

Towards a Draft Older People's Housing Strategy: Summary of evidence, research and policy

What the evidence and data tell us

Haringey's population

The census tells us that 74,226 people in Haringey are aged 50+, representing 28.1% of the population.

Among household reference persons aged 50+:

- 30.6% own outright.
- 17% own with a mortgage.
- 19.9% rent from the council or a housing association
- 17.4% rent privately.

Private renting declines with age but remains at a significant level: 28.8% at 50–54, down to 9.2% at 65+.

58.1% of households aged 65+ are owner occupiers.

26.3% of people aged 50+ live alone, rising to 46.9% among those aged 85+.

Haringey has a higher proportion of people aged 50–60 than the London average. Among the 50+ population:

- 14.1% are disabled and limited a lot in daily activities.
- 12.7% are limited a little.
- 7.6% have a long-term disability but are not limited.

Disability rates are notably higher in the 50–69 age groups compared to London averages.

Life expectancy in Haringey for men is 78.2 years, and for women is 83.3 years. Life expectancy increased over the 2000s and early 2010s but began to stall prior to the COVID pandemic in Haringey. Life expectancy fell during the COVID pandemic but is now beginning to recover.

Of those who died while sleeping rough in London last year, the average age of death for men was 46, and just 42 for women.

There are significant inequalities in health outcomes including life expectancy aligned with deprivation. A man in the least deprived wards will live on average seven more years than a man from one of the most deprived wards. For women this difference is over four years, and for both genders this difference has widened since the 2017-19 period. There are significant inequalities in health and wellbeing in people from minoritised communities, disabled people and people experiencing social exclusion.

The council's data shows that 2,904 clients aged 50+ are supported by Adult Social Care (ASC), 3.9% of the 50+ population. 46% receive home care; 14% are in residential care; 12% are placed in supported housing.

Physical support is the main reason for ASC involvement (69%), increasing with age.

1,386 clients aged 50+ receive home care; half are aged 80+. Tenure of home care clients:

- 31.8% council tenants.
- 31% owner occupiers.

- 14.5% housing association tenants

During 2025, with the help of the NHS GP federation, we carried out analysis integrating local NHS GP data, ONS Census data, and council housing records to explore how health conditions among Haringey residents aged 55+ intersect with housing needs to inform the Older People Housing Strategy.

The study categorizes health conditions into six groupings: Long-Term Conditions, Cognitive Impairment, Serious Mental Illness, Alcohol-related issues, Substance Misuse, and Mobility & Musculoskeletal conditions.

Long-Term Conditions and Cognitive Impairment are strongly associated with older age, with 85% of patients aged 55+.

Cognitive Impairment is particularly concentrated in the 75+ age group, with 83% of affected individuals aged 75 or older.

Alcohol, Substance Misuse, and Serious Mental Illness are more prevalent in the younger 55–65 cohort, indicating the need for age-specific housing and support strategies.

This age stratification suggests that housing interventions should be tailored not just to older people broadly, but to subgroups with distinct health and social needs.

The analysis reveals significant geographic disparities in the prevalence of health conditions:

Cognitive Impairment is overrepresented in the West of Haringey, which also has a higher proportion of older residents.

Serious Mental Illness is disproportionately concentrated in the **East**, where deprivation levels are higher. Residents aged 55+ in the East are 24% more likely to experience SMI than the borough average.

Maps overlaying health condition prevalence with social housing density show moderate to strong correlations between Serious Mental Illness and social rented tenures, especially in deprived wards.

Cognitive Impairment and Mobility & Musculoskeletal conditions show weaker or no correlation with deprivation or housing tenure, suggesting other influencing factors.

Strong correlations between health conditions and deprivation highlight the need to embed social determinants of health into housing policy. This includes improving housing quality, access to services, and community infrastructure in deprived areas.

How Haringey's population will change – and what that means for housing needs

Haringey's Older People's Joint Strategic Needs Assessment (JSNA) 2025 provides a comprehensive overview of the demographic, health, and social care needs of residents aged 65 and over in Haringey.

The older population is projected to grow significantly—from 30,700 in 2025 to 44,800 by 2045 (a 46% increase). This demographic shift has major implications for housing, health services, and community support.

A key concern is the increasing number of older people living alone. In 2025, 9,055 residents aged 65+ are predicted to live alone, rising to 13,651 by 2045—a 51% increase. While living alone doesn't always equate to loneliness, it does heighten the risk of social isolation,

especially when compounded by factors like poor health or limited mobility. Muswell Hill, Crouch End, and Fortis Green have the highest concentrations of older adults living alone.

The rate of admissions to residential or nursing care homes in Haringey is lower than the national average (343 per 100,000 vs. 566), suggesting a preference and policy emphasis on ageing in place. However, care home residency is expected to rise by 58% by 2045, indicating growing demand for supported housing options.

Social connection is a recurring theme. In 2023/24, only 43% of adult social care users aged 65+ reported having as much social contact as they would like. This aligns with national averages but still highlights a significant gap in social wellbeing.

The assessment highlights rising health challenges among older adults, including dementia, diabetes, falls, and sensory impairments.

Dementia cases are expected to increase by 61% by 2045, with women disproportionately affected.

Falls are a major concern, with projections showing a 50% increase in fall-related incidents by 2045.

Visual and hearing impairments are also on the rise, contributing to isolation and reduced mobility. By 2045, 30,811 older adults are expected to have some degree of hearing loss, and 2,703 will have moderate or severe visual impairment.

The Joint Strategic Needs Assessment recommends:

- Strengthening community-based services to reduce loneliness.
- Enhancing access to green spaces and public toilets to encourage mobility and social interaction.
- Promoting dementia awareness and improving post-diagnostic support.
- Ensuring end-of-life care is compassionate, person-centred, and inclusive of emotional and spiritual needs.
- Supporting unpaid carers, whose numbers are projected to rise by 42% by 2045.

Modelling in the 2021 Supported Housing Needs Assessment suggests that the number of households aged over 65 will increase by 11,200 over the next 15 years. 57% of new household growth will be among this age group - a significant shift in housing demand.

Current specialist housing provision for older people comprises:

- 1,847 sheltered homes for social rent.
- 44 sheltered homes for owner occupation.
- 153 extra care homes, all for social rent

Projected demand by 2037:

- 2,349 new sheltered/retirement homes for private sale.
- 798 extra care homes for private sale.
- 465 extra care homes for social rent.
- A reduction of 560 sheltered homes for social rent

There will be an estimated increase of 400 households needing wheelchair-adapted housing by 2037. Half of this growth will be among households aged 75+ - so it is important that at least 10% of new specialist older people's housing should meet M4(3) wheelchair accessibility standards, especially in social rent.

Older people and rightsizing

81% of owner occupiers in Haringey where all household members are aged over 65 have at least one spare bedroom - 13,762 households - 8,773 of which have 2 or more spare bedrooms

Looking at Haringey's social renters aged over 65, 38% have at least one spare bedroom - 2,938 households of which 1,046 have 2 or more spare bedrooms

Research by Housing LIN found that 52% of over-65s would consider moving to a smaller home. However, most older people would only consider moving when their current home becomes unsuitable due to health or mobility issues.

When considering the location of a new home, the top three priorities for this cohort are proximity to good transport links, proximity to shops and amenities, and a pleasant neighbourhood.

Top priorities for the home itself were that it should have spacious rooms, private outdoor space, a concierge service, and level- or lift-access.

People want homes that are easier to clean and maintain. In terms of accessibility, accessible bathrooms (walk-in showers/wet rooms) are a top priority.

Thinking about barriers to moving, over-65s are more likely to cite an emotional attachment to home, fear of upheaval and an unfamiliar location. Under-65s are more concerned about costs of the new home.

80% of respondents said help with moving costs would make them more likely to move.

56% of over-65s said help with decluttering and packing would incentivise them.

National research shows that 47% of UK adults aged 50+ prefer to stay in their current home. 53% would consider moving if the alternative is attractive and suitable.

54% prefer mixed-age communities; 29% prefer age-specific housing.

The policy and research context

At a national level, the **Older People's Housing Taskforce** was established by the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government to address the urgent and growing need for housing that supports wellbeing and community for an ageing population. The Taskforce's remit was to understand the current and future market for older people's housing, identify barriers to choice and access, and propose a viable, implementable strategy to expand and improve housing options for senior citizens across England.

The Taskforce's 2024 report, ***Our Future Homes***, sets out a vision for transforming housing for later life. It recognises that older people are not a homogenous group and that housing solutions must reflect the diversity of needs, preferences, backgrounds, and aspirations of individuals aged 55 and over. The Taskforce calls for a shift in thinking—from housing as a crisis response to housing as a proactive enabler of independence, wellbeing, and community.

The Taskforce identifies a "viability triangle" of consumers, developers/operators, and investors. To scale up provision, housing must be affordable to live in, viable to build and operate, and attractive to investors. This requires systemic reform across planning, design, finance, and consumer engagement. The report calls for bold leadership, cross-sector collaboration, and a shift in public attitudes toward ageing and housing.

The report outlines ten interconnected recommendations, each supported by detailed actions for government, local systems, and industry:

- **Standardise Definitions** - Create nationally agreed terminology for Older People's Housing or Later Living to improve coordination across sectors and public understanding.
- **Incentivise a Wide Range of Housing Options** - Recognise the diversity of older people and expand housing choices, including community-led models and adaptations to existing stock.
- **Design for Later Life** - Ensure homes are desirable, accessible, adaptable, and technology-enabled. Adopt HAPPI principles and implement Building Regulations Part M4(2) and M4(3).
- **Create Inclusive Communities** - Design public realm and infrastructure to support ageing in place, social connection, and intergenerational living.
- **Expand Supply and Ensure Affordability** - Scale up provision of Older People's housing, especially for the lower to middle-affluence market. Introduce financial incentives, new tenure models, and support packages for developers.
- **Strengthen Planning Policies** - Introduce a presumption in favour of Older People's housing in planning policy. Allocate land, assess need consistently, and reduce planning barriers.
- **Establish a National Information Platform and Local Hubs** - Create a trusted, accessible source of information, advice, and advocacy to help older people understand and navigate housing options.
- **Build Consumer Confidence** - Improve transparency on fees, tenure, and service quality. Implement Law Commission recommendations on event fees and resale protections.
- **Enhance Innovation, Research, and Professional Development** - Launch a 10-year national programme to support research, innovation, and workforce development in age-friendly housing.
- **Create Collective Leadership** - Establish an **Office for an Ageing Population** to drive delivery of a National Housing Strategy for an Ageing Population, coordinate cross-sector action, and ensure long-term commitment.

Commissioned to support the Older People's Housing Taskforce, "*Patterns and Trends in Planning Applications for Older Persons Housing*" (DLP Planning Ltd, November 2024), analyses over 2,000 planning applications for Older Persons Housing (OPH) submitted between 2014 and 2024. It identifies critical trends, challenges, and opportunities relevant to local authorities seeking to improve housing provision for older residents. To improve outcomes and delivery of older people's housing, it recommends that local authorities should consider:

- **Allocating Sites:** Include specific, viable allocations for Older People's housing (OPH) in Local Plans, informed by robust needs assessments.
- **Policy Clarity:** Develop clear policies distinguishing OPH types and their planning requirements.
- **Flexible Design Standards:** Adapt local character and design policies to accommodate the unique form of OPH schemes.
- **Cross-Sector Collaboration:** Engage housing, health, and social care stakeholders to align planning with broader wellbeing objectives.
- **Monitoring and Review:** Regularly assess OPH delivery against identified needs and adjust strategies accordingly.

We know that the number of people aged 55 and over experiencing homelessness has been steadily increasing. Studies including by The Kings Fund and The Centre for Policy on Ageing identify that those with experience of **sleeping rough** can experience “**accelerated ageing**”, presenting health conditions typical of someone 10–15 years older. A 2023 NIH study *Accelerated aging in people experiencing homelessness* found that accelerated aging for this cohort leads to early onset of geriatric conditions such as falls, cognitive and functional impairment, incontinence, and immobility. In terms of health inequalities, older people with a history of rough sleeping are significantly more likely to suffer from chronic physical illnesses, mental ill health, substance misuse, and mobility challenges. Early intervention to prevent or delay geriatric decline is critical. We need to strengthen partnerships with health services for early identification

At a London level, the Mayor’s vision set out in the **London Housing Strategy** is for London to be a city for all Londoners: “that means that new homes need to be developed with the needs of all Londoners in mind, and our existing housing stock needs to be improved to support demographic change and improved accessibility”. A wide range of housing options should be available to meet the full range of Londoners’ housing needs, “ensuring that our neighbourhoods remain diverse, inclusive and socially integrated”. The London Housing Strategy sets out an approach to achieving this and ensuring that “London’s housing enables older and disabled Londoners to lead independent and fulfilling lives”.

The London Housing Strategy emphasises the critical need for a significant increase in housing supply, with new homes designed to accommodate people including older and disabled residents throughout their lives.

The Mayor commits to improving the accessibility of new homes, with the London Plan requiring 10% of new homes to be wheelchair accessible and the remainder to be adaptable. The strategy also calls for better use of tools such as the London Accessible Housing Register and enhanced data systems to help older residents identify suitable housing.

The strategy emphasises the importance of adaptations to existing homes. The Mayor advocates for increased Disabled Facilities Grants and sets expectations that housing associations contribute more to the cost of adaptations. The strategy proposes the use of loans and equity release to help older homeowners fund adaptations.

The Mayor committed £100 million towards supported housing for older and disabled Londoners, including for the development of extra care and specialist accommodation for older people. The strategy encourages collaboration between councils, health services, and housing providers to jointly commission schemes that meet local needs, including those that prevent delayed hospital discharge.

The strategy promotes opportunities for older people to downsize, freeing up larger homes for families in need. Through planning policies and targeted schemes, the Mayor supports the development of well-designed one- and two-bedroom homes in suitable locations. Initiatives such as the Seaside & Country Homes scheme offer older tenants the chance to relocate outside London.

The strategy also supports community-led housing models, including co-housing and cooperatives, which can empower older Londoners to shape their living environments.

At a local level, the council’s **Adult Social Care Strategy** sets out its commitment to supporting residents to live independently and with dignity in their own homes and communities. Central to the strategy is a “Home First” approach, which prioritises early intervention and integrated care to help individuals remain at home for as long as possible.

The strategy recognises the role of housing in promoting wellbeing and preventing the need for institutional care. It supports the use of assistive technology and home adaptations to enhance safety and independence. The introduction of a localities model aligns with the Neighbourhood Health approach to ensure that services are delivered at a coordinated neighbourhood level, making support more accessible and tailored to local needs. The strategy also addresses health inequalities by committing to fair access to housing-related support, particularly for marginalised groups. Preventative measures, such as falls prevention and support for hoarding, are included to sustain housing stability. The strategy acknowledges the essential role of unpaid carers in enabling people to remain at home and commits to supporting them appropriately.

The Council's **Health and Wellbeing Strategy 2024-2029** includes a focus on health and housing. Key objectives include improving housing quality through better council housing repairs and adaptations, tackling damp and mould, and reducing fuel poverty through improvements to existing housing stock. The strategy also commits to ensuring homes are available for those with highest needs including older people.

Housing commitments in the Health and Wellbeing Strategy reflect and build on the Council's **Housing Strategy 2024-2029**. The Housing Strategy contains a number of commitments that help structure proposals in the Older People's Housing Strategy – not least the commitment to bring forward an Older People's Housing Strategy to drive the delivery of the right number, mix and quality of homes for older people in Haringey.

The Housing Strategy is clear that we need to build new homes for older, disabled, and vulnerable people. It also commits to rebalancing our existing stock of supported housing for older people where possible to better meet the needs of our vulnerable residents, working in partnership with older residents, care and support providers, and across the Council to determine what is needed to ensure the right mix of safe and supportive homes for older people. The design and delivery of new supported housing will always be co-produced with the resident groups who will live in it.

We will ensure that more than 10% of all new affordable homes built in Haringey will be wheelchair adaptable. We will actively encourage other housing developers to meet this higher standard.

At the heart of the Housing Strategy is a commitment to deliver the Council homes Haringey needs, with more than 3,000 new council homes completed and let by 2031.

We are aiming that 20% of those Council homes will be wheelchair adaptable, and through our Bespoke Homes Programme, those homes are being designed and built from as early a stage as possible around the individual needs of their future tenants.

We commit to bringing forward 10% of new Council homes as supported housing.