



Inclusive Living: ageing, adaptations and future-proofing homes

SPECIAL COLLECTION:
HOUSING ADAPTABILITY
SYNTHESIS

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ABSTRACT

Inclusive Living is a concept and practical intervention developed from a systematic literature review and co-produced by the Scottish housing sector. The approach aims to implement inclusive change in areas of development, repair, maintenance and service delivery by facilitating longer term planning within housing organisations to create homes that are accessible and allow for ageing-in-place. This synthesis paper critically examines the theories that support the Inclusive Living framework, focusing on adaptations (also known as home and environmental modifications to support accessibility). Current challenges around accessibility are explored: poor-quality homes, disinvestment in repair and maintenance, and the fragmented policy landscape and funding around adaptations. Proactive approaches to adaptations are found to lead to better outcomes for individuals and they need to be understood as a ‘public issue’ not a ‘private trouble’ to encourage investment in housing sector solutions.

PRACTICE RELEVANCE

An Inclusive Living approach supports housing strategy holistically, examining not only physical modifications but also how housing facilitates social relationships and connections, tackling structural inequalities, and supporting social inclusion. This entails a life-course approach, where inclusivity in planning for the future can benefit all groups. A more systematic approach to planning for housing and ageing will be impactful, inclusive and proactive.

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1. INTRODUCTION

Future-proofing the housing stock helps all groups, but particularly older people, disabled people, wheelchair users and people with other specific needs (McCall et al. 2020b). This is clearly a challenge for the housing sector. Although the demographic shift to an ageing population has been known for a long time, it is still ‘woefully underprepared for ageing’ (Lords Select Committee 2013). Furthermore, ‘the home environment, and how it can better support you [sic] to remain independent for longer, has received little attention in debates about the future of service delivery’ (Powell et al. 2017: 6). Mackintosh & Heywood (2015) call this a ‘structural neglect’ of disabled adults in both politics and housing policy, where housing overall is not friendly to disabled people. For the housing sector, planning around these issues can be a real challenge, especially when trying to address the ‘immediate chaos’ within front line housing, health and care delivery (McCall et al. 2020a).

Lack of systematic investment in future-proofing homes for ageing increases the expectations and responsibility of individuals and frontline services to adapt, prepare and plan for older age. This paper examines the concept, context and challenges of Inclusive Living and the theories that support the framework to focus responsibility for preparing housing for ageing as a ‘public issue’ rather than a ‘personal trouble’ (Mills 1959/2000: 8–9). This shifts the debate from focusing on individual responsibility to encourage policy actions at earlier stages that are more effective at reducing the barriers to implementation around adaptations.

*Inclusive Living*¹ is both a concept and practical intervention co-produced by the Scottish housing sector that aims to improve strategic planning around future-proofing homes and neighbourhoods. The concept of Inclusive Living was developed to create a platform that helps housing organisations find a strategic space to discuss the key challenges of healthy ageing to shape the ‘Home of the Future’. The Scottish housing sector is using Inclusive Living as both a vision for the future of housing and as a practical toolkit called the Inclusive Living Toolkit (ILT).

There is a trend of realigning urban governance to increase the role of local housing agencies and citizens (Flint 2002b) that can be seen as ‘regulating conduct’ through housing sector practice (Flint & Nixon 2006). The ‘responsibilisation’ of the housing sector is not new, having seen similar responsibilities devolved to frontline services and tenants in areas such as antisocial behaviour (Flint 2002a, 2004). The ‘localisation’ of governing behaviour is part of a complex political and governance landscape that ultimately looks to communities (often social housing tenants) to be lead actors (Flint 2003, 2014).

Inclusive Living, however, argues that planning for housing and ageing should be framed as a life-course approach, reinforcing the idea that ‘everyone is a stakeholder in ageing’ (McCall et al. 2020a). This encourages a more systematic approach to inclusion and investment in preparing homes, places and spaces for an ageing population. The concept of Inclusive Living was developed with the ambition to show decision-makers the cost of *not* future-proofing housing, and why it can make business, social, ethical and moral sense to plan for accessibility earlier in the planning process. This discourages the framing of housing and ageing as a ‘personal trouble’ to be solved by individuals and frontline housing services at a later stage.

Home adaptations (frequently termed ‘home modification’ in the US and Australia) are one of the best ways to improve accessibility and usability within existing homes. Evidence suggests positive impacts on quality of life alongside a key role in preventing falls and accidents, and improving physical and mental health (Heywood 2004; Powell et al. 2017; Adams & Hodges 2018; Hodgson et al. 2018; Carnemolla & Bridge 2020). The physical and mental health impacts of adaptations have been a dominant focus and a key area of connection between housing and health (Heywood 2004; Carnemolla & Bridge 2020). Adaptations support older people feeling safer, more comfortable and increasing attachment to home (Tanner et al. 2008).

Adapting existing housing is the preeminent way of enabling people to continue to live at home independently. However, the process of making changes can be complex, piecemeal, inadequately funded, slow to implement with the added challenge that health, housing and social care services show ‘poor cooperation’ when working together to deliver adaptations (Zhou et al. 2019a, 2019b,

2020). For these reasons, there is a need to reframe home adaptations as a ‘public issue’ and beyond something that an individual can plan for and implement alone.

This paper explores the accessibility challenge and how it is defined and contextualised in the policy landscape. The approach to Inclusive Living is then outlined, followed by a synthesis of the evidence and arguments developed from the literature review that places adaptations as a central mechanism that supports ageing-in-place.

2. PLACE AND AGEING

The focus on accessibility puts the home and the neighbourhood at the heart of support as:

accessibility and social cohesion are two of the most significant factors that affect how older people experience their neighbourhood

(Government Office for Science 2016: 50)

reinforcing the relationship between people and their environment (Oswald & Wahl 2005). The ‘home’ is a key space determining identity, but the conflicts between place, the idea of ‘home’, identity and wellbeing (Easthope 2004) mean it can also be a place of ‘harm’ (Gurney 2020). Given the central role of ‘home’ in the widest sense, the quality of that environment in supporting health, wellbeing and social connectedness is important. However, England has an estimated 23.5 million homes, of which 18% (4.3 million) are in ‘non-decent’ condition (Ministry of Housing, Communities & Local Government 2020). Furthermore, Proven *et al.* (2016: 8) note that:

1.8 million (one in twelve of all households) have a need for accessible housing. Of these, 0.7 million households (around one in thirty of all households) have more significant needs.

Alongside low replacement rates, England has divergent local policies around adaptations and varied grant delivery alongside a lack of specialised housing for older people (Mackintosh 2020). The picture is similar in Scotland, with a projection of 17,226 (one in five, or 19%) wheelchair households with unmet housing need by 2024 (Fitzpatrick *et al.* 2018). In a project looking at older owner-occupiers in lower valued properties conducted in the Stirlingshire local authority area, one-third of people were living in homes with areas they could not access (McCall *et al.* 2020c). David Issac, Chair of the Equality and Human Rights Commission (2018), noted:

As the saying goes: ‘home, sweet home’, but for thousands of disabled people across the UK, their homes create only a sense of being trapped and the cause of distress. No one’s right to independent living should be limited by their home and making the necessary adaptations should never require lengthy waiting lists and result in endless confusion.

Inadequate homes have a detrimental impact on quality of life and wellbeing of disabled and older people. The lived reality of inadequate housing is stark, with lack of access to basic amenities such as bathing and cooking facilities and feeling trapped at home (Anderson *et al.* 2019). This has increased calls for higher accessibility standards in both new homes and for the repair and maintenance of older stock.

The solutions to tackling non-decent homes are either to provide new homes or to improve the current house to support needs adequately. A connection to current social networks is a top priority for older people, and if moving home is contemplated, this is often related to a dissatisfaction with home environments rather than place (Hillcoat-Nallatamby & Ogg 2014). Therefore, adaptations have been, and continue to be, one of the key processes that supports independence, health, wellbeing, and quality of life in the home of both those living with a disability and other members of the household (Heywood 2001, 2004, 2005). Yet, adaptations tend to be reactive rather than proactive, with people often adapting their homes after a health crisis (RCOT 2019). The RCOT (2019) highlight the need for interventions to be people centred for success (whether they be, for example, a ramp or a bathroom shower) (**Figure 1**).

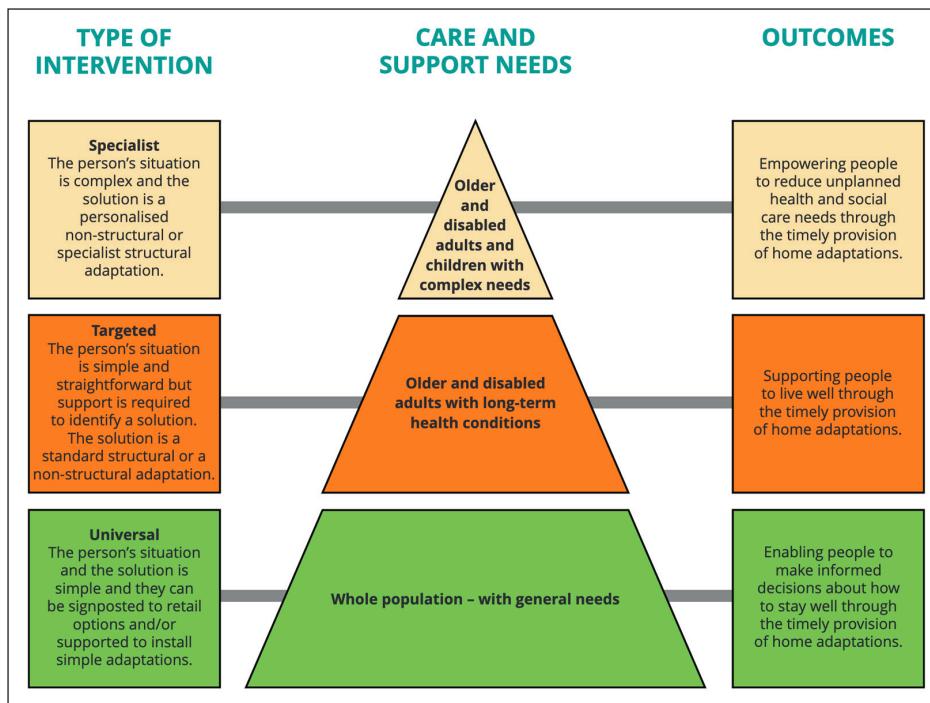


Figure 1: Adaptations without delay framework.

Source: RCOT (2019: 10)
<https://www.rcot.co.uk/adaptations-without-delay>.

Several challenges exist for supporting the process of adaptations, including a lack of robust evidence around the financial benefits of adaptations (Mackintosh 2020). Despite the variety of evidence that supports adaptations as a positive intervention with effective outcomes for individuals, investment in adaptations and service delivery are fragmented and complex (Mackintosh & Heywood 2015). Powell *et al.* (2017) note strong evidence for the cost-effectiveness of minor adaptations, but the case for adaptations is held back by weaker evidence around the return on investment. Investment in adaptations has been found to be low compared with demand, with barriers including ineffective and inefficient processes to support adaptations (Zhou *et al.* 2019a, 2019b).

Furthermore, this is augmented by an overall reduction in investment in maintaining the current stock. For example, the Scape Group (2019) estimated that investment in repair and maintenance in private and social housing stock in Scotland has fallen by £451 million since 1997 (a £2.2 billion decrease UK-wide). A key gap remains around the evidence base for the cost/benefit of adaptations to support an argument for investment, which can be a barrier to instigating Inclusive Living (McCall *et al.* 2020b).

Patterns of insufficient investment are found in the wider housing-related challenges in the UK, making what Iafrati (2020) calls a 'perfect storm' between housing demand, lack of supply, added economic pressures from the Covid-19 pandemic and the UK leaving the European Union ('Brexit'). The added health implications of low-quality homes are increasingly significant, with the Centre for Ageing Better (2020) noting the extent that bad-quality housing contributed to the spread of Covid-19, with older people more likely to be living in homes in non-decent conditions. The result is that not everyone lives in an appropriate home and/or place that can be adapted or support their health needs.

3. POLICY CONTEXT

UK housing policy has been devolved since 1999, and divergence from the overall UK government's approaches has been shown in Scotland, Wales and Northern Ireland. One example includes abolishing the Right to Buy in Scotland, Wales and Northern Ireland, and maintaining levels of funding for social (or affordable) housing development, unlike England. McKee *et al.* (2017) show that this devolution process is ongoing, fragmented and evolving, where policy includes a variety of actors from national and local governments that have seen a 're-territorialisation of policy'

spaces'. Devolution has brought different approaches, assumptions and policy settings across the UK that shape how each country views (and finds solutions) to housing problems (Gibb 2021).

In examining policy divergence across the UK, the focus is often on impacts of austerity, affordability and supply. How housing policy and strategy actually engage with health, care and adaptations has often been overlooked, but they remain a key area of divergence due to different funding mechanisms and the complexity of delivery that changes across tenure and by local authority. For example, in England, Wales and Northern Ireland, the means tested Disabled Facilities Grants (DFGs) are the main mechanism for home adaptations, while Scotland has the different scheme of assistance and Housing Revenue Account (HRA) processes that diverge in delivery between tenure (homeowners, private and social rented housing) and local authorities (for more detail, see Scottish Government 2014; and Wilson 2021).

Post-2021, the Scottish political housing landscape has shifted with the Housing to 2040 strategy, the first longer term policy strategy that includes a pledge for a Scottish Accessible Homes Standard to future-proof new homes for lifelong accessibility (Scottish Government 2021). This is an interesting new focus on accessibility that builds on the role of housing in the context of health and social care integration in Scotland (McCall *et al.* 2020d). This is also in a context of viewing housing as a human right, of which the definition of adequate housing includes accessibility where:

suitable housing is available to those who require it, including housing that maximises the capacity of individuals with a disability or limiting illness to live independently.

(Chartered Institute of Housing Scotland and Newhaven Research 2022: 10)

One of the main mechanisms for improving accessibility in Scotland is the Housing for Varying Needs Standard (Pickles 1998). The Inclusive Living evidence review (McCall 2020b) called for this to be updated, with Housing to 2040 then pledging to:

reviewing Housing for Varying Needs, the design guide used for new build properties in the programme which covers how to meet the needs of older people, disabled people, wheelchair users and people with other specific needs. We will work with the sector to carry out this review within the next two years, considering the Scottish Federation of Housing Association's concept of an 'inclusive living and design' approach, which would see all homes in the social housing sector designed for all ages and abilities.

(Scottish Government 2021: 56)

For England, the 2020 consultation into raising accessibility standards builds on, first, the Lifetime Homes standard (which heavily focus on circulation space, doorways and bathrooms) and the optional 2015 building regulations M4(2): accessible and adaptable dwellings; and M4(3): wheelchair user dwellings. However, 70% of new homes do not meet any accessible home standard, with marked regional variations (Habinteg 2019). To summarise, delivering accessible housing and adaptations is an area for divergence both across the UK and between local authorities in Scotland and England.

There are legitimate concerns from housing-related organisations around the cost and practicalities of implementing these commitments, especially on social landlords and social tenants (Thomas 2020; Tolson 2021). This links back to the key term 'responsibilisation' that involves 'the conceptualisation of agency, autonomy and self-responsibility as inherent requirements of "good" citizenship' in UK government approaches (Flint 2014: 894). Applying this idea of responsibilisation to ageing, it is clear that perceived responsibility for preparing and planning for housing that supports ageing is similar. Martens (2018) highlights that responsibilisation strategies and 'ageing-in-place' policies place duties on individuals and supporting agencies, despite critics pointing out the danger of policy framing housing and ageing as an individual rather than public responsibility.

Ageing is complex and contextually specific to the individual, influenced by a varied set of cultural and social identities, to some extent socially constructed as much as structural characteristics (Swift & Steeden 2020). Preston *et al.* (2018) note that people are expected to manage their own ageing process and prepare for older age (e.g. via savings, pensions and securing an appropriate

home). However, this leads to diverse inequalities as women, younger and lower income groups have additional barriers to overcome in order to proactively plan for older age. In the field of gerontology, cumulative advantage/disadvantage (CAD) theory is one example where scholars are extending the understanding of ageing beyond individuals (1) to explain the health, status, income and social dynamics of a population; and (2) to show the impacts of inequalities on the interrelationship between individuals, their environments and ageing well (Dannefer 2003; Ferraro & Shippee 2009).

Simply put, those who live in poverty, live with a disability or live in a certain neighbourhood are less likely to live as long and as healthily as those who are wealthier (Marmot & Bell 2012). The process of preparing for ageing applies to an individual, but is also about tackling those structural barriers that generate inequalities across the whole ageing population. This is a negotiation between the private and public spheres, where ageing-in-place is often framed as a ‘personal trouble’ as in the ‘resolution of those troubles lies with the individual’. However, the fragmentation, underfunding and current level of inadequate housing highlight ageing-in-place as a wider challenge where:

issues have to do with matters that transcend these local environments of the individual
[...] a public matter [...] involving a crisis in institutional arrangements.

(Mills 1959/2000: 8–9)

A focus on these institutional arrangements allows for possibilities of higher level interventions and avoid localising solutions to frontline services, individuals or particular groups only. This reinforces that:

promoting an aging-in-place policy is not simply a case of allocating responsibility for housing to the individual. For aging-in-place to be an alternative rather than the only option, it has to be accompanied by public housing policies.

(Martens 2018: 9)

In a time where governance focuses on ‘self-regulation’ in the housing sector (Flint 2014) alongside a dominance of individually centred solutions to ageing, Inclusive Living aims to re-examine solutions across and within policy and institutional boundaries.

4. THE INCLUSIVE LIVING APPROACH

The foundation of the Inclusive Living approach attempts to refocus how policymakers, organisations and community groups can plan for housing and ageing. This involves the provision of accessible homes and adaptations that can adjust to people’s health needs (whatever tenure/income group). Inclusive Living starts with the question: Why do people have to adapt to their homes, when homes should be adapting to them? Inclusive Living looks to reset the way people, organisations and policymakers think, plan and approach important areas such as adaptations to ageing-well-in-place (including specialist, targeted and universal interventions).

The practical application of the Inclusive Living Toolkit (ILT) facilitates conversations between policymakers, practitioners, housing organisations and service users to identify more flexible housing solutions at an earlier stage (via practical interventions such as wider doorframes, easy-to-install dementia-friendly design elements or even simply electrical sockets at the bottom of staircases for potential future equipment needs). Inclusive Living argues for inclusive housing solutions not to be an *add on* to housing delivery but integrated into housing practice through development, repair, maintenance and investment cycles.

The Inclusive Living concept focuses on the key thread of increasing accessibility in housing practice and design to support an integrated, flexible housing sector for all groups via better planning and facilitation between stakeholders. This is a life-course approach, based on the idea that all age groups are all stakeholders in ageing (McCall et al. 2020a, 2020b):

This is not about one group of people. This is not about being young or being older, or living with a physical disability or dementia. We need to rethink those developments, repairs and decisions that ‘add on’ accessibility, and start to ask why we are not starting with making our homes and environment as accessible as possible as a long-term strategy. Inclusive living is about making equality, inclusive design and relationships a starting point to a housing sector more inclusive for everyone.

(McCall et al. 2020b: 3)

4.1 LITERATURE REVIEW

Strategic partners involved in the Inclusive Living project were private developers, social housing associations, local authorities and wider policy bodies. Practitioner stakeholders’ lack of familiarity with the existing evidence base (and the wide range of material available) was addressed by a qualitative evidence synthesis covering academic and professional papers. Both academic and grey literature focused on ‘age-friendly’ design guidelines. A ‘systematic’ search of grey literature resulted in 8897 citations from which to screen, with a final 131 relevant publications to ‘map’ within a date range of 1998–2019. This includes academic publications, and grey and age-friendly guidance classed as grey literature (see McCall et al. 2020b for more detail). For implementation, the Scottish Federation of Housing Associations (SFHA) with their national membership trained and supports ‘Inclusive Living Ambassadors’ who help to support facilitation of the tool within and across housing, local authority and health organisations.

Within the literature review, mobility dominated the topic list in the literature, while most frequent design features tackled were floors, stairs, doors and lighting. Guidance was usually applicable across tenure, but no guidance covered all relevant design features. Gaps in the literature review included elements such as cupboards, kitchen/bathroom cabinets, social activity space, acoustics and ventilation, streets and kerbs, assistive technology, green spaces, car parking, and service user involvement (McCall et al. 2020b). Themes from the evidence review formed three pillars covering physical space and design, connections and relationships, and social inclusion and equality (*Figure 2*).



Figure 2: Concept of Inclusive Living.

The evidence suggested that to take an inclusive approach, these three pillars must reinforce each other to support the accessibility and adaptability of internal space and wider environments. These echo the ‘everyone friendly’ concept of universal design, that an environment designed to be inclusive is good for everyone (Centre for Universal Design 2020). Inclusive Living and its application in practice are about rethinking how housing services are provided and making homes and environments as accessible as possible as a long-term strategy.

4.2 INCLUSIVE LIVING TOOLKIT (ILT)

To facilitate the Inclusive Living concept in practice, the ILT identifies practical interventions under each theme for consideration. This facilitates conversations between stakeholders (e.g. board members, local authority integrated joint boards for health and housing in the context of Scotland, or tenant groups) (1) to understand their position within the inclusion context; (2) to map their activities promoting inclusion; and (3) to identify the gaps in their provision. The toolkit provides suggested ‘quick wins’, how to address or promote inclusion, and links to resources (agencies/guidance) that can support inclusive service and housing design.

The fragmentation of adaptations delivery has resulted in varied practices around accessibility and adaptations between services (Zhou et al. 2019a, 2019b, 2020). The ILT encourages small and large decisions that bring accessibility to the forefront of housing policy and practice to integrate inclusive approaches into decision-making processes. The next section critically examines the Inclusive Living concept highlighting the evidence that led to the Inclusive Living approach to adaptations and the insights for policy and practice.

5. RESULTS

5.1 THE NEED TO BE PROACTIVE

The Inclusive Living concept was first inspired by the complexities and fragmentation of funding that surround adapting home and neighbourhood environments to support changing health and ageing needs (Mackintosh 2020; Zhou et al. 2020). Some of the main challenges to funding adaptations includes the fragmented routes of delivery that change between local authorities and tenure, lack of guidance and regionalisation that has led to confusion and uncertainty around eligibility and how to access funding (Mackintosh & Heywood 2015). It is challenging to secure investment for preventative ageing-in-place interventions. This is due partly to the general lack of planning for an ageing population, but also problems with the concept of adaptations. Adaptations are difficult to ‘sell’ because they are a reminder of the conceptual and cultural challenges associated with growing old and frail (Raymond 2019). Adaptations themselves are seen to be stigmatising. This is because (badly designed) adaptations reinforce factors that lead to stigma, i.e. labelling, stereotyping, status loss and even discrimination (Link & Phelan 2001). This stigma can be a major barrier to both preventative and reactionary adaptations. There is also evidence that adaptations are often wasted as people are offered inadequate solutions ‘that are ineffective or psychologically unacceptable’ (Heywood & Turner 2007: 13).

However, adaptations are an important, yet underrepresented, way in which they can alleviate the need for formal health services (Allen & Glasby 2010: 9). Hwang et al. (2011) note that a supportive physical environment can prolong living in a current home, and that there is a positive relationship between home modifications and ageing-in-place. Intervention is important because it can form both primary and secondary preventions such as stopping falls, accidents and create safer environments (Allen & Glasby 2010).

The potential of prevention is undermined by adaptations when only considered or ‘added on’ after a health crisis. e.g. after a fall, or when a challenge around health and care becomes too much to cope with (Heywood 2001, 2005). However, evidence indicates that by the time that adaptations are used, any preventative element will have lost impact. Timely intervention influences ageing-well-in-place, as delays also increase the risk of falls, unnecessary hospital admission (Allen & Glasby 2010) and overall effectiveness of adaptations (Powell et al. 2017). Consideration of this

5.2 REFRAMING ADAPTATION AS A ‘PUBLIC ISSUE’

Within the fragmented funding landscape there is also a conceptual shift in expected housing sector delivery. For example, the Scottish government’s understanding of ‘housing’ is widening to cover place-based, accessible and neighbourhood approaches where ‘independence’ is still a key focus.² An ageing-in-place lens extends the impact of home beyond the physical by connecting it to ideas of enablement and the ‘independent self’ resulting in social and psychological benefits (Sixsmith & Sixsmith 2008). A place-based approach takes housing beyond ‘bricks and mortar’ to encompass the social community in which people live (Stones & Gullifer 2014).

However, the wider physical environment of neighbourhoods and social networks is where there are considerable weaknesses in informal support that can help people live independently and age-in-place (Sixsmith & Sixsmith 2008). Andrews & Phillips (2004: 7) begin to make connections between the environment, space, place and home, where:

place has increasingly been conceptualised not only in a physical sense, but as a complex symbolic and cultural construction.

Exploring older adults’ perceptions of ageing-in-place in Australia, Stones & Gullifer (2014) noted that participants’ everyday thoughts were shaped by historical, cultural and environmental contexts, but were dominated by the idea of living independently, unbehobden to others. The longer that someone resides in their home, the more high-quality connections to their neighbourhood and community they can make, increasing attachment to place and home. Place attachment, therefore, becomes more significant for older people.

Hillcoat-Nalltamby & Ogg (2014) take a critical perspective to ageing-in-place that supports the idea of attachment to people rather than just place being an important factor in the experience of ageing. Cutchin *et al.* (2003) also explore place attachment, where social involvement has a predominant role. This once again focuses important factors around ageing away from only the immediate physical environment to the importance of wider social connections. Coleman *et al.* (2016) consider ageing-in-place in New Zealand and note that wider social contexts can also be the main element to understanding housing services, e.g. repair and maintenance issues. Difficulties in accessing housing services such as this can ‘rupture effective ties to place’ and reduce wellbeing. This is an important link between the interconnectedness of home—and maintaining that home—with place and a feeling of independence and autonomy.

To address these challenges, there is a reliance on person-centred solutions rather than on consistent public interventions or investment. For example, Fausset *et al.* (2011) found that 85% of their older participants employed person-centred solutions (rather than environment centred) in maintaining their homes to support them ageing-in-place. The focus on independence—both as something that is integrated into what people say they most desire and in policy and practice—is perhaps very much aligned with the ‘agency, autonomy and self-responsibility’ emphasised by the UK government’s drive for the social housing sector (Flint 2014). The responsibility for ageing well is focused on the individual, even in an ageing-in-place approach that clearly must use more public intervention to support wider neighbourhood and place modifications.

The concept of ageing-in-place widens housing delivery to consider home, place, space and neighbourhood, but the solutions to effective ageing-in-place are still individually centred. Adaptations therefore need to be seen as a ‘public issue’ not a ‘private trouble’ to encourage wider investment in housing sector-led solutions, or they will inevitably fail.

5.3 INCLUSIVITY

The danger of only individualising solutions to housing and ageing will lead to increasing inequalities and social exclusion because, quite simply, some groups have access to more resources to age-

well-in-place than others. Davey (2006) notes that the ongoing focus in policy and practice around ageing-in-place can reinforce social inequalities around aspects such as maintenance. Many older people are unable to maintain or adapt their home, despite a desire to do so and live independently. As with all health inequalities, lack of wealth to adapt or maintain a home will have a detrimental impact on health, quality of life and even mortality. The significance of practicalities for ageing-in-place increases where housing and health sectors converge to provide tangible solutions for the prevention agenda. Barrett *et al.* (2012) explore the importance of appropriate homecare and managing disability for ageing-in-place, and how, if poorly delivered, these processes can result in social exclusion rather than independence. They found that the ageing-in-place literature emphasises how social connections can support positive ageing, but when care needs are sometimes introduced, this can lead to more separation from current networks.

The evidence review also highlighted a multitude of literature around adaptations and inclusive design, ranging from technical guidance to overall evidence on prevention of health crisis and social inclusion. The literature often focuses on a particular group of people (e.g. those with dementia or wheelchair users), or a certain type of intervention (e.g. technological products). Burstow & Cordery (2015: 6) note a ‘bewildering number of publications in this area’ of adaptations. Much of the guidance offered is not tenure specific and not often contextualised with regard to place. The evidence reviews also noted a general omission of engagement with service users, with the majority of guidance lacking information around consultation or co-production. Virtually no sources employed a clear co-production approach to developing guidance.

Therefore, competing guidance exists for adaptations and inclusive design that has little connection to each other and/or to service users. The fragmented picture around funding is mirrored by the sporadic approach to implementation with reliance on individuals, individual organisations and different approaches in each local authority. The result is that many housing organisations are all starting from first principles to devise suitable, inclusive approaches. This will lead to further fragmentation as different organisations take diverging approaches to align with different guidance from local authorities.

6. DISCUSSION

The literature review uncovered the multitude of guidance and policy regarding ageing-in-place, but found limited evidence for the successful implementation of accessible and adaptable homes. This may be due to limited systemic policy evaluation or lack of clarity of ownership of adaptations and inclusive design as a practical field. Integrated working between health, social care and housing services can be very fragile, and reliant on ground-level relationships between service deliverers that have a risk of being short-term and sporadic (Zhou *et al.* 2020; McCall *et al.* 2020d). This aligns with the critiques of the ageing-in-place concept that has often centred on individual-led benefits and solutions.

However, taking an ageing-in-place approach is a challenge because it involves all elements of service delivery: the surrounding environment, physical infrastructure, social networks, community groups, networks and at every dimension from the neighbourhood to the kitchen sink (metaphorically and literally). Coordinated ownership of such delivery by multiple agencies is challenging. A holistic place-based approach requires universal representation to devise solutions that are good for everyone. This:

identifies the importance of retrofitting alongside new build, and argues for sustainable housing that recognises population aging but also issues of climate change and the need for more inclusive design of housing for all ages.

(Peace & Darton 2020: 210)

Johansson *et al.* (2009) note ageing-in-place as a progressive process, but that services aiming to support people ‘ageing-in-place’ need to take more action. These organisational traits mirror recommendations in the HAPPI reports in England (Barac & Park 2009, Best & Porteus 2012, 2016).

This gives a new dimension to Flint’s (2014: 902) ideas around the ‘politics of behaviour’, self-conduct and responsibility. In this scenario, individuals are simultaneously responsible for planning for their own ageing and preparing their homes, communities, places and neighbourhoods to support that ageing process. The ‘responsibilisation’ of both ageing and planning for future housing needs is doubly problematic as many solutions need structural intervention. This is a fundamental flaw in the emphasis on ‘independence’ and supporting ‘independence’ in policy and guidance. Individualising solutions to housing and ageing will lead to increasing inequalities and social exclusion as some groups have access to more resources to age-well-in-place than others. The consequence of increased responsibilisation:

narrows the political focus, and restricts the scope of the policy gaze. Thus, within the problematisation of housing governance, a distinction is conceptualised between the ethical and reflexive standards of tenants and owner-occupiers, rather than say, primarily the differential economic resources available.

(Flint 2014: 906)

This restriction in the ‘policy gaze’ can be clearly seen in the area of adaptations due to its fragmentation, complexity around delivery and default of responsibility to individuals to plan for housing and ageing.

The life-course approach outlined in the concept of Inclusive Living takes the standpoint that all groups and ages are part of the process of ageing. This is not just biologically, but every person and group have a stake in a society that supports people in society ageing well. Yet current guidance is limited for service user involvement and co-production. The involvement of service users builds on the ageing-in-place approaches that should include everyone as stakeholders in the ageing process (McCall et al. 2020a). This has the potential to break down the stigma associated with adaptations and highlight structurally inclusive approach that benefits everyone. International research, from Sweden to New Zealand, frames adaptations more as home modification and also highlights the important role in place attachment and integration (Davey 2006; Johansson et al. 2009; Hwang et al. 2011). Home and environmental modifications may be a concept that has less of a traditional stigmatisation attached to it, building on the idea of integration and the normalisation of inclusive approaches to future-proof housing.

7. CONCLUSIONS

The systematic literature review considered key foundational concepts including ageing-in-place, adaptations, and the quality of current evidence around inclusive design. Insights into the concept of Inclusive Living reveal more proactive approaches alongside increased public intervention are required to make homes and environments accessible and adaptable.

The results of the literature review highlight that the provision of adaptations connects to a variety of challenges around housing delivery. Adaptations are not only underfunded but often performed too late: after a health crisis. Furthermore, individuals and frontline services have the main burden of finding solutions (with limited consultation and co-production of those solutions).

Both the new and current housing stock require proactive solutions with preventative, accessible, flexible and inclusive design integrated as the ‘norm’ to circumvent the stigma surrounding their provision. However, successful implementation will rely on bringing together partnerships to operationalise an inclusive approach in policy and practice. In particular, partnership and inter-agency working between health, social care and housing will be the key to success. Agencies focusing on inclusivity as a unifying point can facilitate partnership working more effectively.

A life-course approach is a good way to provide inclusivity in planning for ageing in the housing sector. A shift is needed from adaptations being a private matter that places the burden onto the individual to a public issue needing proactive public and policy interventions. An Inclusive

NOTES

- 1 Inclusive Living was co-produced as a concept and strand of work within the Scottish Federation of Housing Associations' (SFHA) Innovation and Future Thinking programme (see <https://www.sfha.co.uk/our-work/policy-category/innovation--future-thinking>). Co-producers included: Jill Pritchard, Trudi Tokarczyk, Lorna Wilson, HACT, Loreburn Housing Association, Wheatley Group, Blackwood Housing Association, Elderpark Housing Association, Bield Housing Association, Link Group, Springfield Partnerships, Glasgow City Council and Construction Scotland Innovation Centre. A special mention to Gary Dickson, Sarah Hill, Debs Allan, Gemma Connell for supporting the framework.
- 2 For example, see the Place Standard (<https://www.placestandard.scot/>).

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264

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