

Caring Homes: how the Carers Strategy can make housing suitable for carers

Caring Homes examines the impact of inaccessible and unsuitable housing on carers and their families.

The report draws together evidence on the impact of housing on health and outlines some of the key housing challenges for carers.

Key recommendations

- A national cross-Government housing strategy needs to be developed with the needs of an ageing population at its heart.
- The Government should exempt carers who need an extra bedroom to help them carry out their caring responsibilities from the bedroom tax.
- Local authorities need to support and encourage the creation of a nationwide database of suitable properties. This would help local authorities to make better use of their existing stock and adapted properties.
- Carers and their families need greater choice and flexibility of housing. Local authorities must ensure that a range of housing products are developed and built, including sufficient provision of specialist homes. Care and support planning and housing planning needs to be done locally in an integrated way.
- Planning obligations should be better utilised, to help ensure that more accessible and suitable homes are built which are flexible across the life course and enable family caring
- The vast majority of homes being built must be adaptable – this will mean that our housing stock is flexible across the life course and will make savings overall.
- In monitoring the implementation of the Care Act 2014, the government should include an assessment of whether housing needs are being considered as part of carer’s assessments and needs assessments.
- Carers need to be supported with housing costs and a fairer system across all tenures should be developed.
- Independent, impartial information and advice about housing and related finances must be promoted and provided by local authorities.

Why is housing a health issue?

Housing has a role to play in the prevention agenda and there is a cost benefit to putting support in place early, before health problems arise.

The annual cost to NHS England of specific aspects of housing disrepair is in excess of £1.4 billion.¹ This rises to £2.5bn if all homes with significant HHSRS² hazards in the UK are taken into account. 61% of this is due to excess cold, 31% is related to falls and 2% related to fire.³ The total cost of poor housing on health is comparable to that of smoking (£2.3 – £3.3 billion) or alcohol (£3.2 billion).⁴ Yet there is not the same public awareness of health and safety risks of their own homes as for alcohol and smoking. When 40% of the NHS's budget is spent on people over 65, it is important the links between poor quality housing with health are recognised and proactively addressed. Housing has a role to play in the prevention agenda and there is a cost benefit to putting in place support early, before health problems arise. For example, 300 older people can be helped by a handyperson's service for the same cost of one place in a care home for a year.⁵

Fuel poverty

Carers UK has identified very significant costs for carers associated with higher utility bills which means many carers are living in fuel poverty. Research conducted for the Caring & Family Finances Inquiry found that over three quarters of respondents identified higher utility bills as a cost of caring, rising to 85% amongst those living with the person they cared for.⁶

Many pointed to higher energy bills because the person they care for needed a warmer than average house, and for heating to be used for more months in the year because the person they care for is unable to regulate their body temperature, or because they were moving around less. These higher costs are increased further by housing that is damp or in disrepair. This has implications for the NHS and reducing fuel poverty will also reduce the costs of poor housing for the health services. There are ways in which local authorities and energy companies could reduce some of these costs such as free solar panels or collective switching.

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¹ Building Research Establishment (2010) Quantifying the Costs of Poor Housing BRE Information Paper 16/10 Nicol. S et al,

² Housing Health and Safety Ratings System: the system use to measure the health and safety hazards of homes

³ <http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

⁴ <http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

⁵ Care & Repair England (2014) Ageing well at home

⁶ Carers UK (2014) Caring and Family Finances Inquiry UK

What are the key housing concerns for carers?

Carers UK's survey of over 5,000 carers, most of whom are caring 50 hours or more a week, identified the following key issues for carers:⁷

- 13% of carers said that as a result of caring there isn't enough space to live comfortably
- 15% of carers said that there isn't enough space for others to stay to provide support that they need (e.g. overnight care workers, family members who help with caring)
- Almost 1 in 5 (18%) carers are waiting for adaptations to be made
- Nearly 10% said that their home was in poor condition, from damp or disrepair

Most carers (80%) we surveyed are living with the person that they care for, whilst 20% care for someone living in their own home. Of those carers surveyed, 60% own their home, with 28% paying off their mortgage and 32% owning their home outright. Of those surveyed, just 7.5% rent privately from a landlord. 1 in 5 (21%) carers rent from a housing association or local authority. A further 5% of carers surveyed live with a relative or friend.

⁷ Carers UK (2014) State of Caring 2014 survey

Policy context

Demographic context

Across the UK there are more than 6.5 million people who are providing unpaid care to a disabled, seriously ill or older relative or friend.⁸ This is a growing number reflecting the demands of an ageing population and increasingly rationed care services.

There was a 38% increase in the number of people aged 85 and over between 2001 and 2015 so that there are now more than 1.5 million people aged 85 and over.⁹ Whilst, more people living into later life is a testament to medical knowledge and technology, high numbers of people are ageing with a limiting long term illness (LLTI). There are now over 12 million people in the UK living with a LLTI – a rise of 1.6 million people between 2001 and 2015.¹⁰

This is leading not only to a steep rise in the number of carers but also an increase in the intensity of their caring role as they care for more hours for a population with more complex health and care needs. Between 2001 and 2015, the UK's population increased by 6.2%, whilst the rise in the number of carers vastly outstripped this at 16.5%.¹¹

Carers often have their own health problems with 20% of carers aged 65 and over, and full time carers are twice as likely to be in bad health as non-carers.¹² Carers often suffer with health conditions associated with or exacerbated by their caring role including physical injuries caused by moving and handling without the right equipment.

As a society we are increasingly dependent on the contribution of unpaid care whose value equals that of the NHS. Carers are an essential part of the shift from hospital to community care and the availability of suitable and affordable housing is vital to the health and wellbeing of carers and their ability to provide safe and effective care. Yet, a lack of investment in social care provision and the failure of the UK's housing stock to adapt to the changing demands of an ageing population are making it more difficult for carers and those they care for to manage at home.

Current state of UK housing

The UK Housing Review 2015 Briefing Paper (June 2015) says that to keep pace with household growth, over the decade 2012–2022 England needs to add some 220,000 dwellings per year to its housing stock.

The latest English Housing Survey shows there are 23.5 million dwellings in England of which 14.8 million (63%) were owner occupied, 4.6 million were private rented dwellings and 4.1 million were social and affordable rented dwellings.¹³ Private rented dwellings now account for 20% of housing stock in England after year on year increases; since 2011, private rented dwellings have outnumbered those of social or affordable rented.

8 Census 2011

9 Carers UK (2015) Valuing Carers 2015

10 Carers UK (2015) Valuing Carers 2015

11 Carers UK (2015) Valuing Carers 2015

12 Census 2011

13 Department of Communities and Local Government (2016) English Housing Survey Headline Report 2014-15

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The private rented sector has rapidly grown and, largely, it is younger people that inhabit the private rented sector (PRS), though 6% of older people (over 55) rent privately. However, this pattern is predicted to continue and increasingly there will be older people and those with care needs living in the PRS.

Older people (aged 55 and over) live in 43% of all homes.¹⁴ The majority of older people (76%) live in their own home with 18% in social rented and 6% in private rented accommodation.¹⁵

In the context of high demand for housing, households with a disabled or older person with care needs, the shortage of suitable housing is even more marked. There are just 500,000 specialist homes, such as sheltered accommodation, extra care housing or retirement homes; with most older households (96%) living in mainstream housing.¹⁶ There is often little or no choice available to them or those providing care for them and they either have to move out of the area, disrupting any existing care and support arrangements or are forced to settle for a home that isn't appropriate for their needs. This affects carers in all types of housing tenure.

The majority of carers own their own home, and for those carers, there is the challenge of making the property suitable for their caring role. The availability of suitable properties also affects those who wish to move to a more appropriate home. Rapidly increasing house prices further complicate these decisions.

Social housing waiting lists are long and even those with the most severe illnesses or disabilities are facing waits of many months or even years for a suitable property to become available. This is exacerbated further in areas with high value property or high rental values.

Housing Benefit recipients are often precluded from a full choice of privately rented either due to Local Housing Allowance or as private landlords favour tenants in paid employment.

¹⁴ Building Research Establishment on behalf of Public Health England, (2015) Homes and ageing in England

¹⁵ Ibid

¹⁶ New Policy Institute (2012) Market Assessment of Housing Options for Older People: a report for Shelter and the Joseph Rowntree Foundation

CASE STUDY (provided by Motor Neurone Disease Association)

Mr and Mrs A have been on the housing register since 2007 and have been living in temporary accommodation since then. Mrs A was diagnosed with MND in July 2014. Mr A has his own health problems, and recently required an operation on his shoulder. Mrs A requires some assistance from family to carry out personal care and there are no paid care workers involved at present.

Mrs A is currently able to mobilise very slowly using a frame, but with supervision. She is at high risk of falls and has had an increasing number of falls over the last few months. She finds it very difficult to get up and down the stairs to her bedroom and requires assistance to do this. She has been assessed as in need of an electric wheelchair as her condition will deteriorate rapidly over the coming months until she is unable to walk. However, when someone from the wheelchair service initially assessed the property in 2014 they concluded that the property is unsuitable for an electric wheelchair, as it could not be manoeuvred within the property. As a result, once Mrs A's condition deteriorates to the point where she can no longer use a frame, she will be unable to move around her home at all.

Despite having been on the highest priority housing band since February 2014, it has been impossible to rehome Mr and Mrs A, because there are no accessible properties available in the area. Mr A has visited a number of properties on behalf of his wife, but all have been unsuitable. At the time of writing, the couple are still in the same inaccessible and unadaptable property, with little prospect of finding appropriate accommodation. MND is a rapidly progressing and terminal illness; unless this situation changes soon, Mrs A will spend the rest of her life trapped in a property in

Opportunities for change

The Care Act 2014 and integration agenda

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The Care Act 2014 brings a welcome emphasis and reference to housing seeing it as an integral part of a person's wellbeing and the care and support in place to promote this. Living conditions are listed as part of the definition of wellbeing outlined in the Care Act's overarching duty and housing is explicitly referred to as part of local authorities' new duty to promote the integration of health and care:

*"Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put the health and wellbeing of people at risk, whereas a suitable home can reduce the needs for care and support and contribute to preventing or delaying the development of such needs."*¹⁷

Registered providers of social housing are also included as one of the partners a local authority must co-operate with when considering and planning a person's need for care and support. Given the ageing population and that fact that housing related issues are often integral to health and wellbeing, this is a welcome addition.

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The devolution of responsibility for public health to local authorities and an increasing push for integrated planning is creating more opportunities for housing and planning policy to be more closely aligned with the long-term commissioning and planning of health and care provision.

In Carers UK's latest annual State of Caring survey 2016, carers spoke about their experiences of carer's assessments. Of carers in England who have had an assessment in the last year, more than half (57%) felt that the suitability of their housing for continuing their caring role was not properly considered or insufficiently considered in their assessment or support received. This shows that the Care Act is not delivering the support that carers need to care well and the new rights are not as fully embedded as they need to be.

There needs to be sufficient funding for both embedding these new rights as well as for monitoring how local authorities are implementing measures around housing, such as adaptations, as outcomes of carer's assessments.

¹⁷ Care and Support Statutory Guidance (June 2014) Clause 15.59

Wider housing issues

Availability of suitable housing

It can be very difficult to find properties that are suitably accessible for people with disabilities across all types of housing tenure, indeed, 95% of homes lack even basic accessibility features.¹⁸ In all areas there is a severe lack of homes that are wheelchair accessible (e.g. with level access, wider doorways, turning space and it is not always appropriate to adapt the current home. Measures in the Housing and Planning Act 2016 could exacerbate this if properties in the social rented sector which have been adapted, or are suitable in other ways for people with certain needs, are classed as high value and therefore have to be sold. This is yet to be decided in regulations and Carers UK is pressing for adapted homes to be excluded from any definition.

It is equally important that construction of new homes recognises that homes will need to be suitable for people across their life course.

At a national level there needs to be a housing strategy that addresses the needs of an increasingly ageing and growing population. Whilst much of the focus is on those who are unable to buy their own home, it is important that those homeowners who need a suitable home are not forgotten. It is equally important that construction of new homes recognises that homes will need to be suitable for people across their life course. As much of the existing stock is already inaccessible, it is vital that problems such as these are not stored up for future.¹⁹

Almost 1 in 5 (18%) carers completing Carers UK's survey were waiting for adaptations to be made for the person they care for.²⁰



Poor quality housing

The last English Housing Survey showed that 4.6 million homes in England failed to meet the Government's Decent Homes Standard.²¹ The private rented sector has the highest proportion of non-decent homes (29%) while the social rented sector has the lowest (14%), showing how the social rented sector has benefitted from the Decent Homes programme. 19% of owner-occupied homes failed the Decent Homes standard in 2014.

As mainstream housing is where the majority of caring takes place, the

¹⁸ Age UK (2015), Agenda for Later Life

¹⁹ Ibid

²⁰ Carers UK (2014) State of Caring survey 2014

²¹ Department of Communities and Local Government (2016) English Housing Survey Headline Report 2014-15

nature of that stock is critical. In our 2014 annual State of Caring survey, nearly 1 in 10 carers (9%) said that their home was in poor condition and this rose to 15% in the private rented sector.²²

Damp, unfit and cold housing exacerbates or increases risk of a range of health problems and hazards in the home.



Damp, unfit and cold housing exacerbates or increases risk of a range of health problems including respiratory conditions, arthritis, heart disease and stroke, physical as well as mental health problems, often caused by stress and anxiety. Hazards in the home and poor accessibility contribute to falls and accidents. Having free handy person services or access to home improvements can reduce the number of falls or accidents and reduce the need for formal care services – saving local authorities money overall. For example, postponing entry into residential care by one year can reduce non-care costs by £26,000 per person.²³

Recommendations

- A national cross-Government housing strategy needs to be developed with the needs of an ageing population at its heart.
- Local authorities need to support and encourage the creation of a nationwide database of suitable properties. This would help local authorities to make better use of their existing stock and adapted properties.
- Carers and their families need greater choice and flexibility of housing. It is important the local authorities ensure that a range of housing products are developed and built in their area.
- There needs to be better access to home improvements and handy person services to carry out repairs.
- Local authorities and energy companies should explore ways that utility bills could be reduced.
- In monitoring the implementation of the Care Act 2014, the government should include an assessment of whether housing needs are being considered as part of carer's assessments and needs assessments.

²² Carers UK (2014) State of Caring 2014 survey

²³ Care and Repair England (2006), Small things matter: the key role of handy person services

Adaptations

With 95% of properties not accessible, adaptations are often the main way to make homes suitable – for most people moving is not an option, or even desirable.²⁴ Therefore adaptations are fundamental to preventing care needs increasing, promoting independence and giving disabled people and their carers the support to live well.

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New research from Australia shows that the installation of home adaptations significantly reduces the number of hours spent carrying out certain caring responsibilities. For example, adaptations to assist with moving around the house resulted in a 41% reduction in the time spent by a carer assisting someone from 8.5 hours to 5 hours.²⁵ Adaptations that helped with toileting resulted in a 47% reduction from 1.7 hours to 0.9 hours and adaptations that assisted with bathing or showering saw a huge 63% reduction in the time spent a carer in helping – from 2.7 hours to 1 hour.²⁶ Given the link to carers' health, this is a very positive prevention mechanism.

Almost 1 in 5 (18%) carers completing Carers UK's survey were waiting for adaptations to be made for the person they care for.²⁷

The implications of the growth in the population aged over 65 must be recognised as well as the predicted increase in the number of older people with disabilities. This is likely to increase the proportion of people who will need work carried out to their homes to enable them to continue living independently.

Adaptations are one of the provisions for disabled people, under housing law and social care legislation. The budgets and systems for home adaptations are determined locally and therefore there can be hugely varied across the country. The funding is provided through a range of funds – at a national level through the Better Care Fund (BCF), local authority budgets, the health sector as well as through social housing providers who may carry out their own adaptations, without calling on Disabled Facilities Grants.

Most people access financial assistance and have work carried out through Disabled Facilities Grants (DFG) which operate across all tenures.

Most people access financial assistance and have work carried out through Disabled Facilities Grants (DFG) which operate across all tenures. In the Spending Review 2015, the Government included more than £500m for DFGs and a further £1.5bn to the Better Care Fund, to be delivered in 2017. The Spending Review explicitly links increased numbers of adaptations to a reduction in the number using the residential care system as it expects the estimated 85,000 adaptations will prevent around 8,500 beneficiaries from going into residential care.

DFGs are mainly focussed on the disabled person but the legislation that sets out the purposes for which a grant must be approved includes “*making the dwelling...or the building safe for the disabled occupant and other persons residing with him*”.²⁸ This should be strengthened – guidance should clarify that this includes ensuring any adaptations support carers.

²⁴ Age UK (2015), Agenda for Later Life

²⁵ <http://www.australianageingagenda.com.au/2016/04/07/home-modifications-reduce-reliance-care-study/>

²⁶ <http://www.australianageingagenda.com.au/2016/04/07/home-modifications-reduce-reliance-care-study/>

²⁷ Carers UK (2014) State of Caring 2014 survey

²⁸ Housing Grants, Construction and Regeneration Act 1996, Section 23

Social landlords and local authorities may apply different systems – some housing association landlords carry out the work themselves without calling on DFGs. Tenants in social housing can also carry out the works themselves with their landlord's permission and either pay for it themselves or be reimbursed.

However, changes under the Housing and Planning Act 2016 mean that there is uncertainty around what adaptations, if any, tenants in council homes can make in the future. Tenants in council homes (not housing association properties) with the new fixed term secure tenancy no longer have the right to make improvements or be compensated for them. Whilst it has been stated that landlords will have discretion to allow improvements, there is no clarification on exactly what this will mean for those needing adaptations.

A 2013 report by Care & Repair England stated that:

*“experience in recent years has shown that some housing associations and local authority landlords are withholding their approval on the basis that the dwelling is ‘inappropriate’ for adaptation, even when there is no physical reason why the property cannot be adapted”.*²⁹

Therefore these new changes being brought in are concerning and guidance should be issued to clarify that adaptations for those with care needs are allowed.

Whilst landlords have certain obligations under the Equality Act 2010, in the private rented sector it can be very difficult to get adaptations made to a home because tenants do not meet the grant requirement that they will inhabit the property for five years or more after adaptations are made. With the rapid growth of the private rented sector, especially in areas of high value where many families struggle to get onto the housing ladder, there needs to be serious consideration given to how those who need minor but necessary adaptations to be made can be supported. There also needs to be consideration given to how the private rented sector can be encouraged to adapt homes, rent out more suitable properties for those with certain care needs or grant longer tenancies so adaptations can be made. It is likely as this sector grows, that partnerships could be explored with institutional investors to provide adapted properties for private rent. There are also housing associations that have decided to move into the private rental market and who would be more likely to adapt properties or ensure new homes are accessible.

For those carers who own their home, adaptations often feature as the top concern. If carers and their families do not have the financial resources to pay for them, or to move house, it can often mean having to stay put in an unsuitable property. Whilst homeowners can access the Disabled Facilities Grants, the means test (not applicable for adaptations made for children) often means that carers and their families cannot afford to make these changes. This puts families in a very difficult position as they would not usually receive priority for social housing. The existing means test, as well as the maximum grant level, are both out of date and need to be reviewed.

Local authorities have freedom over the funding for home adaptations which

²⁹ Care & Repair England (2013) Home Adaptations for Disabled People – A Good Practice Guide

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means in some areas there are innovative approaches which enable DFGs to be used much more efficiently and to better provide what their local area needs. For example, some local authorities choose not to apply the full DFG administrative system for works under a certain value. Other areas opt for block contracting and fast-tracking particular types of work as this can mean quick delivery times and better value for money. This is particularly important to look at because it can be a real struggle to get any necessary adaptations carried out, especially within a reasonable timeframe.

The most frequently cited issue with housing on Carers UK Adviceline is the lengthy wait for adaptations. The local authority has six months to approve a properly completed application and then once approved, it has 12 months to make the payment. It is not common practice for local authorities to delay payment for 12 months, the delays normally occur before this timeframe. Before the application can be completed, an occupational therapist (OT) must make an assessment, means testing is carried out, drawing and specification are carried out and quotations obtained. This is where the delays usually occur because there are often long waiting lists for the OT in the council's social services department. One way families can reduce the delay is to get a private OT in, complete the forms themselves and submit with any relevant fees. In order to do so, there needs to be clear information on how to complete the form as an incorrect form will lead to delays. Obviously families who cannot afford the fees are unable to do this but it would alleviate some of the pressure on the council waiting lists for an OT if those families who had the resources to, carried out their OT assessment privately.

When families find it difficult to get timely adaptations to their homes they are less able to manage and caring becomes even harder. This places enormous strain on the carer and the person they care for as their ability to carry out caring tasks is impeded by, for example, a lack of mobility aides (e.g. a stair lift), suitable washing facilities (such as a walk in shower or bath) or appropriate access (e.g. ramps). In research carried out for Carers Week 2012, 36% of respondents reported they had sustained an injury due to caring – this is often related to moving and handling person they care for without suitable equipment or adaptations.³⁰ It is vital that sufficient funding is maintained for adaptations to be made but it is also important that future properties are built in a way that means they are already accessible or the cost to adapt is minimised.

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Recommendations

- Disabled Facilities Grants:
 - There needs to be an increase in the maximum grant awarded to reflect inflation – the current limit of £30,000 has not increased for five years
 - Eligibility criteria should be standardised by either including costs or adopting the social care means tests
 - Local authorities should explore how they can use the flexibility of the DFGs to better provide what their local area needs.
 - At a national level, Government should encourage the application of best practice and facilitate the sharing of best practice across the country.
 - Guidance should be issued to clarify that making the building or dwelling safe for carers is reason enough to grant adaptations.
- There needs to be widely accessible and promoted information and advice on accessing private OTs so that people can reduce the delay in obtaining a DFG.
- Landlords across all sectors must be encouraged to allow and, with social housing landlords, pay for adaptations to be made.
- Adaptations for disability related reasons should be permitted for tenants of the new fixed term council tenancies and be included in regulations to the Housing and Planning Act 2016. At a minimum, guidance should be issued to clarify that adaptations are permitted for disability related reasons.
- Government should explore ideas of how other organisations or providers can help with adaptations. For example, employers could offer a salary sacrifice scheme or interest free loan. Health providers and GPs could promote direct access to OTs.
- Private landlords must be encouraged and incentivised to adapt properties.

CASE STUDY

Ann requested a stair lift for Joyce, as Ann cannot lift Joyce safely on her own, and Joyce is becoming increasingly frail and has been falling frequently. Following an assessment, the Local Authority said they would fund 90% of the cost of a new stair lift, but due to budgets not being able to meet with demand, it would be a 6-18 month wait for installation – by which time, Ann was told that Joyce would need another assessment, meaning that the process would need to start all over again. Ann decided to buy the stair lift privately as their needs are just too great. This cost nearly £5,000 (half of Joyce's savings), but could be fitted within 3 weeks. The stair lift has now been fitted and is making a positive difference to both Ann and Joyce's lives.

Technology

There are a range of products and services now available that can improve the functionality of the home to create a place of safety, promote independent living and ensure a good quality of life for the person cared for as well as the carer.

There are more physical or mechanical aids that can be used to benefit carers and the person they care for such as assisting with cooking and eating or hoists. However, developments with information and communication technology can also contribute to reducing the pressure on carers and increase their peace of mind.

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Smart Homes

Home automation can offer complete control over an entire house at the touch of a button and make every day living easier. This means that the person being cared for can have more independence. Examples include centrally or remotely controlling (via phone, tablet or PC) home lighting, heating and ventilation, controlling windows and curtains/blinds, controlling security and door communication, or adjusting the heights of kitchen work surfaces. There have also been great advances in the development of intelligent white goods such as talking microwave ovens and fridges that sense out of date food.

Innovations in housing design are producing homes with the capacity to support technology solutions already built in. This should be supported further as many homes cannot be adapted for certain technology (such as through floor lifts) so it is important that new housing stock can be.

As technology continues to advance, there is the possibility of developing a 'safe home'. A home that senses when an individual is entering an unsafe situation and takes remedial action – e.g. turning an iron off if the resident is distracted and walks away or locking the doors when the occupier leaves without doing so.

Technology that supports independent living

Technology enabled home furniture and fittings can help people with limited mobility to remain in their homes for longer. These include adjustable furniture or stair lifts. Such technology can reduce or eliminate the need for people to lift and move those they care for, removing some physical strain from the carer.

Telemonitoring

A range of technology enabled products and services, commonly referred to as Telecare and Telehealth, have proven hugely beneficial in promoting safety and wellbeing for the person being cared for and reassurance for carers. Examples include solutions that allow the remote monitoring of daily living activities (such as fire alarms, flood detectors, emergency alarms, fall

detectors, motion sensors, smart plugs, bed occupancy sensors, pressure mats, safety zone detectors, etc.) or the remote monitoring of vital signs to help manage conditions and promote self care (such as blood oxygen and blood pressure monitors, glucose meters, etc.).

On top of promoting greater independence for the person being cared for, technology enabled solutions can reduce some of the jobs that a carer has to carry out on a daily basis or minimise the impact of a task on the carer.

Benefits to carers and to those they support

On top of promoting greater independence for the person being cared for, technology enabled solutions can reduce some of the jobs that a carer has to carry out on a daily basis or minimise the impact of a task on the carer.

For example, the ability to monitor and control heating remotely can save a carer time (no need to travel to someone's home) and ensure that the person being cared for is warm. Similarly, a remotely controlled smart stove can help the carer ensure that the person they care for is safe at their home.

Remote monitoring of daily living activities through sensors in the home can increase someone's feeling of safety, allow for interventions and offer peace of mind to carers. For example a carer at work can be aware of what is happening in the home of the person they support. They can be reassured that the person being cared for is up and about or notified if a person has left the home or has gone out of a safety zone. This creates a safer environment for the person being supported and allows carers to better juggle caring with other family and work responsibilities.

Recommendations

- There needs to be widespread public and professional awareness of the range and types of technology available to benefit carers. The use and purchase of technology to support caring needs to become a normal part of life and of professional practice. Advice and information about technology should be included in the information and advice that local authorities must provide under the Care Act.
- There needs to be investment in robust IT infrastructure – without a good broadband connection, some of this technology is unusable.
- There needs to be opportunities for training for those who would like to use technology but feel unable to do so (for carers, people being cared for and professionals).
- Smart home development focuses on heating, lighting, security and window/door controls. New housing developments should take into account the whole range of technologies that can be built in for immediate or later use and should provide infrastructure for future adaptations.
- The Government must ensure that the homes being built are adaptable – if homes cannot be adapted then much of this technology becomes redundant.

Home ownership issues

Costs

One of the biggest long term pressures around home ownership is the length of mortgage payment and the relationship with paid employment. With increasing mortgage terms, pressure to maintain payments affects carers in two ways; placing pressure on carers to continue to work or stretching finances where they have taken the decision to leave paid work to care. Around 2 million people have given up work to care.³¹ For some, the drop in income will be sufficient to cause difficulties paying their mortgage.

Whilst there is support available in the form of Support for Mortgage Interest (SMI) for homeowners who are getting certain income related benefits, it only covers the interest, not any capital repayments. Furthermore, the Welfare Reform and Work Act 2016 will mean that in the future this help with interest will become a loan and this loan will also accrue interest and incur an administration fee. The outstanding loan, plus the accrued interest and administration fees, will be recovered from the available equity in the property, when sold. The waiting period before SMI can be claimed has also increased from 16 to 39 weeks, meaning that for almost a year home owners will have no help when they need it.

This will have an impact on carers who own their own home and who will, in future have to repay the support for mortgage interest they have received. When they sell their house the loan and the interest accrued will be taken out of the proceeds, they will in effect be paying interest on the interest. Capitalisation of these payments will significantly exacerbate the situation, potentially adding to housing insecurity, and at worse, mortgage foreclosure. The Government needs to think about how carers can be supported with housing costs whilst caring. It is far more costly to the tax payer if carers are forced to sell up or are evicted and end up in the private rented sector as Housing Benefit costs much more than mortgage interest.

Carers often need to move and sell their home to be closer to the person they care for. Carers are less likely to work and be able to pay back the loan than most. Our research with carers (who are largely caring round the clock) also suggests that many are in debt already – of those carers responding to our survey who are struggling to make ends meet, 26% are borrowing from family and friends and 38% are using up savings to get by.³² The prospect of further debt for these families is not sustainable in the long term.

Paying for residential care – housing assets

When a carer can no longer manage to care for someone at home, they and the person they care for will need to look at residential care. Caring can be both physically and mentally exhausting and there are often limits to the level of care that can be provided in the home, particularly where little or no back up from paid for care services is available. If the carer is unable to provide the care they need, then residential care is often the most sensible and realistic option.

With increasing mortgage terms, pressure to maintain payments affects carers in two ways; placing pressure on carers to continue to work or stretching finances where they have taken the decision to leave paid work to care.

When a carer can no longer manage to care for someone at home, they and the person they care for will need to look at residential care.

31 Carers UK and YouGov (2013) as part of Carers UK (2014) Caring and Family Finances Inquiry UK
32 Carers UK (2014) Caring and Family Finances Inquiry UK

There are emotional reasons why this can be a difficult step for carers who often feel that they are letting the person they look after down and there is also a financial barrier.

The lack of choice for those able to access local authority funded residential care can often mean the carer travelling significant geographical distances to the care home with substantial financial and time implications for the carer.

There needs to be a greater availability of independent, impartial information and advice about housing and related finances. When carer's assessments are carried out it is vital that financial and housing related information is provided. It must also be supplied at key decision points in a carer's journey and carer organisations have a part to play in this. Without all the necessary information regarding their wider situation a carer cannot make an informed decision.

Currently a property is taken into account for the purposes of financial support with permanent residential care. There are some exceptions to this relating to who continues to live in that property. The rules currently state that the property must be disregarded from the financial assessment if one of the following continues to live in the property

- a partner, former partner or civil partner, except where they are estranged;
- a lone parent who is a estranged or divorced partner
- a relative (defined in Annex B of the statutory guidance) or member of the family who is:
 - aged 60 or over; or
 - a child of theirs aged under 18;
 - disabled.

Some carers can be affected by this if they are not the partner of the person going into care and are under 60 – this would typically be a sibling or adult child who has been caring for the person who owns the house but then risks losing their home when this caring role comes to an end. Those in this position who jointly own the home could also face losing it if the local authority has placed a charge on the property for care costs and wants to recoup this money.

The requirement of local authorities to offer deferred payment schemes to fund residential care could have significant impacts on the security of carers who remain living in the home they previously shared. There are a range of scenarios where people move in with the person they care for and give up their home and as a result can end up in losing their home due to care costs.

The Government's decision to delay the implementation of the care cap means that the issue of people being forced to sell their homes as a result of high care costs is set to continue. Alternative solutions must be developed, for example, changes could be made to regulations to discount the value of a person's home where their carer of any age remains living in the property.

It is important that carers are still able to care when the person they care for moves into a care home and also that the residential care market provides enough suitable and affordable choices.

There needs to be a greater availability of independent, impartial information and advice about housing and related finances.

The Government's decision to delay the implementation of the care cap means that the issue of people being forced to sell their homes as a result of high care costs is set to continue.

Recommendations

- Carers need to be supported with housing costs and a fairer system across all tenures should be developed. The Government should look at what products could be developed to help with these housing costs.
- Independent, impartial information and advice about housing and related finances must be promoted and provided by local authorities.
- In lieu of the care cap, the Government needs to provide alternative solutions so that carers do not have to sell their home when the person they care for moves into residential care.

Specialist housing provision

Specialist Housing

Specialist housing, such as supported housing and sheltered accommodation as well as care homes, is crucial to providing suitable homes for people with disabilities and their carers. Specialist housing has an important role to play in helping carers to care well even though they only make up 5% of households. More specialist homes are needed – over 250,000 homes by 2030 yet we are currently only building between 8,000-10,000 homes a year.³³

The support that carers give and receive in specialist housing models is very important. The communal element provides a social network as well as support for those living there. The net benefit of investing in specialist homes for older people is £219 million per year, working out as £444 per person, as a result of the reduction in the use of public services.³⁴

Most sheltered housing for rent is provided by local councils or housing associations that often each have their own allocation policy based on housing needs assessment. Privately rented or bought specialist accommodation can often be very expensive and of limited supply.

Supported and Sheltered housing

Supported and sheltered housing/accommodation is housing built for groups with varying needs, whereby housing is usually provided alongside support of some type of care. For the purpose of this paper, sheltered housing or accommodation refers to schemes for older people whereas supported housing is for those with a disability or mental health problem.

There are many different types of these housing schemes. Some have a warden or scheme manager who lives either onsite or offsite, and all should provide 24-hour emergency help through an alarm system. Accommodation is usually self-contained, but there are often communal areas, such as the lounge, laundry room and garden.

Supported housing such as for people with mental health problems, substance abuse issues, a physical or sensory disability or a learning disability, can provide the right amount of extra support or independence needed. However, many of those living in this type of accommodation will still have a carer in some capacity. Often the carer will be providing emotional support, practical help with form filling and coordinating health and care treatments.

Finding a suitable home which allows carers to travel easily to provide care and to visit the person they care for can be a real challenge and the use of out of county residential care for those with a learning disability or physical disability can mean carers travelling long distances to provide care.

For those who want to provide care but are also struggling to manage themselves, due to age or illness, sheltered accommodation can sometimes be an option for both them and the person they care for.

³³ CIH and Housing LIN (2014) New Approaches to Housing for Older People

³⁴ Frontier Economics for the HCA (2010), Financial benefits of investment in specialist housing for vulnerable and older people

Specialist housing, such as supported housing and sheltered accommodation as well as care homes, is crucial to providing suitable homes for people with disabilities and their carers... more specialist homes are needed.

Finding a suitable home which allows carers to travel easily to provide care and to visit the person they care for can be a real challenge.

Telecare and technology can play a key part in enabling these schemes to run smoothly and as technology improves, there is real scope for supported housing to develop further.

.....
Demand for sheltered housing and extra-care sheltered housing seems likely to grow in demand with an ageing population and it could be a very suitable option for many.
.....

Extra-care sheltered housing

If someone needs more support than their carer can provide, extra-care sheltered housing is a potential option. This provides more independence than a care home and it is possible for the person providing some care to live alongside them but also provides 24 hour access to care. The accommodation is still self-contained but meals are normally available onsite and residents can receive personal care from a care worker.

Demand for sheltered housing and extra-care sheltered housing seems likely to grow in demand with an ageing population and it could be a very suitable option for many. However, for a lot of people there remains reluctance to accept greater support is required; this, coupled with upheaval means many prefer to persevere in their own home rather than move into sheltered accommodation or a care home. This can also be because the price of these specialist homes or the cost of moving is prohibitive. Across the owner-occupation and social rented sectors, 30% of heads of households are over pensionable age. There needs to be thought given to how best develop accommodation for both older people and those with care needs, which is attractive and affordable. This will be a real challenge but one that local authorities must start to address now.

Consideration must be given to how developers can be encouraged to build specialist homes and, crucially, also run these. Strategic plans should be developed in local areas to ensure that sufficient provision is being developed for the future ageing population.

New housing options should be developed to meet the gap between generic and supported housing. There is room in the market for homes that provide some of the benefits mentioned in the technology section. Smart homes that give older and disabled people more independence are an example of this – though the cost of these would mean that it would only be a product for the wealthier buyers. However, these are not the only housing options that could be developed. There are attractive retirement communities that thrive in other parts of the world and learning could be taken from these.

Recommendations

- Local authorities must ensure that sufficient provisions of specialist homes are built to meet local need. Care and support planning and housing planning needs to be done locally in an integrated way,
- Government should incentivise developers to build and run supported and specialist housing, including care homes.
- Local authorities should explore innovative partnerships with the voluntary sector to provide suitable housing for disabled and older adults.

.....
There needs to be thought given to how best develop accommodation for both older people and those with care needs, which is attractive and affordable.
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Social Housing issues

Social housing is distributed according to the local council's allocations scheme. Since the Localism Act 2011, councils can decide who is or isn't eligible to go on the waiting list for social housing. However, reasonable preference must be given to certain groups, including those with a medical condition.

Of those carers surveyed who are living in social housing:³⁵

- 18% of carers said that as a result of caring there isn't enough space to live comfortably – carers living in social housing are more likely to say this than carers living in other tenures.
- 19% of carers said that there isn't enough space for others to stay to provide support that we need (e.g. overnight care workers, family members who help with caring) – carers living in social housing are more likely to say this than carers living in other tenures.
- 9% said their home was in a poor condition.
- 17% of carers are waiting for adaptations to be made for the person they care for.



With such long waiting lists for housing in certain parts of the country already, carers who want to move in with family in order to provide care are often not prioritised, meaning in certain cases that care cannot be provided at all.

Allocation Schemes

For carers who might want to move in with family members in order to provide care, there are often multiple barriers preventing this. With such long waiting lists for housing in certain parts of the country already, carers who want to move in with family in order to provide care are often not prioritised, meaning in certain cases that care cannot be provided at all. Guidelines as to who should be given reasonable preference in an allocation scheme, however, do include under 'hardship grounds' a person who needs to move to a different locality in order to give or receive care (though unclear if this refers to kinship carers only).

Bedroom Tax:

Whilst those that need an overnight carer or care worker are allowed an extra bedroom – this does not apply to the very common situation where a spouse is a carer and might need a spare room to sleep in due to their partner's condition.

Inherited Tenancies

An issue that is repeatedly raised on Carers UK's Adviceline concerns joint tenancies and succession. Many carers give up work and a home in order to care for their parents (or sibling) – for those whose parents own their home, the house may be passed on to the carer so they have somewhere to live after their caring role ends or they may receive a share of its value which would help with housing costs. For carers in social housing, it is often the case that they have no right to succession once their parents die.

Changes being brought in the Housing and Planning Act 2016, means that all council tenancies now only give succession rights to a spouse or common law partner, unless there are exceptional circumstances. It is an already distressing situation to lose a parent; this is added to considerably when the carer also faces homelessness. There are guidelines due to be issued to help landlords exercise their discretion when it comes to succession.

Social Sector Size Criteria

As part of the Welfare Reform Act 2012, the Social Sector Size Criteria (more commonly known as the Bedroom Tax) was introduced. Any household that is deemed to be under occupying their property and in receipt of Housing Benefit will have their entitlement reduced by 14% (or 25% if under occupying by 2 or more bedrooms).

Whilst those that need an overnight carer or care worker are allowed an extra bedroom – this does not apply to the very common situation where a spouse is a carer and might need a spare room to sleep in due to their partner's condition nor does it apply in all cases where children need an overnight carer.

Discretionary Housing Payments (DHPs) are unsuitable to mitigate this problem; as their name suggests, they are discretionary, and therefore there is inconsistency across the country. These payments are also meant to be a temporary solution so it causes uncertainty and additional stress for carers. The result is that carers end up on a conveyor belt, constantly having reapply for DHPs and challenge the decisions made.

The courts and the Government have accepted the case that the Benefit Cap should not apply to carers and the same needs to happen for Bedroom Tax.

Housing and Planning Act 2016

Under the Housing and Planning Act 2016, several changes are being brought in that will affect carers. Changes to security of tenure mean that there will no longer be lifetime tenancies issued to council housing tenants. Instead, tenancies of 5 years will be issued as standard. Decreasing the security of tenure brings additional, unnecessary stress and anxiety for carers. The impracticality and inconvenience of moving is exacerbated for carers who face the additional challenge of rearranging care and support packages. However, amendments made during the passage of the Housing and Planning Bill mean that carers, along with older people and those with

Decreasing the security of tenure brings additional, unnecessary stress and anxiety for carers.

disabilities or long term illnesses, will be offered 10 year tenancies.

Current council housing tenants who have a lifetime tenancy risk losing it if they choose to move home. This will certainly act as a disincentive to care, if a person has to move to be able to provide care for someone and will lose their secure lifetime tenancy as a result it is unlikely that they will do so. The provision of that care will then fall to the local authority, at great cost.

Carers living in social housing and earning over a certain amount (£31,000 or £40,000 in London) will have to pay a higher rent than at present, closer to market rent. Whilst DLA, PIP and tax credits will be excluded from any income calculations, currently, Carer's Allowance is included. Carers have some of the lowest incomes and struggle financially – 44% of carers find themselves in debt as a result of caring– most households could not afford any increase in housing costs.³⁶

Case Study

Tommy has cared for his father since his diagnosis Alzheimer's disease in 2005 so that his mother could continue her successful career as a translator. Tommy lived with both his parents in their housing association property in Westminster – he had done so since 1999 but as a musician, was often away for long periods of time. He managed to continue to work until 2010 when he had to give up his career as his mother was diagnosed with severe psychiatric problems.

In December 2015, his father had a severe fall and was hospitalised; following on from this, the hospital recommended that he move to a nursing home as his care needs were so acute. Tommy's mother is becoming impossible to care for and the family need to decide what will be best for her. However, as only Tommy's parents are on the secure tenancy for the home, if neither of his parents are living there, he will be evicted by the housing association and made homeless.

Tommy gave up his career as a successful musician to care for his parents and has depleted his savings doing so. Yet he will end up homeless when they die, or go into permanent care, unless provision is made for him to succeed the family home.

Recommendations

- The Government should exempt carers who need an extra bedroom to help them carry out their caring responsibilities from the bedroom tax.
- The Government should reissue guidance on the succession of social housing tenancies and explicitly include carers.
- Housing associations should work together and with social services, as well as flexibly, to enable families to move to provide care where they need to.
- Carers must be included in the guidelines due to be issued on succession.
- Local authorities must consider how they are going to support those

³⁶ Carers UK (2014) Caring and Family Finances Inquiry

who want to provide care where they are not going to inherit the home and, at a minimum, must provide suitable housing and financial advice to help the carer to prepare for when their caring role will come to an end.

- Carers should be included in the group of tenants who will be allowed to retain their lifetime tenancy when they move.
- Carer's Allowance should be excluded from any income calculations in the rents for the High Income Social Tenants regulations.

Privately rented accommodation issues

Those who are long-term carers can be left in retirement age without a secure home because they have forgone opportunities to earn to provide care.

Carers who are renting face the most expensive and insecure accommodation as the cost of housing is highest in the private rented sector.³⁷

If a carer is unable to work, or has to rely on insecure part-time work to fit around their caring responsibilities, then they are unlikely to be able to obtain a mortgage. If they are low priority for a socially rented home, or in an area of high demand, many will find themselves in privately rented accommodation – this is becoming more common as temporary accommodation and social housing are both in short supply.

For renters in the private rented sector, recent restrictions to Local Housing Allowance have brought further pressure on carers and their families – a group of people already likely to be in financial hardship. Given rising housing costs and the poor quality of housing in private rented sector – sustainable and suitable housing for this group of often vulnerable people is a growing problem and means that families can either be trapped in unsuitable homes or constantly moving from pillar to post.

For those that do work, the high private sector rents mean that even if a carer were able to work, saving up for a deposit would be near impossible. Those who are long-term carers can be left in retirement age without a secure home because they have forgone opportunities to earn to provide care.

Of those carers surveyed who are privately renting:³⁸

- 11% said their home wasn't easily accessible.
- 17% said that there isn't enough space for others to stay to provide support that we need (e.g. overnight care workers, family members who help with caring) – carers living in privately rented accommodation are more likely to say this than carers living in other tenures.
- 15% said that their home was in poor condition (damp/disrepair) – carers living in privately rented accommodation are more likely to say this than carers living in other tenures.
- 5% said they would like to live closer to the person they care for but can't find alternative housing.

Carers who are renting face the most expensive and insecure accommodation as the cost of housing is highest in the private rented sector.

Insecurity of Tenure

One of the biggest issues of the private rented sector is the insecurity of tenure – with the average tenancy lasting no more than a year, the instability of contracts can mean that carers have to regularly move.³⁹

This is an added cost to financially pressed carers – the average removal costs rose by 21% between 2004 and 2014, with families paying on average

³⁷ Citizens Advice and New Policy Institute (2015), Paying a high price for a faulty product

³⁸ Carers UK (2014) State of Caring 2014 survey

³⁹ London Assembly Housing and Regeneration Committee (2013) Rent Reform: Making London's Private Rented Sector Fit for Purpose

£1,034 for removal costs.⁴⁰ Renters also have to find 6 weeks rent upfront as a deposit as well as pay letting fees, with 1 in 7 renters paying more than £500 in fees, according to Shelter.⁴¹ Of greater concern, it also can bring worries about distance from the person they care for: the stress of having to find somewhere in their budget and within reasonable distance of the person they care for can be very distressing and push carers closer to breaking point. For those who live with the person they care for, the stress of finding a new, suitable home can worsen the health condition of the person being cared for.

Short term contracts mean it is not financially viable to adapt a private rented property, even if carers and their families were permitted to do so and carried out adaptations at no cost to the landlord. DFGs are not granted if the person will not be staying in the property for at least five years after the adaptations have been made. It would clearly be a waste of public money if a family could not renew their tenancy after 6 months or a year and were forced to move. Families can also not afford to pay for minor adaptations (such as grab rails) every time they move if they are only given short contracts.

Some local authorities have introduced their own lettings agencies or guaranteed income for private landlords for a certain number of years in order to let to tenants receiving Housing Benefit – these initiatives could be applied to those letting to disabled families and their carers.

Local Housing Allowance

Those who have help with their rent in the form of Housing Benefit can still struggle to pay their rent as Local Housing Allowance (LHA) means that Housing Benefit will only cover the lowest third of rents in any one area. This can be a real issue for those who need a specific type of property (e.g. ground floor or with a lift) which might cost more than the LHA allows. It also poses a problem for families who need a large home for their specific care needs as they would only receive Housing Benefit for the number of rooms current rules allow.

There are also concerns over the announcement that LHA will be frozen for the next four years. If private rents continue to rise as they have been for the past few years, it will only cover a fraction of properties – those in very poor condition. Shelter expects that it will become virtually impossible to find a private rented home in 60 local authorities by 2019 – meaning that LHA will not even cover 10% of properties in each area.⁴²

Carers are often unable to pick up work or extra hours to top up their housing costs due to their caring responsibilities and therefore may have to cut back elsewhere in order to pay their rent. If a carer is unable to work, or has to rely on insecure part-time work to fit around their caring responsibilities, then they are unlikely to be able to obtain a mortgage and be able to leave the private rented sector.

⁴⁰ 2015 survey by The Centre for Economics and Business Research and the Post Office

⁴¹ Shelter (2013) Letting Fees: the price you pay

⁴² <http://blog.shelter.org.uk/2015/07/emergency-budget-2015-housing-doesnt-benefit/>

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.....

Recommendations

- Consideration needs to be given to how carers and their families, amongst other renters, can be supported with the high upfront costs of moving.
- The Government must address the lack of suitable properties in the PRS and explore how their Build to Rent policy can be used to influence the building of homes that are already adapted or suitable for adaptation.
- The Government and local authorities must address the insecurity of tenure at a national and local level.
- In lieu of legislation for longer minimum tenancies, landlords must be encouraged to rent out properties for longer and local authorities must think creatively about how they can incentivise them.
- The four year freeze on LHA must be reversed.
- The Government should consider exceptions to the LHA rules so that those with care needs are entitled to a larger property if they require an extra room for care workers etc. and so that those who need an adapted property which cost more than the LHA cap for that area receive sufficient Housing Benefit to cover the rent.
- Local authorities must help carers and their families to find suitable homes in the PRS – as with our earlier recommendation, the creation of a national database of adapted homes will help with this.

Council tax

.....
Councils should offer all carers in receipt of Carer's Allowance who meet the means test requirements full help with their council tax.
.....

There is potential for council tax to be used to support families providing care. Many councils offer discounts to carers but there are ways in which a council tax 'holiday' could be used to benefit carers and their families.

The LGA's submission for the Spending Review included a recommendation that all councils give a discount for carers. It is up to councils to set their own council tax discount schemes and many now require a 'minimum payment' towards the council tax even if the person passes the means test. Under the old Council Tax Benefit scheme anyone meeting the means test requirement would not have to make a payment and pensioners under the current scheme will not have to. As a minimum, if carers meet the means test requirements they should be given full help or the same as pensioners.

Recommendations

- Councils should offer all carers in receipt of Carer's Allowance who meet the means test requirements full help with their council tax

Planning and Future Homes

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In order not to discourage home improvements and annexes, the Government has halved the additional council tax that would have been paid on the annex.
.....

Annexes

Recently there has been a relaxation in planning rules surrounding 'granny annexes' as well as a reduction in the council tax that might have been charged. In order not to discourage home improvements and annexes that enable extended families to live together, the Government has halved the additional council tax that would have been paid on the annex. For some families that are able to this has been used to improve care arrangements and is a useful way of caring for relative. However, it is not possible for many families to do this and the tax and financial implications can be considered as very complicated.

Planning for the future

It is fundamental that more suitable homes are built. If small flats, that cannot be adapted for those with disability and care needs, make up the majority of new build homes we are storing up problems for the future. Homes must be adaptable so that the care needs of our ageing population can be met. With advances in technology and medical care, people are living for much longer but often with an illness or health condition that means they require a home which is adapted for their personal needs. It is important that local planners and Government think ahead and ensure that the majority of homes are built to a lifetime standard. It is important that focus is not solely placed on helping younger people into home ownership at the expense of building homes that are adequate for ageing. As they age, they too will require homes that are suitable for their needs. Furthermore, in meeting the housing needs of the older generation the overall supply of housing will be increased.⁴³

.....
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.....

There are initiatives that have been undertaken by housing associations to improve the health of their residents and thereby reduce the cost to the NHS. Family Mosaic undertook one such project Health Begins at Home to test the effectiveness of two types of interventions in improving the health and wellbeing of their tenants aged over 50 and found that there were significant savings to the NHS.⁴⁴ They studied three groups – one as control, one group who were signposted to health and wellbeing services by their neighbourhood manager and one group who received intensive personalised support from a dedicated health and wellbeing support worker, including being accompanied to relevant local services. This broadly led to a reduction in the number of planned GP appointments, visits to hospitals / A&E as well as a significant reduction in the number of nights in hospital.

Family Mosaic worked out that if they applied the same interventions across all their tenants aged 50 or over, that the first intervention method would save the NHS £1.5m per year and the more intensive intervention would

⁴³ For further detail on this see: International Longevity Centre, (2016) Future of the welfare state thinkpiece by M. Lyons, C. Green & N. Hudson

⁴⁴ Family Mosaic (2016) Health Begins at Home

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The newly
announced
Neighbourhood
Planning and
Infrastructure Bill is
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which are suitable
for caring are built
in plentiful supply.
.....

save the NHS £3.3m per year. The Nuffield Trust has also evaluated over 30 community-based interventions for older people which found, whilst there wasn't a significant reduction in the acute or emergency usage of the NHS, there was a fall in planned admissions and hospital outpatient attendances.⁴⁵ This is just one way in which planning and supporting carers and those they care for in their homes, can lead to health savings elsewhere. As our population ages, more community based interventions must be explored.

NHS Healthy New Towns have been developed in response to the clear commitment made in the NHS Five Year Forward View to improve population health, and integrate health and care services, as new place are built and take shape. Integration leads to savings in itself; such as in Greenwich where there have been savings of over £1million from integrating GP and social care services as well as reducing the numbers moving permanently into nursing care homes – enabling people and their carers to remain in their homes for longer.⁴⁶

Local authorities should think about how to use develop strategic plans that benefit carers and their families. For example ensuring that new build homes are built to Lifetime Homes Standards or that new housing schemes are carer and disability friendly. The newly announced Neighbourhood Planning and Infrastructure Bill is an opportunity to ensure that homes which are suitable for caring are built in plentiful supply.

Recommendations

- Planning obligations should be better utilised to ensure that more accessible and suitable homes are built which are flexible across the life course and enable family caring.
- Housing associations and local authorities should support new healthy initiatives.

⁴⁵ Nuffield Trust (2013), Evaluating integrated and community based care

⁴⁶ NHS Five Year Forward View

Conclusion

Those providing and needing care are not a homogenous group. They have a wide range of different needs, as well as incomes and aspirations. It is important that people can "right-size" to a property that works for them and which they want to live in.

With our rapidly ageing population solutions are needed now, not in future. Homes cannot be built overnight; it is a lengthy process from the initial planning stages to a finished product. Delay in building suitable homes, as well as adapting homes, is only storing up more problems for the future.

Those providing and needing care are not a homogenous group. They have a wide range of different needs, as well as incomes and aspirations. It is important that people can "right-size" to a property that works for them and which they want to live in. This must be addressed in any national strategy – it is not just about more homes, but the right homes at the right stage in person's life course. There must be choice available to suit the needs of our growing and ageing population.

There are implications for the NHS: to achieve a shift from acute to out of hospital care, carers who are providing the majority of the care need to be helped, not hindered by unsuitable housing which exacerbates health conditions and makes it harder for them to provide care safely and effectively.

Housing needs to be recognised as a key element of ensuring that people are able to care for their families and close friends who are chronically ill, frail or disabled. Housing has to be seen as a part of a sustainable future on care and caring.

If our society is to be prepared for our ageing population, urgent action needs to be taken to build lifetime homes, to adapt existing homes and to develop new models of housing with care.

It is not just about more homes, but the right homes at the right stage in a person's life course.

Access to social rented housing and financial support with all housing costs needs to make it easier to care. Policies which disadvantage carers, such as the social sector size criteria, or fail to recognise carers' needs, such as changes to support with mortgage interest rules, must be reversed.

Without a safe, warm home, it can be hard to manage the other aspects of day-to-day living. The stress of worrying about having a secure roof over their head can make it near impossible to cope with any other challenge carers might face and results in greater costs to the state in the longer term.



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