

Response to the Housing standards review: consultation (Department of Communities and Local Government)

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About the consultation

The Government is consulting on regulations that determine the basic build standards for all new homes. These include: accessibility, space, security, water efficiency, energy, indoor environmental standards, materials process and compliance. In this response Age UK is specifically responding to proposals on accessibility and their relevance to older people.

A key option for building standards, presented by the consultation paper, is to create three separate categories or levels of accessibility for new homes (linked to space standards). This would involve retaining the existing building regulations on accessibility, contained in Part M – level one. (Part M determines the ‘visitability’ of new homes and covers areas such as a level step free entrance and floor, and having a downstairs toilet). All new homes are currently required to follow this standard. It suggests establishing a discretionary ‘intermediate level’ or level two standard, with a higher benchmark of accessibility (perhaps based on the lifetime homes standard). The implementation, of this level two standard, would be grounded on an assessment of local need by individual local authorities. Similarly, a third wheelchair accessible housing standard would be established, with guidance on implementation. The intention would be to give local authorities flexibility, while at the same time creating consistency across all three levels. This approach would seek to reduce the cost and complexity of new developments and home building within different local authority areas and eliminate unnecessary cost and red tape. The consultation asks for comments on this proposal and different permutations based around this central model.

Age UK has worked in partnership with Habinteg Housing Association to promote the lifetime homes standard. We support their more detailed technical analysis in response to the consultation. This paper examines some of the broader policy implications of the consultation for older people and outlines our preferred option for making progress on accessible homes.

Key points and recommendations

- A dramatic increase in the older population will have profound implications for all aspects of society, including the demand to live independently in mainstream housing.
- The building regulations offer an effective foundation for improving housing access standards for all generations, in both the social and private sectors.
- Poor and inaccessible home design reduces the choices available to older people and has high social and economic costs over the long term
- We need a universal approach to accessibility for new homes that works for all household types and across generations.
- The Government needs to strike a balance between the immediate costs of improvements to home accessibility, while also considering the wider social consequences of failing to make further progress.
- Amending and extending Part M (level one) of the Building Regulations, to reflect the key components of the lifetime homes standard, is the option we would prefer. However, if it proved impractical to incorporate all the elements of an improved standard into the regulations, we would still like to see a high proportion of the low cost elements included.

1. Summary

We welcome the constructive and thoughtful approach the Government has taken in setting out the options available to improve home accessibility. We also welcome the recognition of the need for further progress on accessible home design to meet growing demand, while also seeking a realistic, practical and affordable way forward.

Age UK would ideally like to see the suggested 'intermediate' or 'level two' standard on accessibility fully incorporated into the current building regulations (Part M) i.e. level one. This follows our view that demographic imperatives make a universally applied, improved basic standard for all new homes the best approach (in addition to specific requirements for wheelchair accessible housing). We recognise that some providers are reluctant to support this position due to the possible cost implications. Despite this we believe a universal approach is affordable (see below) and can be justified by the long term social and economic benefits of improving adaptability, in the context of an ageing population.

Regulations contained in Part M of the building regulations already follow the principle of universality and have delivered significant improvements to the health, well-being and quality of life of residentsⁱ - particularly those with disabilities or mobility problems. Amending and extending Part M (level one), to reflect the key components of the lifetime homes standard, is the option we would prefer. However, if it proved impractical to incorporate all the elements of an improved standard into

the regulations, we would still like to see a high proportion of the low cost elements included. With such a compromise, we would like to see a regular evaluation of progress so that the regulations eventually achieve best practice (i.e. full implementation of the lifetime homes standard or similar).

We urge the Government to consider the social and economic implications of failing to make meaningful progress on accessible home design. As well as benefiting older people, the building regulations offer an effective foundation for improving housing design standards for all generations in both the social and private sectors.

2. Meeting the challenge of an ageing society

We are seeing a dramatic increase in the older population, which will have profound implications for all aspects of society, including the demand to live independently at home. The number of people aged 60 or over is expected to pass the 20 million mark by 2031. Without further intervention over 6 million people could have a long-term limiting illness or disability by 2030ⁱⁱ. In terms of housing demand we know that between 2008 and 2033 around 60% of projected household growth will be made up of households with someone aged 65 or olderⁱⁱⁱ. As we get older many of us will need to cope with a disability or mobility problem. This implies the need for practical intervention to shape the housing market in meeting the needs of an ageing population. This, in our view, requires oversight and leadership by Government.

The recent '*Ready for Ageing*' report (by the Lords Select Committee on Public Service and Demographic Change)^{iv} argues for a fundamental shift by both central and local government to meet the demographic challenge of an ageing population. It discusses the need for a universal approach to the delivery of home adaptations to enable more older people to live independently. This makes sense given that 93 per cent of older people live in mainstream housing. There is a danger that introducing an 'intermediate standard' could focus local authorities on implementing this only in specialised forms of housing, rather than in general needs housing where most older people actually live. Only around 7% of older people currently live in specialised housing so even if this market expands the majority of older people are likely to find themselves in general needs housing. Poor and inaccessible home design often means that older people are forced to carry out home adaptations or are pushed into specialised housing or expensive residential care against their preference.

3. A universal approach

Overall we do not think it makes sense to create a separate 'intermediate level' for the proposed improvements in accessibility standards. Basic improvements in access should simply be added to Part M (see below). The reason for a universal approach to new housing is that for the majority of us cannot predict whether we will have a disability or mobility problem in later life. In these circumstances older people's housing choices will be restricted if they are forced to seek housing that complies with an 'intermediate level' (assuming this housing type is locally available).

At the same time, we do support improvements in the design, space standards and affordability of specialised housing to attract more older people into the sector. The recent HAPPI 2 report sets out specific recommendations for improving the design of retirement housing. However, the majority of older people do not necessarily want to live in specialised housing and for many it simply not available to them locally. In the

short to medium term it is unlikely that the supply of specialised housing, at a local level, will be sufficient to meet potential demand.

We think it is better to have a universal approach to accessibility (based on the lifetime homes standard) for all new homes, that works for all household types (with an appropriate proportion of wheelchair accessible housing based on local requirements). This is the model that has been successfully adopted in London and is the model we would like to see applied nationally. We have some concerns that if local authorities are given discretion on the development and planning of 'intermediate level' homes they would not necessarily have the tools or expertise to ensure reasonable demand is met. We know that only 33 per cent of local authorities included older people's housing in local planning strategies, let alone offer the range of housing options that should ideally be available to older people.. This is a serious problem which the Government needs to address. We believe that improving universal standards of accessibility for new homes would be the most effective and straight forward method to ensure all homes achieve basic age-friendliness, regardless of any deficiencies in local planning strategies. As stated, even if the Government is not in a position to introduce comprehensive improvements, it should at least seek to incorporate as many as possible of the low cost elements (e.g. the location of electrical switches, sockets, heating controls and taps) of the lifetime homes standard (or similar basic elements) into the building regulations.

4. Balancing the costs and benefits

The Government needs to strike a balance between the immediate costs of improvements, while at the same time considering the wider social and economic ramifications. We need to carefully consider how far improvements in home design, combined with the effective deployment of assistive technology, can help to reduce demand on health and social care resources by allowing more of us to live independently in our own homes. The short term costs to housing providers and developers of improving access is an important consideration - particularly in the current financial climate when we need to encourage more investment in home building industry. Although the review has estimated the costs of the individual elements involved in a higher standard of access, it is difficult to fully assess the longer term benefits of accessible homes for society as a whole.

Over the years we have seen a number of different studies estimating the build costs of the lifetime homes standard. However, we have seen less focus on the impact of inaccessible design on older and disabled people or how accessibility interacts with important policy objectives on health, social care and inclusivity. Research by the Build Research Establishment (BRE), commissioned by DCLG, demonstrated the benefits of standards already contained in Part M of the build regulations. This evidence in itself supports the argument for improving standards (based on lifetime homes) across the board. The study also shows that the Lifetime Homes Standard could provide £1,600 in savings from reduced NHS health costs^v (in addition to savings as a result of Part M), or £8,600 if potential adaptations were made. The consultation does not appear to mention the BRE research. Habinteg HA point out, in their response, that there are a number of important variables likely to reduce costs over time. For example, savings gained by introducing accessibility standards at the design stage of a development rather than later on in the process, combined with economies of scale when standards are universally applied (rather than in a piecemeal way). Implementation of the Lifetime Homes Standard in London is based

on recognition of the long term saving on adaptable housing. A key factor for developers is to have consistency and certainty in which to operate – which the consultation paper seeks to achieve. We believe a universal approach to access standards would achieve this over the longer term.

5. The cost of adaptations

Having an improved accessibility standard could dramatically reduce the costs and feasibility of home adaptations – for example by ensuring that bathroom walls are strong enough to allow the fitting of a grab rail.

Over three quarters of a million people aged 65 and over need specially adapted accommodation because of a medical condition or disability and 145,000 of them report living in homes that do not meet their needs. We also know that 26.1% of the homes occupied by older people (60+) in England fail the decent homes standard (just over 2 million households).^{vi}

The two main government funding sources for adaptations, aids and equipment are the Disabled Facilities Grant (DFG budget from DCLG at around £270m and Community Equipment Budgets (DH) with expenditure of around £236 million (according to provisional figures) in 2010/11. Having an improved accessibility standard can facilitate the later installation of adaptations offering significant savings. Improved access to bathrooms can make it easier to make further improvements. For example: 'One local authority saw a reduction in care cost of £1.98 million over 5 years for a £110,000 investment in just 20 level access showers.'^{vii} Minor enhancements in accessibility can have huge practical benefits for day to day living. These small improvements through adaptations are a key component in reducing hospital admissions, allowing the delivery of care and support in the home and promoting independence.

6. Falls and accidents in the home

Raising accessibility standards for all new homes could play an important role in reducing falls and help to moderate costly interventions. About a third of all people aged over 65 fall each year (over 3 million people). Hip fractures are the most expensive osteoporosis fracture with estimated costs per patient ranging from £12,000 (1998 figure) to £25,424 (2000 figure). The latter figure is now routinely updated to £28,000 by some falls teams to reflect increased costs over the past 10 years. The combined cost of hospitalisation and social care for hip fractures (most of which are due to falls) is £2 billion a year or £6 million a day.^{viii} Again Age UK believes it is better to raise accessibility standards across all homes rather than confining improvement to an 'intermediate' discretionary standard. The principle of reducing accidents and falls through an accessible environment should be applied to all homes.

7. Housing support and social care

Most older people prefer to receive care and support in their own home - where this is feasible. It is also generally cheaper for local authorities to provide care in our own homes. Accessibility in the home is an important factor in allowing this option. In addition, the care bill is seeking to facilitate a care package agreed in one local authority area to be transferred to another area. However, this portability will be

impeded by inconsistency in home access standards. Over the longer term we can begin to address this with an improved access standard that makes it possible for more of us to be cared for at home more easily. Progress in the delivery and choice of care and support at home needs to be reflected in the way we design all new homes.

The Government has discussed the benefits of families supporting older parents or relatives at home. It wants to make it easier to build annexes to facilitate sons and daughters providing care for older parents and relatives in a loving home environment. However, building an extension may not be enough to make this idea practical for older people with disabilities or mobility problems. Inaccessible housing will require adaptation, and in many cases, for existing homes, this can be difficult and expensive. We think that making family housing more adaptable is another argument for improving the accessibility standards of all new homes, rather than using an intermediate standard that is not necessarily applied across the board. Clearly the ability to offer care in the family home is not only important only to older people but affects all generations.

8. Concluding comments

Age UK believes all new homes should comply with universally improved standards of accessibility based on the lifetime homes standard. Our overall position is essentially based on two key factors – firstly, we have an ageing population that will, without doubt, require a more flexible housing market. Secondly, the majority of older people will continue to live in mainstream housing, in both the private and social sectors, rather than specialised forms of housing. We have worked with Habinteg HA to promote the lifetime homes standard to be applied to all new homes, preferably through the building regulations. We would like to see further progress towards achieving this ideal. In parallel with this, we have called for further progress on the adaptation of existing homes to allow more older people to receive care and support in their own homes. Although cost is a key consideration for the consultation we believe there needs to be a balance between the immediate impact of better standards on the home building industry and the wider longer term social costs of failing to make it easier for older people to live independently in ordinary housing.

Questions in the consultation paper

1. Which of the options (A, B, or C) set out above do you prefer? Please provide reasons for your answers.

We would prefer option C to integrate standards directly into the building regulations.

2. Do you agree that there should be a group to keep the nationally described standards under review? Y/N.

Yes. It is important to regularly review whether improved standards on accessibility are delivering the Government's objectives, particularly in relation to the provision of health and care services in the home. Further evidence of the benefits of accessible housing standards should be the basis for the group to recommend changes in the implementation of the standard. The groups should include representatives of older and disabled people's groups with direct experience of practical day to day problems and issues.

3. Do you agree that the proposed standards available for housing should not differ between affordable and private sector housing? Y/N. Please provide reasons for you answer.

Yes. The majority of older people will continue to live in the private sector. There is no difference between the needs of older people across these sectors – although we know that specific parts of the private and social sectors are failing to attain the Decent Homes Standard (this may be associated with poor accessibility standards). There are particular difficulties for older people on low incomes who struggle to have adaptations carried out on their home. In recent years we have seen significant cuts to grants for home improvements. Enhancing the basic standards would reduce the expense of adaptations, regardless of tenure. Older residents moving into specialised housing in both the private and social sectors have a right to expect their personal space, communal areas and the surrounding built environment to comply with good access standards.

4. We would welcome feedback on the estimates we have used in the impact assessment to derive the total number of homes incorporating each standard, for both the “do nothing” and “option 2” alternatives. We would welcome any evidence, or reasons for any suggested changes, so these can be incorporated into the final impact assessment.

We do not have any additional information on which to comment on these estimates.

5. Do you agree that minimum requirements for accessibility should be maintained in Building Regulations? Y/N.

Yes. Research by BRE (referred to above) shows that the minimum standards have provided significant benefits. As the profile of home buyers and tenants change there will be increasing demand to take standards to a higher level of best practice.

6. a) Is up-front investment in accessibility the most appropriate way to address housing needs, Y/N.

Yes. It is more cost effective to implement accessibility standards at the design and planning stage than applying them to homes at a later point. According to BRE, and other acknowledged experts in the field, the initial costs of improving accessibility are still relatively small in comparison with the costs of home adaptations required at a later stage and the potential stress placed on health and social care services. As Habinteg HA point out, the higher estimates put forward by DCLG still need to factor in the cost of such elements as the Disabled Facilities Grant (DFG), which itself only represents a small part of total expenditure on adaptations. DCLG commissioned research estimated that DFG would need to be 10 times the current amount to meet assessed needs.^{ix} This expenditure does not cover the knock on effect of failing to deliver adaptations in terms of poor health and falls and accidents in the home. The Government has rightly recognised that the relatively small amount invested in DFG has produced very significant benefits for grant recipients. The same consideration needs to be given to the relatively small cost of improved accessibility standards.

b) Should requirements for higher levels of accessibility be set in proportion to local need through local planning policy? Y/N.

No. We believe that improved levels of accessibility should be applied to all general needs housing across the board. A general baseline should be established for wheelchair accessible housing, while also reflecting assessed need at a local level. This requires a consistent approach to identifying needs to ensure the availability of high quality housing for all disabled people - regardless of location.

However as a separate issue we recognise that the Government is seeking a common standard for wheelchair accessible housing to reduce the cost to developers of different requirements in different local authority areas. Clearly the detail of this 'common standard' is critical - it is important for the review to reflect the practical concerns of wheelchair users. We have some concerns that standardisation would impede local authorities who wish to go beyond the 'common standard' and respond to local demand in pursuit of best practice. We believe there should be flexibility to allow local authorities to respond to the local demands of disabled people and go beyond a minimum standard.

7. Do you agree in principle with the working group's proposal to develop development of a national set of accessibility standard consisting of a national regulatory baseline, and optional higher standards consisting of an intermediate and wheelchair accessible standard? Y/N.

All older people should have the right to expect a good basic standard of accessibility in all mainstream and specialised housing. Ideally, we would like to see a higher standard applied across the board in the building regulation as we think this approach is more likely to deliver the accessible homes regardless of location. If the optional intermediate standard is taken forward it is vital there is a consistent approach to guidance on the assessment of need across local authority areas, linked to a long term strategy on the housing requirements of an ageing population. We are concerned that with discretion there is likely to be variation in the availability of 'higher standard accessible homes' depending on where you live. We think older and

disabled people have a right to expect a good basic level of accessibility in all homes they visit or move into.

8. Do you agree with the costs and assumptions set out in the accompanying impact assessment? Specifically we would like your views on the following:

a) Do you agree with the estimated unit costs of Life Time Homes? If not we would appreciate feedback as to what you believe the unit cost of complying with Life Time Homes is.

We refer to the detailed study carried out by the BRE, previously commissioned by DCLG.^x We think it is important that the decisions are based on independent research. As stated earlier we need a more comprehensive review of the long term social and economic benefits of improved standards set against the immediate unit costs.

b) Do you consider our estimates for the number of homes which incorporate Life Time Homes to be accurate? If respondents do not consider our estimate is reasonable we would appreciate feedback indicating how many authorities you believe are requiring Life Time Homes standards.

Wheelchair Housing Design Guide/standards:

We do not have any additional data on this. We think it is important to get a clearer picture of progress on homes incorporating lifetime homes features – which in turn will influence informed policy decisions. For example, we would like DCLG to investigate whether the introduction of an intermediate standard had limited impact on the availability of accessible homes in the majority of local authority areas – this might be the basis for reconsidering the best approach to achieve further progress.

c) Do you agree with the figures and assumptions made to derive the extra over cost of incorporating Wheelchair Housing Design Guide? If not we would welcome feedback along with evidence so that we can factor this into our final analysis.

We do not have any additional data.

d) Do you have evidence of requirements for and the costs other wheelchair standards which we have not estimated? We would appreciate the estimated costs of complying with the standard and how it impacts properties.

We do not have any additional data and would refer to analysis by specialist providers such as Habinteg Housing Association.

e) Do you consider our estimates for the number of homes which incorporate wheelchair standards to be accurate (in the “do nothing” and “option 2” alternatives). If you do not consider the estimate to be reasonable, please could you indicate how many authorities you believe require wheelchair standards.

As above.

9. Do you believe that the estimated extra over costs in the Impact Assessment reflect the likely additional cost of each level?

As above.

10. Do you agree that level 3 properties should be capped in order to ensure local viability calculations remain balanced? Y/N

No. We think that this should be based on a consistent assessment of local need. Narrow definitions of market viability should not be an issue, given that ensuring disabled people are able to live independent and productive lives is a positive benefit to the social and economic well-being of all local communities.

If yes, at what level should the cap be set?

**11. If a cap were to be adopted should it, in principle;
a) Vary across tenure? b) Be flat across tenure?**

In relation to wheelchair accessible housing, a cap might need to vary according to availability and affordability across different housing tenure – which is why a local approach based on a consistent assessment of need might be more appropriate.

12. To what extent would you support integration of all three levels of the working group's proposed access standard in to Building regulations with higher levels being 'regulated options'? Please provide reasons for your answer if possible.

a) Fully support. b) Neither support or oppose. c) Oppose.

We fully support integration for the reasons stated previously

ⁱ Roys, M, Assessing the health benefits of lifetime homes, DCLG 2012

ⁱⁱ Age UK, Later Life in the United Kingdom, October 2013

ⁱⁱⁱ DCLG, Lifetime Homes, Lifetime Neighbourhoods, 2008

^{iv} Select Committee on Public Service and Demographic Change, Ready for Ageing, 2013

^v Roys, M, Assessing the health benefits of lifetime homes, DCLG 2012

^{vi} Age UK, Later Life in the United Kingdom, October 2013

^{vii} Housing and Ageing Alliance, Economic implications of housing in an ageing society, 2013

^{viii} Age UK, Later Life in the United Kingdom, October 2013

^{ix} BRE, Disabled Facilities Grant allocation methodology and means test: Final report, 2011

^x Roys, M, Assessing the health benefits of lifetime homes, DCLG 2012