

Making Homes Fit for Ageing and Caring

The consequences of COVID-19 for the housing, health and well-being of older people in England



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About C&RE

Care & Repair England is an independent charitable organisation (Registered Society with Charitable Status 25121R) established in 1986. Its aim is to improve older people's housing, particularly for older people living in poor or unsuitable private sector homes. It works with older people to innovate, develop, and support practical housing initiatives and promotes the related policy and practice changes that can enable older people to live independently, safely and well in their own homes for as long as they wish.

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CREDITS

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Introduction

This paper reviews the consequences of COVID-19 and associated 'lockdowns' for older people in England with particular reference to their housing, health and well-being, and identifies the associated policy implications.

In terms of sources consulted, these range from the journalistic to systematic research, most of which relates to short-term consequences arising from the first wave of COVID-19 in 2020.

A key question underpinning this paper and yet to be resolved, is the impact of COVID-19 for older people in the medium term (2-5 years) and long term (5+ years).

Three of the most immediate, important and interrelated consequences which this paper considers are:

- 1. The disproportionate impact of COVID-19 on certain population groups, in particular older people, those with long term health conditions, and some black and minority ethnic populations, with overlaps between these groups**
- 2. The disproportionate impacts of COVID-19 in certain regions, local authority areas and localities, especially in the North of England and the Midlands**
- 3. The extent to which the central importance of the home as a place of safety and sanctuary has been reinforced, and conversely the extent to which substandard, insecure, overcrowded and unhealthy homes increased the impacts of COVID-19 on their occupants.**

The Impacts of COVID-19 on the Health and Wellbeing of Older People

Even before the COVID-19 pandemic, a high proportion of older people were already dealing with significant health challenges, including living with multiple long term health conditions, facing increased risks of acute episodes e.g., stroke, heart attack, injury from falls etc., experiencing a range of mental health challenges, and/or living with daily living difficulties and persistent pain as they waited for elective surgery e.g., cataract, hip and knee operations.

The emerging evidence with regard to the health impacts of the pandemic on older people is that there has been widespread exacerbation of existing physical and mental health conditions, as well as emergence of new health problems for previously well individuals.

The Evidence

A key early data source, published in October 2020 and based on survey research that summer, is Age UK's report *'The Impact of COVID-19 to date on older people's mental and physical health'*.

The report catalogues the many negative impacts on the health and well-being of older people including:

- Physical health decline – especially the impact on mobility and movement
- Poor diet and malnutrition
- New/ emerging/ accelerating cognitive decline
- Notable worsening of situation for older people with dementia
- Older people with long-term health conditions and those asked to shield
- Mental health and emotional well-being decline
- COVID-19 related anxiety
- Low mood and depression
- Worry about the future
- Self-neglect
- Bereavement
- Loss of confidence
- Loneliness

The recurrent themes cutting across these impacts concern a sense of isolation and a loss of social connection associated with:

- Reduced social contact due to the need to avoid infection, especially when 'shielding'; and
- Diminished access to health, social care and other support services.

In February 2021, Age UK revisited their earlier research and published *'Impact of COVID-19 to date on older people's mental and physical health: one year on'*. The conclusion and findings by type of impact are summarised in the following extracts and make for depressing reading:

'This report shines a clearer light than our first one on how the pandemic has impacted older people differentially according to the degree of inequality they are experiencing. It shows that like their younger counterparts, older people from ethnic minorities have been hit harder in various ways, as have older people who are living on low incomes' (page 3).

In relation to physical health:

'The COVID-19 pandemic has made it harder for older people to look after their physical health. Not only have they had reduced opportunities to be physically active, but a significant number have also experienced delays in accessing healthcare and treatment. As a result, older people have told us they have 'aged', lost independence, and have a reduced ability to do the things they used to enjoy' (page 5).

In relation to mental health:

'...the pandemic has left (older people) feeling anxious, depressed, and fearful for the future. Some groups of older people have been particularly hard hit, including carers, older people who have been bereaved, and those who have been shielding... older people who felt they had managed during the first wave of the pandemic have reported that as time has passed, and the pandemic has gone on, they have started to struggle' (page 10).

In relation to unhealthy coping strategies:

'The pandemic has also led to some older people adopting unhealthy coping strategies, including comfort eating, drinking to excess, and smoking more' (page 15).

In relation to loneliness and isolation:

'Restrictions on going out and meeting others has left vast numbers of older people feeling lonely, isolated, and forgotten. Older people told us they go days without seeing or speaking to anyone and feel like prisoners in their own homes. Unsurprisingly this had a knock-on effect on their mood, with older people telling us they feel down, tearful, and doubtful that anybody cares about them' (page 17).

In relation to loss, bereavement and grief:

'During the course of the COVID-19 pandemic, significant numbers of older people have lost partners, relatives, and friends. While losing someone is never easy, bereavement during this time has been particularly difficult, with many older people losing their loved ones in sudden, unexpected, or traumatic ways. The grieving process has also been disrupted, with older people telling us that they were unable to be with their loved one when they died, say goodbye, or attend funerals. After losing a loved one social distancing rules have also meant they have been unable to find comfort by surrounding themselves with friends and family. This has left older people feeling guilty, depressed, anxious, and lonely' (page 18).

In relation to health inequalities:

'Older people from lower social grades have continued to be worse hit by the pandemic' (page 21).

'...ethnic minorities have been disproportionately impacted by the pandemic and are more likely to have experienced the worst consequences of COVID-19' (page 22).

Diminishing access to health care services

Recent research led by Vittal Katikireddi, Professor of Public Health (at) Glasgow University and reported in the Guardian on 14.06.21 found in relation to access to GP and hospital care,

'39% more glitches reported by 65 to 75 year olds than those in their mid-40s to mid-50s. Older people were most likely to have delayed or cancelled medical appointments and planned procedures compared with younger people'.

The growing backlog of delayed hospital treatments and the difficulties faced in accessing GP appointments are resulting in many older people facing increasing frailty, pain and mobility issues that is making daily living even more difficult. This is taking a huge toll on the physical and mental health of many older people.

The Age UK 2021 report identified that such experiences have been exacerbated by pre-existing health inequalities:

'Older people from disadvantaged socioeconomic backgrounds have been more severely affected, both mentally and physically'

Impacts on black and minority ethnic older people

The Age UK reports identified particular issues for older black and minority ethnic people and commented that:

'Evidence shows that older BAME people have been disproportionately impacted by the pandemic and are more likely to have experienced the worst consequences of COVID-19' (page 20).

This disproportionate impact on older BAME people arose from factors including;

- A greater likelihood of family members being in key worker roles
- A greater likelihood of living in multi-generational households with a higher risk of transmission and where risk is greater in overcrowded conditions. Whereas less than 2% of white people aged 70+ live in such households, this increases to 13% for Indian, 35% for Pakistani and 56% for Bangladeshi households
- A greater risk of becoming seriously ill or dying to due to a complex combination of historic social, economic and health inequalities.

Variable impacts by location

Coinciding with the incidence of vulnerable populations, COVID-19 has had a disproportionate impact on certain regions, local authority areas and localities. Public Health England data for 18th-24th July 2021 identified that the highest rates of infection by local authority area were in the order of Blackburn with Darwen, Leicester, Oldham, Bradford, Hyndburn, Rochdale, Pendle, Oadby and Wigston, Trafford, Eden, Sandwell, Calderdale, Kirklees, Manchester and Northampton.

Similar findings have been reported in the following sources:

- 'Coronavirus and the social impacts on older people in Great Britain: 3 April to 10 May 2020', Office for National Statistics, June 2020.
- 'The experience of people approaching later life in lockdown: The impact of COVID-19 on 50-70-year olds in England', Centre for Ageing Better', July 2020.
- 'Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults', Public Health England, August 2021.

Housing Links to Older People's Health

The link between housing and health is well-established, as is the association between older people and increased risk of living in non-decent housing conditions.

Poor housing can cause or exacerbate risks from a wide range of common chronic health conditions, including respiratory illnesses, heart disease, stroke risk, depression. Housing conditions also impact on risk of injury and accidents, particularly falls amongst older people.

These risks were exacerbated by periods of lockdown when people were confined to their homes for virtually the whole day apart from the one hour they were allowed to spend outside the home for exercise.

Groups in the population who are over-represented in poor housing are often the same groups who are more vulnerable to COVID-19, including older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups.

The ONS report from March 2020, *'Living Longer: implications of housing tenure in later life'* concluded that:

'Older properties containing someone aged 60 years or over were more likely to fail the Decent Homes Standard (42% homes built before 1919 were non-decent compared with 11% of homes built after 1964) and among homes that failed, older properties would cost more to make decent (average cost of £9,038 for pre-1919 homes compared with £1,375 for homes built after 1964)' (page 7).

Data from the most recent 2019-20 English Housing Survey identifies that whilst the number of non-Decent Homes has reduced in the past 15 years, it still affects 17% of the housing stock and 10% of homes contain a Category 1 HHSRS Hazard. Notably, overcrowding has worsened in the past 5 years.

The most recent in-depth analysis of the specific connections between non-decent homes, ageing and health is the Centre for Ageing Better/ Care & Repair England report, *'Home & Dry: The need for decent homes in later life'* (2020). This revealed that of the 4.3m non-decent homes in England, 2 million were lived in by older people, the majority of whom (78%) are owner occupiers.

Older people, and low income older home owners in particular, are overrepresented in relation to living in non-decent homes and the presence of HHSRS Category 1 Hazards and the vast majority of Category 1 Hazards are related to excess cold and falls risk.

The number of people age 75+ living in a non-decent home has increased by 31% in 5 years, up from 533,000 in 2012 to 701,000 in 2017. Given the greatly increased impacts of COVID-19 with rising age, this is a particularly worrying trend.

Housing conditions, ageing and COVID-19

Three recent reports provide useful overviews of the overall relationship between housing and health in the context of COVID-19:

- the Resolution Foundation's *'Lockdown Living: housing quality across the generations'* (July 2020) and
- The King's Fund/Centre for Ageing Better evidence review, *'Homes, Health and COVID-19. How poor quality homes have contributed to the pandemic'* (Sept. 2020) concluded that 'the COVID-19 pandemic has exposed and amplified housing-related health inequalities'
- *The Health Foundation's report 'Better Housing is Crucial for our Health and the COVID-19 Recovery'* (December 2020)

There is overlap between these reports, but a key common conclusion is that living in a non-decent home during the pandemic is associated with worse health; overcrowding is associated with worse mental health in particular, and a coincidence of the two aggravates overall health effects.

The report of a webinar held by the European Network for Housing Research (ENHR) in February 2021 examining *'The COVID-19 Pandemic Effects on Housing and Policy and Research Responses'* recorded that:

'Since the start of the COVID-19 pandemic, it has been clear how vital housing is for our wellbeing. Lockdowns, working from home and home schooling have made the home literally the central place of our lives. The pandemic may have reshaped our housing needs, but most definitely it has made our housing needs and the meaning of home and the security it offers (hopefully) quite obvious' (ENHR Newsletter no. 2 – May 2021, page 8).

Whilst the significance of the home may be quite 'obvious' in the context of COVID-19, the pandemic has highlighted inequalities in housing and the unsuitability of many older people's homes. Published in October 2020 for the Northern Housing Consortium (NHC), *'Lockdown. Rundown. Breakdown. The COVID-19 lockdown and the impact of poor quality housing on occupants in the North of England'* concluded that the report:

'...amplifies the connection between places we call home and our health, security and sense of wellbeing. These factors cannot be untangled. The COVID-19 lockdown has shown in the starkest of terms that rundown homes are resulting in rundown people'; and

'The experience of confinement over many weeks in poor-quality housing had a grinding effect on participants' (page 8).

Whilst this report focused on all-age householders, specific reference is made to older people as follows:

'Loneliness and isolation were particularly acute for older adults and participants with health conditions who were at high risk and could not, in any case, leave their dwellings, in line with the UK government's strategy to 'shield' the most vulnerable' (page 54).

'Organisations that provide specialised support to older adults living in owner-occupied accommodation were particularly concerned about the under-reporting of repairs and the impact this was having on already poor living standards and unsafe environments' (page 53).

The association between older people and poor housing conditions is well-established but the further coincidence of COVID-19's impact on the health of older people, their reduced access to health services and a crisis in social care have created a critical situation.

Covid-19, Care Homes and Future Patterns of Care

There remains considerable controversy over the vulnerability of older people living in care homes during the first wave of the pandemic arising from the discharge from hospital to residential care homes of older people with COVID-19 symptoms resulting in the introduction of infections at a time when there was limited understanding of the virus, and inadequate provision of PPE.

At the start of the pandemic, 25,000 people were discharged from hospital straight into care homes with no COVID-19 tests being carried out. This action had the single greatest effect in spreading the pandemic into local communities and caused the resulting high death rates of older people in residential care homes. It is not the purpose of this paper to explore this dynamic but to acknowledge its consequences for future patterns of care.

The COVID-19 care home crisis has resulted in many older people being understandably even more anxious about leaving their home to move into residential care unless their situation at home is completely unsustainable. This fear is unlikely to dissipate very rapidly.

The situation for older people who need care is becoming even more challenging as both Residential Care Homes and Home Care providers struggle to find staff and vacancy levels escalate.

In terms of the implications for future patterns of care, one senior Social Services commentator noted:

'NHS staff have long considered care homes to be part of the 'community response' to a need for care whilst adult social care regard them as the institutional category. Families have seen care homes as safer than their relatives staying at home. Post COVID-19, this view of care homes has changed, with many more families and professionals exploring how to support frail elderly at home' (personal email communication, 20th June 2021).

This reinforces familiar issues around the provision of Adult Social Care, in particular, the need to enable more people to live independently in their communities for longer through harnessing community assets, including volunteering.

It also highlights the critical importance of action to prevent physical deterioration and loss of capacity for self-care e.g., through home modifications, equipment, assistive technology, and measures to reduce risk, especially injury from falls.

The Consequences of COVID-19 for Unpaid Carers

Unpaid carers are all too often overlooked and their critical role in supporting older and disabled people is undervalued and understated. In the context of COVID-19, the impact on carers has been significant.

Stress and worry undoubtedly escalated for very many carers during the pandemic, with resulting consequences for their own physical and mental health.

The pandemic, and in particular lockdown and contact restrictions, compromised unpaid carers' ability to provide essential support and practical assistance, which in turn resulted in increased risks for older people of; emergency admission to hospital; difficulties with discharge back to their own home; and higher risk of admission to residential care at a time when there were major issues concerning infection control.

The February 2021 Age UK report noted the impact of COVID-19 on unpaid carers concluding that:

'Over the course of the pandemic older carers have seen their caring responsibilities increase while the support which was previously available has been seriously diminished. Many of the usual services carers relied upon to help them with their caring role stopped or were not able to function in the way they previously had.'

'Some carers were also reluctant to allow paid professionals into their home due to the risk of infection. Carers have also told us that the pandemic has prevented them from accessing informal forms of support from families and friends, leaving many managing without any form of respite'

On the other hand, communities in many locations have come together to support older people and those at risk who were shielding at home e.g. organising delivery of essential food supplies, phoning isolated older people to check that they were okay etc. Whilst this was undoubtedly a great help for many people and their carers, this neighbourhood support was more likely to emerge in affluent areas with pre-existing higher levels of social capital, with lower levels reported in poorer, disadvantaged places.

An ONS survey in 2021 revealed that carers lives have been more greatly affected by the pandemic compared with the non-carers including negative impacts on:

- their work (30% compared to 26%),
- life events (44% compared to 40%),
- household finances (18% compared to 15%),
- access to healthcare and treatment for non-COVID-19 issues; 30% of carers said this was impacted compared to 20% of non-carers.

In the light of these added stresses for carers, ensuring that the homes of those who require care are decent, warm, secure and accessible places in which care can be safely provided becomes even more imperative.

Policy Implications

This section is intended to inform discussion of the policy implications of the impacts of COVID-19 for the housing, health and care of older people.

Questions to consider in looking forward are:

1. The extent to which the consequences of COVID-19 will have wide-ranging medium or long term effects on older people's physical and mental health prospects, with potentially widening health inequalities and hastening the need for care and support
2. The potential to develop post-pandemic recovery plans that integrate housing interventions which might mitigate some of the consequences of COVID-19 and 'future proof' older people's health and well-being.

Some of the related key policy implications for health care, social care and housing are highlighted below.

Health

Tackling the waiting lists for elective surgery

One of the most immediate and pressing consequences for the NHS of the Covid-19 pandemic is a massive backlog of elective surgery, much of which is for older patients awaiting orthopaedic (hip and knee replacements) and eye surgery (cataracts etc.).

Both types of condition have major consequences for older people's ability to live safely, independently and well in their own homes e.g., increased risk of falls due to reduce mobility and sight.

Whilst not a solution for the debilitating experience of chronic pain, home modifications can help to mitigate some of the impacts of the long wait for this type of surgery e.g. changes to the home to make moving around and self-care easier and safer, including grab rails, stairlifts, toilet frame, level access shower etc. plus improved lighting for those with some sight loss. Having a more accessible home to return to can also facilitate faster (and safer) discharge from hospital to home after surgery (or other non-elective admissions).

Improving hospital discharge

With ongoing pressures on hospital bed capacity, the NHS acute sector has continued with the faster hospital discharge systems introduced during the pandemic. 'Discharge to Assess' [D2A] and 'Home First' are now well established, focussed on returning the patient to their usual home as soon as the medical need to be in hospital ceases. The person is then assessed at home e.g. for care and support needs.

A gap in this system which needs to be addressed in most areas is the integration of assessment of the home and identification/installation of the practical housing modifications that can make it a safer and better place to live and support rehabilitation of the patient. A critical element of such an intervention is a fast-track

system to rapidly make the necessary home improvements and adaptations e.g., via a triaged handyperson service, rapid reaction grant/adaptation scheme, home improvement agency etc.

Such housing alterations can improve patients' experience of discharge, reduce risk of further emergency admissions, and have positive impacts for both paid and unpaid carers e.g. reduced risk of back injury through assisted bathing, reduced need for physical assistance to go up and down stairs etc.

Tackling health inequalities through housing interventions

The pandemic has exposed and exacerbated health inequalities, with increasing evidence of the scale to which differences in life expectancy and healthy life expectancy have widened for the poorest areas compared with the most affluent as a consequence of COVID-19.

Whilst there are many factors underpinning this growing gap, as described above, there is a clear link to physical housing conditions and the health of occupants. The cessation of systematic, home improvement interventions e.g. to remove housing hazards, make homes warmer, to address wider disrepair and neighbourhood decline, has worsened this situation.

There is a pressing need for bold new policies and housing action to tackle non-decent homes, to connect health improvement with housing stock improvement in the left behind areas, with targeted housing interventions for those at the greatest health risk in order to 'level up' life chances.

Health system changes underway

With the introduction of Integrated Care Partnerships and a remit that includes tackling health inequalities, there should be an opportunity to incorporate housing into emerging new systems and performance/ delivery frameworks. Incorporating an aim to address patients' housing quality a priority outcome for health and care integration.

Social Care

As well as the NHS, Social Services have come under the most tremendous pressure as a result of the pandemic. The demand for care and support is rising exponentially, at the same time that system capacity, human and financial resources, both for assessment and delivery of care has decreased dramatically.

Integration

There is a longstanding aspiration to make health and care systems work more efficiently through closer integration. Whilst there were some improvements in systems and steps made towards improved integration during the pandemic, with a few exceptions an opportunity was missed to integrate the practical housing interventions that can improve not only older people's quality of life, but also improve care and health outcomes e.g. extended independent living at home, reduced care needs, avoidance of premature admission to residential care etc.

In the face of continuing uncertainty over the capacity for social care delivery at national and local levels in the face of huge workforce challenges and shortfalls in local authority finances to meet rising need for social care, any steps that can be taken to reduce this demand e.g. preventative housing interventions, should be adopted at scale.

Social care reform

The government's planned reform of social care has so far focussed primarily on the funding formula i.e., the division between the individual and the state, of responsibility for paying for care, particularly for those with housing assets.

It is to be hoped that the White Paper and final revised system will be broader, recognising the critical role of housing and proposing action to prevent care needs escalation. This would include addressing the quality and suitability of the existing general stock (where 96% of older households live), recognising this as a major factor influencing care needs.

New systems are needed to address preventative home modifications to extend later life independence; improved alternative housing options in later life; and a nationally accessible, impartial, information, advice and advocacy service about care, housing and finances in later life which in turn can help to ensure informed later life decision making about home and care.

Housing

The dominant focus of current housing policy is on numbers of new 'units' built. The quality of new homes e.g. to support health and well-being, is at best an afterthought, and the interface of new housing design quality to support the health of future occupants receives limited attention.

Repair and improvement to make current homes healthier

There is a blank page when it comes to action to improve the existing housing stock as the best way to address the health and care needs of an ageing population, even though COVID-19 shone a spotlight on the impacts of housing shortcomings – the quality, size, design, location, access to a garden/ green space etc. – on people's health and wellbeing.

In the light of the potential medium and longer term impacts of the pandemic on the health of older people described above, new policies and action on the ground to tackle the health damaging defects in the 2 million non-decent homes lived in by older people is critical.

The Northern Housing Consortium's report, 'Lockdown. Rundown. Breakdown' emphasises the important role of Home Improvement Agencies concluding that they:

'...play a crucial intermediary role between households, health and social care, allowing people to live in their own homes with independence, safety and dignity. They have a critical role to play in helping maintain a resilient healthcare system and support the most vulnerable.'

'There needs to be an immediate focus on ensuring that they and similar organisations working at the intersection of housing and health have the funds they need to reach the most vulnerable over a critical winter period' (page 57) and,

'Owner-occupiers faced barriers around the cost or complexity of repairs. This points to the need to ensure that homeowners can access trusted sources of help and advice, These barriers must also be taken into account in the design of [Green Homes] initiatives or delivery of existing schemes ... to assist owner-occupiers to upgrade their homes' (page 58).

After years of neglect, the one area where there has been dramatic shift in focus onto the existing housing stock is around energy efficiency and the drive to cut carbon emissions from domestic dwellings. There are many conversations going on about how to retrofit current homes to achieve CO reduction targets. This is a massive undertaking, but one which if done well could significantly improve health e.g., if cold homes are insulated and highly efficient heating systems make it possible for low-income householders to keep warm.

In the light of the solid data about non-decent homes, excess cold and falls hazards are the top reasons that homes fail the standard. Major health gains could be achieved if future major CO reduction housing retrofit schemes incorporated a 'Healthy Home' check with remedial measures undertaken at the same time e.g., to remove falls hazards, the majority of which cost a few hundred pounds to remedy vs tens of thousands to improve thermal standards.

Adapting homes for better ageing

As noted above, adaptations of current homes is also key to extending independence at home for the 96% of older households who live in the mainstream housing stock (compared with c. 4% of older households living in properties specially built for older people e.g. sheltered, retirement, extra-care).

The Disabled Facilities Grant, Community Equipment Scheme, and Home Improvement Agencies have all proved themselves as highly cost effective, preventative responses that extend safe, independent living at home.

There are welcome indications that Government recognises the value of home adaptations and has said it will continue to invest in Disabled Facilities Grant both in its Disability Strategy and in Build Back Better. What is needed now is certainty about continued (and increased) funding for a number of years to enable post-pandemic local planning to tackle the considerable health and care challenges already noted.

Conclusions

The pandemic has impacted on everyone's lives, but the effects on older people, who have suffered the vast majority of resulting COVID-19 deaths, have for many been catastrophic. These effects will ripple through the ageing population for years to come, and in ways not yet clear or quantifiable.

The impacts of COVID-19 have been disproportionately felt by certain population groups - those with long term health conditions, some black and minority ethnic groups, as well as older people more generally.

There has also been a disproportionate impact for those living in disadvantaged areas, with stark differences at a regional, local authority and neighbourhood level, with the North of England and parts of the Midlands particularly badly affected.

The pandemic has highlighted the critical role of the home – its stability, security, safety, design and quality all underpin physical and mental health. Substandard, insecure, overcrowded and unhealthy homes increased the impacts of COVID-19 on their occupants.

The NHS and Social Care systems are now in some instances facing even greater pressures than during the early days of the pandemic, with long waiting lists for urgent surgery and demand for care significantly outstripping supply of people and resources.

There is clearly no silver bullet to solve these many crises, caused by a combination of factors in addition to Covid-19, but one change in policy and practice that could make an important contribution to post-pandemic recover is action to improve the homes of older people.

Targeted home repairs and action to make homes decent, safe places to live e.g. removal of major cold and falls hazards that exacerbate health conditions plus integrated delivery of home adaptations to reduce health risks are all interventions underpinned by a strong and well established base.

Given the unequal distribution of poor housing, targeted housing action in the 'left behind' areas which have the most stark inequalities in life and healthy life expectancies would also contribute to addressing the 'levelling up' agenda.

There is a 'win-win' opportunity to target the first wave of CO₂ reduction housing retrofit programmes at the homes of occupants whose health would be significantly improved by such interventions.

Targeted programmes of housing retrofit would have many social and fiscal benefits including

- addressing health inequalities
- prevention of health deterioration
- fuel poverty reduction
- increasing capacity for safe self-care and
- extending independent living at home.

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