CIH submission to the All Party Parliamentary Group on Ageing and Older People

About CIH

Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals and their organisations with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world.

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Introduction

CIH welcomes the APPG’s inquiry into housing for older people and the impact housing has for people to age well. The fact that we are all living longer is something to be celebrated but we still have a lot to do to ensure that we are all also ageing well and that this improved wellbeing is enjoyed across all older age groups, where ever they live. There is a significant impact from increasing numbers of older people not enjoying a corresponding rise in healthy extra years, in terms of increased demand and costs for public services notably health and social care. So, we need to ensure that our housing and its condition promotes health and supports more people’s continued ability to undertake tasks of daily living safely, for as long as possible. Our responses to the specific questions of the inquiry are below.

1. How does poor housing affect older people’s access to health and social care services?

The evidence demonstrates that poor housing itself has a significant impact on people’s health and wellbeing at all ages; research by the BRE in 2010 and updated in 2016, shows that costs to the NHS equal £1.4 billion, with wider societal costs reaching £18.6 billion. Looking more specifically at older people,
the BRE estimated costs to NHS of £624 million in treatment costs for the first year, attributed largely to problems from cold housing and falls in the home.

Making housing safe and accessible through adaptations can help people remain safely at home and reduce the dependence on help with tasks of daily living. In 2017, the Centre for Ageing Better published Room to improve: the role of adaptations in later life, and concluded that appropriate and timely adaptations helped people perform the activities of daily living better, reduced the risk of falls and injuries, and improved people’s mental health. It was also cost effective – for example, adaptations to prevent falls on stairs costing £290 million would save £470 million and pay back costs in eight months.

Sheltered housing and housing with care for older people has also been demonstrated to provide health benefits and reduce costs for public services. ExtraCare Charitable Trust’s longitudinal research into the impacts of its housing with care and support services revealed that residents reported lower levels of loneliness than the national average - 86.5 per cent said that they never or hardly ever felt lonely. Memory and cognitive ability also improved; they had more physical exercise and lower levels of depression. In terms of public services, it reduced routine health visits by 46 per cent and unplanned hospital stays from 8-12 days to 1-2 days. Overall it estimated savings to the NHS of 38 per cent.

With increasing numbers of people ageing without children and living alone, services that help them to make informed decisions and provide help navigating complex health and care services, including advocacy, will become increasingly necessary, to replace what might otherwise be provided by children/ families. Many supported housing services do this, by signposting and connecting people to appropriate help. Research by Ageing without Children highlights that by 2030 around 2 million people over 65 will be without children. The evidence suggests that people ageing without children are likely to enter residential care, at an earlier age and with lower level of needs. Currently 92 per cent of unpaid care is provided by family members.

So, the impact for public services, and for older people trying to maintain their independence and wellbeing within the community, is likely to increase – this has implications for people finding the right home to support them in older age and their experience of and access to the help they need to live well into older age. The right housing and support services, plus access to information and advice
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will be increasingly important in helping older people navigate this and maintain their wellbeing.

2. How do housing conditions vary over different tenures?

Whilst some of the poorest conditions are in the private rented sector (PRS), in terms of volume more older people in poor housing are owner occupiers, and broadly the older the household and the longer they have lived in the home, the greater the likelihood of problems. The UK Housing Review 2019 reports that in 2016, nearly 3 million owner occupied home were non decent (based on the Health and Housing Safety Rating System - Table 23a) compared to 1.3 million in the PRS and 511,000 in the social rented sector.

In England, of households that are over 60 or living with a long term condition or disability, 18 per cent live in the PRS and 67 per cent are owner occupiers (The hidden costs of poor quality housing in the North, Smith Institute and Northern Housing Consortium, 2018). Housing that was developed pre-1919 has higher levels of disrepair, poorer energy efficiency and higher risks of category one hazards. 19 per cent of households between 55 and 64, and 14 per cent of households aged 65 plus live in pre-1919 homes (BRE Housing and ageing in England).

The age and type of housing and geographical factors contribute to the level of resources older households have to tackle the lack of decency in their homes, alongside personal household factors such as savings etc. The hidden costs of poor quality housing in the North illustrates this; 24 percent of all housing in the north is pre-1919 and 41 per cent pre-1944, compared to the national average of 37 per cent. Overall, its ageing population is also less healthy and significantly poorer that many households in the south. A strategy to tackle this would need to look at new development within the context of and with funding for housing renewal and more widescale regeneration programmes.

3. What are the reasons for the variations in quality and conditions in supported housing

Housing with care or extracare models are a relatively recent development, but retirement or sheltered housing has a much longer history (and almshouses began in the 10th century). In the 1980s around 30,000 units of sheltered housing was developed a year, so many of the specialist homes that exist today were built
when the life expectancy and aspirations of older people, and the standards and facilities required were different. Whilst it is clear that standards do vary, it is less clear to what extent as no comprehensive data exists; recent research for government focused on numbers and costs.

Approximately 511,000 homes overall in the social sector remain non decent but this is not broken down to reveal what, if any, number of specialist homes that includes. Many of those homes will have an older person living there, ageing in place. Other standards that may have been applied include: accessibility standards (Lifetime Homes/Building regulations M4 (2)); HAPPI design standards; Stirling University standards for dementia; RNIB sight loss etc. These higher standards are voluntary and therefore application differs across local areas (depending on any requirements in local plans) and across providers.

Sheltered housing is provided by a range of organisations, including local authorities and their arms length management organisations (ALMOs), and housing associations, both generalist and specialist. The capacity for some of these providers to refurbish or redevelop specialist housing has been impacted by:

- Rent reductions set by government since April 2016 which have affected business plans – with local authorities which have stock particularly adversely affected by this following the 2012 self financing arrangement
- Pressure to maximise assets to support increased new development - with the focus on the needs of younger people and newly forming households that are unable to access affordable homes
- Additional health and safety investment, particularly in relation to high rise housing following the fire at Grenfell Tower.

Providers will respond differently to these competing priorities, resulting in further variation in standards. Funding for support within schemes previously provided under the supporting people programme has largely been withdrawn, so more differences in the nature of provision has come about due to the range of approaches taken by providers to adapt to funding reductions or loss, and commissioners’ requirements to meet the needs of older people in the wider community.

Following the settlement on supported housing funding, government is working with the sector to develop frameworks on quality and value for money that may help to provide a benchmark for any new development but also for work to
refurbish or renew existing schemes. This needs to be developed with residents too. CIH’s work on sheltered housing reviews revealed that common concerns of residents were around:

- Maintaining safety and security through a continued staff presence on schemes
- Support for health and wellbeing through social activities/ help to participate in wider community
- Skills and knowledge of staff to deal with increasingly complex needs
- Modern, accessible, adaptable homes of high quality.

New development and any refurbishment of existing homes will also need to adapt to higher levels of needs, and meeting the goals of different local commissioners and funders, including health bodies. A national strategy for older people could help to drive forward greater integration across housing, health and care.

4. What are the implications of the increase in older people in the private rented sector (PRS)?

Research for Age UK’s report, *Ageing in squalor and distress: older people in the private rented sector* (2016) identified that 8.5 per cent of households – 360,000 – in the PRS were over 65, and estimated that by 2040, one third of people over 60 would be renting privately.

This trend has significant implications both in terms of state support for their housing costs, and in the potential impact on the wellbeing of those households.

The Strategic Society Centre estimated that by 2060, state support with housing costs for older people would increase by £8.13 billion, based on projected population growth in older people and on 40 per cent then renting.

Older people in the PRS are more likely to report being lonely than home owners and more than half of older renters live alone and have a disability or chronic illness. Poverty levels are also higher amongst older private renters, with one third living below the poverty threshold after housing costs ([Unsuitable, insecure and substandard homes, Independent Age 2018](https://www.independent-age.org.uk)). Issues with the PRS for older people include concerns about being able to live a secure life in retirement; the risk of having to move and the cost, upheaval and difficulty that causes, especially for those lacking support of family and friends. Private renters do not
seem to be aware of or able to access disabled facilities grant for adaptations – only 7 per cent of grants being made to people in this tenure. Concerns about obtaining permission to have adaptations may contribute to this. All of these factors also indicate a potentially higher risk of injuries, falls and poor health due to social isolation for older people in the PRS. The fragmented nature of the sector, with many small landlords, can make it harder to reach this groups of older people with information, help and support, further compounding the impact.

5. What solutions are available to address poor and inaccessible housing standards?

Many older households do not have high levels of savings or equity in their homes to fund improvements. Given the impacts that poor housing can have on health and the costs for both NHS and social care services, there is an argument for renewed funding and support from government to help older homeowners to make improvements to their homes - a renewal grant or loan - alongside information and advice to access reliable contractors to undertake the work (delivered through home improvement agencies for example). For older home owners who have assets, they often require independent advice and help to access that equity (whether through equity release schemes, or help to identify a new home and to move) to ensure that their home is fit for purpose as they age.

Adaptations that are appropriate and delivered in a timely way are very successful in helping people to manage well and safely for longer, so ongoing investment into Disabled Facilities Grant needs to continue and funding for organisations that can provide the help and advice to manage it.

Planning to tackle housing conditions should be set in a broader context of how to plan more effectively for our ageing population, and the choices available to older people. CIH has called for a national strategy for older people to provide a clear strategic framework to drive more effective planning for and delivery of services to older people in local communities. Local structures exist that bring together planning, housing, health and care – for example health and wellbeing boards - but these need to be more joined up and effective in shaping the assessments and plans for appropriate responses.

For example, it should influence local plans, to include more accessible housing - CIH has called for Building Regulations M4 (2) to become the default standard,
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enabling new homes to be more easily and cheaply adapted as needed - which would support more households with disabled people as well as older households.

More specialist housing as an alternative option for older people should also be included - to buy and to rent. Previous research has indicated that more older households would be interested in moving to retirement housing should it be available locally. A national framework of standards and quality would help to ensure that more people understood what retirement housing and housing with care could provide, and make moving a positive choice. Funding should also be considered; the recent review of the funding framework for specialist housing was related to costs for the property; so funding for support remains problematic and varies across local areas, but it is an integral element to this housing and an important factor in why people have chosen it and contributes to people’s wellbeing.

Government has introduced several measures recently to improve the PRS. For older people further changes such as encouraging longer tenancies and abolishing section 21 notices (that enable shorthold tenants to be evicted without grounds) would provide more security and peace of mind (?). Work to raise awareness amongst tenants of the availability of Disabled Facilities Grants for adaptations is needed, as are levers to incentivise landlords to allow adaptations to be carried out.