LONDONASSEMBLY

November 2026

# Housing Committee

This document contains the written evidence received by the Committee in response to its call for evidence, which formed part of its investigation into housing for older Londoners.

Calls for evidence are open to anyone to respond to. In September 2026 the Committee published a number of questions related to its investigation, which can be found on page 2. The call for evidence closed on 30 October 2026.

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## Questions asked by the Committee

1. What are the specific housing needs of Londoners over the age of 65?
2. What impact does unsuitable housing have on older people and how can good housing help them to age well?
3. To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?
4. What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?
5. What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?
6. What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?

## 1. What are the specific housing needs of Londoners over the age of 65?

London's population is ageing rapidly, but much of the existing housing stock is not designed to support people as they age. Improving the availability of accessible, affordable and age-friendly homes, alongside stronger support for adaptations and retrofit, will be critical to enabling older Londoners to live independently and well.

All Londoners should live safely and securely in a property that suits their needs. This is an essential quality of an age-friendly city[1]. Appropriate housing is a crucial factor in determining the independence and quality of life for older people, by keeping people safe, active and able to access services and make their contributions to our communities.

The housing needs for older Londoners should be understood in the context that London is the fastest ageing major city in the UK[2]. The number of Londoners aged 65+ is forecast to rise by 30 per cent this decade, and by 2050 there will 1,015,000 more Londoners aged 60 years or older than in 2020[3].

In many ways people aged 65 and over need the same types of housing as other age cohorts. Older Londoners need homes that are affordable, in decent condition, located near to transport, green spaces, warm, safe and free from hazards. We support measures to enforce standards and increase the supply of affordable housing.

Specific housing needs for older Londoners include:

**Age-friendly design and accessibility**
Ensuring more existing and new homes are accessible is vital. Several age inclusive features that work for older people will also be useful for wider groups. One example of this is step-free access, which works for wheelchair users of all ages and people with prams or buggies for their children.

Age UK Lewisham and Southwark told us:

“Physically accessible properties with a reasonable cost. We are frequently contacted by clients who struggle to get around their home or in and out of it independently as they cannot easily or safely use stairs that might have been no

[1]Towards an Age-friendly London. Mayor of London, 2023 (London joined the WHO Network of Age-friendly Cities in 2018). https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/older-people/mayors-action-plan-age-friendly-london/towards-age-friendly-london-full-action-plan

[2] Ageing in the fast and slow lanes, Resolution Foundation, 2025. Ageing in the fast and slow lane Resolution Foundation

[3] Towards an age-friendly London evidence base, Mayor of London, 2023. Towards an age-friendly London: evidence base | London City Hall

issue when their health was better."
Age UK Lewisham and Southwark, October 2026

The mandatory London Plan requirement for new homes to comply with Part M4 Category 2 regulations is welcome but the available data on how many new homes actually meet Category 2 requirements is poor and there is a need for improvements to the way data is both recorded and tracked. Around a quarter of Londoners aged 50 and over, and just under half of Londoners aged 85 and over, are disabled[4] and Age UK and Age UK London support Inclusion London's call for improved Improve data collection on Disabled people's housing needs and the accessibility of the housing stock in London to accurately plan and deliver the homes that are needed[5].

**The need to make better use of retrofit**

There is insufficient emphasis on retrofit as a means of improving the accessibility and suitability of existing housing stock. Stronger incentives, guidance, and, where appropriate, regulatory requirements for social housing providers may be necessary to ensure that regeneration projects increase both accessibility and the supply of homes that are suitable for older and disabled Londoners.

The regeneration of older social housing in London stock does not consistently result in improved accessibility outcomes. Evidence from the University of Stirling suggests that some common retrofit measures can, inadvertently, reduce accessibility and age-friendliness if inclusive design principles are not embedded from the outset[6]. Greater attention should therefore be paid to ensuring that retrofit, and regeneration programmes deliver improvements in accessibility alongside energy efficiency and other objectives.

There is a need for more wheelchair accessible housing in London. There is no national requirement for Part M4 Cat 3 homes, but London has a requirement of 10%[7], which needs to be monitored and enforced.

**Tenure specific groups facing particular shortages**

Older renters spend nearly 40% of their income on rent, against an average of one third for all age groups and over 50% of renters aged between 45 and 64 have no savings[8].

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[4] (see footnote '2')
[5] Barriers at Home, Inclusion London, 2025. Barriers-at-Home-report.pdf
[6] Designing homes for healthy cognitive ageing, McCall V, University of Stirling, 2022. Designing homes for healthy cognitive ageing | Research | University of Stirling
[7] Draft Policy HN9 Accessible housing, Greater London Authority, 2026. 3. Delivering the homes and neighbourhoods Londoners need | London City Hall
[8] Hidden Renters, Independent Age, 2023. https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Hidden_renters_report_Independent-Age.pdf

Analysis for Age UK London found that poverty rates in the private rented sector for the over 50s in London stood at 28% in 2021/22. This is a drop from a peak of 34% in 2019/20 but remains significant. The number of older renters in poverty remains nearly two times the rate of their home-owning peers in London[9]. Many older private renters will struggle to afford their rent in retirement, particularly those dependent on just the State Pension.

Age UK Barnet have told Age UK:
"Since 2024, we have noticed… Older people renting privately have reported sudden rent increases, often over 20-30%. For instance, rents have commonly risen from about £1200 to £1500 for a one-bed flat, while the Local Housing Allowance amount has seen only a small increase. This trend has driven older people into extreme poverty, leaving them with minimal resources for food, energy, council tax, and other bills. Consequently, many are accruing debt and rent arrears."
Age UK Barnet, 2025

Nationally 90% of renters aged 75 have moved since they were 50 (the numbers will be similar for London) so there are a large number of people looking for a new private rented sector home in this age group[10]. It is crucial that London has affordable, adaptable, age friendly private rented sector housing targeted at this age group[11].

Co-living, housing where residents have their own private bedroom or studio while sharing communal facilities and social spaces such as kitchens, and lounges, might be an option for some people and is an important consideration for the older Londoners' housing mix.

The supply of Build to Rent homes in London must also provide sufficient homes for older renters, including those looking to downsize to two-bedroom homes.

Most older Londoners want to live in mainstream housing in multi-generational neighbourhoods. Participants in Age UK London research (2023[12]) said that they feel that living in London allows them to have more interaction with younger people and they feel positive about their interactions with younger generations.

It is also important to consider the housing needs of older Londoners from all cultural backgrounds, particularly older Londoners from particular communities where there may be some specific needs. Research published in 2025 with Bangladeshi households in east London found that 56% of households with someone aged 70 or

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[9] Poverty amongst older Londoners, Age UK London, 2023. ageuk_london_poverty_2023_final.pdf
[10] Building for an ageing population, Age UK, 2024. building-for-an-ageing-population-november-2024.pdf
[11] Late movers: How the shortage of suitable housing affects our ageing population, Age UK, 2025. late-movers-how-the-shortage-of-suitable-housing-affects-our-ageing-population-october-2025..pdf
[12] High and Lows: The experiences of older Londoner, Age UK London, 2023. https://www.ageuk.org.uk/bp-assets/globalassets/london/documents/older-londoners-research/older-londoners-research-final.pdf

over are multigenerational, this compares to just 2% of White British households. The report recommends increasing provision of larger multi-generational housing[13]. There will be other cultural groups across London with particular needs.

It is also important to note that one bed homes are often unsuitable for older people 'downsizing', because people cannot have a friend, family member, or paid carer, to stay overnight if they are unwell or need support for a period of time. For affordability reasons people may have to live in one bed properties and it is therefore important to look into innovative ways to reduce the risk of loneliness in these homes.

There is evidence that London's housing stock does not adequately match the needs of its changing population[14]. In particular, there is a shortage of affordable and accessible two-bedroom homes, which are often preferred by older people wishing to downsize while retaining space for visitors, family members or carers. This limits housing choice and can reduce opportunities for older people to move into homes that better meet their needs.

Research by Age UK shows that around half of 75-year-olds have moved since they were 50 so there is a need for age friendly housing that appeals to this group[15]. In London we are missing opportunities to help this group move to somewhere which works better for ageing.

**Specialist housing**

Although the overwhelming majority of older Londoners live in mainstream housing there is a shortage of specialist housing in London and around the country. From 2025-2028 all London boroughs missed their benchmark targets for specialist housing completions. It is not known how much progress has been made since, and it could be that there may even have been a net-loss in specialist housing completions[16].

In London affordable supported housing is in short supply and the Information and Advice teams at Age UKs across London regularly support people living in sheltered housing schemes in non-decent conditions. In some schemes Wardens have been removed and schemes have become targets for anti-social behaviour and scammers.

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[13] Amar bari, amar jibon - My home, my life: Developing suitable living environments for Bangladeshi elders, A research report on four East London boroughs, Bangla Housing Association, Housing LIN et.al, 2025, Amar-bari-Amar-Jibon-final-project-report-5-February-2026.pdf

[14] Delivering the homes London needs, Centre for London, 2026. Centre for London | Delivering the Homes London Needs

[15] Late movers - How the shortage of suitable housing affects our ageing population, Age UK, 2025. late-movers-how-the-shortage-of-suitable-housing-affects-our-ageing-population-october-2025.pdf

[16] London, A place for older people to call home, Centre for London, 2020. A-place-for-older-people-to-call-home-Centre-for-London.pdf

The Mayor of London has an Accessible and Specialist Older Persons Housing Locator. This is a welcome service, but the online tool has been unavailable for over a year. In a response to a Mayor's Question in January 2026 (2026/0363) it was stated that the locator was anticipated to be 're-instated this Summer', however, as of October 2026 this was not the case. There is no information for the public to update them about the availability of the tool.

**Enforcement**

There are challenges enforcing housing conditions and standards in the private rented sector. Properly resourced enforcement of standards particularly at the lower end of the PRS is insufficient and for many older renters it can be difficult to push cases through the redress system.

Poor living conditions are a huge problem for older renters in London. The proportionally higher numbers older private renters and London's ageing housing stock will mean that a significant proportion of England's 'non-decent' private rented homes will be in the capital.

One of the most serious hazards for older private renters is excess cold. Independent Age have found that older private renters are most likely to live in older, colder homes[17]. As well as exacerbating many existing conditions, the cold can lead to an increased risk of hypothermia, respiratory illness, depression, risk of falls and arthritis.

An increasing number of older Londoners are living in HMOs. Age UK Lewisham and Southwark told us:

"We are also seeing increasing numbers of older people living in HMOs, often with limited personal space and high rents."
Age UK Lewisham and Southwark, October 2026.

**Downsizing within social housing**

More coordination between providers so that older social tenants can move across areas to be nearer to family and friends. This is something that could be driven centrally.

Age UK Lewisham and Southwark told us:
"Physically accessible properties with a reasonable cost. We are frequently contacted by clients who struggle to get around their home or in and out of it independently as they cannot easily or safely use stairs that might have been no issue when their health was better.

[17] Turning the dial: Energy efficient homes for older private renters in England, Independent Age, 2025. Turning the dial

## 2. What impact does unsuitable housing have on older people and how can good housing help them to age well?

Unsuitable housing has a particularly important impact on someone's ability to age well, and the impact of unsuitable housing can have profound consequences on quality-of-life (physical and mental health).

Suitable housing allows older people to remain independent, access and make a contribution to their community. Inaccessible housing can isolate people or put them at risk of lower health outcomes.

## 3. To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?

Research by Age UK[18] has found that across the country, housing stock in general is unsuitable for older people and housing pressures and demographic change means that the situation is likely to be worse in London.

Age UK Lewisham and Southwark told us:
"Securing accessible properties via the housing register can take a very long time even when someone is in a higher priority band, in both Lewisham and Southwark. Sometimes this is exacerbated because people want to have a ground-floor property rather than anywhere with a lift; this may be personal preference or sometimes a safety issue as a lift cannot be used in emergencies."
Age UK Lewisham and Southwark, October 2026

An estimated 9% of homes in London, across all tenures, do not meet the Decent Homes Standard[19]. More than half of all non-decent homes in England are occupied by someone aged 55 or over. Housing inequalities are also particularly pronounced among some ethnic minority groups. People aged 50 and over from Black, Asian and minority ethnic backgrounds are significantly more likely to experience housing deprivation than their White British peers. For example, 36% of Bangladeshi people and 29% of Black African people aged 50 and over live in housing deprivation, compared with just 4% of White British people.

## 4. What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?

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[18] Late movers - How the shortage of suitable housing affects our ageing population, Age UK, 2025. late-movers-how-the-shortage-of-suitable-housing-affects-our-ageing-population-october-2025..pdf
[19] Towards an age-friendly London evidence base, Mayor of London, 2023. Towards an age-friendly London: evidence base | London City Hall

- **We would like to see greater efficiency in administration of the Disabled Facilities Grant[20]. This is an area where pan-London leadership is required to force cultural change and drive efficiency.**

National data from local authorities about the administration and use of Disabled Facilities Grants collated by Foundations[21] shows that there has been some improvement in the numbers of Grants completed but the needs are rising and the picture is mixed.

- **Funding for repair and maintenance and broader housing help.**

Many existing funding streams are narrowly focused on specific objectives, such as energy efficiency improvements, Disabled Facilities Grants (DFGs), hospital discharge support, or crisis funding. However, individuals often require more holistic support to navigate the range of assistance available to them. This may include help accessing grants, practical assistance in identifying reputable contractors, support with moving furniture, advice on housing options, or guidance on downsizing.

In the context of home adaptations, this highlights the need for more comprehensive, wrap-around support. For example, individuals may benefit from assistance in accessing DFG funding, advocacy to help progress applications through the system, and greater flexibility in funding arrangements so that adaptation works can be made alongside essential repairs. There is limited value in installing a grab rail, for instance, if underlying issues such as a leaking roof remain unaddressed. Additional support may also be needed to negotiate adaptation works with private landlords and other housing providers.

- **We would like to see better enforcement of all standards across the Private Rented Sector.**

- **Support for information and advice for tenants about their rights to adaptations so that they feel more confident to ask for adaptations without repercussions.**

## 5. What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?

We need to ensure that local plans better assess specific groups of older people in a local area in a more granular way. These groups include private renters and social tenants; people ‘downsizing’, older households from specific cultural backgrounds

[20] The Disabled Facilities Grant A step change: improving delivery of the Disabled Facilities Grant, Age UK, 2025. the-disabled-facilities-grant-a-step-change-improving-delivery-of-the-disabled-facilities-grant.pdf
[21] DFG Funding and Performance, Foundations 2026. Performance of Housing Authorities in DFG Delivery

and others. We need to build homes based on needs and the London Plan should support this.

We also need to see better provision of good data. This would help local authorities and the GLA to better understand, which areas are ageing the most and what type of homes these people currently live in. The data needs to forecast needs for moving and identify shortfalls in housing.

There are significant challenges presented by viability, planning delays, and the fall in the completion rates of all types of home including flats which can be a good solution for some older people.

Incorporating age friendly features as standard is more than just conformity with Cat 2, it is also about making choices that do not have to cost more such as an oven at waist hight and space for storage.

In an ageing city, more affordable housing so that people do not have to move away from families is vital. This is particularly important because many older people live on their own for a variety of reasons including bereavement.

We would like to see comparisons of the number of older people on housing registers with accessibility needs, to the proportion of available specialist older housing or mainstream housing available that meets their needs (particularly step-free access).

Age UK Lewisham and Southwark told us:

“Securing accessible properties via the housing register can take a very long time even when someone is in a higher priority band, in both Lewisham and Southwark. Sometimes this is exacerbated because people want to have a ground-floor property rather than anywhere.”
Age UK Lewisham and Southwark, October 2026

## 6. What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city’s older population?

More information is needed about which, boroughs have the greatest shortages of specialist housing per capita and based on need. This data, including the type of specialist housing, should be available to local authorities and the wider public.

We would like to see more innovative independent living schemes across London (rather than a reliance on care homes) and smarter multigenerational neighbourhoods could be considered too.

Smart multigenerational neighbourhoods[22] are designed to enable ageing and care in place by ensuring that housing, health services, transport, public spaces and digital technologies are integrated and accessible within the local community. By making it easier for people to access support before a crisis occurs, these neighbourhoods can help older residents maintain their health, social connections and independence for longer. Features such as walkable streets, accessible homes, nearby services and opportunities for intergenerational interaction encourage physical activity and reduce social isolation. As a result, residents are better able to lead active, independent lives while potentially delaying or reducing the need for more intensive health and social care services.

It is important that information on housing options including access to aids and adaptations to support day-to-day living reaches less reached and underreached groups, particularly people living with undiagnosed dementia.

[22] ISO 25553-1:2026 Ageing societies — Framework for smart multigenerational neighbourhoods https://www.iso.org/standard/82398.html

# Anchor submission to London Assembly Housing Committee call for evidence:

# Housing for Older Londoners

### 1. What are the specific housing needs of Londoners over the age of 65?

Londoners aged 65 and over need a greater supply of high-quality, accessible and attractive homes that enable them to live independently for longer, while providing flexibility as their needs change. Much of the existing sheltered housing stock no longer reflects the aspirations or lifestyles of today's older people, with limited space, outdated design and a lack of two-bedroom accommodation.

Older Londoners increasingly require modern, energy-efficient and future-proofed homes that are designed to support ageing in place, including step-free access, adaptable layouts, wheelchair accessibility, dementia-friendly design, high fire safety standards and assistive technology. Two-bedroom homes are particularly important, enabling couples to remain together, accommodating overnight carers, mobility equipment and visiting family, and making downsizing from larger family homes a more attractive option. Making best use of social housing through downsizing can create a chain of vacancies, releasing larger family homes and ensuring valuable housing assets are occupied by those whose needs they best meet.

here is also a need for housing that promotes health, wellbeing and social connection through communal facilities, outdoor space, on-site management, emergency response services and access to support when required. Well-located retirement housing close to shops, services and public transport helps older people maintain independence and remain connected to their communities.

Expanding the supply of modern retirement housing can also support wider housing objectives by encouraging downsizing, releasing larger family homes back into the market and making more efficient use of London's housing stock. This aligns with the identified need in the Draft London Plan for approximately 22,000 additional homes for older people, reflecting the growing demand from an ageing population.

### 2. What impact does unsuitable housing have on older people and how can good housing help them to age well?

Please see the case studies below showing the impact of good housing and the impacts on health.

**Key Health Outcomes**

- Improved mental wellbeing and reduced anxiety.
- Better sleep through a quieter living environment.
- Greater ability to rest and manage long-term health conditions.
- Increased feelings of safety, comfort and stability.
- Improved quality of life and independence.
- Positive connection to community through volunteering and hobbies.

**Goldfinch Point, Hackney - Finding Safety, Stability and Hope**

For most of his career, [redacted] worked managing libraries and lived in the family home he had known all his life. When he was unexpectedly asked to leave following a change in the tenancy, his world was turned upside down.

Unable to access social housing while working and later facing ill health and unemployment, [redacted] eventually found himself living in his car. The experience had a profound impact on both his physical and mental health.

“I became deeply depressed, felt helpless and started having panic attacks.”

The stress and uncertainty took a serious toll, contributing to a heart attack and leaving him feeling isolated and without hope.

Everything changed when [redacted] was offered a home with Anchor.

“Getting my flat felt like winning the lottery.”

Having a safe, secure home has given [redacted] the stability he needs to focus on his health and recovery. Knowing that 24-hour OnCall support is available provides reassurance, while allowing him to maintain his independence.

“Living in my car was terrifying. I used to fear for my life at night.”

One of the biggest differences has been the impact on his wellbeing. [redacted] says he no longer feels as alone or helpless and has started reconnecting with others. After attending a coffee morning, he met neighbours and began building new friendships.

“I don't feel so alone and helpless. I even won a raffle prize.”

Having a permanent home has also allowed him to enjoy everyday things many people take for granted.

“I can cook and sleep in a bed. I had no idea how much these basic things mattered until I lost them.”

Today, [redacted] feels safer, more settled and more optimistic about the future. His Anchor home has given him more than a roof over his head. It has restored his confidence, dignity, independence and sense of belonging, providing the foundation to rebuild his life and support his mental wellbeing.

**Case Study 2:**

**Goldfinch Point – Affect on Health**

**[redacted] Story: A Place to Feel at Home**

**Name:** [redacted]
**Age:** [redacted]
**Moved in:** July 2026

For [redacted], moving to Newton Close has been life changing. More than simply moving into a new flat, it has given him a safe, peaceful place where he can rest, recover and enjoy life again.

A retired rock musician and sound engineer, [redacted] has lived and travelled across the world. Music remains an important part of his life, alongside creating ceramics, volunteering in the community and supporting Arsenal FC.

[redacted] lives with blood cancer, autism, tinnitus, panic attacks and insomnia. Before moving to Newton Close, he struggled in accommodation that was noisy and unsettled, which made it difficult to rest and recover when he became seriously ill.

"I became very ill and was diagnosed with blood cancer. I could not sleep as there was constant noise, and I was constantly on edge and stressed. I was in a state of panic all the time."

The impact on [redacted] wellbeing was significant. Eventually, healthcare professionals supported him to seek alternative accommodation, but it was only when he moved to Newton Close that he found the stability and comfort he needed.

**Improved health and wellbeing**

Since moving into his new home, [redacted] says his health and quality of life have improved dramatically.

"Since moving here my health has improved dramatically. I feel a lot better. I can rest when I want to rest."

For someone living with insomnia, having a quiet environment has made a significant difference. The peaceful surroundings have helped reduce stress and anxiety, allowing [redacted] to focus on his health and regain a sense of control over daily life.

[redacted] particularly appreciates the bright, welcoming design of his home.

"I love my flat. It is nicely finished and neutral, and it is nice and bright. The shower is fantastic. I really enjoy the sunshine from the balcony in the afternoon."

**A foundation for independent living**

Today, [redacted] has a home that supports both his independence and wellbeing. With a comfortable, accessible environment and opportunities to remain connected to the activities he enjoys, he can continue pursuing his passions for music, ceramics and volunteering.

When reflecting on the difference his new home has made, [redacted] verdict is simple:

"Compared to my last place, my new home is like comparing chalk and cheese."

For [redacted], the right home has delivered more than improved housing. It has provided better rest, reduced stress, greater independence and, most importantly, a place where he can finally feel settled.

**3. To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?**

**To a limited extent, London's existing housing stock is suitable for people aged over 65.** While the London Plan seeks to increase the supply of specialist housing for older people, a significant proportion of existing provision was not originally designed to meet the needs and aspirations of an ageing population. Much of the older housing stock has been adapted over time, rather than purpose-built, and can lack the accessibility, adaptability, energy efficiency and care-ready design required to support residents as their needs become more complex.

At the same time, people are living longer, often with multiple long-term health conditions, dementia or mobility challenges. As a result, quality, accessibility and suitability are becoming just as important as increasing the overall number of homes available. Existing provision must remain fit for purpose, and in many cases older stock requires significant investment, remodelling or replacement to meet modern standards and expectations.

London faces a substantial shortage of specialist housing for older people, with demand expected to grow significantly as the population ages. Meeting this need will require long-term strategic planning, investment and the delivery of a wider range of

housing options, including independent living, extra care and integrated housing-with-care models.

Anchor has sought to address this challenge through its regeneration programme, which focuses on creating **more and better homes** for older people. The programme replaces or remodels outdated accommodation with modern, accessible and energy-efficient homes that are designed specifically for later living. This includes larger and more adaptable apartments, improved communal spaces, enhanced sustainability measures and environments that support independence while being capable of accommodating future care needs. Regeneration also provides opportunities to increase housing capacity on existing sites, helping to address shortages while improving residents' quality of life.

Ultimately, alongside new development, the regeneration of existing older persons' housing will be essential if London is to provide a housing stock that is capable of meeting the needs of its growing older population, enabling people to live independently, safely and with dignity for longer.

**4. What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?**

**5. What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?**

Anchor believes housing for older people should be treated as a mainstream housing priority rather than a specialist niche. London's ageing population is growing rapidly, yet the delivery of age-friendly and specialist housing has not kept pace with need. The result is that many older people remain in homes that no longer meet their needs, whilst larger family homes remain under-occupied and unavailable to households who need them.

The first priority should be to strengthen the London Plan by introducing **mandatory delivery targets for older persons' housing**, supported by delivery tests and clear monitoring arrangements. Assessing need alone will not create homes. Boroughs should be expected to identify suitable sites and demonstrate how they will meet identified demand across a range of tenures and housing types.

Secondly, older persons' housing should be embedded within **estate regeneration projects, major developments and new communities from the outset**, rather than being treated as an afterthought. Planning policies should better recognise the unique characteristics of later living housing and the significant social, health and economic benefits it delivers.

There is also a strong value-for-money case for investment. Research consistently demonstrates that specialist housing can reduce pressures on the NHS and adult social care, support independent living, reduce social isolation and improve wellbeing. Providing the right homes can help prevent delayed hospital discharges and reduce the need for more costly residential care interventions.

London should also recognise the wider housing market benefits that older persons' housing can deliver. Supporting older people to move into appropriate accommodation creates a vacancy chain, freeing up larger family homes and making more effective use of scarce social housing and housing resources. This enables housing mobility and contributes to wider housing delivery objectives across the capital.

To support delivery, dedicated funding streams should be available for older persons' housing. Specialist housing schemes are more expensive to develop due to accessibility requirements, communal facilities and support services, and providers should not be expected to compete directly with general needs housing providers for limited funding.

A further priority is improving access and awareness. Housing pathways for older people remain inconsistent across London, and many residents are unaware of the housing options available to them. The GLA could play a greater coordinating role by supporting boroughs with nominations, promoting best practice, improving data sharing and encouraging a more consistent pan-London approach.

Finally, quality must remain at the centre of delivery. New housing for older people should be aspirational, accessible and attractive. People are unlikely to leave a home they may have occupied for decades unless they are moving to somewhere that enhances their independence, wellbeing and quality of life. Alongside new development, there should be continued investment in regenerating outdated specialist housing stock that no longer meets modern expectations or care requirements.

## Anchor's Key Recommendations

1. **Make older persons' housing a mainstream housing priority with mandatory delivery targets and monitoring.**
2. **Create dedicated funding and planning support for specialist older persons' housing.**

3. **Recognise older persons' housing as a strategic solution to health, social care, loneliness, homelessness and wider housing market pressures, including releasing much-needed family housing through downsizing and housing chains.**

**6. What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?**

London will require a significant increase in specialist housing provision to meet the needs of its growing older population. Achieving this will require a more targeted policy, funding and delivery framework that recognises the distinct nature of housing for older people, particularly extra care and supported housing.

Firstly, the Greater London Authority should consider allocating a dedicated, ring-fenced funding stream for older persons' housing and supported housing. Specialist schemes require substantial upfront investment, longer lead-in times and early commitments to a specific operational model. Unlike general needs housing, specialist accommodation cannot easily be converted to alternative tenures or service models if funding support is unavailable. Greater certainty over grant availability would significantly improve the ability of providers to bring forward schemes.

Secondly, there is a need for dedicated specialist expertise within the GLA, with officers who understand the complexities of housing-with-care, extra care and supported housing. These individuals could act as advocates for the sector, helping to navigate funding processes and supporting engagement with boroughs to secure local backing for much-needed developments.

Funding programmes should also recognise that specialist housing schemes are inherently more complex and often take longer to develop than mainstream residential schemes. Greater flexibility around programme deadlines and delivery milestones would help ensure viable projects are not excluded due to arbitrary timescales.

In assessing funding applications and value for money, specialist housing should not be benchmarked directly against general needs housing. Older persons' housing delivers a wider range of social, health and care outcomes, often at higher capital cost and lower density. Traditional housing metrics do not fully capture these benefits and can disadvantage specialist schemes during funding and approval processes.

At a strategic planning level, London boroughs should be required to robustly assess current and future need for specialist older persons' housing, allocate appropriate sites, and demonstrate how identified need will be translated into planning

permissions and delivery. Annual monitoring and transparent reporting against local and London-wide targets would improve accountability. Consideration should also be given to a Housing Delivery Test-style intervention framework where delivery consistently falls below identified need.

The planning system should place greater emphasis on allocating sites in locations that enable older people to live independently, with priority given to sites close to public transport, healthcare services, shops and community facilities. Specialist affordable housing for older people should also be embedded within regeneration programmes and wider affordable housing initiatives rather than being treated as a niche housing product.

Finally, policymakers should recognise specialist housing providers as strategic delivery partners in addressing London's housing, health and social care challenges. Planning, viability and funding policies must better reflect the additional costs associated with delivering housing-with-care and extra care schemes. A London-wide monitoring dashboard, together with stronger reporting and accountability mechanisms, would help ensure that delivery keeps pace with growing demand and that older Londoners can access the housing options they need.

ARCO | Setting Standards for Retirement Communities

# London Assembly Call for Evidence

## Housing for Older Londoners

**October 2026**

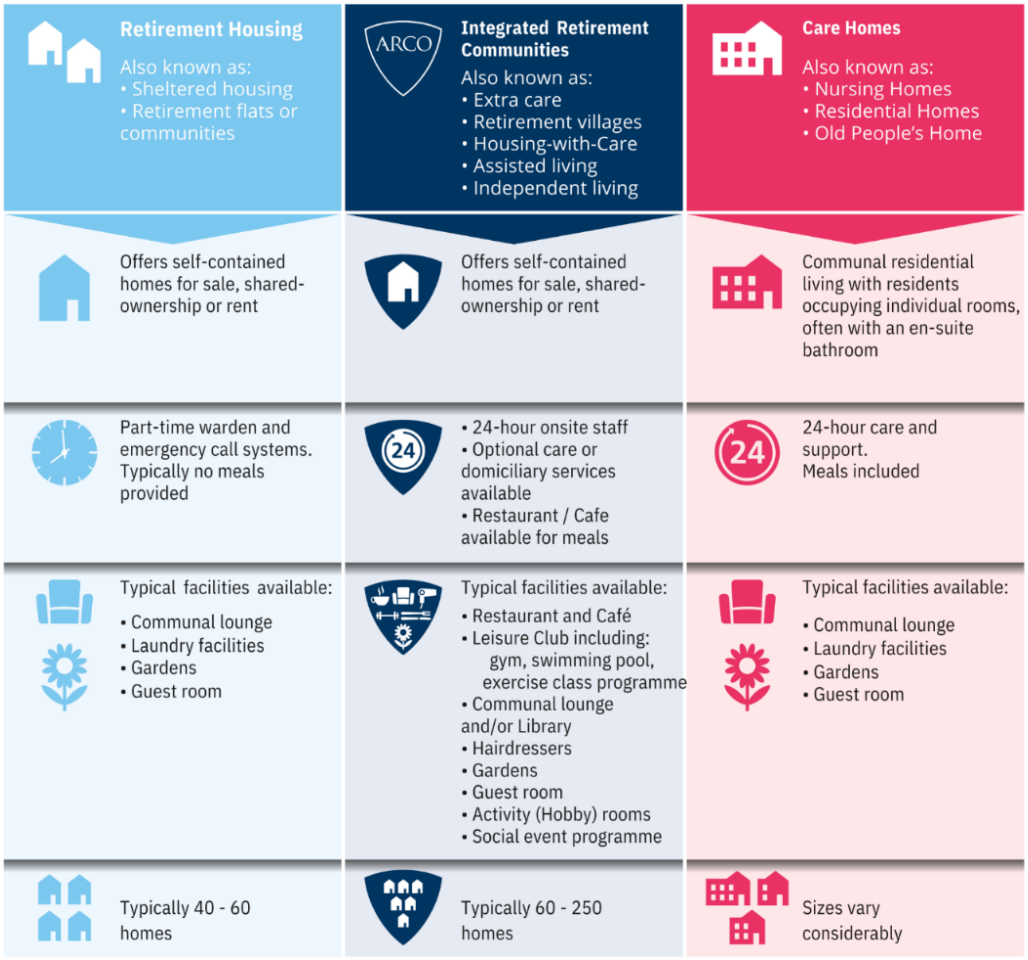
## 1. Introduction

1.1. ARCO is the national membership body for charity, not-for-profit and private operators of modern housing-with-care schemes – known as Integrated Retirement Communities (IRCs).

1.2. IRCs are a model of specialist housing for older people. The average age of moving into an IRC is 80 and the average duration of residence is eight years. All tenure types are found in the IRC sector from social rent to private rent and private ownership.

1.3. IRCs bridge the gap between retirement housing (where a limited number of services are delivered) and residential care homes, which are increasingly focused on older people who are very frail or have very high care needs. An IRC typically comprises:

- 24/7 onsite support
- a restaurant/café
- extensive communal facilities, such as gyms, swimming pools, gardens, hobby rooms, wellness rooms, hairdressers, shops, etc.
- guaranteed personal care if it is required.



1.4. IRCs are different from traditional retirement housebuilders who generate profits from building and selling flats. IRC operators have long-term business models that generate returns from service delivery and facilities management.

1.5. The acknowledged benefits of IRCs can be summarised as:

- providing independent living in a supportive community environment helping to combat loneliness and social isolation in the elderly
- reducing pressure on the NHS by reducing the number of hospital visits and pressure on local GP surgeries. Research shows a 47% reduction in NHS costs, a 46% reduction in GP usage, and a 31% reduction in the number of planned admissions to hospital from IRC residents. A 2024 research report from Homes England noted annual savings to the NHS per residents of c.£2000
- freeing up market family housing - the provision of an IRC has the effect of increasing the supply of market housing in the local area. By their very nature, residents often downsize to move into an IRC therefore releasing family market housing
- creating employment opportunities across a number of employment sectors from nurses to hospitality staff.

1.6. Unlike traditional retirement housing developers, IRC operators typically have 'skin in the game' when it comes to resales through using 'deferred management fees', which are payable at the point of resale as a percentage of the resale price achieved. This fee structure aligns the incentives of operators and resident (both want to optimise resale values) and independent evidence shows IRCs using DMFs track average house price inflation over the long-term.

## 2. Call for Evidence

2.1. The London Assembly Housing Committee has launched an investigation into housing for older Londoners. The aims of the investigation are:

- To understand to what extent London's housing stock is meeting the needs of people over the age of 65, particularly in the context of the city's ageing population
- To understand the impact of unsuitable housing on older Londoners and how good housing can help Londoners to age well
- To investigate the role of under-occupancy in social housing in the context of housing for older Londoners
- To ask what further action needs to be taken to make London's mainstream housing (both new and existing stock) more suitable for older people with additional needs, including housing size mix
- To ask what further action needs to be taken to ensure that London has enough high-quality specialist accommodation for older people
- To scrutinise the Mayor's policies and programmes related to housing for older Londoners, and ask what further action he can take

2.2. The investigation is seeking evidence on:

- What are the specific housing needs of Londoners over the age of 65?
- What impact does unsuitable housing have on older people and how can good housing help them to age well?
- To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?

- What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?
- What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?
- What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?

2.3. ARCO's response focuses on the third and last of these questions, drawing in particular from ARCO's 2024 'manifesto' for London: "An IRC in Every Borough".[1]

## 3. To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?

3.1. The benefits of IRCs to individuals are well established. However, London has very few IRC units relative to the size and characteristics of its older population.

3.2. In the period 2011-2021, there was an 8% increase in the number of over 75s living in London. The capital now has almost half a million aged 75+, as well as a further half a million aged 65-74.

3.3. For many older Londoners, the later years are marked by the onset of long-term health conditions and declining independence. 18% of older Londoners report having a disability that limits them a lot. Around one in four Londoners aged 65 are in receipt of disability benefits, such as Attendance Allowance or PIP (220,941 people or 23% of the age group). Across London, 7% of those aged 65+ (around 70,000 people) are in receipt of care and support (compared to 5% across England).

3.4. The vast majority of older Londoners aged 75+ live in mainstream housing. Over two-thirds (70%) of this group own their home (including 5% of this age group who own their home via a mortgage or through Shared Ownership). Of the remainder, 24% live in the social/affordable rented sector and 7% rent privately.

3.5. However, even though London's population is ageing and the benefits of housing-with-care are widely known, the provision of such specialist housing for older people in the capital is extremely low across all types of tenure.

3.6. For example, older homeowners in London are sometimes regarded with envy, given the increase in property prices witnessed in the capital in recent decades. Yet despite the fact that 70% of over-75s in London own their home, 19 of the 32 London Boroughs – over half - have no housing-with-care at all for older homeowners to move into.

3.7. There are just 23 housing-with-care schemes for owner-occupation in the capital providing 1,684 individual homes. Most older homeowners confront a 'housing-with-care desert' in London.

3.8. Indeed, of 192 housing-with-care schemes in London, 23 are for owner-occupiers (12%), eight are for private rent (4%) and 153 are social/affordable rent (80%). The total number of units for all tenures across the capital 8,835.

[1] ARCO (2024) An IRC in Every Borough

3.9. Across London, the overall number of housing-with-care schemes in different Boroughs ranges from 14 in Hackney and 13 in Barnet to two in Bexley and one in Kingston upon Thames.

3.10. The scarce provision of housing-with-care in London has a direct cost for older Londoners. If they wish to access the benefits of specialist housing, most older Londoners are forced to move out of the city, leaving behind their networks and community. Alternatively, they may remain in homes that do not allow them to flourish, and in some cases, may be too big for them or not meet their needs.

3.11. Ultimately, a shortage of housing-with-care in the capital is resulting in thousands of Londoners in late old age experiencing unnecessary ill-health, loneliness and loss of independence, as well as expensive long-term care fees – with knock-on consequences for London Boroughs and the NHS.

3.12. The relative shortage of IRCs in Greater London can also be contextualised by comparing London to New Zealand's capital – Auckland.

3.13. Auckland has around 12,500 IRC units, providing a home for 16,250 over-65s. This equates to 7% of the over-65 population in Auckland, which stands at 232,160. By contrast, there are just 1,968 IRC units in London, providing a home for around 2,558 over-65s. This means only 0.25% of London's over-65 population of more than a million has any kind of opportunity to live in an IRC.

3.14. If London were to reach Auckland's levels of provision, and give 7% of over-65s the chance to live in an IRC, the number of IRC units in the capital would need to grow to around 73,000.

## 4. What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?

4.1. The reasons for the low number of IRCs in the capital are complex but ultimately come down to three overarching issues:

4.2. First there has been insufficient recognition and vision among London policymakers regarding the ageing of the population and the role of suitable housing in helping older Londoners age well. The GLA and London Boroughs need to recognise the benefits of IRCs to older people and make them a priority in housing and planning policy, for example, through identifying and allocating strategic sites.

4.3. The GLA should play a leading role in bringing together and creating a joint vision for older people's housing among health, social care and housing stakeholders at a regional level in London (e.g. South East London), including Integrated Care Boards, local NHS officials, and London Boroughs. This should include a framework for neighbouring boroughs to share the benefits and costs for new IRC provision.

4.4. Indeed, given the urban nature of the capital, and the 'spillover' of benefits from IRCs across the boundaries of London boroughs, we believe the GLA has an absolutely vital leadership role in growing the number of IRCs in the capital.

4.5. Second: affordability. there is insufficient local government support for provision of social and affordable IRCs, and not enough sites are allocated to older people's

housing. It is also extremely challenging in London to develop IRCs that are affordable to London's older home-owners.

4.6. The GLA should:

- allocate at least 10% of key funding pots, including the Affordable Homes Programme and Community Housing Fund , to specialist housing for older people, each year
- ensure the Mayor's Care and Support Specialised Housing (CASSH) Programme funds a range of different types of specialist housing for older people, including housing-with-care
- create a London-wide older people's housing target for large sites, building on the way that affordable housing targets are set, in order that IRCs receive priority consideration whenever large sites become available, enabling the lower costs derived from the economies of scale associated with larger schemes to be passed on to older Londoners
- consider the appropriate level of contributions to affordable housing in London for new IRCs, recognising the financial benefits of IRCs to the social care system, the NHS and housing supply.

4.7. Third: planning. ARCO believes the GLA should take lead responsibility for educating London Boroughs and spreading best practice, including producing guidance on how to develop more specialist housing for older people, incorporating detailed information on:

- the different models of older people's housing and their relative benefits
- case studies of successful older people's housing in London and how these developments were brought about
- how to assess need and publish data on the need for different types of older people's housing
- how to work with partners in the borough to bring older people's housing developments to completion
- different funding options for older people's housing
- ensure consistent definitions of older people's housing are used by all London Boroughs
- require London Boroughs to utilise their Annual Monitoring Reports to monitor the delivery of older people's housing in relation to new Older People's Housing Action Plans.

4.8. ARCO recently submitted its response to the draft new London Plan. A number of key themes merit sharing here.

4.9. The London Plan should include a distinct definition for housing-with-care / IRCs either as a standalone definition or subsumed within the definition of older persons accommodation. The proposed housing-with-care definition should match the description in Planning Practice Guidance, with additional detail on IRCs consistent with that national guidance.

4.10. ARCO recognises the pressing need for delivering affordable housing within London. However, it is considered important given the long-term business model of IRCs which gives rise to a distinct viability challenge, that the London Plan acknowledges this to ensure that delivery of much needed accommodation for older persons is not unduly constrained or delayed. It should also be recognised that given the often extensive communal facilities provided by IRC and the need for these to be financed via management fees, this creates structural challenges for delivering affordable housing

on-site. As such, there should be a tailored approach in relation to IRCs which recognises the challenges of on-site provision and in such cases allows for a payment in lieu contribution.

4.11. Within the London Plan, there should be a tailored approach to review mechanisms (within Section 106 Agreements) for IRC developments as these otherwise pose a significant risk to the financial stability and long-term delivery of IRCs, particularly in relation to securing funding at the outset.

4.12. In regard of Policy HN5 Managing Specialist Accommodation, it is highly disappointing to note that the critical need for older persons accommodation is entirely lost through a policy which combines various needs under the single banner of 'specialist accommodation'. This is considered a retrograde step back from the current Policy H13 which itself has failed to deliver.

4.13. It is imperative that the London Plan emphasises the critical need for older persons accommodation within a specific, standalone policy which clearly differentiates between the different types of need by typology and tenure (in line with those cited under NPPF Policy HO1.2.b). This should account for and quantify the needs for private sector retirement housing (including IRCs) and set strategic targets for London Boroughs. London Boroughs should be required to demonstrate how the range of identified needs would be met in full, allocating sites as appropriate.

4.14. It is also disappointing to note that whilst Policy HN5 expressly requires boroughs to allocate sites for purpose-built student accommodation (Policy HN5.A.1), there is no similar mandate for older persons accommodation. Again, this serves to dimmish the importance of such provision relative to other forms of accommodation. In order to be effective, the London Plan should identify the specific needs to be planned for and mandate the allocation of sites at the local level to meet such needs.

# Housing for Older Londoners

**Written evidence to the London Assembly Housing Committee**
**Submitted by the Centre for Ageing Better | October 2026**

## About the Centre for Ageing Better

The Centre for Ageing Better is an independent centre of excellence on ageing and demographic change. We work with national and local government, industries, businesses and community organisations to improve how people experience ageing. Our work focuses on creating better workplaces, homes and communities, while tackling ageism and addressing inequality in later life.

## Executive summary

London needs a housing system capable of responding to changing needs across the life course. That means mainstream homes that are safe, affordable and adaptable; neighbourhoods that support connection and independence; meaningful choice for people who want to move; and practical help before housing problems lead to health and care crises.

The Mayor can make a material difference by combining London's leadership on accessible new homes with an equally ambitious programme for the existing stock. A London-wide Good Home Hub offer, stronger delivery monitoring and a formal connection between housing, health and care would provide the foundations of that approach.

London's response to an ageing population cannot be confined to specialist housing provision. More than 90% of older people live in mainstream housing. The central test is therefore whether ordinary homes, across all tenures, allow people to live safely and independently and remain connected to the communities they know.

Housing should be treated as part of London's preventative health infrastructure. Cold, dangerous or inaccessible homes can worsen ill health, increase falls, restrict everyday activity and bring forward the need for care. Conversely, adaptations and targeted home improvements can protect independence, improve wellbeing and reduce costs to the NHS and social care.

London therefore needs a two-track solution: improve and adapt the homes that already exist, while ensuring that new homes are accessible and adaptable from the outset. The organising principle should be choice. Older Londoners should be able to improve their current home, move to a more suitable mainstream home, or choose

specialist housing, without being forced into an option by a lack of affordable or suitable alternatives.

## What are the specific housing needs of Londoners over the age of 65?

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***Older Londoners need affordable, decent, accessible and adaptable homes, in communities where they can remain independent, connected and able to access services.***

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Firstly, it is important to highlight that 91% of older people live in mainstream housing[1], as opposed to specialist housing. As a result, mainstream housing must be at the centre of the discussion and solutions when it comes to housing for older people. Specialist and supported housing are important options, but they cannot compensate for mainstream homes that are inaccessible, unaffordable or in poor condition. The quality and suitability of ordinary homes is fundamental to healthy ageing.

A suitable home enables someone to live safely and independently for as long as possible. It should be:

- accessible and adaptable as the resident's needs change
- affordable to heat, maintain and repair
- safe and in good repair
- warm and energy efficient
- somewhere people actually want to live
- close to transport, healthcare, shops, family, friends and community.

### *Accessibility and adaptability*

With an ageing population, building more accessible and adaptable homes is essential. A home that cannot be entered or moved around safely can restrict somebody to particular rooms or areas of their home, limit visits from friends and family, and make routine activities such as bathing, cooking and using the toilet more difficult. Accessibility is, therefore, central to whether housing is suitable for older Londoners.

### *Affordability and tenure*

Affordability is a particularly acute issue in London. Housing costs affect whether people can heat their home, pay for repairs, participate in community life and maintain an adequate standard of living. Older private renters face a particularly difficult combination of high recurring costs, insecurity, poor conditions and limited control over improving or adapting their home.

The right to age safely and independently should be something available to people regardless of the tenure they live in.

There are a growing number of older private renters, and this trend looks set to continue for a long time to come.[2] Older private renters can face issues related to affordability, insecurity and poor housing conditions simultaneously, while having less control over making the changes to their home they need as they age. If more people are going to grow old in rented accommodation, we need to make sure that the ability to live safely and independently isn't affected by tenure.

Unlike an owner-occupier, private renters have less control when it comes to making adaptations to their home, including over use of the Disabled Facilities Grant. Landlord permission can be an obstacle to implementing adaptations.

***Neighbourhoods are part of the housing offer***

Suitability is not only about the physical home. A technically accessible property can still undermine independence if the resident cannot reach shops, GPs, pharmacies, public transport, green space or community facilities. Age-friendly housing policy must therefore connect homes with safe walking and wheeling routes, seating, public toilets and opportunities for social connection.

***Choice, not a single pathway***

Most people will want to remain in the home they know. Some will want to move to another mainstream property, whether the same size or smaller. Others will choose specialist or supported housing. London should make all of these options viable. More accessible and adaptable housing across different tenures, property types and price points is fundamental to meaningful choice.

Older people make fewer moves than younger age groups, but this does not necessarily mean they do not want to move. Just 3.4% of people aged over 50 move home each year, around half the rate of the rest of the population[3]. A shortage of suitable homes, the stress and cost of moving, and the risk of losing established networks can all prevent a move that somebody would otherwise choose.

## What impact does unsuitable housing have on older people and how can good housing help them age well?

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***Poor housing can directly create or worsen ill health and increase the need for care. Good housing is preventative infrastructure.***

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### *The scale of poor-quality and unsuitable housing*

Too much of England's housing does not meet adequate standards for suitable housing. Around 7.5 million people live in non-decent homes in England, including approximately 2.3 million people aged 55 or over.[4] For many people, living in a home that is cold, damp, or dangerous will be life-limiting – and for some, it will even kill them.

Homes are a key determinant of our health. Homes that are cold, damp, mouldy, or contain dangerous hazards can cause serious health problems for the people living there. Fixing unsafe homes means longer, healthier and more fulfilling lives for everyone. Poor-quality housing is dangerous, it restricts people's life chances and hurts our nation's health.

The UK has the oldest housing stock in Europe, with 38% of its homes dating from before 1946.[5] UK homes lose heat up to three times as fast as comparable Western European neighbours such as Germany.[6] Nearly 60% of excessively cold homes are occupied by at least one person aged 55 or over.[7] More than 600,000 homes headed by someone in this age group contain hazards relating to falls on stairs or between levels.[8]

Almost half (48%) of accidental deaths in the UK in 2023 resulted from falls. Falls from stairs and steps were the most commonly identified cause of fall-related deaths while more than half (59%) of all accident-related hospital admissions were because of falls.[9] An estimated 5,000 excess winter deaths in 2022/23 were attributed to cold homes.[10] Excess cold can contribute to the risk of dangerous falls by reducing dexterity and grip strength.[11] These national figures illustrate the serious consequences of housing hazards for an ageing population.

### *Effects on health and wellbeing*

A cold, dangerous or inaccessible home isn't just a housing problem. It can become a health problem, a care problem and, ultimately, an NHS problem. A home can either support independence and good health or gradually take it away. Unsuitable housing has consequences that make everyday activities more difficult, increase the risk of falls and injuries and exacerbate health problems.

Specifically, cold, damp, hazardous and inaccessible homes can[12]:

- worsen respiratory and cardiovascular conditions
- increase the risk of falls and injuries
- affect mental health and wellbeing
- make everyday activities such as bathing, dressing, cooking and moving around the home harder
- reduce social participation and increase isolation
- undermine independence and bring forward the need for formal or unpaid care

The effects can accumulate. A person may restrict their movement because stairs feel unsafe, avoid bathing because the bathroom is inaccessible, or reduce heating because the home is expensive to keep warm. The result can be poorer health, lower confidence and increasing reliance on others.

### *Costs to health and care services*

People aged 55 and over account for half of NHS expenditure related to poor quality housing (£595 million per year is spent treating people aged 55 and over). This is more than half of the relevant NHS cost, despite older people occupying around a third of England's non-decent homes.[13]

Research from the Care Policy and Evaluation Centre at the London School of Economics estimates that remedying hazards, damp and cold in homes occupied by people aged 50 and over could save £1.1bn a year in formal care costs and £3.5bn in unpaid care costs by 2027, rising to £2.8bn and £7.1bn by 2042 respectively.[14] These costs should not be viewed as separate from housing policy. They are part of the avoidable human and financial consequences of unsafe homes.

### *The preventative return from home improvement*

There is strong evidence that practical interventions work. For each £1 spent on falls-prevention adaptations, estimated savings are £1.10 to the NHS and £4.56 to society.[15]

The policy implication is clear: London should shift from waiting for a fall, hospital admission or care crisis towards earlier identification and intervention. Housing, health and social care services should share referral routes and recognise repairs and adaptations as part of prevention.

## To what extent is London's housing stock suitable for people over 65?

***London's existing stock is not sufficiently prepared for an ageing population. We need both accessible new homes and substantial investment in the homes people already live in.***

London needs to simultaneously improve and adapt the homes people already live in, while ensuring the new homes we build are accessible and adaptable from the outset.

### *Accessibility*

Only 13% of homes in England have all four basic accessibility features that make a home visitable for most people[16]. An estimated 759,000 households containing someone aged 55 or over need an adaptation but do not have one, representing 49% of households in that group with an adaptation need[17].

London has the highest proportion of homes with all four basic accessibility features among English regions, at 17%, compared with 8% in the North West and West Midlands[18]. However, this still means that more than four in five London homes do not have all four features.

London's planning policy has provided important leadership. The London Plan requires new dwellings to meet Part M4(2) of the Building Regulations, the accessible and adaptable standard. It also makes provision for a minimum percentage of M4(3) wheelchair-user homes. This commitment should be retained and delivered through the next London Plan and the Mayor's housing programmes.

Recorded data show 61,249 new-build homes completed between January 2021 and September 2025 as meeting M4(2), but a Mayoral question response cautions that reporting gaps mean the data are incomplete.[19] Policy commitments must therefore be matched by consistent information about starts and completions by accessibility standard. It is vital that London retains its commitment to build M4(2) and M4(3) homes and delivers on it. Better reporting, monitoring and data collection would help.

### *The principle of choice*

M4(2) should be understood as an inclusive mainstream standard, not a specialist older people's standard. It provides enhanced accessibility and adaptability, including step-free access and layouts that can respond to changing circumstances. It benefits older and Disabled people, families using pushchairs and households receiving visitors with mobility needs.

Designing accessibility in from the outset is more efficient than retrofitting later. Evidence cited by Habinteg gives indicative costs of approximately £17,000 for a

typical set of adaptations in an M4(1) or older home, compared with £7,000 in an M4(2) home. M4(3) wheelchair-user homes remain essential because M4(2) cannot meet every need.

### *Quality and affordability remain major problems*

Ten per cent of owner-occupied homes in London headed by someone aged 55 or over are non-decent. Among homes headed by someone aged 55 to 64, London has the highest reported prevalence of condensation, damp or mould of any English region, at 28%.[20]

Affordability compounds condition and accessibility problems. The underlying evidence briefing reports that 120,000 pensioners in London are unable to afford the basics, while 68% of Londoners aged over 55 identify housing affordability as an important issue.[21] High housing costs can leave fewer resources for heating, maintenance, repairs and social participation.

### *Impacts are felt unequally*

London's older population is increasingly diverse. Housing disadvantage is not evenly distributed. Centre for Ageing Better analysis found that, among people aged 50 and over with a health condition worsened by cold, damp or other poor conditions and a significant problem with their home, 52% of those in London were affected, the highest regional figure in the analysis. National evidence also shows that people from racially minoritised communities with a health condition aggravated by cold are more likely than White people to report multiple problems with their home.[22]

Nationally, private renters aged 55+ spend around 32–33% of their weekly household income on rent. In London the figure is 44%, the highest of any English region. There are also inequalities within London. White private renters typically spend 29% of their income on rent, compared with 35% for Black Londoners and 36% for Asian Londoners.[23]

Older renters might face the twin challenge of living in poor housing conditions and also struggle with affording rent:[24]

Around 250,000 people aged 55+ living in non-decent homes are private renters.

Nearly 200,000 privately rented homes headed by somebody aged 55+ are non-decent, and the proportion increases with age, reaching 27% where the household head is aged 75+.

Income makes a substantial difference. 26% of private rented homes headed by somebody aged 55+ in the poorest fifth of the income distribution are non-decent, compared with 8% in the richest fifth.

London's approach should therefore monitor not only overall delivery, but who benefits. Data should be broken down where possible by tenure, age, disability, income and ethnicity so that programmes do not reproduce existing inequalities.

### *Postcode lottery*

Local home-improvement services and the grants available vary substantially by area, creating a postcode lottery in whether someone can obtain repairs, adaptations, energy-efficiency measures, advice, finance and practical support.

Centre for Ageing Better research found that additional local spending beyond the Disabled Facilities Grant ranged from £73,000 to £13 million. In three areas that all have around 20,000 non-decent homes, the local home improvement services spend varied between £3m-£10m.[25] More than three quarters of services in our national evaluation reported that the number of households they supported had increased over the previous three years, while shortages of occupational therapists, technical officers and other skilled staff created bottlenecks.

## What action should the Mayor, London boroughs and Government take?

London needs a two-track solution that both fixes existing homes and builds future-proofed new homes.

To do this, the following needs to happen:

1. The **Mayor of London** should continue London's leadership on accessible and adaptable homes by making M4(2) the default standard for all new homes. The **Government** should also do this nationally.
2. The **Mayor of London** should improve data collection on how many homes in London are being completed to Parts M4(2) and M4(3) of the Building Regulations.
3. The **Government** should ensure that information about the accessibility standard of a property is included in the information provided by on the new 'Register Your Rental Property' private rented sector database.
4. The **Mayor of London** should champion a Good Home Hub-style, comprehensive home improvement service across London, including setting a common minimum service standard. The **Government** should also do this nationally.
5. **London Boroughs** should adopt the Good Home Hub model to improve their home improvement services.
6. **Government** should treat housing as part of the preventative health and healthy ageing agenda, connecting homes with health, care and neighbourhood planning.
7. The **Mayor of London** should use convening power to reduce variation between boroughs and evaluate outcomes consistently.
8. The **Government** should reform the reform the Disabled Facilities Grant, including its upper limit, means test and administrative complexity.

***Disabled Facilities Grant***

The Disabled Facilities Grant (DFG) is vital, but it needs reform. The statutory £30,000 upper limit has not changed since 2008 despite substantial construction-cost inflation. In addition, in 2023/24, the average time to complete a DFG application was 247 working days, up from 223 working days in the previous year.[26] National reform is needed to address the upper limit, means test, long-term funding and administrative complexity.

For the resident, however, the key issue is not which programme or budget pays. They need to understand what their home requires, what help they are entitled to and who will organise safe, high-quality work. London can improve that experience now, even while advocating national reform.

***Ending the postcode lottery: Good Home Hubs***

A Good Home Hub is a practical, one-stop shop model for home improvement services that has been developed by the Centre for Ageing Better and partners over a number of years. Good Home Hubs are designed to simplify the process and provide residents with one trusted front-door for improving their home by bringing together:

- repairs and maintenance
- adaptations
- energy efficiency and thermal comfort
- whole-home assessments
- independent information and advice
- access to grants and financial support
- trusted tradespeople
- personalised casework for people who need help navigating the process

Rather than maintaining separate routes for adaptations, energy efficiency, repairs, hospital discharge and housing advice, a Good Home Hub organises support around the person. This is particularly important where a home has several connected problems, such as damp, an inaccessible bathroom and unaffordable heating.

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Sent via email to: scrutiny@london.gov.uk

CLARION
HOUSING GROUP

Clarion Housing Group
5th Floor
Greater London House
Hampstead Road
London NW1 7QX

Telephone: 0300 500 8000
clarionhg.com

**LONDON ASSEMBLY HOUSING COMMITTEE - Call for Evidence: Housing for Older Londoners**

**Submission by Clarion Housing Group**

Clarion Housing Group is one of the UK's largest providers of social and affordable housing, with over 125,000 properties providing homes to over a third of a million residents. Our purpose is to provide homes to those who need them most, including through general needs social housing, low-cost home ownership, and intermediate and affordable rent. Clarion also provides homes that are specifically suited for residents with additional needs, with over 6,000 units of housing for older people (including 4,625 LiveSmart homes, which allow residents over 55 to live independently whilst also having support on hand should they need it), 12 care home units, and nearly 900 supported housing units. Clarion is also one of the largest housing providers in London with over 56,000 homes in the Capital and is a member of the G15 group of landlords.

Clarion welcomes the opportunity to contribute to the London Assembly's evidence gathering on the current and future provision of housing for older Londoners and have provided detailed answers to the questions posed by the Assembly's Housing Committee below. We are in firm agreement that shifting demographic trends, acute housing pressures, and stalled delivery of homes warrant a concerted look at the specific provision of housing for older residents. However, as we set out below, London's housing pressures cannot be addressed solely by building more homes, although this forms part of a wider solution. A holistic and multifaceted assessment of the issues faced must account for the diversity of need as well as the solutions that are being provided currently, and whether they are adequate. We must make better use of the homes we already have, while ensuring that people can live safely, independently and affordably as their circumstances change, develop the right homes in the right

places, and provide older residents with genuinely suitable alternatives rather than limiting choices to a range of sub-standard options.

As our response makes clear, the ideal future model of housing for older people must provide a genuine continuum of housing:

- Accessible and adaptable mainstream homes.
- Age-designated, affordable housing without unnecessary service costs.
- Larger one-bedroom and well-designed two-bedroom later living homes.
- Extra Care housing as an alternative between fully independent living and residential care.
- Specialist supported housing where care or support is required.
- Multigenerational, intergenerational, cohousing and home-sharing options.
- Adaptations and home-improvement support for those who wish to remain in their existing home.

Successful examples of all these models exist. What is required going forward is committed investment and coordinated actions to implement them at scale. Annex A of this submission summarises a collective programme of actions that provide the foundation of a practical and deliverable roadmap for the Capital.

A key theme of our response is that housing for older Londoners cannot be simplified into one category or tenure. Older people's housing should not automatically be conflated with supported housing, extra care schemes, or full-time residential care. Many older Londoners will remain economically active and independent well into later life, requiring limited or no additional care or support. However, should they require support or wish to move to a housing arrangement more suited to their needs, they should be able to do so. Effective provision means recognising the range of needs and experiences and catering for them as far as possible. Our central recommendation is therefore a coordinated approach that improves mainstream homes, renews existing older people's housing and expands specialist provision.

Should you require any additional information on Clarion's response, please contact Clarion's Director of Later Living and Supported housing Amy Lawson [redacted].

**Questions:**

1. **What are the specific housing needs of Londoners over the age of 65?**

   London faces a dual challenge: an ageing population and a housing supply that is not sufficiently accessible. The Committee's call for evidence cites GLA projections of a 57 per cent increase in Londoners aged 65 and over between 2024 and 2051, from 1.1 million to 1.8 million, alongside evidence that only 17 per cent of London homes meet the minimum accessibility standard. A recent report from Clarion titled the Resident of the Future predicts that within the lifetime of the next London Plan, the future typical social housing resident is one that is older, lonelier, in worse health, and financially poorer. Overall, it indicates that residents will likely be in greater need of support and that demand on Clarion's and other important services will become more critical. It is, therefore, essential that a coordinated approach improves mainstream homes, renews existing older people's housing and expands specialist provision. New supply alone will not address the shortcomings of the homes in which older residents already live.

   It is important to recognise that older Londoners are not a homogenous group and that their housing needs do not fall into one category or type of accommodation. Provision must range from general needs housing that can be future-proofed to flex to a resident's evolving needs, through to schemes where care can be provided such as extra-care and retirement housing. London does not currently offer the range of housing required to meet this diversity of need, nor does its existing housing stock meet the needs and expectations of older Londoners.

   Whilst many of Clarion's residents remain satisfied with their accommodation and neighbourhoods, wishing to age in place rather than downsize or move to specialist schemes, the number of older residents requiring support and additional care remains high. In 2026, around seven in ten of our residents aged 75 and over reported a disability, compared with around a third of those aged under 35. As they age, residents are more likely to report a physical disability[1]. Despite this, in 2025 one in four disabled residents reported that their home did not meet their accessibility needs. This points to a need to provide housing that is accessible by design or can be adapted in an efficient and cost-effective manner. Recognising the practicalities and restrictions of development, as well as the need for flexibility suited to London Boroughs' distinct development

[1] See forthcoming Clarion Index 2026 which shows an increase in disability reported since the Clarion Index 2025

challenges, Clarion is supportive of an approach that seeks to deliver housing that meets the needs of different parts of the population and creates inclusive communities.

Clarion has repeatedly highlighted the need to provide housing for older people that is close to amenities and services, but also that provides residents with a sense of community. Older disabled residents in particular are more likely to experience social exclusion and it is essential that they are enabled and empowered to access the benefits of where they live. The current provision of social housing retirement schemes across London is mostly post-war and of mixed quality, often lacking in attractive environments. They do not offer a suitable alternative option that attracts residents to make an early move when over 55, encouraging older Londoners to age in properties that are not suited to their needs.

Whilst ageing in place may be a viable option for some older Londoners, with DFGs to fund housing adaptations helping residents to remain in place for longer, this has to be delivered in concert with measures to genuinely increase the housing choice that older residents of London have. It should not be assumed that single bed homes are always the preferred choice for older residents (particularly those moving from three or four bed properties). Older residents may require live-in care support, may wish to have multigenerational living (perhaps via “homeshares”) or may need additional space to provide care for partners or other dependents and should be given the flexibility to do so. A greater choice of affordable two-bed properties may strike the right balance between freeing up larger properties for families and the need to provide older residents with a viable housing option to meet their support needs.

A further issue with ageing in place is the growing affordability challenges faced by older residents. Residents may live in properties which have large communal areas, additional services, and other provisions that may be valued by younger residents and large families, but which are not needed or valued by older residents. These additional amenities may necessitate larger service charges which, over time, become increasingly burdensome, particularly if residents feel trapped due to the limited choice of places to move to. Relatedly, service charges may also be an issue if an older resident wanted to move to a particular development or purchase a shared ownership property to downsize. Older residents may require a greater degree of certainty with regards to costs, which is why providing a greater choice over their housing situation and support needs is an important solution.

Extra Care housing schemes represent an important waypoint between full-time care and fully independent living and must be a priority going forward. They facilitate a degree of independence whilst providing a safety net of help if needed, maximise value by enabling the provision of care across larger sites and more residents, and reduce pressure on full-time care facilities and frontline social care and acute care services. Despite this, they remain an underutilised model.

2. **What impact does unsuitable housing have on older people and how can good housing help them to age well?**

   Poor quality, poorly located housing has a detrimental impact on the mental wellbeing of older residents and can lead to or compound experiences of isolation and loneliness. Furthermore, unsuitable or poor-quality housing can lead to increased vulnerability and potential self-neglect, increased safeguarding concerns, and further difficulties delivering care.

   As noted in the previous answer, providing homes that are well equipped to meet residents' needs, and which are also, vitally, located close to amenities, services and opportunities to engage with their communities, is essential for combatting these issues.

   Clarion has previously noted simple fixes such as personal alarms and simple adaptations that can help residents stay in their homes longer and avoid injury, whilst also reducing pressure on frontline acute healthcare services. Measures such as this also give residents greater confidence to live independently and provide peace of mind. Should something go wrong, access and proximity to acute care, GP services and social care support should not be a luxury, but a necessity.

3. **To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?**

   Age UK's latest survey of older residents in the Capital reports a notable gap between those who considered good quality housing important to them and those who felt like their current living situation was satisfactory, indicating a worrying unmet need in London.

   London's housing stock is ageing and is, too often, no longer fit for purpose in terms of meeting older people's housing requirements. In particular, outdated post-war developments and high-rise blocks that do not meet accessibility

needs are a particular concern. Furthermore, as noted in our response above, a lack of choice should a resident wish to downsize or move on presents a real barrier to finding older residents a property that is more suited for their needs and freeing up larger three- and four-bedroom properties for larger families who require them.

Clarion's current Later Living portfolio review provides a practical framework for considering how existing provision could be improved. It assesses individual schemes against factors including condition, compliance, demand and strategic fit, and considers whether shortcomings can be addressed through investment or other viable measures. A comparable scheme-level approach could be applied to London's existing older people's housing, supported by London-specific evidence and resident engagement, to identify where homes should be retained and improved, converted to alternative uses or, where appropriate, disposed of.

Alongside improving existing provision, developing new housing targeted towards or suitable for older Londoners remains a particular challenge due to London's difficult development market and viability concerns, combined with a lack of joined-up consideration of older residents' needs and a consistent strategy to address them. Measures to ease these collective challenges would bolster the pipeline of future homes for older residents.

4. **What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?**

Clarion supports measures to make it easier, quicker and more accessible for older Londoners to make adaptations to their homes when this is desired, and would support greater and more targeted funding in this regard. For existing homes, we recommend a clearer adaptations pathway. Government should provide predictable funding for Disabled Facilities Grants (DFGs) and support a simpler application process. London boroughs should offer a clear point of contact, coordinate assessment and landlord approval, and publish information on waiting times and delivery. The Mayor should support consistent practice and shared learning across boroughs. Housing providers should contribute timely property information and advice on whether proposed adaptations are feasible. Residents should receive accessible information throughout, including a discussion of alternative housing where adaptations cannot meet their needs.

However, it is vital to emphasise that adaptations should not be the only solution and should form part of a wider strategy which improves the range of housing available to older Londoners and its suitability to their needs.

Insufficient attention is given in strategic decision-making and both operational and strategic planning to the age profile of an area/borough, with simplistic models of an area's housing need placing greater emphasis on affordability and overall housing numbers and not enough on considerations of residents at different stages of life. Modelling of future housing need must focus to a greater extent on both the age profile of an area and how to meet the needs that it presents. Specifically:

- A greater push for larger schemes, in particular, to consider older people's housing provision at the earliest possible stage of the planning process.
- Partnership working to alleviate viability concerns, particularly for schemes that deliver tangible community benefit (such as older people's housing).
- Greater policy focus on a range of models of housing for older people, such as age-restricted independent living and Extra Care schemes.

Incentivisation of specialist partners and providers to work with developers throughout the development process and beyond on the provision of appropriate older people's accommodation that suits the needs of an area. A range of models should be considered for how to make housing more suitable for older residents and to build for the future.

Housing providers are often well-placed to understand the needs of their residents and should be empowered to make the best use of their stock for the benefit of residents. Housing associations (HAs) should have the freedom to transfer general needs residents to their later living homes, without having to ask residents to bid through the local authority choice-based lettings system, which is currently a bottleneck. Giving freedom to HAs to transfer within their own stock outside of nomination agreements will enable move-on and free up more family homes. This is a simple step but one that will have an impact.

Best practice and case studies from elsewhere should be considered. Manchester's "social approach to ageing" and their Age-Friendly Strategy 2024 - 2034 expands beyond a narrow focus on physical needs. This focus on the co-design of a later living housing strategy and schemes with older residents, and its cross-disciplinary and multi-agency approach to addressing the needs of older residents represents an innovative model that London Boroughs could look to implement and adapt to their own complex needs.

Whilst we welcome the ambition of the Mayor of London's action plan Towards an age-friendly London, we are yet to see it come to fruition as implementation proves challenging. An acceleration and intensification of the actions therein, backed by genuine commitment, funding and clarity for social housing providers on their role represents a real opportunity for a more inclusive and age-friendly city.

5. **What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?**

Clarion considers mainstream housing an essential part of meeting the housing needs of older residents and providing them with a greater range of choices on the spectrum ranging from totally independent living to full-time care. As noted above, London's older housing stock often does not meet the diverse needs of residents and was not designed with accessibility in mind. Accessibility by design should, therefore, be incorporated into newer developments where possible, recognising London's ageing population, with homes that are easier to adapt to reflect residents' evolving needs.

The emerging London Plan notes that more flexible housing stock suitable for a wider range of people's needs and changing household circumstances continues to be an overarching ambition. It acknowledges that there are limits to that flexibility. This ambition, with an acknowledgement of its limits, is positive. Clarion supports an approach that seeks to deliver housing that meets the needs of different parts of the population and creates inclusive communities, but also one which is responsive to schemes' and boroughs' unique circumstances and which balances the need for accessible mainstream housing with specialist provision. We advocate for an approach that provides housing choice for all generations to ensure that no-one is excluded from London.

It may be necessary, in some cases where housing need for older residents is particularly acute (based on a comprehensive assessment of a borough's age-based housing needs), to build a range of mainstream housing but with certain properties or phases/areas of development earmarked for older residents. This would provide a greater degree of security for older residents wishing to move or downsize and represents a policy solution worth exploring further.

6. **What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?**

As noted above, the age profile and the needs of older residents should be a factor in the planning process at the earliest opportunity and developers should be incentivised to build housing that is appropriate for the residents of a particular area. A clear policy direction from government and London boroughs, with clear and tangible steps to overcome viability issues, would allow the sector to pivot more quickly to delivering this type of housing where it is needed. Developers could either provide specialist older people's housing themselves or work with providers to do so.

Improving the consistency of care provision across London is essential, with greater recognition that a range of intensity in the provision of care is present and nuanced. Extra Care housing can be of huge benefit – keeping people out of residential and care homes for longer without detriment to their quality of life – and should be encouraged more as a solution to London's older people's housing shortfalls. Specialist accommodation should not be interpreted too narrowly, and a range of models should be in scope to improve outcomes for residents.

## Annex A – Recommended Programme of Practical Actions

1. **Establish a London-wide housing pathway for later life**
   Create a recognisable pathway covering:
   - Staying safely at home with repairs, adaptations and technology.
   - Accessible mainstream housing.
   - Age-appropriate rental and ownership options.
   - Later living and retirement housing.
   - Extra care.
   - Specialist supported housing and residential care where required.

   This would address the current fragmentation in which residents often find out about options only after a health, care or housing crisis.

2. **Introducing a positive rightsizing offer**
   A practical offer should include:
   - A named later-life housing adviser.
   - An assessment of accessibility, health and future housing needs.
   - Suitable direct offers, not simply access to a general bidding system.
   - Choice over location and proximity to support networks.
   - Assistance with removals, packing, utilities and change of address.
   - Decoration, flooring and basic furnishing support.
   - Help clearing arrears or resolving tenancy issues that prevent a move.

- Protection against unexpectedly higher rent or service charges.
- Post-move support and a clear route to resolve problems.

Person-centred rightsizing, dedicated staff, chain lettings, individual engagement and clearer incentives could potentially be effective.

3. **Build homes that people actively want to move to**
   New provision should include, where practicable:
   - Spacious one-bedroom homes with storage and room for visitors.
   - Accessible two-bedroom homes for carers, family support or multigenerational living.
   - Step-free access and reliable lifts.
   - Private outdoor space or good-quality shared gardens.
   - Proximity to shops, healthcare and public transport.
   - Digital connectivity and adaptable technology.
   - Predictable and transparent service charges.
   - Tenure options for social renters, private renters, shared owners and homeowners.

   The answer is not simply more one-bedroom flats. Unattractive, small or poorly located properties will not generate meaningful movement from established family homes.

4. **Make older people's housing a planning requirement**
   The London Plan and borough planning policies should:
   - Assess housing need by age as well as income and household size.
   - Establish borough-level targets for accessible, adaptable and specialist older people's housing.
   - Bolster data collection by requiring major developments to publish accurate and up-to-date data addressing later-life housing need. Current data collection (through Monitoring the London Plan | London City Hall) is of inconsistent quality and utility. Identify suitable, well-connected sites rather than locating provision on the margins of communities.
   - Support housing-association, local-authority, health and care partnership working.
   - Protect good-quality existing later-living stock from inappropriate conversion.

   Housing for older people should be a central component of London housing policy.

5. **Improve and adapt existing homes**
   London needs a coordinated adaptations and home-improvement offer that brings together:
   - Disabled Facilities Grants.
   - Landlord-funded adaptations.
   - Repairs and decency programmes.

- Falls-prevention and occupational therapy assessments.
- Energy-efficiency and warmth measures.
- Assistive and digital technology.
- Trusted advice for low-income homeowners and private renters.

Because 91% of people aged over 65 nationally live in mainstream housing, new specialist development alone cannot meet the challenge. Adaptations should complement, rather than replace, attractive alternative homes.

6. **Expand Extra Care housing**
   Extra care can provide the missing middle between independent living and residential care. It enables residents to retain their own tenancy and front door while receiving flexible care as their needs change. London should:
   - Assess extra care need and supply in every borough.
   - Develop joint housing, health and social-care business cases for new provision.

7. **Use housing chains to maximise family-housing outcomes**
   One new accessible later-living home may initiate a chain in which:
   - An older household moves from a three-bedroom property.
   - An overcrowded family moves into that home.
   - A smaller property becomes available to another household.
   - A family can leave temporary accommodation or avoid homelessness.

   Providers and boroughs should track the full chain, including the number and size of homes released, reduced overcrowding, temporary accommodation ended, and resident outcomes after moving.

8. **Create reciprocal and cross-borough mobility**
   Options should include:
   - Reciprocal agreements between boroughs and housing associations.
   - Cross-landlord chain lettings.
   - Moves near adult children or informal carers.
   - Limited out-of-London options where they are actively chosen.
   - Protection of local connection and tenancy rights.
   - Granting HAs the flexibility to transfer general needs residents to later living homes without going through Local Authority Housing Registers.

   London's borough-by-borough allocation arrangements do not always reflect the way residents' family, caring and community relationships operate.

CROYDON
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**London Assembly Housing Committee - Housing for Older Londoners**

**1. What are the specific housing needs of Londoners over the age of 65?**

Recent evidence from resident data indicates a need for housing that supports independence, safety and community connections as residents' needs change. Key requirements and needs include accessible, adaptable and energy-efficient homes; step-free access; accessible bathrooms; space for mobility aids; and convenient access to local services and public transport. It is important that residents have homes within their local communities so they can maintain social connections.

Residents also value adequate internal space, opportunities for social interaction, outdoor space and homes capable of supporting increasing care needs without requiring a move into residential care.

On that basis we advocate new build housing taking into account HAPPI (Housing, Ageing, Population Panel for Innovation) design principles. It is also apparent that there needs to be a wide range of tenures with respect to older residents, including market and affordable housing.

**2. What impact does unsuitable housing have on older people and how can good housing help them to age well?**

The impact of unsuitable housing can undermine independence, worsen health outcomes and contribute to social isolation. Residents reported issues relating to:

- Poor accessibility
- Ageing buildings
- Safety and security concerns
- Poor communal environments
- Maintenance problems and difficulties managing heating systems

These issues can reduce quality of life and make it more difficult for people to remain independent as they age. Good housing that can help older people age well by promoting independence, reducing loneliness, improving health and wellbeing, reducing the risk of accidents and falls, supporting social interaction and delaying or preventing the need for residential care.

**3. To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?**

The evidence indicates that existing housing stock is unlikely to be sufficient to meet future demand without significant intervention.

Croydon's population aged 75 and over is projected to increase by approximately 62% between 2025 and 2043, with similar growth pressures expected across London. At the same time, much of the existing sheltered and extra care accommodation is ageing, with many schemes built several decades ago and no longer fully aligned with modern standards or resident expectations.

Our data identifies a future requirement for between 1,856 and 3,178 additional sheltered housing units and between 215 and 718 additional extra care units across all tenures by 2043, demonstrating a significant gap between current and future provision.

**4. What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?**

Our current evidence supports increased investment and strategic focus on enabling people to remain in their own homes for longer to alleviate the pressures on the care sector. Adapting existing homes is quicker and more cost effective than building new specialist accommodation.

This includes funding programmes for adaptations, improved accessibility standards, targeted investment in ageing housing stock and policies that promote adaptable housing capable of meeting changing needs over time. Greater integration between social care services would also help ensure that adaptations are delivered proactively.

Resident feedback, report a lack of clarity regarding the services available to them and requested clearer communication with better information on local services and activities. Therefore, the Mayor and Boroughs could also increase awareness of available housing options and practical support services to help older residents make informed decisions about adapting or moving from their existing homes where appropriate.

**5. What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?**

Future mainstream housing should be designed to support ageing in place and reduce future demand for specialist accommodation.

Our research supports wider adoption of accessible and adaptable housing standards. The focus should be on incorporation of HAPPI design principles which will provide greater flexibility and accessibility in new developments. Overall, this should see an increase provision of homes designed for older households seeking to downsize.

Planning policies should encourage a broader range of age friendly housing types, including accessible apartments and homes capable of being adapted as residents' needs change.

**6. What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?**

- Ringfenced Grant Funding to support early-stage feasibility work.
- Increasing the overall supply of sheltered and extra care housing to meet projected growth in demand.
- Modernising existing schemes and redeveloping obsolete stock where refurbishment does not represent good value.
- Diversifying tenure options for extra care. Our data collection suggests that aged 65+ are majority owner occupiers whilst no owner-occupied extra care housing currently exists within the borough. Future provision should therefore include a greater mix of owner-occupied and shared ownership options which may require partnerships with private developers.
- It would be useful to explore if this partnership or framework could be developed across boroughs for cost efficiency and to expediate delivery. The GLA therefore could support and enable partnership working between Local Authorities, Registered Providers and Private Sector.

**To the Assembly Housing Committee**

**Submission regarding the issue of housing for older Londoners**

On behalf of the Elders Group

The Elders Group was established as an informal community group in 2022. From 6 members it has grown to over 100 - all local residents and members or representatives of Tenants and Residents Associations (TRAs) and other residents' groupings in Waterloo, the South Bank and neighbouring areas. Working in concertation with our local charities and social enterprises, residents' associations, health centres, hospitals and other support services, we have researched widely and strategically to identify the needs of older residents – what support is available to us as we age and what is most clearly missing. Amongst other activities, we have produced a comprehensive guide to ageing well, Age Well Here (https://www.carechoices.co.uk/publication/age-well-here-waterloo-south-bank-lambeth-southwark/) which has been widely distributed as an e-book and in 2000 free hard copies.

We wish to live in a Lifetime Neighbourhood - to continue living in our local community as we age, even when no longer able to live independently. People often just assume that the facilities they will need will be available when that time comes. In our area, that is definitively not the case and this must be addressed.

Facts to be considered

The current situation in our area is as follows:

- the Elders Group alone is now over 100 people;
- our two doctors' surgeries in North Lambeth tell us there are over 2000 people over 65 registered with them;
- about 500 of those are over 80;
- statistics tell us that about 1 in 6 of those is likely to get dementia;
- in North Lambeth we have two medical centres. One has struggled to find permanent premises but has finally done so. The other, on Lower Marsh, is still in so-called "meanwhile use" accommodation, even though it is on Council land;
- our nearest Neighbourhood Nursing Hub is in Kennington;
- our nearest Age UK support service is in Brixton;
- we have no integrated retirement communities;
- we have one facility of sheltered housing (Chaplin Close) which can accommodate 28 people;
- we have no extra care services;
- we have no care or nursing homes;
- we have little if any key worker housing for those who may be called to look after us;
- if we try to stay in our own home by bringing in care, there is no way of identifying trusted local home care providers, the Care Quality Commission (CQC) being widely deemed not fit-for-purpose
- we are outside the catchment area of our nearest hospice.

Translated into reality this is a dire situation. Because if you are one of those 2000+ potential users of such services, you face displacement, isolation and a lonely end far from your community when you are at your most vulnerable - the antithesis of all current professed approaches to support for the elderly.

Central London

The facts above pertain to the North Lambeth and Waterloo area but are typical of central and inner London because of high land values, high operational costs etc. The statistics vary but, taking the very lowest of available figures, in central London there are, for example, only "a handful" of care /nursing homes, mostly run by for-profit companies, and costing a minimum of £2-3000/week. These can serve 1000-2000 people. There are at least 140,000 people over 65 and 23,000 over 80. One in six of these is likely to get dementia. With an ageing population this situation will only become more acute.

Planning

The planning process at both Ward, Borough and City level MUST take account of this critical situation.

With reasoning that was impervious to all – and until we fought this - our own Council (Lambeth) consistently blocked the only viable plans for a care/nursing home in our area. These plans were made by Coin Street Community Builders who own the land and this was, and is, our only chance to ever get a care/nursing home for our community.

The current targets in the draft London Plan are entirely unrealistic and will not touch even the sides of this problem. The draft policy does not meet objectively assessed need nor is it sufficiently justified to meet the acute localised needs of older residents within inner-London boroughs like Lambeth.

London planners should now provide the enabling, forward-thinking planning framework that will ensure the housing and care needs of older Londoners to be met. Our Prime Minister has supported Manchester as a pioneer in developing age-friendly and lifetime neighbourhoods designed to help older people age in place safely, independently, and with strong community support. We hope that the Mayor of London and the GLA will now show the same leadership and vision and do likewise.

***Name:*** *Carole Milner MBE*
***Address / Organisation:*** *Elders Group, 9 Theed Street, London SE1 8ST*
***Email:*** [redacted]

# London Assembly Housing Committee
# Inquiry into 'Homes for Older Londoners'

Habinteg Housing Association specialises in providing accessible and adaptable social homes. With over 3,300 homes across 86 local authorities, Habinteg is one of the leading providers of social housing for disabled people. Our first scheme after being founded in 1970 was at Moira Close in Haringey, and we now have homes in around half of London Boroughs. Habinteg's development programme includes new homes in Barking & Dagenham, Hounslow and Merton, which have been funded through of the Mayor of London's Social & Affordable Homes Programme.

Over the past 55 years, Habinteg has also built a reputation for informing public policy, particularly through our involvement in the creation of the 'Lifetime Homes' standard. This was adopted as part of the London Plan in the early 2000s and was then taken up by individual Boroughs in their Local Plans. It then became the basis for the accessible and adaptable standards set out in Building Regulations, which have begun to be reflected in Local Plans, alongside the requirement for some homes to be designed to a higher standard of accessibility to meet the needs of wheelchair users.

As well as working directly to influence policy, Habinteg includes among its teams the Centre for Accessible Environments (CAE), a consultancy that is one of the UK's leading authorities on accessibility and the built environment. CAE's mission is to create places, spaces and services that can be accessed, understood and enjoyed by the widest range of people by embedding inclusive design throughout the planning, design, construction and management of the built environment.

Jointly, Habinteg and CAE submitted evidence to the London Assembly Housing Committee's inquiry last year into 'Accessible Housing in London'. CAE's Fara Muneer gave further evidence to the committee in June 2025. We were really pleased to see our concerns taken up in the Chair's subsequent letter to the Mayor of London, particularly our queries over the very variable performance between Boroughs in the delivery of homes built to both the M4(2) standards of adaptability and the those built at M4(3) standards ready for occupation by a wheelchair user.

Habinteg is not a specialist housing provider for older people, but many of our tenants are older people. Given the similarities in the solutions required for London to better meets the housing needs of disabled people and older people, we wanted to update the committee what has happened over the past 12 months and reflect on the Mayor's response to the Chair's letter (Q3).

**1. What are the specific needs of Londoners over the age of 65?**

It is estimated that by 2036, there will be 4.8 million people across the UK who are over the age of 65. While London has a younger population than elsewhere, there are still over a million people who are over-65 and the GLA's own Strategic Housing Market Assessment shows this number is expected to increase by 50 per cent by 2046. It also shows the number of people aged over-80 will double. The GLA's research notes the strong correlation between age and disability. For example, 55 per cent of those aged over-80 report having a disability. It rightly concludes that this overlap means many older people will require accessible or adaptable homes.

**2. What impact does unsuitable housing have on older people and how can good housing help them to age well?**

Earlier this year, Habinteg commissioned Kantar to carry out a survey of public attitudes and experiences of accessible housing. The responses surprised even us. One in five respondents reported serious consequences linked to homes not meeting people's needs with 21 per cent saying they or a family member experienced outcomes such as delayed return home from hospital or a move into residential care because their home could not meet their accessibility needs.

**Kim's story**

"When I initially came out of hospital, I was using a wheelchair as I'd had to have all four of my limbs amputated due to sepsis. I wouldn't have been able to get through either the front or back door of my house, so while I was still in hospital my husband and I decided to sell it. My biggest concerns while I was in hospital were about where I was going to live and how I'd manage when I was eventually discharged. How would I cope with daily life?

My husband and I had to move into my daughter's home when I left hospital. He stayed upstairs in a bedroom, while I lived in the living room because the rest of the house wasn't accessible to me. It was extremely depressing not having a bedroom, bathroom, toilet I could access. I had no privacy. I'd just lost all four limbs and was confined to my daughters living/dining room 24/7 - I was feeling suicidal. My daughter was amazing and took great care of me, but it was hard for her and her family too. The mental impact of not being able to access a shower, toilet or private space was huge. I like to shower and wash my hair daily; I couldn't even go to the toilet without privacy. It was awful.

Moving into an accessible home has changed my life completely. I have so much more independence, I can shower daily, invite family and friends round. It's been so transformative. My home has wider doors and larger rooms big enough for my wheelchair to turn - with furniture in the room - and a wet room, which have made so much difference to me. It's extremely important for everyone to be able to have independence to move around their home and be safe, it's a human right.

Nationally, 4 per cent of people experienced a move to residential care and 5 per cent experienced a delayed discharge from hospital. Applying these figures to the London population would equate to around 300,000 and 350,000 adults respectively that have experienced these impacts in their lifetime. We estimate that across the country as a whole, the cost to the NHS of inaccessible homes leading to delayed hospital discharge could run to £3.9 billion based on a delay of just three days per instance. The cost to councils and individuals of unplanned moves to residential care could be £11 billion if each instance lasted just four weeks.

The survey also revealed that only 28 per cent of respondents aged 55-64 are confident in the long-term suitability of their current housing. While only 15 per cent of respondents worry that their own or a loved one's home will not meet future physical or mobility needs, this proportion is twice as high

(29 per cent) among people that have previously experienced or witnessed the impact of inaccessible homes. While these figures are from across the whole country, there is no reason to believe the response of Londoners would not be broadly comparable. Like Kim, Mike's story below gives an insight into the level of stress and anxiety people can experience, especially while waiting for adaptations or for the move they need.

**Mike's story**

*In Jan 2018,* **Mike***, had a major health incident and lost the use of his legs, lower body, and for a time, the use of his upper body. Mike's discharge from hospital was delayed as his Victorian semi-detached home in Somerset was so unsuitable for him that the Occupational Therapist (OT) declared him 'technically homeless.'*

**"**I had become stressed and upset. A feeling of hopelessness overwhelmed me. I couldn't see that I would ever be able to return home because of the circular argument the OT made. However, if I had stayed in hospital, I would have spiralled downhill. I only started to feel better once home. The hospital was too busy, noisy and, at the time, full of flu cases.

To get me out of hospital and back into my original home while I searched for a new, more suitable home, a friend constructed a temporary ramp. The ramp enabled the ambulance crew to return me home by wheeled trolley/stretcher and enabled me to use a wheelchair once supplied. It's not an over exaggeration to say that the ramp on rescued me. Once home, the OT supplied a free ramp and the local church built me a concrete one. It was the only way to gain access. Without it, the house would have been inaccessible to me.

Unable to find a suitable home in the southwest, in July 2021, we eventually had to leave Somerset, for a new-build house with level access and wide halls in the northeast in Durham. It was already wheelchair visitable. I was able to get a Disabled Facilities Grant (at no cost to us) to have a through-floor lift and wet room added. The local council also provided ceiling track hoists and a profiling bed.

In 2023, Habinteg commissioned the London School of Economics (LSE) undertake research into the social and economic value of wheelchair user homes. The LSE calculated how wheelchair users at different stages of their lives might be positively impacted through having an appropriate home. It found that people in late life may be more at risk of falls and more in need of homecare, and that having an accessible or adaptable home may enable them to delay or avoid a move into residential care.  LSE estimated the positive financial value of wheelchair accessible homes for over-65s at up to £100,000 over a ten-year period, largely through savings to local authorities.

This estimate was reinforced by the stories disabled people told the LSE of their own experiences. Those interviewed consistently described how living in a non-accessible home can affect wheelchair user's confidence and independence, particularly for those in later life. They explained how having an accessible home in which they could move around freely and independently had boosted their confidence. It also revealed how having an accessible home improved family and other social relations, including enabling visits by other wheelchair users, and reducing isolation and boosting well-being and self-esteem.

**3. To what extent is London's housing stock suitable for people over-65, particularly given the projected increase in the city's older population?**

The adoption of the 'Lifetime Homes' standard 20 years ago and the inclusion of the requirement for new homes to be at M4(2) since 2016 will have delivered many new homes that can be adapted. Habinteg's own research last year found that the proportion of new homes that are explicitly planned to be built to M4(2) accessible or adaptable standard was expected to increase from 44 per cent in 2020 to 70 per cent in 2025. The proportion planned to be built at M4(3) standard also increased from 5 per cent to 8 per cent over the same period. Based on policy commitments in adopted Local Plans, the research also estimated that over the next decade, one new accessible home will be built for every 24 Londoners. However, it remains the case that most of London's housing was built long ago and is not easy to adapt so there are still long waits even for those who have a high priority.

Furthermore, the GLA's most recent Annual Monitoring Reports disclose a worrying shortfall against the target of 90 per cent of new homes being built to M4(2) standards and 10 per cent being built to M4(3) standards. As the committee heard last year, the GLA's Housing & Land Team believes this is result of changes in the reporting mechanism for new developments which is not properly identifying compliance. In response to Recommendation 2 of the Chair's letter which requested an action plan to improve the quality of data, the Mayor said that GLA staff were working with the Boroughs to improve information submitted into the Planning London Datahub by the end of 2025. However, the 2023-24 Annual Monitoring Report, which was published after the Mayor's response to the committee's letter, did not show any better outcomes. This issue needs to be resolved.

**4. What role does underoccupancy play in relation to housing for older Londoners?**

In Habinteg's experience, disabled people and older people can benefit from or even plan underoccupancy in order to store supportive equipment, such as mobility aids or wheelchairs. We should not assume that older people require substantially smaller properties in all instances.

**5. What action would you like the Mayor, the London Boroughs and the Government to take to support older Londoners making adaptations to their homes?**

In 2022, the then Government announced its intention to require that all new homes are built to M4(2) standards so they can be adapted if needed. This would have effectively brought the rest of England into line with the requirements in the London Plan – a very welcome step forward. However, the 'technical consultation' on how they would be done never took place. In late-2025, the new Government announced its intention that the National Planning Policy Framework (NPPF) would only require a minimum of 40 per cent of new homes to be at the M4(2) standard. While 40 per cent would represent progress in some parts of the country, it would be a regression in London.

While Habinteg recognises the challenges facing the construction industry as a result of global economic and political issues, we are not persuaded that allowing developers to build less-accessible and adaptable homes is necessary or beneficial in the context of an ageing population. Just as the Mayor of London has reversed the decision last year to temporarily scale-back the requirement for at least 35 per cent of homes built to be affordable and is now allowing them to reinstate their more ambitious requirements, we hope he will continue to insist upon 90 per cent of

homes being M4(2) and 10 per cent being M4(3) as has been indicated in the draft London Plan. Creating more homes that are adaptable will help more older Londoners.

Borough Local Plans must also be required to conform to these targets and individual applications must adhere to them. To achieve this, Habinteg believes commitments to accessible and adaptable housing should be secured by specific conditions attached to the planning consent. Monitoring is crucial and so we urge the committee to press the Housing & Land Team to find a solution to the reporting issues it believes are currently under-recording delivery. If that cannot be done in the coming months, we suggest a sample of applications is investigated to ascertain whether the homes being completed are in conformity with the existing and emerging London Plan policy.

## Adaptations

In Kantar's survey of public attitudes, we asked people to think about whether and how they might adapt their home if their mobility needs changed. The cost of any such adaptations was cited by nearly half of respondents (46 per cent) as a concern and 36 per cent were concerned whether their current home was physically capable of adaptation. Renters face a distinct barrier: 38 per cent saying that getting landlord permission would be a top three concern.

Habinteg believes that these responses illustrate a lack of knowledge about how to go about adapting homes, especially amongst those who are home-owners. In some ways, this reflects the public's more general lack of preparedness for older age or even awareness that they might need to prepare for a time they or a loved one becomes substantially less mobile. It is also true, however, that many home-owners might not be eligible for a Disabled Facilities Grant to cover the costs of substantial adaptations such as level access or a walk-in shower. The means-test can also be prohibitive for disabled and older people who are still working or who have savings.

To give the public clear information on accessible housing and adaptation options, the Government should publicise adaptmyhome.org.uk to ensure homeowners, renters, carers and families can easily find information on home accessibility characteristics, adaptations options, Disabled Facilities Grants (DFG) and support services. At a local level, councils should provide a single point of access to adaptations support, including signposting to guidance on DFGs and reference to information sources such as Adapt my Home. To reduce uncertainty and anxiety about costs, local authorities should also work with sector partners, including Foundations and the Housing Ombudsman to promote trusted sources of information.

In the private rented sector, it is difficult to envisage what more can be done beyond raising tenants' awareness and encouraging best practice by private landlords, including through engagement with their representative bodies. Expectations should be much higher in the social rented sector, but it is clear that there are often delays in carrying out an Occupational Therapy assessment in the first place and then in securing agreement to the work, confirming the grant and carrying out the work. It is nearly twenty years since the current cap on the maximum DFG was uprated. Habinteg hopes the Mayor and GLA will encourage MHCLG to review both the cap on grant levels and the means-test within the DFG regime, as well as further increase DFG funding overall.

**Marc Francis – Policy & Public Affairs Officer, Habinteg**
**October 2026**

Dear All

Please see some suggested answers below:

**1. What are the specific housing needs of Londoners over the age of 65?**

Older Londoners need safe, secure, affordable and accessible homes that enable them to remain independent for as long as possible. The key needs include:

- Accessible homes: lifts, level-access showers, handrails, wider doorways and step-free entrances.
- Affordable housing: rents, heating costs and service charges that are manageable on a pension / low-income.
- Security and reassurance: secure entrances, emergency alarms and access to support when needed.
- Social connection: communal lounges, gardens and activities that reduce loneliness and isolation.
- Access to services: proximity to shops, GPs, public transport and community facilities.
- Suitable housing choices: a range of accommodation for people with different mobility, health and support needs.

**2. What impact does unsuitable housing have on older people, and how can good housing help them age well?**

Unsuitable housing can increase the risk of falls, accidents, isolation, anxiety and declining physical and mental wellbeing. Poor accessibility can make everyday activities difficult and may force older people to depend more heavily on family members or health and social care services.

Cold, damp or expensive homes can also affect health and financial security. Stairs, inaccessible bathrooms and a lack of emergency support may make it harder for older people to remain in their own homes.

Good housing helps older people maintain their independence, dignity and quality of life. Harrow's sheltered housing model demonstrates how secure accommodation, emergency assistance, communal spaces and social activities can help residents feel safe and connected while continuing to live independently.

**3. To what extent is London's housing stock suitable for people over the age of 65?**

London's existing housing stock does not adequately meet the varied needs of all older residents. Many properties were built without modern accessibility features and adapting them

can be expensive or structurally difficult.  Harrow's 17 sheltered housing schemes provide specialist accommodation, but sheltered housing is only one part of the solution. Older people also need accessible mainstream homes, suitable downsizing options and accommodation for those requiring more intensive support.

The projected increase in the older population numbers, will inevitably create gaps between the availability of suitable homes, and demand is likely to become more significant. Councils need to assess existing housing stock, identify accessibility gaps and plan for future demand rather than relying solely on specialist housing.

**4. What action should the Mayor, London boroughs and Government take to support adaptations to existing homes?**

- Increase funding for Disabled Facilities Grants and council-funded major adaptations.
- Reduce waiting times for occupational therapy assessments and adaptation works.
- Provide more level-access showers, stairlifts, ramps, grab rails and accessible kitchens.
- Improve advice and support so older residents understand what funding is available.
- Ensure private landlords and housing associations cooperate with reasonable adaptations.
- Invest in preventative adaptations before accidents or hospital admissions occur.

**5. What action is needed to ensure London builds enough mainstream housing suitable for older people?**

- Building more accessible, step-free homes with lifts where needed.
- Ensuring new homes have adaptable bathrooms, suitable door widths and accessible entrances.
- Increasing the supply of affordable one- and two-bedroom homes suitable for downsizing.
- Applying accessible design standards consistently and monitoring compliance.
- Locating homes close to public transport, healthcare, shops and community facilities.
- Consulting older residents when developing housing policies and designing new homes.
- Be creative and have equipment such as gyms, health equipment on site, medical surgeries for basic queries etc.
- Make downsizing from family-sized accommodation that no longer meet their needs into sheltered housing more attractive. This could also release larger social homes for families, provided that downsizing is voluntary and residents are offered suitable alternatives.

**6. What action is needed to ensure London has enough specialist accommodation for older people?**

- Protecting existing sheltered housing schemes and investing in their maintenance and modernisation.

- Building additional affordable sheltered and extra-care housing based on local needs assessments.
- Providing sufficient staffing, emergency response systems and communal facilities.
- Improving access to specialist housing for older people on low incomes.
- Continue to work collaboratively between councils, housing associations, health services and care providers.
- Ensuring specialist accommodation meets the needs of people with disabilities, dementia, reduced mobility and common age-associated issues.
- Reviewing waiting lists and occupancy
- Invest in good external communal areas including green spaces.

Please feel free to add to this or edit.

Regards

Lisa

**Lisa Griffin |Resident Services Manager**

Place Directorate | Housing Services

Harrow Civic Hub **|** Forward Drive **|** Harrow **|** HA3 8NT

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LONDON BOROUGH OF HARROW

# Housing for older Londoners

Response of the London Housing Directors' Group to the London Assembly Housing Committee call for evidence

Submitted to scrutiny@london.gov.uk | October 2026 (deadline 30 October) | Joanne Drew and Dan Hawthorn, Co-Chairs LHDG

## 1. Summary

The London Housing Directors' Group (LHDG) brings together the senior housing leaders from across London's boroughs and the City of London. We welcome this investigation. Our evidence draws on members' experience, on Centre for London's May 2026 report Delivering the Homes London Needs (LHDG was its housing thematic partner), and on national and London data.

**London needs to move from thinking about older people's housing primarily as a specialist housing issue to thinking about it as a housing-system issue.** More attractive, accessible homes for later life can give older Londoners greater choice while potentially releasing existing homes for other households. But this will only happen at scale if London addresses both sides of the equation: providing the right homes and making it easier, affordable and attractive for people to move.

The current review provides an opportunity to develop a London-wide rightsizing approach spanning social housing and owner occupation, supported by appropriate funding, better advice and evidence about the housing-chain benefits generated.

Three messages:

- **Ageing, housing supply and homelessness are interlinked.** London's over-65 population is set to grow 57% by 2051, social and specialist homes have not kept pace, and older-age homelessness is rising. Creating more attractive and accessible housing options for older generations across all housing types will help free up larger family homes, which in turn will reduce the temporary accommodation (TA) pressures that boroughs already cannot afford.
- **Right-sizing works through choice, not pressure.** Older households will move only if the new home is somewhere they actively want to live.
- **Capital grant is the lever.** Targeted grant to build new attractive, well-designed older people's homes, of which the RIBA Stirling Prize-winning Appleby Blue almshouse in Bermondsey is an exemplar, would repay itself through released family homes, reduced TA and lower care costs.

## 2. The scale of need and the right-sizing opportunity (Questions 1, 3 and 5)

The GLA projects the over-65 population rising from 1.1 million to 1.8 million between 2024 and 2051, yet only 17% of London homes meet the minimum accessibility standard. Centre for London's "Third Age City" (2021) report found London building less than half the specialist older people's housing it needs; inner London delivered only 25% of its annual requirement, and some boroughs saw net losses as existing schemes were converted to other uses.

Centre for London's 2026 report shows that London's problem is as much one of distribution as supply. London has about as many homes per head as in 2002, but social and affordable homes per 1,000 people have fallen 20% (council-owned stock is down 33%). Average floorspace per person rose 29% between 2004 and 2023, but owner-occupiers gained 33% against 9% for private renters. Under-occupation is concentrated in owner-occupation, where almost three-quarters of dwellings are under-occupied. Owner-occupiers aged 65+ hold an estimated £2.58 trillion of net housing wealth nationally, and over-65s' housing wealth in London rose by around £146 billion in a decade.

The report also identifies why older households stay put. Stamp Duty, payable upfront and often above £20,000 on larger homes, is a strong disincentive to downsize, and Council Tax gives little reason to release space (a £1.8m five-bed in Kensington and Chelsea pays just £48 a year more than a two-bed flat in Croydon). The cost of this inertia falls on families: waiting times for social housing are around two years for a one-bed home but more than six years for four bedrooms or more. Every older household that moves to a suitable smaller home releases supply exactly where it is scarcest. LHDG supports the report's call for a London-wide 'Help to Move' scheme and for removing the tax barriers to moving.

## 3. Rethinking specialist housing and support for older Londoners

The suitability of existing specialist housing for older people also warrants greater attention. While London faces a significant shortfall in specialist older persons housing overall, some existing social housing provision, including older sheltered and supported housing schemes, may no longer be fit for purpose or aligned with the aspirations and needs of today's older residents. Low take-up of vacancies in some schemes can be an

important indicator of this, although the reasons will vary locally and may include property condition, accessibility, layout, location, affordability and the facilities or support on offer. There is therefore a need to look beyond the overall number of homes available and consider whether existing provision offers attractive, accessible and appropriate choices.

This may require investment in modernisation and remodelling, changes to the support offer or, where appropriate, a different use of existing stock. The challenge is to balance the benefits of specialist housing – including opportunities for social connection, security and access to support – against the limitations of some older schemes and the growing emphasis within adult social care on promoting independence and enabling people to remain in their own homes for as long as they wish and can do so safely. While counterintuitive, this may in some cases involve decommissioning some existing provision while at the same time developing new provision, in the same borough, where a different physical design and/or combination of accommodation and support/care can achieve a better long-term fit between provision and projected need and/or demand.

This reinforces the need for a broader approach to housing for older Londoners, rather than treating downsizing or right-sizing as the sole objective. Where downsizing is prioritised, landlords should consider offering the opportunity for a social tenant to move to a general needs home on the same estate, with fewer bedrooms but allowing them to maintain their local social and support networks. For some people, a move to well-designed specialist or extra-care housing will offer a positive opportunity to improve their quality of life and access support as their needs change. For others, remaining in mainstream housing, with appropriate adaptations, assistive technology and flexible care and support, will be the preferred and most effective option. The Government's *Older People's Housing Taskforce* report (2024) recognises the importance of providing a wider range of attractive, affordable and age-friendly housing choices, rather than relying on a single model.

Boroughs, housing providers and adult social care commissioners should therefore work together to assess not only the quantity of provision, but also its quality, suitability and appeal to different generations and communities of older people. This should include reviewing vacancy and lettings data alongside feedback from existing and prospective residents, and considering the relative benefits and costs of adapting mainstream homes, remodelling existing specialist schemes and developing new provision. The objective should be to enable older Londoners to make genuine choices about where and how they live, maintaining their independence for as long as they wish, while ensuring that specialist housing and support are available when they are needed.

**Case Study – Wingspan Walk, London Borough of Haringey**

A good example of innovative housing for older Londoners is Wingspan Walk in Tottenham Hale, which provides purpose-built one and two-bedroom homes for residents aged 45 and over. The development combines accessible design features that support independence in later life with high levels of energy efficiency, resulting in significantly lower energy bills, while also promoting wellbeing through secure communal gardens, access to green space, and excellent public transport connections.

The scheme demonstrates how older persons' housing can support downsizing by offering attractive, modern homes that are secure, affordable to run, and well connected to local services and amenities. Haringey Council also offers financial incentives to help residents move from homes that no longer meet their needs, helping to make better use of the wider housing stock.

## 4. Older-age homelessness (Questions 1 and 2)

The national trend is clear. Crisis reports that the number of older people facing homelessness in England has risen by over 50% in five years, and that over-55s in TA have increased by 35% since March 2022. In the latest MHCLG statistics (April–June 2025), the fastest-growing groups owed a homelessness duty were aged 65–74 (up 6.2% to 2,920 households) and 75 and over (up 5.8% to 1,090). Older people remain under-represented among applicants relative to their share of the population (65–74s are 3.7% of households owed a duty against 9.9% of the population).

London carries a disproportionate share of this pressure. London accounts for more than half of England's TA households, London Councils estimates over 216,000 Londoners are in TA. Boroughs are forecasting a collective overspend of £895m in 2025/26 on a gross basis (removing savings and EFS). Housing pressures

and TA spend are the largest contributor to this overspend at £176m. We therefore expect the national older-age trend to be London-weighted. The drivers are those facing all low-income households, with a fixed income added: Crisis found 47% of low-income over-55s would have nowhere to go if they lost their home, and 17% of those privately renting fear homelessness in retirement. TA is particularly unsuitable for older people; interviewees described being unable to manage diabetes without cooking facilities. Providing attractive, settled homes for older people is therefore a homelessness prevention measure as well as a right-sizing one.

## 5. The case for grant incentives (Questions 5 and 6)

Centre for London notes that grant typically covers only 30–40% of the cost of an affordable home, that grant rates do not reflect differing costs by home type, and that the funding of specialist and supported housing needs greater weight. Without incentive, providers will build what is cheapest to deliver. Targeted grant to build attractive older people's homes would unlock more of them, and each household that moves releases a larger home that can ease TA and waiting-list pressure.

As a case study, Appleby Blue, built by United St Saviour's Charity with Southwark Council and JTRE London and designed by Witherford Watson Mann, won the 2025 RIBA Stirling Prize. The jury said it set "an ambitious new standard for social housing among older people". Appleby Blue shows what right-sizing needs: a home older people aspire to rather than accept. One of its architects has said that older council tenants will not give up under-occupied homes to move somewhere "horrible"; we would expect the same of owner-occupiers. Southwark is now extending the model, with a further 64 almshouses planned at Blackfriars by 2030 and two more council-owned sites in Rotherhithe allocated in March 2026.

In LHDG's view, quality of this kind costs more per home than standard provision, because of communal space, design and the support to enable moves.

## 6. Recommendations

**The Assembly should consider the owner-occupied sector as an integral part of London's rightsizing strategy and examine the feasibility of a London-wide Help to Move service.** The Assembly should also examine the potential costs and benefits of Centre for London's proposed Right to Sell model.

***Government***

1. Remove the financial barriers to downsizing, including Stamp Duty on moves, and develop a London-wide 'Help to Move' scheme; introduce statutory definitions and minimum standards for specialist older people's housing; and close the TA subsidy gap so boroughs can invest in prevention.

***The Mayor and GLA***

2. Create a dedicated older people's right-sizing strand within the remainder of the 2026–36 London Social and Affordable Homes Programme (LSAHP), with grant rates that reflect communal space and design quality, and simplified additionality tests.
3. Examine whether enhanced grant rates or a dedicated funding mechanism are needed to increase the supply of high-quality, accessible and attractive homes for older Londoners.
4. Set borough-level targets for specialist older people's housing in the next London Plan, as Centre for London recommended in 2021, and support schemes where nominations are linked to the release of under-occupied family homes.

***Boroughs***

5. Use nominations to prioritise under-occupying households for new older people's homes, and pair this with practical moving support and clear information on options.

**London Borough of Merton**

Written evidence to the London Assembly Housing Committee

**Housing for older Londoners**

**Submitted by:** London Borough of Merton (Housing; Adult Social Care, Integrated Care and Public Health; Regeneration and Planning)

**Contact:** Kate Daine, Director of Housing, [redacted]

**Date:** October 2026

## 1. Introduction

Merton welcomes the Committee's investigation into housing for older Londoners. This is a joint submission from the Council's Housing, Adult Social Care and Public Health, and Regeneration and Planning services. It reflects our view that housing for older people is not only a housing issue: it is central to prevention, independence, hospital discharge and reducing or delaying the need for formal care.

This submission draws on our own data where we hold it. In several areas we do not hold reliable data, and we have said so plainly. We think the gaps in data themselves tell the Committee something important about how well the system currently understands older people's housing needs.

Merton transferred its council housing stock to a registered provider in March 2010 and does not currently own general needs social housing. The Council is now re-establishing a Housing Revenue Account and returning to stock holding. Our evidence on social housing therefore relies largely on registered provider (RP) partners and on our Housing Register.

### Summary of key points

- Older households make up a significant share of housing need in Merton, both on the Housing Register (1,688 households with a member aged 65 or over) and in temporary accommodation (34 households with a lead applicant aged 65 or over).
- Around half of all Disabled Facilities Grant (DFG) applications come from residents aged 66 and over, but most enquiries never become applications. Adaptations take around seven months from application to completion, after a wait for an Occupational Therapy assessment that currently averages around three months.
- There is no reliable data, locally or across the RP sector, on how many social homes are adapted or wheelchair accessible, how many older social tenants are under-occupying, or how many hospital discharges are delayed by unsuitable housing.
- Accessible housing standards apply through planning policy, but delivery of accessible homes is not currently monitored, in Merton or elsewhere in London.
- Merton has three affordable extra care schemes (107 homes) and no pipeline of new specialist older persons' housing, at a time when demand is rising and development viability is poor.
- Extra care works best when housing, 24/7 care and community are designed together, and when schemes serve a balanced mix of residents with low, medium and high care needs. For some residents it is a genuine alternative to residential care. The lack of a national definition gives local flexibility, but also allows some providers to narrow eligibility to lower-need residents.

## 2. Context: Merton's older population

Merton's population aged 65 and over is projected to increase significantly over the next decade. Population projections indicate an increase from approximately 29,400 residents

aged 65 and over in 2025 to around 37,000 by 2036. This growth will increase demand for suitable housing, adaptations, health services and social care support.

Public Health recognises housing as a key determinant of healthy ageing. As Merton's population ages, ensuring access to safe, warm, accessible and adaptable housing will become increasingly important. However, the right home is not only about the physical property. Location is equally important. Homes that are close to shops, health services, public transport, green spaces, community facilities and social networks help older residents remain independent, connected and active for longer. Suitable housing in the right location can reduce loneliness and social isolation, support physical and mental wellbeing, improve access to healthcare and other services, and help people to live healthier, longer lives. This supports the ambitions of Merton's Health and Wellbeing Strategy through promoting independence, healthy ageing and reducing inequalities. Poor quality or poorly located housing can contribute to declining health, reduced mobility, falls, hospital admission and loss of independence.

The majority of Merton's older population (65+) live in owner occupied housing with 68% households owning outright and a further 11% owning with a mortgage. A further 12% of older person households live in social housing and 8% in the private rented sector (the remainder being shared ownership and living rent free). There are 2454 households that are multi-generational and include an older person, comprising 3% of Merton households. (2021 Census ONS)

The Owner Occupied sector nationally is more likely to be made up of older, detached homes and face greater challenges around energy efficiency. With nearly 4 in 5 older person households in Merton living in this sector this is a key issue for Merton to consider. We know that cold housing can significantly impact our health, it can leave older residents at greater risk of respiratory illnesses, circulatory problems (such as greater risk of stroke or heart attack) and increases the risk of mental ill health. It can also exacerbate long term conditions including diabetes and Musculoskeletal (MSK) pain.

In Winter 2025/26 there were 2,209 cold associated deaths in England, 194 of which were in London. Nationally, 43% of those who died were 85+ (961 deaths), and 36% were 75-84 (801 deaths). National research points to 1 in 5 excess winter deaths being due to cold housing.

## 3. Housing needs of older residents

Our housing systems record need at household level, so we report households that include at least one person aged 65 or over. We have broken this down by bedroom need to distinguish older single people and couples from larger multi-generational households.

### Housing Register

**Households on the Housing Register with a member aged 65 or over, by band and bedroom need, as at 28 October 2026**

| Bedroom need | Band A | Band B | Band C | Band D | Other | Total |
|---|---|---|---|---|---|---|
| 1 bed | 12 | 1 | 56 | 2 | 1071 | 1142 |
| 2 bed | 8 | 4 | 77 | 0 | 161 | 250 |
| 3 bed+ | 11 | 5 | 92 | 0 | 188 | 296 |
| Total | 31 | 10 | 225 | 2 | 1420 | 1688 |

*Source: Merton Housing Register, snapshot 28 October 2026. Figures include multi-generational households. The register cannot currently separate households in which all members are aged 65 or over.*

### Temporary accommodation and homelessness

There are 34 households in temporary accommodation where the lead applicant is aged 65 or over.

**Households in temporary accommodation with a lead applicant aged 65 or over, by property type**

| Property type | 1 bed | 2 bed | 3 bed | 4 bed | 5 bed | Studio | Studio double | Shared - single | Grand Total |
|---|---|---|---|---|---|---|---|---|---|
| Number of cases | 6 | 14 | 3 | 1 | 1 | 7 | 1 | 1 | 34 |

Between 2023/24 and 2025/26, 189 homelessness applications were made to the Council where the lead applicant was aged 65 or over (H-CLIC). Our current reporting cannot identify households that include an older person where the lead applicant is younger, so this figure is likely to understate older people's homelessness.

Analysis of the 34 households in temporary accommodation where the main applicant is aged 65 or over indicates that overall lengths of stay are broadly comparable with those of the wider temporary accommodation population. The median length of time in temporary accommodation is approximately 700 days (1.9 years) for both the 65+ group and other applicants. The average is also similar, at approximately 814 days for applicants aged 65 or over compared with 797 days for other applicants.

There is some variation within the distribution. Around 29% of applicants aged 65 or over have been in temporary accommodation for more than three years, compared with approximately 27% of other applicants. However, a greater proportion of the older group are also relatively recent placements, with approximately 21% having been in temporary accommodation for six months or less, compared with around 13% of other applicants.

## 4. Impact of unsuitable housing

### Demand for adaptations

Residents aged 66 and over account for around half of all Disabled Facilities Grant applications in Merton. However, the majority of enquiries received from Occupational Therapists (OT9 referrals) do not proceed to a formal application.

| Year | Enquiries (OT9s) | Did not proceed | % not taken up | Duly made applications |
|---|---|---|---|---|
| 2023/24 | 255 | 192 | 75.3% | 62 |
| 2024/25 | 220 | 145 | 65.9% | 42 |
| 2025/26 | 245 | 153 | 62.4% | 71 |

*Source: Merton DFG service.*

| Year | Duly made applications | Of which aged 66+ | % aged 66+ |
|---|---|---|---|
| 2023/24 | 62 | 33 | 53% |

| Year | Duly made applications | Of which aged 66+ | % aged 66+ |
|---|---|---|---|
| 2024/25 | 42 | 20 | 48% |
| 2025/26 | 71 | 34 | 48% |
| Total | 175 | 87 | 50% |

*Source: Merton DFG service. Age is recorded as 66+ in the DFG system.*

The proportion of enquiries that do not proceed has fallen from 75% to 62% over three years, but remains high. The reasons are not currently recorded consistently, and we are now looking into why enquiries do not proceed as part of our work to improve the DFG service.

### Hospital discharge

Merton does not currently track the number of hospital discharge delays attributable to unsuitable housing. We know from casework that these cases occur. These are older residents who are medically fit for discharge but cannot return home because their home is no longer accessible, and for whom a suitable alternative cannot be found quickly.

**Case study:** A resident was admitted to hospital and, during the admission, it became clear that it was unlikely to be reasonable for them to return home because of their mobility needs. The Council accepted a homelessness application under Part VII of the Housing Act 1996, worked with NHS colleagues to assess their needs (including occupational therapy assessments), and provided suitable temporary accommodation pending a settled offer so that they could be discharged.

We believe this gap is common across London and recommend that discharge data routinely records housing as a cause of delay (see Section 9).

## 5. Suitability of existing stock

Neither the Council nor, as far as we can establish, our registered provider partners hold reliable data on the number of adapted or wheelchair-accessible social homes in the borough, or on how many older social tenants are under-occupying their homes. Without this information it is very difficult to match older people to suitable homes, to plan for future need, or to make the most of adaptations already paid for when a home is re-let.

We do hold data on under-occupation among older households on our Housing Register. There are 38 households with a member aged 65 or over who are under-occupying their current home.

Supporting older people who want to downsize can free up family-sized homes, but only if suitable, attractive and accessible smaller homes are available in the areas where people want to stay.

## 6. Adaptations

### DFG budget and spend

| Year | Budget | Spend | Underspend |
|---|---|---|---|
| 2023/24 | £1,578,945 | £1,231,091 | £347,854 (22.0%) |
| 2024/25 | £1,801,974 | £1,257,726 | £544,248 (30.2%) |
| 2025/26 | £1,928,695 | £1,629,924 | £298,771 (15.5%) |
| Total | £5,309,614 | £4,118,741 | £1,190,873 (22.4%) |

*Source: Merton DFG service. Figures rounded to the nearest pound.*

DFG funding has increased each year, and spend rose by around 30% in 2025/26. The underspend reflects the low number of referrals that progress to completed grants, rather than a lack of need. The Council is reviewing its adaptations service, including how referrals are converted into applications and how works are procured, to increase the number of residents helped.

**Time taken to complete adaptations (2025/26)**

| Stage | All ages (calendar days, avg) | Aged 66+ (calendar days, avg) |
|---|---|---|
| Application to completion | 224 (156 working days) | 203 (142 working days) |
| Approval to completion | 206 (144 working days) | 182 (127 working days) |

*Source: Merton DFG service.*

On average, adaptations for older residents are completed around three weeks faster than for all applicants, but still take almost seven months from application. For an older person living without a level-access shower, a stairlift or a ramp, this is a long time to wait, and it increases the risk of falls, hospital admission and moves into residential care.

Delays to adaptations may also contribute to social isolation, reduced confidence in undertaking everyday activities and increased pressure on unpaid carers, all of which can affect health and wellbeing in later life.

**Waiting lists**

The DFG service processes all applications as they are received and does not hold a waiting list. The main point of delay is earlier, at the Occupational Therapy assessment stage. At the time of writing, 211 adults were waiting for an Occupational Therapy assessment and had been waiting an average of 94 days. This figure covers all adults aged 18 and over. We cannot currently report it separately for older residents. Taken together with the time from application to completion, an older resident may wait the best part of a year between first needing an adaptation and having it in place.

## 7. New mainstream housing supply

New developments in Merton are assessed by the Development Management team against London Plan Policy D7 (Accessible housing), Building Regulations requirements M4(2) (accessible and adaptable dwellings) and M4(3) (wheelchair user dwellings), and Local Plan policy D12.3 (Ensuring high quality designs in all developments). Development Management colleagues confirm that the vast majority of submitted schemes meet these requirements.

However, delivery of accessible homes is not currently monitored. It is not an indicator in the Authority Monitoring Report or the Local Plan Monitoring Framework, and the planning system (I-Dox) does not capture it. We therefore cannot report reliably how many new homes completed in Merton meet M4(2) or M4(3) standards. This is not unique to Merton. No London borough can currently capture this information accurately for each home, and manually monitoring every new home without IT capture is beyond boroughs' reasonable resources. As these standards are set London-wide through the London Plan, we are working with the Greater London Authority so that they can be monitored accurately, home by home, through the Planning London Datahub.

For the Council's own new build programme, 7 of the first 75 homes meet M4(3) wheelchair user standards.

Merton's Local Plan was informed by the Strategic Housing Needs Assessment, which considered the needs of older people, people with disabilities and other specific groups (Chapter 8). The Local Plan secures a mix of dwelling sizes to meet identified need and supports the delivery of smaller one- and two-bedroom homes alongside M4(2) and M4(3) homes. This helps older residents to downsize and remain independent for longer.

## 8. Specialist accommodation

### Current supply

Merton has three affordable extra care schemes, providing 107 self-contained homes.

| Scheme | Landlord | Care provider | Homes | Age |
|---|---|---|---|---|
| Trellis | Housing 21 | Eleanor Nursing & Social Care (Council-commissioned), 24/7 on site | 42 | 60+ |
| Pantiles | Sanctuary | Eleanor Nursing & Social Care (Council-commissioned), 24/7 on site | 33 | 55+ |
| Glebelands | Anchor | London Borough of Merton | 32 | 55+ |
| Total | | | 107 | |

*Source: Merton Adult Social Care.*

Nominations to the three schemes are managed through a joint allocation panel. In October 2026 there were three vacancies across the schemes and three people on the waiting list. The Council does not hold a reliable count of sheltered housing units in the borough. This information sits with individual registered providers, and we are seeking it from them directly.

There is no new specialist older persons' housing, such as extra care or sheltered housing, in the pipeline in Merton. Outline planning permission was granted in May 2026 for a mixed-use scheme on the Turle Road site in Longthornton (24/P3406), including 353 homes and an 84-bed care home. However, the site owner has yet to secure a developer, and delivery is unlikely for five to six years.

### What makes extra care work

Extra care is not sheltered housing. Its value comes from combining a self-contained home with responsive, 24/7 care and support delivered in a holistic way: personal care, wellbeing checks, social and recreational activity, and help with correspondence and day-to-day administration. For some people, extra care is a genuine alternative to residential care, sitting between living in one's own home and moving into a care home.

Based on our experience in Merton and in neighbouring boroughs, the features of successful schemes are:

- **Design for ageing in place.** Wheelchair-accessible and adaptable homes, adequate circulation and turning space, rise-and-fall kitchens, care technology integrated from the outset, communal spaces that are genuinely usable, and dementia-friendly design including clear wayfinding and the use of colour and contrast. Habinteg's Inclusive Housing Design Guide is a strong benchmark for developers and commissioners.

- **Location.** Schemes close to shops, health services, leisure, community facilities and public transport help residents stay independent, in line with the Care Act duty to prevent, reduce and delay the need for care. Access to local services and opportunities for social interaction can help reduce loneliness and social isolation, which are associated with poorer physical and mental health outcomes in later life. Well-located housing supports healthier ageing by enabling older residents to remain connected to friends, family, community facilities, green spaces and healthcare services. Homes and neighbourhoods should support not only independence, but also belonging, participation and connection to community life. This aligns with Merton's wider ambitions to support active and healthy ageing, increase physical activity and create dementia-friendly communities. Well-designed and well-located housing is particularly important for people living with dementia. Homes and neighbourhoods that are safe, accessible, familiar and easy to navigate can help people remain independent for longer, maintain social connections and continue living within their local communities.

- **Connection to the wider community.** Schemes should welcome community services into the building, for example intergenerational activity with local schools and voluntary sector activities open to local residents, so that they are part of the neighbourhood rather than isolated from it.
- **Short-stay flats.** Short-stay or trial flats within extra care schemes can help test whether a person can continue to live independently, let them try extra care before moving in, or help establish whether residential care is needed.
- **Planned hospital discharge.** An extra care flat is the resident's home, and they should be able to return to it. Care providers need enough notice to arrange staffing, check medication and help the person settle back in. Landlord staff are usually only on site during office hours, while care staff are there around the clock, so clear joint arrangements are essential.
- **Choice.** Specialist schemes suit many people, but not everyone. Some older people prefer to live in mixed-age communities, and new development should provide for both specialist housing and accessible mainstream homes within wider neighbourhoods.

**Challenges in the extra care market**

- **No national definition.** There is no nationally agreed definition of extra care housing. This flexibility can be useful, but it leads to very different interpretations between providers and local authorities.
- **Narrowing eligibility.** Some providers treat extra care as sheltered housing and seek to restrict nominations to residents seen as lower risk and very independent. Local authorities need schemes to meet the full range of identified need, including people with mental health needs, older people with learning disabilities, people receiving more than 20 hours of care a week, and people who are bedbound. With the right care in place, all of these residents can live successfully in extra care. We are seeing growing reluctance across parts of the sector to accept people with higher or more complex needs.
- **Development viability.** Providers report that grant funding for new build specialist schemes is no longer available to them. Many are refurbishing existing stock where viable, but refurbishment to modern accessibility standards is expensive, and some providers are disposing of older schemes instead. As a result, very few new schemes are coming forward despite rising demand.
- **Retirement villages and affordability.** London has seen significant growth in private retirement villages, partly driven by how older persons' need is defined in the London Plan. Many offer no social rent, so they are out of reach for lower-income

residents and do little to meet local authorities' needs. Service charges can keep accruing when residents' funds run out or after they die, and homes can be hard to sell or re-let. Schemes that attract residents from outside the borough can also, over time, create new ordinary residence and additional demand on Adult Social Care, which councils need to plan for.

## 9. Recommendations

Merton asks the Committee to consider recommending that the Mayor and Government:

1. **Monitor accessible housing delivery.** Work with boroughs to capture M4(2) and M4(3) status for every new home through the Planning London Datahub, drawing on planning and Building Control data, so that delivery against London Plan Policy D7 can be measured London-wide without relying on manual borough monitoring.
2. **Improve data on adapted social homes.** Work with registered providers to record adapted and wheelchair-accessible homes consistently, and support boroughs to develop accessible housing registers so that adapted homes are re-let to people who need them.
3. **Track housing-related discharge delays.** Work with the NHS and Integrated Care Boards to record unsuitable housing as a reason for delayed hospital discharge, and promote joint housing, health and care discharge protocols.
4. **Define extra care.** Press Government for a national definition of extra care housing that makes clear it should serve people with higher and more complex care needs, not only the most independent.
5. **Fund specialist supply.** Ensure capital funding programmes, including the Mayor's affordable housing programme, explicitly support new and remodelled extra care and accessible older persons' housing at social rent.
6. **Secure affordability in retirement housing.** Review how older persons' housing need is defined in the London Plan, so that specialist schemes include social rent homes, and consider the long-term impact on service charges and Adult Social Care demand.
7. **Reform and fund adaptations.** Support Government to update the DFG means test and grant limits, and fund councils to increase Occupational Therapy capacity, so that more referrals turn into completed adaptations.
8. **Recognise housing as prevention.** Support stronger integration between housing, health and social care services so that housing needs are identified earlier and addressed as part of healthy ageing, hospital discharge and prevention strategies.

**London Borough of Merton**

**October 2026**

**Paavan Popat OBE**
Founder and Chief Executive Officer, TLC Group
Co-lead, Chapter 6: Strengthen Planning Policies, Older People's Housing Taskforce

October 2026

The Lord Bailey of Paddington AM
Chair, Housing Committee
London Assembly
City Hall, Kamal Chunchie Way
London E16 1ZE

By email: scrutiny@london.gov.uk

Dear Lord Bailey,

**Housing for older Londoners: written evidence**

I am grateful to the Committee for opening this investigation and welcome the opportunity to contribute. I submit the enclosed evidence in my own name, and I hope it complements that of Professor Julienne Meyer CBE, Chair of the Taskforce, who gave oral evidence to the Committee on 22 October. I write as Founder and Chief Executive Officer of TLC Group, which cares for older people in nine homes, four of them in London, and as the promoter of a later living community just beyond London's boundary.

My evidence is deliberately technical. It sets out how London plans for later living homes, how homes and places can be designed for later life, and what a care provider sees where housing and care meet. It draws in particular on the Taskforce's chapter on strengthening planning policies, which I co-led, and on its chapters on design and neighbourhoods. Recommendations 1, 5 and 6 show how four central Taskforce ideas could work in London planning. They are naming the five types and counting delivery against each, one standard way of assessing need, homes that are care-ready and dementia-inclusive, and an age-friendly test for every major scheme.

It makes ten recommendations to the Mayor, the boroughs, the NHS and TfL, many of which could be taken forward through existing plans and programmes. Annex C sets out the Taskforce actions behind them.

I would be glad to give oral evidence at the Committee's November meeting if that would help. Should a prior commitment prevent this, I would be pleased to provide further written evidence instead. My interests are declared in section 1 of the report.

Yours sincerely,

**Paavan Popat OBE**
Founder and Chief Executive Officer, TLC Group
Co-lead, Chapter 6: Strengthen Planning Policies, Older People's Housing Taskforce

# Planning, design and care for later life in London

Written evidence to the London Assembly Housing Committee's investigation, Housing for older Londoners

Paavan Popat OBE | October 2026

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## 1. Introduction

**1.1** This evidence draws on three vantage points:

- **As a care provider.** I am Founder and Chief Executive Officer of TLC Group, which runs nine care homes, four of them in London, with over 1,000 team members and no agency workers. Two of our Harrow homes, Kailash Manor and Karuna Manor, are built around Hindu faith and Gujarati culture.
- **As a member of the Taskforce.** I co-led Chapter 6, Strengthen Planning Policies, of the Government's Older People's Housing Taskforce, whose report *Our Future Homes* was published in November 2024 [1]. I have since supported the Ministry of Housing, Communities and Local Government on standard definitions and on design and placemaking guidance.
- **As a place-maker.** I am promoting Heathbourne Green, a proposed 93-acre intergenerational later living community in Hertsmere, Hertfordshire. **It is not in London.** It sits just beyond London's north-west boundary, and I refer to it only as an example of one approach.

**1.2** **Declaration of interest.** TLC Group cares for residents part-funded by London boroughs. Heathbourne Green, in which I have a financial interest as landowner and promoter, is the subject of an undetermined outline planning application (24/0692/OUTEI). The views in this report are my own.

**1.3** The table shows where this evidence answers each of the Committee's six questions. Where a recommendation follows a Taskforce action, the chapter and action are given, and Annex C brings them together.

| Committee question | Where this evidence answers it | Recommendations |
|---|---|---|
| 1. The housing needs of Londoners over 65 | Sections 7, 8, 9 and 10 | 6, 9, 10 |
| 2. The impact of unsuitable housing, and how good housing helps people age well | Sections 6 to 10 | 5, 6, 7, 10 |
| 3. How suitable London's housing stock is | Sections 3 and 6 | 1, 5 |
| 4. Helping older Londoners adapt their existing homes | Sections 6 and 8 | 5, 7 |
| 5. Building enough suitable new mainstream homes | Sections 4 to 7 | 2, 3, 4, 5, 6 |
| 6. Enough specialist accommodation for older people | Sections 3, 4, 5, 8 and 9 | 1, 2, 3, 4, 7, 8 |

Part A (sections 3 to 5) also addresses the Committee's objective on the Mayor's policies and programmes.

## 2. Summary

**2.1** The Draft London Plan 2026 and its Examination in Public in 2027 are a timely opportunity. The Taskforce's chapter on strengthening planning policies, which I co-led, offers practical tools that London could use now.

### Key findings

- **Delivery against the older persons' benchmark is not reported.** A benchmark of 4,115 homes a year has stood since 2021, and I can find no monitoring report since then that reports delivery against it [2]. In January 2026 the GLA found that leaving specialist and supported housing to the boroughs "is not resulting in the delivery of [specialist and supported housing] that London needs" [3].
- **Recorded approvals are well below the benchmark.** About 300 older people's homes a year were approved in London from 2014 to 2023. London has 9.7% of England's over-75s but 6.3% of approvals [4].
- **The new need figure covers fewer types of home.** Table 3.7 asks for at least 22,805 homes from 2025 to 2035, but excludes private-market homes, and the study behind it excludes care homes [5][6], although 65% of older London households own their home [7]. Counted need falls in 28 of 33 boroughs (Annex A).
- **Recent national policy offers wording the London Plan could adopt** on site allocations, care homes and the weight given to evidenced need [8].
- **London policy could reflect more of the Taskforce's planning actions**, including a standard need method, clarity on use class, a realistic approach to viability for service-led homes, allocations with an exceptions policy, and strategies co-produced with older people and faith groups and supported by the NHS [1].
- **Homes are not yet consistently ready for later life.** Just 17% of London homes meet the minimum standard for accessibility [9], recorded delivery of accessible new homes is below the London Plan standard [10], and the draft Plan does not mention dementia [11].
- **Care capacity and discharge depend on housing.** Neither the draft need figure nor its study counts care homes, and in April 2026 around 13,800 people a day in England were well enough to leave hospital but still there [12].
- **Faith, culture and language are not always treated as assessed needs**, although more than four in ten Londoners aged 65 to 84 are not White British [13].

## Recommendations

| | Part A: Planning | Who | Cost |
|---|---|---|---|
| 1 | **Measure and plan**: use the Taskforce's **five types** in the London Plan and its monitoring; publish delivery every year by type, tenure and borough; assess need with **one standard London method** from age 55, looking ahead rather than back at past supply; and prepare each Local Supported Housing Strategy with the integrated care board. | Mayor, boroughs, NHS | Low |
| 2 | Use the **Examination in Public** to strengthen Policy HN5: all types and tenures, **including care homes**; **required site allocations as a minimum**; substantial weight to evidenced need; **targets for older people's homes, as for student housing**; the dementia and design wording restored; and a monitoring indicator. | Mayor | Minimal |
| 3 | Set a **London approach to use class, viability and affordable housing** for service-led later living homes, so that more can be delivered, and publish **model planning clauses** that set eligibility by need rather than age alone. | Mayor, boroughs | Minimal |
| 4 | Bring forward **public land** for later living homes and include them in **estate regeneration**, plan with **neighbouring authorities**, and convene a **London later living delivery group** to unblock sites and schemes. | Mayor, boroughs, TfL, NHS | Low |

| | Part B: Design and places | Who | Cost |
|---|---|---|---|
| 5 | Add **care-ready and dementia-inclusive principles** to Policies HN8 and HN9 and their guidance, name dementia in the Plan, and monitor accessible homes by borough. | Mayor, boroughs | Low |
| 6 | Apply an **age-friendly, dementia-inclusive, faith and culture-sensitive test** to every major scheme, supported by a **design note** co-produced with faith and community groups. | Mayor, boroughs | Low |

| | Part C: Care and connection | Who | Cost |
|---|---|---|---|
| 7 | Strengthen **the role of housing in discharge**: housing officers in care transfer hubs, fast-track adaptations through **Good Home Hubs**, step-down flats in housing with care, and London reporting of housing-related delays. | Boroughs, NHS, Mayor | Existing funds |
| 8 | Make **care workers** a priority in key worker housing, and expect large later living schemes to include **homes for care team members**. | Mayor, boroughs | Existing funds |
| 9 | Assess **faith, culture and language** in every care assessment, meet them within the personal budget where they are needed to meet eligible needs, and **monitor by ethnicity**. | Boroughs | Low |
| 10 | Help health and care professionals to **"think housing"**: link workers and discharge teams trained in later living options, a direct route to housing advice, later living schemes and care homes as **community hubs**, and loneliness tracked as an outcome. | NHS, Mayor, boroughs | Low |

# Part A: Planning for later living in London

*Part A draws on the Taskforce's Chapter 6, Strengthen planning policies: how need is measured and monitored, what the London Plan says, and where homes can go.*

## 3. Need and monitoring

*Questions 3 and 6*

**3.1** **Measuring delivery helps to secure it.** London Plan monitoring reports for 2019-20 and 2020-21 said a dashboard of specialist housing for older people "is currently in development", and I can find no monitoring report since the 2021 Plan that reports delivery against its older persons' benchmarks [2]. The GLA found in January 2026 that Policy H13 "does not provide a strategic direction from the regional perspective in terms of delivery expectations" [3].

**3.2** Available data suggest a gap. London approved 3,042 older people's homes in ten years, about 300 a year, against a benchmark of 4,115 a year (Annex B) [4]. Hounslow's examination evidence records 111 completions in six years from 2019-20, against the 810 its benchmark implied [14]. The Mayor's Care and Support Specialised Housing fund completed 275 homes for older and disabled Londoners in 2023-24 and 346 in 2024-25 [10]. This is a welcome contribution, and it has room to grow.

**3.3** **Table 3.7 of the draft Plan is a welcome start, and it could go further.** It asks for at least 22,805 additional homes from 2025 to 2035 [5]. It excludes homes for sale or rent on the private market [5], and the study behind it also excludes care homes [6]. Yet 65% of older London households own their home [7], and the GLA's own study for the 2021 benchmark found that "most of the demand will be for home ownership or shared ownership" [15]. The Taskforce found that current provision is concentrated on households on low incomes or with substantial resources, "meaning the majority in the middle are seriously underserved" (Chapter 5) [1]. Counted need falls in 28 of 33 boroughs, most sharply in outer London (Annex A).

**3.4** The Taskforce set out how to do this well. Its five types of later living home (mainstream homes, community-led homes, two types of service-led homes, with support and with care, and care homes) give planning, monitoring and funding a common language. It recommended "a common standardised methodology for local assessment of minimum need for the various forms of OPH/LLH", with national prevalence rates "not based on past delivery" (Chapter 6, action 5), applied to age groups from 55 as the chapter suggests. It also recommended strategies co-produced with older people, faith groups and providers and supported by the integrated care board (action 6), and delivery recorded in each authority's monitoring report (action 9) [1]. The boroughs' Local Supported Housing Strategies, due by March 2027 [5], are the natural place to start.

**Recommendation 1.** Use the Taskforce's five types in the London Plan glossary, Table 3.7 and monitoring, so that need, permissions and delivery are counted the same way. Publish delivery every year by type, tenure and borough. Assess need with one standard London method for every type and tenure from age 55, including private-market homes and care homes, looking ahead to what people want rather than back at past supply. Prepare each Local Supported Housing Strategy with the integrated care board (Taskforce Chapter 6, actions 5, 6 and 9). I would be glad to help develop the method.

## 4. The London Plan and the Taskforce's planning recommendations

*Questions 5 and 6*

**4.1** **The London Plan is one of the Mayor's most important tools.** Borough local plans must be "in general conformity" with it [16], and the Mayor must have regard to national policy [17]. Table 1 compares Policy H13 of the 2021 Plan with Policy HN5 of the draft [18][5].

| Table 1: Topic | London Plan 2021 (Policy H13) | Draft London Plan 2026 (Policy HN5) |
|---|---|---|
| **Policy** | Its own policy for specialist older persons housing | Shared with student housing, large-scale shared living and supported housing |
| **Need** | 4,115 homes a year across all tenures | 22,805 over 2025 to 2035 as minima, for people aged 55+ with support needs, excluding the private market |
| **Care homes** | A need for 867 care home beds a year | No figure |
| **Sites** | Boroughs to "identify sites" with providers | Boroughs "may wish to" use site allocations (for student housing, plans must allocate sites to meet targets) |
| **Dementia** | "the increasing need for accommodation suitable for people with dementia" | Not yet included |
| **Design** | "the highest standards of accessible and inclusive design"; storage and charging for mobility scooters | "designed to satisfy the requirements of the intended residents" |
| **Affordable housing** | Required, with a fast track | Required, with a fast track at 35%, 25% or 20%, and 50% on Green Belt |
| **Community-led and intergenerational** | Not covered | New: a positive approach |
| **Monitoring** | No indicator | No indicator |

**4.2** The positive approach to intergenerational and community-led housing is welcome. Other elements of the 2021 policy could usefully be carried forward. National policy published in August 2026 also now asks plans to take account of those who require "retirement housing, housing-with-care and care homes" (HO1), to identify sites for "specialist housing for older people" where there is need (HO5), to give "substantial weight" to homes that meet evidenced needs (HO7), and to locate specialist housing so residents can reach services "by walking, wheeling (including mobility scooters)" (HO9) [8]. London remains ahead on accessible homes.

**4.3** Borough plans vary. In 2019, 92% of adopted London local plans supported older people's housing in general terms, and three allocated sites specifically for it [19]. Another review found that 19 of 32 borough plans had neither a clear policy on the number and type of homes needed nor site allocations [20]. There is no recent count, and one would be useful.

**4.4** **The draft Plan treats student housing differently.** Policy HN5 asks plans to meet the need for student housing by "allocating sites for a level of provision that will satisfy targets in Table 3.6". The older persons' figures in Table 3.7 are "a starting point", and boroughs "may wish to" use site allocations [5]. At the Committee's meeting on 22 October, Anchor and ARCO both called for the older persons' figures to be mandatory [21]. Treating them as targets, as the Plan already does for student housing, would give boroughs a clear expectation and make delivery easier to track.

### Decisions, use class and viability

**4.5** Analysis of over 2,000 planning applications for the Taskforce found that consents for older people's housing in England fell from about 180 in 2015 to 80 in 2023, with approval rates particularly low for schemes of more than 120 homes (Chapter 6) [1]. The same MHCLG study found that older people's housing "can be disadvantaged in the competition for sites", and that allocations "should be a minimum rather than a maximum target" [4]. One London case study, an 88-home extra care scheme on an allocated site next to Metropolitan Open Land, took 101 weeks to approve; because it was classed as C3, affordable housing policy applied and a contribution of £3,390,000 was agreed [4].

**4.6** Service-led homes carry shared lounges, restaurants and care space that cannot be sold. Anchor told the Committee that its schemes carry about 15% extra space that earns no income [21]. In housing with care, with restaurants and care space, my experience is that it can approach 30% of floorspace. The Taskforce recommended clarifying which use class applies to each type (Chapter 6, action 2), and guidance to planning authorities with a presumption that "service-led housing will not be able to contribute to Affordable Housing and should be exempt from Community Infrastructure Levy (CIL) payments" (action 4) [1]. A clear London approach would help more later living homes, including affordable ones, to be delivered. In London, schemes on Green Belt land must provide 50% affordable housing to use the fast track [5], which can be challenging for housing with care. The Taskforce envisaged allocations in town centres, on greenfield and potentially Green Belt sites, with an exceptions policy where land cannot be allocated (action 8) [1]. The national grey belt policies do not apply to Metropolitan Open Land [22].

**4.7** Planning obligations can also limit a home to a primary resident over a set age, sometimes with a set level of care need, and their spouse or partner [23]. On those terms a daughter who cares for her mother may not qualify to live with her. Eligibility set by need, rather than age alone, would help keep families together.

### The opportunity ahead

**4.8** The draft Plan will be examined in public before adoption, expected in early 2028 [24]. At the last review the Mayor published suggested changes both before and during the examination [25], so the Committee's findings could help shape the final Plan.

**Recommendation 2.** Use the Examination in Public to strengthen Policy HN5: plan for all five types and all tenures, including care homes, alongside other later living homes, and private-market homes; require site allocations as a minimum, with an exceptions policy (Chapter 6, action 8; NPPF HO5); give substantial weight to evidenced need (Chapter 6, action 1; NPPF HO7); restore the wording on dementia, inclusive design and mobility scooters; and treat the Table 3.7 figures as targets, as the Plan already does for student housing, with a monitoring indicator to track delivery against them.

**Recommendation 3.** Set a London approach to use class, viability and affordable housing for service-led later living homes that recognises their communal space, including on Green Belt land, so that more can be delivered (Chapter 6, actions 2 and 4). Publish model planning clauses that set eligibility by need rather than age alone.

## 5. Land, delivery and London's edge

*Questions 5 and 6*

**5.1** Public land near stations and town centres, held by TfL, the NHS and the boroughs, could be well suited to later living homes that keep people connected. The Taskforce asked Homes England and local authorities to use "a sufficient proportion of their own land in suitable locations" (Chapter 6, action 7), and industry partners to work with public landowners such as Homes England and NHS England in development partnerships (action 13) [1]. It also suggested small multi-disciplinary teams to help plan and deliver later living homes (action 11) [1]. In London, a delivery group bringing together GLA planning, the boroughs, TfL, NHS estates, housing associations and providers could unblock sites and schemes, and give the London Social and Affordable Homes Programme [26] a pipeline of later living homes ready to fund. Estate regeneration is another opportunity. Anchor told the Committee that many large regeneration schemes do not include later living homes, although a large share of existing residents are aged 55 and over [21].

**5.2** Some demand moves beyond London: the MHCLG study suggests demand may be transferring into the wider South East and East of England [4]. The Taskforce asked authorities to "consider boundary effects where an age-friendly area straddles a neighbouring authority" (Chapter 4, action 7) [1], and the same logic applies where demand for later living homes crosses London's boundary. Later living communities just beyond the boundary already serve London families. At Heathbourne Green, for example, we estimate that 1,000 later living homes would release around 650 homes back to the market [27].

**Recommendation 4.** Bring forward public land near stations and town centres for later living homes (Chapter 6, actions 7 and 13), and include them from the start in estate regeneration. Plan with neighbouring authorities where demand crosses London's boundary (drawing on Chapter 4, action 7). Convene a London later living delivery group to unblock sites and schemes (Chapter 6, action 11).

# Part B: Designing homes and places for later life

*Part B draws on Taskforce Chapters 3 and 4: homes that are ready for care and for dementia, and homes and neighbourhoods that are faith and culture-sensitive.*

## 6. Care-ready and dementia-inclusive homes

*Questions 2, 3, 4 and 5*

**6.1** Nationally, 91% of over-65s live in mainstream housing [1], and just 17% of London homes meet the minimum standard for accessibility, against 13% nationally [9]. The London Plan already requires 90% of new homes to be accessible and adaptable (M4(2)) and 10% to be wheelchair homes (M4(3)) [18]. Setting a standard makes a difference. The Centre for Ageing Better told MPs that London has seen a 42% increase in homes built to M4(2) [28]. GLA monitoring recorded 50.5% of new homes as M4(2) in 2021-22, and an average of 38% across planning authorities in 2022-23, though it notes some under-reporting [10].

**6.2** The difference between staying at home and moving into care can come down to a few centimetres and a few square metres. Our care homes show what care needs, and a care-ready home provides it from the start:

- a bathroom with room for a hoist and a carer, and doors and turning space for a wheelchair;
- storage and charging for mobility aids, and space for an overnight carer;
- the wiring and connectivity for technology-enabled care; the Taskforce asked that adaptation grants "routinely include low level technology" (Chapter 2) [1].

**6.3** Each is cheap at design stage and costly to retrofit. The Taskforce asked Homes England and the Greater London Authority to review the design criteria for grant-funded programmes so that they "must incorporate age-friendly design" (Chapter 3, action 4), and for local design codes to be dementia-inclusive (action 5) [1]. The new London programme relies on London Plan requirements rather than setting its own design standards [26].

**6.4** Dementia is not mentioned anywhere in the draft London Plan [11], although dementia-inclusive design is well understood. It means clear sightlines, good light, colour contrast, familiar landmarks, calm spaces and safe gardens. Independent review helps. At Heathbourne Green we asked the University of Stirling's Dementia Services Development Centre to review the design [27], and other schemes could do the same.

**Recommendation 5.** Add care-ready and dementia-inclusive principles to Policies HN8 (Housing design) and HN9 (Accessible housing) and the guidance that supports them (Chapter 3, actions 4 and 5), monitor M4(2) and M4(3) delivery borough by borough so that the standard London already has is delivered in full, and name dementia in the Plan.

## 7. Faith and culture-sensitive homes and neighbourhoods

*Questions 1, 2 and 5*

**7.1** London's older population is more diverse than the rest of England's. 58% of Londoners aged 65 to 84 are White British, and 49% of Londoners aged 50 and over, against 90% in the rest of England [13]. Between 2011 and 2021 the number of Asian people aged 65+ in England and Wales grew by 74% [29]. A quarter of Londoners over 70 live in multigenerational households [20], and research with older Bangladeshi Londoners found that many homes did not suit multigenerational living or water-based hygiene and faith practice [30].

**7.2** The Taskforce highlighted two London examples: Cazenove Road, a sheltered scheme near the mosque with a prayer room, and Fradel Lodge, with its own synagogue (Chapter 2) [1]. It asked councils to co-produce their strategies "in consultation with senior citizens with lived experience, local communities including faith groups" (Chapter 6, action 6) [1]. This is not yet reflected in the draft London Plan's policies for older people's housing, although the Plan already recognises cultural and

faith needs elsewhere, for example for burial space (HN10) and Gypsy and Traveller accommodation (HN4). That gives the Plan a natural opportunity to reflect it.

**7.3** Neighbourhoods matter as much as homes. The Taskforce called for public realm that is "landscape-led, designed for health and wellbeing outcomes" and age-friendly, dementia-inclusive, faith and culture-sensitive [1]. Its actions include age-friendly local design codes, using the Community Infrastructure Levy for bus stops with "seating and shelters" and benches along walking routes, and spatial data on age-friendly areas (Chapter 4, actions 1, 2 and 4) [1]. In my experience, resting places about every 50 metres, accessible public toilets and step-free stations do a great deal to give older people the confidence to walk.

> **Recommendation 6.** Apply an age-friendly, dementia-inclusive, faith and culture-sensitive test to every major scheme and regeneration, based on the Taskforce's neighbourhood actions (Chapter 4, actions 1, 2 and 4). Publish a faith and culture-sensitive design note for later living homes, co-produced with faith and community groups: prayer and quiet rooms, kitchens that respect dietary laws, suitable washing facilities, multigenerational layouts, and locations near places of worship.

# Part C: Care and the connection with housing

*Part C sets out what a care provider sees where housing and care meet: care capacity, the route home from hospital, the workforce, faith and culture in care, and social connection.*

## 8. Care homes and hospital discharge

*Questions 1, 2, 4 and 6*

**8.1** **Care need is rising.** An estimated 87,303 Londoners aged 65+ live with dementia, rising to 133,956 by 2040 [31]. The 2021 Plan identified a need for an average of 867 care home beds a year [18]. The draft Plan does not set a figure, and the study behind its need figure excludes care homes [6]. Recommendation 2 asks for care homes to be planned alongside other later living homes. In 2016 London had 8.0 care home beds per 100 people aged 75+, against 10.4 across England [32].

**8.2** **Housing has an important part to play in hospital discharge.** In April 2026 an average of 13,833 patients a day in England were well enough to leave hospital but still there [12]. Each delayed day costs the NHS around £562 [33], and the National Audit Office estimated that 85% of those delayed are aged 65 or over [34]. In North East London, 12.8% of adult general and acute beds in March 2026 held patients who no longer needed to be there [35].

**8.3** National guidance makes housing part of discharge: planning should cover "housing options (such as home adaptations, the Disabled Facilities Grant (DFG) and possible alternative housing)" [36], and since May 2024 the NHS has recorded housing provision and housing adaptations as reasons for delay [37]. Delays coded to housing are small nationally but rising [38]. The larger effect sits within waits for home care, short-term beds and care home places [39]. Haringey's scrutiny review found nine of 21 step-down flats vacant and recommended including housing officers in multi-agency teams for post-discharge support [40], and Kensington and Chelsea had recruited a dedicated housing officer to support the discharge process by February 2025 [41]. Good Home Hubs, a model developed by the Centre for Ageing Better [42] and described by the Taskforce as "one-stop shops" for home improvement and adaptations (Chapter 7) [1], could help arrange the fast, small adaptations that many discharges depend on.

**8.4** There are wider benefits too. The Taskforce reported health and social care cost-benefits of £2,441 a year for each person in housing with care (Chapter 5) [1].

> **Recommendation 7.** Strengthen the role of housing in discharge: a housing officer in every London care transfer hub; fast-track adaptations for people leaving hospital through Good Home Hubs; step-down flats in housing with care in every borough; and London-wide reporting of housing-related discharge delays.

## 9. The care workforce, and faith and culture in care

*Questions 1, 2 and 6*

**9.1** **Housing costs are one factor in recruiting and keeping carers in London.** London's adult social care sector had 235,000 filled posts, 22,000 vacancies and 19% turnover in 2023-24 [43]. The Taskforce asked that those working in service-led housing be recognised in plans to grow the adult

social care workforce (Chapter 2, action 6), and that planning authorities ensure "affordable housing for health and social care workers is planned for proactively" (Chapter 6, action 5) [1]. TLC runs every home without agency workers and provides team apartments for new arrivals' first three months [44].

**9.2** **Person-centred care includes faith, culture and language.** In England and Wales, 0.95% of care home residents aged 65+ are Asian, against 3.8% of all people aged 65+ [45]. At Karuna Manor in Harrow, rated Outstanding by the Care Quality Commission, there is a temple with a dedicated priest, a strictly vegetarian Gujarati kitchen and around 55 cultural events a year [46][44]. For someone living with dementia who has returned to their first language, being understood is part of their care.

**9.3** Faith, language and diet are sometimes treated as extras for families to fund through a top-up, rather than as assessed needs. The Local Government and Social Care Ombudsman has found fault where this happened, including where a council did not "satisfy itself that it has offered a home that can actually do this within [his] personal budget" [47], and where a council "did not complete a culturally sensitive assessment" [48].

**Recommendation 8.** Make care workers an explicit priority in the Mayor's key worker and intermediate housing, and expect large later living schemes to include homes for care team members (Chapter 6, action 5).

**Recommendation 9.** Assess cultural, religious and language needs in every care assessment, and meet them within the personal budget where they are needed to meet eligible needs. Monitor access to care homes and later living homes by ethnicity.

## 10. Loneliness, social prescribing and "thinking housing"

*Questions 1 and 2*

**10.1** **Loneliness is a health risk, and the right housing can help reduce it.** Around 313,000 London households are one person aged 66 or over living alone [49], and loneliness is associated with a 26% higher likelihood of death [50]. Research has found lower loneliness among people in housing with care than among a matched community group [51], and among people in community-led housing [52]. These studies show association rather than proof, but they point the same way.

**10.2** London has almost 500 social prescribing link workers [53]. Nationally, 55% of link workers refer people to housing services, yet 44% rate those services ineffective, the lowest rating of any category [54]. The Taskforce put "social prescribing and community and cultural connections" at "the heart of all placemaking" (Chapter 4) [1]. The evidence on health service savings is mixed [55][56], so the case rests on connection, wellbeing and better decisions about where to live. The Taskforce asked for social prescribers, care navigators and discharge teams to be upskilled to start conversations about housing (Chapter 7, action 4) [1]. As the Taskforce put it, too often we "leave our decision-making to a point of crisis" (Chapter 1) [1]. The earlier a health professional asks about home, the more choice a person keeps.

**Recommendation 10.** Help health and care professionals to "think housing": train social prescribing link workers and discharge teams in later living options, create a direct referral route to housing advice, support later living schemes and care homes to act as community hubs, and track loneliness as an outcome (Chapter 7, action 4).

## 11. Conclusion

**11.1** London already has many of the tools it needs. Applying the Taskforce's planning and design actions through the London Plan, and joining housing with care where it matters most, would help older Londoners find homes that support their wellbeing for as long as possible.

**Paavan Popat OBE**
Founder and Chief Executive Officer, TLC Group
Co-lead, Chapter 6: Strengthen Planning Policies, Older People's Housing Taskforce

## Annex A: Older persons' housing need by borough, 2021 and 2026

London Plan 2021 annual benchmarks (Table 4.3, all tenures, 2017 to 2029) [18] against the Draft London Plan 2026 older persons' need (Table 3.7, ten years 2025 to 2035, excluding private market and care homes) [5], shown as a yearly equivalent. The two are not like for like; the comparison shows the homes now counted elsewhere.

| Borough | 2021 benchmark a year | 2026 need, ten years | 2026 need a year | Change |
|---|---|---|---|---|
| Barking and Dagenham | 70 | 245 | 24.5 | -65% |
| Barnet | 275 | 1,170 | 117.0 | -57% |
| Bexley | 145 | 655 | 65.5 | -55% |
| Brent | 230 | 675 | 67.5 | -71% |
| Bromley | 210 | 945 | 94.5 | -55% |
| Camden | 105 | 575 | 57.5 | -45% |
| City of London | 10 | 55 | 5.5 | -45% |
| Croydon | 225 | 1,260 | 126.0 | -44% |
| Ealing | 200 | 1,115 | 111.5 | -44% |
| Enfield | 195 | 400 | 40.0 | -79% |
| Greenwich | 105 | 460 | 46.0 | -56% |
| Hackney | 40 | 775 | 77.5 | +94% |
| Hammersmith and Fulham | 70 | 350 | 35.0 | -50% |
| Haringey | 110 | 665 | 66.5 | -40% |
| Harrow | 165 | 600 | 60.0 | -64% |
| Havering | 185 | 515 | 51.5 | -72% |
| Hillingdon | 180 | 425 | 42.5 | -76% |
| Hounslow | 135 | 655 | 65.5 | -51% |
| Islington | 60 | 525 | 52.5 | -13% |
| Kensington and Chelsea | 85 | 750 | 75.0 | -12% |
| Kingston | 105 | 120 | 12.0 | -89% |
| Lambeth | 70 | 1,330 | 133.0 | +90% |
| Lewisham | 100 | 825 | 82.5 | -18% |
| Merton | 105 | 460 | 46.0 | -56% |
| Newham | 85 | 680 | 68.0 | -20% |
| Redbridge | 155 | 615 | 61.5 | -60% |
| Richmond | 155 | 510 | 51.0 | -67% |
| Southwark | 65 | 1,050 | 105.0 | +62% |
| Sutton | 100 | 745 | 74.5 | -26% |
| Tower Hamlets | 45 | 825 | 82.5 | +83% |
| Waltham Forest | 110 | 635 | 63.5 | -42% |
| Wandsworth | 120 | 1,205 | 120.5 | +0% |
| Westminster | 100 | 990 | 99.0 | -1% |
| **London** | **4,115** | **22,805** | **2,280.5** | **-45%** |

## Annex B: Older people's homes approved in London, 2014 to 2023

Units approved, from the national study of older people's housing applications for MHCLG (Table 14.2; care homes excluded) [4]. These are units in the applications the study identified, not a count of homes built. London has 9.7% of England's people aged 75+ [4].

| Year | London | England | London share |
|---|---|---|---|
| 2014 | 92 | 2,037 | 4.5% |
| 2015 | 768 | 6,309 | 12.2% |
| 2016 | 335 | 6,918 | 4.8% |
| 2017 | 387 | 5,967 | 6.5% |
| 2018 | 257 | 5,499 | 4.7% |
| 2019 | 424 | 5,137 | 8.3% |
| 2020 | 246 | 3,818 | 6.4% |
| 2021 | 229 | 4,877 | 4.7% |
| 2022 | 95 | 3,915 | 2.4% |
| 2023 | 209 | 3,751 | 5.6% |
| **2014 to 2023** | **3,042** | **48,228** | **6.3%** |

## Annex C: Selected Taskforce actions on planning, design and care

Selected actions from *Our Future Homes* [1] on planning, design and care, how London stands today, and the recommendation in this evidence that draws on each. Chapter and action numbers follow the report.

| Taskforce action | London now | This evidence |
|---|---|---|
| **Chapter 6, action 1.** A planning policy presumption in favour of later living homes | No presumption; national policy now gives substantial weight to evidenced need (HO7) | Substantial weight in Policy HN5 (Recommendation 2) |
| **Chapter 6, actions 2 and 4.** Clarify use class; service-led homes presumed unable to contribute to affordable housing and exempt from CIL | No London guidance; fast track at 35%, 25% or 20%, and 50% on Green Belt | A London approach to use class and viability (Recommendation 3) |
| **Chapter 6, action 5.** A standard need method and prevalence rates not based on past delivery; housing for health and care workers planned for | Minimum figure excluding private-market homes and care homes | One London method (Recommendation 1); key worker priority (Recommendation 8) |
| **Chapter 6, action 6.** Strategies co-produced with older people and faith groups, supported by the integrated care board | Local Supported Housing Strategies due by March 2027 | Strategies prepared with the NHS and co-produced (Recommendation 1) |
| **Chapter 6, actions 7, 11 and 13.** Public land; small multi-disciplinary delivery teams; partnerships with public landowners | An opportunity for TfL, NHS and borough land | Public land and a London later living delivery group (Recommendation 4) |
| **Chapter 6, action 8.** Allocate sufficient land, potentially including Green Belt, with an exceptions policy | Boroughs "may wish to" allocate sites | Required allocations as a minimum (Recommendation 2) |
| **Chapter 6, action 9.** Record delivery in monitoring reports | No reporting against the benchmark found since 2021 | Annual delivery report (Recommendation 1) |
| **Chapter 4, actions 1, 2 and 4.** Age-friendly design codes; CIL for seating, shelters and benches; spatial data on age-friendly areas | No age-friendly test for major schemes | Age-friendly, dementia-inclusive, faith and culture-sensitive test (Recommendation 6) |

| Taskforce action | London now | This evidence |
|---|---|---|
| **Chapter 4, action 7.** Consider boundary effects where an age-friendly area straddles a neighbouring authority | Some demand moves beyond London | Plan with neighbouring authorities (Recommendation 4) |
| **Chapter 3, actions 4 and 5.** GLA to review design criteria to include age-friendly design; dementia-inclusive design codes | Programme relies on London Plan standards; housing policies do not yet refer to dementia | Care-ready and dementia-inclusive guidance (Recommendation 5) |
| **Chapter 7, action 4, and Good Home Hubs.** Upskill professionals to start conversations about housing; one-stop shops for home improvement and adaptations | Varies by borough | Housing in discharge (Recommendation 7); "think housing" (Recommendation 10) |

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# Housing for Older Londoners (Call for Evidence)

*Peabody response to the London Assembly*

Peabody is one of the UK's oldest not-for-profit housing associations. We provide social and affordable homes across London and the Home Counties, alongside Later Living and care and support services. As a long-term landlord, our perspective covers the day-to-day experience of residents, the suitability of existing homes and the delivery of new housing.

We welcome the Committee's examination of whether London can meet the housing needs of its growing older population. Our evidence draws on resident engagement, our 2026 Later Living survey and the experience of colleagues working in housing management, allocations and adaptations. We have also considered published research and relevant evidence shared by other providers, which is identified separately where used.

An ideal housing system is one where older Londoners are able to remain in suitable existing homes where they wish, and to move into affordable, attractive alternatives where their circumstances call for something different. Offering that genuine choice will require investment in new and existing homes, viable specialist provision and better coordination between housing providers, boroughs, health and care services and the Mayor.

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## QUESTIONS

### 1. What are the specific housing needs of Londoners over the age of 65?

Older Londoners need homes that remain safe, accessible, affordable and suitable as their circumstances change. Their requirements will vary according to their health, mobility, household circumstances and the way they choose to live. Some residents wish to remain in their existing home and community with appropriate adaptations and support. Others may benefit from moving into smaller, more accessible or specialist accommodation, including homes offering facilities or services they would value. Housing policy should make these moves attractive and practical, while supporting residents who wish to remain in their existing homes.

Our experience of providing Later Living services highlights the importance of independence, security, social connection and access to support. In January 2026, we published a summary of *Reimagining Older People's Housing*, our research into residents' and colleagues' experiences of older people's housing and how our homes and services could better meet their needs. The research recorded more than 330 interactions with residents and homeowners through interviews and group discussions. Their feedback informed 18 recommendations, which now form part of a three-year workplan for our Later Living services.

Residents told us that they value secure access, approachable staff and opportunities to meet and spend time with others, alongside the privacy and independence of having their own homes. The research also underlined the importance of reliable day-to-day services, including well-maintained homes and communal areas, timely repairs and clear information about the services provided. For residents in specialist housing, the quality of these shared facilities and services helps determine whether the accommodation continues to meet their needs and expectations.

Affordability is another part of what makes housing choice meaningful. Specialist accommodation may offer communal facilities, on-site management or access to care and support, but residents must also be able to meet the costs associated with those services. Rent, service charges, heating and any separately charged care or support can affect whether an otherwise suitable home is a

realistic option. The costs of providing and maintaining specialist accommodation therefore need to be considered alongside its design. Residents also need clear information about the full ongoing costs and what is included before deciding whether to move.

Location can be just as important as the property itself. Staying close to healthcare, local activities, family and friends can help residents maintain their routines, relationships and support networks. Our research also found that familiar labels such as “sheltered housing” and “extra care” did not always communicate the different types of accommodation and services available in a way that resonates with residents. Providers and boroughs need to explain those options clearly, including how residents can retain their privacy and independence. Information and practical advice should be available in person, by telephone, in writing and online, so residents can assess which options would suit them.

2. **What impact does unsuitable housing have on older people and how can good housing help them to age well?**

The way a home works in everyday life can determine how independently an older person is able to live. A flat may have an accessible layout, but if someone cannot reliably use the lift, entrance or route to local services, their ability to leave home and take part in community life can still be restricted. Good housing needs to support the activities that matter to residents, from meeting family and attending appointments to receiving care and using communal spaces.

Our research highlighted the importance of shared spaces and outdoor areas to residents’ day-to-day experience. Lifts, entrances, corridors and gardens form part of the home environment for people who rely on them to move around safely and stay connected. Their usability and ongoing maintenance are as important as the design of the individual home. A resident’s needs may also change over time, making it important to identify when an adaptation or additional support could help them continue using their home.

A case described by our Aids and Adaptations team illustrates the difference this can make. In one Peabody home, widening two internal doorways allowed a mobile hoist to be used to help a resident move between the bedroom and lounge. The resident had previously spent much of her time in her bedroom because of her mobility needs. Following the work, she could spend more time with her family in the shared living space.

Our 2026 survey of Later Living renters in London provides further insight into residents’ experiences. Among those answering the relevant questions, 87% were satisfied overall, 84% were satisfied that the service contributed to their wellbeing and 94% were satisfied with staff kindness. These findings underline the value residents place on the staff and support services provided through Later Living arrangements.

Housing can also help older people age well through everyday contact and early access to support. Our research identified the value of approachable staff, social activities and shared spaces, including opportunities to involve older people living in nearby general needs housing. These can help residents maintain relationships, take part in community life and access assistance as their needs change. Maintaining these opportunities requires resources for staffing, activities and the upkeep of facilities. Borough housing, health and social care teams should recognise the contribution of Later Living services to prevention when planning and funding low-level support.

3. **To what extent is London’s housing stock suitable for people over the age of 65, particularly given the projected increase in the city’s older population?**

London will need to improve the suitability of its existing homes while increasing the supply of accessible and specialist accommodation. The Centre for Ageing Better’s 2025 analysis found that just 17% of London homes had all four basic accessibility features: step-free access, a suitable entrance threshold, sufficiently wide doorways and circulation space, and an entrance-level toilet.

These features make a home easier to enter and use, but residents may need further adaptations as their circumstances change. Improving existing homes must therefore remain a substantial part of London's response to an ageing population.

Many older Peabody residents live in general needs housing, where adaptations can help homes remain suitable. There are, however, limits to what can be achieved in some existing blocks. Our Aids and Adaptations team reports that shared gas, water and heating services can obstruct proposed level-access showers, while restricted space or structural walls may prevent door widening. Stairlifts can also be unsuitable where stair widths and safe escape routes cannot be maintained. The feasibility of an adaptation can therefore depend on the wider building as well as the resident's individual home.

In two homes on a London estate, for example, planned bathroom adaptations were affected by communal gas pipes beneath the baths. Further technical assessment indicated that delivering the proposed works would require substantial building-wide alterations and residents moving out temporarily while the work took place. Rehousing was recommended as an alternative. Cases like this show why technical assessment needs to happen early and why suitable alternative homes must be available where the required adaptation cannot reasonably be delivered.

New housing will also be needed. The Draft London Plan identifies a need for 22,805 additional older persons' homes between 2025 and 2035, covering provision for people aged 55 and over with support needs. It expects boroughs to use these estimates alongside local evidence and their supported housing strategies. We support this approach. Local planning and investment decisions need to establish the type, location and affordability of homes required, with providers and residents involved early enough to inform what is delivered.

Specialist housing often requires a different financial and operating model from general needs development. Accessible layouts, lifts, communal facilities and specialist equipment can affect construction costs, while shared services, staffing and care or support arrangements have ongoing costs. The London Social and Affordable Homes Programme 2026–36 already recognises that some specialist schemes may justify higher capital grant, assessed on their individual costs. This flexibility is welcome and should be used where the additional costs of providing suitable specialist homes can be demonstrated. Whether the funding available will be sufficient to meet these costs in practice remains to be tested. However, capital grant does not resolve the separate question of how ongoing housing-related support, care and other services will be funded. Difficult-to-let homes also raise concerns beyond rental income: even where void indemnity arrangements provide financial protection, prolonged vacancies leave homes unused and can weaken community life within schemes. Service charges can also be relatively high, creating affordability challenges for residents even where the accommodation meets their needs. The viability of specialist housing therefore depends on sufficient capital investment, sustainable arrangements for ongoing services and effective allocations, with residents' affordability considered throughout.

Our Holloway Park development in Islington illustrates some of the additional requirements involved in delivering specialist housing. Lindsay Apartments, currently under construction, will provide 60 one-bedroom Extra Care homes at Social Rent. The homes are larger than typical general needs flats to meet wheelchair accessibility standards and include wet rooms. The building also requires substantial communal and operational space, including resident lounges, an assisted bathroom and facilities for care and management staff. This has required a bespoke fit-out specification, developed with input from our Care and Support team and interior designers. The design process also involved balancing accessibility and care requirements with fire safety standards. Moreover, Building Control requirements concerning travel distances meant that parts of the internal layout had to be redesigned, resulting in a non-material amendment to the planning consent. Although initially intended for people aged 55 and over, eligibility has since been widened to adults aged 18 and over with eligible care and support needs (to reflect the Council's experience of successfully operating

multi-generational Extra Care schemes). The scheme illustrates the additional space and design complexity involved in specialist housing, which need to be recognised when assessing development costs.

Our Later Living colleagues also report differences between locations, with apparent unmet demand for some forms of provision and difficulty letting particular homes elsewhere. This highlights the importance of understanding why homes are difficult to let, including whether the main barriers relate to location, accessibility, affordability or the arrangements for referring and allocating residents. We would like the GLA to use its strategic and capital funding role to bring boroughs, health and care commissioners and housing providers together early, with boroughs and providers jointly developing nomination and referral arrangements from the outset, so that new specialist housing reflects local needs and has workable referral and service arrangements in place. Greater devolution of London's housing investment funding could also give the GLA more scope to target capital grant towards specialist and accessible homes where local needs are greatest. Government should also provide long-term, clearly identifiable funding for housing-related support, enabling boroughs and other commissioners to make sustainable commitments where services depend on revenue funding. This could help reduce avoidable vacancies, improve financial certainty for providers and ensure that specialist housing is both available and affordable for the people it is intended to support.

4. **What role does under-occupancy in social housing play in relation to housing for older Londoners?**

Under-occupation has an important, although relatively limited, role in addressing London's social housing needs. The London Assembly Housing Committee's March 2026 report on social housing allocations estimated that 8% of London's social homes were under-occupied, compared with 48% of owner-occupied homes. This suggests that social housing is already being used relatively efficiently. Nevertheless, supporting older residents who wish to rightsize can improve their housing circumstances while releasing larger social homes for families in housing need. It is therefore a valuable part of making better use of existing homes, alongside the continued delivery of new social housing.

Our Rehousing Policy supports voluntary rightsizing by prioritising certain under-occupying households who wish to move, including those giving up two or more bedrooms. It also allows eligible residents moving from homes with three or more bedrooms to be offered a two-bedroom property, even where they would normally qualify for one bedroom. This flexibility can help make moving a more attractive option for residents while increasing the opportunities to relet larger homes to families.

The availability of suitable alternatives remains a significant constraint. Our research and discussions with Allocations and Lettings colleagues highlight the importance of established community connections, accessibility and the practical implications of moving. Colleagues also report that residents looking to rightsize within London often seek ground-floor homes or bungalows, which can be difficult to secure in some areas. Residents also need to consider whether another home can accommodate their adaptations and whether they can meet the costs of moving and living there. These considerations affect whether an offer represents a worthwhile move for the resident. Our 2025 under-occupation survey provides further insight into the practical support residents value. Among 126 respondents who answered a question about support with moving, 82 selected help with removals, 81 a dedicated officer and 64 financial support. While these findings are indicative rather than representative of older Londoners across London, they suggest that practical assistance matters alongside financial incentives.

Phoenix Community Housing's Melfield Gardens development in Lewisham provides an example of how new specialist housing can support rightsizing. It includes 30 affordable homes for residents

aged 55 and over, with a local lettings plan agreed with the borough that prioritises existing Phoenix residents who are under-occupying. The March 2026 *Creating Intergenerational Communities* report by Housing LIN records that ten larger family homes had been released, with further households benefiting through subsequent lettings. This illustrates how new housing for older residents, supported by an agreed local lettings plan, can enable voluntary rightsizing and create opportunities for other households to move into larger social homes.

There is scope to build on existing local lettings arrangements to create more opportunities for voluntary rightsizing. We would encourage the Mayor to work with boroughs and housing associations to identify and share approaches that have successfully helped residents move into more suitable homes while releasing larger social homes for families. This could include exploring whether a limited number of suitable new homes, including those delivered through Section 106 agreements, could be made available for internal transfers and subsequent lettings chains, where agreed with the relevant borough and consistent with existing planning and nomination arrangements. Such approaches should have clear eligibility criteria, practical help for residents to navigate housing options, apply for homes and manage the move, and agreement on how the homes released will be allocated to meet wider housing need. This would build on existing practice while respecting boroughs' nomination responsibilities and residents' choices.

For residents who wish to move outside London, we also support the Committee's March 2026 recommendation to improve information about eligibility, processes and waiting times for Seaside and Country Homes, alongside regular updates to applicants. This would help residents assess whether the scheme offers a realistic option for them.

Rightsizing should also sit alongside investment in new homes for families. The London Social and Affordable Homes Programme 2026–36 already welcomes bids for family-sized homes. However, larger social rented homes generally cost more to build while generating less rental income relative to their size, which can make them harder to deliver despite substantial need. We would like Government and the GLA to ensure grant funding reflects these costs, including through rates linked more closely to the number of habitable rooms. Grant should also maintain its value over time so that rising construction costs do not undermine delivery. Alongside appropriate investment in accessible and specialist accommodation, this would support the delivery of more family-sized social homes while giving older residents a wider range of suitable housing options.

5. **What action would you like the Mayor, London boroughs and the Government to take to support older Londoners in making adaptations to their existing homes?**

Adapting existing homes is essential to helping older Londoners remain independent and connected to their communities as their needs change. The right adaptation can make a significant difference to everyday life, from being able to use a bathroom safely to leaving home independently or spending time with family. Residents should be able to access suitable adaptations without unnecessary delay, with practical support to explore other housing options where their existing home cannot reasonably meet their needs.

Delivering adaptations also requires significant investment. Across Peabody, mainly in London, we completed 160 major adaptations in 2025/26, 15 more than the previous year, at a total cost of approximately £988,000. More than £600,000 of this was covered by the Disabled Facilities Grant (DFG). This demonstrates the importance of targeted grant funding and wider public investment in helping housing associations adapt existing homes to meet residents' changing needs. As demand grows, Government needs to ensure that funding remains sufficient to support the volume and complexity of adaptations required, including more substantial works in London's existing homes.

Improving access to occupational therapy assessments should be a priority. Our Aids and Adaptations team reports that residents can wait up to 12 months for an assessment in some boroughs, while major adaptations can take a further six to eight months to deliver once

recommendations are received. Such delays can leave residents struggling with everyday activities for prolonged periods. We would encourage boroughs to work with health services and housing providers to strengthen assessment capacity, prioritise urgent cases and explore ways to improve the use of trained assessors for straightforward adaptations, allowing occupational therapists to focus on more complex needs. Government also has a role in ensuring that investment in adaptations is matched by sufficient capacity to assess residents' needs and arrange the necessary work.

The physical characteristics of existing homes can present additional challenges. In some older blocks, shared building services, structural constraints or limited space can make particular adaptations difficult or impracticable. Early joint assessments involving occupational therapists, technical specialists and housing providers can help establish what is feasible and identify alternative solutions before residents progress through a lengthy process. We would encourage boroughs and housing associations to build on existing arrangements by identifying technical constraints as early as possible and ensuring residents receive clear advice about their options. Where a home cannot reasonably be adapted, this should include timely consideration of suitable alternative accommodation, taking account of residents' preferences, support networks and established community connections.

Greater consistency in funding and delivering adaptations to communal areas would also help. Government guidance on the DFG already allows applications for adaptations to communal parts of residential buildings. However, our experience suggests that approaches to funding works to shared entrances and access routes can vary between boroughs, creating uncertainty about how necessary improvements can be taken forward. We would welcome the Mayor working with London boroughs and housing associations to develop a more consistent approach to assessing these applications, including clear guidance on eligibility, early agreement on funding responsibilities and transparent reasons where funding is declined. This is particularly important where accessible communal entrances and routes are essential for residents to use their homes independently.

Government should ensure that adaptation funding continues to reflect local needs and delivery costs. The revised DFG allocations introduced from 2026/27 are a positive step towards reflecting local demand and differences in construction costs. Their effectiveness should be monitored, particularly in London, where more complex works can involve substantial expenditure.

Taken together, these measures would help residents receive the adaptations they need sooner, reduce uncertainty when works are complex and provide clearer housing options where adaptations cannot be delivered. The focus should remain on enabling older Londoners to live safely, independently and in homes that suit their circumstances.

October 2026

# Pensions Policy Institute response to the London Assembly Housing Committee's Call for Evidence: Housing for Older Londoners

## Introduction

The Pensions Policy Institute (PPI) welcomes the London Assembly Housing Committee's investigation into housing for older Londoners. We recognise the importance of understanding how housing affordability, tenure, and suitability interact with financial security in later life, particularly as the number of older Londoners is expected to increase significantly over coming decades. The over-60 population is the fastest-growing demographic in London and is expected to rise by 48% to almost two million by 2035.[1]

We are the UK's leading independent authority on pensions and retirement policy. We conduct rigorous, impartial research to inform major policy decisions affecting millions of people's retirement security. Our evidence-based analysis is used by government and across Westminster – as well as industry bodies and consumer groups - with extensive media coverage bolstering understanding of complex pension issues. Our work ensures that policymakers have the unbiased analysis needed to deliver better outcomes for those they serve.

While the PPI is not responding to every question within the Committee's Call for Evidence, we are pleased to contribute relevant evidence from our recent research. Taken together, these reports highlight the increasingly important relationship between housing tenure, housing costs, pension saving and retirement adequacy.

## Evidence relevant to the Committee's investigation

### Housing costs and retirement adequacy

The PPI's recent research demonstrates that housing tenure is becoming an increasingly important determinant of retirement outcomes. Our report **'Pensions Adequacy: Housing, Households and Auto-Enrolment'** examines how housing tenure, household composition, and pension saving interact to shape retirement outcomes.

The research finds that housing costs are becoming a core retirement adequacy issue. Almost two million more pensioner households are projected to be renting in 2044 than today, with the greatest growth in private renting expected among lower-income households. The report highlights the substantial and ongoing costs associated with renting throughout retirement and the resulting implications for the adequacy of pension savings.

[1] Future of London (n.d.) Ageing Cities. Available at: https://www.futureoflondon.org.uk/knowledge/completed-projects/ageing-cities/ (Accessed: 7 October 2026).

The evidence highlights a significant affordability challenge for older renters in London. With rental costs substantially higher than in many other parts of the UK, retirees may require pension savings towards the upper end of a £200,000–£400,000 range simply to meet housing costs in retirement. This level of pension wealth is unlikely to be representative of the typical retiree, suggesting that many older private renters in London may face financial pressures in later life. The scale of savings required also demonstrates how high housing costs can compound existing inequalities in pension wealth, particularly for households without access to home ownership.

The report also finds that pension policy alone cannot address the challenges facing people who reach retirement without secure housing. For many older renters, adequate retirement outcomes will require policy levers spanning pensions, housing and welfare support.

Pensions Adequacy: Housing, Households and Auto-Enrolment (July 2026): **Read the full report**

### Older renters and Housing Benefit

The interaction between housing costs and pension income is explored further in the PPI report '**Do Pension Savings Pay? Assessing the Interaction Between Housing Benefit and Private Pension Savings for Older Renters'**.

This research examines the interaction between modest private pension savings, high rental housing costs, and Housing Benefit entitlement for people above State Pension age. It highlights how the current Housing Benefit means test can result in private pension income reducing Housing Benefit entitlement, meaning that some older renters receive only a proportion of the benefit of additional private pension income.

This evidence is particularly relevant to the Committee's consideration of the affordability and security of housing for older Londoners. It illustrates the need to consider housing and retirement income policy together, rather than treating them as separate policy areas.

Do Pension Savings Pay? Assessing the Interaction Between Housing Benefit and Private Pension Savings for Older Renters (July 2026): **Read the full report**

### Renting in retirement and the wider pensions system

The PPI's UK Pensions Framework provides further evidence on the relationship between housing tenure and retirement security. The Framework examines the UK pension system against three overarching objectives: Adequacy, Sustainability, and Fairness. These three measures have also subsequently been adopted by the Pensions Commission as a framework for assessing the UK pensions system, reinforcing their relevance when considering the longer-term challenges facing retirement income and security.

The 2023 report, '**Renting in Retirement – The Fault Line Below the UK Pension System',** explored the implications of a growing number of people reaching retirement without the security of homeownership. It highlighted how falling rates of homeownership among younger generations could result in substantially more households entering retirement as renters, with significant implications for pension adequacy and the wider welfare system.

The evidence reinforces the importance of considering housing tenure as part of the wider retirement security landscape. For people who rent in retirement, pension income must meet not only day-to-day living costs but also potentially significant and continuing housing costs.

The UK Pensions Framework: Renting in Retirement – The Fault Line Below the UK Pension System (November 2023): **Read the full report**

## Evidence relevant to the Committee's investigation

The PPI's research indicates that housing and retirement security are increasingly interdependent. The growth in the number of people expected to rent in retirement has important implications for the adequacy of retirement incomes, the affordability of housing and the future role of means-tested support.

While the PPI has not sought to respond to every aspect of the Committee's Call for Evidence, we hope that the evidence contained within these reports will contribute to the Committee's investigation and consideration of the longer-term challenges facing older Londoners.

We would be happy to discuss the findings of this research with the Committee or provide further information on the evidence presented in these reports.

**Contact:**

Danielle Elliott
Head of External Relations
[redacted]

**Planning Reform Action Group**

**E: planningreformactiongroup@gmail.com**

**Baron Bailey of Paddington AM**
**The Chairman**
London Assembly Housing Committee

E: scrutiny@london.gov.uk and shaun.bailey@london.gov.uk

**30th October 2026**

Dear Sir

**Re: "*Housing Committee Call for Evidence*"**
**https://www.london.gov.uk/sites/default/files/2026-09/Housing%20Committee%20-%20Housing%20for%20older%20Londoners%20-%20Call%20for%20evidence%20-%20FINAL.pdf**

**London Assembly's Housing Committee's Parliamentary Investigation to Examine whether the Capital's Existing Mainstream Housing Stock is fit for the Elderly**

**Adaptation Hurdles: "*Age in Place*"**

**PROPOSAL**
**for a ROBUST "*PROCEDURAL PRESUMPTION FRAMEWORK*" via a NEW LONDON PLAN GUIDANCE (LPG) Note:**
**Strategic Planning Enforcement Safeguards for Vulnerable and Disabled Londoners**

(1). My name is Shelly Chahal and I'm convenor of the ***Planning Reform Action Group*** *(PRAG). PRAG* is an entirely unfunded community group and I've voluntarily (for no financial recompense or other type of gain) been helping people who have inadvertently become victims of the arbitrary and '*discretionary*' planning rules, that have been applied against them for moot and perceived environmental harms, in relation to developments that the subject '*vulnerable*' individuals need at their homes for safe living, ***needs*** that arise out of e.g. disability, medical conditions, ageing, multi-generational living etc., where additional covered space is required so that the occupants of homes can live safely according to their changed personal circumstances.

(2). Noting the '*Call for Evidence*', I'm thus writing to formally propose that the Greater London Authority (GLA) exercises its strategic planning powers to issue a new *London Plan Guidance (LPG) Note*. This guidance would direct London's Local Planning Authorities (LPAs) to standardise and elevate the thresholds for taking planning enforcement action against '*vulnerable*' homeowners, safeguarding and protecting them in cases where an unauthorised development is directly necessitated by disability, chronic medical conditions, and / or age-related frailty.

(3). While planning enforcement is inherently discretionary under the *Town and Country Planning Act 1990*, the lack of a unified, compassionate framework across London's 32 boroughs has led to highly inconsistent outcomes. '*Vulnerable*' Londoners are frequently subjected to the immense stress of enforcement proceedings including for minor and moot, needs-based home adaptations (such as ground-floor single storey rear extensions where additional covered living space is needed due e.g. to mobility issues or to encourage / facilitate independent living or garden annexes for e.g. '*live-in*' care-giver accommodation so that care-givers can have some independence / respite while fulfilling their care duties). **The present austere, inflexible attitude serves only the vested interests of providing work for the practitioners (private and public), whilst causing actual harm to '*vulnerable*' people for '*moot*', design-based and / or perceived environmental harms such as developments being '*out of character with the area*', or there being a '*loss of outlook*', or '*excessive bulk*', or a '*loss of privacy*' despite 2m high garden fences being in situ. A *Planning* system should function in the best public interest whereby the foremost priority should be to ensure that '*vulnerable*' people are '*protected*' from actual harms and supported by public authorities and the public policy system should enable such people to live safely in their homes according to their needs.**

(4). Regrettably, the *Planning* system as it is presently functioning is causing homes to become places of tangible harm for people who suffer disabilities and / or medical conditions or where the occupants need additional covered space by virtue of e.g. getting older, as many homes in London are nearing a century in age (in many cases such are even older than 100 years) **and are far too small vis-à-vis the present-day space occupants need**. This all conflicts with the *Public Sector Equality Duty* (*PSED*) and research shows that the decision-makers apply the *PSED* as a '*tick-box*' exercise **as the default attitude is to REFUSE planning permission as opposed to '*enabling development*'**. It is very unfortunate, but the attitudinal mind-set to say "*No*" has created a wrongful and harmful friction within the planning system.

(5). Attached is a 5-page statement issued to the Planning Inspectors who are examining Ealing Council's draft *Local Plan (2024 to 2039)*, which shows that in so many cases where residents of the borough who applied for '*needs-based*' developments (which the application detail suggests presented as '*Special Housing Needs*' applications) were refused with no regard being had as to how the subject occupants were supposed to live safely within their homes thereafter (**see Para.'s 2 to 4 of App. [1]**). A copy of Ealing Council's planning application form from 2004 is also attached, wherein enquiry was made (from the applicant) as to whether the development being applied for takes account of the needs of people with disabilities. In 2004 the *Disability Discrimination Act 1995* was in effect. Since 2004, conditions are supposed to have improved due to the apparent "*protections*" that apparently

**App. [1] - Statement dated 20th January 2026 to the Planning Inspectors examining Ealing Council's draft *Local Plan* (2024 to 2039) in relation to "*Delivery and Monitoring*" (see Para.'s 2, 3 and 4 App. [1]) – 5 Pages.**

are provided by the *Equality Act 2010*, but no enquiry about disability needs / medical needs / ageing needs / special housing needs is made on present-day planning application forms. This is wholly wrong.

(6). True enough that a blanket ban on planning enforcement in cases involving '*vulnerable*' occupants would unlawfully fetter local discretion, so as a campaigner for imperative [planning reforms, I propose a robust **"*Procedural Presumption Framework*"** to be delivered via GLA LPG Guidance be introduced, which would compatibly lie with the duty to '***enable development***'.

(7). Believe me when I say that if this proposal was effected, then '*vulnerable*' people would be able to live happily and peaceably in their own homes, extending their properties according to their needs (particularly vis-à-vis ground floor accommodation and garden annexes for '*live-in*' care-giver accommodation), **without fear that LPA's will be pursuing them in the Courts for the criminal charge** of "*failing to comply with the requirements of a planning enforcement notice*". This has happened to so many people who have approached me for help (which I have delivered free of charge), as I have voluntarily been campaigning for reforms to '*Planning*' (such as these but others as well), including extending the *Permission in Principle* provisions to up to 50 units.

(8). **Due to the introduction of the '*Prior Approval*' procedures '*Permitted Development Rights*' have been eroded**, to the current point where so many homeowners don't believe that they can carry out even maintenance works on their properties without LPA approval!

(9). **I thus urge the GLA to adopt and direct boroughs to implement the following three-pillar mechanism please**: -

(9.1). **The "*Certificate of Clinical Need*" and Mandatory Procedural Pause**
The LPG should establish a standardised regional mechanism: the '***Certificate of Clinical Need***' **(CCN)**. A CCN would comprise a formal letter or assessment from a registered clinician, occupational therapist, or social care professional confirming that the subject home development is required to support the occupant's health, safety, independence, or dignity by virtue of their disability, medical condition, or age. The guidance should direct LPAs that upon formal receipt of a CCN, **any pending or active planning enforcement investigation must be suspended for a mandatory period of six months**. This procedural pause allows a breathing space for the vulnerable occupant and directs the LPA to transition from a punitive enforcement footing to a supportive administrative footing.

(9.2). **Shifting the Burden of Proof on "*Expediency*"**

Under national legislation, an LPA must demonstrate that enforcement action is "*expedient*" and in the public interest. The proposed GLA guidance should dictate that where a valid CCN is served:

- There is a heavy strategic policy presumption that taking enforcement action is **inexpedient**.

- To override this presumption and issue an Enforcement Notice, the borough must explicitly document and prove that the development causes **"*substantial, severe, and irreversible public harm*"** (such as an immediate, catastrophic structural danger or a severe, non-mitigatable flood risk to neighbouring properties).

- Minor amenity conflicts, strict greenbelt technicalities, or aesthetic deviations must explicitly be deemed insufficient to override the medical and human rights requirements of the occupant.

(9.3). **Standardised "*Support-First*" Retrospective Fast-Tracking**
**The guidance should direct London boroughs that their default response to an unauthorised "*needs-based*" development must be to actively facilitate regularisation**. Rather than serving punitive notices, LPAs should be directed to assist the homeowner via a fast-tracked, low-barrier administrative pathway to secure planning permission, which would **Strategically align with the *London Plan*, producing wider regional benefits in terms of economic activity and this** proposal directly furthers the core objectives of the *London Plan* and wider GLA strategies, including compliance with:

- ***The Equality Act 2010*:**
  It provides a concrete, measurable mechanism for London to discharge its *Public Sector Equality Duty* (*PSED*), ensuring that disabled people are not disproportionately harmed by rigid regulatory enforcement.

- **Human Rights Compliance:**
  It ensures uniform compliance with Article 8 of the *ECHR* ('*Right to respect for private and family life*'), reducing the high number of costly enforcement appeals.

- **Health and Social Care Integration:**
  Allowing these home adaptations to exist and remain, directly alleviates financial pressure on London's NHS trusts and adult social care budgets by keeping elderly and disabled Londoners safe, independent and out of residential care or delayed hospital discharges.

(10). **Addressing the GLA's Housing Committee's Specific "*Key Questions*"**

**(10.1). "*What are the specific housing needs of Londoners over the age of 65?*"**
(10.1.1). Additional covered living space, especially on the ground floor of their homes e.g. wraparound rear single storey extensions to facilitate and encourage '*independent living*' conditions, to enable safe mobility around the home, to provide adequate circulation space and avoid the dangers posed by impediments and limited space which are often the cause of falls and accidents, including with fatal outcomes.

(10.1.2). Allow the building of Garden Annexes to be used as '*live-in*' care-giver accommodation, so that care-givers have facilities for separation from their onerous duties enabling some on-going respite and enabling care-givers to have regular private life, regular and on-going peace and rest to recharge their physical and mental health.

**(10.2). "*What impact does unsuitable housing have on older people and how can good housing help them to age well?*"**
(10.2.1). Unsuitable housing causes mental health decline, often causes physical accidents in the home due to a shortage of adequate covered living space, which leads to clutter, which leads to accidents and falls. Unsuitable housing also causes friction between the occupants, causing arguments, tension and worse e.g. mental health decline, domestic violence +++.

(10.2.2). Older people need aids and adaptations to live safely, all of which needs additional space and additional living space can only happen through extensions tot eh home that provide sufficient covered space. Restricting the extensions to arbitrary dimensions is useless; planning permission should be granted for the space that the occupants need.

(10.2.3). If adequate additional covered space was permitted to be built at existing homes, occupants would have areas where they could retreat to, enabling sufficient private living space where occupants could have separation between each other, allowing calmer environments which would engender harmonious relations between the occupants. Additional covered living space could also enable the health necessity of '*isolation*' provisions to prevent virus spreads.

**(10.3). "*To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?*"**
(10.3.1). Existing housing stock is entirely unsuitable for people over the age of 65, as increasingly over 65's are going to need additional covered space on the ground floors of their homes, as climbing stairs for them will become more difficult, so ground floor sleeping accommodation will become increasingly inevitable, thus requiring ground floor bathrooms and greater ground floor living accommodation for additional private space, as the first floors will become inaccessible. Additionally, more and more people over 65 years will need the help of care-givers including to deal with loneliness and so '*live-in*' care-givers will be key,

persons who will often be much younger in age and who will have different living needs that can best be fulfilled through private annexe accommodation e.g. such as '*Garden Annexes*'.

**(10.4). "*What action would you like to see from the Mayor, London boroughs and the Government to support older Londoners to make adaptations to their existing homes?*"**

(10.4.1). As proposed in this representation please.

(10.4.2). Allow and enable '*needs-based*' developments and allow the building of '*Garden Annexes*' to be used as '*live-in*' care-giver accommodation.

**(10.5). "*What action would you like to see taken to ensure that London is building enough new mainstream housing that is suitable for older people?*"**

(10.5.1). Allow building on green belt sites that have a history of past development (which is easily evidenced by past land registry records), allowing sufficient density levels, as in London house building has almost stopped because sufficient density levels are not been granted whereby the developers do not feel that the consents being awarded are financially viable, as building costs have rocketed, so the awarded consents are not being fulfilled.

**(10.6). "*What action would you like to see taken to ensure that London has enough specialist accommodation for older people, particularly given the projected increase in the city's older population?*"**

(10.6.1). Appropriate *London Plan Guidance Notes* please, that respond to the needs of older people living in London, enabling development, allowing development at existing homes according to the needs of the occupants thereat. The GLA should direct local planning authorities to reverse the status quo where '*Permitted Development Rights*' have been eroded, all to satisfy the interests of the public and private practitioners. Restricting development, as has been happening, has caused dangerous living conditions to be created in homes, causing premature deaths through accidents in homes and where people survive falls and accidents, their lives are blighted from there onwards as their homes do not have the adequate space and facilities that the subject '*vulnerable*' people need.

(10.6.2). '*Vulnerable*' people in such circumstances do not have the wherewithal to advocate for that which they need to happen; they also don't know who to turn to for help. Councillors do not help, because it is their local planning authorities that are restricting developments, with planning officers encouraging neighbour objections, whereby planning permission is refused. These are complex issues that people who are struggling with the changed personal circumstances are not able to deal with, especially as they get older.

(11). London should lead the UK in ensuring that the *Planning* system protects its most vulnerable residents. I welcome the opportunity to discuss how the GLA's planning team can

develop this guidance to deliver a fairer, more compassionate planning enforcement framework across our city please.

(12). I remain obliged to you for your kind consideration of my representation.

(13). With many thanks,

Yours faithfully

**Shelly Chahal (Ms.)**
**Convenor**
***Planning Reform Action Group***
**M: 077 4701 1481**

**Attachments**

**App. 1** - Statement dated 20th January 2026 to the Planning Inspectors examining Ealing Council's draft *Local Plan* (2024 to 2039) in relation to "*Delivery and Monitoring*" – 5 Pages.

**APP. 2** – Ealing Council's Planning Application form from 2004 in which an enquiry is made about whether the subject development is needed on Disability Grounds (No such enquiry is presently made) - 4 Pages.

# Professor Julienne Meyer CBE PhD

Chair, Older People's Housing Taskforce
Co-Chair, Housing and Ageing Alliance
Professor Emerita of Nursing: Care for Older People, City St George's, University of London


29th October 2026

The Lord Bailey of Paddington AM
Chair, Housing Committee
London Assembly
City Hall, Kamal Chunchie Way
London E16 1ZE

By email: scrutiny@london.gov.uk

Dear Lord Bailey,

**Housing for older Londoners: written evidence**

Thank you for inviting me to give oral evidence to the Committee on 22 October, on both the mainstream and the specialist housing panels. It was a privilege to contribute, and I am grateful to Members for the care and interest they brought to the discussion. I enclose written evidence that builds on the themes we discussed and adds some points there was not time to cover.

On 22 October, I tried to make the following points:

- We cannot plan for what we cannot name. I hope the Mayor adopts the typology of the Older People's Housing Taskforce - mainstream housing, community-led housing, two types of service-led housing (including housing with support and housing with care) and care homes - in the London Plan and counts delivery against each type individually.
- One number (at least 22,805 older people's homes are needed from 2025 to 2035) hides gaps. A simple, standard method to assess need should be used by every borough, covering all five types and all tenures, and looking ahead to what people want rather than back at past supply.
- Most people want to stay put. We need to build every new home care-ready, deliver the standard London already has, and name dementia in the Plan.
- A good home on a street you cannot walk still leaves people isolated. The London Plan should require an age-friendly, dementia-inclusive, faith and culture-sensitive test for every major scheme.

I write as Chair of the Government's Older People's Housing Taskforce, drawing on knowledge and experience as Co-Chair of the Housing and Ageing Alliance, and as someone who has championed older people for some forty years, first as a nurse and then as a researcher. The Taskforce's report, *Our Future Homes*, sets out a vision of housing that promotes wellbeing and community for an ageing population. London is well placed to bring that vision to life. It has a Mayor with strategic responsibility for planning, investment and land, a long tradition of housing innovation, and older communities as diverse and resourceful as any in the country.

My central message is a hopeful one. If London plans for growth and choice across every type of later living home and every tenure and does so with older Londoners rather than for them, it can show the rest of the country what an age-friendly, dementia-inclusive, faith and culture-sensitive city looks like. As the Taskforce put it, housing, wellbeing and community need to be everyone's business.

As I agreed at the meeting, I will send the Committee the report on using Geographic Information System data to identify age-friendly communities, and an example of a stacked bungalow development, by 27 November. I would be very happy to help the Committee further in any way that would be useful.

Yours sincerely,

**Professor Julienne Meyer CBE PhD**

Chair, Older People's Housing Taskforce
Co-Chair, Housing and Ageing Alliance
Professor Emerita of Nursing: Care for Older People, City St George's, University of London

# Choice, wellbeing and community

## *Housing an ageing London: lessons from the Older People's Housing Taskforce*

Written evidence to the London Assembly Housing Committee's investigation, Housing for Older Londoners, from Professor Julienne Meyer CBE PhD, Chair of the Older People's Housing Taskforce and Co-Chair of the Housing and Ageing Alliance, October 2026

### *How this evidence answers the Committee's questions*

| Committee question | Where this evidence answers it | Recommendations |
|---|---|---|
| 1. The housing needs of Londoners over 65 | Sections 3, 4 and 9 (paragraphs 6 to 10, 13 and 42) | 3, 10, 13 |
| 2. The impact of unsuitable housing, and how good housing helps people age well | Sections 5 and 7 (paragraphs 18 and 30 to 36) | 9, 11 |
| 3. How suitable London's housing stock is | Sections 3 and 5 (paragraphs 6, 10 and 18) | 4, 5, 7 |
| 4. Helping older Londoners adapt their existing homes | Section 5 (paragraphs 22 to 24) | 5, 10 |
| 5. Building enough suitable new mainstream homes | Sections 4 and 5 (paragraphs 17 and 19 to 21) | 3, 4 |
| 6. Enough specialist accommodation for older people | Sections 4, 6 and 7 (paragraphs 11 to 17, 29 and 34) | 1, 2, 3, 6, 7, 8 |

Recommendations 12 to 14, on leadership, evidence and working with Government, apply to every question. Section 6 also covers the Committee's objective on under-occupancy in social housing.

## 1 About this evidence

1 This evidence draws on my work as Chair of the Older People's Housing Taskforce. The Taskforce was set up by the Department for Levelling Up, Housing and Communities and the Department of Health and Social Care to "drive an increase in the volume and range of housing options" for older people [1]. Its report, *Our Future Homes*, sets out a vision for housing that promotes wellbeing and community, and ten recommendations [2]. To keep older people at the centre of our work, we heard from residents, families and teams at 36 sites across the country [3], analysed five surveys, interviewed over 100 key industry leaders [4], and received 178 responses to our call for evidence [5]. The findings and recommendations were then tested at fifteen roundtables [6] for resonance, relevance and any gaps.

2 It also draws on my career in nursing and research with older people. I am Professor Emerita of Nursing: Care for Older People at City St George's, University of London, and a co-founder of My Home Life, which since 2006 has supported care homes to promote quality of life through

[1]Department for Levelling Up, Housing and Communities and Department of Health and Social Care, "Government unveils taskforce chair to boost older people's housing", news story, 4 April 2023.
[2]Older People's Housing Taskforce, *Our Future Homes: housing that promotes wellbeing and community for an ageing population*, Ministry of Housing, Communities and Local Government and Department of Health and Social Care, published 26 November 2024 (GOV.UK).
[3]*Our Future Homes*, Annex C.
[4]*Our Future Homes*, Chapter 1.
[5]*Our Future Homes*, Annex D.
[6]*Our Future Homes*, Annex E.

relationship-centred care [7]. I also co-chaired the Commission on the Role of Housing in the Future of Care and Support and was a commissioner for the Commission on Residential Care.

3 **Roles and interests.** Alongside chairing the Taskforce and co-chairing the Housing and Ageing Alliance, I am a trustee of My Home Life Charity; Research and Development Adviser to the National Care Forum and the National Activity Providers Association; and a Visiting Professor at the University of Hertfordshire and at Ulster University. I have no financial interest in any London older people's housing scheme.

4 The Taskforce report highlights four key messages: "think housing", "address ageing", "promote wellbeing" and "create inclusive communities" [8]. This evidence draws on those messages and on the report's ten recommendations. It covers each of the Committee's objectives, including under-occupancy in social housing (section 6). Section 11 brings together what London could do.

## 2 Summary

5 My evidence makes seven points.

- **London can lead.** Few places in England have a Mayor with London's reach over planning, affordable housing investment, and land. London could lead the country in putting the Taskforce's recommendations into practice.
- **Choice should grow across the full spectrum.** Older Londoners need more homes of every type, from mainstream homes to care homes, and in every tenure, including for older people of lower to middle affluence, the largest group, for whom current options work least well.
- **The foundation is the ordinary home.** Most older Londoners live, and will go on living, in mainstream homes. New homes should be care ready for later life, and existing homes easier to adapt.
- **Rightsizing should be a positive choice.** Under-occupancy is addressed best by attractive, affordable options close to the people and places that matter most to the individual, not by putting them under pressure to move.
- **Housing is a foundation for health and wellbeing.** Health and care services need to "think housing" and care homes should be included as part of later living and of community life.
- **People need trusted information and confidence.** Many older people do not know what housing options are available to them, and some say they are 'burying their heads in the sand' and not planning for their old age.
- **Co-production makes the difference.** The best later living homes I have seen were shaped with and for the people who live in them.

## 3 Starting with people, not buildings

6 London is ageing. The number of Londoners aged 65 and over is projected to rise from 1.1 million to 1.8 million between 2024 and 2051 [9]. Around 138,000 Londoners are already aged 85 and over [10]. Nationally, the number of people aged 80 and over, the fastest-growing group, is set to more

[7]City St George's, University of London, "My Home Life England", news, November 2025; My Home Life, eight best practice themes.
[8]*Our Future Homes*, Chapter 1.
[9]London Assembly Housing Committee, *Housing for older Londoners: call for evidence*, September 2026, citing GLA population projections.
[10]Greater London Authority, *Care and Support Specialised Housing programme: prospectus and bidding guidance, 2023-24 onwards*, November 2023.

than double to over 6 million [11]. In 2025 London had around 45,000 homes of supported housing for older people, and the Mayor's own study, which excludes private retirement housing and care homes, finds that many more are needed by 2035 [12].

7 London's older population is diverse, and many older Londoners have little money to spare. In England, 2.17 million people aged 50 and over are from Black, Asian and minority ethnic backgrounds, an increase of 80% in ten years [13]. In London, around 22% of pensioners live in poverty after housing costs [14], a higher rate than in the rest of England [15]. A good later living offer for London must therefore work for people on modest incomes, and for people of every faith, culture, and identity.

8 Older people told the Taskforce some important truths. Few plan for their housing in later life, and many did not know what options were available to them. Those who had moved "always say the same thing: they wish they had moved in earlier" [16]. Older people do not want to be seen as "old", and they find terms such as "sheltered housing" and "retirement housing" confusing and outmoded. As we wrote, "words create worlds" [17], which is why the Taskforce proposed the term later living homes.

9 The Taskforce's vision begins with people. What we learned was that:

> *"… if we are to put people at the centre, we cannot solely focus on building bricks and mortar. We must understand the true meaning of 'home' for individuals and co-produce with them age-friendly, dementia-inclusive, faith and culture-sensitive … houses and neighbourhoods that address their priorities and meet their ongoing and future needs and aspirations."* [18]

10 The national gap is large. The Taskforce estimated that 30,000 to 50,000 new later living homes are needed each year, while only around 7,000 are built. Around 0.6% of older people live in housing with care, a tenth of the proportion in more mature markets such as the USA, Australia and New Zealand [19]. London has the opportunity to show how this gap can be closed.

[11] *Our Future Homes*, Chapter 1.
[12] Sheffield Hallam University for the Greater London Authority, *The Supply and Demand for Supported Housing in London*, summary, July 2026.
[13] *Our Future Homes*, Chapter 2.
[14] Trust for London, *London's Poverty Profile*: poverty by life stage, three-year averages to 2023/24.
[15] Age UK London, report on poverty among older Londoners, 2023 (data for 2021/22).
[16] *Our Future Homes*, Foreword from the Chair.
[17] *Our Future Homes*, Chapter 1.
[18] *Our Future Homes*, Chapter 1.
[19] *Our Future Homes*, Executive summary.

## 4 A full spectrum of choice, across every type and tenure

11 In the Taskforce we chose to describe later living homes by what they offer the people who live in them, rather than by labels that many older people find outdated. We grouped them under five headings [20]. London already has fine examples of each (Table 1). They show what is possible, and why growth in every type matters: needs and preferences differ from person to person, and change over time.

| Taskforce heading | Seen in London |
|---|---|
| **Mainstream homes**: existing, new build or adapted homes that are age-friendly, with no extra services | The London Plan already expects most new homes to be accessible and adaptable, and local home improvement agencies help people adapt the homes they have |
| **Community-led homes**: self-contained or shared homes with like-minded people, offering companionship but no extra services | New Ground, Barnet: 25 flats built by the Older Women's Co-Housing group, 17 owned and 8 for social rent, completed in 2016 [21]. Appleby Blue Almshouse, Southwark: 57 homes for people aged 65 and over on limited incomes, winner of the 2025 RIBA Stirling Prize [22] |
| **Service-led homes with support** (supported living): on-site support five days a week, activities and an emergency call system | Daventry House, Westminster: 59 care-ready homes for social rent for people over 60, with a flat for a live-in manager, replacing 44 outdated bedsits [23] |
| **Service-led homes with care** (assisted living): a team on site around the clock, with care available as needs change | Hazelhurst Court, Lewisham: 60 extra care homes at affordable rent, designed to HAPPI principles for a resident-led housing association, completed in 2017 [24]. Reardon Court, Enfield: 70 council-owned extra care homes for rent, opened in 2024 [25]. Lots Road South, Kensington and Chelsea: 65 extra care homes for social rent within a mixed development of 274 homes approved in December 2025 [26] |
| **Care homes**: 24-hour care and support, with nursing on site in nursing homes and visits from GPs and other health professionals | Nightingale House, Clapham: home to the first nursery in the UK on the same site as a care home, opened so that children and residents could spend time together [27] |

*Table 1: The Taskforce's five headings for later living homes, with London examples*

12 The Taskforce's vision was "to see more age-friendly and inclusive mainstream housing and grow a range of community-led housing, in addition to expanding the range and volume of supported living and assisted living homes" [28]. Care homes remain essential for people with the most complex needs, including many people living with dementia, and they belong in the same plan.

### *Every tenure*

13 Choice of tenure matters as much as choice of type. The Taskforce called for "a greater diversity of tenure choice", from low-cost home ownership, deferred fee models, lifetime leases and

[20] *Our Future Homes*, Chapter 1.
[21] RIBA Journal, "New Ground"; Dezeen, 9 December 2016; Pollard Thomas Edwards, New Ground cohousing.
[22] Almshouse Association, Appleby Blue Almshouse; Dezeen, "'Hopeful and imaginative' social housing wins RIBA Stirling Prize 2025", 16 October 2025.
[23] New London Architecture, Daventry House; RIBA Journal, RIBA London Awards 2025; Planning, Award for Planning for Senior Living, June 2025.
[24] Levitt Bernstein, Hazelhurst Court, Lewisham.
[25] London Borough of Enfield, Reardon Court extra care housing scheme.
[26] Royal Borough of Kensington and Chelsea, "Major milestone as planning approval secured for 274 new homes at Lots Road South", 17 December 2025.
[27] Nursery World, "First nursery at care home unveiled", 2017.
[28] *Our Future Homes*, Chapter 2.

shared ownership to social and private rent [29]. The greatest gap is for people of lower to middle means. Some 2.24 million older households nationally have too much wealth to qualify for social rent but too little to buy most later living homes using traditional leasehold models [30], and, as I reflected at the end of the report, "the current dominant private sector models are just not working for the lower to middle-affluence market" [31]. London has both older homeowners with considerable equity and older renters with none, so it needs the full range.

14 The Mayor's new Social and Affordable Homes Programme, worth up to £11.7 billion over ten years, lists older people's supported housing as a project type, encourages providers to bid, prioritises social rent and is keen to understand demand for older persons' shared ownership [32]. This is very welcome. The guidance does not yet set an ambition for later living homes. The Taskforce recommended that 10% of delivery through the national Affordable Homes Programme should be later living homes [33]. A clear London ambition, across all five types and tenures, reported each year, would give providers, investors, and older Londoners confidence.

### *Community-led and new models*

15 Community-led homes bring companionship and mutual support, and London has led the way. Tonic@Bankhouse in Vauxhall, described in the Taskforce report as the UK's first LGBT+ affirming retirement community [34], was helped by a £5.7 million loan from the Mayor's Community Housing Fund to buy 19 shared ownership homes [35]. Yet these models are hard to start. The Older Women's Co-Housing group worked for nearly two decades before New Ground was completed [36]. Groups need forward funding, suitable sites, expert support, and patient partners.

16 Councils and housing associations each bring something essential: councils bring land, local knowledge and commissioning; housing associations bring long experience of designing and running later living homes. Partnership between them, rather than working alone, can deliver more.

### *Planning for every type*

17 The London Plan and the boroughs' Local Supported Housing Strategies, due by March 2027 [37], are where this growth is planned. National planning policy now asks plans to take account of older people (including those who require care homes) [38]. The draft London Plan does not yet mention dementia [39]. I would encourage the Committee to ask that London plans for all five types and all tenures, including care homes and homes for sale, plans well for people living with dementia, and co-produces these strategies with older Londoners, as the Taskforce recommended for local strategies for older people's housing [40].

> **London could: set a London ambition for later living homes across every type and tenure.** Within the Social and Affordable Homes Programme, set and publish an ambition for later living

[29] *Our Future Homes*, Chapter 1.
[30] *Our Future Homes*, Chapter 5.
[31] *Our Future Homes*, Chair's reflections.
[32] Greater London Authority, *London Social and Affordable Homes Programme 2026-36: funding guidance*.
[33] *Our Future Homes*, Chapter 2.
[34] *Our Future Homes*, Chapter 7.
[35] Greater London Authority, Mayoral Decision MD2762, *Tonic Housing Association Limited: Community Housing Fund loan*, 1 March 2021.
[36] RIBA Journal, "New Ground"; Dezeen, 9 December 2016; Pollard Thomas Edwards, New Ground cohousing.
[37] Greater London Authority, *Draft London Plan 2026*, Policy HN5 and supporting text.
[38] Ministry of Housing, Communities and Local Government, *National Planning Policy Framework*, August 2026, policy HO1.
[39] Greater London Authority, *Draft London Plan 2026*.
[40] *Our Future Homes*, Chapter 6.

homes, including social rent, older persons' shared ownership and community-led homes, and report progress each year.

**London could: back community-led and intergenerational homes.** Offer early-stage support, public land, and forward funding to community-led groups and encourage councils and housing associations to deliver later living homes in partnership.

**London could: plan for all five types and all tenures.** Use the five types in the London Plan and in every Local Supported Housing Strategy, count care homes and homes for sale, plan well for people living with dementia, and co-produce these plans with older Londoners.

## 5 Homes that work for later life, new and existing

18 Nationally, more than nine in ten older people live in mainstream housing, and only 12% had level access at the entrance of their building [41]. In London, just 17% of homes meet the minimum standard for accessibility, against 13% nationally [42]. Most people want to live in their own homes for as long as possible, and, as the Taskforce said, "we must do all that we can to make this possible" [43].

### *New homes*

19 The HAPPI principles, set out in 2009 by the panel chaired by Lord Best, remain a widely respected guide to designing homes for later life. They include generous space and flexibility, good daylight, private outdoor space, homes that are adaptable and "care ready", shared spaces that help people meet, and connection with nature [44]. The Mayor previously asked bids for older people's homes under the Care and Support Specialised Housing fund to show how they met these principles [45]. The new programme relies on London Plan requirements rather than setting its own design standards for new self-contained homes [46]. Restating the HAPPI and care-ready expectations for later living homes funded by the Mayor would protect quality as the programme grows.

20 The mix of homes matters too. "Additional rooms might be needed for a carer, to have friends and family to stay, or a home-sharer for companionship" [47]. Older Londoners have said that they do not want to give up bedrooms that could be used by visiting family [48]. Later living homes with two bedrooms can make a move more attractive. In ordinary developments too, step-free and ground-floor homes, and homes that suit multigenerational families, help people of every age.

21 Homes also need to be care ready for the future. As the number of people aged 80 and over grows, so will the need for accessible and wheelchair-accessible homes, and the accessibility standards London has pioneered remain essential. Older people are especially vulnerable to extreme heat and cold; homes need "thermal warmth in the winter and ventilation to keep people cool in hot summers" [49]. And they should be ready for technology-enabled care.

[41] *Our Future Homes*, Executive summary.
[42] Centre for Ageing Better, *Homes: The State of Ageing 2025*, cited in London Assembly Housing Committee, *Housing for older Londoners: call for evidence*, September 2026.
[43] *Our Future Homes*, Chapter 1.
[44] Homes and Communities Agency, *Housing our Ageing Population: Panel for Innovation (HAPPI)*, 2009; Housing LIN, HAPPI principles.
[45] GLA, CASSH prospectus (2023).
[46] GLA, SAHP 2026-36 funding guidance.
[47] *Our Future Homes*, Chapter 2.
[48] Centre for London, *Third Age City: housing for older Londoners*, February 2021.
[49] *Our Future Homes*, Chapter 3.

### *Existing homes and adaptations*

22 Most of us will grow older in the home we already have. Adapting it can be the difference between independence and a move into care. Yet older people face real barriers: the cost of adaptations; complex, means-tested grant applications; waits for assessments and contractors; and, for renters, the need for a landlord's consent.

23 The Taskforce recommended local hubs, linked to "Good Home Hubs": "one-stop shops" for home improvement, retrofit and energy efficiency, building on existing Home Improvement Agencies and advising people on repairs and adaptations [50]. Good Home Hubs across London, open to every tenure, would make help easier to find. The boroughs administer the Disabled Facilities Grant, but the Mayor can convene them, promote consistent advice and good practice, monitor waiting times, and work with Government on funding and delivery.

### *Older private renters*

24 The growing number of older Londoners who rent privately face particular pressures: high rents on fixed incomes, insecurity, poor conditions such as damp and cold, and barriers to adaptations. Older tenants should know and be able to use their rights under the Renters' Rights Act 2025 [51], with accessible advice, enforcement of standards and simpler routes to agree adaptations with landlords.

> **London could: design new homes for a whole lifetime.** Restate the HAPPI and care-ready principles for later living homes funded by the Mayor, include two-bedroom later living homes and multigenerational homes in the mix of new developments, and design for heat, cold and technology-enabled care.
>
> **London could: help people stay well at home.** Support Good Home Hubs across London, open to every tenure, monitor waits for adaptations, and help older private renters to use their new rights.

## 6 Under-occupancy and rightsizing by choice

25 Under-occupancy matters, but it needs to be understood with care. Nationally, nearly nine in ten people aged 65 to 79 live in under-occupied housing, over half with two or more spare bedrooms [52]. In social housing, older tenants account for around 40% of under-occupied general needs homes nationally [53]. Rightsizing to more age-appropriate housing can, as I wrote in the Taskforce report, "release family homes to help ease the wider housing crisis" [54].

26 But a spare room often has a purpose, for a carer, a grandchild or a visiting relative. Hackney's research on under-occupation found that the wish to keep a spare bedroom for visitors is one reason tenants do not move [55]. The Taskforce framed what policy must offer as the right move, the right choice, the right size and the right place: good advice, a choice of tenure, well-designed homes, and age-friendly planning policies and local plans [56].

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[50] *Our Future Homes*, Chapter 7.
[51] *Renters' Rights Act 2025*.
[52] *Our Future Homes*, Chapter 1.
[53] Housing LIN, "Older tenants in social housing make up 40% of under-occupied homes", blog, 2023.
[54] *Our Future Homes*, Foreword from the Chair.
[55] London Borough of Hackney, Living in Hackney Scrutiny Commission, Under Occupation Scheme: insights summary, 7 November 2022.
[56] *Our Future Homes*, Chapter 1.

27 London boroughs are showing what helps. Greenwich pays £1,000 for each bedroom released, lets older tenants keep a room for themselves plus one extra bedroom, and has an adviser focused on older tenants [57]. Islington offers between £1,000 and £2,000 for each spare bedroom, plus £750 towards removals [58]. Generous, simple and personal support of this kind, offered consistently across London, could help many more people make a move they want. A simple way for older social tenants to move between boroughs, to be near family, would also help.

28 The Mayor's Seaside and Country Homes scheme offers social tenants aged 55 and over homes outside London [59]. It is a valued choice for some. Many older Londoners want to stay close to the people, places and services they know, and London should make it just as possible to grow older close to home. A good later living home in the same neighbourhood can be the most attractive offer of all, as at Daventry House, where outdated bedsits were replaced with care-ready homes [60].

29 Existing sheltered housing is part of the answer. Much of it is outdated, but it is often well located and much loved. The Re-HAPPI report on outdated sheltered housing called on Government, Homes England and the Greater London Authority to invest in its renewal [61]. Where sheltered schemes are repurposed to meet other pressing needs, the later living homes lost should be counted and replaced.

> **London could: make rightsizing a positive choice.** Offer attractive later living homes close to where people live, encourage consistent and generous rightsizing support across boroughs that lets people keep a spare room, and keep Seaside and Country Homes as one option among many.
>
> **London could: renew sheltered housing rather than lose it.** Invest in refurbishing and remodelling outdated sheltered housing, and count and replace any later living homes that are lost.

## 7 Housing as a foundation for health, wellbeing and care

30 As a nurse, I learned early that many admissions to hospital begin at home. "Well-designed, suitable housing can help improve the quality of life, health and wellbeing of senior citizens, including by reducing loneliness and helping people live with dementia" [62]. Unsuitable housing makes a fall more likely and recovery harder, and it narrows people's lives.

31 What matters is not only the building but the relationships within it. The Senses Framework, developed with older people, describes what helps everyone thrive: a sense of security, belonging, continuity, purpose, achievement, and significance [63]. These apply in every type of later living home. In service-led housing, the manager and the team play a key part in making residents feel this way [64].

32 Families also need clarity about what each setting offers. Support is not the same as personal care, and personal care is not the same as nursing care. A 24-hour alarm does not always mean

[57] Royal Borough of Greenwich, improved incentive scheme for under-occupying tenants, news, 2024.
[58] London Borough of Islington, Downsizing: council tenant services.
[59] Greater London Authority, Homes for Londoners FAQs, Seaside and Country Homes.
[60] New London Architecture, Daventry House.
[61] All Party Parliamentary Group on Housing and Care for Older People (Housing LIN, secretariat), *The Regeneration of Outdated Sheltered Housing (Re-HAPPI)*, July 2024.
[62] *Our Future Homes*, Chapter 3.
[63] Nolan M., Brown J., Davies S., Nolan J. and Keady J., *The Senses Framework: improving care for older people through a relationship-centred approach*, University of Sheffield, 2006.
[64] *Our Future Homes*, Chapter 5.

24-hour care, and dementia provision varies widely. Clear information protects both residents and providers.

33 Homes matter for unpaid carers too, who are often a husband, wife, son or daughter. A home with space for a carer, room to rest and easy access makes caring possible for longer. Shared spaces and community-led homes (including Homeshare) all help people stay connected and less lonely.

### *Care homes as homes, and as part of the community*

34 Care homes are homes. They are part of later living and should be planned as such. Through My Home Life, care home managers and teams have shown how relationship-centred practice, including "creating community", improves life for residents [65]. In 2019 My Home Life piloted a leadership programme for social care leaders in North West London, which showed it also reduces NHS pressures [66]. At Nightingale House in Clapham, a nursery on the same site brings children and residents together [67]. Care homes like these are community assets.

### *Health and care partners need to "think housing"*

35 In my foreword to the Taskforce report I wrote that "a big step in the right direction might be for all agencies across the whole system to recognise that age-friendly and inclusive homes and neighbourhoods work for everyone" [68]. GPs, hospital discharge teams, social prescribers, and community navigators are well placed to start conversations about housing, and the Taskforce recommended preparing and upskilling professionals to start these conversations, including at GP housing, health and wellbeing checks [69]. London's integrated care boards could include later living homes in their plans, alongside the boroughs.

36 Housing also supports the care workforce. Intergenerational living "could also provide care workers with cheaper accommodation near the place where they work" [70].

> **London could: treat care homes as part of later living and of community.** Plan for care homes alongside other later living homes, and support relationship-centred leadership and intergenerational links between care homes and their neighbourhoods.
>
> **London could: help health and care to think housing.** Include later living homes in integrated care board and borough plans, and support GPs, discharge teams and social prescribers so that a conversation about health can include a conversation about home.

## 8 Trusted information and consumer confidence

37 In my foreword to the Taskforce report I wrote: "Sadly, too often, I have heard people say that they did not know what housing options were available to them in later life and few are aware of the health benefits" [71]. The Taskforce recommended a national "Which?-style" information

[65] My Home Life.

[66] My Home Life England (2019) *Reducing NHS Pressures through leadership support to care homes* reports that data gathered by NW London CCG Collaboration and shared with City, University of London, which indicates that the My Home Life Leadership and Professional Development programme - delivered to 42 care home managers across 2018 - resulted in a reduction in ambulance callouts, conveyances and A&E attendances compared to care homes which did not participate. For further evidence of the impact of My Home Life Leadership programme on care home and home care managers , please see *My Home Life England Impact Report 2025*.

[67] Nursery World (2017).

[68] *Our Future Homes*, Foreword from the Chair.

[69] *Our Future Homes*, Chapter 7.

[70] *Our Future Homes*, Chapter 1.

[71] *Our Future Homes*, Foreword from the Chair.

platform, local hubs that help people explore their options, linked to Good Home Hubs, and a "Think Housing: Last Home, Best Home" campaign to encourage people to plan ahead [72].

38 London could act on this now. A London later living information and advice service, with local hubs, trained professionals and peer mentors, could help people plan early. Information alone is not enough, however. Many people need local, independent and accessible support and advocacy, including in community languages, to turn information into a decision.

39 Consumer confidence matters as much as information. People need to know what a scheme offers, what is included in charges, and what happens if their needs increase. The Taskforce recommended clearer "material information" in property listings and action on event fees [73]. Schemes funded by the Mayor could model clear terms and transparent charges, using the five types in their marketing, and the Mayor could explore with providers and older people's organisations a simple quality mark that helps people understand what they are choosing.

> **London could: help people plan and choose with confidence.** Establish a London later living information and advice service, with local hubs, peer mentors and advocacy, and promote clear terms, transparent charges and a simple quality mark in later living homes.

## 9 Inclusive communities and co-production

40 A good home is only part of the picture. Neighbourhoods need to be age-friendly, dementia-inclusive, and faith and culture-sensitive: safe pavements and crossings, seating, accessible toilets, good public transport, green space, and places to meet, learn and volunteer. For people living with dementia, simple layouts, landmarks, clear signs, good lighting and calm surroundings help them to keep making choices and relationships.

41 London joined the World Health Organization's network of age-friendly cities in 2018, and the Mayor published an action plan in November 2023 and has since reported on progress [74]. Housing could be at the heart of the next stage of that work.

42 Faith and culture-sensitive homes recognise prayer and quiet spaces, religious festivals, familiar food, language and celebration, while never assuming what any individual wants. Homes that affirm identity, as at Tonic@Bankhouse, show the same principle at work. Intergenerational models - from Homeshare, where younger people share a home and companionship with an older householder [75], to nurseries in care homes - bring generations together for mutual benefit.

43 Above all, these homes and neighbourhoods should be co-produced. In my foreword I called on all stakeholders to "co-produce, with senior citizens from diverse backgrounds, housing environments that enhance wellbeing in later life and contribute to local communities" [76]. London's diversity makes this both more important and more rewarding.

> **London could: put housing at the heart of an age-friendly London.** Make later living homes a central theme of the age-friendly London programme, co-produced with older Londoners from diverse backgrounds, including faith, cultural and LGBT+ communities.

[72] *Our Future Homes*, Chapter 7.
[73] *Our Future Homes*, Chapter 8.
[74] Greater London Authority, *Towards an age-friendly London*: action plan (November 2023) and progress report (2025).
[75] Share and Care Homeshare, 2024 report (Housing LIN); South London Press, May 2025.
[76] *Our Future Homes*, Foreword from the Chair.

## 10 Leadership: London as an exemplar

44 The Taskforce concluded that "our overarching and most important recommendation is to secure collective leadership to make change happen" [77]. Nationally, we called for a National Housing Strategy for an Ageing Population and a new Office for an Ageing Population to drive delivery [78].

45 London is unusually well placed to lead. The Mayor is responsible for the London Plan, invests in affordable homes across the capital, holds public land, leads the age-friendly London programme, and can bring boroughs, the NHS, housing associations, providers, investors and older people together. Other city regions show what is possible: Greater Manchester became the UK's first age-friendly city region in 2018 and its age-friendly strategy for 2024 to 2034 aims to create more age-friendly homes [79]; the West Midlands commissioned an Accessible Housing Review, completed in 2024 [80].

46 Good decisions also need good evidence. The Taskforce recommended a long-term research programme on housing, ageing, wellbeing and inclusive communities, co-produced with older people and able to include action research [81]. London's universities, boroughs and providers could form a London research partnership, and an annual London report on later living homes across all five types and tenures would show progress. The Taskforce also called for "substantial change in the education, training and continuing professional development curricula of key stakeholders" [82]. London's universities and colleges could help, with a core curriculum on later living for planners, builders and operators.

> **London could: lead with a London strategy for housing an ageing population.** Publish a London strategy, co-produced with older Londoners, that puts the Taskforce's recommendations into practice, with a named Mayoral lead and a London later living partnership of boroughs, the NHS, housing associations, providers, investors and older people's organisations.
>
> **London could: build the evidence.** Publish an annual report on later living homes across all five types and tenures, and form a London research partnership with universities, boroughs, providers and older Londoners. Work with universities and colleges on a core curriculum on later living for planners, builders and operators.
>
> **London could: work with Government.** Support a National Housing Strategy for an Ageing Population and an Office for an Ageing Population and seek the resources that would allow London to lead.

## 11 Recommendations in summary

47 The steps below bring together what London could do. Many of them build on work already under way.

1. **Set a London ambition for later living homes across every type and tenure** (Mayor). Within the Social and Affordable Homes Programme, set and publish an ambition for later living

[77] *Our Future Homes*, Chapter 10.
[78] *Our Future Homes*, Chapter 10.
[79] Greater Manchester Combined Authority, "Greater Manchester becomes first age-friendly city region in the UK", 14 December 2018; *Greater Manchester Age-Friendly Strategy 2024-2034*.
[80] Local Government Association, case study: Accessible Housing Review, West Midlands Combined Authority (review submitted April 2024).
[81] *Our Future Homes*, Chapter 9.
[82] *Our Future Homes*, Chapter 9.

homes, including social rent, older persons' shared ownership and community-led homes, and report progress each year.

2. **Back community-led and intergenerational homes** (Mayor, boroughs, housing associations). Offer early-stage support, public land and forward funding to community-led groups and encourage councils and housing associations to deliver later living homes in partnership.
3. **Plan for all five types and all tenures** (Mayor, boroughs). Use the five types in the London Plan and in every Local Supported Housing Strategy, count care homes and homes for sale, plan well for people living with dementia, and co-produce these plans with older Londoners.
4. **Design new homes for a whole lifetime** (Mayor, boroughs). Restate the HAPPI and care-ready principles for later living homes funded by the Mayor, include two-bedroom later living homes and multigenerational homes in the mix of new developments, and design for heat, cold and technology-enabled care.
5. **Help people stay well at home** (Boroughs, Mayor, Government). Support Good Home Hubs across London, open to every tenure, monitor waits for adaptations, and help older private renters to use their new rights.
6. **Make rightsizing a positive choice** (Boroughs, Mayor, housing associations). Offer attractive later living homes close to where people live, encourage consistent and generous rightsizing support across boroughs that lets people keep a spare room, and keep Seaside and Country Homes as one option among many.
7. **Renew sheltered housing rather than lose it** (Mayor, boroughs, housing associations). Invest in refurbishing and remodelling outdated sheltered housing, and count and replace any later living homes that are lost.
8. **Treat care homes as part of later living and of community** (Mayor, boroughs, NHS). Plan for care homes alongside other later living homes, and support relationship-centred leadership and intergenerational links between care homes and their neighbourhoods.
9. **Help health and care to think housing** (NHS, boroughs, Mayor). Include later living homes in integrated care board and borough plans, and support GPs, discharge teams and social prescribers so that a conversation about health can include a conversation about home.
10. **Help people plan and choose with confidence** (Mayor, boroughs, providers). Establish a London later living information and advice service, with local hubs, peer mentors and advocacy, and promote clear terms, transparent charges and a simple quality mark in later living homes.
11. **Put housing at the heart of an age-friendly London** (Mayor, boroughs). Make later living homes a central theme of the age-friendly London programme, co-produced with older Londoners from diverse backgrounds, including faith, cultural and LGBT+ communities.
12. **Lead with a London strategy for housing an ageing population** (Mayor). Publish a London strategy, co-produced with older Londoners, that puts the Taskforce's recommendations into practice, with a named Mayoral lead and a London later living partnership of boroughs, the NHS, housing associations, providers, investors and older people's organisations.
13. **Build the evidence** (Mayor, universities, boroughs). Publish an annual report on later living homes across all five types and tenures, and form a London research partnership with universities, boroughs, providers and older Londoners. Work with universities and colleges on a core curriculum on later living for planners, builders and operators.

14. **Work with Government** (Mayor). Support a National Housing Strategy for an Ageing Population and an Office for an Ageing Population and seek the resources that would allow London to lead.

## 12 Conclusion

48 In the Taskforce report I wrote that we are at a "sliding door moment" [83]. That is especially true of London. The capital's older population is growing fast, it is wonderfully diverse, and it has a great deal to give. With a clear ambition, a full spectrum of choice and the leadership the Mayor is able to offer, London can become a city where every older person can find a home that supports their wellbeing, and where they continue to belong and to contribute.

49 I am grateful to the Committee for its work, and I would be very happy to help further.

**Professor Julienne Meyer CBE PhD**

Chair, Older People's Housing Taskforce
Co-Chair, Housing and Ageing Alliance

[83] *Our Future Homes*, Foreword from the Chair.

London Assembly,
Housing Committee,
City Hall,
Kamal Chunchie Way,
LONDON,
E16 1ZE

30th October 2026

By Email: scrutiny@london.gov.uk

Dear Sir/Madam,

**Housing Committee call for evidence: Housing for older Londoners**

Due to the substantial size of the older population in London, the aging housing stock, and the critical need and under delivery of specialist forms of housing for older people, it is of great importance that the housing needs of older Londoners are considered.

The Retirement Housing Group therefore offers our thanks to the London Assembly for investigating this critical matter and providing the opportunity to contribute to the Assembly's call for evidence in respect of housing for older Londoners.

The Retirement Housing Group is the only membership group representing the whole of the UK's retirement housing sector, including both affordable and open market organisations. We act as a collective voice for our members, informing local and national policy and promoting best practice across the industry. Our mission is to be the ambassador for the whole retirement housing sector and show decision-makers how it can help meet the challenges and opportunities presented by the UK's ageing population.

1. The number of people aged 65 and above in London is projected to grow from 1,115,000 in 2024 to 1,662,000 in 2046 – an increase of 50%. The number of those aged 75 or more is projected to grow by 77%, and the number aged 80 or more is projected to more than double.[1]
2. Specialist housing helps older people live safely, independently and with dignity, supported but not institutionalised. It reduces loneliness, fosters connection, and creates vibrant communities. Downsizing frees up larger homes for growing families and first-time buyers, easing pressure on the wider market. Retirement developments revitalise town centres, bringing footfall and sustained local spending. They reduce hospital admissions and delay the need for residential care, saving the NHS millions.
3. Over the last 10 years the delivery of older person's housing in London has run at broadly 10-15% of the target set out within Table 4.3 of the current London Plan (which set a target of 4,115 units per annum). Elderly Accommodation Council (EAC) data for the period 2017-2026 shows 5,444 units delivered in total over 10 years, an average of 544 units a year delivered against a target of 4115 units. EAC data for the period 2009-2017 showed an annual net delivery of just 664 unit of specialist housing for older people.

The Government's planning guidance notes that "**The need to provide housing for older people is critical**. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million.

[1] London Strategic Housing Market Assessment (London Plan evidence base) 2026

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. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking. (PPG Housing for older and disabled people para 001).

Please find below our submission in response to the Assembly's Call for Evidence, we have restricted our responses to key questions 1 to 3 as set out in the call for evidence, and also provided details of those actions the RHG believes need to be taken to ensure that London has enough high-quality specialist accommodation for older people.

**Q1: What are the specific housing needs of Londoners over the age of 65**

GLA City Intelligence data shows a population of 1.122 million people over the age of 65 in London. Of these 619k (55%) are female and 502.7k (45%) are male. Over the age of 75 58% of the population is female increasing to 62% over the age of 85%. There is therefore a large population in London who are older than 65, as the population ages the female proportion increases substantially.

The 2019 report by the London School of Economics[2] determined that the 76,623 people living with Dementia in London would increase to 108,436 by 2030, an increase of 41.5%

The GLA Older Persons Housing Needs Assessment Report 2017[3] prepared by Three Dragons to support the current London Plan, determined that 15% of households aged 75 and over would live in specialist older persons housing if it was available. This figure, it should be noted, is now almost 10 years out of date and falls at the lower end of the spectrum to account for the supply of general needs flats being higher in London than the national average.

The current London Plan (2021) sets an annual target of 4,115 units of specialist housing for older people, this is based on the 2017 Three Dragons Report mentioned above. Delivery over the past decade has however fallen well short of this target. EAC data for 2017-2026 shows an average of 544 units a year have been delivered, only 5,444 units of specialist housing for older people has been delivered over 10 years in the capital, against a target of 41,150 - only 13% of the target.

For comparative purposes, an alternative measure of need can be determined based on the **SHOP** model as set out within the Housing in Later Life Toolkit, using prevalence rates set out in the table below.

| **Type of Specialist housing** | **Provision per 1000 of population 75+** |
|---|---|
| Conventional sheltered housing for rent | 60 |
| Leasehold sheltered housing | 120 |
| Enhanced sheltered housing | |
| For rent | 10 |
| For sale | 10 |

[2] Projections of older people with dementia in the United Kingdom, 2019–2040 (LSE 2019)
[3] Assessing Future Demand for OPH Three Dragons 2017

Retirement Housing Group, C/O Beechcroft Developments Ltd, 1 Church Lane, Wallingford, Oxfordshire, OX10 0DX, rhg@retirementhousinggroup.com

| | |
|---|---|
| Extra care sheltered housing | |
| For rent | 15 |
| For sale | 30 |
| Housing based provision for dementia | 6 |
| **Total** | **251 units per 1000 of population 75+** |

The **SHOP** derived need for specialist housing for older people, based on the size of the population aged 75 and older of 515,500 (at 2024) is 129,390 units. Based on the projected population increase to 736,737 people aged 75+ in 2040, the demand would increase to 184,921 units.

Against a current supply of 56,418 in 2017, set out in the GLA's Older Persons Housing Needs Assessment (2017) prepared by Three Dragons, which is increased to 60,839 in 2024 (adjusting Three Dragons' 2017 supply data with EAC delivery data from 2017 to 2024). There is a significant deficit of specialist homes for older people, amounting to around 68,551 units at 2024.

The current supply (2026) of specialist older persons housing is 61,736. To meet the need for specialist housing for older people by 2040, an additional 123,185 units are needed, amounting to 9,475 units per year for the next 13 years. This substantial demand is partly the result of significant under-delivery over the past 10 years (and more) while delivery has averaged 544 units a year, but also due to the growing size of the population over 65 and the greater needs of people who are living longer lives.

The Housing Standards Review (2025)[4] undertook research which showed that 2.5 % of households headed by someone aged 65 to 74 and 15 % of those headed by someone aged 75 or more would require specialist accommodation. The GLA's household projections indicated a required stock of around 61,000 units of specialist provision in 2015 and 76,000 by 2025.

The Mayor's Housing SPG March 2016 notes at paragraph 2.2.27 the potential housing benefits which are created through encouraging older person households, often under-occupying family homes, to downsize and free up these properties for growing families.

The Elderly Accommodation Council (EAC) data demonstrated that the annual delivery of specialist housing for older people has actually decreased following the adoption of the 2021 London Plan notwithstanding the ambitious targets set out in the plan. This goes to show that the policies of the 2021 London Plan have been ineffective in increasing the amount of specialist housing for older people.

In addition to the quantitative need for older people's housing in London, there are significant qualitative matters to be considered, in particular the benefits derived to residents, their families and society more broadly.

While there remains a significant deficit of specialist housing for older people in London these benefits will remain unavailable for those who would benefit from them.

[4] GLA Housing Standards Review: Evidence of Need: David Lock Ass. Et al (2015)

The key benefits arising from specialist older persons housing

*Health and Wellbeing benefits*

The various forms of specialist housing for older people provide support on a continuum which increases in scope through sheltered / supporting housing to extra care / housing with care / assisted living, along to dementia care and residential and nursing care homes.

These accommodation types and the associated support and care provided enable residents to live with independence for as long as possible. The goal for supported or assisted living accommodation is to avoid the dependency or institutionalisation that can arise when there is always someone available to do tasks for an older person. The principle behind the provision of support or care is that people should be helped in those tasks that they cannot easily perform for themselves. In this way specialist housing for older people enables independent living for a long as possible, avoiding or delaying a move into an institutional residential or nursing care setting.

Specialist housing provides comfort for residents and families with awareness that help is available should a resident experience a decline in health or need to recover from surgery or other medical intervention. Specially the design of apartments and communal facilities reduces the risk of falls and other homeplace injuries. Living in a supportive community combats loneliness, a key cause of depression and a contributing factor to dementia.

There are significant numbers of people living alone, in poorly heated, unsuitable and in some cases unsafe accommodation, isolated from communities and at growing cost to social care and the NHS.

Living in specialist OPH has been shown to reduce falls, improve happiness, reduce loneliness, arrest cognitive decline and slow the onset of frailty (Extracare Charitable Trust research with Lancaster and Aston University).

The Centre for Aging reports that disability affects 40% of older people aged 60, and 75% of those aged 80 and above. The disability is severe for 20% of older people aged 60 and 50% of those aged 80 and above.[5]

The research undertaken by Aston and Lancaster Universities for the Extracare Charitable Trust[6], shows that living in an extra care environment reduces NHS costs by 38%, unplanned hospital stays reduced from 8-14 days to 1-2 days (preventing bed blocking), reduction by 46% of GP visits, 15% reduction in depression, 23% reduction in anxiety, exercise up by 75%, walking speed increases, improved memory and a massive decrease in loneliness.

A sufficient amount of well-designed and appropriately located specialist accommodation for older people creates the freedom to stay in the local area close to familiar facilities, family and friends.

The health and wellbeing benefits, cost savings and reduced pressure on care and NHS services is substantial. It is the case that at-home welfare visits for older people can be far more efficiently administered by health professionals where appointment for older people can be arranged to take place consecutively at one location, thereby reducing significantly travel times and logistics, which is particularly relevant in London where use public transport is far more common and car use/parking far more difficult.

[5] Centre for Policy on Ageing – Rapid review 2016
[6] Measurable Outcomes for Healthy Ageing The ExtraCare Charitable Trust Research Report March 2019

Each person living in a home for later living enjoys a reduced risk of health challenges, contributing to fiscal savings to the NHS and social care services of approximately £3,500 per year. Building 30,000 more retirement housing dwellings every year for the next 10 years would generate fiscal savings across the NHS and social services of £2.1bn per year[7].

*Housing Benefits*

We understand that over half of English homeowners aged over 65 living in mainstream housing are in underoccupied homes, with 50% having two or more excess bedrooms.

The GLA Housing Standards Review – 2015 notes that *"The provision of accessible homes for older people can play a significant role in encouraging older households to downsize from larger under occupied accommodation, thus helping to free up these properties to meet wider housing requirements for family sized homes in London"*. While there is a substantial unmet need for specialist housing for older people in London, as a result existing stock needs to address the housing needs of the elderly and vulnerable people in London[8].

Downsizing into specialist housing for older people creates activity in the housing market, JLL has reported that an over 65 household downsizing can result in a chain of three related sales in the housing market.[9]

The Mayhew Review notes "a shortage of retirement dwellings with two bedrooms impedes the choice available to potential downsizers. In turn, their immobility limits the choice of homes with 3+ bedrooms for younger generations."[10]

The housing benefits of developing specialist housing for older people is thus amplified by the combined effects of delivering each unit of older persons housing, as well freeing up the family home as residents downsize, and the stimulation of activity which trickles down the housing ladder.

*Economic benefits*

The development of retirement properties creates more local economic value and more local jobs than any other type of residential development. A retirement development of roughly 45 units creates 85 construction jobs for the duration of the build, as well as six permanent jobs and £13m in GVA over the lifetime of the development.

People living in each retirement development generate £550,000 of spending per year, £347,000 of which is spent on the local high street. Some £225,000 of this is new spending in the local authority, directly contributing to keeping local shops open. A typical retirement housing development has the potential to support more than three local retail jobs. Over the lifetime of the development, a typical development would contribute £2.25m of GVA to the high street[11].

[7] Healthier and Happier: Homes for Later living (WPI Strategy 2019)
[8] GLA Housing Standards Review: Evidence of Need -David Lock Associates May 2015
[9] Retirement Living: Delivering the Opportunity- JLL 2020
[10] The Mayhew Review, Future-proofing retirement living Easing the care and housing crises, ILC 2022
[11] Silver saviours for the high street (WPI Strategy 2021)

**Q2: What impact does unsuitable housing have on older people and how can good housing help them to age well?**

Living in unsuitable housing, particularly older homes has been shown to have a negative effect on health and wellbeing. As people age and levels of activity reduce older people have a reduced capacity to generate and retain warmth. Living in cold, poorly insulated homes or those which are drafty, have poor internal air quality and damp or mould can have a particularly pronounced effect on a resident's health and comfort.

Equally, and a factor which is likely to become more pronounced as the effects of global heating increase, living in a home which overheats can result in significant health effects for older people. Older people struggle to regulate their temperatures due to reduced blood flow and reduced sweating capacity, this along with a reduced sensitivity to thirst can result in heat stress which can lead to severe potentially life-threatening conditions, such as dehydration, heatstroke, hypertension and kidney failure.

The design and layout of older properties often display narrow hallways and doorways, stepped and unlevel access, steep and awkward stairs, small bathrooms without step free showers, a lack of handrails. These characteristics of older homes can result in an increased risk of stumbles, trips and falls and can result in injury. Less accessible homes are also more challenging for older people to clean and maintain, which in turn can lead to a reduction in quality of life and hygiene concerns.

Split level living, with sleeping and living spaces on different floor levels and often lacking downstairs toilets create difficulties for older people. Navigating challenging stairs can result in falls. An increased reluctance to travel between floor levels can lead to hygiene concerns, self-imposed dehydration to avoid toileting, and isolation. This can lead to the abandonment of upper levels of older homes.

Remaining in larger homes which are often more costly and difficult to heat, some older people face a choice to either heat or eat. Living in a cold home can exacerbate or cause chronic and acute illnesses and lead to reduced mobility, falls and depression. In 2018, the House of Commons Housing, Communities and Local Government Committee heard that there was a well-evidenced link between cold homes and chronic diseases, such as respiratory and cardiovascular diseases and rheumatoid arthritis, and poor mental health.[12] The report recommended that funding to the Disabled Facilities Grant be increased and access improved so that older occupants can remediate, damp, cold and inaccessible homes.

The research undertaken by the Extra Care Charitable Trust found compelling evidence that living in well-designed homes, such as those which follow age-appropriate design features such as those set out in the Housing our Ageing Population Innovation Panel (HAPPI) design principles delivers significant benefits to the health, wellbeing and quality of life of residents. While living in retirement communities, with support and alongside likeminded neighbours reduces loneliness – a key contributor to dementia. Living in well designed specialist housing for older people can help older people live better, heathier and longer lives.

Chapter 3 of the Older Persons Housing Taskforce report "Our Future Homes: Housing that promotes wellbeing and community for an ageing population" sets out several key design features that when implemented successfully can be transformative to the quality of life for older people and enable them to age well.

[12] Housing for older people: Second Report of Session 2017–19

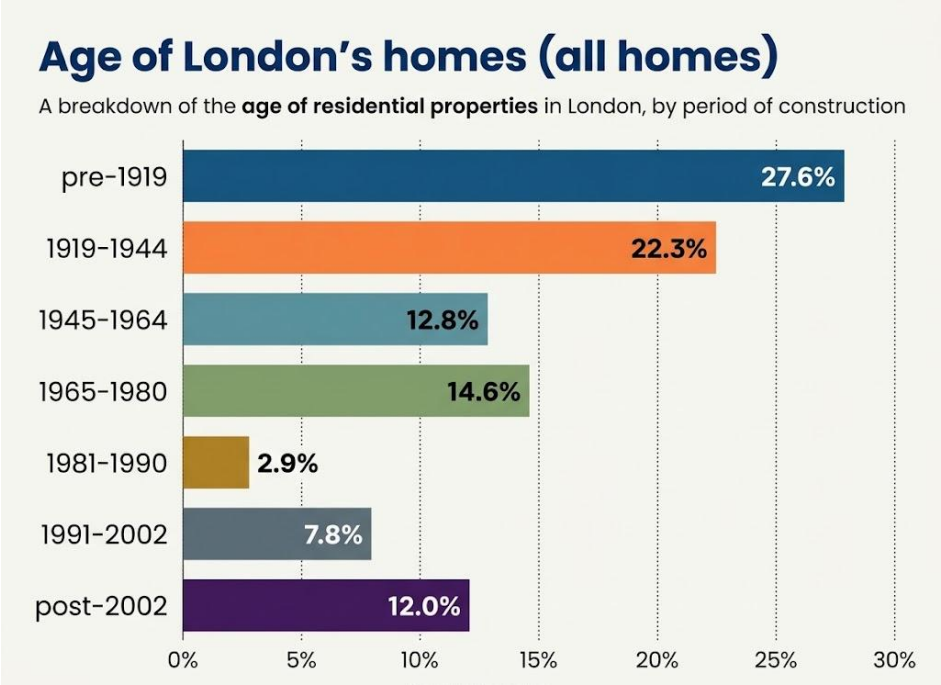
**To what extent is London's housing stock suitable for people over the age of 65, particularly given the projected increase in the city's older population?**

One in ten homes in London were classified as "non-decent" by the English Housing Survey undertaken in 2022, while 3.7% were found to have damp or mould and 4.5% had a HHSRS 'category 1' safety hazard[13]. It is recognised that the aforementioned issues present more favourably in London than the national averages, it is notwithstanding concerning to consider the number of homes which are non-decent or have mould, damp or other safety hazards is of concern. It is particularly concerning where these homes are occupied by older people, due to the greater risks to illness and ill-heath which are more prevalent in older people.

The bulk of London homes fall within Energy Efficiency Rating (EER) Banding C and D (on a scale of G being the lowest and A being the most efficient). Only 5.3% of homes are banded either A or B. It is positive that 84% of new build homes fell within band B, however only 1% achieved the highest band A rating.

The lower band properties would be more expensive to heat (or cool) homes which are more costly and difficult to heat force some older people to choose to either heat or eat.

As set out below, the English Housing Survey reported that the majority of the housing stock dates from before 1944, with less than 20% built since 1990.




*Source: 1) Ministry of Housing, Communities and Local Government, English Housing Survey 2021*

These older homes in London are often in a poorer state of repair and have more dangers, including cold, damp, fire risk and general fall hazards. They also tend to be lacking basic adaptations such as handrails in the shower and on the stairs, as well as more substantial elements such as wider internal doors, stair lifts and walk-in showers. The consequence is that everyday essential tasks like getting out of bed, going to the bathroom or getting dressed are more difficult and hazardous thereby making people more reliant on external support services.

[13] London's housing stock Research Unit November 2024

Around 1.8 million of London's homes (of total 3.8 million homes in London) are older than 82 years. While close to 400,000 homes are classified as non-decent. This translates to a significant number of homes which are likely to be unsuitable for older people to a greater or lesser degree.

As set out in the preceding sections of this response there is a very concerning failure to deliver specialist housing for older people in London, with supply only meeting 13% of the London Plan's target.

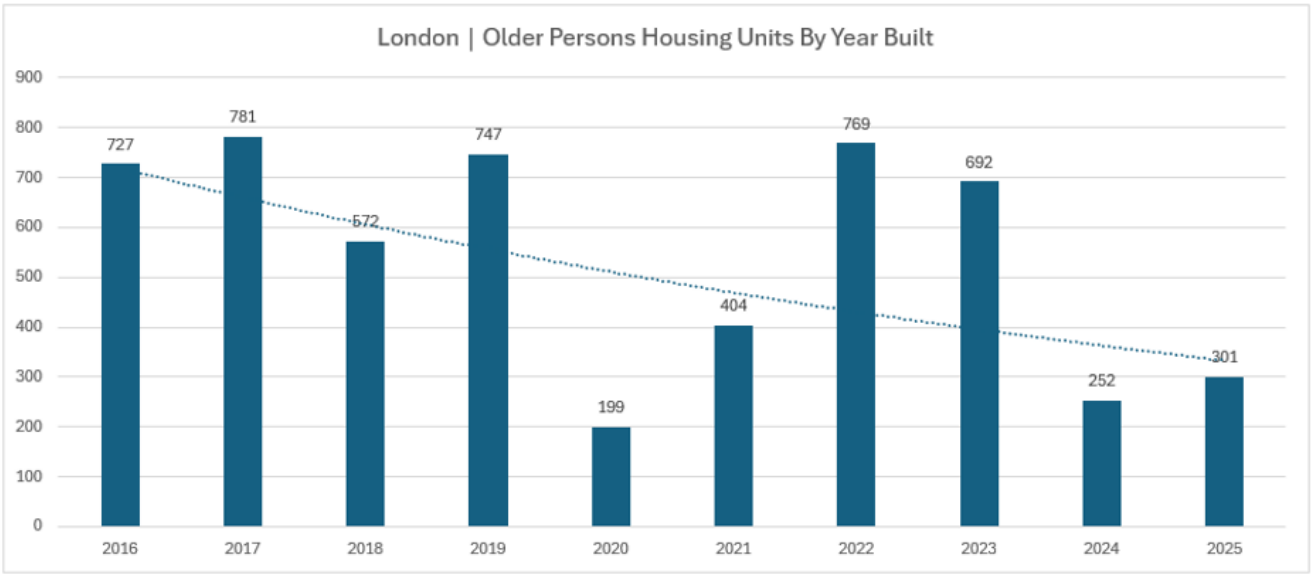
The Foreword from the Chair of the Older Person's Taskforce[14] report states "Whilst most senior citizens want to live in their own home for as long as possible, they also fear having to move into a care home too soon, so we urgently need to widen the range of options for them".

The Taskforce report also reflects that about a third of those aged 65 or older would consider a move into specialist housing and that figure increases alongside the number of bedrooms in the person's home. In other words, those who have a larger home are more inclined to move.

The Taskforce reported a shortage of "appropriate options for downsizing that are affordable and meet the housing aspirations of older people (relating for example to tenure, size, design, accessibility and location of available options)." The Taskforce stated "To meet the diverse needs and cultural preferences of our ageing population, local and national policy makers should strive to provide a range of choices. In addition to expanding the supply of purpose-built, service-led housing (supported living and assisted living) at affordable price points, we also need age-friendly and inclusive mainstream and community-led housing.

**What further action needs to be taken to ensure that London has enough high-quality specialist accommodation for older people?**

There has been a consistent and severe under-supply of new housing for older people in London over the current London Plan period as shown in the graph below. Over the 10-year period 2017 to 2026 a total of 5,444 retirement housing units have been delivered, an average of 544 homes per year versus the current annual target of 4,115 units.




[14] Our Future Homes: Housing that promotes wellbeing and community for an ageing population 2024

The 2026 consultation on the draft London Plan honestly highlights that "significant viability challenges" are a constraint to housing delivery in London. The root causes of the viability challenges are high costs of the regulatory environment, the costs of adhering to London Plan policies, high development taxes (CIL and S106) and high build costs.

Key areas where the viability for specialist housing for older people differs from mainstream housing typologies include unit sizes and mix, communal areas (more non saleable floorspace), base build costs, sales and marketing costs as well as sales profile which is considerably slower and understandably more protracted than mainstream housing given rise to considerable developer risk over longer periods. In short, the cost of delivering specialist housing for older people is greater than that of mainstream housing.

Construction costs have soared, new additions such as BNG, the Residential Property Development Tax (2024) the Building Safety Levy (2026) and the forthcoming Future Homes Standard (2027) have all resulted in significant upward movement on development costs, all while sales prices in London have been either static or decreased.

The current approach to viability is simply not sufficiently flexible to adapt to and accommodate the wild swings in development costs as well as the costs of the regulatory environment.

The additional costs of delivering specialist housing for older people have two key consequences. Firstly, it is not capable of according with affordable housing policies in the same way as mainstream housing, imposing a significant policy burden on applicants seeking planning permission. Secondly due to the additional costs of development and meeting affordable housing policies, retirement developers are not able to compete on a level playing field with the developers of mainstream housing, which has the consequence of constraining the supply of available sites but also directing attention to more complicated and more risky development sites.

Despite the aspirational targets of the 2021 London Plan, only a small fraction of these targets have been delivered. In addition to the viability and commercial constraints set out in the preceding paragraphs of this submission. There remains a lack of an enabling planning policy environment throughout London, both from the London Plan through to the Boroughs. Sites allocated for specialist housing for older people are almost entirely absent from local plans, while policies profess to be broadly supportive, they fail to reflect the critical need for specialist housing for older people.

Our recommendations to ensure that London has enough high-quality specialist accommodation for older people are set out below:

1. Policies within the London Plan and the Boroughs should reflect a presumption in favour of granting permission for specialist housing for older people.

2. Strategic and Development Plans should set out to meet the full assessed needs for specialist housing for older people and allocate sites to meet this need.

3. Affordable housing policies should be tested against the actual costs of delivering specialist housing for older people and not the standard inputs of mainstream housing – as is the case of the London Plan.

4. Discounted CIL charges should be applied to take into account the viability challenges of delivering specialist housing for older people.

5. The London Plan should accommodate more flexibility around specialist housing for older people, including parking, cycle parking, design, urban greening, etc. to accommodate the unique characteristics of this form of housing.

**Conclusions**

The critical need for older persons housing, the significant under-delivery of specialist housing for older people in London, the age and quality of the existing housing stock occupied by older people, and the under-occupation of larger homes, is of great concern to the RHG's members.

As the largest membership group representing the retirement housing sector the Retirement Housing Group's members are fundamental to addressing the shortage of appropriate homes for older people in London.

The RHG thanks the London Assembly for calling for evidence on housing for older Londoners. We would welcome any further opportunities to assist the Assembly their role of supporting the housing needs of older Londoners.

Yours faithfully



Tim Spencer (MRTPI)
Chair, Retirement Housing Development Working Group
Email: rhg@retirementhousinggroup.com