



# This old house

**Les Bright** reflects on the links between health, housing and home

The attention typically given to housing issues tends to focus on first time buyers and whether the market is rising or falling. Seldom has it anything to do with any specific effect on older people's needs. So the launch of the *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* (Department of Communities and Local Government *et al* 2008), produced jointly by three government departments, is especially welcome as it recognises the links between housing and health.

It has been billed by the government as 'the first housing strategy of its kind anywhere in the world, which aims to create age-friendly housing so that more people can stay in their homes close to friends and family for as long as possible'.

An entire section of the guidelines, *Reconnecting Housing, Health and Care*, explicitly acknowledges this age-friendly factor, mapping out a wide range of links between housing and older people's wellbeing.

## Old and cold

Poor housing has long been associated with heart and respiratory conditions, the increased incidence of falls and the catastrophic impact that this can have on people's lives. Increases in deaths during the winter can also be linked to the quality of people's housing: older people occupy much of the oldest and least energy efficient housing stock, so being old and cold is not just a snappy slogan but an accurate description of many people's situations for at least part of the year. Around 2.1 million households – about one third of all older people – live in non-decent or hazardous housing in the UK.

The number of UK households is growing at a faster rate than the population as a whole, and much of this can be attributed to an increased life expectancy. Figures indicate that older people live alone for significantly longer periods than in the past, and to a

greater age. Consequently, they are more likely to encounter increased health problems along the way. Almost three quarters of those aged 90 years and over live in a private household, many by themselves. Sheltered housing, including schemes providing 'extra care' – comparable to the support offered in care homes – provides home for only a minority of older people. Even among those aged over 85 years, this figure is less than one in five.

A longitudinal study on the causes of admissions to care homes in the 1990s (Bebbington *et al* 2001) reveals startling information:

- 51 per cent of the people living in care homes moved there after hospitalisation because a return home was not practicable
- 15 per cent are admitted because of serious housing problems
- 18 per cent of relatives surveyed cited a physically unsuitable home as the reason for admission
- 90 per cent of those admitted to care homes had been unable to take a bath

These sad statements highlight what many of us are already likely to know from our own practice. While moving house is a challenging task at any point in our lives, making a move in older age is considerably more difficult and may be put off beyond the point where the individual is able to make an informed choice from a range of options. Lack of information – or knowledge of where to get it – and no one to talk the options through with may contribute to inaction in this regard.

I have previously written about the little bits of help that can make a big difference to people's lives, and this never rings more true than with some of the minor adaptations that turn unsafe premises into a safer home. So, while strategies like this – of the necessity to look towards the future, far beyond the lives of the promoters of the policy – there are short-term fixes and different ways of looking

at people's needs that can and do make a big difference to the health and safety of today's older population.

Older people have been telling those who ask about their needs that they want housing that:

- is designed to help manage reduced mobility
- provides safety and security
- gives comfort and pleasure

They want space that is flexible enough to enable them to construct the diversity and fullness of their lives (Clough *et al* 2004).

Because more older people have been owner-occupiers, they do not wish to move into poor quality public housing. They want to exercise choice, as in any other sphere of life.

## In control and independent

Public funds invested in home improvement agencies, handyman schemes and advisory services change lives and help people remain in control and independent. This should not be seen as simply this year's fashionable policy, but an enduring aspiration for society.

The prevention agenda – shared across health and care but frequently struggling to find funds in the wake of pressing demands for more critical needs – must take centre stage. Recognising how health, housing, home and care come together needs to be embraced by leaders on all fronts ■

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## References

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