



Our Older Persons Strategy

**'For our customers, homes and communities
- being the best that we can be'**

2023-26

Thenue Housing – Older Persons Strategy

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1. INTRODUCTION

1.1 This Strategy aims to set out how we will provide housing and other services for our older customers in the short and longer term.

1.2 Key aims of the Strategy include:

- providing a variety of housing solutions and other services for older people
- supporting both those that wish to remain in their home, and those that wish to move to more suitable accommodation with their housing needs
- effectively engaging with current and potential older customers to ensure that we understand their needs, preferences and motivations
- work in partnership with statutory and voluntary organisations to ensure appropriate services are provided to meet the support needs of our older tenants
- ensuring that our Strategy is aligned with current national and local government strategies for older people

2. BACKGROUND TO THE STRATEGY

2.1 In addition to its mainstream and supported housing, the Association has some properties which are designated or designed specifically for older people. The details of this are noted in Section 5.1

2.2 Whilst some mainstream properties are of course suitable for older people, the projected growth in the older population suggests that the Association should consider how best to ensure that there are sufficient opportunities for older people wishing to remain at home, and out of residential care.

2.3 The general definition of an older person is someone who is aged 65 years or over, although this can vary. It remains generally understood that the age definition of an older person, is 65 years, albeit in some literature, it can be 60 years and 55 years.

2.4 This Strategy document also takes account of three existing strategies approved by Thenue's Board:

- Digital Strategy** – This sets out how Thenue will support those tenants who need help with getting online and how we will deliver more of our services and processes through digital/ online means. A key unconnected group is older people, with a particular concern being the increasing social isolation of many older people as more and more of us engage with each other online. Digital also offers potential solutions to many of the support needs currently being experienced by older people.

- ii. **Customer Communication and Engagement Strategy** – This sets out our current and future methods of customer engagement and takes account of the need to better understand all our customers needs and preferences; including the specific needs of older people.
- iii. **Organisational Strategy** – This sets out our overarching principles in relation to how we deliver our services to reflect our changing environment. It sets out how our Leadership Team, including our Board of Management, leads and monitors progress on key areas of the business, monitoring progress and ensuring we remain on the right track for our customers, homes and communities in ‘being the best we can be’.

3. OLDER PEOPLE POPULATION TRENDS AND THENUE CUSTOMER PROFILE

- 3.1 **Scotland:** In 1707, Scotland's population was thought to be around 1 million people. By 1855, official records show that Scotland's population stood at 2.98 million. Since then Scotland's steady population growth all the way to a record high of 5.46 million in 2021. The population is ageing and in 2020, there were an estimated one million Scotland residents aged sixty-five years or older – an increase of 33% since 2000. By 2036, the country's over 65 population is set to rise by 28% and reach almost 1.4 million people. There is also a higher ratio of females to males in older ages, reflecting the longer female life expectancy. The main reasons for Scotland's ageing population are: people born in the post-war baby boom getting older; the number of births dropping since the 1960s; and higher life expectancy. Old age offers great opportunities for us as individuals, for communities, for society and for our economy. Older people provide a valuable contribution to our society through employment, spending, volunteering and often through unpaid caring.
- 3.2 However, older age can bring disadvantage too. Currently in Scotland people aged over 70 years live with an average of three chronic health conditions 23 . People aged 65 years and over account for 70% of emergency admissions to hospitals. Over time, older people are taking a greater number of medications, attending more healthcare appointments and being admitted to hospital more often and despite all this, are experiencing poorer health and more delays in discharge than younger people.
- 3.3 **Glasgow:** Glasgow's population is also getting older. The number of older people is expected to rise to 22.9% by mid-2043 in Scotland as a whole and in Glasgow by 4.3%. The projected rise in the number of elderly is concentrated however in Greater Pollok, Pollokshields, Langside and Linn, Baillieston and Shettleston and in Partick West, Hillhead and Maryhill/Kelvin – all areas outwith our areas of operation. There are currently estimated to be 83,000

older people in Glasgow, 14% of the overall population of 636,000. Specialist housing for older people make up only a small proportion of the market and the majority of older people live in general, mainstream housing. Glasgow City Council funds 87 sheltered housing schemes and 17 very sheltered housing schemes across the city which provides a combined total of around 3,500 places. In percentage terms, Glasgow has a high level of older people in care homes totalling approx. 31,000 (a mix of private and public sector as at 2017) and approx. 6000 people receiving Homecare (Cordia) services at home, at an average of 9 hours per week. In contrast, households headed by someone under the age of 65 are projected to increase by just 3%. The number of households headed by someone aged 85 and over is projected to more than double over the same period, from 77,400 to just over 200,000 in Glasgow. Life expectancy in Scotland as at 2022 is 62 years for a female and 61 for a male. This shows a slight decrease since the last projections in 2018.

3.4 As people live longer, their household needs are becoming more diverse and some older people still find themselves living in accommodation that is not suitable for them as they become older. Issues such as ill health, dementia and fuel poverty can further exacerbate the problems of unsuitable housing and can lead to isolation and exclusion from mainstream society. This strategy aims to outline how the Association will address older tenants' housing, acknowledging the key role it has in improving health and wellbeing.

3.5 **Thenue Trends and Demand:** Although the UK, Scottish and Glasgow based projections indicate that there will be an increase in the population of older people, the rate of growth in Thenue's older tenant population as well as demand from waiting list applicants, shows a small but steady decrease over the last 3 years.

Table B (i) below provides more details of Thenue's current tenants over the age of 65, split by area and as a percentage of the total number of tenants living within each area. Baillieston continues to show a significant number of tenants over the age of 65 which can be attributed to very low turnover in the area, Castlemilk, Bridgeton and Calton showing the next highest, where there is either older persons; amenity or retirement housing. Table B (ii) shows previously reported figures

Apt Size	Baillieston	Blackhill	Bridgeton	Calton	Castlemilk	Cranhill	Dalmarnock	N'holm	Scotston	Saltmarket
2apt	0	3	125	113	9	6	5	8	1	4
3apt	6	8	134	88	5	50	52	38	0	7
4apt	3	6	36	10	0	29	19	15	0	0

5apt	0	0	6	6	0	0	0	1	0	0
6apt	0	1	4	0	0	3	0	0	0	0
Total	9 (47%)	18 (13%)	305 (28%)	342 (42%)	14 (47%)	88 (31%)	76 (23%)	62 (20%)	1 (8%)	11 (20%)

Table B (i)

Table B (ii) – 2017 Figures

Apt Size	Baillieston	Blackhill	Bridgeton	Calton	Castlemilk	Cranhill	Dalmarnock	N'holm	Scotston	Saltmarket
2apt	0	4	134	110	11	2	9	7	0	10
3apt	3	8	133	85	6	47	28	39	2	4
4apt	4	3	36	10	1	18	8	13	0	0
5apt	0	0	4	5	0	0	0	2	0	0
6apt	0	3	8	0	0	3	0	0	0	0
Total	7 (37%)	18 (15%)	314 (30%)	210 (33%)	18 (60%)	70 (25%)	45 (14%)	61 (21%)	2 (15%)	14 (26%)

Table C below provides more details of the demand for Retirement Housing, as at May 2023

Table C

Waiting List				
Size	Bridgeton Only	Calton Only	Both Areas	Total
2apt	17	18	58	93
3apt	1	7	16	24

Transfer List				
Size	Bridgeton Only	Calton Only	Both Areas	Total

2apt	18	16	11	45
3apt	4	9	11	24

The majority of transfer applicants (74%) require rehousing based on their medical condition/unsuitability of their current home, with 27% being awarded priority for under occupying their home.

4. NATIONAL AND LOCAL GOVERNMENT STRATEGIES & PLANS

4.1 There are a number of key policies and pieces of legislation which set out the strategic direction of services for older people. These include:

- The Health and Social Care Partnerships (established by the Public Bodies (Joint Working) (Scotland) Act, 2014
- Reshaping Care for Older People, 2011-2021, [here](#) which is currently under review
- Scottish Government Older Persons Strategy Consultation 2022 - [here](#)
- Age, Home and Community: A Strategy for Housing Scotland's Older People: 2012 – 2021, Scottish Government [here](#) and its 2017 progress report [here](#)
- Health and Social Care Strategy for Older People, Scottish Government – out for consultation as at March 2022 [here](#) (due for publication end of 2022-not yet concluded)
- Glasgow's Housing Strategy (Draft) (2017-2022), Glasgow City Council [here](#)
- Glasgow City Council's Dementia Strategy – (due for review) [here](#)
- Scottish Government's Dementia Strategy – June 2023 is [here](#)
- HSCP Review of its Strategic Plan 2023-26 – info [here](#)
- Glasgow City Council's Integrated Joint Board – The most recent review of the Older Persons Transformational Change Programme can be found [here](#)
- Glasgow's Health and Social Care Partnership's most recent (2022) publication on demographics is [here](#)
- Scottish Government publication – Recovering our Connections 2023-26 is [here](#)

4.2 The Health and Social Care Partnerships have been operational since 2016 continuing their aim of delivering a seamless service to those requiring access to services. There are 31 integrated authorities with responsibility for £8.5b for the provision of services. The HSCP remains committed to the undernoted national outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: Health and social care services contribute to reducing health inequalities

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

4.3 The pausing of services due to COVID has impacted significantly on the HSCP's ability to deliver on a number of their stated objectives however the overarching principles in all of these documents and statements remains unchanged, That is, that the growing population of older people should be provided with a home for life, either in their own home or in a homely setting, and out of residential care. Services should be provided locally to facilitate this, should be person centred and should aim to encourage and sustain independence.

4.4 Recent evidence from Age Scotland demonstrates that 100,000 people over the age of 65 years say they feel lonely all or most of the time and 200,000 will go half a week without a visit or call from anyone. Identified as areas which can impact on health and wellbeing in later life are: keeping active; food and drink, the use of health services including those which assist with mental health.

In summary, the HSCP/Council aims to put in place the infrastructure to deliver appropriate community based services.

In addition, there are a number of other factors which are impacting or are likely to impact on outcomes for older people in Glasgow. These include:

Bed Blocking

Latest available Public Health Scotland figures on bed blocking show there were 1,500 delays in November 2021 - up from 1,084 in April 2021.

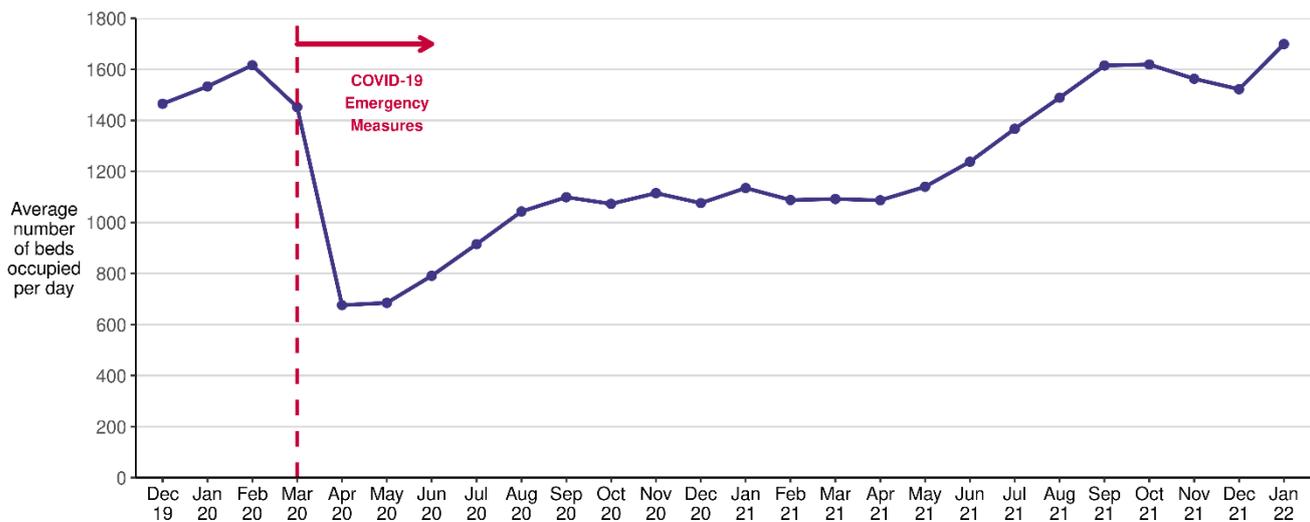
The lack of available social care support in the community was the main driver for this increase in tandem with the NHS facing the "biggest crisis" of its existence.

The majority of patients face delays of between one day and four weeks.

COVID

Latest available information from the Scottish Government (January 2022), states there were 52,678 days spent in hospital by people whose discharge was delayed. This is an increase of 50% compared with the number of delayed days in January 2021 (35,173). The average number of beds occupied per day due to delayed discharges was 1,699, which is more consistent with pre-pandemic figures. This is an increase of 12% compared to December 2021 when the daily average was 1,522.

Delayed discharge bed use in Scotland from December 2019 to January 2022



Reducing delayed discharges remains a primary focus for the Scottish Government and likewise the HSCP, having now reduced their discharge target to 72 hours following a decision to discharge from hospital. To help achieve this, a system of Intermediate Care has been established in Glasgow which involves moving the individual to an “assessment centre” whereby they will be assessed within a 48 hour period and discharged with or without Cordia’s 6 week Reablement Service. Following this 6 week service, Cordia service will then be mainstreamed as required.

Dementia

It is estimated that 86,000 people in Scotland have dementia and evidence suggests that this is expected to double by 2031. The Scottish Government has issued a target to have all newly diagnosed cases provided with a minimum of one year post diagnostic support and to have a person centred plan in place by the end of that support period. Arneil Johnston, independent housing consultancy, has been commissioned by the Chartered Institute of Housing to conduct research for the second phase of their successful Housing and Dementia Programme. This second phase will focus on improving links between housing organisations and partners in health, social care and the third sector, with a specific focus on the role of the housing professional in meeting

the needs of those living with dementia. As listed in Section 4 above, the Scottish Government has set out its recent objectives in its newly developed Dementia Strategy

Housing Options for Older People

Housing Options Team was established in 2016 to target the needs of older people. As well as housing needs, it aims to focus on information and advice in relation to preventative services and to assist in achieving a speedy return from hospital (to assist in eliminating bedblocking). It is believed that the range of services available in the North East, where evidence demonstrates there is shorter life expectancy (compared to city wide evidence) and a prevalence of long term medical conditions, services are patchy with evident gaps. It is funded via the Integrated Care Fund. Since 2016, the team has dealt with approx. 4000 referrals. A summary of their outcomes in the period 2020 to 2022 is below at Table D.

Referrals received	No of Customers Housed	Referral Source	Accommodation Source
4084	1017	Community – 1278 Hospital – 525 Intermediate Care – 79 Care Home - 30	Clustered Supported Living – 40% Wheatley – 30% Non Wheatley – 30%

5. WHAT OLDER PEOPLE SERVICES DO WE CURRENTLY PROVIDE?

5.1 Property Information (Table E). Photos can be found in Appendix One

Area and Type	Address	Size	Additional Information
Bridgeton 61 Retirement Housing Flats Ground & First Floors within tenement closes. 25 Older Persons Flats	Main St, Mackeith St, Dale Path 71 Main St	61 x 2apts 25 x 2apts	Flats are located within tenemental closes with flats above. Smart Hubs Lift in building Flats are located in one block – one common entrance with lift access and a common room
27 Retirement Housing Flats Calton 77 Retirement Housing Flats	15-33 Landressy PI Millroad Dr, Chalmers Place, Chalmers Court	15 x 2apts 12 x 3apt 13 x 3apts	Smart Hubs (on the basis of need) and lift access Smart Hubs

12 Retirement Housing Flats Ground & First Floor Main Doors 6 Older Persons Flats	Monteith Court 204 Stevenson St	64 x 2apts 8 x 2apts 4 x 3apts 2 x 3apts 4 x 2apts	Lift in building Lift in building
Castlemilk 16 Older Persons Flats	1 – 4 Arnprior Cres	4 x 3apts 12 x 2apts	
Cranhill 14 Older Persons Flats Ground and First Floor cottage flats	Edinburgh Road	11 x 3apts 3 x 2apts	Main door amenity flats.
Total		238 (8% of stock)	

In addition we have a lettings plan for flats above retirement housing in both Bridgeton and Calton and a lettings plan in Cranhill for the older persons flats, meaning that we sensitively let these properties to applicants where a clash of lifestyles can be avoided (generally, this means applicants over the age of 55 years can be considered for those properties).

5.2 Retirement Housing Service

Our Sheltered Housing was remodelled to our Retirement Housing Service in April 2015 and provides a person centred, tenant focussed service which can be described as “enhanced housing management”. It is funded from a service charge to tenants in receipt of the service and is fully eligible for Housing Benefit. The service is currently only available to those tenants living in what was Thenué’s sheltered housing.

It aims to provide tenants with a home for life, where staff provide advice and information and signpost tenants to a range of agencies able to assist them to manage in their home (what is offered is attached as Appendix Two).

Tables E and F below show a breakdown of age, gender and ethnicity of our current retirement housing tenants:

Table E – Age and Gender

	Average Age	Males	Females	Average Age at Date of Entry (years)
Bridgeton	70	62%	38%	63
Calton	73	27%	73%	67

Table F – Ethnic Origin

	Chinese	Not Specified	White Irish	White Other	White Other British	White Scottish
Bridgeton	0%	20%	0%	1%	4%	75%
Calton	1%	13%	2%	0	0	83%

Recent turnover in our retirement housing is detailed in Table G below:

Table G – Turnover

	2020-21		2021-22		2022-23		Total
Size	Bridgeton	Calton	Bridgeton	Calton	Bridgeton	Calton	
2apt	15	17	15	9	18	10	84
3apt	0	6	0	1	0	4	11
Total	15	23	15	10	18	14	95

Table H - Average length of tenancy

	>6months	6-12months	1 - 2yrs	2 – 5yrs	5 – 10yrs	+10
Bridgeton	9%	5%	12%	25%	21%	28%
Calton	6%	2%	7%	43%	23%	19%

Table I

The average profile of retirement housing tenants who have left the service is:

	Average Length of Tenancy (years)	Average age at End of Tenancy (years)
Bridgeton	5–10 years	71
Calton	10 years	78

5.4 What additional services do we currently offer to our older tenants?

Equipment and Adaptations

On an annual basis, the Association applies for grant funding from Glasgow City Council (DRS) to implement its policy on Equipment and Adaptations. The aim of the policy is to ensure that, with the provision of appropriate equipment or adaptations which are specified by their Occupational Therapist, tenants are able to remain at home longer. The Policy is attached as Appendix Three (p30). Table J below provides further details of the types of adaptations carried out during 2020-22

(noting that COVID restrictions applied). Eight five percent of the current waiting list are aged 60 years or over.

Table J

Item	Completed 2021-2022	Completed 2022/23
Closomat Toilet	0	2
Cupboard conversion	0	0
Door Entry System	0	0
Electronic Door Closers	2	0
External Ramp	3	1
Fencing	0	0
Full conversion	0	0
Garden	0	0
Handrails	20	8
Heighten electrical sockets	0	0
Intercom Handset	3	1
Kick Plates	0	0
Kitchen	0	0
Level access Shower	22	7
Lever Taps	0	0
Other	8	3
Outward swinging front door	2	2
Overbath shower	1	2
Paving or slabbing	1	1
Remove bath	0	0
Specialist bath	0	1
Thresholds	0	0
Toilet Conversion	0	0
Tracking Hoist	0	1
Wet floor shower	8	9
Widen doors	3	1
Total	73	39

The grant funding awarded for 2023-24 is £100,000 which is hoped will clear some of the current waiting list of 33 tenants with scope to apply for further funding mid year. Of the waiting list, 85% are older persons, aged 60 years and over.

Throughout our current stock, 508 properties have a wet floor shower installed at ground or first floor level

5.5 Assisted Technology - Telecare

The Association currently offers a SMART (wireless) Hub, pendants, linked smoke detectors, heat detector and a carbon monoxide detector to all Retirement Housing Tenants.

Following the switch from the hard wired system of emergency alarms, 121 tenants have been provided with this system whilst the remainder opted not to have the device.

The response service is provided by Homecare (Cordia) who offer a 24 hour a day emergency service, contacting appropriate emergency services and/or family/friends as agreed. Since November 2014, GCC Social Work Services have made a charge, directly to tenants for the use of the response service (currently set at £3.53 per week). The cost for maintaining the equipment is recovered from the tenant as part of their service charge (fully eligible for housing benefit).

In addition to the above, if staff identify a tenant who would benefit from a “dispersed alarm unit”, a referral can be made to Homecare (Cordia), based on an assessment of need, are able to provide equipment, free of charge, either a phone/pendant system or other telecare items (tenant remain liable for the cost of the response service as above). Whilst we do have a stock of Smart Hubs, the stock is very limited and the response service charge similarly applies.

5.6 Recreational Activities

There is overwhelming evidence which indicates that social isolation is a contributory factor in the deterioration of older people’s health. In line with Scottish Government restrictions, during COVID 19 restrictions, all activities and events were suspended, however, Appendix Five details the events which have re-started and form part of the standard service provided.

Retirement Housing Events

Appendix Four details the events normally held in Bridgeton and Calton where tenants are encouraged to assist in arranging. Although the events are aimed at retirement housing tenants, they are also attended by friends/carers and older tenants living in mainstream tenancies.

Digital Classes – Smart Communities

Since 2013 and up until the suspension of services due to COVID, the Association provided some targeted services to older people in Tureen Street and 71 Main St, details of which are noted below:

- at 35 Tureen Street, the average attendance was 4 per week, (this can go up to 5–6)
- at 71 Main Street, the attendance was 3-4 per week
- at Cranhill we also had a small number of attendees
- for each of these groups we could accommodate up to 6 or so people per week

The range of activities that our older participants conduct is very broad- and is very dependant on each individual’s skills and interests. Those that attend, generally have internet access at home and their own devices (desktops, laptop, tablet,

smartphone). This means a lot of the participants can ‘take home’ what they learn at the sessions and use their devices at home. Table H below gives a flavour of the types of activities the “drop-in” sessions support

Unfortunately due to us being unable to continue with our Smart Communities Project, we are unable to offer this type of class however we were fortunate to be able to run a 6 week digital class during November/December 2021, May/June 2022 and October – December 2022 in Tureen St which was attended by 5 – 6 participants weekly. Staff are investigating options to re-start this class

Table K

Activity	Topic / Interest
Searching for information to support their hobbies and interests (eg, arts & crafts)	Pinterest: You Tube
Keeping in touch with family and friends, particularly for sharing and viewing photos	Email: Facebook
Watching SMART TV – You Tube, etc for online information/classes	BBCiplayer; 4 on Demand; STV Player, etc. Usually on tablet devices
Researching local/family history	Google; Glesga Pals Website
Playing games and brain teasers	Facebook; Tablet Apps
Using their own devices	Tablets, Smartphones, Laptops, Desktop Computers
Online shopping, browsing	Ebay, Amazon, supermarket/department store websites,

Tenants who previously attended the “drop ins” have quite active life styles and are active within their community. Inability to attend the sessions is sometimes due to illness or caring commitments or difficulty in getting to the venue so in addition to the “drop in” sessions

6. SERVICES PROVIDED BY EXTERNAL AGENCIES

6.1 There are a range of services provided by statutory and voluntary sector organisations as well as private sector ones. Statutory services are responsible for meeting a range of needs including personal care, home care; dementia services; health services (including community based services such as podiatry and audiology),

housing support and addictions. Voluntary and private sector organisations offer similar and often complementary services.

6.2 An assessment of needs carried out by Social Work Services determines a person's eligibility for statutory Social Work Services, whilst those services delivered either by voluntary or private sector organisations and falling outwith the statutory requirement, may attract a charge.

6.3 Homecare (Cordia), Glasgow City Council provides the vast majority of homecare services (some of which are chargeable) in Glasgow. Their services also include a Reablement Service for those being discharged from hospital, the provision of equipment and assisted technology

7. HOW ARE OLDER PEOPLE'S HOUSING AND SERVICES FUNDED?

7.1 Services for older people can be funded in a variety of different ways and some are free at the point of delivery. Although there have been some recent changes to welfare benefits for older people, the main way of funding services (not health services) remains the welfare benefit system, details of which are below:

Personal Independence Payment

Personal Independence Payment (PIP) replaced Disability Living Allowance (DLA) for new claimants. PIP is a benefit for adults under the age of 65, who are disabled or have long-term health conditions. When someone receiving PIP reaches 65, they can keep claiming it as long as they continue to meet the eligibility criteria.

Universal Credit

This does not apply if someone has reached Pension Credit age (66 years for both men and women), unless the person is part of a couple and one person is below this age.

State Pension Age

The new State Pension is a regular payment from the government that you can claim if you reach State Pension age. The full current State Pension is £185.15 per week.

Savings Credit

Savings Credit can be paid alongside Guaranteed Pension Credit. However if a person reaches pension age after April 2006, Savings Credit will not apply.

Housing Benefit

As older people are excluded from Universal Credit, tenants remain in receipt of a separate Housing Benefit payment. Part of a rent charge may also include a service charge to cover some elements of additional services which help to maintain a tenant's independence and at home for longer. For example, the Association's Retirement Housing Service is funded via a service charge to tenants.

7.2 Funding for Services

Services can be commissioned by Glasgow City Council on a needs led basis and may or may not be eligible to be fully funded by the Council. For example, homecare and care at

home services have elements which require to be paid for directly by the client, whereas services such as addictions or mental health services do not generally require to be funded by the client. Personal care is free at the point of delivery. Clients may also choose to receive services privately, outwith a needs led assessment and these services would require to be paid for by the client.

8. CONCLUSIONS

- 8.1** It is clear that we require this strategy to take account of the often different needs and preferences of older people. We need to support older people to remain at home for as long as they wish by ensuring that they have a aiming to provide a home for life. There is strong evidence that the majority of older tenants wish to remain in their own home for as long as possible.
- 8.2** We should offer our retirement housing service to any tenant over the age of 60 without the need for them to move out of their home into existing retirement housing blocks. There is evidence, from retirement housing tenants, that a service providing signposting, information and advice assists in helping tenants to manage at home.
- 8.3** We should signpost older tenants to other services to help them manage at home and also provide support to tenants who wish to move to alternative housing. Based on the number of transfer applications, a small number of existing tenants do wish to move elsewhere within Thenue's stock, and of these, their preference is to move, generally to ground floor accommodation, suitable for their housing and medical needs, alongside other older people.
- 8.4** Along side all of this, there is robust evidence showing that social interaction has an extremely positive affect on older people's health and wellbeing. Evidence also suggests that a growing number of older people are using digital services and the use of telecare in keeping tenants safe in their homes is becoming more widespread.
- 8.5** COVID has impacted severely not only on the provision of health and social care services but also on the review and implementation of a number of key strategic documents. A number of services for older people moved to on line only however it is likely that the coming years will see another shift with services being offered using a range of different models.

9. STRATEGIC OBJECTIVES

9.1 Our Strategic Objectives for our Older People Housing Strategy are set out below and aim to reflect the issues discussed above.

Strategic Objectives
1. To review demand for housing and services from older people
2. To expand our Retirement Housing Service beyond our existing blocks
3. To consider opportunities to develop new build housing for older people
4. To increase awareness among older tenants of the opportunities for downsizing to more suitable housing and support those who wish to move.
5. To adapt housing and provide associated services which enable older tenants to remain in their current home
6. To future proof our housing and deliver services that help us tackle social isolation and better engage with older tenants in an increasingly digital environment.
7. To review funding of older people services and the impact of welfare reform on them.
8. To continue to support community & resident involvement among older people.
9. To maximize the potential opportunities for tenants by ensuring strong and developing relationships with local authorities, third sector agencies and other agencies involved in meeting the needs of older people.

10. MONITORING AND EVALUATING

10.1 This Strategy will be a working document subject to continuous review. It is supported by an action plan (to ensure it is meeting evolving objectives and achieving associated targets).

10.2 We will involve our older customers in the review of this strategy and annual action plan through customer surveys and meetings with community groups.

11. IMPLEMENTING & RESOURCING THE STRATEGY

11.1 The Housing Support Manager is responsible for the implementation of this Strategy and for monitoring progress with the Action Plan.

11.2 Director of Community Housing Services is responsible for reviewing this Strategy.

11.3 The Executive Team is responsible for making budget recommendations to the Board in respect of effectively resourcing this Strategy.

12. RESIDENT INVOLVEMENT

12.1 We will consult with our current and existing customers and residents to take account of their views before finalising this Strategy.

13. REVIEW

13.1 The Executive Team will review this strategy in 2026