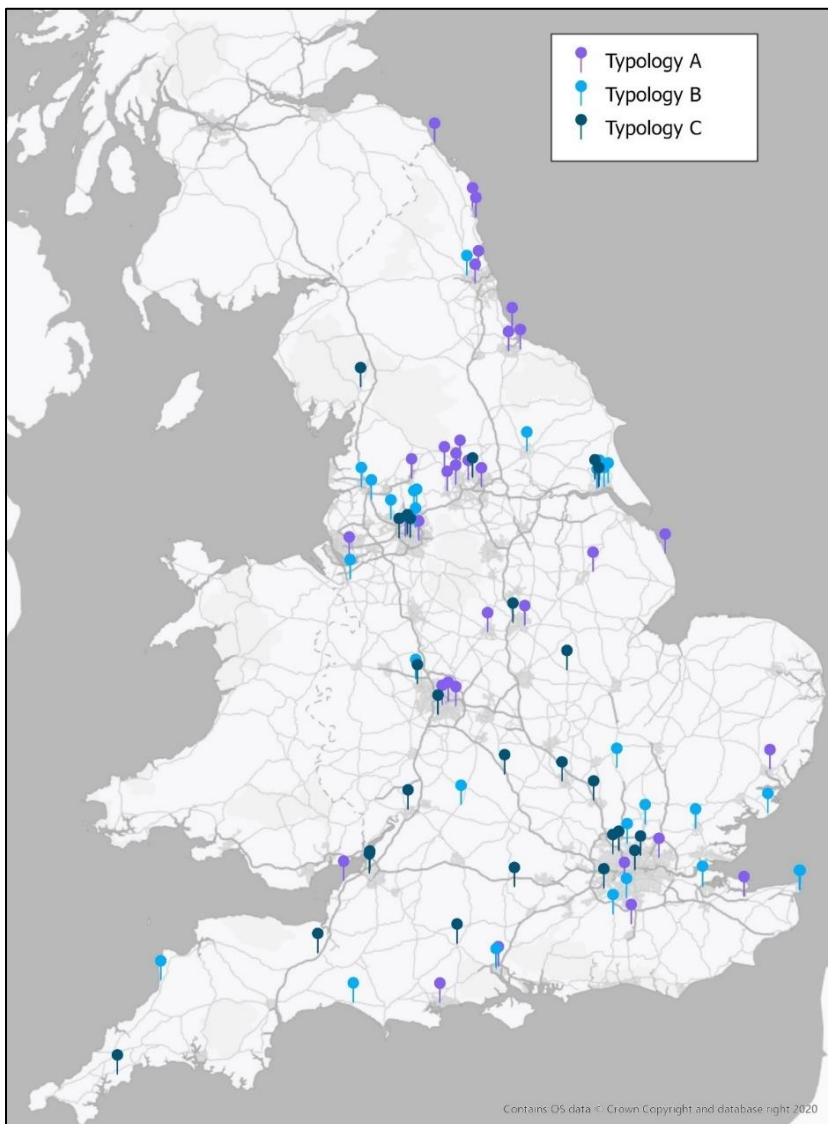
Source: SQW, 2024

85. SQW received regular updates from Qa Research on response rates as surveys were returned. SQW sent two rounds of reminders to developers to ask them to encourage residents to complete the survey.

Online Survey

86. Following consultation with developers, it was decided that an online survey would be the most appropriate method of disseminating a survey among individuals on waiting lists for housing for older people. However, only two developers held a database of individuals on waiting lists that they were willing to share the survey with. **The total number of people on waiting lists who were sent an online version of the survey was approximately 678.**

87. Given the lower number of surveys requested by developers for typology A, SQW decided to supplement this by also offering the option of an online version of the survey to typology A developments. This decision was made following discussions with developers who noted that people living in typology A were less likely to have on-site staff and were generally less likely to engage with the developer than people living in typology B or C (who were more likely to have on-site support or facilities). Therefore, this cohort was likely to be less well reached by the research. Three developers agreed to share an online version of the survey with residents in typology A.

88. The **total number of people in typology A who were sent an online version of the survey was approximately 287**.

Telephone Survey

89. Qa Research delivered a telephone survey with members of the general population aged 65+ to act as a comparator group. The telephone survey took place throughout September to November 2023. Qa Research utilised target quotas based on ONS census 2021 data for age, gender and English region, to ensure **the sample of 400 comparator interviews** was broadly representative of adults aged 65+ in England living independently (a filter question was added to the telephone survey to ensure all respondents were living independently i.e. not living in an older people's housing setting).

Limitations of Approach

90. The study was conducted to address the research brief within the resources available and required timescale. When considering the content outlined in this report it is important to note the following key considerations or limitations.

- **Pragmatism versus rigour**: it was important that this study generated robust insights and evidence which stands up to scrutiny. It was also important that it was delivered pragmatically and with a view to producing practical, meaningful outputs. The research approach agreed with Homes England was structured to strike an appropriate balance between these two priorities.

- **Consultations with sector stakeholders**: medium-large developers of housing for older people were primarily engaged, as opposed to smaller developers operating in this space. This was to ensure we prioritised our focus on those most actively developing at scale within the sector, given resource and timescale constraints for the study. This may mean however that the typologies developed or elements of the ToC are not fully reflective of the sector more widely.

- **Variation even within typologies**: older people's housing varies widely in quality and cost, just as standard market housing does. It also varies in how it is financed and the facilities on offer, including within

34

typologies. Those using this research should be mindful of the potential effects this variation may have on residents' wellbeing and the fiscal impacts associated with housing for older people.

- **Older people are not one homogenous cohort**: it is important to note that older people are a diverse cohort, with different levels of ability and mobility, diverse wishes, and subject to different external factors which may affect their wellbeing and/or their housing situation.

- **Definition development**: a definition of older people within scope was developed alongside a definition of wellbeing associated with older people's housing. These definitions were developed for the purposes of this study. The definition of older people should be used flexibly to ensure the outputs and findings are applicable to all relevant cohorts of older people.

- **Difference in data collection method**: whilst a standardised survey was delivered to those in each typology and the comparator and control groups, the formats differed – from self-completion postal surveys to online surveys and telephone interviews. It is possible that the format of data collection may have affected people's responses; for example, people conducting an interview with a researcher over the telephone may have been more inclined to give socially desirable responses than those completing an anonymous postal survey.[33]

- **No 'before and after' data:** it has not been possible to capture data from the same cohort of people at multiple time points; for example, prior to and after moving into housing for older people. To mitigate for this and to explore how similar or different the individuals in the different cohorts may be, data on wider variables was captured, which was used as part of the analysis.

- **Snap-shot in time**: the data presents a snap-shot in time of people's feelings and housing circumstances; it is possible that on another day their responses may have been different.

---

[33] In general, it is expected that people may report higher scores when someone is helping them by reading out items or filling in the questionnaire, as was the case with a telephone survey of the comparator group (Collect, score, analyse and interpret WEMWBS (warwick.ac.uk)). As a result, our estimates of the differences in self-reported wellbeing between the comparator group and typologies may be conservative.

6. Respondent Profile & Analysis of Primary Research Data

91. This section of the report presents the descriptive analysis of the survey returns, identifying the distinguishing features of each group in the sample.

92. As discussed in Section 4, research participants fall into a structure of: one comparator group (general market housing) and three study groups, defined by the older people's housing typology (A, B and C).

93. The description in this section focuses on survey responses in relation to respondents' characteristics, whether or not they give or receive care, the quality of their housing, and length for which they have lived there. Further, this section introduces the wellbeing measures that are the core subject of analysis in determining the effect of housing type on older people's wellbeing.

94. Survey results that are not relevant to the econometric analysis are presented in Appendix 2 of the supplementary report.

Sample

95. In total, **1,286 people provided usable responses to the survey**. Table 6.1 presents the breakdown of the sample by typology. The target sample of 400 for typology C was exceeded, 400 responses were secured for the comparator group, but fewer responses were collected from residents in the other two typologies. Notwithstanding, **ex-ante power calculations that were carried out before any data analysis suggested that the sample sizes would allow for the identification of 'medium' differences in wellbeing between typologies** (approximately 0.3 of a standard deviation observed in the data).[34, 35]

96. The 'margin of error' of the survey sample was also investigated. For example, the standard errors presented in the rightmost column in the table below demonstrate the high levels of confidence in the mean self-reported life satisfaction scores (on a 0 to 10 scale). If a re-sample was undertaken (collect new data from the population) it would be expected that the average life satisfaction would be within two standard errors from the value observed in our sample.

---

[34] Statistical power is a measure of the ability to identify a relationship when it is actually present in the data.
[35] For categorisations of effect sizes see e.g. Sawilowsky, S.S., 2009. New effect size rules of thumb. *Journal of modern applied statistical methods*, 8(2), p.26.

Table 6.1: Breakdown of survey sample			
Typology	Size of group (n)	Proportion of overall survey	Standard error in life-satisfaction scores (0-10 scale)
General market housing	400	31%	0.09
Age-restricted general market housing (typology A)	154	12%	0.19
Retirement living or sheltered housing (typology B)	295	23%	0.13
Extra Care housing or housing-with-care (typology C)	437	34%	0.09
Total	1,286	100%	-

Source: SQW, 2024

97. The first observation is to note that the typologies are characterised by the ages of respondents. As per the research design, the comparator group (general market housing) was filtered to include only people aged 65 and over. There were almost no people in the comparator group who were over 85 years old. Of the over-85s who responded to our sample, two-thirds were in typology C (extra-care housing or housing with care). This is important to note as from the previous Chapter it is shown the wellbeing declines from age 75 onwards (peaking at 70-74); therefore it is assumed that the comparator group is likely to have a higher level of wellbeing (given the age profile of respondents). Age is therefore something that is controlled for in the analysis in Section 8 alongside other variations in key characteristics and determinants of life satisfaction.
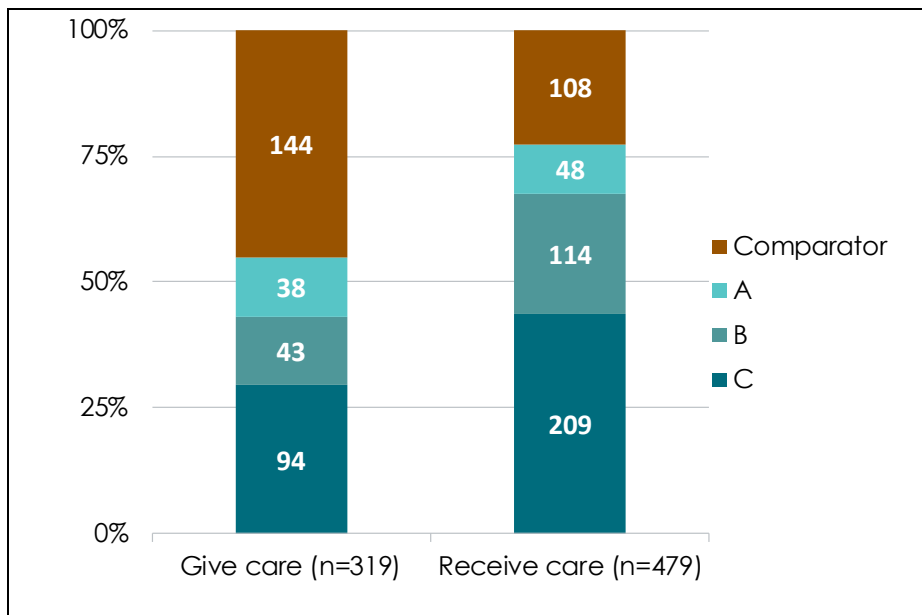
Figure 6.1: Typology by age group
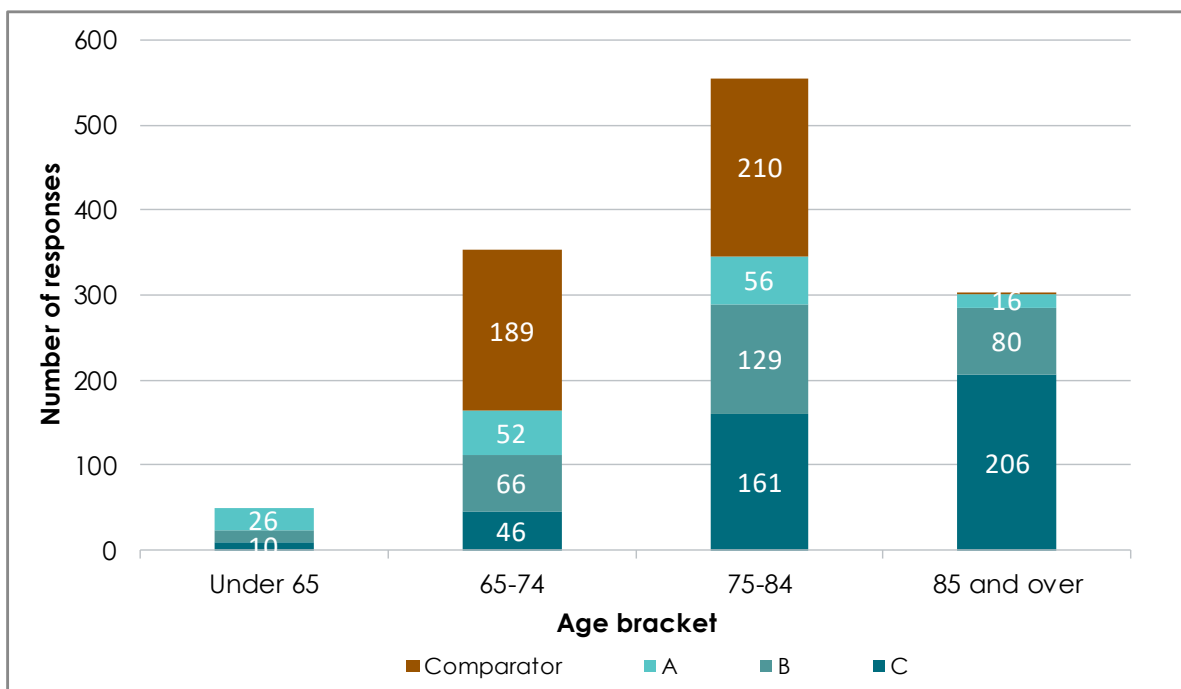
Source: SQW, 2024
Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

98. In the comparator group, 36% reported that they give care to someone else, compared to 27% who reported receiving care. In contrast, 22% of typology C respondents reported that they give care, whilst 48% reported receiving care.

Figure 6.2: Typology by giving / receiving care status

Source: SQW, 2024

Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

Housing

Quality of Housing

99. **The condition of housing tended to be reported as good across the whole sample,** with only 284 (22%) identifying experiencing damp, overcrowding, draughts, and/or too much space.

100. However, **almost all respondents (1,207 or 94%) reported at least one aspect being absent in terms of what they could access in their housing (specifically, access to social activities, communal space, outdoor space, and carers or support workers)**. This predominantly relates to access to carers or support workers – excluding that element from the analysis resulted in only 406 (32%) people reporting that they cannot access at least one of the aspects explored.

101. In terms of accessing carers or support workers, across the whole sample 578 (45%) stated that they could access carers "all of the time," a further 239 (19%) stated they had access only "at certain times" with the remaining 469 (36%) stating they did not have access at either "all" or "certain" times.[36] As expected, people from typology C were more likely than those from typology A to report having access all the time, with B being in the middle (the rates for A, B and C were 18%, 25% and 66% respectively for having access to carers or support workers "all of the time").

---

[36] This split is inferred from two questions about access "at all times" and "at certain times but not at all times." Some respondents provided a positive response to both of these options, but they were intended to be mutually exclusive. Positive responses to the first question are taken as access at all times, regardless of the answer to the second. A negative answer to the first and positive to the second is taken as access only at certain times. A negative answer to both questions is interpreted as no access at any time.

102. The survey asked about three categories of negative characteristics of housing: physical problems with the accommodation itself (top row in Figure 6.3, below), limitations regarding the respondents' use of the property (middle row in Figure 6.3), and certain spaces to which they do *not* have access (bottom row in Figure 6.3). Respondents from typology A (age-restricted general market housing) were much more likely to report these. The responses from residents in typologies B (retirement living or sheltered housing) and C (Extra Care housing or housing-with-care) were fairly similar to one another. People in the comparator group more often reported physical problems with their home and less often reported problems with their use of the space (e.g. temperature control).

Figure 6.3: Rate at which respondents indicated the following characteristics associated with their housing situation.
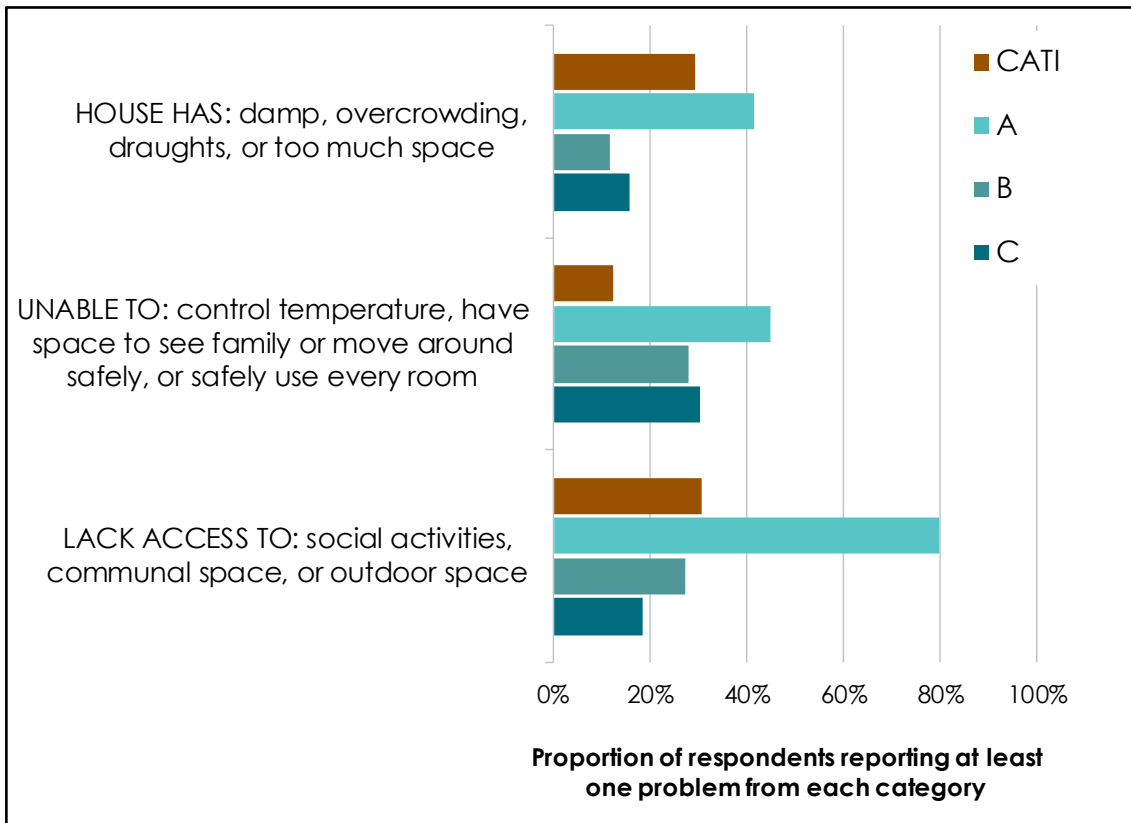
Source: SQW, 2024

Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

103. Overall, these data portray typologies B and C as having more appropriate facilities, space or characteristics for their residents. Consider also that 79% of typology B (retirement living or sheltered housing) and 84% of typology C (Extra Care housing or housing-with-care) respondents rated their satisfaction with their housing as six or seven out of seven (where seven is highest), versus just 66% of typology A respondents. The comparator group reported even higher satisfaction with their home at 88%. As such, the picture is complex, given that **general market housing may be less appropriate for people as they grow older, but that the residents are likely more adapted to living there**.

Duration of Residence

104. Table 6.2 shows the duration for which survey respondents have been living in their accommodation.

Table 6.2: Responses to question, "how long have you lived in your home for?"		
Typology	**Less than four years in current home**	**More than four years in current home**
General market housing	2%	98%
Age-restricted general market housing (typology A)	34%	66%
Retirement living or sheltered housing (typology B)	40%	60%
Extra Care housing or housing-with-care (typology C)	55%	45%

Source: SQW, 2024

105. As the data indicate, the comparator group have typically lived in their property for over four years. 'Progressing' through the typologies from A to C, there is a pattern of people typically having lived in their current home for shorter periods of time.

106. Given that almost every respondent in comparator group has spent over four years living in their home it is impossible to directly control for the duration of stay in the regression models (see next section; those models attempted to disentangle the statistical relationship between typologies and wellbeing from other influencing factors). Considering that any effect associated with moving into one of the typologies can be expected to be temporary, an alternative approach to analyse the time profile of wellbeing impacts was needed. Two separate models (for those who spent either less or more than four years in their housing) were built to compare the levels of life satisfaction in each of the typologies and general market housing.

Wellbeing

107. Beyond capturing satisfaction with housing, **the survey included several questions to assess life satisfaction overall and specific components of wellbeing**. These included **the ONS-4**, which comprises four questions on personal wellbeing, the responses to which are directly monetisable in the *Wellbeing Guidance for Appraisal*,[37] as well as the sWEMWBS and other measures targeting health, relationships, community, and housing. To give a brief profile of survey respondents, and to underpin the analysis discussed in the following section, this subsection focuses on responses to the ONS-4 life satisfaction question, the Community Life Survey question on loneliness and sWEMWBS responses.

108. The ONS-4 question asks respondents how satisfied they are with their lives on a scale of 0 to 10. According to the ONS, in the UK people in the 65+ age range report life satisfaction scores of, on average, 7.54 to 7.89. As Figure 6.4 shows, the data from SQW's survey provide a comparable picture, with the distribution peaking at scores of 8 and 10 (accounting for around a half of responses). Combined with the relatively tight standard errors in the survey (as discussed above), this finding provides reassurance that the **sample was broadly representative of the target population**.

---

[37] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Table 6.3: Life satisfaction scores (ONS-4)	
Typology	**Average life satisfaction**
General market housing	**8.24**
Age-restricted general market housing (typology A)	7.03
Retirement living or sheltered housing (typology B)	7.56
Extra Care housing or housing-with-care (typology C)	7.70
National life satisfaction (for 65+)	7.54 – 7.89

Source: SQW, 2024

Figure 6.4: Distribution of ONS Life Satisfaction scores.
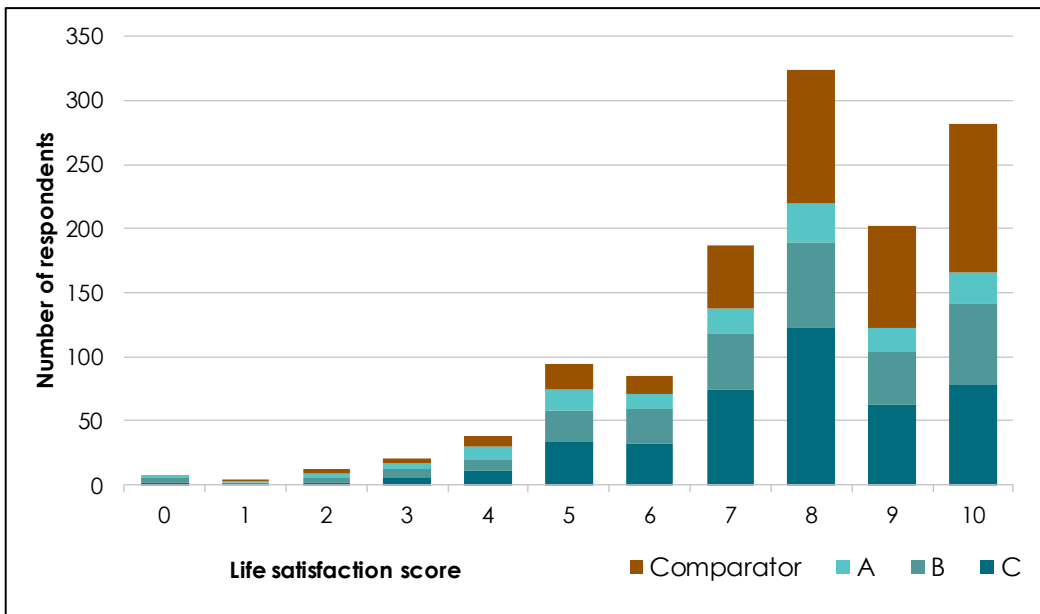
Source: SQW, 2024; Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

109. In terms of feeling lonely, descriptively, typologies B and C score more positively on this indicator than typology A (i.e. report that they feel lonely relatively less often). The comparator group reported even lower levels of loneliness. However, these differences are likely to be driven (at least partly) by underlying differences in characteristics of respondents (such as age), which is supported by the results of econometric analysis discussed in the following section.

41

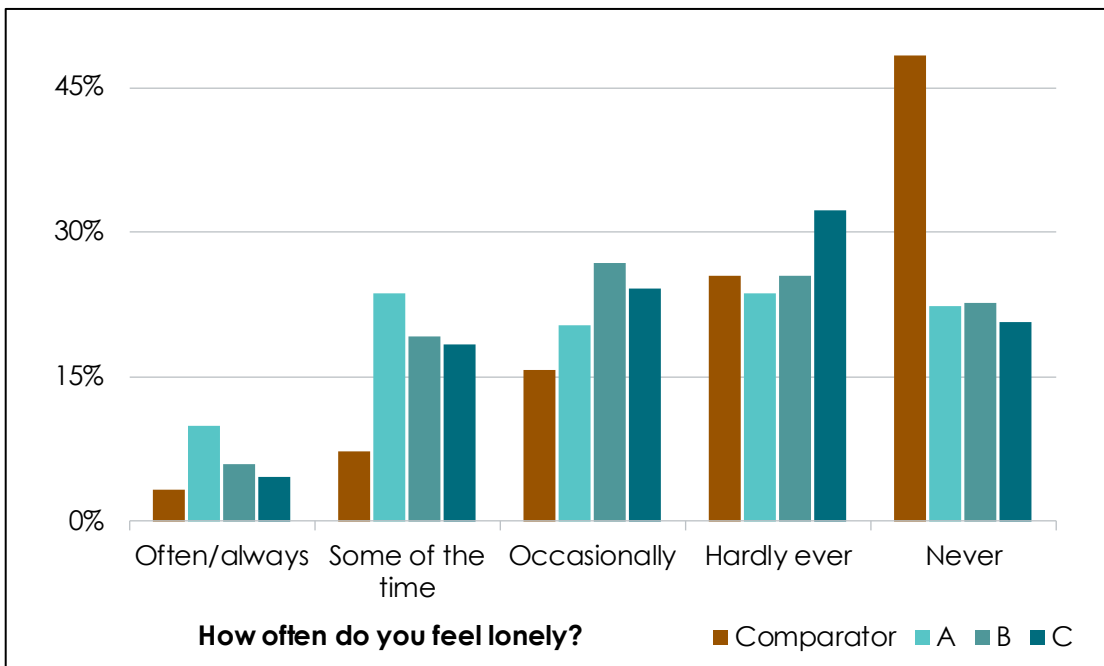**Figure 6.5: Responses to the Community Life Survey question on loneliness**
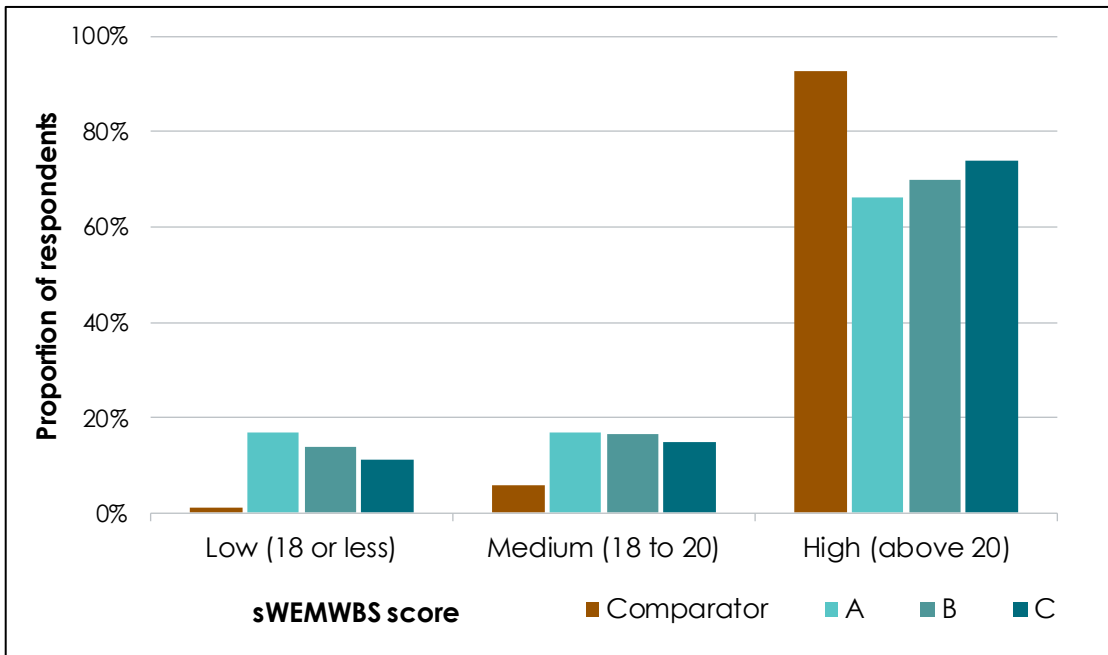

Source: SQW, 2024

Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

110. Finally, the sWEMWBS results (charted below) exhibit a similar pattern. The majority of survey respondents are above the mentally healthy threshold (i.e. scoring above 20), while 25-35% of respondents from typologies A-C would be classified as possibly having some form of depression.[38] For the comparator group, this proportion is 7%. As above, these data should be interpreted as the raw survey results rather than differences specific to each typology, since other variables have not been controlled for in this analysis. For example, poor physical health is a factor that could both cause a person to move out of general market housing *and* increase the likelihood of depression.

---

[38] See, Warwick Medical School, *Collect, score, analyse and interpret WEMWBS*. Scores of 18 or less are an indication of probable clinical depression, of 20 or less are an indication of possible mild depression, and scores above 20 have no indication on mental health.

42

Figure 6.6: Responses to sWEMWBS questions

Note: A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C)

Summary

111. The raw survey results indicate that respondents in the general market housing comparator group are less likely to be in the oldest age bracket, more likely to have lived in their home for longer, report feeling less lonely, report better mental health and are more likely to be providing care rather than receiving it. The causation cannot be assessed, only correlation. An explanation may be that **as the challenges of living increase with age, people need to move into more appropriate housing and this can introduce further problems around community immersion and adapting to the new space while their needs and requirements are increasing.** For example, the data suggest that typology A residents are more likely to report that features or access are lacking or there are certain defects with their housing, particularly when it comes to having access to carers or support workers. Beyond this, **a more thorough analysis is required to understand the relationship between typologies and wellbeing. The following section attempts to isolate this relationship from the influence of other factors.**

7. Econometric Analysis of Primary Research

112. This section of the report presents the results of our econometric analysis. The analysis investigated the **average differences in wellbeing of survey respondents across housing typologies after controlling for the variation in key observable characteristics and determinants of life satisfaction** (such as age, health, quality of housing). For conciseness, we present only the main estimates of interest here. Full regression outputs can be found in Appendix 2 in the supplementary report.

113. While the research has been **unable to definitively demonstrate a causal link** between living in a particular typology and life satisfaction – due to not tracking the same individuals as they moved between typologies – the **statistical models used are founded in the wellbeing framework and theory of change**. Therefore, any **differences the models attribute to typologies can reasonably be used to inform the monetisation of wellbeing in appraisals**.

114. Considering the self-reported nature of the data, available sample sizes and policy area, **prior to the analysis** it was determined that any relationships that are statistically significant at the 10% level would be of policy significance. In other words, a 10% chance to be wrong is allowed for when concluding that a relationship exists. For transparency, p-values are also presented to allow those using the research to draw conclusions if they wish to use a different threshold (e.g. the 5% level).[39] All key findings meet the traditional criteria of significance at the 5% level.

115. Related to the above, **before conducting any regression analysis, the ONS-4 life satisfaction question (on the 0-10 scale) was identified as the main outcome area of interest**. This decision was taken to avoid 'cherry picking' the most positive result during the triangulation stage of the work, since the probability of finding a statistically significant relationship purely by chance increases when the same data is used to analyse several outcomes. The ONS-4 life satisfaction metric is often considered to be the main tool that can be used to monetise wellbeing impacts, and out of all measures available is the most general (i.e. covers the widest set of dimensions in which housing can influence wellbeing).

Life Satisfaction

Differences in the Key ONS-4 Life Satisfaction Measure

116. The analysis suggests that, controlling for observable characteristics, **on average those completing the survey who reside in typologies A, B and C reported higher life satisfaction scores than respondents living in general market housing**. The differences are approximately 0.3 on the 0-10 scale. The results are statistically significant at the 5% level for typologies A and C and 1% level for typology B (Table 7.1).[40]

---

[39] P-values are a numerical representation of the probability to be wrong when suggesting a relationship based on the data.
[40] 0.3 on the 0-10 scale corresponds to approximately 0.15 of the standard deviation in the scores observed in the sample.

Table 7.1: Life satisfaction relative to the comparator group, regression analysis			
Typology	**Average life satisfaction (relative to comparator group)**	**95% confidence interval**	**p-value**
Age-restricted general market housing (typology A)	+0.305	+0.003 to +0.607	0.048
Retirement living or sheltered housing (typology B)	+0.345	+0.089 to +0.601	0.008
Extra Care housing or housing-with-care (typology C)	+0.283	+0.016 to +0.550	0.038

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

117. Results presented in the table above are based on the model that accounted for the following characteristics of respondents (in line with the wellbeing framework, fully based on self-reported survey data):[41]

- **Where people live**: satisfaction with their home, characteristics of the housing, access to space, amenities and support when needed, sense of belonging to the neighbourhood.

- **Health**: satisfaction with general health, conditions affecting day-to-day activities, sWEMWBS score, feeling worthwhile, self-reported levels of happiness and anxiety.

- **Relationships:** giving/receiving care, self-reported levels of loneliness, perception of having people who 'would be there for them'.

- **Other observable characteristics:** age, region, sex, marital status.[42]

118. In order **to investigate the time profile of the effect i.e. whether any life satisfaction derived from moving to a typology A, B or C home 'wears off' over time (known as the *adaptation* effect), the sample is split into two parts: those who have lived in their typology A, B or C home for up to four years, and those who have lived there for more than four years**. Average life-satisfaction relative to the comparator group is then separately estimated for both subsamples. The results of this analysis are shown in Table 7.2.[43]

---

[41] 'Accounted for' means survey responses to relevant questions were added as 'control variables' to the model, ensuring that the average differences in those characteristics across typologies do not get attributed to the effect typologies may have on wellbeing. For example, if over 85s tend to have lower self-assessed wellbeing in general and there are more over-85s living in typology C than in the comparator group, then if age differentials are not considered, it may appear that typology C is characterised by lower wellbeing.

[42] Several variables were left out due to concerns about multicollinearity or lack of variation in the data, specifically: feeling safe in their home, whether they regularly chat to neighbours, how well they manage financially and ethnicity. We recognise that several of the control variables, especially the 'where people live' group, could be absorbing some of the effect from the typologies (since the type of housing may influence satisfaction with it). However, descriptive analysis did not reveal any differences in satisfaction with housing across the typologies that could be considered systematic results of the effect of typologies on those measures (most likely due to the self-reported nature of our data, as opposed to using objective measures of housing features). As a robustness check SQW carried out the estimations without controlling for the 'where we live' set of variables. The estimated coefficients were well within the confidence intervals showed above and from a statistical point of view could not be distinguished from the reported results.

[43] The decision to split the sample at the four-year mark rather than any other cut-off was driven by sample-size considerations. As discussed in Section 6, 98% of the comparison group have been living in their current place for over 4 years.

Table 7.2: Life satisfaction relative to the comparator group over time, regression analysis			
Typology	**Average life-satisfaction (relative to comparator group)**	**95% confidence interval**	**p-value**
Subsample: up to four years in typologies A, B or C			
Age-restricted general market housing (typology A)	+0.222	-0.163 to +0.606	0.258
Retirement living or sheltered housing (typology B)	+0.374	+0.071 to +0.676	0.016
Extra Care housing or housing-with-care (typology C)	+0.374	+0.055 to +0.693	0.022
Subsample: more than four years in typologies A, B or C			
Age-restricted general market housing (typology A)	+0.362	+0.011 to +0.734	0.057
Retirement living or sheltered housing (typology B)	+0.351	+0.035 to +0.667	0.035
Extra Care housing or housing-with-care (typology C)	+0.261	+0.063 to +0.586	0.114

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

119. The difference in life satisfaction between respondents in typology C and those in the comparator group was found to be no longer statistically significant when only those who had spent more than four years in their housing were considered. This difference in statistical significance across the two subsamples could be interpreted as a decay in the positive effect on life satisfaction from living in a typology (the adaptation effect mentioned above), which could be due to, for example, health issues starting to dominate respondents' wellbeing (especially considering that the population of typology C tends to be older than those in the other groups).

120. There were also no statistically significant differences between the comparator group and the subsample of typology A who had spent less than four years in their home. However, this result may be driven by the small number of people in that group (fewer than 50).

121. Overall, considering the point estimates for the average effects observed in the two additional models are similar (well within each other's confidence intervals) and substantially smaller sample sizes were available for this subgroup analysis, in our view, the evidence is not strong enough to recommend introducing an adaptation adjustment for any of the typologies in applications of findings; the estimates from the full sample (Table 7.1) should be used.

Other Contributing Factors

122. Our statistical model revealed several other important factors that tend to contribute to higher life-satisfaction alongside the type of housing. Table 7.3 summarises these findings (in the order of the magnitude of effects, largest to smallest).

Table 7.3: Predictors of life-satisfaction (beyond type of housing), regression analysis			
Contributing factor	Average effect on ONS-4 life satisfaction	95% confidence interval	p-value
Disagreeing there is someone there for them when they need it (relative to strongly agreeing)	-0.824	-1.150 to -0.499	0.000
Disagreeing they belong to their neighbourhood (relative to agreeing)	-0.551	-1.060 to -0.043	0.034
Doing things that are worthwhile (a point increase on the ONS-4, 0 to 10 scale)	+0.385	+0.310 to 0.460	0.000
Living in London (relative to other regions)	-0.374	-0.723 to -0.026	0.035
Feeling happier (a point increase on the ONS-4, 0 to 10 scale)	+0.249	+0.176 to 0.321	0.000
Caring for someone with poor health or helping with problems related to age	-0.208	-0.396 to -0.020	0.031
Higher satisfaction with quality of home (a point increase on a 1 to 7 scale)	+0.152	+0.055 to +0.250	0.002
Satisfaction with general health (a point increase on a 1 to 7 scale)	+0.121	+0.051 to 0.190	0.001

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

123. **Overall, specific factors related to all key elements of the wellbeing framework (where people live, health and relationships) make a statistically significant contribution to life satisfaction**. Personal characteristics (such as age and marital status) were found to have no statistically significant impact, which could be partly due to those effects being 'absorbed' by the variables that identify typologies A, B and C (considering people with particular characteristics are likely to be self-selecting into those types of housing). In terms of regional differences, the analysis suggests consistent levels of life satisfaction across the whole country with the exception of London, which is characterised by somewhat lower self-reported scores.

Happiness, Anxiety and Doing Things That Are Worthwhile

124. The analysis of outcomes recorded with the 'component' elements of the ONS-4 tool (measures of happiness, anxiety and feeling worthwhile) further uncovered that after controlling for observable characteristics, **compared to those living in general housing:**

- Respondents from **typologies B and C, on average, reported higher levels of happiness.**

- Respondents from **typology A were, on average, more confident they were doing things that were worthwhile.**

125. **There were no statistically significant differences in the levels of anxiety across the groups of respondents**. Table 7.4 shows the estimated magnitude of the differences in happiness and worthwhile metrics across the groups.[44]

---

[44] Generally, the models that were used to analyse ONS-4 measures of happiness, anxiety and worthwhile did not include the general life-satisfaction metric, since according to the logic of the tool happiness, anxiety and feeling worthwhile are components of life satisfaction.

Table 7.4: Happiness and doing things that are worthwhile, regression analysis			
Typology	**Average life satisfaction (relative to comparator group)**	**95% confidence interval**	**p-value**
Happiness (ONS-4, 0-10 scale)			
Age-restricted general market housing (typology A)	+0.363	-0.077 to +0.803	0.106
Retirement living or sheltered housing (typology B)	+0.326	-0.011 to +0.663	0.058
Extra Care housing or housing-with-care (typology C)	+0.333	-0.027 to +0.692	0.070
Doing things that are worthwhile (ONS-4, 0-10 scale)			
Age-restricted general market housing (typology A)	+0.521	+0.085 to 0.957	0.019
Retirement living or sheltered housing (typology B)	-0.024	-0.364 to 0.316	0.889
Extra Care housing or housing-with-care (typology C)	-0.052	-0.398 to 0.294	0.766

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

Health And Loneliness Of Respondents Across The Typologies

126. As outlined in the *Wellbeing Guidance for Appraisal*, observed health and loneliness differentials can also be used to estimate the monetary value of expected wellbeing benefits.[45] Therefore, the loneliness and health scores (including both physical and mental health) reported in the survey were analysed.

127. In relation to **physical health, respondents from the comparator group were substantially more likely to be completely satisfied with their health compared to those living in typologies A, B and C. However the differences disappear (i.e. are not statistically significant) once other observable characteristics including age are controlled for**.

128. As for **mental health**, the differences between typologies and the comparator group remain even after controlling for other characteristics: **respondents from typologies B and C have c. 0.2 of a standard deviation lower sWEMWEBS-7 scores than the rest of the sample**, while the distribution of scores for typology A is flatter and covers lower scores than responses collected from the comparator group (despite no statistically significant differences in the average scores). See Table 7.5 and Figure 7.1.

---

[45] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Table 7.5: Measures of general and mental health; regression analysis			
Typology	**Average effect (relative to comparator group)**	**95% confidence interval**	**p-value**
General health (7-point scale)			
Age-restricted general market housing (Typology A)	0.058	-0.281 to 0.398	0.106
Retirement living or sheltered housing (Typology B)	0.146	-0.156 to 0.447	0.058
Extra Care housing or housing-with-care (Typology C)	0.014	-0.291 to 0.319	0.070
Mental health (sWEMWBS score)			
Age-restricted general market housing (Typology A)	-0.301	-1.176 to 0.573	0.737
Retirement living or sheltered housing (Typology B)	-0.709	-1.410 to -0.007	0.344
Extra Care housing or housing-with-care (Typology C)	-0.659	-1.340 to -0.021	0.927

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

Figure 7.1: Distribution of sWEMWBS scores by typology and comparator group
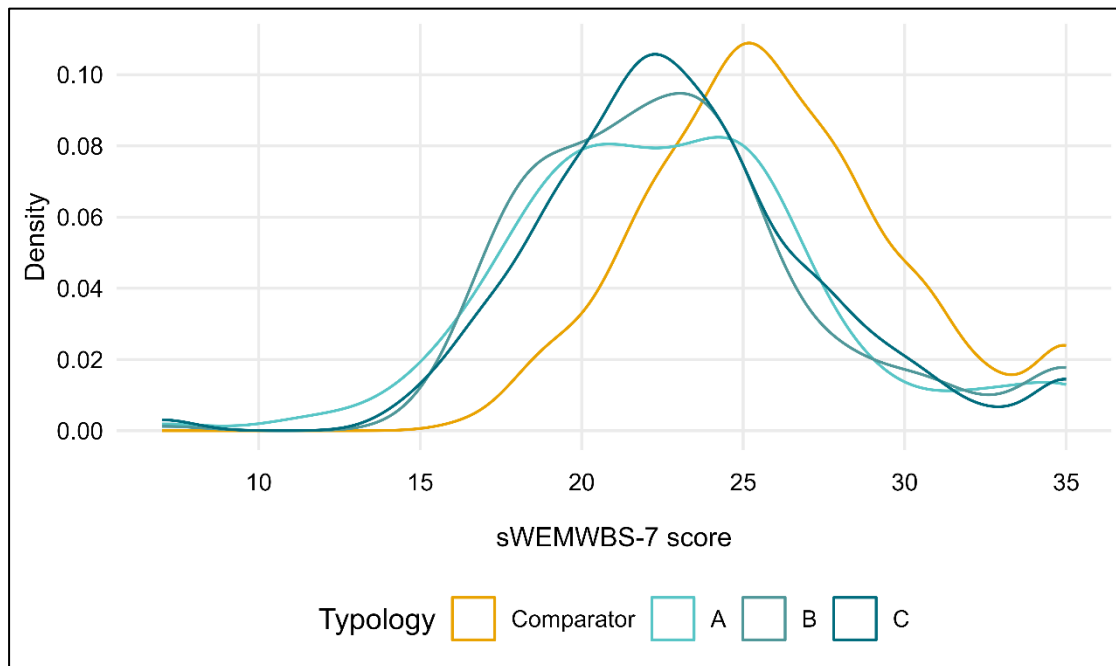
Note: Density is a measure of how common specific values are in the sample. A = Age-restricted general market housing (typology A); B = Retirement living or sheltered housing (typology B); C = Extra Care housing or housing-with-care (typology C). Source: SQW

129. **Even though the mental health of older people living in typologies A, B and C appears to be somewhat worse than that of the comparator group, there is no evidence to directly conclude that living in older-people's housing leads to that**. It is reasonable to assert that the relationship flows the other way, i.e. people in worse mental health may be more likely to choose typology A, B or C accommodation (though it is impossible to confirm this conclusively with the data available to us).

130. **In terms of feeling lonely, no statistically significant differences across the groups** were found when other characteristics were controlled for that may be contributing to loneliness (such as age, mental health, being in receipt of or providing care).

Table 7.6: 5-point scale of loneliness (1=often lonely, 5=never lonely); regression analysis			
Typology	**Average effect (relative to comparator group)**	**95% confidence interval**	**p-value**
Age-restricted general market housing (typology A)	-0.116	-0.339 to 0.106	0.303
Retirement living or sheltered housing (typology B)	-0.043	-0.226 to 0.140	0.643
Extra Care housing or housing-with-care (typology C)	-0.096	-0.286 to 0.094	0.323

Note: 95% confidence interval and p-values derived using robust standard errors. Source: SQW

Summary

131. In summary, **the analysis suggests that when other observable characteristics of respondents are controlled for, there are statistically significant differences in self-reported life satisfaction: those living in typologies A, B and C, on average report higher ONS-4 scores** by approximately 0.3 on a 0-10 scale or 0.15 of a standard deviation observed in the sample. Effects of such magnitudes are often considered 'small' but are still highly relevant for policymaking, especially in the context of the UK's ageing population.

132. Other factors contributing to higher life satisfaction alongside the type of housing include: higher satisfaction with the quality of their home, feeling they belong to the neighbourhood, having better general health, generally feeling happier, doing things that are worthwhile, not providing care and having someone to rely on when needed.

133. No statistically significant differences in loneliness across the typologies of older people's housing were found. Respondents from the comparator group do however report higher self-assessed mental health on average. It is important to note the difference in data collection method for the comparator group (telephone survey) when compared to those in older people's housing (postal survey and online (for typology A)), which may have affected the responses people provided.[46]

134. As discussed in Chapter 5, the differences in primary research approach (i.e. telephone survey for the comparator group, and postal/online surveys for those living in older people's housing) means that it would be expected that the comparator group would likely report higher wellbeing scores than in those living in older people's housing. As a result, **the estimates of the differences in self-reported wellbeing between the comparator group and typologies may be conservative**.

135. The following sections discuss the monetisation of the differences in life satisfaction observed in the survey data.

---

[46] In general, it is expected that people may report higher scores when someone is helping them by reading out items or filling in the questionnaire, as was the case with a telephone survey of the comparator group (Collect, score, analyse and interpret WEMWBS (warwick.ac.uk)). As a result, our estimates of the differences in self-reported wellbeing between the comparator group and typologies may be conservative.

8. Monetised Wellbeing Impacts

136. This section provides information on how the difference in life satisfaction has been monetised.

Appraisal Values

137. The *Wellbeing Guidance for Appraisal*[47] provides guidance on how and where wellbeing should be considered in the relevant parts of the Green Book methodology. It includes a 'step by step' guide on how analysts can assess the wellbeing impacts of interventions, and (where evidence allows) monetise and include these wellbeing impacts in cost benefit analysis.

138. As described within Annex 2 of the *Wellbeing Guidance for Appraisal* ('Quantifying and monetising wellbeing effects'), there are a range of options which can be considered for 'translating' a change in life satisfaction into income that can then be incorporated into an economic appraisal. It is the intention of this guidance to apply the values recommended within the *Wellbeing Guidance for Appraisal*, with the change in life satisfaction converted to a monetary value by multiplying by £13,000 with adjustment for inflation (low: £10,000; high: £16,000). This is the recommended standard value of a one-point change in life satisfaction for one year, or one wellbeing adjusted life year (a WELLBY) in 2019 prices and values.

139. Two different approaches were used to calculate the development of this value (based on Quality Adjusted Life Years (QALY, Frijters and Krekel, 2021) or income co-efficient (Fujiwara, 2021) methodology), with further detail on the methodologies behind each provided in the *Wellbeing Guidance for Appraisal*. For the purposes of this research, these values have been inflated from 2019 prices to 2023 prices using the approach recommended within Annex 2 of the *Wellbeing Guidance for Appraisal*.[48]

Table 8.1: Monetary value for valuing wellbeing (WELLBY value)		
WELLBY Values	**2019 prices**	**2023 prices**
Low	£10,000	£11,737
Central	£13,000	£15,258
High	£16,000	£18,779

Source: Uplifted to 2023 prices using GDP deflator growth (ONS series MNF2, June 2024), and real GDP per capita growth (ONS series IHXW, June 2024) in conjunction with the marginal utility of income elasticity parameter of 1.3 as recommended by the Wellbeing Guidance for Appraisal (HM Treasury, 2021).

140. Although minor differences were identified in the change in life satisfaction between those living in older people's housing for less than four years (known as the *adaptation* effect), and for more than four years, for typologies A and C, this difference was not statistically significant. In view of the very small differences apparent for these two time periods for typology B, it was decided not to attempt to apply any adaptation adjustment to any of the typologies in the application of the results.

141. The calculated wellbeing uplift monetised values are shown in Table 8.2.

---

[47] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*
[48] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Table 8.2: Wellbeing Uplift Monetised Values (2023 prices, per person, per annum)				
Typology	Average life satisfaction change (relative to comparator)	Low	Central	High
Age-restricted general market housing (Typology A)	+0.305	£3,580	£4,654	£5,727
Retirement living or sheltered housing (Typology B)	+0.345	£4,049	£5,264	£6,479
Extra Care housing or housing-with-care (Typology C)	+0.283	£3,321	£4,318	£5,314

Source: SQW, 2024

9. Fiscal Impacts

142. The UK's ageing population is placing an increasing burden upon the government to support its population, in providing additional health services, care support and adaptations to support older people to live in their own homes. There is a growing body of research (explored in Appendix 3 of the supplementary report) that shows that the provision of housing for older people can help people stay healthy in their own homes and live a more independent life, thereby reducing the burden upon the Exchequer to support older people.

143. To identify potential fiscal savings, this study has reviewed the existing literature to identify robust evidence that demonstrates fiscal impacts associated with the delivery of housing for older people, and explored the extent to which the evidence conforms to the requirements for the HM Treasury Green Book. Each piece of evidence identified was assessed (based on the methodology each study reported using and its sample size) to understand the extent to which it was credible enough to meet these standards.

144. The full report detailing all of the evidence assessed is provided in Appendix 3 of the supplementary report, with a summary of this research provided below. The values to be used in economic appraisals and VfM assessments by Homes England and others are also presented.

Synopsis of Existing Research

Assessment of Fiscal Impact Areas

145. A systematic review of existing publicly available evidence, related research, and other evidence shared with SQW and Homes England through the scoping consultations (including unpublished evidence) was undertaken. This was to initially identify the main overarching fiscal impact areas commonly referenced within the literature. Broadly the existing research focused on four main impact categories for identifying potential savings to the Exchequer:

- **Healthcare**: improvements to an older person's physical and/or mental health can reduce the burden on the NHS, reducing costs associated with healthcare.

- **Local authority social care**: by providing adaptations and care services (in one location), this can reduce demand for local authority social care. This can include lower demand for home care services, less need to provide equipment and adaptations in people's homes, and reducing the population eligible for means-tested support.

- **Housing (market) benefit**: the delivery of new housing stock may have the potential to 'free up' under-occupied housing, helping to support younger people to access the housing market (which could reduce their need for long-term housing support).

- **Employment effects**: the construction and occupation of housing for older people supports employment, and helps to create new jobs. This may help to provide jobs for those currently claiming unemployment benefits, reducing expenditure for the Exchequer. In addition, when an older person moves into housing with care, this may free up relatives/friends who previously carried out caring tasks to do other activities, which may include paid employment (resulting in higher tax revenues for the Exchequer).

146. Having reviewed the existing literature regarding the fiscal impacts associated with the provision of housing for older people, SQW has analysed the robustness and quality of the evidence available for each of the fiscal

impact areas identified. This is critical to ensuring that the approach to calculating the fiscal impacts is robust enough to be compliant with HM Treasury Green Book standards.

147. Based on this review, SQW has suggested the fiscal impact areas to be considered further in developing an estimate of the fiscal impact associated with the provision of housing for older people.

Table 9.1: Review of Evidence Available		
Fiscal Impact Area	**Quality of Evidence Available**	
	Assessment	**Rationale**
Healthcare	✓	There is a relatively large body of existing evidence and methodologies available to calculate the health impacts associated with the provision of housing for older people, with information relating to the cost of NHS services being available to enable calculation of fiscal impacts. There are a number of studies that have been identified that provide robust evidence of the impact of housing for older people on demand for health services, including IPC (2014), Holland et al. (2015), Holland et al. (2019) and Strzelecka et al. (2019). Therefore it is felt there is sufficient evidence available (to HM Treasury Green Book standards) to be able to examine this fiscal impact area.
Local authority social care	X	Although there are a number of studies which attempt to demonstrate the impact of housing for older people on local authority social care budgets, there are a range of concerns about the quality and/or scale of each of the studies. Each study identified has taken a different approach to calculating this (e.g. lower demand for home care services; reduced need for provision of equipment and adaptations; reduced proportion of the population eligible for means-tested supported). Of the three research papers identified, Gowell and Macbeth (2014) and Lacey and Moody (2016) both have relatively small cohorts that were examined, and Lloyd (2016) is not clear regarding the evidence used to calculate the scale of impact. Therefore, there is insufficient evidence available (to HM Treasury Green Book standards) to be able to examine this fiscal impact area.
Housing (market) benefit	X	The existing literature in relation to the housing market impact is limited and there is some concern at the range of variables that are at play in the housing market and the number of assumptions required to calculate a fiscal impact associated with this. It is also assumed that for the purposes of economic appraisal (in which benefits will be discounted over a 60-year period) the scale of benefits that might be generated through this approach will be greatly reduced, as it will take time for the benefits to accumulate (particularly in relation to wealth creation). Of the two pieces of evidence identified, Lloyd (2016) does not provide any evidence as to how the impact calculation was undertaken, and Mayhew (2017) does not provide a scale of impact figure that could be used to calculate the fiscal impact. Therefore, there is insufficient evidence available (to HM Treasury Green Book standards) to be able to examine this fiscal impact area.
Employment effects	X	No study has previously attempted to calculate the fiscal impacts associated with the creation of new jobs through the construction and occupancy of housing for older people. Therefore, there is insufficient evidence available (to HM Treasury Green Book standards) to be able to examine this fiscal impact area.

148. Based on this assessment, only the fiscal impacts associated with improved health (and the subsequent financial savings for the NHS) are considered as part of this research. There is a need for further research to provide a more robust and substantial evidence base in terms of measuring and assessing the scale of other fiscal impact areas identified; namely local authority social care, housing (market) benefit, and employment effects. Whilst it is recognised there are likely to be savings to the Exchequer resulting from these impact areas, the evidence is not robust enough to be compliant with HM Treasury Green Book standards at this time.

Assessment of Health Savings Resulting From The Provision of Housing for Older People

149. To assess the fiscal savings to the Exchequer in relation to the healthcare system that may result from the delivery of housing for older people, an approach has been adapted from work undertaken by Strzelecka et al (2019), which analyses five mechanisms through which the healthcare system benefits from the provision of housing for older people. These are:

- Impact on the number of GP visits.

- Impact on the need for community health nurse visits.

- Impact on non-elective admissions to hospital.

- Impact on the length of stay and delayed discharges from hospital.

- Impact on ambulance call outs, typically linked to reduced incidence of falls.

150. A full description of the evidence analysed is provided in Appendix 3 of the supplementary report, with the headline calculations provided in the table below.

Table 9.2: Fiscal impact evidence and calculation						
Health Impact Area	**Research selected for Financial Cost-Benefit Calculation**	**Financial Cost-Benefit Assumptions**	**Financial Cost-Benefit**	**Typologies for which evidence is available**		
				A	**B**	**C**
GP visits	People living in these settings are more likely to visit a practice nurse, but less likely to visit a GP each year (Holland et al, 2019).	Unit Costs of Health and Social Care (2023)[49] provides the cost of GP and practice nurse appointments; GP visits cost the NHS £42 per appointment and practice nurse appointments cost £9 per appointment.	Saving of £8 per person per year to the NHS (2023 prices)	X	✓	✓
Community Health Nurse visits	Evidence that there is a reduction in community health nurse visits, but there were concerns about the robustness of the existing research, so this was not included.			X	X	X
Non-elective admissions to hospital	Those living in Typology C accommodation were less likely to be admitted to hospital over the course of the year – more likely to be	Cost estimates for inpatient elderly hospital attendances from the Personal Social Services Research Unit (PSSRU)[50] estimate	Saving of £647 per person per year to the NHS (2023 prices)[51]	X	X	✓

---

[49] Jones et al (2023), Unit Costs of Health and Social Care 2022 Manual Available at: https://kar.kent.ac.uk/100519/1/Unit_Costs_of_Health_and_Social_Care_2022%20%287%29.pdf
[50] Curtis, L. (2010) Unit Costs of Health and Social Care 2010, Personal Social Services Research Unit, University of Kent, Canterbury
[51] These values have been uplifted to 2023 prices using GVA deflators; further detail is provided in the Supplementary Report (Appendices)

	treated in their home (Kneale, 2011).	that the reduction in hospital admissions has the potential to equate to a potential saving of up to £512 from hospital budgets (inpatients) per person per year (2011 prices).				✓
Length of stay and delayed discharges from hospital	Better adapted homes and on-site support can lead to a reduction in hospital stays (on average 3 nights per person per year), with people more quickly discharged (Holland et al, 2019).	Evidence from the King's Fund[52] states that there is not currently an official estimate of the direct costs associated with delayed discharge from hospital (i.e. staff time spent on additional NHS care and overheads from an overnight stay). They have attempted to estimate the cost by uplifting Reference Costs last produced by NHS Improvement in 2020[53] to produce an estimate of £395 per night (2020 prices).	Saving of £1,185 per person per year to the NHS (2023 prices)	X	X	✓
Ambulance call outs	Evidence that better adapted housing helps to reduce the likelihood of accidents and falls amongst its residents, helping to reduce the number of ambulance call-outs required, but existing research not robust enough for Green Book standards.			X	X	X

Appraisal Values

151. Based on a critical assessment of the literature available to ensure this research aligns with HM Treasury Green Book principles, the financial saving has been identified for each of the housing typologies. It has not been possible (using the literature available) to identify a healthcare system financial saving for all of the housing typologies; evidence relating to typology C is more robust.

152. It has been estimated that each older person living in typology B housing (retirement living or sheltered housing) would generate a healthcare system financial saving of £8 per person per year, and an older person living in typology C housing (Extra Care housing or housing-with-care) would generate a healthcare system financial saving of £1,840 per person per year. The lack of robust evidence to inform a comprehensive assessment means these estimates likely understate the actual impact.

---

[52] The Hidden Problems behind Delayed Discharges and their Costs, The King's Fund, 2023. Available at: https://www.kingsfund.org.uk/blog/2023/03/hidden-problems-behind-delayed-discharges
[53] National Cost Collection for the NHS, 2017. Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20200501111106/https:/improvement.nhs.uk/resources/reference-costs/

| Table 9.3: Fiscal impact by housing typology (2023 prices)			
	Financial Saving (per resident per year)		
Impact Area Considered	**Typology A** *Age-restricted general market housing*	**Typology B** *Retirement living or sheltered housing*	**Typology C** *Extra Care Housing or Housing-with-care*
GP Visits	£0	£8	£8
Community health nurse visits	N/A	N/A	N/A
Non-elective admissions to hospital	N/A	N/A	£647
Length of stay and delayed discharges from hospital	N/A	N/A	£1,185
Ambulance call outs	N/A	N/A	N/A
TOTAL	**£0**	**£8**	**£1,840**

Source: SQW, 2024

10. Conclusions

Summary of Findings

153. The headline objective of this research was to develop evidence of the wellbeing and fiscal impacts associated with the provision of housing for older people as part of Homes England's research into improving the appraisal of social value. This research has identified values for both wellbeing and fiscal impacts.

154. A wellbeing framework was developed that included many of the domains of wellbeing that are pertinent for the assessment of an individual's wellbeing associated with living in an older people's housing development. This built upon a number of well-established tools to measure wellbeing. In addition to this, a set of typologies for older people's housing were adopted, following inputs from stakeholders from across the sector, Homes England and MHCLG. Those referenced within the *National Planning Policy Guidance: Housing for older and disabled people* were selected as the most pragmatic typologies for further assessment.

155. Primary research was undertaken with people living in general market housing (comparator group) and those living in different types of housing for older people, to identify differences in their wellbeing and to understand what factors contribute to these differences. The research tool that was developed built upon many of the existing recognised and validated tools and was extensively tested through focus groups with individuals living in housing for older people.

156. In total, 1,286 people provided responses to the survey, including both the comparator group (general market housing) and residents from each of the different older people's housing typologies. This included individuals from across England and across a range of demographic and health characteristics. The sample sizes were large enough for our regression analysis to reveal 'small' statistically significant differences in life satisfaction between typologies.

157. Our analysis suggests that, controlling for observable characteristics, on average residents of older people's housing in typologies A (age-restricted general market housing), B (retirement living or sheltered housing) and C (Extra Care housing or housing-with-care) reported higher life satisfaction scores than residents in general market housing. The differences are c. 0.3 on the 0-10 scale, which when monetised (using guidance from the *Wellbeing Guidance for Appraisal*[54]) equate to between £4,318 and £5,264 per person per year (depending on the typology of housing).

158. Figure 10.1 overleaf presents the key summary findings from the survey against the framework domains.

---

[54] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Figure 10.1: Key summary findings against the Wellbeing Framework
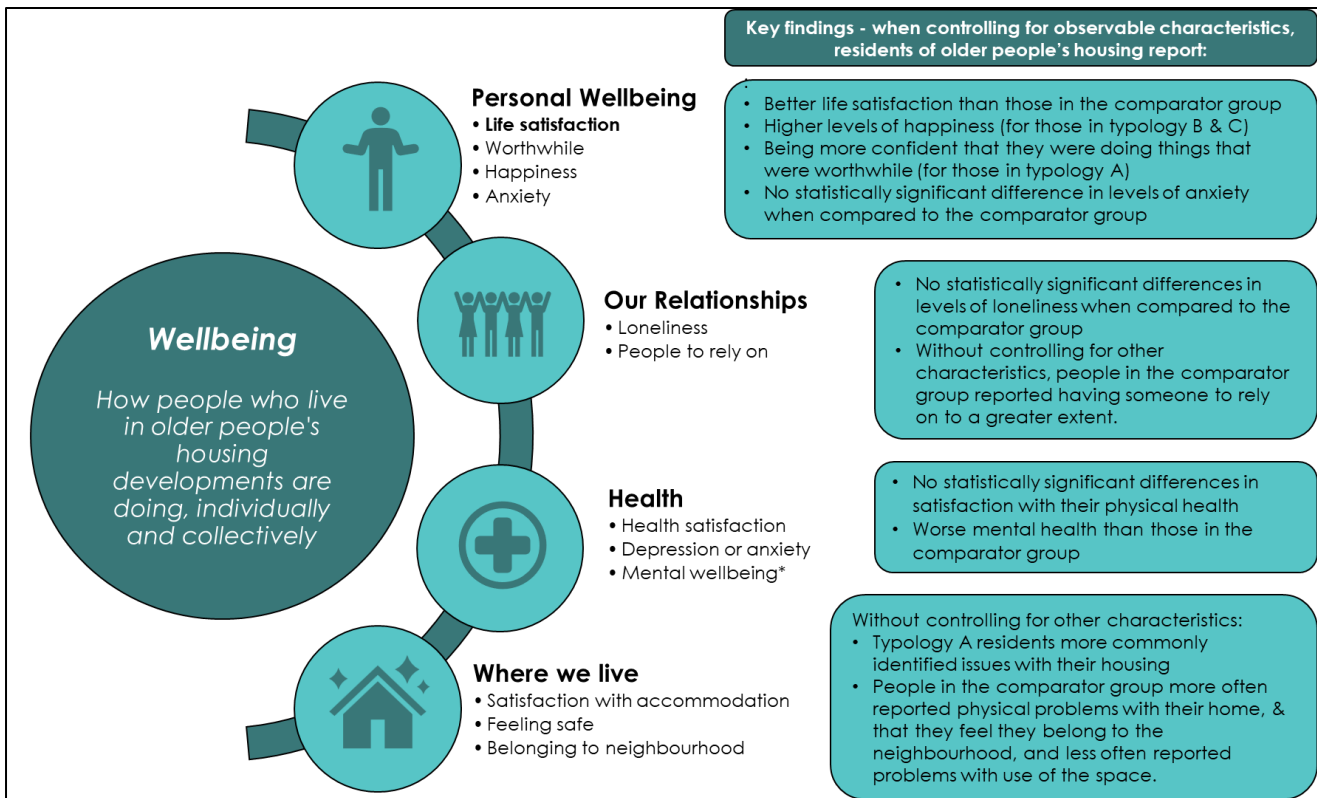
Source: SQW, 2024

159. To identify the fiscal impacts associated with the delivery of housing for older people, a review of existing evidence was undertaken. Whilst a number of fiscal impact areas were identified through this research (including healthcare, local authority social care, housing (market) benefits, and employment effects), it was determined that there was only robust enough evidence (to meet HM Treasury Green Book standards) in relation to healthcare benefits. A deeper review identified five potential areas of healthcare impact (including an impact on GP visits, the need for community health nurse visits, non-elective admissions to hospital, the length of stay and delayed discharges from hospital, and ambulance call-outs). Where the secondary evidence was robust enough, estimates were made as to the fiscal impacts associated with the delivery of older people's housing. This equated to £8 per person per year for typology B and £1,840 per person per year for typology C. There was not enough existing evidence available to demonstrate any fiscal savings from the provision of typology A housing. The lack of robust evidence to inform a comprehensive assessment means these estimates likely understate the actual impact.

Application of Results

Wellbeing Impacts

160. Guidance from the *Wellbeing Guidance for Appraisal*[55] has been used to monetise the wellbeing uplift identified for older people as they move into older people's housing. The values are presented in the table below.

---

[55] HM Treasury, 2021 (updated 2022), *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*

Table 10.1: Wellbeing Uplift Monetised Values (2023 prices, per person, per annum)				
Typology	**Average life satisfaction change (relative to comparator)**	**Low**	**Central**	**High**
Age-restricted general market housing (Typology A)	+0.305	£3,580	£4,654	£5,727
Retirement living or sheltered housing (Typology B)	+0.345	£4,049	£5,264	£6,479
Extra Care housing or housing-with-care (Typology C)	+0.283	£3,321	£4,318	£5,314

Source: SQW, 2024

161. These values are **per older person, per annum**. It should be noted that as per the guidance provided within the *Wellbeing Guidance for Appraisal*, changes in **wellbeing which occur in future years should be discounted using the Green Book 'health' discount rate.** This starts at 1.5% for years 1-30, and drops to 1.286% for years 31-60, as the 'wealth effect' or real per capita consumption growth element of the discount rate is excluded. Further guidance on this is provided within the *Wellbeing Guidance for Appraisal.*

162. Sensitivity analysis has been applied as per the *Green Book* guidance, with low, central and high values shown in Table 10.1.

Fiscal Impacts

163. Based on the existing evidence available, it has been estimated that **each older person living in typology B housing (retirement living or sheltered housing) would generate a healthcare system financial saving of £8 per person per year, and an older person living in typology C housing (Extra Care housing or housing-with-care) would generate a healthcare system financial saving of £1,840 per person per year**. There was not enough available evidence to show any fiscal impacts associated with the delivery of typology A housing. The lack of robust evidence to inform a comprehensive assessment means these estimates likely understate the actual impact.

Table 10.2: Fiscal impact by housing typology (2023 prices)			
	Financial Saving (per resident per year)		
Impact Area Considered	**Typology A** *Age-restricted general market housing*	**Typology B** *Retirement living or sheltered housing*	**Typology C** *Extra Care Housing or Housing-with-care*
GP Visits	£0	£8	£8
Community health nurse visits	N/A	N/A	N/A
Non-elective admissions to hospital	N/A	N/A	£647
Length of stay and delayed discharges from hospital	N/A	N/A	£1,185
Ambulance call outs	N/A	N/A	N/A
TOTAL	**£0**	**£8**	**£1,840**

Source: SQW, 2024

164. Whilst these are fiscal impacts, they are unlikely to be cash releasing (i.e. would not result in a reduction to budgets) and so would usually be treated as a social benefit within economic appraisal. As per guidance from the Green Book, a 'standard' discount rate should be applied to these values (3.5% years 1-30, 3% years 31-60).

Areas for Further Research

165. Through the research, a number of areas for further research have been identified that would help to strengthen the evidence base and analysis used to underpin the wellbeing and fiscal impacts calculated in relation to older people's housing. These have been grouped into the respective impact areas below:

In relation to the wellbeing elements of this research:

- A more detailed investigation of the wellbeing of those living in typology A, to understand the **likely transition-related drivers of wellbeing associated with moving from general market housing to age-restricted housing for older people**.

- Design-focused research, in typologies likely to be key to future Homes England interventions, to **identify which specific features and services have the greatest wellbeing impacts for older people**.

- Qualitative research to **explore some of the drivers affecting older people's wellbeing**, as well as what they particularly value about older people's housing (e.g. facilities, characteristics) and how this affects their wellbeing.

- Testing the framework with a **wider group of stakeholders**, and/or in **alternative contexts** within Homes England's remit, to explore its potential wider applicability.

In relation to the fiscal impacts element of this research:

- Undertaking further research to **improve the comprehensiveness and robustness of the healthcare service impacts**. In particular, capturing evidence as to how the provision of housing for older people impacts upon community health nurse visits and ambulance call outs (typically linked to reduced incidence of falls).

- Developing a robust evidence base in relation to the **three potential impact areas excluded from this research, namely around local authority social care, housing (market) benefit and employment effects**.

- **Increasing the amount of evidence regarding fiscal impacts for different housing typologies**, in particular housing typologies A and B. The majority of the available evidence at present relates to typology C.

References

This references list includes all sources reviewed in the preparation of this report, including documents that are not directly cited in the report. Sources that are directly cited in the report are listed here and also detailed in footnotes throughout.

ACT Government, 2020, Australian Wellbeing Framework.

Age UK, 2015, The Future of Transport in an Ageing Society.

ARCO, 2020, Coming of Age: Better housing options for older people.

ARCO, 2020. Coming of Age: Better housing options for older people. Available at: https://www.arcouk.org/sites/default/files/ARCO_LLA%20Report%202020.pdf

Associated Retirement Community Operators (ARCO), 2021. 'Retirement Communities Fact Pack'. [online] ARCO. Available at: https://www.arcouk.org/resource/retirement-communities-fact-pack

Atkinson, T J, Evans, S, Darton, R, Cameron, A, Porteus, J & Smith, R, 2014, Creating an Asset Base - A review of literature and policy on housing with care.

Bäumker, T., Netten, A. and Darton, R., 2008. Costs and outcomes of an extra-care housing scheme in Bradford. [online] Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/report/costs-and-outcomes-extra-care-housing-scheme-bradford

Canadian Index of Wellbeing, Canadian Index of Wellbeing.

Carnegie UK, 2022, SEED Framework.

Centre for Thriving Places, 2023, The Shared Ingredients for a Wellbeing Economy.

Department for Environment, Food & Rural Affairs, 2021, Defining and measuring rural wellbeing.

Department for Levelling Up, Housing and Communities, 2019, National Planning Policy Guidance: Housing for older and disabled people.

Department for Levelling Up, Housing and Communities, 2019. National Planning Policy Guidance: Housing for older and disabled people. Available at: https://www.gov.uk/guidance/housing-for-older-and-disabled-people

Goswell, D. and Macbeth, S., 2014. Blazing a trail: Extra Care Housing in Blandford Forum, Dorset. Housing LIN Case Study 82. [online] Housing LIN. Available at: https://www.housinglin.org.uk/Topics/type/Blazing-a-trail-Extra-Care-Housing-in-Blandford-Forum-Dorset/

Greater London Authority, 2023, London Wellbeing and Sustainability Measure.

HM Treasury, 2020, Magenta Book: Central Government guidance on evaluation.

HM Treasury, 2021 (updated 2022), Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance.

Holland, C., et al. Carter, M., Cooke, R., Leask, G., Powell, R., Shaw, R. and West, K., 2015. Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust. [online] University of Aston. Available at: https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Aston_ECCT_research.pdf

Holland, C., Garner, I., O'Donnell, J. and Gwyther, H., 2019. INTEGRATED HOMES, CARE AND SUPPORT Measurable Outcomes for Healthy Ageing. [online] The ExtraCare Charitable Trust. Available at: https://www.extracare.org.uk/media/1169231/full-report-final.pdf

Homes England, 2016 (updated 2023), Capital Funding Guide: Specialist housing types.

Homes England, 2022, Invitation to tender: Wellbeing and housing for older people.

Homes for Later Living & WPI Strategy, 2019, Healthier and Happier: An analysis of the fiscal and wellbeing benefits of building more homes for later living.

IPC, 2014. Local area economic impact assessment. [online] Oxford Brookes University Institute of Public Care. Available at: https://ipc.brookes.ac.uk/files/publications/Final_McCarthy_and_Stone_EIA_report_-_March_2014.pdf

Jones et al, 2023. Unit Costs of Health and Social Care 2022 Manual Available at: https://kar.kent.ac.uk/100519/1/Unit_Costs_of_Health_and_Social_Care_2022%20%287%29.pdf

Kneale, D., 2011. Establishing the extra in Extra Care Perspectives from three Extra Care Housing Providers. [online] The International Longevity Centre - UK (ILC-UK). Available at: https://ilcuk.org.uk/establishing-the-extra-in-extra-care-perspectives-from-three-extra-care-housing-providers/

Lacey, P. and Moody, S., 2016. Evaluating extra care – valuing what really matters… The case for taking relationships seriously. Housing LIN Case Study 129. [online] Housing LIN. Available at: https://www.housinglin.org.uk/Topics/type/Evaluating-extra-care-valuing-what-really-matters-The-case-for-taking-relationships-seriously/

Lloyd, J., 2016. Valuing Retirement Housing: Exploring the economic effects of specialist housing for older people. [online] Strategic Society Centre. Available at: https://www.housinglin.org.uk/Topics/type/Valuing-Retirement-Housing-Exploring-the-economic-effects-of-specialist-housing-for-older-people/

Mayhew, L., Rickayzen, B. and Smith, D., 2017. Does living in a retirement village extend life expectancy? The case of Whiteley Village. [online] The International Longevity Centre – UK (ILC-UK). Available at: https://ilcuk.org.uk/does-living-in-a-retirement-village-extend-life-expectancy-the-case-of-whiteley-village/

National Infrastructure Commission, 2022, Quality of Life Discussion Paper.

NHS England, Older people's mental health.

NHS, *Loneliness in older people*

NHS, 2023. Moving to a new home: housing options. Available at: https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/moving-to-a-new-home-housing-options/

NHS, Loneliness in older people.

Office for National Statistics, 2015, Measuring national well-being.

Office for National Statistics, 2022, UK Principal Population Projections.

Office for National Statistics, 2023, Measures of National Well-being Dashboard.

Organisation for Economic Co-operation and Development, OECD Better Life Index.

Public Health England, 2019, 7. Living well in older years.

Shelter, 2007, Older people and housing.

SQW & Homes England, 2020, The impact of housing interventions on health outcomes for older and vulnerable people.

Strzelecka et al, 2019. Identifying the health care system benefits of housing with care https://www.housinglin.org.uk/Topics/type/Identifying-the-health-care-system-benefits-of-housing-with-care/

Te Tai Ohanga 2021, New Zealand Wellbeing Framework.

The Kings Fund, 2023. The Hidden Problems behind Delayed Discharges and their Costs, Available at: https://www.kingsfund.org.uk/blog/2023/03/hidden-problems-behind-delayed-discharges

Walker, C., 2019. Healthier and Happier. [online] WPI Strategy. Available at: https://www.hbf.co.uk/news/homes-later-living-healthier-and-happier-report/

What Works Centre for Wellbeing, 2017a, Housing and wellbeing: A rapid scoping review of reviews on the evidence on housing and its relationship to wellbeing.

What Works Centre for Wellbeing, 2017b, Understanding local needs for wellbeing data: measures and Indicators.

What Works Centre for Wellbeing, 2022a, Different People, Same Place.

What Works Centre for Wellbeing, 2022b, Understanding wellbeing in a local area.

Wiseman, J & Brasher, K., 2009, Community wellbeing in an unwell world: trends, challenges, and possibilities.

World Health Organization, 2022, Ageing and health.

OFFICIAL