



Date: 27th March 2019. APPG for Ageing and Older People's Inquiry on decent and accessible homes for older people – invitation for submissions

The main aim of the inquiry is to understand the detrimental impact of poor housing on older people's physical, mental and social well-being and to find solutions that can be presented to the Government, focusing on the existing housing stock rather than new housing.

The inquiry aims to investigate five key issues:

1. How does poor and inaccessible housing affect older people's access to health and social care services?
2. How do housing conditions vary across different housing tenures?
3. What are the reasons for the variations in the quality and conditions in supported housing for older people?
4. What are the implications of the growth in older tenants in the private rented sector for housing standards?
5. What solutions are available to address poor and inaccessible housing standards for older people?

About the Royal College of Occupational Therapists

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to this inquiry. RCOT is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The submission has also included involvement from the RCOT Specialist Section in Housing. The RCOT Specialist Section – Housing is one of RCOT's clinical interest groups and has approximately 300 members across the UK. One of its core aims is to build cross sector collaboration to ensure inclusive and appropriate standards in housing and the built environment for older and disabled people, their families and support networks. Housing Occupational Therapists are employed within a variety of settings such as Local Authority and Housing Associations, and consider both the internal and built external environment. Through assessment and observation of disabled and older people carrying out activities of daily living within their home and surrounding environment, in addition to providing advice on adaptations and the design of a range of housing types, occupational therapists gain an in-depth understanding of the barriers encountered due to limited choice and the lack of accessible and adaptable housing.



The Lead on Accessibility and Inclusive Design for Specialist Section in Housing made a submission to the previous Parliamentary Inquiry into Housing for Older People which provides information relevant to this inquiry.

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/news-parliament-2017/housing-health-older-people-17-19/> .

They were invited to give evidence at the 'Impact of Housing on Health' Session which provides additional relevant information as part of this response, also highlighting the key role of Housing Occupational Therapists, including cost savings and effective use of housing resources.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/37002.htm>

Whilst Government acknowledged the recommendations of the report, they did not accept them fully despite a wide range of up to date research and evidence.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/743905/CM_9692_Housing_for_Older_People_web_version.pdf.

Therefore this APPG has encouragingly sought to further investigate issues across tenure.

Inquiry questions

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

As stated in the submission and evidence referenced above, there is an increasingly robust research base with more over the last year (HSE, Centre for Ageing Better, Care and Repair, Foundations/DFG Review) which demonstrates the devastating effect of poor and inaccessible housing on older people's access to health and social care services. The impact of cold, damp, disrepair and slips, trips, falls and loneliness and isolation are shown to have the highest impact and subsequent costs across a range of aspects. Poor and inaccessible housing prevents older people from accessing their local and wider community in terms of maintaining an independent and active life, being safe and warm, general health wellbeing including accessing appointments, increases social isolation and loneliness and promotes best use of what are potentially limited personal finances. In addition to the older residents themselves, it also reduces the likelihood of others visiting such as family, friends and carers/other services who may then signpost as appropriate. By not being able to safely access their local community, this will reduce their likelihood of interacting with services and/or finding out about relevant assistance available.



2. How do housing conditions vary across different housing tenures?

Research shows that the majority of older people still currently live in owner occupied housing. It also found that the majority of older people only move due to crisis and the reasons for this are varied. Some older people will have lived in these properties for a long time without available cash to maintain and repair them to a decent standard, in addition to a lack of knowledge, understanding and signposting to know where to obtain assistance (both practical and financial) and details of what is actually available to them. Whilst they may have available equity within their property, to date older people appear to have also been reluctant to take up equity release products. The HSE research demonstrated that many owner occupiers are living in damp, poorly insulated, cold, non-decent properties with Category 1 hazards within the home resulting in direct and indirect impact on their health and wellbeing.

Older people living in social housing are more likely to be in housing that is of a decent standard due to landlord's responsibilities. However it would be helpful to resurrect something similar to the previous Decent Homes Standard to ensure that housing remains fit for purpose and does not fall into disrepair. It is also key to include relevant professionals, such as housing occupational therapists, when planning refurbishments and improvements to housing stock to ensure that they meet the needs of older and disabled residents and ultimately provide longer term cost savings across a range of services. Residents of social housing are also more likely to come into contact with other people including housing officers who could signpost them to relevant services such as health and social care, and moving to more appropriate housing whether it be accessible and adapted general needs housing or supported housing such as Sheltered, Extra Care. However it is still key that residents are signposted and made aware of what is available to assist them to maintain a quality of life and remain in their own home as long as possible and/or assist in obtaining alternative housing options e.g. occupational therapy input.

Whilst older people may not see themselves as disabled per se, nor are older people generally considered within the general 'homeless' population, it is important to consider this increasing group within the private sector, including those who approach housing services as homeless and are ultimately placed in Temporary Accommodation. The EHRC toolkit guidance above provides helpful information and it is worth highlighting this for further consideration as to ensuring that TA is appropriate in terms of its condition and accessibility and meeting the health and wellbeing needs of older people. Private rented tenants and the implications of this group of tenants are discussed in more detail below in No.4.



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

It is our experience that housing with support can have significant benefits for older people by providing inclusive housing that is accessible, alongside the flexibility of on site care and support. It can enable people to live in their own homes for longer and there is evidence that it can reduce the need for residential care.ⁱ¹ Increasingly occupational therapists are using their experience of how accessible environments impact on health and wellbeing to contribute to the design of housing in this sector.

A key finding from post occupancy evaluations is that there is an improvement in general wellbeing as a result of reduced levels of social isolation; and the ability to meet the fluctuating care and support needs of residents appropriately within this enabling environment. Given the right environment people with a range of physical, sensory and cognitive impairments feel more confident and able to be more active and less reliant on care.

4. What are the implications of the growth in older tenants in the private rented sector for housing standards?

There is a rise in the number of older people who are, and will be, living in the private rented sector. Unfortunately there are a variety of implications that may impact on older peoples' health and wellbeing and likelihood of being able to live in decent and accessible housing. Whilst some local authorities have landlord licensing schemes, these are still optional, and the private rented sector has high levels of indecent, inaccessible housing. Social housing tenants will have secure or assured tenancies, whereby private rented tenants have insecure tenancies which will vary in timescale, certainty/security and likely to come at a much higher cost. This insecurity of tenure leaves older people in a much more vulnerable position in terms of asking for repairs/maintenance and adaptations and as a result are likely to live in properties which provide lower housing standards and which are not monitored.



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

It is important that any solution to address poor and inaccessible housing standards is person centred, and focuses on what matters to the person. As highlighted in our recent report, Making Personalised Care a reality, it is vital that solutions should focus on people strengths, support them to maintain their valued activities and continue to facilitate community access to family friends and community.ⁱⁱ

We would like to highlight the examples sent to you on 21st December 2018, which we have included again for your information. As stated at the time these include detail of occupational therapists work in supporting people to remain safe and well in their own home and communities.

The new RCOT publication *Adaptations without delay* (AWD) (due for publication in June 2019) is the outcome of a review of existing practice across the UK. The review found that:

- Current systems for delivering adaptations need to provide person-centred outcomes through a more integrated and collaborative approach to the assessment, design and installation of adaptations.
- In terms of demand for major adaptations the most common are showers, stair lifts and ramps, and often in situations that are simple and straightforward.
- Typically, the need for an adaptation has been defined by the *type* or *cost* of the solution, rather than the *complexity* of the situation.

The AWD guidance aims to reduce delays and make best use of the preventative benefits of home adaptations that reduce risks and improve health and wellbeing and access to the wider community. It provides guidance for all stakeholders involved in the delivery of adaptations to support a more proportionate response to demand.

The AWD guidance introduces a framework that outlines the person-centred outcomes that can be achieved from having the home adapted. Workforce and operational factors to support integrated and new ways of working are identified. The framework outlines the different levels of *complexity* of the situation, rather than cost and type of adaptation.

Whilst this inquiry states that it is not considering new build, it is still absolutely fundamental to campaign for accessible and adaptable housing across all tenure i.e. ADM (4) Category 2 to be required as the minimum for all new build, in addition 10% (potentially more for older persons housing) to be ADM (4) Category 3: Wheelchair dwellings. Without this, the same issues will perpetuate themselves and we are ignoring the potential for long term savings. If they are provided across tenure, as with the London Plan, it is key that they are advertised appropriately so that people



are aware of their beneficial features and adaptability. This is particularly key as hopefully they will be designed inclusively, so people may not be immediately aware, but also to target older people who may not necessarily wish to live in specialist housing but general housing which is well designed and has the space and adaptability, whilst being close to facilities and transport etc. Marketing is therefore key to encourage older people to move and downsize and this would also apply to private rent, as discussed elsewhere. Abode Impact AbodeImpact.co.uk/ are aware of these issues and, although not specifically for older people, an organisation who have set themselves up with the aim of purchasing new build wheelchair units and rent them privately. They also recently carried out some key research evidencing the need for this type of tenure/property.

One of the key issues and recommendations in the previous Older Person's Housing Inquiry was the lack of information and signposting for older people, as also highlighted in the DFG Review. We agree and feel that it is important to create better signposting via social services and housing teams for older people to get support they need in a more timely way. This would include better links with voluntary sector and support for self-funders. We really value the excellent service provided by First Stop Advice for Housing options by EAC and any way that this can be made more widely known and used is to be welcomed. Signposting to relevant information and available resources is key, as clearly set out in the Older Persons Housing Inquiry and publications issued by organisations such as Foundations, Care and Repair, The Centre for Ageing Better, the Housing and Learning Improvement Network.

Whilst some older people may not consider themselves as disabled, the EHRC recently published a range of useful toolkitsⁱⁱⁱ, for both users and organisations, which provide detailed information as to peoples' rights, relevant legislation and guidance, and how to obtain accessible housing and adaptations across all tenures.

Ensuring housing is fit for purpose and provides longer term costs savings across a range of services. Housing occupational therapist have demonstrated this by providing advice to housing providers when considering housing refurbishments and renovations e.g. under 'decent homes' type works. This can ensure that they are accessible, attractive and inclusively designed to meet the needs of older and disabled people. This would include consideration to a range of impairments e.g. physical, cognitive and sensory and can provide long term cost savings. Examples of this may be ensuring level thresholds, easy to use/understand doors, windows and locks, replacing baths with level access showers, considering tonal contrast in colour schemes.

The issues within private rented sector are discussed within the EHRC toolkits including the difficulties with the Equality Act and the need for service providers (landlords) to make 'reasonable adjustments' e.g. adaptations, and the fact that the part of the act which applies to communal areas has not been yet been implemented. The EHRC have good practice guidance on their website however unfortunately the responsibility is with the disabled (older) person themselves to take



action against the 'provider'. It is therefore unlikely that a tenant will lodge a complaint against their landlord due to the insecurity of their tenure. N.B. There is recent case law on the Foundations DFG website where a landlord was ordered to undertake minor adaptations.

Other solutions in terms of encouraging landlords with the private rented sector to agree to the provision of adaptations (and potentially provide/fund from the outset) is to improve the aesthetics of adaptations so that they are seen as a positive asset and an understanding that can be designed inclusively e.g. attractive, contemporary wet rooms at a similar cost to the less attractive, institutional/medical provision often associated with adaptations. This was also highlighted in the DFG Review.

Accessible and adapted rented properties should be marketed in a positive way and landlords should be made aware of their real potential in terms of the growing ageing population looking to rent/downsize to general, not specialist, housing. A possible suggestion could be that where local authorities have landlord licensing schemes, they could receive advice and information as to their benefits/positives and possibly a discount on the joining fee if landlords agree to adaptations. A nationally recognised way of identifying their accessibility would be helpful so that older people can make informed choices.

The implementation of Regulatory Reform Order Policies to use the discretionary element of the Better Care Fund to provide a range of assistance for owner occupiers and private renters/RP tenants. These policies can provide flexibility to use the monies in a more creative way to complement the mandatory DFG element e.g. top up funding, but also in other ways to assist with aspects of this inquiry e.g. repairs and maintenance to properties, energy efficiency measures, relocation/moving grants, step-down/discharge facilities. This is further discussed in Care and Repair/Foundation publications and in the 2018 EHRC toolkits.

We are encouraged by the recommendations made in the DFG review and would be keen to see this developed by government this year. Elements such as first point of contact, more integrated work across services and technology solutions, are key areas of expertise for occupational therapists. Examples illustrating the points around preventative and first point of contact work are included in the previous submission to the inquiry.

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ⁱ The design of extra care housing for older people and its impact on wellbeing: The East Sussex perspective (2015) Accessed at; https://www.designingbuildings.co.uk/wiki/The_design_of_extra_care_housing_for_older_people_and_its_impact_on_wellbeing:_The_East_Sussex_perspective

ⁱⁱ Royal College of Occupational Therapists. (2019) Making personalised care a reality: The role of occupational therapy. Accessed at; <http://cotimprovinglives.com/making-personalised-care-a-reality-the-role-of-occupational-therapy/>

ⁱⁱⁱ Equality and Human Rights Commission. (2018) Housing and disabled people: your rights. Accessed at; <https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-toolkit-local-authorities-england>. And <https://www.equalityhumanrights.com/en/advice-and-guidance/housing-and-disabled-people-your-rights>