

Collaborative Housing and Innovation in Care (CHIC)

Project Report



By Karen West, Jim Hudson, Misa Izuhara, Melissa Fernández Arrigoitia, Aimee Felstead, Kath Scanlon, Jeremy Porteus and Randall Smith

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Advisory group

The research team has benefitted hugely throughout the project from the advice of an external advisory group of distinguished academics and practitioners in the fields of community-led housing, social care and gerontology. The members were:

Maria Brenton	Senior Cohousing Ambassador, UK Cohousing Trust
Mara Ferreri	Assistant Professor in Economic and Political Geography, Polytechnic of Turin
Ian Hanton	Central Bedfordshire Council
Liz Lloyd	Professor, Senior Research Fellow, University of Bristol
Abdul Ravat	National Ageing Well in BAME communities network and Abbeyfield Society
Jon Stevens	Independent advisor on housing
Vanessa Prtichard-Wilkes	Head of Strategic Influence at Housing 21
Paula Fairweather	TLAP (Think Local, Act Personal)
Owen Jarvis	CEO, UK Cohousing Network

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Executive Summary

Project aims

Collaborative housing is known to benefit people of all ages: those who live in such homes are less lonely and enjoy a more socially connected way of life than people living in conventional housing. Advocates for collaborative housing say these communities can support older residents in ways that may reduce the need for formal social care from a system already in crisis. The aim of our research – sponsored by the National Institutes for Health Research School for Social Care Research – was to investigate this claim. We looked in depth at how six communities in England respond to the care needs of their members, whether by offering informal mutual support or jointly engaging formal care services, with the overarching question of *how might collaborative housing meet the changing care needs of older people?*

Our definition of social care is broad. While we acknowledge the spectrum of services and activities by professional carers and agencies in support of activities of daily living and managing finances, in the context of this research it also encompasses less direct activities that might be aimed at preventing or delaying the need for formal care services or family support.

We define collaborative housing as communities where residents collectively have significant control over their homes, the services used and how they live together. The term covers a range of housing models. The best known and most studied is cohousing, but housing co-operatives, community land trusts and self-managed private retirement developments all *can* be collaborative housing.

Introduction

How we did the research

We conducted two waves of fieldwork in and around each of six collaborative housing communities, with 63 individual in-depth interviews and 12 focus group sessions. We also carried out participant observation in each community and asked members to fill in a health questionnaire. Of the residents who did so (many but not all), nearly all said they had some form of health limitation but did not have social care support.

The relatively long research period, lasting from spring 2021 to late summer 2023, let us dig deep into the lives of community members, exploring informal and formal care relationships and how these evolved over time—especially where there were rapid changes in people’s health and support needs.

The six case studies

We conducted in-depth case studies of six communities in England, selecting schemes that:

- Have a majority of older residents and/or those with some support needs
- Are mainly managed by their residents
- Feel like coherent communities, with between 10 and 50 homes
- Have homes that are broadly co-located, and some shared spaces

- Are well established—all but one have been in existence for more than 10 years

Three of our six case studies are **cohousing** schemes. Cohousing is a form of ‘intentional’ community that encourages and supports a sociable and neighbourly life. Residents have self-contained dwellings but also share common facilities and often cook and eat together. Some ‘senior’ cohousing communities are exclusively for older people (say 55+), and members commit to supporting each other informally as they grow older.

These three schemes are fully autonomous: they have no collective paid-for services and no formal care provision, but rather a commitment to mutual support. They were all purpose-built.

- **Hazel Lanes Cohousing**¹, in SE England, houses 26 women, all over 50. There are 25 flats, 17 owner occupied and 8 socially rented. The scheme was completed in 2016.
- **Meadowridge Cohousing** in Eastern England, has 31 members, all over 50, in 23 owner-occupied units. The community dates from 2019.
- **Sundial Yard Cohousing** in SW England has 34 units and accommodates 71 residents of all ages. Most of the homes are owner-occupied.

Alongside the three cohousing schemes we looked at examples of three other models. All are partially autonomous: residents have some control over their housing but also some paid/built-in management and/or care, e.g. from a site manager:

- **Cedarbank older person’s co-op** in NW England is a **housing co-operative** exclusively for older people (one of only a handful). Co-ops² are not-for-profit, democratic organisations run by and for their members, and residents may live together in one large property or in separate flats or houses. Cedarbank was founded in 1985 and has 64 bungalows and flats. The co-op is a nonprofit social landlord and residents are tenants. There is an on-site manager and shared maintenance service.
- **Greenways self-managed retirement development** in SW England is **retirement leasehold housing**. Leasehold ownership is the most common model for purpose-built, private retirement developments in England; these are usually in the form of flats. The land, structure and common elements of the buildings are owned by a freeholder. In order to have more control over their housing, in recent years residents of many such schemes have exercised the Right to Manage. The freeholder retains ownership of all but the leaseholds to the apartments, but leaseholders take over management of the buildings, site and services. This scheme was built in the 1990s and residents exercised the Right to Manage in 2008.
- **Crescent Crofts**, in the W Midlands, is **self-managed sheltered housing**. This model, possibly unique to a single developer, is similar to retirement leasehold housing in that all residents are leaseholders. Something akin to the Right to Manage is built into each scheme from the start by a ‘benevolent’ developer which retains the freehold. The scheme has 53 bungalows housing about 60 residents, all 55+. Residents are leaseholders and shareholders of the management company, and the scheme is a CQC registered social care service with a 24-hour duty manager.

¹ Names of communities are pseudonyms.

² Not all co-ops fit our definition of CH: some comprise hundreds of homes spread over a wide area.

Main findings

The value of community living

Residents of these schemes value and engage in community life. This is especially the case in the cohousing communities, where members often consciously chose the model because it offers mutual support and an alternative way of ageing. Even longtime residents of the cohousing schemes remained committed to regular social activity and shared events. Day-to-day interactions build social bonds that underpin mutual support when there is a need for it.

In choosing to live in the non-cohousing schemes, residents tended to be more motivated by practical concerns (eg living close to children) than by community ideals. Even so there were many examples of mutual support in these schemes. These often involved a small but active 'core' of residents; others, however, were much less engaged.

In both types of community, most research participants had actively chosen to move to their schemes because they saw them as better places to age. Most wanted to maintain agency and control in later life and felt they could better achieve this by living in a community rather than entirely independently.

Mutual support and care

Many interviewees, and especially those in cohousing, strongly rejected what they regarded as 'institutional' housing options (eg extra care).

Especially in cohousing, residents often provide informal, neighbourly, 'looking out for each other' support to each other. They also help in practical ways when there is a short-term health emergency—which may potentially enable shorter hospital stays. One cohousing scheme has formalised the role of 'health buddies', who check up on each other and help with matters like sorting out powers of attorney. Mutual support could be practical (eg shopping or picking up prescriptions) or – equally valuable — emotional. However informal mutual support was not a substitute for social care, and some schemes explicitly required residents with longer-term care and support needs to have arrangements in place.

Benefits of self-management, and challenges in the long term

Managing schemes themselves, rather than relying entirely on paid staff, means residents must work together for a common purpose. In all the case study schemes, resident management forged social bonds, and potentially a greater level of mutual (rather than top-down) care and support.

In the non-cohousing schemes, self-management did not necessarily mean that residents did everything themselves. At Cedarbank, for example, the neighbouring social landlord had provided a warden service but decided to withdraw this; the co-op residents then organised funding to continue to employ a site manager. Similarly, at Greenways the leaseholders have chosen to retain a live-in site manager.

Both cohousing and the other three models require at least some of the residents to sit on committees and take part in decision-making, and it can be challenging to maintain interest over time. Each of the three cohousing communities has built into its legal model a requirement that individual members are accepted by, and commit to the life of, the community. Even so, members at all three worried that

the cohousing ethos might be gradually diluted as membership changed through sales and units were occupied by renters.

For the Right-to-Manage at schemes such as Greenways, and potentially even at Crescent Crofts, a future change of approach by a less 'benign' freeholder could make resident management more difficult.

Managing transitions as individual care needs increase

Each community has understandings, whether formal or informal, about how much care should be provided by other members and at what point a resident's needs are too great for the community to manage. One cohousing resident said this was when

...someone is beginning to not cope at home, which is the hardest thing. We, in no way, are set up to rescue each other. We won't do personal care. We won't put on your hearing aids, we won't change your bedsheets. But we will look after your cat if you go on holiday, we will do shopping if you're ill. And if it's time for somebody to go and be looked after more intensively, then I'm afraid that has to happen. [Celia, Sundial Yard]

In cohousing, we found cases of members acting as intermediaries or advocates for fellow residents whose health had declined, either because of an acute event or over time. These intermediary roles were based on the mutual trust developed in such groups, with their commitment to mutual support, shared values, and solidarity. Often these relationships long predated the 'bricks and mortar' phase of moving into the completed buildings, with groups having bonded through the long planning and construction processes. Despite these deep bonds, some members who gave significant support over an extended period admitted to feeling overburdened.

Fellow residents might be involved in early decisions around health and care, but family members (where there were some) would usually step in when people's needs became greater.

In the non-cohousing schemes, by contrast, the site manager(s) play the major role in the day-to-day running of the community and respond to emergencies and changing care needs. But often the site managers went beyond this, acting as intermediaries and advocates for residents in between health services, social services, family etc. in terms of care and deciding when the community could no longer meet the resident's needs.

Planning (or not planning) for future care needs as a community

Both Crescent Crofts and Cederbanks were set up to manage residents' care needs as far as practicable. Even so, the demarcation between independent living and dependency, and the question of how far each scheme would go in maintaining residents in an independent living community, is not clearly set out in either. While the intention is that the community will be a home for life, in practice residents moved on to residential or nursing care when it was felt their own or others' safety was at risk. Difficult conversations with family in such instances were undertaken by paid staff.

In cohousing communities, cases of escalating care need may create tough decisions for fellow residents. But while members recognised that care needs would increase as they aged, we found little evidence that they had considered collaboration around formal care services. The potential costs and organizational and regulatory burdens were clearly factors, but also the time and effort required. In addition, not all residents felt they could afford collective care and therefore decided (consciously or not) to gamble on having no future care need.

The potential use of the guest flat as accommodation for a live-in carer was often mentioned, but it was hard to see how this might usefully work in practice, given the diversity and unpredictable timing of potential care needs. In addition, guest accommodation already plays an important role in ageing support by providing a base for family and friends who live far away.

Although the cohousing groups have not organised collective formal care, members do share cleaners and occasionally personal care assistants. This can benefit both residents and cleaners/carers themselves, but these were individual rather than collective arrangements. This may reflect residents' views about the fundamental nature of the places where they lived: in general, residents preferred to emphasise their communities as supportive and preventative environments in terms of ageing rather than as places of long-term care.

Affordability, access and diversity

We gleaned only limited data about residents' wealth. Annual income is not always a useful indicator, especially for retired people, and we did not ask participants to share information about what is both a private and often complex matter. Having said that, the challenges of establishing a cohousing community mean founder members need the resources (both personal and financial) to act as housing developers. Members of the cohousing groups tended to be relatively well off and have higher levels of education. Even so, some had stretched themselves to afford the housing and were now on fixed incomes and worried about unexpected costs.

None of the schemes was especially ethnically diverse, although the membership of Cedarbank housing co-op, in a relatively deprived area of a major northern city, was a very different demographic to the other five schemes. Residents were largely from the local area and reflecting the co-op's requirement that its members be of limited means.

Design for ageing and care

All six schemes have some form of shared community space and other shared elements, but the three cohousing schemes feel most physically coherent as communities or small neighbourhoods. They were designed with significant input by their residents and followed a set of cohousing design principles intended to foster social interaction. These schemes allowed residents to 'look out for' each other while maintaining their own privacy.

Cedarbank and Crescent Crofts compare less favourably; the dwellings in these schemes do not form coherent groups and some are separated from the main clusters. Even small physical separations could limit resident interactions.

In terms of accessibility, the split is not between cohousing and others but between the four schemes explicitly designed for later life, which are physically much more accessible for older people, and the two that were not.

Conclusions

Our research focused on a range of types of care, from simple community connectedness to intensive support during periods of high need as well as, in a limited number of cases, how formal social care is sought and organised. The cohousing movement aims explicitly at building strong community ties and mutual support; giving and receiving support is an expectation and our research confirmed this. We also found a sense of community and mutual support at the non-cohousing communities, in part due to the fact that at least some members of the community engage in management.

Across all types of schemes, everyone we spoke to had made active decisions about their care (and broader) needs in later life. Many did not want to depend on children or family, or had none. In the three *non-cohousing* groups we saw clear benefits from self-management in terms of residents' choice and control over the services they offer.

Residents of these schemes often said there were firm boundaries around the sort of care and support they provided each other but in practice the limits were blurry. In cohousing, residents give and receive higher levels of support than in mainstream housing, and some of this support is quite extensive. In the non-cohousing communities, site managers may go well beyond their formal remit to help their residents. We do not have hard financial evidence, but surmise that this saves money for formal health and social services.

Members (in cohousing) and site managers (in non-cohousing) act as care intermediaries and advocates for residents, sometimes delaying or supplanting family involvement. As groups age together this may not be sustainable. Succession planning to ensure a mix of ages is important for schemes like these. In addition, groups might benefit from greater planning for social care, say through an umbrella co-op organisation as at Cedarbank.

Many cohousing members rejected collaborative commissioning and management of services as too bureaucratic and costly—but also, more fundamentally, many saw it as a form of institutionalisation to be resisted. We saw a spectrum between the more paternalistic role of paid managers and the 'total self-management' of cohousing. Paid staff might seem better suited to the role of intermediaries than fellow residents; on the other hand, in schemes where there are no paid staff residents may be willing to do more for each other.

The various models can learn from each other in terms of physical design. Cohousing groups might acknowledge future ageing more, while non-cohousing schemes (or indeed all new housing for older people) might adopt cohousing design principles that encourage greater sociability and engagement.

The participants in our case studies were notably less diverse than the older population as a whole. Greater access and diversity can only come from the scaling up of collaborative housing models, especially through the support of social housing providers such as Housing21 (a not-for-profit provider of extra care and retirement housing for older people of modest means), which is currently working with lower-income communities to develop some cohousing-type schemes.

Our research did identify challenges and critical issues, but also strongly evidenced the overall benefits of these six collaborative housing case studies and the models they represent, all rooted in the concept of agency in later life. Such schemes have benefits compared to ordinary housing, but also we would argue when compared with the current range of options for those seeking more sociable or supportive later-life homes such as retirement, sheltered or extra care housing.

Recommendations

Although the various models of collaborative housing that exist seem to offer enormous potential for playing a role in social care for and by older people. But thus far existing examples remain largely unknown or unacknowledged by government and even in the specialist older people's housing sector.

Neither social housing providers nor private developers have shown much appetite for bringing forward new collaborative housing projects. There would seem to be several reasons for this for this; the overall market for private and social housing for older people is undoubtedly challenging and, in the current climate, it is understandable that providers and developers will tend towards 'what they know'. Yet we believe there are actions that can be taken at all levels to better promote and support an expansion of community led housing – and housing that follows at least some of its principles – that enables greater agency and mutual support among older people in their housing.

To government

- Reinvigorate targeted funding streams to make collaborative housing options more widely available. Specifically, the Community Housing Fund should be reinstated and maintained. This fund provided essential revenue, capital and support infrastructure leading to the successful delivery of 1000's of homes, enabling groups across the country to address their own housing needs.
- Community Led Homes (an alliance of the UK's CH networks) should be funded to train a team of skilled enablers who can support new CH schemes for older people
- Maintain the Government's commitment to leasehold reform, to better support more leaseholders take control of their retirement housing
- The concept of 'Community Priority Projects' – including community led housing – should be introduced into planning law, to allow local authorities to require schemes through Section 106 agreements
- Encourage Mutual Home Ownership Societies (as an already-established legal model for creating cohousing and other self-managed schemes)
- Encourage promotion of collaborative housing options across organisations that advise on ageing and/or housing, e.g. EAC HousingCare, AgeUK and others.
- Research should be funded into pioneering schemes such as Housing21's cohousing social rented schemes, to explore the practical challenges for housing providers of collaborating with small communities of older people

To local authorities

- Recognise the benefits of choice, control and the power of self-help implicit in collaborative housing
- Ensure that local planning authorities in particular are educated about the benefits of collaborative housing schemes for older people, to counter fears that they would increase the call on adult social services

- Support collaborative and community-led housing initiatives, i.e. cohousing, housing co-operatives and community land trusts, through releasing sites, and encouragement as a part of larger development schemes through planning policy

To specialist housing providers and registered providers

- Promote, foster and develop 'capacity' within existing communities, i.e. the will for self-organisation and management, recognising the power of mutual aid.
- Consider the scope for 'retrofitting' self-management, including to existing micro-communities of mutual aid (even within larger complexes such as extra care villages)
- Learn from cohousing examples and their designers to encourage greater sociability and mutual support through the design of new schemes
- Learn from providers experimenting with the introduction of self-managed cohousing, such as Housing21's cohousing projects

Housing21 and the UK cohousing network have published a useful guide, '*Housing Associations and Cohousing; How to create inclusive, affordable, collaborative neighbourhoods for older people*'.

Available via UKCH website: <https://cohousing.org.uk/publications-and-research/>

To members of cohousing communities in development

- Consider carefully the aims of the group in terms of ageing and care: be open in addressing what the community might look like in 10, or 20 years' time
- Talk with one another about realistic expectations around care, particularly for neurological and cognitive conditions
- Suggest all community members register formal powers of attorney and contact details for key external supports (family members or others)
- Think carefully about physical design and adaptability in terms of level access, both in terms of individual dwellings and the wider site
- Include a guest flat (this could also earn revenue when not in use)
- Consider connecting with local micro-enterprises for social care and support and care cooperatives

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Introduction

In the context of a chronically underfunded social care system that is already failing to meet the needs of more than a million people over the age of 65³, together with a lack of decent housing choices for people in later life⁴, there is a widely acknowledged and urgent need for innovations that address this intersection of housing, ageing and care. Such innovations need to respond to contemporary trends in ageing that include the rising numbers of older people living alone, the growing numbers of self-funders of adult social care, and a greater wish for real independence and control over how we live in later life. Supporters of collaborative housing forms believe that in addition to offering more choice and control, these typologies might be more supportive and caring environments for later life when compared to other housing options such as independent living in mainstream housing or living in specialist later life housing communities like retirement villages or extra care.

There is already evidence that living in collaborative forms of housing is beneficial for people of all ages in terms of combatting loneliness and enjoying a better, more socially connected way of life. In fact, previous research by the authors of this report includes an extensive quantitative and qualitative study of collaborative housing in England and Wales that shows these housing models *can* play a significant role in tackling loneliness and social isolation for those involved (and to some degree the wider neighbourhood).⁵ Supporters of CH also believe that it offers a more supportive and caring environment to live in as we get older. But so far there's been little rigorous research to support this, and what there is has focused largely on one model of collaborative housing, (senior) cohousing, overlooking other, potentially more accessible forms of collaborative and grouped living. The aim of the CHIC project was therefore to explore the potential of CH for an ageing population in real depth, looking at how each kind of community responds to increasing care needs among their members, whether in terms of informal mutual support or through collaboration in the engagement of formalised care services.

Our CHIC research project (Collaborative Housing and Innovation in Care) looked at six collaborative housing communities across England over a period of more than two years, asking how the different models that they represent might better meet the changing social care needs of older people.

The definition of social care that we adopt is broad. Social care covers a spectrum of services and activities from information and signposting to services, through to more significant forms of support with activities of daily living and managing finances. In the

³ See for instance this overview by The King's Fund: <https://www.kingsfund.org.uk/blog/2023/04/reform-adult-social-care-vanishing-over-horizon>

⁴ For a good overview, see Locked Out: A new perspective on older people's housing choices by the Centre for Ageing Better, available at <https://ageing-better.org.uk/resources/locked-out-new-perspective-older-peoples-housing-choices>

⁵ 'Those little connections': Community-led housing and loneliness. Report for the Department for Levelling Up, Housing and Communities, November 2021. Available at <https://www.lse.ac.uk/geography-and-environment/research/lse-london/documents/Reports/Those-little-connections-CLH-and-loneliness-FINAL-Nov-2021.pdf>

context of this research it also encompass less direct activities that might be aimed at preventing or delaying the need for formal care services or family support.

The definition of collaborative housing (referred to as CH from here on) that we employ is equally broad and refers to a wide range of different housing models that includes cohousing, housing co-operatives and community land trusts (also sometimes collectively referred to as community-led housing), as well as less well-known phenomena such as self-managed private retirement developments. Our interpretation is made in the context of promoting greater choice and control in later life and therefore focuses on housing communities whose members collectively have significant control over their housing, the services used, and how they choose to live together, whether they are part of the community-led housing movement or whether they are more pragmatically motivated.

Collaborative housing: a range of different models

As noted, our definition of the term ‘collaborative housing’ spans a wide range of grouped living models and approaches, representing more an ‘ecosystem’ than a neat list of types. A single community might be defined in more than one way, e.g. a housing co-operative that follows the principles of cohousing. Further, we have included some models specific to retirement developments that are not considered a part of the community-led housing movement and are more pragmatically focused on the collective right to manage the housing element. Our summary below, while not exhaustive, sets out what we consider to be the models that suggest greatest potential for scaling up to greater numbers.

Cohousing

Cohousing is a form of ‘intentional’ housing community created by a group of people who have come together to develop a particular solution to their housing needs – for example housing affordability, ecological principles, or sharing child-care responsibilities. The overriding aim however is to create a small housing neighbourhood that encourages and supports a sociable community life.

Cohousing is not a commune – a key principle is that everyone has their own front door – and is also not a particular legal or financial model. Individual homes might be owner-occupied or rented, but with the site owned collectively through a shared ownership model, for example a Mutual Home Ownership scheme, a housing cooperative or a community land trust; while issues of resale and inheritance vary depending on which approach is used, cohousing usually involves collectively purchasing and developing a site. A scheme typically also includes a common house (or space) where residents meet regularly for events, meetings or sharing meals. Schemes usually comprise around 10-30 dwellings.

Being a member of a cohousing scheme means being a part of the entire development process, from initial idea to construction and beyond, and this can be a complex and time-consuming process. Given that there is also little support from public funds in England (or the wider UK), it is unsurprising that the number of completed cohousing schemes remains small – around 30 thus far (albeit with around 60 in development). In large part, the small number is due to the necessity to be self-funded by its members, although some groups have been able to incorporate an element of affordable housing through cross-subsidy, grants or with capital funding from charitable trusts.

Some cohousing communities choose to limit their membership to older members, e.g. 55+, as so-called ‘senior’ cohousing⁶, and commit to supporting each other as they grow older. As will be explored later, this is explicitly *not* a commitment to providing any form of hands-on, personal care to each other, rather it is a wish to live in a close and supportive community that practices varied forms of informal mutual aid which can, in turn, support a sense of wellbeing in later life.

Three of our six case studies are cohousing schemes. One is for those aged over 55 only, while the others are intergenerational but with a preponderance of residents over 55.

⁶ Not everyone aiming to spend their later lives in cohousing is comfortable with the term.

Housing co-operatives

Housing co-operatives are not-for-profit, democratic organisations run by and for their members, and can involve people living together in one large property, or in separate flats or houses. The actual housing might be owned by others (i.e. a private landlord, local authority or housing association) or owned by the co-op itself. Key for housing co-ops is that residents: are in control and self-manage their homes in a democratic way, have security of housing, and pay fairer costs.

Arguably the most equitable form of housing co-op – and one that gives members greatest control as a group – is one where membership is limited to its residents (a ‘fully mutual’ co-operative), and is held in common ownership, so cannot be sold for the personal gain of members. Thus, when a member leaves, they retain no stake in their home.

Housing co-operatives are the most numerous kind of CH in England, with the co-operative movement as a whole having deep roots here. There are around 900 co-operative housing organisations in the UK, managing nearly 200,000 homes⁷. The 1980s and early 1990s saw a very favourable funding regime for building new co-operative housing as part of a central government move away from support for social housing provision by local authorities. Most purpose-built and larger housing co-ops were thus established in this period; those established since have tended to be on a smaller scale, often adapting existing properties.

One of our six case studies is a housing co-op. It is one of only a handful of co-ops for older people.

Self-managed retirement leaseholder housing

Leasehold ownership is by far the most common model for people living in purpose-built, private retirement developments in England, and are usually in the form of flats. The land, structure and common elements of the buildings, e.g. the external fabric, circulation spaces, common rooms and landscaped spaces, are owned by a freeholder.

In response to a lack of control of their housing – primarily maintenance costs controlled by the freeholder but billed to leaseholders – a significant number of leasehold schemes have in recent years been taken over by their residents via the process of Right to Manage (a right contained in the 2002 Commonhold and Leasehold Reform Act). Under the Right to Manage (RtM) the freeholder retains *ownership* of all but the leaseholds to the apartments, but the leaseholders take over responsibility for the management of the buildings, site and services. The leaseholders jointly set up a company (primarily to limit liability) with an elected board, that in turn can make financial decisions, employ managing agents and other specialists.

⁷ Figures from the Confederation of Co-operative Housing, 2023: <https://www.cch.coop/>

Exact figures are difficult to establish, in part because there is no umbrella organisation for such communities. But it is estimated that as many as 100 *retirement* leasehold schemes have taken this route⁸. Such examples are not generally regarded as being a part of the community led housing movement, perhaps because the primary aim has been residents taking control of costs rather than creating community. Nonetheless, the potential for every retirement leasehold scheme in the country to pursue control in this way suggests enormous potential in terms of self-managed housing for older people.

One of our case studies is retirement leasehold housing.

Self-managed sheltered housing

We also identified a further – probably unique – model, referred to by its developer as ‘very sheltered housing’. The model is comparable with retirement leasehold housing in that all residents are leaseholders, but with something akin to the Right to Manage built-in to each scheme from the start by a ‘benevolent’ developer (who still retains the freehold). As with retirement leasehold housing generally, the leasehold owners are required to elect directors to a company that manages the scheme and its services on behalf of the freeholder.

Sheltered housing (sometimes referred to as retirement housing) is usually defined as having a scheme manager or warden, 24-hour emergency help through an alarm system, and communal areas maintained as part of the scheme⁹. The ‘very sheltered housing’ description indicates that the schemes in question go further, providing staff that provide a greater extent of domestic services and potentially personal care services – something arguably closer to ‘extra care housing’. As far as we know, this model of self-managed sheltered housing exists only across the thirty-two schemes built by one particular retirement developer and is therefore unique.

One of our case study schemes is self-managed sheltered housing, selected via the developer.

⁸ Figure based on an estimate by Jon Stevens in 2016 in a report for the HousingLIN, available at https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HLIN_Growing_Older_Together_Report.pdf. Given that these are somewhat out-of-date, and the unlikelihood that leaseholders would rescind their rights, the figure is likely a conservative one.

⁹ Definition from Age UK. See <https://www.ageuk.org.uk/information-advice/care/housing-options/sheltered-housing/>

The six case studies

The six communities were identified and chosen from a combination of the lists available from the UK Cohousing Network, the Housing Learning and Improvement Network (LIN) and from key housing co-operative umbrella organisations. We also drew on our own database built up as a research team through previous projects over a number of years.

We were searching for communities where the members were 'in charge' at a fundamental level, but which were also of a size that would enable individuals to play a significant part in that self-management and create the feel of a cohesive neighbourhood. Drawing in part on cohousing definitions¹⁰ helped us to better define some of these requirements, with our final criteria for case study inclusion as:

- Schemes that are managed by their residents to a significant degree, e.g. through ownership, co-operative voting rights or other legally binding agreements
- Of a suitable size to be self-managed and feel like a coherent community or neighbourhood – a maximum 50 homes or 100 people (as a rough rule of thumb), and a minimum of 10 homes
- Co-located to ensure a sense of coherent community / neighbourhood, ideally purpose-built or grouped as a single housing project, and with some shared element
- Well established: ideally for more than 10 years, but consideration given to schemes where other attributes are strong, and/or with long member involvement
- Having a majority of older residents, and/or with some support needs

Thus Housing Associations were generally excluded, as well as local authority owned housing, but also large housing co-operatives, where the bigger scale and dispersal of homes over multiple sites does not meet the criteria above. Community Land Trusts (CLTs) – usually considered a key model of community led or collaborative housing – were not excluded, but tended not to meet our criteria as management of the housing is generally by the wider CLT organisation, rather than exclusively the residents themselves.

Across all the schemes identified, it was only housing co-operatives - and a small number of flats in one of the cohousing schemes - that could be considered self-managed housing for social rent. Housing co-ops that own or have control over their properties and rent to their members seem likely to offer the best potential to be more diverse both in terms of ethnicity, wealth and social class; something that we were keen to reflect in our case studies. Frustratingly however, housing co-ops tended to be the most difficult of the models to identify and to reach. Most of those we sought to contact have been established for decades, and from our experience often prefer to be largely off the radar, taking little part in the kind of networks and publicity that cohousing and CLTs currently use.

¹⁰ UK Cohousing Network 2023, <https://cohousing.org.uk/about-cohousing-2/>

Of the 14 housing co-operatives that we identified for possible inclusion, 4 declined to take part, 8 did not respond, and two (a pair of closely-related co-ops in Leicester) emerged as being too large and lacking in resident involvement to meet our criteria. As a consequence, the population of our case studies is less diverse than we hoped, particularly in terms of ethnicity. It is, however, diverse with respect to gender. In terms of social class, the picture is complex. For the housing co-operative, being on modest or low income is a condition of membership. For leasehold developments, home ownership is the dominant tenure, but there are residents who are private renters and one development, as stated, has 8 dwellings that are owned by a housing association for affordable rent.

See Appendix 1 for an overview of the communities and their membership.

The six communities divide into two broad typologies: three cohousing schemes – each fully autonomous in terms of having no collective paid-for services, based instead on a commitment to mutual support – and three ‘partially autonomous’ in the sense that residents exercise some control over the housing element, but at the same time, have some form of paid/built-in management and/or care support, e.g. from a site manager.

Cohousing

Case 1: Hazel Lanes Cohousing

South East England



Completed in 2016

25 flats (1-3 bed)

~26 women, aged 50s-90s

17 owner-occupied & 8 socially rented, community own company freehold

No formal care, mutual support

Case 2: Meadowridge Cohousing

East England



Completed in 2019

23 houses + flats (1-3 bed)

31 members, aged 50s-80s

All owner-occupied, community own company freehold

No formal care, mutual support

Case 3: Sundial Yard Cohousing

South West England



Completed in 2003

34 houses + flats (1-5 bed)

71 residents, intergen. <18-90s

Mostly owner-occupied & rented / lodgers, community own company freehold

No formal care, mutual support

Case Study 1: Hazel Lanes Cohousing

A cohousing project developed by a group of women in London who first came together more than 20 years ago, but finally moved into their completed scheme in 2016. The 26 residents live in 25 one-, two- and three-bedroom flats, that enclose a landscaped courtyard, part of a design that fosters social interaction and that includes a laundry and large common room with kitchen. There is also a guest flat. All flats are built to meet the Lifetime Homes standard¹¹. The site also includes a linked square of land used as a vegetable garden. Site acquisition and construction was largely self-funded, but with additional support from a charitable trust that made possible 8 flats for social rent, owned and managed by a specialist housing association.

The scheme has no formal on-site care arrangements or services other than building maintenance; rather, there is an emphasis that sociability, sharing good health practices, and mutual support all contribute to better ageing and prevention.

¹¹ For a useful guide to the Lifetime Homes design and standard, see <https://www.housinglin.org.uk/Topics/browse/Design-building/AccessibleDesign/LifetimeHomes/>

Case study 2: Meadowridge Cohousing

Completed in 2019, the development is located in a small wooded valley surrounded by suburban housing in a town in the east of England. The group was founded in 2008, with the search for a site, planning, design and development processes taking several years. The new housing on the site comprises a terrace of two and three-storey houses that follows the contour of the site so are all on the same level, with an L-shaped building providing flats. This latter block is connected to an older industrial building that has been converted into a common house over three levels, with a guest flat, laundry, kitchen and dining room, and a living room/meeting space above it. There is also a large Victorian brick building at the front of the site converted (2023) into two flats. All of the new housing is built to the PassivHaus standard for insulation and energy conservation, and also meets the Lifetime Homes standards.

Each of the houses has its own garden area, but most of the site's open space is common to the whole community, and includes a grass meadow, meeting area and raised beds for growing food.

The community remains open to people of all ages, and it was not the intention to become a senior cohousing scheme. However, at present all members are singles or couples, with a large majority over 60. Like Hazel Lanes, the community is entirely self-managed, and there are no formal care arrangements or services that are collectively managed or paid for at group level; the community's emphasis is similarly on a preventative health approach through active engagement in the community, sociability and mutual support.

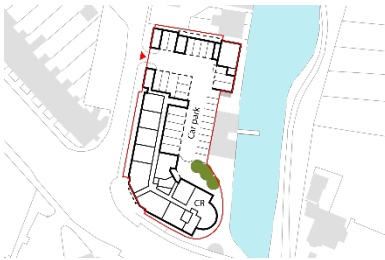
Case study 3: Sundial Yard Cohousing

Sundial Yard, an intergenerational cohousing scheme in South West England, is the longest established of the three cohousing schemes included in the study, with the first residents moving in during 2003. The housing roughly forms three terraces that step down the steeply sloping site, with the shared facilities – a three-storey common house that includes a kitchen/dining room, two large activity rooms and a laundry – located at the heart of the development. The common house also includes a lift that connects across the different site levels. The scheme has a total of 35 homes, ranging from one-bedroom flats up to five-bedroom houses.

The project was founded as an intergenerational scheme, with a range of ages from children and young families up to those in their early 70s. Perhaps inevitably given a low turnover of membership, the average age has risen over the 20 years of the community's existence, with the upper age rising, and most of the children having grown up and left home. Planning for later life care was not a part of the founding arrangements of the community, but like the two other cohousing case study schemes, residents regard the strength of community and mutual support as key in creating a supportive neighbourhood in which to grow older.

The three other – partially autonomous – models

Case 4: Greenways self-managed retirement devpt South West England



Built 1990s, Right to Manage 2008

54 apartments (1-2 bed)

~60 residents, aged 60s-90s

All residents leaseholders and directors of Right to Manage Company

On-site manager

Case 5: Crescent Crofts self-managed sheltered housing West Midlands



Completed in 1985

54 bungalows

~60 residents, aged 55+

All residents leaseholders and shareholders of not-for-profit management company

CQC registered social care services, 24 hour duty manager

Case 6: Cedarbank older person's housing co-op North West England



Formed in 1985

64 bungalows + flats (1-2 bed)

~63 residents, aged 60s-90s

A non-profit registered social landlord, residents co-op members that rent home

On-site manager, shared maintenance services

Case study 4: Greenways self-managed retirement development

This scheme was built in the late 1990s at a water-side location in a town in the South West of England by a nationwide retirement housing developer, who sold the freehold of the site to non-resident investors. Over the following decade the resident leaseholders became increasingly dissatisfied with the poor performance and high costs of management by the freeholder, and in 2008 successfully took over the management role under the Right to Manage (RtM) process of the Commonhold and Leasehold Reform Act 2002.

The scheme itself is a large single development of 54 retirement apartments – an equal mix of one- and two-bedrooms. It comprises a main four-storey block with a two-storey ‘mews’-type extension. The main block also includes a large common room with small kitchenette, a guest flat, site manager’s office, laundry and toilets. External shared space is quite limited, essentially comprising a car park within the core of the site that connects to a small terrace area and narrow paved area accessed from and surrounding the common room at ground level.

Aimed at ‘independent living’, the scheme was not intended to offer or manage care to residents. A site manager lives on site and is employed via a management company, responsible for management and upkeep of the buildings, site security, and first responder to call alarms during working hours. In practice however, the current manager (who is a carer by previous profession) often goes well beyond this remit, in part a function of living on site and knowing the leaseholders well. Care and support is arranged by individual leaseholders, who also share knowledge about locally available services.

Case study 5: Crescent Crofts self-managed extra care housing scheme

The West Midlands scheme was completed in 1985 by a small specialist retirement developer, and comprised 39 bungalows arranged around a small close, with a central social hub that includes an office, lounge, dining room, staffed kitchen, laundry, toilets, a bedsit for the duty manager, and a guest suite. A second phase, also bungalows, was added on an adjacent site in 1988; there is a linking footpath, but the newer homes lack proximity to the central hub. The developer describes the scheme (and others it developed) as ‘very sheltered housing’ – the closest comparison today being extra care housing schemes. The key difference is that the developer (who remains the freeholder of the site) made the unusual decision to build in self-management from the start: the owner of each home also holds a share in a not-for-profit company that manages the scheme and provides services.

The leaseholders’ company is registered with the Care Quality Commission (CQC) for providing personal care¹², but not for nursing care. While in theory the leaseholders could opt to enlarge the scope of care provision, there was general agreement that this would not reflect the principle of ‘independent living’ the scheme was intended for. At present the basic service charge includes building maintenance, gardening, window cleaning, a cleaner for 1.5 hours a week, and a 24-hour duty manager service on site that includes a daily ‘check-up’ call. In addition, based on a list of set fees:

- use of the guest suite
- night time call outs for the duty manager (daytime service included in the basic service charge)
- additional housekeeping assistance
- lunches prepared at the hub kitchen and served there or at home
- an emergency call service that goes to the duty manager
- limited personal care, such as help getting up in the morning, help with showering, making breakfast

Some residents also receive paid-for personal care from other sources, sometimes with organisational support from the scheme or site manager. However, the inclusion of a flexible care services element with self-management by leaseholders makes this model – as far as we know – unique.

¹² See the Care Quality Commission’s definition of the term, glossary accessible at: <https://www.cqc.org.uk/guidance-providers/scope-registration-glossary-terms>

Case study 6: Cedarbank older person's housing co-operative

The co-operative was formed in 1987 by local councillors and members of Age Concern, who came together recognising the lack of accommodation provision for those above working age in the area; it is one of only a handful of housing co-operatives in England created by and for older members. The co-op has two sites, about a mile apart in a suburban part of a city in the North West of England. The sites have 24 and 30 homes respectively, with 12 flats and the rest bungalows, including six new bungalows completed by the co-op in 2022. Each site includes a hub building with a social space, site manager's office and guest room. Of the two sites, one is arranged directly around its hub and in a single location; at the other, the housing is separated by other non-co-op properties, making less of a clearly-defined 'neighbourhood'.

The umbrella co-op provides management and maintenance of the housing and is registered with the CQC. It employs a site manager for each of the two sites. These managers write a care plan for each resident whether they have obvious care needs or not and provide basic care in the form of response to tenants' call alarms (during working hours) and a daily check-in service, known as a welfare call, but also in the less quantifiable extent of 'looking out for' members and also co-ordinating other external care providers. The managers play an indispensable role within the community, living in or close to the co-op – in one case renting as a member.

The care manager role is paid for from a mix of local authority social care funds, central government's Supporting People programme and a small charge to members themselves.

Research Approach

Our relatively long research period of more than two years (spring 2021 to late summer 2023) gave us the chance to dig deeper into the lives and relationships of the community members in terms of their informal and formal care relationships, but also to experience evolving situations over time. This was especially the case where there were rapid changes in health and support need for individuals.

We conducted two waves of fieldwork in each case study community, with an 8–12-month interval between the first (summer/autumn 2021) and second wave (autumn 2022) in order to observe changes, capture specific care-related incidents and follow individual and community responses over a year. Each wave comprised a focus group interview with 6-8 residents, six in-depth individual interviews with older residents (non-focus group participants) with health concerns and some care need, and also with those in care roles within communities. Where available, some key informants such as site managers, resident committee members, family members and private home help were also interviewed to provide the overview of community practices and the insight into (mutual) care arrangements and their boundaries. Participant observation was also undertaken around these visits, with researchers involving themselves where possible in the everyday shared lives of groups, such as time spent informally in social hub spaces. Using a topic guide and vignettes, the focus group interviews explored the attitudes and behaviours of residents regarding existing mutual support provision, the benefits and challenges of growing older in the community as well as the potential for more collective care models. Individual interviews focused specifically on their lived experiences of changing care need, support arrangements, family relationships and friendship, and planning for care.

We then used NVivo software to collate and analyse the transcripts and notes from this, drawing out themes and also allowing us to focus on the timelines and experiences of specific participants and care events. Both the individual participants and each of the communities have been given pseudonyms to protect anonymity. The research followed the research ethics guidelines of the University of Bristol. Ethical approval was given by the National Health Service Authority Social Research Ethics Committee.

At each community, participants for individual interviews were selected via a 'gatekeeper' established through initial contact, using a screening form to help identify those with particular care needs. Across the six communities, a total of 40 individual residents were interviewed (ranging in age from 61 to 91, with a majority in their 70s and 80s), as well as 8 key informants (usually our gatekeeper contact) and 7 others such as family members or carers. There were a total of 63 individual in-depth interviews, and 12 focus group sessions.

Of those who filled in the health and care screening questionnaire¹³ (all of our interviewees, and some but not a majority of other community members), nearly all described themselves as having some form of health limitation, but as not having significant support needs. Although this represents incomplete data for the case studies, it does chime with national survey findings (see survey as footnote) that older people are tending to draw on health services but are managing independently of social care services for most health conditions.

¹³ Our questionnaire drew on the approach and two key measures of health and social care needs from the Health Foundation report: “Our ageing population: How ageing affects health and care need in England”. Available at: <https://doi.org/10.37829/HF-2021-RC16>

Findings

The value of community living generally

Cohousing's commitment to creating and maintaining a sociable supportive community was strongly apparent across all three groups, with regular social activity such as community events, shared meals, and gardening work days. It was still evident at Sundial Yard even after 20 years together; in fact this group has managed to remain the most committed of the three in terms of cooking and eating together 2-3 times a week.

While some degree of sociability like this might be expected in many small neighbourhoods, we were aware of a strong sense of belonging that was very specific to the cohousing community. While this was clearly aided by the physical design of each scheme (see below), in engaging with each group we found that maintaining such a sociable environment did not 'just happen', but rested on some key elements of cohousing, namely: an agreed democratic governance structure of some form; a commitment to mutual respect of each other's lives and choices; and the importance of each member having privacy and the choice sometimes not to participate (i.e. the importance of having your own front door). This chimes with what is already known about (or at least aimed for) at cohousing communities¹⁴. At Sundial Yard for instance, where, after twenty years the community still eats together three times a week, there is still room for different opinions. As Sarah explains:

I have quite an odd view about meals. I don't think they are the heart of what happens here. I've found so much kindness, generosity, curiosity about where we were at, happening in COVID when we could talk in the street but we didn't meet each other over meals. I felt this is a real community that cares. And there are some people who will say out loud, they don't like the noise of lots of people in the common house. I'm one of them. And [...] due to COVID people have learnt to appreciate quiet in their own space, time and not to be so extrovert and need to be social. So there are a number of people now having meals who really want to be there and socialise and people who really don't want to be there and socialise or for different reasons don't want to be there.

And while the kind of caring that Sarah mentions is not what is generally meant by the term *social care*, it was clear that the processes we witnessed in the cohousing communities helped to underpin and build the social bonds between group members that made possible the mutually supportive practices that are discussed later.

This is not to suggest that the three non-cohousing schemes lacked sociability and community spirit, with many examples of mutual support between residents.

¹⁴ See for instance the work of Anne Glass, in particular her 2016 paper, 'Resident-Managed Elder Intentional Neighborhoods: Do They Promote Social Resources for Older Adults?', available online at <https://doi.org/10.1080/01634372.2016.1246501>.

One member at the Cedarbank co-op explained how another member had taken on an unofficial role as a handyman:

I think the difference between living in the co-op is the community involvement. People get more involved through the social work that goes on in the community centres. People help each other out. We always seem to be able to pick up [a] DIY man, who goes round helping tenants do little repairs for them.

At Greenways, John, a man himself in his mid 80s, had more than once been called on to help out with a neighbour in distress:

Well I have been asked to help with, you know, the story of my breaking door in the bathroom door. Well, I have been asked to rescue somebody and things in that sort of situation where they're stuck in the bathroom. So I help wherever I can help, I suppose.

But this represents what was generally more of a smaller but very actively involved 'core' of residents. We often spoke to others who were much less engaged, with one member of Cedarbank co-op being typical in giving this flavour of community:

Everyone will talk to each other and you'll have a little chat in the street or what have you. The main hub of what we do is in the hall and bingo and that isn't everyone's cup of tea but we have Christmas parties and things like that.

But although at all three there were many residents who took little or no part in the running of the scheme, it was clear that the need to manage – through appointed committees and decision making on key issues including financial decisions – did play a part in creating social bonds, and potentially a greater level of mutual (rather than top-down) care and support. This was evidenced most strongly at Greenways, where, although the site manager plays a key role in communicating between community members, a core of residents involved in the management of the scheme are also key to its social life, regular events and so on. Carol told us how:

... so we have parties, so the next one will be the Christmas party, which usually we get a good attendance. And trips, we sometimes rent a coach for those. And I still run the book club here. Scrabble, there's only two of us that play scrabble now, so we've not had any that as many as we used to do, we used to have film nights, but the equipment's going a bit rubbish so we just thought from now on we'll borrow somebody's big television and you know, and do it that way. I actually went in the library to look at the DVDs of, you know, to see what we could [get]. [...] and there's usually people around at 4 o'clock for coffee. There was seven of us last night, yesterday and then there could be more or it could be just five, you know. That just varies.

We noticed also at Greenways that a relatively high level of management engagement among residents continues many years after the original Right-to-Manage decision, as demonstrated by a large majority turnout at an AGM we attended.

Further, to different degrees across the case studies there was evidence of a supportive behaviour and shared knowledge around ageing, especially through the periods of COVID lockdown, but also as a general encouragement to keep healthy and fitter, for instance at Meadowridge, where one member was instrumental in setting up a cycle pool and encouraging members onto bikes regularly.

As Sophie notes of the group:

I think if I was living in [town name] all on my own, I would be involved maybe in one or two groups or hobbies. But there'd come a moment where I wouldn't want to keep on or be active, I can be very passive. And I'd just get more passive. What cohousing is doing is preventing me from that, it doesn't allow you to just sit back and receive. I've found a place where I *have* to keep on giving something to my community.

Yet for the large majority of our participants, the willingness to think about, and plan ahead for later life was a significant motivation for moving to their collaborative housing community. Most of the collaborative housing residents we spoke to expressed the desire to maintain a degree of agency and control in later life, but, in marked contrast to the often-stated claim that the best way to build resilience in later life is through the maintenance of full independence, they sensed (to varying degrees) that being part of a community was a more reliable strategy for achieving that aim. For the cohousing communities, the residents collaborate in the management all aspects of the community and have no paid live-in support. For the non-cohousing communities, resident collaboration coexists with paid support, but decisions for mutual benefit are nonetheless taken collectively, as we will discuss.

For many, an initial trigger for the move to their current housing was the need to rightsize from a large hard-to-manage property. More broadly, they were often influenced by negative experiences with their own parents' ageing, and an aversion to the perceived as institutional of sheltered accommodation options managed by others. As Luna at Hazel Lanes put it:

I was 67 at that point and my brain was still working, which it isn't now! What am I going to do with the rest of my life? I was living in a flat which was 27 steps up and I had a series of accidents and I couldn't get up to the flat. Then I got through that but I realized it's not going to be easy in the future. I needed to do something about it. My children didn't live near me. I've never wanted to be a burden on them, I wanted to maintain a good relationship with them. I didn't fancy going into sheltered accommodation and I very much wanted to take charge of my life.

Interviewees from the *non*-cohousing schemes, while appreciative of the co-located nature of the housing, tended overall to be much less motivated by a commitment to a particular set of community ideals when deciding to move in. Residents instead tended to have been attracted to the location, affordability, and the quality of the housing and the security of services. Christine, at Greenways, was fairly typical in explaining her housing choice:

My husband died 13 years ago this year and I stayed in the house for about seven years and then it was a toss-up whether I went to Staffordshire or came here. So my son got the short straw. [laughs] He got me in the end. So yes, I wanted to be near one [of my two children] so that's why I came down here. I did look but they looked around for me actually and we looked at another of these retirement homes that you could buy but then this one came up and this was the better idea and it seems to have everything here. It's affordable and it's pretty good.

It was notable that the membership of the non-cohousing schemes tended to be drawn much more from the local area, or driven by a move to be closer to other family members (usually adult children, as in Christine's case, above). This contrasted strongly with the 'relocational' nature of cohousing membership, with many actually having moved farther away from family to join a project (in large part probably because of the very small number of established schemes and thus limited choice).

However, there were several members of the non-cohousing schemes who felt they could not rely on their children for support, either because the children lived far away, the relationship was no longer close, or that they had no children at all. Meredith, a resident and director at Crescent Crofts recalled how:

[...] there was a time when my mother fell and broke her hip. We were all summoned to the hospital. We were around her bed, I remember her saying to me, 'Darling, you won't have three children to look after you'. She said, 'I do hope that maybe I could come down from heaven and look after you when something happens to you'. But I think when you haven't had children and you're looking after aged parents, you just realised that there will be this – when I get to 87 and I fall over, I won't have the three plucky children to be there. [...] I always thought that in my particular circumstances I would certainly want to go into a retirement development of some sort where there would be help because I'm the only one, so I've no children, I've no nieces and nephews to pop around on a Sunday morning and see if you want anything done.

Mutual support and care within communities

It might be argued that such planning for future needs could be fulfilled by a move into sheltered or extra care housing of some form, assuming of course that good quality options for these were available in every locality. As already hinted at by the quote from Luna at Hazel Lanes (see above, and also discussed later), senior cohousing is the model that most clearly represents a reaction against what its members perceive as the paternalistic, institutional feel of sheltered or other 'top down' housing for older people. But this section aims to examine the many benefits we identified in terms of mutual support and care across *all* of the case study communities, which we believe represent the benefits of collaborative housing and self-management, albeit to different extents and in different ways.

At Hazel Lanes, members undertake to 'look out for rather than look after each other', with a principle that where an individual has longer-term care and support needs, they are expected to have arrangements in place to meet them, such as home help. Indeed it was Hazel Lanes' members who had given the most thought to planned mutual support (i.e. not involving employing others), perhaps unsurprising given the group was the only explicitly senior cohousing scheme, and whose members had long discussed and planned in this way. Members had also set up a mutual support system, which they refer to as a health buddy system, formalised during the first COVID lockdown period, whereby members formed into groups of (usually) three, who would keep an eye out for each other on a daily basis, and

thus conformed with the group's 'looking out for' principle:

What we've done recently, in the past year or so, is get health buddies, so two or three of us will be in a group that actually look out for each other and perhaps you might have a... and we've exchanged phone numbers of relatives just amongst the three of us, for instance, in my case, and we check that we're up and alive each day, really! I mean, I've got a blind in my kitchen window and [Susan], one of my buddies, lives next door and she knows that if it's not up a bit – I don't have it right up – but if it's still down at 10, she knows to give us a knock whatever. I might just have forgotten to pull it up. You know, everyone's got little signs of life!
(Hazel Lane focus group participant)

The buddy system also extended into a kind of supportive framework for formalising later life planning such as Power of Attorney agreements; this was rarely intended as naming another member to take on this role, but rather as clarifying potentially challenging situations and thus in effect protecting the community:

[...] because what I needed support with from the health buddies was to get my bloody power of attorneys written and sorted, you know, because we're all supposed to have a power of attorney here for both health and finance and I was procrastinating and my buddies helped me look at the bits of paper and decide what had to be done when because it's quite complicated, you have to do everything in a certain order and they helped me with that.
(Hazel Lane focus group participant)

Across all three cohousing case studies, we found examples of community members coming together in acts of mutual support especially for short periods due to individual's short-term health needs, e.g. recovery following a hospital stay. Support included shopping, fetching prescriptions, giving lifts to medical appointments, making extra food and so on. Often though, it was *emotional* support that was most valued:

... the one thing I really remember is we had a choir at that point on the middle floor and I'd just had my last chemotherapy and I was upstairs in the bedroom window and the choir came and sang to me as I sat at the window, you know, they sang me some carols and that was so nice. And for example, when I broke my hip, in came all the cards that they do to anyone who is ill. And Belinda, who lives down there who has three children, would just, you know, come by to chat.
(Angela, Sundial Yard)

Although we were not able to identify examples of members returning from hospital stays more quickly than would have been the case if living alone, we did note an example (at Meadowridge) of a member returning home from an operation, where an NHS-organised reablement support package was able to be concluded earlier than planned, due to the level of willing support provided by the cohousing members.

The practical benefits of self-management at the non-cohousing schemes

While, as discussed earlier, the members of the non-cohousing groups (Cedarbank, Crescent Crofts and Greenways) were not all as engaged or committed to the ideals of collaborative housing in the way that cohousing members were, this should not be taken to imply that members did not support each other both practically and emotionally. Further, the requirement at these three, that residents should be capable of 'independent living' – i.e. living independently of support from the site management team and of other residents – should not detract from other very significant ways in which the non-cohousing schemes helped their members to maintain collective agency.

The most striking example was at Cedarbank housing co-op. One of its sites is co-located with a larger retirement housing scheme owned and managed by a large regional housing association (HA), as a registered provider of social housing. A full-time site manager, based at the co-op's local hub building, was employed by the co-op but also served HA residents. As we will explain further in the report, the site managers provide a level of support to all residents that is reminiscent of the kind of low-level social care support that local authorities and sheltered housing scheme wardens once provided in times of more munificent social care and housing support funding. However, in 2016 the HA withdrew its funding (replacing it with a phone-line only service). Resident members perceived that their longer-term mutual benefit was to continue to employ the site manager themselves and so mobilised to achieve that aim, and, by combining mutualised self-funding with elements of government funding, did so at surprisingly low cost. As Ron, the co-op chair explained:

We get council funding, Supported People's funding, which comes from the government direct and then spread out to organisations. The tenants pay a contribution towards it. That used to be £5 here. But it's dropped down to, it's nearly £4 isn't it [asks a colleague] it's under £4 a tenant a week, yes. And then the co-op puts in money as well to top it up, so that the two site managers are covered. And it's ironic that, the [HA], we used to have a contract with them up to about four years ago, where we used to charge them and look after their tenants, Susie did that. And they said, no, they could do it better, so that's fine. So they now charge the people about £5 a week and all you've got is - well, they originally they used to have the site manager, now they've got a call centre, somebody sitting in an office just to take a phone message.

For Des, who had lived in both:

Interviewer: So, for you anyway Des, that was important, that self-management element of the place is quite an important factor for you?

Des: I think it's helpful, yes, you know just – things just go over your head and you'll get a letter one day and they got [the HA] telling you what they're going to do. It changed that much, [the HA], there was just no help or understanding from them. Here you've got a committee before anything happens so at least you're forewarned [...] which I think is important.

Additionally, the co-op has continued to serve as a hub (at each of its two sites) for the wider community, both in a social-network sense but also through wider use of its two hub

buildings. Indeed, site managers complained to us that some residents of the HA properties next door continued to call on the managers for help with everyday issues, apparently not realising these services were no longer strictly for them. The familial and social links between co-op members and the wider community, as well as the active roles of some committee members in other community projects, reinforces the 'fuzzy' boundaries of the co-op in social terms. But they are also reflected in a level of knowledge among lead members in terms of a deep local knowledge and connections. As Ron (co-op chair) explained:

... many years ago, [we] persuaded the social service manager that being in a co-op member 'cause you've paid the pound, you bought the bungalow or your flat, so you're actually an older occupier 'cause you're making all the decisions yourself. And he took that on board and I said, and therefore all the aids and adaptations should be paid for out of the grant that you get from the government. So touch wood, we still are. Last week there was another application for a walk-in shower.

At Greenways, there was strong evidence that the Right-to-Manage model continues to be of value, with leaseholders still collectively exerting direct control over costs and level of services. Management committee members did express frustration with the managing agent, who it was said too often seemed to side with the freeholder's interests despite being employed by the leaseholders. But ultimately, it remains in the leaseholders' power to replace them. Another example is the leaseholders' choice to retain a live-in site manager where this would unlikely normally be the case (albeit not all leaseholders were in agreement, as discussed elsewhere).

At Crescent Crofts there is perhaps less of a *feel* of self-management by the leaseholder-owners (those who were not part of the committee sometimes had only minimal engagement with decision-making). Yet there was much evidence that although the current arrangement is more passive on the part of leaseholders, managerial and cost decisions are referred back to them, for instance on the issue of the cost of running a full kitchen for lunch, as the site manager explained:

We've been making a loss with our catering for probably the last year at least. So we had an honest conversation with all of the shareholders [i.e. the leaseholders] at an owners meeting, where it was explained where we were at and asked for input from owners. So we did a catering survey and there's been some recommendations come back. We've made some changes to lunches. So we're just looking at the number of courses we offer. When we're offering it. What we're offering and so that's continually evolving at the moment. We've got another owners meeting in March to discuss it some more.

While the level of control exercised by residents given in these examples falls short of the full autonomy exercised by cohousing residents, they do offer a point of significant contrast to other grouped living arrangements, such as privately managed retirement communities or extra care retirement villages in which residents are largely the recipient of services deemed to be important by a management body that sits above them. And while many residents might not be actively engaged in the management of their housing, they are nonetheless represented by other residents, and benefit greatly from self-management.

Managing transitions as individual care needs increase

Transitions in cohousing groups

We have already explored how in different ways each community has an agreement or expectation around the limits of care that should be provided by other members, or even implicitly a point at which the community might no longer be suitable for someone with increased care needs. As Celia, a member of Sundial Yard, clarified:

I think it's that point at which someone is beginning to not cope at home, which is the hardest thing. We, in no way, are set up to rescue each other. We won't do personal care. We won't put on your hearing aids, we won't change your bedsheets. But we will look after your cat if you go on holiday, we will do shopping if you're ill. And if it's time for somebody to go and be looked after more intensively, then I'm afraid that has to happen.

But while this principle was broadly adhered to (with many members keen to emphasise that cohousing should not be a substitute for properly funded state social care), it was striking that in practice we found multiple examples of small groups within all three cohousing communities stepping up to play an intermediary or 'advocacy' role, usually around a relatively rapid decline in someone's health as they transitioned to a significantly greater level of health care need. These groups of people had undertaken to step in to provide more intensive support, usually triggered either by an acute event or by a shared sense that somebody's needs had increased to the point that things 'could not continue as they are'.

This is not to suggest that support from health and social services was not available, nor that family members did not remain involved. But rather that members of the cohousing community took on at least part of an intermediary role that might otherwise fall to a family member, acting on behalf of a person to navigate between the complexities of local GP services, hospitals, social care services, voluntary organisations, private care operators *and* family members. We learned of at least one such case in each of the three cohousing communities, some of which unfolded during our research period. This was the case with James at Sundial Yard, whose experience is illustrated below in detail (see box).

It was clear from comparable examples at the other two cohousing communities that these intermediary roles were based strongly on mutual trust, in turn based on the kind of long-term relationships that arise in cohousing communities, with their commitment to mutual support, shared values, and solidarity. Often these relationships long predated the 'bricks and mortar' phase of moving into the completed buildings, with groups having bonded through the long planning and construction processes involved. So James' example is particularly interesting, in that he was a relative newcomer to Sundial Yard, was a renter rather than an owner, and arrived with some degree of care need from day one. It might be assumed that these factors would make him a 'lesser' member of the community, but this was clearly not the case.

Example 1: James at Sundial Yard

James (79 at the time we first met him) moved into Sundial Yard cohousing in 2014. Divorced, he lived alone in a small flat, renting from another member who still also lived in the community. During the 8 years James lived at Sundial Yard, he regularly contributed to maintaining the shared garden (he was formerly a landscape gardener) and developed a close group of several friends within the community.

James had been diagnosed with Parkinson's disease prior to moving into Sundial Yard (which the community was aware of) but which continued to advance over the years he lived there, and increasingly limited his physical abilities and to some extent his ability to be involved in community activities, albeit he remained highly engaged. His closer friends within the community became an important support group for James, fetching prescriptions, providing lifts to hospital appointments, and cooking meals. As his health deteriorated, the community became increasingly concerned for James' welfare and key members played an important role in prompting the contact of social services and his family members. James lived at home for several more years with a social care package in place. He moved into a nearby care home in 2022 following an assessment by the local council prompted by a home-help employee and members of the community and facilitated by a family member.

Although James has two children, his lack of contact with them meant that his family was not involved in decision-making around his health and care at an early stage. This situation caused significant strain within the community, and on his support group, to provide informal peer support over a longer period, coordinate contact with his family, and prompt them to involve social services. This resulted in a package of support being put in place, including care worker visits three times a day and additional daily home help. Following concerns raised by his home-help and members of the community, his community friend got in touch with James' daughter and a further meeting was arranged with Adult Social Services. This meeting included the attendance of a community member to ensure the limits of residents' ability to care for James were conveyed to Adult Social Services. James' friends within the community continued to give emotional support during and following his move into a nearby care home and continued to visit him regularly.

It is only fair though to note that in James' and other cases, some members who gave significant support over an extended period admitted to feeling overburdened, especially emotionally, raising questions of the degree to which such examples are sustainable. On one hand, the three cohousing groups had working groups that might deal with such topics as they emerged over time, and also regular community meetings where issues like care burden could (in theory at least) be revisited and systems rearranged. In practice, we found ourselves practising a degree of 'participant observation' in that the three focus groups we arranged as part of the research were felt to be very valuable as a way for groups to address these issues openly, sometimes for the first time. In fact some even used our vignettes to develop concrete discussions around future care arrangements, including their financial implications.

Transitions at the other, partially autonomous schemes

While it is important to acknowledge that social organisation and mutual support by residents at Cedarbank, Crescent Crofts and Greenways does exist, it is the site manager(s) at each of these who play the major role in the day-to-day running of the community and respond to emergencies and changing care needs. But often the site managers go beyond this, acting as intermediaries and advocates for residents in between health services, social services, family etc in terms of care decisions.

At Cedarbank, while the two site managers' roles include a degree of 'looking out for' with a phone call or door knock daily for each resident, their remit on paper fails to capture the wider sense of 'pastoral' care they provide. This regularly goes beyond their employed role and hours in helping support members' care needs. Talking about the work of her and her colleague, site manager Susie told us about their work:

So Cath had a lady who was very, very poorly and her next of kin was 87 and the lady was really unwell. Cath literally slept in her house at the weekend to make sure she had her medication. That's not our job role. During COVID we had a lady here who was terminally ill and her husband had Parkinson's and dementia, so she could no longer look after the husband physically. So he went into a nursing home. She had treatment, but it was unsuccessful. So she was dying through COVID and she only had one child who lived in Canada. So I literally was here day and night, weekends. Found her a hospice to go in to die. I had to go and tell her husband that his wife had passed away. I had to pick her clothes for her coffin, empty her bungalow. That's not in our job role.

And similarly, Cath talking about Susie and their duties regarding welfare calls and emergency response:

... 'cause me and Susie can get called out at the weekend if there's an incident, if there's a major incident. We can get called out, been called a couple of times, but Susie lives on site. That's the difference. She's never off duty basically. She can't sit in the garden to watch what's going on. [laughs] Do you know what I mean? So I'm lucky, I don't live on site. I only live 10 minutes away.

At Greenways, the site manager's remit is restricted largely to matters of maintenance, security and as first responder to pull cord alarms during working hours. Members of the committee told us of how some leaseholders had questioned the value of having a person living on site in this way, given that this carried with it a cost that was passed on to them. Yet it became clear that residents (older residents in particular) valued this on-site presence for a feeling of security and emotional wellbeing as much as any practical reason. Discussing the site manager role at focus group discussion at Greenways, we heard how:

Resident 1: ... well, we're paying for the pull cord [emergency service out of hours], but people now, because Rob is so willing and helpful, they will call him before they'll pull the cord, even though we're paying for that, and he's not even on duty.

Resident 2: But a lot of people appreciate that. He'll come out and assist whoever it is. Because I've been here so long I've known lots of house managers and [Rob] I think is the one person who is always available if he's needed. He is very good about doing that and helping. The

previous one to [Rob], she didn't. She was a very good house manager but she didn't actually take part in any emergencies particularly. She wouldn't but [Rob] will put himself out to come, like with John [a resident]. He was there on the spot.

At all three sites, the site manager is also key in acting as an intermediary between the resident, family and others in decisions of when to move out of the community altogether, where their care needs can no longer be practically met. At Crescent Crofts and Cedarbank this is a role through necessity, since the scheme's respective management committees are responsible for assessing – in terms of health and personal independence – who can move into the scheme. At Greenways the leaseholders' management company and site manager have no legal control over who can move in; all apartments are sold on the open market by their owners (whether the resident or their next-of-kin). Here the site manager plays a less visible but nonetheless key role in liaising between parties for the best outcomes in terms of moves when greater care is needed¹⁵. At Cedarbank, there was even evidence that the team of site manager and members of the managing committee went as far as a safeguarding role, when they intervened in a situation where they believed a member of the co-op was being financially abused by their own family.

But perhaps the most prominent example that compares most closely with the transition support in cohousing examined earlier, is the case of Meredith, a woman in her late 80s who has lived at Crescent Crofts for 12 years (see box below). She describes how:

I always thought that in my particular circumstances I would certainly want to go into a retirement development of some sort where there would be help because I'm the only one, so I've no children, I've no nieces and nephews to pop around on a Sunday morning and see if you want anything done, so I thought I'm going to go somewhere where there'll be somebody on hand.

But this perhaps underplays the depth of support and strength of relationships that Meredith has at her home. What was most notable was the advocacy role played by the site manager in supporting Meredith at times, meaning that the core staff acted as next of kin might. On one hand, the site manager (Natalie) made sure that a duty manager visited every day to check in, and also liaised with neighbours about practical support. But Natalie also acted as the primary point of contact between the hospital (outpatient services), 'making sure that there's somebody there to meet her and support her' as she put it, and also liaised with her GP when needed. While some of the (more practical) support Meredith needed could be clearly defined and thus charged for as part of Crescent Croft's services, often Natalie's work was less easy to categorise, and often involved a supportive role well beyond her job remit.

¹⁵ We should note a limitation in this particular case; leaseholders remained concerned that residents might remain at the scheme even when their care needs stretch this to the limit. These concerns reflected a recent (albeit short-term) incident where a family bought an apartment on behalf of a parent who was struggling with dementia. The situation was impossible to manage day-to-day and quickly came to a resolution (a move to a nursing home) but was stressful for both the site manager and other residents.

Example 2: Meredith at Crescent Crofts

Meredith has been an active member of the board of directors for the last 8 years, stepping down only very recently. She has no children or close family (her only relative is a second cousin) and although she had lived locally prior to moving in and had friends locally, these friends had limited mobility themselves and were not able to provide practical help.

In 2019, Meredith underwent a major cancer operation, and made a good recovery. In mid-2023, during the period of our field work, she had a replacement pacemaker fitted, requiring a hospital stay.

Crescent Croft's staff provided practical support during Meredith's convalescence after both these events, for instance help with getting dressed in the morning while her movement was limited. Other residents also offered significant 'neighbourly' support; her cancer operation was followed by an intensive period of three weeks of treatment, plus more infrequent follow up visits, all at a hospital about an hour's drive away, and for a majority of these two neighbours in particular gave lifts and picked up shopping, with the site manager sometimes filling in when needed. As Natalie, the scheme's site manager recalled,

... so between [the residents], Frank went and got her paper, and somebody else went and got bread and milk and somebody else would pop in to see if she needed anything.

Other residents also gave emotional support, for instance Meredith mentioned how:

When I came home after the operation and was pretty much stuck at home for weeks, several of the ladies, they came and visited me. Just came in and said "hello, how are you doing?"

Planning (or not planning) for future care needs as a community

Two of the communities in the research are explicitly set up to manage residents' care needs as far as practicable – Crescent Crofts and Cedarbanks. Crescent Crofts is the only one of the three designed to include actual provision of personal care services paid for by residents according to need, and is CQC registered for that purpose, although in practice very few residents use the service (the registration is largely retained to cover the 24-hour duty manager's role). Cedarbanks has CQC registration via its secondary co-op to operate a welfare call to all residents and to offer general site manager support to residents, which may include assistance in arranging care services and liaising with local social services. As noted earlier in the case study descriptions, there is general agreement among residents at Crescent Crofts that paying for a greater level of social care – beyond creating a greater administrative cost – would overstep the concept of 'independent living' that's a founding principle of the scheme. There were similar feelings expressed at Cedarbank. The question of the demarcation point between independent living and dependency and of how far the schemes can go in maintaining residents in an independent living community, is not clearly set out in either case.

No. I think for us the idea is this is somebody's last move when they move here, and we try and ensure that that's the case with support from outside agencies if we can't provide the level of care services that are required. However, generally for us I would say it's mental health. So dementia and Alzheimer's is a big one. When it gets to the point that we're not able to keep that person safe or they're a risk or a danger to themselves or others that's generally when we would start to have those conversations, but it isn't a clear line, and it can be quite difficult sometimes with families to get them to realise the services here aren't enough for their family member. (Susie, site manager, Crescent Crofts)

As articulated in this quote, the intention is for the community to be a 'home for life', in both communities, in practice residents have moved on to residential or nursing care when it was felt their own safety and that of others was at risk. Difficult conversations with family in such instances are undertaken by paid staff.

This is not true of the cohousing communities, who have faced, and are facing, cases of escalating care need that are likely to create tough decisions for fellow residents. This was an issue that was very much on the minds of residents at Hazel Lanes and especially so since COVID and had prompted the development of the health buddy system and the registration of formal powers of attorney and clear system for informing family members in the event that a resident was deemed no longer able to make decisions for themselves. No such system was in evidence either at Meadowridge or Sundial Yard, where individual events, as explored earlier in the example of James' health at, tended to be managed as they arose, and at some emotional cost to other residents involved.

But, while many members of the three cohousing communities acknowledged that individual care needs had – or were likely to – increase significantly as the groups overall continue to age, there was little evidence that collaboration around formal care services had been considered or would be considered in future. This ambivalence around planning for care stands in contrast to the willingness to engage with health issues discussed earlier, e.g. the buddy system and principle of 'looking out for each other'. When the idea of pooling resources for care or of jointly purchasing in care services was explicitly discussed in focus groups, there was reticence. It was true that the potential use of the guest flat as accommodation for a live-in carer was often mentioned, in particular in discussions about future plans during out focus groups, for instance at Sundial Yard:

Participant 3: I think what we're saying is we have a situation and we have a response to that particular situation rather than having rules and policy guidelines.

Participant 6: You can't really plan for every eventually you have to be with the person at the time.

Participant 1: When we were having these discussions about "we've got to prepare we're all getting older", somebody came up with the idea that we could convert a bit of this common house into a flat and we could employ a carer who as people got ill they could be used. But how do you begin to plan something like that when we don't need that at the moment?

Indeed it was hard to see how having a carer living on site might usefully work in practice, given the diversity and unpredictable timing of potential care needs, as well as the essential

role guest accommodation already plays indirectly in ageing support by providing a base for family and friends who live far away. In fact, the guest flat seemed to act more as a mechanism for diffusing tensions and differences on the topic of longer-term care planning and deferring the deeper thinking on the issue that many acknowledged is required.

In terms of the broader issue of collaborating to procure care services in some other way, we learned that the cohousing members' reticence was in *part* due to the potential costs and organizational and regulatory burden, and this was especially acute given that cohousing groups have often dedicated many years of members' time to the development and management of their schemes; there was little appetite for new taking on more work. But there were also more fundamental objections, or at least ambivalence again, about the mismatch of the idea with the ethos of cohousing. A typical discussion, in this case from a focus group at Meadowridge, illustrated this.

Participant 2: I mean, it's co-housing, I mean it's not co – becoming old together, it's we are sharing amenities and we are sharing, you know, it's our house and we live in this house as we wish and of course we tend to buy things together or to pool our ability together to get a better life but, as much as we can.

Participant 6: Yeah, I always assume once I'm in bed and that's it, you know, I would move out, there's no point being here if you're confined to your room and can't move anymore and you might as well go elsewhere, go to a home, or whatever you know.

Thus, in terms of collaboration around sourcing formal care services, thinking and activity at the three cohousing groups and at Greenways does not extend beyond members sharing information and recommendations for home help such as cleaners and occasionally for personal care. While this seemed highly advantageous both to residents and also to the carers themselves where local (working in a single community with no burden of additional travel), they always remained as individual arrangements, with no formal organisation by the community as a whole. This is in spite of evident concern about a failing and vanishing care system.

'I think we have to face up to the fact that social services are going to be very depleted for a long, long time. We're hearing stories every day on the radio, people who have not been cared for especially and it's gonna get worse. So it puts the pressure onto us and we have to work within that setting.' (Hazel Lanes, focus group)

In general, residents preferred to emphasise their communities as supportive and preventative environments in terms of ageing rather than as places of long-term care. This is especially true of the cohousing communities, although at Greenways too there was resistance to the idea of more formal, collaborative organisation of care services. Yet, like the cohousing groups, this reticence around planning for care need tended to overlook the rising average age of the community over recent years. More importantly, at Greenways we slowly became aware that some residents had a greater level of care need than had initially been suggested to us, with some receiving a significant level of personal care from privately commissioned carers, and even as far as palliative care.

But while, as noted earlier, there was a certain degree of resistance to the practicalities and costs of some form of resource pooling around care, the underlying reason – at least at the two cohousing groups of older people and at Greenways – was more about the fundamental nature of the community in which they lived. At Greenways, no residents that we spoke to regarded the development as necessarily a ‘home for life’, but more as a well-located and affordable housing choice for the ‘young old’, often referring back to the principle of ‘independent living’. A member of Meadowridge cohousing went further, emphasizing the possibilities for living a better later life (or third age) through sociability and mutual support, and a rejection of institutional settings:

... had [it] been designed like my father-in-law’s sheltered housing, he’s 96, I would never have moved in [here] in my 60s, I mean, I’m a woman of 60, who’s very active, I wouldn’t want to live in a place for old people. You just don’t do it, you know, you may know that it will be the right thing to do, but for God’s sake, I’ve got another 30 years in front of me! I’m definitely not going to live in a mausoleum.

(Sophie, Meadowridge Cohousing)

The challenges of maintaining collaborative management in the long term

All six of our collaborative housing communities derive significant benefits from retaining agency and control in later life, but each face different sorts of challenges in maintaining collaborative management in the longer term.

For the Right-to-Manage at schemes such as Greenways, and potentially even at Crescent Crofts, a change of approach by a less ‘benign’ freeholder could negatively impact on the ease of management for residents. While Cedarbank’s housing is fully owned by the co-op and controlled by its members, and Crescent Crofts has greater control built into its legal model by a ‘benign freeholder’, Greenways is again an outlier here. A legal Right-to-Manage is invariably acquired against the wishes of the freehold owner, who – as is the case here – will continue to exert control where it is able to gain financial benefit. While in theory there are legal rules that protect the leaseholders regarding both ground rents and negotiation of lease extensions, these can be made difficult in practice by an obstructive freeholder. At Greenways, a more immediately obvious example is an ongoing wrangle between leaseholders and freeholder over the rental income from the guest flat.

Both cohousing and the other three models of community we worked with require a commitment to committee membership and decision-making by at least some of the members, and it can be challenging to maintain interest over the years. At Crescent Crofts and Greenways there are no requirements to commit, and indeed no way of the community controlling who might join. At Cedarbank the co-op members are able to be more selective, as prospective residents must become members of the co-op and commit to its values. (New membership processes and rules for all six communities are detailed in the Appendix). But the most concern was expressed at the cohousing groups, with members at all three worried that the cohousing ethos might be gradually diluted as membership changes through sales (and also renters). Luna, a key founder member of Hazel Lanes, worried about

the legacy of the group; at the time of this interview there had been no change in membership since the group moved in together:

Well we're not well people and we're all older, four years older than when we came in. It's a fact of life, we deteriorate. We're thinking about it [new membership] – it's all theoretical at the moment – and heaven knows what will happen. There will be another whole strain when somebody goes and we have to choose. We'll have to mutually, to choose the person coming and the difficulty the person coming is going to face, we're going to have to face accommodating them and acclimatising them and making them feel welcome. I so want the ethos to continue. I'm a bit scared that it won't, it'll get diluted. It probably will. I can't do anything about it but I have been hammering that home all the time. It's one thing to talk about it and another thing having to do it.

Each of the three cohousing communities has, in different ways, built into its legal model a requirement that individual members are accepted by, and commit to the life of, the community. Yet potential pressures remain, for instance if a member moved into a care home and was under pressure to sell quickly to pay for care, and thus might try to prioritise 'best price' over the best fit for new owners with the community. Perhaps a more likely scenario is a home bequeathed to family member, whose approach to sale might not align with the community's.

Sundial Yard also raises another potential complication, where at least one member has moved out of the community but retained ownership of their home, renting it to another member of the community under a private rental agreement. While the community rules are clear for renters (they are full members), and the owner in question has remained close to the scheme in terms of engagement, such private arrangements that are legally separate from the management of a cohousing scheme might raise questions about future social cohesion.

Thus far however, this has been less of a problem in practice. At the long-established Sundial Yard, where there were worries about how far the community would be willing to enforce such commitments even if entitled to do so legally; in the event, the home in question sold recently to a young family who are clearly committed to the cohousing ethos.

Affordability, access and diversity

We were able to establish only very limited data about members' wealth. Annual income is not always a useful indicator here, especially for retired people, and it seemed unlikely to us that significant numbers would be willing to share such personal data about what is both a private and often complex matter. Moreover, there is wide variation in the cost of labour and perhaps more importantly the affordability of housing across the very different locations. Such variations especially in the cost of housing and land are to some degree reflected in the diversity of membership across the different communities, but that is not to say that levels of wealth are homogenous within communities.

Further, while none of the schemes were especially ethnically diverse, it is important to note that especially in the case of Cedarbank housing co-op – located in a relatively deprived area of a major northern city – the membership represented a very different demographic to that of the cohousing groups, Greenbank and, to a lesser degree, to Crescent Crofts, being largely drawn from the local population and reflecting the co-op's requirement that its members be of limited means.

By contrast, it is tempting to view the cohousing model as one pursued largely by those who possess the relevant resources – time, skills, specialist knowledge, social connections and above all financial capital – to become, in effect, a one-off housing developer¹⁶. And while cohousing (in the UK at least) continues to be developed largely without the support of public funds, it is unsurprising that the membership of the groups we studied was largely drawn from the relatively well off and those with higher levels of education.

Yet this picture does not tell the whole story. For most members, their cohousing project represented a huge commitment of resources in often high-cost housing areas. It was clear that for at least some of those who owned homes in a cohousing community (i.e. excluding renters at Hazel Lanes) and who were on fixed incomes, their house purchase had been at the very margins of affordability, leaving little resource available for all else – including care costs. In fact it was notable that those who responded 'no' to our question on worries about financial security were all cohousing members. Paula, who rents at Hazel Lanes, explained her finances in detail.

My state pension has gone up but because my work pension hasn't gone up and because everything else has gone up, my rent went up by £16 but that covers my services as well, but my council tax went up seven or eight pound, they've all gone up so I am worse off this year than I was last year. Also of course, energy bills are going up tremendously, aren't they? So I am a person that worries about my finances and I make people laugh here because I've got a finance book. So I've got my incomings and my outgoings and what I spend and what I've got left and some people say, I just spend and at the end of the month I pay off my credit card, and I am astonished. I suppose that makes me realise that some people sold very, very big properties before they came here so they have a lot of equity that they've got, and obviously I've never been in that position, I was never able to buy, I've never been on that salary scale, and it does sometimes bring home to me, wow, fancy just spending but not keeping count of it.

Alison, 73, who is single and a homeowner at Meadowridge, had significant financial worries. (Also note that this interview took place prior to the period of very high inflation and cost of living crisis that began early in 2022).

Alison: Yes I worry about my finances!

Interviewer: Sure. What are the scenarios that you worry about? You mentioned obviously you've got a housing asset but a low income.

¹⁶ See for instance Hudson, J: 'Growing Old Together: Senior Cohousing as a Key to Successful Ageing in the City.' In *Self-Build Homes: Social Discourse, Experiences and Directions.*, edited by Michaela Benson and Iqbal Hamiduddin. London: UCL Press, 2017. Available as a free download: <https://www.uclpress.co.uk/products/88244>

Alison: Yeah, that's the problem really. Yes. I mean, I think it's about meeting the service charges and the council tax. It's about bills at the moment because when I first moved in it all seemed great, you know, because I thought this is going to be absolutely fine, I'm going to be able to cope with a disposable income as well, but really in the last few years with price rises and council tax rises and everything I do worry. I mean, that's the thing when you retire. I didn't worry when I was working because I had a very good salary and I was able to save and everything. Unfortunately, the little amount of saving I had, had to be used at the end of the day to actually fund the increasing price before I moved in, because there was a time lag between moving in and completing and everything and the price had gone up and up. I suddenly had to find an extra £15,000 so that was like my sort of safe nest egg and I didn't have that anymore. I've been trying to save but saving now is quite problematic. I mean, I really am trying to save.

And for most cohousing members – including those who have moved in since the original ‘founder generation’ – their home *does* represent a downsizing option that offers more security and control than mainstream community dwelling. Moreover, unlike other specialist and serviced retirement communities and villages, the lack of formally organised, and often expensive and under-utilised services can perhaps be regarded as a positive. In this sense, co-housing seems to offer the advantages that other forms of grouped retirement living offer in terms of security and social connection, but without high service charges for amenities and support services that may not be used.

Finally, one further finding to note on the question of collaborative pooling of resources for care was that not all members of the groups felt they might be able to individually *afford* this, and would therefore rather take the gamble of having no plan for future care need. Financial costs – including administration – can be high, even when shared across several communities. Crescent Crofts demonstrated how services can be built in very successfully, but it was very clear that CQC registration for a small organisation is onerous and expensive to maintain. Further, because care staff (at Crescent Crofts at least) preferred to work part time, staff management was particularly labour intensive. The tension between the differing needs of the younger-old and older-old evident at Greenways was also echoed at Crescent Crofts in terms of spending, where the cost of lunchtime catering was proving increasingly unsustainable, with little demand, especially from those still working.

Design for ageing and care

Designing for social interaction

While all six schemes have some form of shared community space and other shared elements, it is the three cohousing schemes that most encourage social interaction and feel most physically coherent as a community or small neighbourhood; this is unsurprising as all three were designed with significant input by their residents, and followed a set of cohousing design principles that support social interaction through shared facilities such as the common house, but that also encourage more serendipitous meeting through circulation and other shared spaces.

Cedarbank and Crescent Crofts in particular compare less favourably here, with the spread of their homes at times disjointed and even separated from the central hub but other housing; the subject came up at one of our focus group sessions at Crescent Crofts, in relation to the small separate row of housing there:

Beatrice: You could get through [via] that little path, which I didn't know existed and I mean my husband's never even been round the other side. And the posh end, never been up there.

Interviewer: [Laughs] You call it the posh end. What's the posh end?

Hope: It's where I live [laughs]. It's separate, the newer bit, you know. You look out and there's no one. You don't see people. Well, I see people from the new estate.

Beatrice: But they're not part of us. It makes it sound bit weird, doesn't it? Because I know [another resident couple] often say, "well I don't know what's going on. How do you know that?" And I say, "well, I watch what's going", on because I'm lucky I've got a front. Our lounge actually looks out onto the roadway, and you can see the office as well.

By contrast, the cohousing designs overall work much better in supporting the principle of 'looking out for' each other while affording a degree of privacy. As one of several examples, Paula at Hazel Lanes explained how the buddy system made use of physical proximity and the physical orientation of the flats:

I've got a blind in my kitchen window and Susan, one of my buddies, lives next door and she knows that if it's not up a bit – I don't have it right up – but if it's still down at 10, she knows to give us a knock whatever. I might just have forgotten to pull it up. You know, everyone's got little signs of life!

And although Hazel Lanes cohousing and the Greenways retirement complex are the most closely matched in terms of being blocks of apartments over several floors, it was striking in comparing the two how little the homes at the latter overlook each other; there are no individual balconies at Greenways, and the circulation corridors are all internal, with no windows from flats looking out onto them.

Suitability of sites, physical design of homes

In other ways the suitability of each scheme for ageing in terms of accessibility is not split between cohousing and non-cohousing – rather the difference is between the schemes explicitly designed for later life (Hazel Lanes, Cedarbank, Crescent Crofts, Greenways) and those not (Sundial Yard, and, arguably, Meadowridge).

Sundial Yard and Meadowridge are physically quite different schemes to Hazel Lanes, built at a lower, more suburban density. But in terms of overall site suitability for older members, both schemes also suffer from a common challenge for collaborative or community-led housing, having steep, awkward sites that were available precisely because larger housing developers saw less potential. The architect of each scheme has done well to overcome this, but at Sundial Yard in particular challenges remain in terms of accessibility around the whole

of the site. While bungalows might not have universal appeal, the four other schemes – of both bungalows and flats – offer largely unhindered level access to all of their homes.

By contrast, Hazel Lanes is the only one of the three cohousing schemes designed explicitly for older people and works best in this sense; the site is compact and mostly level, all homes are flats, and all meet the adaptability and space requirements of the Lifetime Homes standards. At a more fundamental level, there is ambivalence among Meadowridge's membership over whether the scheme was or should have been designed as 'senior cohousing'. On one hand all the homes are nominally designed to meet the Lifetime Homes standard, but in practice this might not be so simple: significant space might be lost in adapting the three-storey homes for full internal lift access, and the disruptive work required might make it easier to downsize into a smaller home. Conversations with two members, both living in the three-storey homes encapsulated the dichotomy here. On one hand, Sophie explained how:

I personally think that stairs are a very good idea, it's pushing you to act more, to keep fitter, more activity. [...] The stairs as far as I am concerned are not a problem and maybe because I've lived in so many houses around the world, [...], personally I'm delighted with my house and still think I'm the most lucky woman in the world.

While Kath was perhaps thinking further ahead in describing the technical challenges:

The houses have been designed so that, in theory, if we needed lifts, the construction of the cassettes of the building being that here there's a rectangle, which in theory could be removed quite easily, right down to the hall floor and a lift put in. In practice, I think I'd be very reluctant to want to do that sort of changes though. Because it would be through the bedroom that's below and the bedroom on the ground floor. And I think you'd have to probably move the doorways in those rooms to extend the halls and have stud walls or something and cutting out, but it's designed for that. [...] And there was also a design thing from the front bedroom on the first floor to a bathroom, there's a bit of the wall, which is a separate frame, so that if you needed a hoist to get from bed into bath. But I'm not sure that if you got to that stage of health needs you would - we don't know. Somebody might do it. It's feasible in theory.

This is one factor that feeds into a larger challenge for the two 'non-age focused' schemes – Sundial and Meadowridge – i.e. the range of house sizes and types, limiting the choice for older members to downsize (or rightsize) within the community. Members at Meadowridge admit that the scheme's spread of house sizes reflected the group's demographic some 10 to 15 years ago (i.e. when planning first began) and that if they were given the choices again, more flats and fewer larger houses might have been the aim.

Conclusions

In exploring the different models of collaborative housing represented in our case studies, we have sought to examine not just the benefits and challenges of collectively commissioning services that are normally defined as ‘social care’, but a much broader meaning of care that exists on a spectrum that spans from a simple sense of community and connectedness through to examples of quite intensive support during transitions to greater care need.

The cohousing movement has always intended the model to involve the building of strong community ties and mutual support. Giving and receiving support is priced into the model and our research confirmed this; we argue that while such claims have long been made by advocates of the model, there has been a lack of empirical evidence from the kind of in-depth study that we have carried out. But we also found that a sense of community and mutual support did also exist at the other case study communities, in part at least encouraged by the necessity for at least some members of the community to engage in its management.

And while the governance structures of collaborative management had rarely been a motivation for residents to move into the non-cohousing communities, what everyone we spoke to across the different groups had in common was that they’d made active decisions about their care (and broader) needs in later life. For many, this included a recognition that it might not be possible – or preferable – to be dependent on their own children or other family, seeking instead support from their chosen community or from the benefits of the staff and services setup.

One key finding from the three *non*-cohousing groups was a clear demonstration of the direct benefits from self-management in the choice and control of the services that they use, illustrated at Cedarbank co-op by the stark contrast when site manager services were withdrawn from the neighbouring housing owned and managed by a housing association. One reservation that we have about the powers acquired by leaseholder groups through the Right to Manage legislation is that there are the limits to these powers in terms of resale of leasehold homes; here the freeholder retains the power to continue to collect a percentage of the sale, and remains in a strong position even when leases are renegotiated, usually for the purpose of extending the term of the lease.

While rhetorically groups assert firm boundaries around the sort of care and support that is provided – either through mutual aid in the cohousing groups or through the support of an on-site manager in the non-cohousing communities – in all cases these boundaries tend to be less clear in practice. In cohousing, residents give and receive higher levels of support than they would in mainstream housing. Sometimes this support can be quite extensive, such as extended periods of help with daily chores following a period of ill health or hospitalisation and even extending to physiotherapy and a level of personal care.

In the non-cohousing communities, we witnessed examples of site managers going above and beyond their paid remit to help residents, including cooking meals or sourcing meals for

residents from the local pub during COVID. While we are not able to provide hard financial evidence, we surmise that such levels of support represent a saving to formal health and social services, enabling residents to manage health needs without recourse to social care services and, as we saw in one specific case, the early cessation of re-ablement support.

A further key finding is the intermediary and advocacy role that residents play for one another in cohousing (even once residents have moved on into residential care or are in receipt of palliative care) and that site managers take on in the non-cohousing communities. This is clearly of huge benefit to those supported, in a form comparable at times to the role a person's children might take on. This however raises a question – especially for the cohousing groups – of how sustainable this might be as the groups age overall; in turn this emphasises the importance of a succession planning, i.e. ensuring there are ways in which a group continues to recruit new younger members to maintain a spread of ages.

This issue of sustainability, or at least the risk of over-burdening individuals in the role of informal advocate or carer, raised a key question of whether the four communities (the three cohousing schemes and Crescent Crofts) who had little appetite for pooling resources for care services might nonetheless benefit from greater planning for social care, for instance building on the model of an umbrella co-op organisation as is the case at Cedarbank co-operative. We know from our engagement with advocates and academics in other countries that there are examples where this has been achieved, including for cohousing, for instance in Spain. In that country, there is a greater reliance on cooperative legal structure (and a mutualised economy), and many are required to register (equivalent to CQC) in order to be allowed to exist legally as senior specific cohousing that offers services of any kind.

While such arrangements may be a possibility, in practice many of the cohousing members felt that collaborative commissioning and management of services in this way would add an unacceptable level of bureaucracy and expense, especially given the not insignificant work of community management already undertaken. And while there was a willingness to engage with health issues on a person-by-person basis, there was a greater underlying ambivalence around *planning* for care in this way. Some openly expressed a deeper underlying attitude, that their cohousing community (and to a greater extent also Crescent Crofts, as a place for 'independent living') represented a reaction *against* institutionalisation, as a place where community and mutual support would mitigate against the vicissitudes of old age.

Further, we wonder whether there might be a trade-off between the more paternalistic feel created by paid management roles in partially autonomous communities versus the 'total self-management' of cohousing; while paid intermediaries might at first sight seem to be a more sustainable solution than the role of co-residents as intermediaries in cohousing, this might be balanced against the potential for a greater sense of agency for residents who might otherwise be encouraged to do more for each other.

At the same time, we would argue that the different models each have something to learn from each other in terms of physical design. There is a need perhaps for some cohousing

groups to acknowledge future ageing more, with approaches closer to Hazel Lanes' complex of smaller apartments as opposed to larger houses. Might non-cohousing schemes – indeed all new housing projects for older people – be designed closer to the cohousing principles that encourage greater sociability and engagement, and also avoid 'atomised' sites where housing is awkwardly distanced from a central hub?

But while it is in the nature of our research to identify potential challenges and critical issues, it is important to acknowledge the clear overall benefits of these six collaborative housing case studies and the models they represent – all rooted in the concept of agency in later life – both in comparison with living in ordinary housing, but also we would argue when compared with the current range of options for those seeking more sociable or supportive settings such as retirement, sheltered or extra care housing.

We should also acknowledge again that we had hoped to identify a more diverse range of participants in our case studies, albeit our study represents a greater range in terms of social class and wealth than the critique often levelled at cohousing as being exclusively middle class. It is our opinion that greater access and diversity can only come from the scaling up of collaborative housing models, especially through the support of social housing providers.

One interesting recent example has been a series of cohousing schemes currently in development by Housing21 (a not-for-profit provider of extra care and retirement housing for older people of modest means). While there is a question mark over the extent to which these follow the cohousing ethos of 'bottom up' development, as each scheme seeks to identify an existing community and engage with them through the proposal, there is significant optimism that such projects might nonetheless begin to open up greater agency to a much more ethnically and socio-economically diverse range of participants.

Recommendations

Although the various models of collaborative housing that exist seem to offer enormous potential for playing a role in social care for and by older people. But thus far existing examples remain largely unknown or unacknowledged by government and even in the specialist older people's housing sector.

Neither social housing providers nor private developers have shown much appetite for bringing forward new collaborative housing projects. There would seem to be several reasons for this; the overall market for private and social housing for older people is undoubtedly challenging and, in the current climate, it is understandable that providers and developers will tend towards 'what they know'. Yet we believe there are actions that can be taken at all levels to better promote and support an expansion of community led housing – and housing that follows at least some of its principles – that enables greater agency and mutual support among older people in their housing.

To government

- Reinvigorate targeted funding streams to make collaborative housing options more widely available. Specifically, the Community Housing Fund should be reinstated and maintained. This fund provided essential revenue, capital and support infrastructure leading to the successful delivery of 1000's of homes, enabling groups across the country to address their own housing needs.
- Community Led Homes (an alliance of the UK's CH networks) should be funded to train a team of skilled enablers who can support new CH schemes for older people
- Maintain the Government's commitment to leasehold reform, to better support more leaseholders take control of their retirement housing
- The concept of 'Community Priority Projects' – including community led housing – should be introduced into planning law, to allow local authorities to require schemes through Section 106 agreements
- Encourage Mutual Home Ownership Societies (as an already-established legal model for creating cohousing and other self-managed schemes)
- Encourage promotion of collaborative housing options across organisations that advise on ageing and/or housing, e.g. EAC HousingCare, AgeUK and others.
- Research should be funded into pioneering schemes such as Housing21's cohousing social rented schemes, to explore the practical challenges for housing providers of collaborating with small communities of older people

Continues...

To local authorities

- Recognise the benefits of choice, control and the power of self-help implicit in collaborative housing
- Ensure that local planning authorities in particular are educated about the benefits of collaborative housing schemes for older people, to counter fears that they would increase the call on adult social services
- Support collaborative and community-led housing initiatives, i.e. cohousing, housing co-operatives and community land trusts, through releasing sites, and encouragement as a part of larger development schemes through planning policy

To specialist housing providers and registered providers

- Promote, foster and develop 'capacity' within existing communities, i.e. the will for self-organisation and management, recognising the power of mutual aid
- Consider the scope for 'retrofitting' self-management, including to existing micro-communities of mutual aid (even within larger complexes such as extra care villages)
- Learn from cohousing examples and their designers to encourage greater sociability and mutual support through the design of new schemes
- Learn from providers experimenting with the introduction of self-managed cohousing, such as Housing21's cohousing projects

Note that Housing21 and the UK cohousing network have published a useful guide, '*Housing Associations and Cohousing; How to create inclusive, affordable, collaborative neighbourhoods for older people*'. Available via UKCH website:

<https://cohousing.org.uk/publications-and-research/>

To members of cohousing communities in development

- Consider carefully the aims of the group in terms of ageing and care: be open in addressing what the community might look like in 10, or 20 years' time
- Be open and realistic about expectations around care, particularly for neurological and cognitive conditions
- Support community members to register formal powers of attorney and contact details for key external supports (family members or others)
- Think carefully about physical design and adaptability in terms of level access, both in terms of individual dwellings and the wider site
- Include a guest flat (this could also earn revenue when not in use)
- Consider connecting with local micro-enterprises for social care and support and care cooperatives

Appendices

Appendix 1 – Case study summary table

Community	Hazel Lanes senior cohousing	Meadowridge cohousing	Sundial Yard cohousing	Greenways Self-managed retirement housing	Crescent Crofts Self-managed extra care housing	Cedarbank Housing co-op
Year of move in	2016	2019	2003	Early 1990s	1985	1985
Location	London	Suburban, town in eastern England	Urban, town in west of England	Urban, city in South West England	Suburban edge, West Midlands	Suburban area in North West city
Homes / tenure	25 homes: mix of 1-, 2- and 3-bed flats. 8 are for social rent, remainder are leasehold ownership. Leases on social rent homes owned by small housing association.	23 homes: 17 houses (2 / 3 bed) arranged in a terrace, and 6 flats (1 / 2 bed). All individual leasehold ownership. Likely that the three flats still being created will be retained by the existing residents' company for private rent.	35 homes, with 14 flats (bedsits, 1- and 2-bed) and houses, from 3 to 5-bed. 6 of the flats are privately rented, of which 2 have off-site landlords, albeit closely associated with the community.	54 flats: equal mix of 1 and 2-bed apartment. All individual leasehold ownership. All common parts, guest flat and site manager's flat are part of the freehold, owned by others.	52 bungalows (only 44 occupied at time of survey), and all private leasehold ownership. All common parts, including a central hub building, owned by freeholder.	64 homes over two sites (12 flats, 52 bungalows). All homes are rented from the co-op by its members.
Demographic profile	Women from early 50s to over 90, mainly single households	31 members (22 women, 9 men) with a mix of singles and couple. Ages range approx. evenly from early 50s to mid 80s	Approx 70 residents (34 women, 22 men, and 14 children/under 18's). Households are a mix of singles, couples and families, also a small number of lodgers (who are required to commit to the community as full members). There is a wide spread of ages overall; of the	55 residents (38 women and 17 men), mainly singles with a few couples (a number of flats are unoccupied at any given time). Ages range from early 60s to mid 90s; however, a majority of residents are in their 80s, with the average age having	51 residents (15 men, 36 women), 14 of whom live as couples. A majority of residents are in their 80s, with some in their 90s but a small number in their 60s and still working.	63 residents: 31 women, 32 men, majority of both living alone. Members must be 60+, but roughly half are in their 70s. Members tend to have strong local connections and come from a broadly white working-class background.

			71, 27 are over 60, with the oldest member in her late 80s.	moved up significantly since completion.		
Common resources	Common room with kitchen, laundry, courtyard lawn and separate vegetable garden	Large common house with meeting room as well as dining / kitchen, guest flat. The houses have small individual garden spaces but most of the site given to shared landscape and food growing. Pool of four electric vehicles + e-bikes.	Three-storey common house incl dining/kitchen space and laundry. Small private gardens to houses, but mostly shared garden; small allotment area with toolshed and workshop.	Large common room with small kitchenette, a guest flat, site manager's office, laundry and toilets. External shared space is quite limited, essentially comprising a car park within the core of the site that connects to a small terrace area and narrow paved area accessed from and surrounding the common room at ground level.	Each bungalow has small private garden areas, but a majority of the site is common space (lawns, circulation routes etc) and a hub building that includes offices, kitchen and dining spaces.	Each of the two sites has a social hub building with site manager's office, main social space and small kitchenette. One has a small guest room, but not in use.
Management	Mutual limited company, managed by elected committee (which includes a housing association for the social rented homes). Work teams for finance, comms etc.	A company set up by the members owns and manages the freehold of the site and the shared elements of the scheme. Four main working groups: building, finance & legal, membership and comms.	Each owner holds a leasehold for their own home, with the site freehold owned by a limited company controlled in turn by the leaseholders as its directors. Like the other two cohousing communities in this study, there are working groups for specific managed elements.	All residents are leaseholders and directors of the Right-to-Manage company, appointing a managing agent, and also a site manager.	Each leaseholder is a shareholder (one vote per property) in a not-for-profit management company set up at the start by the developer.	Fully mutual co-operative: all residents are members of the co-op, all members (except current chair) are residents. Members elect a management committee.
Site staff and collab services (non care)	None	None	None	Live-in site manager, responsible for day-	Site manager and kitchen staff	Two site managers, one of whom rents a

				to-day management, security and so on.		home from the co-op on one of its sites.
Social care model, services	No formal services: preventative approach through supportive community.	No formal services: preventative approach through supportive community.	No formal services: preventative approach through supportive community.	No formal care services. Social and personal care self-funded and managed individually.	CQC registered, set up to provide limited self-funded personal care by off-site staff + one on-site 24 hour cover.	CQC registered via secondary co-op for on-site managers; welfare call and general support and liaison with social services. Social and personal care also self-funded and managed individually.
Social model and shared activity	Intentional community: commitment to maintaining sociable and mutually supportive community in later life. Weekly shared meals, events, and work groups, e.g. for gardening	Intentional community: commitment to maintaining sociable and mutually supportive community. Regular shared meals (1 -2 per week), events, incl 'work day' every 8 days, currently focussed on garden and landscape work	Intentional community: commitment to maintaining sociable and mutually supportive community. Wide range of community activities. Meals are cooked and served at the common house three times a week by a small team changing on a rota basis. Strong sense of community reinforced by events such as the annual pantomime.	No intentionality or formal commitment required. However, regular informal and planned activities by residents.	No intentionality or formal commitment required. Regular informal and planned activities, organised by residents and staff.	No intentional social model, but commitment to the values of the co-op required. Regular planned activities, but mainly by staff on behalf of the co-op.
Becoming a resident	Prospective residents (women aged 50+) must first become members of the Hazel Lanes company (the	Following an initial period of getting to know the group members, prospective residents must be	Prospective members must be accepted by the group and become cohousing members, committing	Intended as 'independent living', but all flat sales via open market.	Intended as 'independent living', but all flat sales via open market (via the freeholder's website).	Co-op's own waiting list and entry criteria, must become a member of the co-op

	<p>legal body through which members manage the scheme). Prospective residents join a limited number of non-resident members, who are encouraged to be actively involved with the community and who are potential residents as and when a vacancy occurs. Existing members (through the company) reserve the right to select new members according to the needs of the group at a given time; tenants for the social rented units are similarly selected by the community, but also in accordance with the eligibility criteria agreed with the housing association that manages the rental homes.</p>	<p>accepted by the community and become cohousing members, committing to the values of the group. There is a waiting pool, rather than a list, but the rules of the controlling company (written into the leasehold agreement for each home) require that a home is first offered to existing members (with the idea of rightsizing within the group).</p>	<p>to the ethos of the group. There is an 'interest list' for potential buyers and private tenants, but this is less formal than at the other two cohousing cohousing groups. Homes are sold via agents on the open market, and there has been concern in the past that estate agents tend to play down (or even omit) the cohousing element in the initial advertising phase.</p>	<p>Purchasers must be 60 or over.</p>	<p>Purchasers must be at least 55 or, if younger, need care. The freeholder collects a percentage of the sale price when a bungalow is sold. However, a philanthropic approach is taken, with sale fees kept low, and lease extensions (normally a source of significant income for a freeholder) granted at minimal cost.</p>	<p>before becoming a renter.</p>

Appendix 2 – Research team members

Karen West, Professor of Social Policy and Ageing, University of Bristol (Principle Investigator)

Karen is a social gerontologist and has extensive experience of qualitative research on care and housing and, more recently, collaborative housing. She has led on many research projects, including the delivery of information and advice services and low-level support, the implementation of personalisation, bereavement support in extra care housing. She has just finished working on research investigating Community-led Housing and Loneliness for MHCLG. Karen has an ongoing interest in how public policy and social care policy is addressing the challenge of an ageing population and has spoken frequently on these topics. She is a trustee of Age UK Bristol.

Misa Izuhara, Professor of Social Policy, University of Bristol (Co-Investigator)

Misa is Professor of Social Policy based in the School for Policy Studies, University of Bristol. She has been undertaking research internationally in the areas of housing and social change, ageing and intergenerational relations, and comparative policy analysis. Her projects include collaborative research on ‘Social differentiation in later life: housing and retirement trajectories’ and ‘Housing assets and intergenerational dynamics in East Asian societies’ both funded by the ESRC.

Melissa Fernández Arrigoitia, University of Lancaster (Co-Investigator)

Melissa is an urban sociologist and Senior Researcher at Bristol University and Universitat Oberta de Catalunya with extensive experience and publications in senior co-housing and in managing medium to large-scale research grants. Her work focuses primarily on housing and critical geographies of the home, especially collaborative housing. This includes a long-term ethnography into the production of alternative home futures and community-led practices, notably senior co-housing, in London; as well as case studies across the UK and Europe.

Kath Scanlon, London School of Economics (Co-Investigator)

Kath is Distinguished Policy Fellow at the London School of Economics, where she has been based for 20 years. An economist and planner, she specialises in understanding the impact of housing policy at local and national level. She has been researching cohousing for more a decade and is interested in ways of expanding access to the benefits of collaborative housing, and recently led a research project for MHCLG, looking at the effects of community-led housing on loneliness. She has conducted policy-focused research for a range of UK and international funders including the GLA, several London boroughs, Homes for Scotland and the Council of Europe Development Bank. Her role as Distinguished Policy Fellow involves regular engagement with civic groups and decision makers.

Jeremy Porteus, Chief Executive, Housing LIN (Co-Investigator)

Jeremy was formerly National Lead for Housing at the Department of Health responsible for its then Extra Care Housing capital programme and known for his thought leadership. After leaving the department, he founded the independent Housing LIN, bringing together housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population, with a belief that when great people come together and share ideas, inspirational things happen.

Jeremy has written extensively on housing for an ageing population and ageing friendly design (RIBA), author and secretariat to the APPG on Housing and Care for Older People HAPPI inquiries, sits on several influential academic, trade and professional body Commissions and Advisory Boards, and is a judge on the government's Home of 2030 competition.

Randall Smith, Emeritus Professor, School for Policy Studies, University of Bristol (Co-Investigator)

A retired but research active Professor of Social Gerontology in the School for Policy Studies (SPS) at the University of Bristol. Throughout his career, he has taken an interest in policy for and the management of services in adult social care, particularly for older people. The main sources of funding have been the ESRC and the NIHR-School for Social Care Research. In the last decade, the focus of the research has been mainly on housing with care and has led to a series of jointly published articles in a variety of journals, including *Ageing & Society*, *Housing, Care and Support*. He is currently a member of an ESRC funded research team at SPS looking at diversity in the care environment, promoting social inclusion in housing care and support for older people in England and Wales.

Jim Hudson, University of Bristol (Researcher)

Jim is a Senior Research Associate at the School for Policy Studies, University of Bristol. He has worked with Karen West and other team members while based at LSE London for the last 18 months, working primarily on a project for the MHCLG that examined community-led housing and loneliness. He originally trained as a Chartered Building Surveyor and project manager, working primarily on housing renewal schemes across London and the southeast. He subsequently lived in Berlin for several years, writing on architecture and urban planning, and got interested in the city's legacy of collaborative and self-managed housing projects. His PhD (completed 2019) explored the negotiation of later life and mutual support among established cohousing groups of older people in Berlin.

Aimee Felstead, University of Bristol / University of Sheffield

Aimee is a Lecturer at the Department of Landscape Architecture, The University of Sheffield, and also held the post of Senior Research Associate at the School for Policy Studies, University of Bristol, for the duration of the CHIC project. She worked as a Designer and Landscape Architect for 5 years, before undertaking an MA in social research in 2017. She recently completed (2022) a PhD exploring cohousing residents' involvement in shared residential landscapes, which produced a card game to help residents solve the challenges of designing, maintaining and governing shared outdoor spaces. Her research interests include community-led urban design, collaborative housing landscapes and creative research methods.