



Care & Repair Cymru

Gwella cartrefi, newid bywydau
Improving homes, changing lives

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Written evidence submitted by Care & Repair Cymru: March 2021

Introduction to Care & Repair

1. Care & Repair Cymru is Wales' Older People's Housing Champion. Our aim is to ensure that all older people in Wales can live independently in safe, warm, accessible homes. We are the national body for Care & Repair in Wales, representing 13 independent agencies operating in every county offering a wide range of home improvement services, tailored to client's needs and local circumstances. Last year we supported over 47,000 older people across Wales, carried out over 17,000 adaptations in the home to help prevent trips and falls. We delivered £14.5 million's worth of repair and improvement work to improve the health, safety, and warmth in people's homes.¹
2. Care & Repair works with older people in the private housing sector, owner occupiers and private tenants. A third of our clients live alone, a third have a disability and two thirds are over 74 years old.

Summary

3. Wales must be a nation that empowers and provides choice for its ageing population. We welcome the broad scope of the Strategy for an Ageing Society consultation. Since the Strategy for Older People in Wales (2013-2023) was first developed, there have been many changes in legislation, governance and the way older people access help in Wales. More recently, the pandemic has disproportionately affected older people due to the call to shield based on age rather than personal circumstance. We have seen that certain norms and rights we have considered as such are more fragile than we thought. The time is now ripe for us to revisit a rights-based approach within the Strategy.
4. However, we think that any rights-based approach should incorporate a right to decent housing within its scope. Help to enable homeowners maintain the condition of their houses, when they are not able to themselves, is in most cases simply unavailable. We believe policy ambitions should extend beyond just getting people into a house – instead, policy should take a most holistic approach and view housing as a much wider part of wellbeing and community. We believe a right to decent housing will provide the necessary policy impetus to fill this gap.
5. In its current state, we believe the Strategy is aspirational rather than operational. We would like to see an action plan of immediate and longer-term actions, and detail on resourcing this, linked to the development of the Welsh Government Budget.

Consultation questions

1. The Strategy sets out the areas we will prioritise in planning for our ageing society and why. Have we prioritised the right areas?

The areas prioritised offer opportunity to provide a holistic approach to ageing in Wales. There is little in the strategy that could be disagreed with, but we have some concerns about the detail, as outlined below:

Enhancing wellbeing – Wellbeing is more than just health. It is about resilience, confidence, and longer-term health opportunity. We know that older people spend a disproportionate amount of time at home compared to other demographics. Health, housing, and wellbeing are fundamentally interlinked but in practice remain siloed when it comes to government thinking and funding, despite years of high-level rhetoric on the importance of health and housing.

A Healthier Wales sets out a whole system's approach to Housing, Health and Social Care but more detailed consideration is required through the strategic pathways that link these sectors to policy and budget outcomes. Housing is a complex government entity, covering more than just building supply, new build, and affordable homes. The long-term health of the nation as envisaged by the Wellbeing of Future Generations Act and a Healthier Wales must critically understand housing in its widest sense, including the risk levels associated with home safety, thermal efficiency, carbon footprint and suitability for an increasingly ageing population living in some of the oldest housing stock in the UK.ⁱⁱ By 2050, it is estimated that 70% of housing stock will have been built before 2000.ⁱⁱⁱ The health of future generations will be predicated by problems and challenges associated with existing housing festering over decades.

Housing must be recognised at a higher level as imperative to health and wellbeing outcomes. The Building Research Establishment (BRE) has estimated that the cost burden to the NHS in the nation's poor health associated with poor housing is £95m for first year treatment costs alone^{iv}. Regional Partnership Boards encourage a more equal relationship with third sector bodies and housing organisations, but the health pull within these boards remains strong and often eclipses a more granular understanding of the wider determinants of public health. Far too often we are caught in the headlights of historically large challenges, growing accumulatively over years, without addressing the underlying issues that require preventative and invest-to-save funding. Wider understanding of housing and what the sector can offer is especially imperative if Regional Partnership Boards are to gain additional powers and responsibilities, as proposed in the Welsh Government White Paper 'Rebalancing Care and Support'. There is now opportunity to build on relationships that have been developed in trust during the pandemic. A more equal relationship is the path to genuine collaboration and better outcomes for older people, and Wales as a whole.

Improving local services and environments – We are really pleased to see mention of Care & Repair's 'Help to Move' service. Our pilot has drawn positive feedback, and we have seen a trend of people who need the service. We have gathered significant outcomes in terms of people we helped to move who otherwise would have remained in unsuitable housing that did not meet their needs. Often the cost of remedial action is too great, the



scope of the work too technically challenging, or the suitability of the home and its community infrastructure ineffective in terms of supporting long-term independence. Ageing in place cannot be a routine default approach as there are already many examples of it failing. An enabling programme of alternative options needs to be strategically developed if housing for an ageing society is to mean anything. We ask now that this project is invested in and receives the funding of scale it needs to reach more people in need. (See appendix 1).

Unfortunately, there is little mention of homeowners in the consultation, and no mention of housing conditions in the consultation draft in terms of priority actions, while we appreciate the need to explore new housing models to support people to age well, the reality is that most older people live in their own home and will continue to do so. Wales' private sector which comprises 84% of houses^v and is home to 83% of older people^{vi}. At present, many of Wales' older, more vulnerable citizens do not get the help they need to maintain the condition of their own homes when they cannot do it themselves. As is clear from day-to-day delivery, Care & Repair services are working to improve some of the most challenging examples of poor housing, as further explained in our response to Q2.

2. Are there any issues that are not reflected in the Strategy that you think should be considered when planning for an ageing society?

Housing conditions for older people – We are disappointed to see no mention of the poor housing conditions many older people face in Wales. Emphasis on getting older people into affordable housing or social housing belies the challenges older people face in the homes they are already in; and this approach does not show full awareness of housing need in Wales. Social housing is just one fragment of complex housing need within Wales' older population.

We want to improve housing conditions for older people across Wales and believe the way to achieve this is a right to decent housing across tenure enshrined in law. This will provide policy impetus to improve the housing conditions for older people and future generations.

In the absence of a comprehensive housing survey in Wales, at Care & Repair we refer to what we see as well as key statistics that show overall trends in housing tenure and condition. We must distinguish between the needs of different groups – for example, most older people live in their own home (83%) and instead need help to make their existing environment warm, safe, and accessible. The latest Welsh Housing Condition survey in 2017/2018 revealed that 18% of older households (over 65) have Category 1 hazards present. These homes in Wales pose an unacceptable risk to health.^{vii}

Owner-occupied and private rented housing have significantly more HHSR Category 1 hazards than social housing, yet policy focus remains on social housing. With 83% of older people being owner occupiers, this points to large numbers of older people living in hazardous properties which may have serious repercussions for their health, well-being, independence, and ability to take part in their communities. However, many older people who are asset rich and income poor, including the 19% of pensioners in Wales who live in poverty, and cannot afford to complete repairs.^{viii}



Everyday Care & Repair staff encounter older people living in extremely poor housing in the private sector. We see unfit homes and serious disrepair where the needs of vulnerable older people cannot be met due to a lack of funding. In 2019/20 we completed a total of £14.5m of housing repair and improvement works.^{ix} However, based on our caseworker service alone, we have found that there is millions of pounds' worth of essential works that are not carried out every year because no resource to complete the works can be found. Turning to RRAP, Enable and DFG can secure funding for adaptations. NEST and occasionally Energy Company grants can assist with cold homes. There is little place to turn to when it comes to leaking roofs; rising damp; dry rot; structural instability; dangerous electrics; rotted doors and windows; guttering, downpipes, fascia, and soffit renewal; and uneven surfaces such as paths. Local authority housing grants for disrepair are virtually non-existent and take up of local authority loan schemes amongst older people is very low. Over recent years, charitable and benevolent funding have been increasingly difficult to access as more and more applications are made for this type of funding due to reduced public funding.

This problem is not going away. Our caseworkers highlight below some of the poor housing conditions they have encountered that have been exacerbated by the pandemic, and difficulties caused in accessing help during this time. A mixture of older people spending more time in their homes, and cessation of any works deemed non-essential means that the pandemic has created the perfect conditions for poor housing conditions to go unchecked and unresolved:

“Here is our tech report for the case I discussed in the network meeting. We did get a report for the works which came in at well over £100,000. The only thing I could do to help this client was to claim Attendance Allowance which he was awarded at the higher rate. I did also discuss re-housing, but I have not heard anything else from the client. This is just one of many cases we are seeing presently.”

Swansea and Western Bay Care & Repair

“Caseworkers within the agency have experienced a number of issues in supporting their clients throughout the pandemic and the local restrictions on services created as a result. This has led to our clients either missing out on or having their adaptations delayed (based on their lower level of need) that would have otherwise been provided in a timely manner. An example would be suspended Disabled Facilities Grant applications where the client’s need has been assessed and deemed non-urgent. Or, at pre-assessment, the client’s situation is deemed non-urgent and their enquiries are held on a waiting list for a home visit after lockdown restrictions are lifted.”

Newport Care & Repair.

In the case of one of our caseworkers, they noted that their agency had experienced four clients passing away while waiting for DFGs that had been deemed non-essential.

The impact of poor housing is well-documented. For older people, this has a direct impact of their independence and quality of life. We cannot stress strongly enough the impact that poor housing condition has on the health of older people. Lack of safe, warm, good condition



housing can increase loneliness and instance of depression, and lead to or speed up older people needing to enter resident care homes with large associated cost to statutory services.

Given the condition of Wales' oldest housing stock and our climate, coastal or valleys profile, and post-industrial scarring, even after short term investment into improvement, there is a degree of attrition over years. It is important we look at longer term models to incentivise home maintenance for our lived-in housing stock to meet the needs of an ageing population beyond 2050.

When it comes to assistance for owner-occupiers, the policy gap is huge and, thanks to the pandemic, many homeowners are at crisis point.

Decluttering – Services for decluttering are virtually non-existent across Wales, and decluttering is overlooked in the Strategy at present. Decluttering falls in the gaps between health, housing, and social care, and because of this is overlooked in policy making. DEWIS only cites one decluttering service in the whole of Wales, working out of Cardiff.^x

Risks and challenges of living in a cluttered home include: increased falls risk and accidents such as fire-related incidents including burns and scalds, which can have a lasting impact on confidence and independence at home; fire risk and damage – the Chief Fire Officers Association shows that up to 30% of fire deaths are related to hoarding^{xi}; difficulty and delay in access to housing adaptations; difficulty in downsizing or moving to more suitable accommodation; social isolation and loneliness, especially those left feeling worried or embarrassed by a cluttered home; and effect on mental wellbeing relating to a negative effect from a cluttered environment.

The effects of cluttered homes have been hugely overlooked in terms of the prevention agenda in Wales. Clutter is a major obstacle to our work in completing necessary repairs, adaptations, and improvements to allow older people to live safely and independently.

Clutter can also delay or prevent people from returning to hospital if Occupational Therapists are unable to complete assessments due to inaccessible property. The avoidable falls and accidents attributed to a cluttered home place preventable cost on primary care. We also know of one case where there was a delay in hip replacement surgery because it was identified that on hospital discharge the patient would be unable to move around their home with a walking aid due to the amount of clutter.

The pandemic has also exacerbated the problem of clutter. A caseworker in our Swansea and Western Bay agency reported a client who had not thrown anything out since the beginning of the pandemic. This is not an isolated incident – our caseworkers are seeing increasing numbers of older people reaching crisis point due to accumulation over the last year.

Our Attic Project, funded by the National Lottery Community Fund from September 2017 – December 2020, has previously helped older people declutter their homes, and assisted people with hoarding issues,^{xii} which is recognised as a mental health condition by the NHS.^{xiii}



Digital in social prescribing – better integration of digital is a cross cutting theme throughout the strategy, but we believe digital should not just mean ‘the internet’. While there have been attempts at social prescribing and community connectors, but we believe this should be embedded via a national script and narrative around engaging with third sector built into government and into contracts of public sector, requiring that they be linked into third sector.

Four out of five people agree that using technology has been a vital support during the coronavirus outbreak.^{xiv} We believe digital in social prescribing can act as a mechanism for real change in the lives of older people now and in the future. There is more to be done to fully explore the full potential of technology in helping older people live happy, healthy independent lives in their own homes. Welsh Government is taking action at the moment to strengthen social prescribing, but we think there is untapped potential in the use of digital.

Through our specialist Managing Better service – where our caseworkers are trained specifically in helping older people living with sensory loss and cognitive impairment associated with blindness, deafness, sight conditions, stroke, and dementia – we are beginning to understand that assistive technology has the power to revolutionise independent living for older people. In 2019/20 this service helped adapt the homes of 2,623 older people with sensory loss, stroke, and dementia – many of whom benefitted from the help of assistive technology.

At Care & Repair Bridgend, we have been trialling a programme using Alexa’s to help older people Manage Better in their own homes. Our initial pilot has shown how receptive older people can be towards easy to understand, accessible technology; and highlighted the huge difference a simple technology-based intervention can make. There is huge opportunity to embed easy-to-use digital into social prescribing, and the pilot showed that our older clients were responsive and enthusiastic at the prospect. Care & Repair would welcome the opportunity to conduct further research into the possibility of digital as a mechanism for enhancing wellbeing and slowing, even stopping, the need for residential care.

Case Study 1 (Bridgend) – “This lady is 87 years old and has had Dementia for the past 4 years. She has deteriorated in the past 2 years but still manages to live alone in her own property with very good support from her daughter who lives nearby and carers who call a couple of times a day. She also gets “meals on wheels” twice a week.

Her mobility has deteriorated in the past couple of months with an unexplained problem with her leg. Her leg has started to give way underneath her and has caused her to fall. There is telecare in place which includes a falls detector but she doesn’t always wear it. Before Christmas, the lady fell off her bed and ended up in hospital. I arranged for a grab rail to be fitted over the radiator to the side of the bed for her to support herself as she gets up. I have asked for our Agency OT to call out as well for further advice on the bed situation and the shower.

The lady is also very hard of hearing and wears 2 hearing aids which she takes out at night. I have referred her details to the Fire Service for a vibrating smoke alarm to be fitted as she may not hear the smoke alarm go off when she’s asleep.

The lady is also in receipt of the Attendance Allowance and as such is eligible for a full reduction on her council tax. She wasn’t currently receiving it so I contacted the Memory



Clinic and a form has now been sent to the council where she should receive a refund on her council tax going back to the date of her dementia diagnosis.

This lady is a very sociable person and enjoys a chat and a sing and pre pandemic would go out to the local pub once a week to the karaoke. She is really missing this. I have referred her details to the Alzheimer's Society who will make befriending calls and who have an online singing group which I'm sure she'll enjoy. I also provided her with an Alexa Show 5 for her to be able to play the music she loves and where the lyrics will play on the screen so she can sing along.

The lady is also asking her the day/date/time/weather etc. and reminders have been set to prompt her to drink at certain times of the day and she can now ring her family without having to remember their telephone numbers. Also, as the Alexa has a camera and a microphone, the family are "dropping in" on her to make sure she is ok.

Hopefully, once the pandemic is over, the local memory groups will restart and the lady can attend those as well as her local pub for extra company but until then, Alexa is doing a fine job."

Why these omissions matter - health and housing:

The quote below describes the positive impact of the Healthy Homes Project in Bridgend, which provides a vehicle for embedding third-sector housing related help into primary care:

"The Healthy Homes Project has offered our patients a lifeline to help them cope with their illnesses and support their general wellbeing. This service provides the practice with a 'one stop shop' referral to support patients in all aspects of their day to day living.

The improvements made to patients' homes, general wellbeing and lifestyle has demonstrated incredible health benefits and has most definitely alleviated some of the workload on the practice".

- Sarah Thomas, Practice Manager. Nantymoel Surgery, Bridgend.

Detrimental health implications of poor housing conditions are widely acknowledged. In 2019/20 we completed 1,549 interventions to make older people's homes warmer and more affordable to heat, helping to avoid respiratory infections and illnesses associated with cold, damp homes.^{xv} Every £1 spent on improving warmth in homes occupied by 'vulnerable' households can result in £4 of health benefits.^{xvi} Over 75% of excess winter deaths are in those aged 75+ years. Our actions only scratched the surface. Need is so great in this area that from February 2021, we will be commencing our specialist 70+ Cymru service offering energy advice and home improvements specifically targeted at helping older people stay warm in their own home.

Similarly, the risk of falls in older people linked to poor housing condition and structural disrepair is great. In 2019/20 we completed 17,279 jobs to help prevent trips and falls in the home. Some low-cost adaptations to the home can result in a 26% reduction in number of falls.^{xvii} Our Hospital to a Healthier Home service facilitated safe hospital discharge for 2,555 patients in Wales in 2019-20 and 2,477 already over the first six months of 2020-21, making



sure that their homes were adapted and made safe for their return to prevent hospital readmission. Hospital to Healthier Home works out of 13 hospitals across Wales and saved NHS Wales 16,590 bed days in 2019/20 and again 15,007 for the first six months of 2020/21. This helps improve patient flow. The long-term success of this service is only guaranteed if a more structurally secure framework of commissioning is established and if there is a flexible pot of emergency funding, such as a small grant to support non-adaptive interventions to accompany its work. Targeted crisis funding to prevent longer-term care costs results in a saving for the public purse.

We need, however, to address long-term planning as opposed to short-term reactive programmes like *Winter Pressures*. The real problem is exemplified by a General Practitioner quoted in a recent Public Health Wales report:

“It is an all-year-round pressure rather than traditionally what we think of people being poorly in the winter (...) the seasons don’t seem to matter anymore; it just seems to be relentless right through the year.” (Public Health Wales - Improving winter health and well-being and reducing winter pressures in Wales - A preventative approach, 2019)^{xviii}

The Public Health Wales report concluded that long-term interventions, for example improved housing and general winter preparations, were more relevant and useful than the acute interventions triggered by the alerts.^{xix}

The Well-being of Future Generations (Wales) Act 2015, places a statutory duty on public bodies to improve the well-being of the people of Wales by thinking more about the long-term, working with communities, preventing problems and taking a more joined-up approach provides the legislative framework for developing longer term planning, including funding for the Third Sector, into a more forward-thinking system of cross-sector integration.^{xx}

3. Have we identified the key policies and mechanisms that can deliver real change in the lives of older people today and future generations?

We believe the additional suggestions below will help change the lives of older people today and in the future.

Housing - We believe Welsh Government should introduce immediate short- and long-term actions to help ensure owner occupiers in Wales are able to live in warm, safe, accessible housing:

- Enshrine a right to **decent** housing in law to improve housing conditions for older people and future generations.
- Resurrection of a comprehensive housing survey in Wales. Additional data gathering to assess the housing needs of older people. A joined-up conversation between housing need and housing conditions is required to fully understand the scale of this challenge in Wales and to know where to target intervention.
- Create a national safety net grant programme for vulnerable older homeowners, available to Care & Repair and other charitable organisations, to support those who would otherwise have to live in unfit housing.



- Set a clear minimum standard of condition for private sector housing and a timescale to meet this standard.
- In terms of preventing poor housing becoming a significant causal link for poor health opportunity, it is important that services like Hospital to a Healthier Home have long-term security of funding through Health Board funding alignment with Regional Partnership Boards.
- Expand capacity so that organisations like Care & Repair, Fire & Rescue Service and the wider third sector can provide routine home safety and wellbeing checks as a preventative measure.
- Continue Hospital to a Healthier Home funding so that older people being discharged safely from hospital have the best opportunity for recovery and for their dignity to be protected.

Decluttering – we believe this is an overlooked policy area that will only come to greater significance as we start to unpick the ramifications of Covid-19 amongst older people who have spent additional time in their home, unable to have people inside to help clear work, or unable or afraid to dispose of belongings and seen serious detriment to their mental health.

- Better understand the need for a decluttering service throughout Wales by utilising local networks such as 50+ forums and engaging with social care sector.
- The development of a safeguarding procedure for people with hoarding behaviours.
- Explore opportunity to take a joined-up approach between health, housing, and social care towards decluttering services.
- Support and encourage the development of local decluttering services across Wales.

Digital adaptations – To embed the power of digital properly into social prescribing, we recommend Welsh Government include the following policy actions in their action plan:

- Take a rights-based approach to digital inclusion and connectivity, especially as our rights as citizens such as healthcare, access to services, information and connection become increasingly digitalised.
- Encourage increased availability and take-up of user-friendly digital technology to support independent living, that is accessible for older people with complex needs.
- Increase investment in developing and implementing technological solutions to the challenges of living independently.
- Allocate grants to upskill relevant workforces to meet the demands of changing digital innovation and making them accessibly for older people.



4. Does the content amount to a sufficiently ambitious response to the major public policy issue of our ageing society?

The plan is broad and ambitious. Our concern is that there is not an action plan nor a timescale to implement the proposals in the strategy. There is no information as to how this very broad plan will be funded – but there is acknowledgement of a lack of funds in the preface of the consultation, which begs the question as to how much of the Strategy will be implemented, and whether this will be felt evenly across Wales. Similarly, the plan is pan-Welsh Government, but the consultation as-is sits exclusively within health and social care. The aspiration for integrated work is present, but without an action plan it is difficult to understand how the Strategy will move beyond an ambition and into a reality.

Without robust reporting and measurement mechanisms, the Strategy is at risk of becoming a nice-to-have document that will be referred to and quoted, without tangible action coming from it. At the moment, we cannot see any real, robust outcomes that are measurable because of the lack of action plan. Using the UK Age Index to compare to other nations who are not working to the same goals or with their own comparable Strategies will give a false representation of the state of ageing in Wales. There must be clear targets and transparency in how progress is measured. If we seek to be the best we can be, we must measure success against the highest agreed standards that are achievable.

Finally, our older population has been disproportionately affected by the pandemic. We think that the Strategy is missing a recovery plan for our ageing society to tackle some of the most urgent needs – namely social care, digital exclusion, and degradation of housing condition. We believe that tackling the most urgent issues first and targeting help towards the most vulnerable older people is the way to ensure that no older person is left behind. Post-Covid-19 there will be a bubble of unmet commitments that will burst, and we believe any action plan or Strategy for an Ageing Society must include a Covid-19 recovery plan.

5. Will the Strategy help to maximise the potential of the growing numbers of older people in our communities?

The strategy must work twofold to unlock the potential of today's older people and tomorrow's ageing society. A key barrier to unlocking the potential of the growing numbers of older people in our communities is the cultural rhetoric that de-individualises human experience and promotes a perspective of older people as holding homogenous traits which are predominantly undesirable. Government advice for all older people to shield irrespective of personal circumstance is a contemporary example of this. We recognise that the current pandemic has brought out the best and the worst features of humanity. Alongside inspiring examples of self-sacrifice, there have been worrying signs of how older people have been labelled and treated. A starting point for us must be the way we value older people in society and create opportunities for healthy ageing, as well as incorporating older people consistently into civil life.

It is important to recognise not only the net benefit that older people currently bring to our economy in Wales, but also the unlocked potential that is restricted by social stigma, loneliness and isolation, poor health opportunity, poor housing, and technological exclusion. As we invest in the new and evolving skills necessary for younger people to work and live in



a modern society, it is critical that we invest also in the skill-set of our ageing population. The full potential of incorporating older people into governance, mentoring, business development, education, and community development, has yet to be truly realised.

We believe earlier engagement with people in the ageing process will better maximise the potential of older people in Wales. We think an intergenerational approach is a mechanism for achieving this. Recognition and investment in older people as a diverse group with much to contribute will ensure that ageing across the life course into the future will produce greater returns from wellbeing, free from the limiting impacts of cultural ageism. We are living longer and to a greater age: we should incentivise and enable older people to participate more and add value to years via an intergenerational society.

6. Do you agree with our ambition to work towards an age friendly Wales? If so, please state what you, as an individual or organisation, are doing to help us to create an age friendly Wales.

We agree with the ambition to work towards an age friendly Wales. At Care & Repair Cymru we are helping older people live in warm, safe, accessible home that facilitate health and wellbeing, and allow older people to feel more confident in participating in their community. Our work allows older people to live with dignity, respect, and independence. We empower and offer choice to our clients, allowing them to make decisions about how and where they age.

7. How has Covid-19 changed your ability to do things that matter to you, or the way you deliver services to older people?

The conventional outputs and outcomes for our service are linked to our activity in the community. Without a doubt, the biggest impact to our service has been the inability to visit people face to face either at home or in hospital during the pandemic. We help some of Wales' most vulnerable older people, and face to face contact is the key driver in building trust and confidence in relationships with our client group – and their family – to make sure they get the help they desperately need. Our caseworkers' on-the-ground experience has made them experts in spotting the ways in which we can help our clients - for many clients, a home visit reveals that the initial reason for referral is part of a more complex set of circumstances.

Often telephone referrals alone are insufficient to truly understand the needs of the client, because they rely on self-reporting. Clients do not always recognise the full extent of the help they need, or do not realise help is available to them. Often a home visit for one issue reveals many more – either through conversation with the client or using our caseworkers' expertise to spot where additional help might be needed. Similarly, many of our clients are hard of hearing or have trouble using the phone, which is an additional barrier to access; and many of our KIT calls have been protracted due to loneliness and confusion. We are currently seeking to transform our engagement links with Wales' Deaf Community that is doubly excluded.



Having said that, like many others in the sector we have had to adapt and change our services, and our agencies have risen to the challenge. We have still completed emergency works following full PPE guidelines, and adapted our service to meet our clients' additional needs brought on by the pandemic and call to shield, such as a shopping and delivery service, and befriending calls.

During the strictest periods of lockdown, we have only been able to complete essential works – this includes preventative works. The pandemic has exacerbated problems that were already existent and many housing risks hazardous to health have been left unaddressed. Going forward, the backlog this has created will create additional strain on our already very busy caseworkers, technical officers, and agency staff. As our case studies in Q2 outlined, for some of our clients it is already too late to get them the help they need; and we anticipate seeing more of our clients reach crisis point long before we see any resumption of 'normal' life.

8. How can we involve older people in the re-building our communities following the pandemic?

Our caseworkers work out in the community and are a direct link to older people. Care & Repair Agencies could work with Welsh Government to provide promotional materials to older people due to the trusting relationships we build. We are currently working with Age Cymru and Age Connects, under a tripartite brand, to focus on older people's health around falls risks, to support a gradual freeing up of social restrictions.

ⁱ For more information, please see Care & Repair Cymru's 2019/20 Annual Report. Available at: https://www.careandrepair.org.uk/files/9716/0130/8166/Annual_Report_19.20_E...pdf

ⁱⁱ Nicol, Roys, Ormandy, and Ezratty. 2017. *The Cost of Poor Housing to the NHS*. The Building Research Establishment. Available at: <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

ⁱⁱⁱ SDC, 2006. 'Stock Take': Delivering Improvements in Existing Housing. Sustainable Development Commission, London.

^{iv} Watson I, MacKenzie F, Woodfine L and Azam S. 2019. Making a Difference. Housing and Health: A Case for Investment. Cardiff, Public Health Wales. Available at: <https://phw.nhs.wales/files/housing-and-health-reports/a-case-for-investment-report/>

^v Welsh Local Government Association. 2019. *High-level analysis of data on housing adaptations 2018-2019*. Available at: <https://gov.wales/sites/default/files/publications/2020-01/housing-adaptations-analysis-2018-2019.pdf>

^{vi} Older People's Commissioner. 2019. *State of the Nation*. Available at: http://www.olderpeoplewales.com/Libraries/Uploads/State_of_the_Nation_e_-_online.sflb.ashx p. 13

^{vii} Welsh Government. 2018. *Welsh Housing Conditions Survey 2017-2018*. Available at: https://gov.wales/sites/default/files/statistics-and-research/2019-02/181206-welsh-housing-conditions-survey-headline-report-2017-18-en_0.pdf

^{viii} Stats Wales. Last updated March 2020. *Pensioners in relative income poverty by tenure type*. Available at: <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Poverty/pensionersinrelativeincomepoverty-by-tenuretype>



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<https://www.youtube.com/watch?v=Lfi4NLCpWf0&app=desktop>
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<https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>



Appendix 1:

Help to Move, Help to Stay Service Pilot – Moving through Choice

Following on from the Welsh Government commissioned report on housing for an ageing society, Our Housing AGEnda 2017^{xxi}, Care & Repair Cymru sought to codesign active learning pilots to develop moving-on services for older people. They received tranches of funding for two nine months pilots in Bridgend from Nesta Invest to Save and in Carmarthenshire from Welsh Government Housing Policy. Both services started to prototype a more comprehensive and expanded service, but both ran out of time and funding to achieve their full ambitions, though end of project reports and a position statement is available and describes what could be achieved with greater investment.

The development of both our thinking and practice relating to the notion of supporting older people when their home is no longer viable for long-term independence, even with substantial investment, or where the community they live in is no longer conducive to notions of independence, is based on an innovate partnership between Care & Repair Cymru and Swansea University. The Human Sciences, Department for Innovative Ageing supported us with concept-testing and training for our practical development of Moving through Choice, including hosting a coproduced strategic workshop around the issue. Academic papers provided the inspiration for service development, specifically from Dr. Sarah Hillcoat-Nalletamby: Meeting the Housing Needs of an Ageing Population in Wales Report of Recommendations, Public Policy Institute for Wales^{xxii}, and building on the university's evaluation of a 2012 pilot for moving on services by Care & Repair in Gwynedd, North Wales. An accompanying animation explains the issues in a visual form^{xxiii}. Through this partnership we made links with world-leading social enterprise Movadom in France, to test our experiences against another comparator.

With some overlap but different starting points the Bridgend and Carmarthenshire pilots helped 119 older people, with 163 signifiers of poor health or vulnerability, a range of tenure scenarios: there were more intensive home visiting support for 79 clients, with a range of motivations for moving, 18 were moved successfully with 12 pending and 54 vulnerable people that were handed over to Care & Repair mainstream or council services or provided with end of project information. The likelihood for some of these scenarios is that individual circumstances have deteriorated, care costs have escalated, and the market potential remains untapped. This is an important example of housing prevention, and council Housing Options teams in both Bridgend and Carmarthenshire were supportive of its ambitions, and the aspiration for further investment.

For more information and evaluation report, contact neil.williams@careandrepair.org.uk

^{xxi} Our Housing AGEnda: meeting the aspirations of older people in Wales. 2017. Available at: <https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/170213-expert-group-final-report-eng.pdf>



Care & Repair Cymru

Gwella cartrefi, newid bywydau
Improving homes, changing lives

^{xxii} Hillcoat-Nalletamby, S. *Meeting the Needs of an Ageing Population in Wales: Report of Recommendations*. <https://sites.cardiff.ac.uk/ppiw/files/2015/09/Report-of-recommendations-Meeting-the-Housing-Needs-of-an-Ageing-Population-in-Wales-FINAL.pdf>

^{xxiii} Swansea University: Should I Stay or Should I go? [video]
<https://m.youtube.com/watch?v=xuVN7iArhuE>