

Getting our homes in order

How England's homes
are failing us

Experiences of people
50-70 who live in
poor-quality homes

March 2021



Key findings



Millions of people in their 50s and 60s are living in poor-quality homes that are detrimental to their health and mental wellbeing. Common problems include excessive damp, an inability to heat homes properly and poor design and disrepair, which leaves people at greater risk of falls and other injuries as they grow older.

Emotional attachment often prevents people from being realistic about the problems that exist in their homes and the negative impact on their quality of life, now and in the future.

People in this age group can be reluctant to think ahead and often don't feel 'old enough' to undertake home improvements now, which would aid them to live healthily and independently for longer.



Where people do recognise a need for repairs or changes to their homes, they can face a range of barriers, chiefly a lack of finances and financing options. In addition, they often don't know where to find support and information about making home improvements or trustworthy tradespeople to carry out the works. This can lead to people putting off necessary improvements and choosing short-term unsustainable fixes over long-term changes.

Tenure affects people's options around making home improvements. Renters can feel unable to carry out necessary repairs due to their relationship with and reliance on landlords.

Introduction

Homes are more than bricks and mortar. They should provide warmth, safety, and a comfortable environment to live in.



As a result of the COVID-19 pandemic, the majority of people have spent more time at home than ever before and the impact of poor living conditions on people's physical and mental health is becoming indisputably more apparent.

Despite the increased recognition of the impact that our homes have on our health, currently it is estimated that there are 4.1 million homes in England that do not meet basic standards set by government (MHCLG, 2020).

Previous analysis by Ageing Better estimates that close to half of these homes are lived in by someone over 55 years old (Ageing Better, 2020).

In 2020, an estimated 93% of people aged 60 and above said they were satisfied with their home (Ageing Better, 2021).

Despite this level of satisfaction, the high number of poor-quality homes persists, and houses that are either damp, cold, inaccessible or in physical disrepair can have serious negative effects on our health (World Health Organisation, 2018). Poor-quality homes are damaging for all ages.



4.1m

estimated homes in England that do not meet basic standards set by government (MHCLG, 2020)



However certain issues, such as a consistently cold home, can worsen the impact of many common long-term health conditions particularly experienced by older people, such as arthritis and respiratory conditions, as well as increase the risk of a stroke or heart attack (NICE, 2015). Alongside the dangers of a cold home, the main cause of accidental injury-related deaths amongst older people is falls in the homes (NHS, 2019), many of which could easily be prevented by simple repairs and adaptations.

£513m

estimated spend by the NHS on first-year treatment costs for over 55s living in the poorest quality housing (Centre for Ageing Better and Care & Repair England, Home and dry, 2020)

Introduction

Given that the existing evidence clearly highlights the impact of poor-quality homes on health, alongside providing clear analysis to show the cost to make homes good quality, why is so little action being taken to improve the quality of homes? As a response to this, Ageing Better has commissioned The Good Home Inquiry – an independent inquiry to determine the causes of, and solutions to, the poor-quality of so much of our housing.

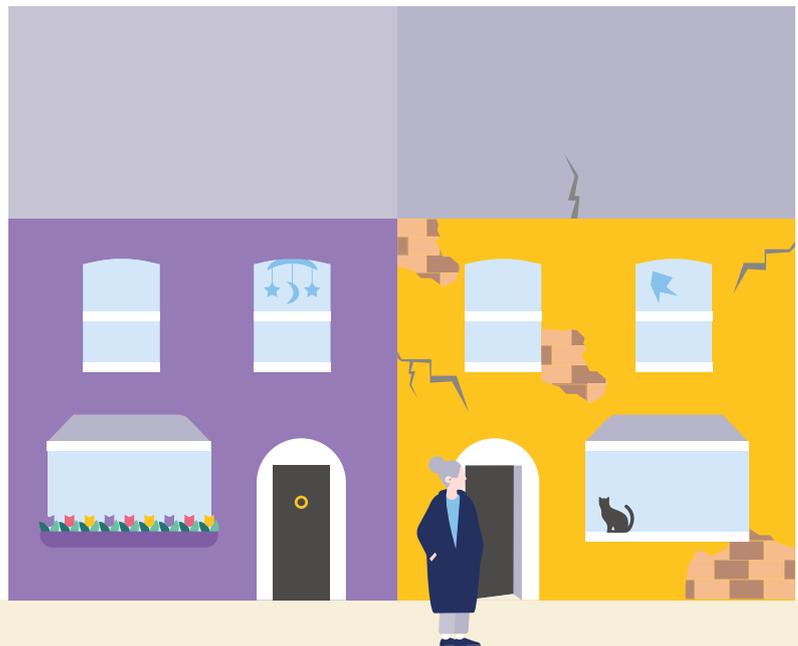
To support the Inquiry's work, Ageing Better commissioned Ipsos MORI to undertake research to develop a more informed understanding of the experiences of people living in poor-quality homes. This research aimed to explore:

- **The problems participants experienced in their homes and the impact of these problems on their physical and mental health**
- **The barriers that had prevented participants from carrying out repairs and adaptations.**

Twenty participants aged 50 to 70 took part in two interviews and contributed a two-week online diary in which they explored their homes and the problems they faced. To help them prepare, they were given an introduction to common issues encountered in a poor-quality home. They were also asked to reflect on how their problems in their home might be negatively affecting them and improvements needed that they had previously recognised but had not yet taken action to address. Participants were recruited from across England with a mix of gender, ethnicity, socio-economic group, housing tenure and living situation. All participants lived in a home that did not meet their needs for varying reasons and the purpose of this report is to draw out the common shared experiences of people who live in poor-quality homes.

1 in 3

of all non-decent homes cost on average £1,000 to repair (Ageing Better, 2020)





Warm and dry

In England, it is estimated that two million households headed by someone over 65 find it difficult to heat their home (Ageing Better, 2020).



The issue of keeping a home warm and dry was exemplified in this research with the majority of participants describing how cold their homes were. The problem of keeping a home warm and dry was prevalent across all housing tenures.

The reasons for individuals living in cold and damp homes varied, for example, some heating appliances were inefficient or expensive to run, homes were poorly insulated or had draughty windows. Whatever the cause, the negative impact of living in a cold home on wellbeing, mental health and finances was consistent – with one participant highlighting that the trade-off between household finance and living in a cold home made them “miserable” and “overwhelmed”.

As a result of being unable to properly heat their homes, damp and mould was a prominent concern. Cold homes and the presence of damp and mould is linked to several chronic health problems, including respiratory and cardiovascular conditions, with just under 10,000 deaths a year attributed to the avoidable circumstance of living in cold home (E3G and National Energy Action, 2018).

Participants talked less about the health risks of damp and mould, however, than they did about their feelings of shame and embarrassment that damp and condensation gave them. Whilst most participants expressed a strong emotional attachment to their home, the stigma around damp and mould being associated with uncleanliness led them to limiting guest visits to their home.

In many cases, the individuals had been living in damp homes for a prolonged period and mould had often reappeared despite efforts to address it. There was a preference for short-term fixes over long-term solutions, with participants putting off more expensive and complex repairs.

The feeling of helplessness in being able to get rid of the damp and mould was felt across all tenures. Homeowners doubted their ability to afford the work that was needed, whereas in the case of renters they often felt more at a loss due to relying on landlords to help resolve the issue. One participant stated that: “The landlord just gets it done in his own time... He just wipes it off and tells me to wipe it and that is it. There's obviously a problem there, the mould still finds a way in”.

10K

deaths a year are attributed to the avoidable circumstance of living in cold home (E3G and National Energy Action, 2018)

Moving around the home

An individual's ability to move safely around their home has significant impact on their physical health and wellbeing, with around one in three adults aged 65 and over having at least one fall a year (PHE, 2018).



In this research the impact of uneven surfaces and trip hazards ranged from annoyance and mild concern, to significant stress, frustration and exhaustion for those with more severe mobility issues.

However, for some this risk is life or death, as the most common cause of injury related death in over 75s is falls (ONS, 2018).

Participants who had problems with their mobility were most vocal about the poor design and quality of their homes in relation to moving around the home safely. But both those with and without health conditions had experienced falls and worried about accidents such as tripping on the stairs or slipping in the bath. Not only did issues such as uneven surfaces and poorly designed bathrooms increase the risk of physical injury, but they also led to significant stress and anxiety linked to a fear of injury. This meant participants did not feel like they could not “enjoy their whole home” and said it “just makes [the limitations] real... it becomes really difficult and quite emotional”.

Most participants were already experiencing problems moving around their home but felt they were “managing alright” at present, anticipating that they would have difficulties as they grew older.

However, a few participants did admit that elements of their homes had already started to cause more problems since they first moved in. For example, one participant acknowledged that she had not seriously thought about the implications of navigating the stairs when she moved in. However, the challenge of doing so was becoming more apparent the longer she lived there and the more her health declined. Concerns over safety and a desire for improved comfort levels were the main driving forces behind participants wanting to make adaptations to their home, with one participant stating that “we worry about slipping, getting a fracture, or damaging the body. It is better to avoid such problems with a standing shower”.

It was common for those who were currently experiencing mobility restrictions to speak about wanting substantial changes to their homes, such as structural changes to their entranceways, bathrooms and stairs to make them more accessible.

Even though the issues of moving around the home were consistent across tenures, those who socially and privately rented felt they had less agency to change the situation. One social renter's bathroom was so inaccessible to her that she was washing in her kitchen sink or travelling to her family's home to shower. This was severely affecting her mental health. She said, “I deserve the right to wash freely like anybody else, and when you have to wash in the kitchen, or rely on family members – why should I have to do that?”.

“We worry about slipping, getting a fracture, or damaging the body. It is better to avoid such problems with a standing shower.”

Male, 58, Urban, Owner occupier

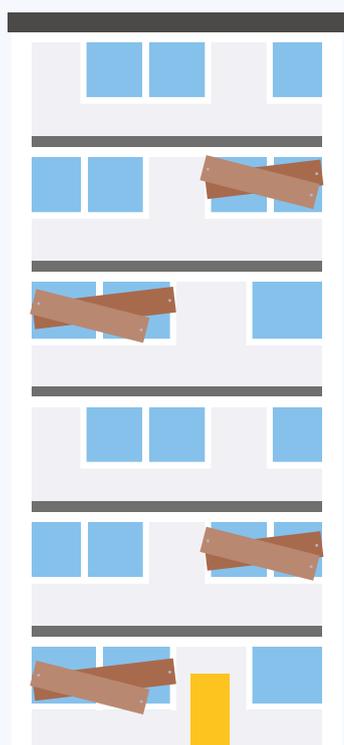
Safe and secure at home

Although less common than problems with moving around the home and feeling warm and dry, participants' concerns about their safety and security had a significant impact on how they felt about their home.

A physical sense of feeling unsafe and insecure was common across tenures. Whilst this fear was largely related to the wider environment (such as whether there was anti-social behaviour in the neighbourhood) participants emphasised that the quality of their home could exacerbate this fear in some situations. One social renter described how cracks in the front door had become so bad she could see through them – something she had reported to the housing association twelve months ago and she was still waiting for them to fix.

Again, this lack of agency to ensure repairs were carried out left the participant feeling powerless and upset as to why she “should have to live in such an insecure property”.

Whilst this notion of helplessness concerning physical security was apparent across tenures, security of tenure was an added concern for renters, and private renters in particular.



Fear of being evicted resulted in substantial stress and anxiety, with one participant stating they felt “at mercy of the landlord”.

Both private and social renters did not always think their landlords or housing associations would be willing to make adaptations relating to their needs. They described how it would ultimately cost a landlord money to make adaptations to the home and such adaptations may make it less desirable for future tenants. As a result of their “fear of annoying” their landlords, several private renters described making aesthetic renovations themselves.

However, they recognised that they were ultimately personally investing in a property they did not own and would potentially be leaving in the future at short notice.

Participants all highlighted that local connections were an important way of supporting them to feel safe and secure within their home and neighbourhood – both in terms of physical security from the wider environment, but also from risks of injury within the home. Many participants relied on their neighbours for help with repairs, recommendations for tradespeople and social connections. However, where this feeling of community did not exist, it could result in isolation and distress. This feeling was ever more intensified for those living in rural locations, not only due to often living miles away from the amenities but also because problems with digital connectivity disproportionately impacts those in rural areas. One homeowner stated that, “you’re in the middle of nowhere, you absolutely rely on your phones and on your computers to work”.

“You shouldn’t have to live in such an insecure property... You think you’re helpless, aren’t you, as to who you turn to...”

Female, 56, Suburban, Social housing



Improving your home

Since the start of the pandemic, 70% of all adults are more aware of problems or improvements needed in their home, with more than a half of people aged 50 to 69 stating they now have a strong desire to make changes to their home (Ageing Better, 2021).



The existing evidence is clear that efficient repairs, as well as minor and major home adaptations, are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities and improving mental health (Ageing Better, 2017).

Despite the strong case for adapting the home to support independence and good health for longer, and their increased interest in making changes, participants emphasised a variety of practical barriers to improving their homes.

These ranged from a lack of available financing options and an overall lack of available support to carry out repairs, to struggles around identifying problems and hiring trustworthy tradespeople to carry out the necessary work.

Alongside these practical barriers, there were emotional and psychological barriers too. Attitudes towards ageing were stopping participants from making changes to their home.

2/3

Over two thirds of people aged 50–59 stated cost is the main barrier to making changes to their homes (Ageing Better, 2021)



Many – irrespective of their age and mobility – simply did not feel old. While recognising that there would come a point where they would need to act to address specific issues, many felt they were not yet at this stage and had not investigated options for support. This was especially the case if they perceived their home as suitable for their current needs.

Unsurprisingly, those in good health who were active and without mobility issues often had little motivation to plan for their future requirements, seeing themselves as still too young and their need for adaptations was not great enough yet. In contrast, those with existing health conditions were more likely to accept the need for adaptations or renovations as a way of ensuring their home was suitable for them in later life.

1/2

More than half of people aged 50–59 have a stronger desire to make changes to their home following the first lockdown (Ageing Better, 2021)

Finances

Evidence suggests that the biggest issue people face when it comes to carrying out repairs and adaptations in their home is cost, with 70% of people aged 50-59 citing this as the main reason they can't make changes (Ageing Better, 2021).



In this research, across all tenures, finances were highlighted as one of the most significant barriers restricting participants from making necessary changes to their homes.

Repairs and adaptations were widely perceived as costly and many did not have the funds to spend, or in several cases they did not feel they had enough disposable income to view such changes as essential and it was instead “about prioritising”, not future-proofing. This uncertainty led participants to delaying works and hoping that their health would not decline so that they could put off making adaptations.

Homeowners in particular spoke about the difficulties they faced when making decisions about what took priority when finances were tight. In contrast, private and social renters valued the fact that they were ultimately not responsible for funding large-scale repairs and renovations, despite having concerns about asking landlords to make repairs and spend money on the property.

Financial support options such as grants or loans were viewed as critical to enable repairs and adaptations for later life. Both grants and loans were perceived as a way to fill an immediate funding gap for unexpected repairs and high upfront costs for the sometimes expensive major adaptations. Despite this, many participants were unaware of the existing grant and loan schemes available to them and didn’t understand the detail of such schemes. Grants rather than loans were sought by homeowners which could reflect the scale of the financial barriers they faced. They also expressed concerns about loans in that they would not want “debt hanging over them” at an older age.

However, homeowners did see low-interest loans for completing minor renovations and repairs as “better than nothing” but argued that financial support options should be means-tested to ensure that those who needed support can access it – regardless of your tenure. Participants emphasised that financial support should be readily available to help people make their homes safer and more suitable as they grow older, even if primarily targeted towards those on the lowest incomes. Ultimately, there was a strong emphasis on creating a system that avoided putting individuals in financial difficulty, as one participant put it, “let people upgrade their homes... without making people go bankrupt when they are older”.

“It does make you worry about where you are going to get the money from. Is it more important to do this than other things? It is about prioritising.”

Male, 56, Suburban, Owner occupier

Accessing support

In addition to having timely access to suitable financial options, participants expressed a desire to have access to advice to help make informed decisions about which finance options would work.



Participants expressed a desire for support with submitting an application for a grant or a loan. This desire for support was not limited to the financial aspects of improving the home, but also for information and advice in identifying problems with their homes and physically carrying out adaptation and repairs.

Participants widely reported that they were only aware of organisations such as Citizens Advice or Age UK who might be able to help them – but felt that these services were oversubscribed and even though they knew these services existed they “did not know where to start”.

The need for support in identifying problems with their homes was mirrored by a lack of awareness of the impact certain problems could have on their health. Many told stories of issues getting progressively worse before they identified something wasn't right. This lack of awareness combined with a tendency to be optimistic about their health often resulted in delays and inaction. Irrespective of tenure, participants shared the view that support involving an expert “looking at the problem with you” would give them the motivation to make changes and prevent problems from escalating.

Participants thought that such a service could involve support officers visiting homes and conducting assessments – with charities or the individual's local authority being the ideal organisations to do this (and ideally providing financial information and advice to rectify any identified issues within the same service).

This desire for joined-up support was felt by all; there was a strong emphasis on “wanting something like a one-stop-shop. Financial advice and then repairs and that sort of thing”.

One of the biggest barriers to change, regardless of whether individuals had the finances to repair their homes, was knowing who they could trust to carry out the work. There was a widespread reluctance to commission professional help unless absolutely required. This was due to bad experiences in the past or an assumption that often contractors were unreliable or overcharged for their work, with one homeowner stating she felt at the “mercy of people telling us what is wrong”.

This reluctance and anxiety were amplified by an uncertainty about where to access impartial advice about tradespeople. Whilst participants did acknowledge information about tradespeople was often available online, they mistrusted review websites. They wanted a wider range of mechanisms to identify reliable tradespeople such as accreditation processes and signposting of affordable, high-quality providers from impartial bodies such as their local authority or a government-backed central database of approved suppliers that was “regulated and inspected... so they've got to make sure that they're giving a good quality of service”.

Conclusion

Overall, all participants felt positive about their homes and had a strong emotional attachment which they admitted had led them to ignore the existence or impact of problems and discourage them to take action.

It is this emotional attachment that not only demotivates people but also leads to a sense of comfort they do not want to disrupt.

While the majority of people have problems that need addressing within their home, whether large or small, people's strong emotional attachment to their homes often leads them to ignore such issues or decide it's a problem for their 'future self'.

However, for those that do accept the need to make repairs and adaptations there is a significant lack of available access to suitable financial options and information and advice.

It is important to recognise that for many of the participants the realisation and acceptance of problems in their home actually came from taking part in the research. People's sense of home is complex and tied up with so many things beyond bricks and mortar. Future initiatives must not only concentrate on developing mechanisms for support in carrying out repairs and adaptations, but also have the intention of educating and sparking behaviour change at the earliest point. This research identifies a number of external barriers that need to be addressed in order to motivate and give people the emotional and financial confidence needed to make the changes in their home. These could help enable people to live independently, happy and healthy in their homes for longer.



The barriers identified in this research, that prevent people from taking action to improve their homes, need to be addressed. This will require action from national and local government, and the private, public and third sector, as well as citizens themselves.



People need timely access to a range of financing options, including government grants and loans and private financing options, to address problems and adapt their homes.



People want accessible and quality assured information and advice to help them make informed decisions about improving their homes. This needs to be tailored to reflect different tenures and cover all stages of the home improvement journey (for example, from advice and guidance on finance options through to support with carry out the work).



Private and social renters need to be confident that they can request adaptations to support changes in their health or mobility from their landlords without fear. This may require enhanced regulation to make rental properties safe and liveable.

The Good Home Inquiry will be considering this research together with other evidence and information to put forward solutions and recommendations. These will need to ensure that:



People need to be made more aware of the impact of poor-quality homes on health and quality of life and may need to be prompted and encouraged to recognise and make changes to their homes. This could include clear sign-posting to guidance and support and be integrated within existing services and initiatives involving, for example, local government, health services, public, private and third sectors organisations.



People want to be confident in the quality and reliability of tradespeople. This may require rating websites to be better regulated or a more formal and impartial accreditation scheme.



Most individuals do not want to either accept the need for adaptations or accept that their homes are in need of repairs. Any new interventions need to take account of these attitudes and identity.

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