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Executive Summary

- Senior cohousing offers an innovative model of self-managed community for older people.
- Research suggests that these mutual support communities can delay physical or mental decline, help avoid intermediate options such as ‘assisted living’ or ‘extra-care’, and reduce public health, care and housing costs.
- Issues around finance and land are the most significant barriers to development. Policy should provide for preferential access to land to community developers such as cohousing schemes.
- Housing designed *with* older people can better meet residents’ particular needs, widen choices available, and help create the conditions for more voluntary downsizing.

Introduction

We have for several years been colleagues at LSE London, a research unit at the London School of Economics. Over the last five years we have been researching co-housing and other collaborative forms of housing for older people, looking at schemes in London, elsewhere in the UK, and in Europe. We have also carried out extensive research into the barriers to increasing housing production and delivery in London, with a key strand of investigation within this larger project dealing directly with the creation of [alternative forms of housing](#). This evidence is provided in a personal capacity.

Our response addresses three of the committee’s six points, listed below.

1. Adequacy of provision of homes for older people & the challenges people face in accessing housing which meets their needs

- 1.1.** The range of housing for older people is narrow. Institutional forms (from retirement villages to extra-care homes) are generally expensive. Perhaps as importantly they are often perceived as paternalistic, with managers and staff making decisions and doing things ‘for’ rather than with residents.
- 1.2.** Many people who are healthy and live alone in older age (by choice or by circumstance) decide at some point that they want the companionship and security of living with others that are not family members. Some want to forgo the responsibility of maintaining a home and garden but this is not true of all. Many remain in ‘inappropriate’ larger houses not because of affection for the structures themselves, but because they fear that their independence and control over their homes would be compromised if they moved into a retirement community. There are few options for those who would prefer to live in a genuinely self-managed community setting without institutional care.
- 1.3.** Senior co-housing offers one model of self-managed community for older people. There are only a few such schemes in the UK although they are more common in some European countries (eg Denmark). Cohousing communities are designed and managed by the residents themselves. Each household has its own self-contained individual dwelling, and the community shares facilities. There is usually a ‘cohouse’ with a kitchen and dining area that can accommodate all community members. Other shared facilities may include gardens, workshops, laundries, etc. Tenure forms can vary and be mixed.
- 1.4.** Increased isolation is a growing problem for older people across the UK. Living in a community helps address the loneliness of single-person households in particular: the model strikes a balance between support and individual privacy, and residents benefit significantly from the regular social interaction that this way of living facilitates. Their

physical health also benefits as they support each other through periods of sickness, cook communal meals and provide companionship. The range and levels of informal care vary depending on need at different points in a community's life. In some, those who are no longer able to cook are provided with meals by other residents. Often, they can afford to buy better quality food than individuals could afford if they were living alone. The benefits of such a 'sharing economy' model hold true for other aspects of communal living, including transportation, gardening and maintenance.

- 1.5. International research suggests that by preventing dependence on professional care or reliance on family members these intentional, mutual support communities can delay physical or mental decline, help avoid intermediate options such as 'assisted living' or 'extra-care', and reduce public health, care and housing costs¹. As such, they offer significant scope for financially viable innovation at the intersections of ageing, care and residence.

2. Adequacy of current planning policy and Government initiatives in England in meeting the housing needs of older people

- 2.1. Older people have varied needs. Government policy should address not only the needs of the frail and vulnerable but also the needs *and aspirations* of the fit and healthy. Alternative communities that balance individual autonomy with neighbourly support could address the housing demand of baby boomers (in their mid-50s to mid-70s) who:
 - 2.1.1. no longer regard themselves as 'old' or incapacitated by age;
 - 2.1.2. do not want to burden their families;
 - 2.1.3. embrace the 'third age' call to 'age successfully', and;
 - 2.1.4. recognise the reality of austerity cuts on state welfare provision.
- 2.2. The biggest obstacles to the creation of such communities are not around planning policy but rather finance and land (see: Scanlon and Fernández 2015). There are some welcome recent initiatives around finance (eg the HCA Home Building Fund, which is open to 'community builders').
- 2.3. The policy change that would make the most difference would be to provide preferential access to land to community developers such as cohousing schemes. This works well in eg Berlin, where some municipal land is allocated to developers on the basis of their social (rather than strictly financial) value added.

3. Whether more housing designed specifically for older people could help address England's wider housing needs

- 3.1. Yes, but *with* older people, not *for* them. Older people themselves should be enabled to articulate their needs and priorities in the housing context. Collaborative communities like cohousing meet residents' particular needs, as articulated by themselves, in very direct and specific ways.
- 3.2. Some older people are forced by physical or financial realities to move, but there are many more who have a choice. A wider range of attractive choices for older people could increase the 'pull' factor and incentivise more downsizing, freeing up family-sized homes and leading to a more efficient use of the housing stock.
- 3.3. Existing institutional choices that include residential care for older people should heed lessons from senior cohousing models in participative design, everyday management and internal policy-making in order to improve existing working practices, create the conditions for more empowered residents and facilitate more democratic forms of living through life. This would not only make these options more attractive to a wider spectrum of the older

¹ Andresen & Runge, 2002; Choi 2004; Choi & Paulsson, 2011 ; Baars & Thomése 1994; Labit 2015

population, but can have positive knock-on effects on the health and well-being of residents and their residential communities.

Appendix 1: References

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