

Submission to: The Health of Older People Strategy

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1. Introduction

This submission has been prepared by the Centre for Research, Evaluation and Social Assessment Ltd (CRESA) and Public Policy & Research Ltd. It reflects many years of research into the role of adequate and appropriate housing in empowering New Zealanders to age well. It also draws on preliminary findings from the MBIE-funded research programme, Finding the Best Fit: Housing, Downsizing and Older People in a Changing Society; and the Life when Renting research programme in the Ageing Well National Science Challenge. The latter programme is focused on enabling older people's independence, active lives and participation in the face of structural housing tenure changes and the growing reliance of older people on rental housing.

The submission:

- Acknowledges the importance of the strategy, both as a holistic vision for ageing well and in identifying the need to establish age friendly communities that provide a range of quality, age-friendly housing for older people, including the growing number of older people dependent on the rental sector.
- Comments on ageing in place as the overwhelming preference of older people in New Zealand and the importance of accessible housing, home modifications and access to in-home care across all tenures in achieving this.
- Highlights the rising number of older renters living in precarious housing situations and the implications that increasing dependence of older people on the rental market has in terms of inter-generational care, finance, healthcare and premature entry into aged residential care.
- Draws attention to the increasing number of adults aged 50 and over who are experiencing first time homelessness due to a shortage of appropriate, accessible and affordable housing, and the potential implications older homelessness has for healthcare.

2. Ageing in Place

We are encouraged to see that the strategy has a focus on promoting social connection within age friendly communities, creating integrative networks to improve access and coordination of assistance, improving the delivery of social services and promoting home and community support models of care. Of particular importance, from our perspective, is the recognition that “older people want to stay in their communities and access services closer to home,” and that housing plays a pivotal role enabling people to achieve this outcome.

Ensuring that older people have access to healthy, accessible and affordable housing is critical to enabling them to remain in their homes and communities for longer. Housing provides a base for ontological security, maintaining health, quality of life, engagement with family, community and society and facilitating activity and independence (Spillman, Biess and MacDonald 2012). Poor housing conditions and poor accessibility can result in “housing-related disability” and reduce the safety, efficacy and feasibility of older people caring for themselves, or being cared for, in their own homes (Spillman, Biess and MacDonald 2012). In this context access to in-home care and home modifications are critical factors in enabling people to age in place and, we believe, should be key interventions used to achieve the strategy.

Australian research indicates that home modifications (such as grab rails, level access, wet area showers etc.) improve the safety, health, mobility, independence and confidence of older people (Bridge 2015). They allow older people to remain active and engaged in their communities, reduce the risk of injury for carers and can postpone or, in some cases, prevent entry into aged residential care (Bridge *et al.* 2006, Bridge *et al.* 2008, Hulse and Saugeres 2008, Spillman, Biess and MacDonald 2012). Bridge (2015) has estimated that the annual cost offset of home modifications to health and aged care services in New South Wales is \$3.75 million. However, when DIY modifications were included in modelling, potential estimated savings rose as high as 15 million per year. She suggests a DIY subsidy of up to \$2000 would be cost effective as well as significantly improving the quality of life of recipients, increasing the stock of accessible housing and reducing the need for institutional care.

It is important to recognise that ageing in place is the preference of the majority of older New Zealanders regardless of their tenure status, rather than a “goal specific to homeowners” (Freilich *et al.* 2014). However, older renters face substantial obstacles to ageing in place. Lack of tenure security, poor quality housing and inadequate living conditions can contribute to considerable emotional and psychological distress, illness and potential injury (Hulse and Saugeres 2008). Older tenants on low incomes are often forced to live in inappropriate and poor quality housing due to a lack of affordable and available rentals with accessible features (Hulse and Saugeres 2008).

Older tenants typically have little control over their living conditions as they are unable to make changes to their home without the consent of their landlord and often have limited financial capacity to pay for modifications. Research has repeatedly indicated that older people tend to have significant anxiety about requesting repairs or modifications, and many hesitate to do so for fear of rent increases or eviction (Morris 2009, Freilich *et al.* 2012, Fear *et al.* 2004, Izuhara and Heywood 2003). Furthermore, landlords can be reluctant to implement modifications due to the perception it will decrease the value or desirability of the dwelling. The ability of older renters to modify their dwellings so they can live comfortably and safely is an issue that needs attention, as renters typically have poorer health outcomes and higher levels of disability than owner occupiers (Spillman, Biess and MacDonald 2012). Australian research also notes that older people living in rental accommodation are often poorly covered by in-home care services, which can result in premature entry into aged residential care facilities (Bridge *et al.* 2006, Bridge *et al.* 2008).

The strategy recognises that the provision of support and care services is critical to supporting older people to age well for longer in their communities. We think it is important to reiterate that, regardless of tenure, many old people with support needs could continue to live in mainstream housing (provided it was affordable and accessible) if the necessary support services were available. Health and support services often assume that older people have family who are able to support them, however, high levels of renting among younger family members and residential mobility may mean family members may not be placed to provide the necessary support and assistance. Support services that provide help with heavy housework, gardening, lawn mowing and home repairs and maintenance are fundamental to allowing older people to continue living independently in their own homes (Saville-Smith and James 2010).

3. Older Renters

We are pleased to see that the strategy acknowledges the growth in the number of older renters and the need to provide a greater range and quality of housing in the rental sector. This is an issue of considerable importance and some concern as policies, income support settings and practices in health and housing are based on the assumption that the majority of older people are in mortgage-free homeownership and are poorly structured to delivering ageing well and ageing in place to a population that is increasingly dependent on the rental market. Recent policy shifts in New Zealand such as the abolition of tenure security in public rentals, under supply of smaller and accessible housing and disposal of council pensioner stock are trends that put older renters at greater risk and, should these trends continue, are likely to result in a significant number of older people living in precarious housing situations. The following discussion in this section is concerned with the challenges faced by older renters and the wider implications of the shift in tenure.

International research indicates that older renters, in both private and public rentals, have a greater risk of housing stress and poor dwelling conditions. Older people are competing for housing with younger people who may be more mobile and have more resources, so may be forced to accept inadequate housing and/or unaffordable housing due to a lack of available options. Housing options for older people may be further compromised by poor accessibility such as stairs and narrow entryways and an inadequate supply of smaller (1-3 bedroom) homes (Gonyea, Mills-Dick and Bachman 2010, Petersen 2015). As has been noted above, older renters may also experience more difficulty and expense in accessing in-home care and support services required to enable them to live well. Older tenants have an increased probability of becoming isolated and experiencing reduced capability and functioning (Morris 2012). International research has identified tenure as an independent variable in admission to aged residential care (Bridge *et al.* 2006, Bridge *et al.* 2008, Carnemolla and Bridge 2011, Connolly 2012).

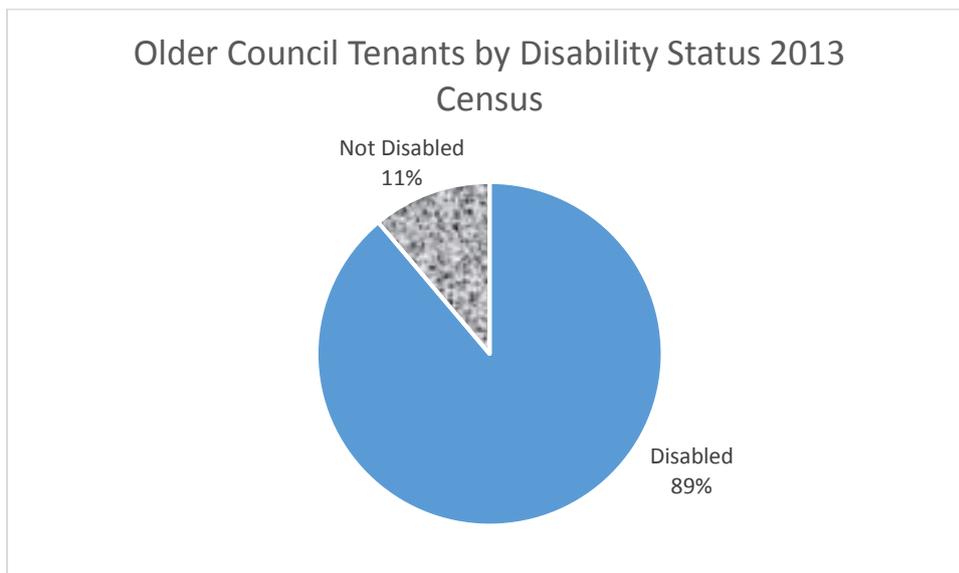
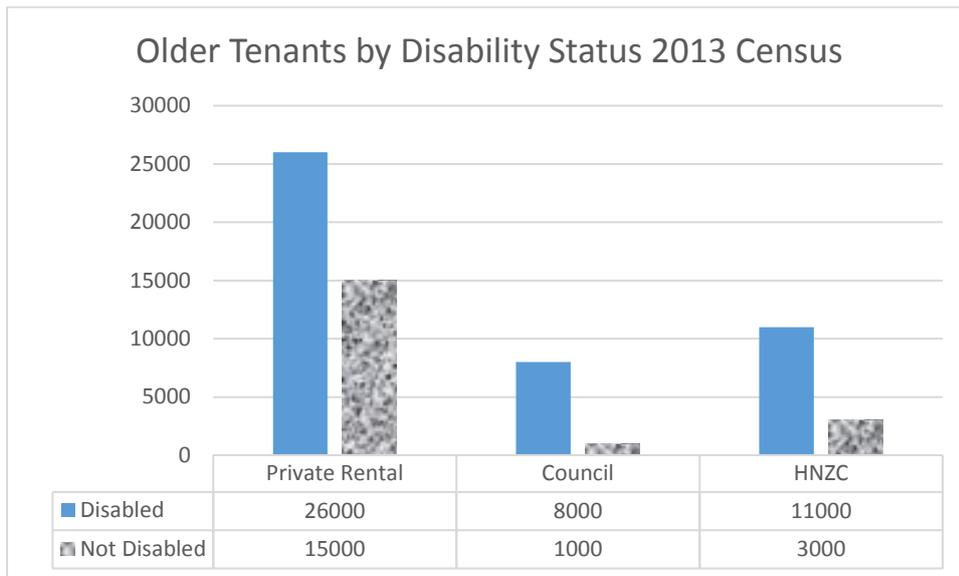
High, often unaffordable rents and other housing related costs associated with poor housing performance, unhealthy conditions and poor connectivity of rental housing to services severely impacts on the quality of life and wellbeing of older renters. A recent report by The Salvation Army asserts that although rents in New Zealand have risen 4% a year over the past five years, the accommodation supplement has not been reviewed since 2007 (Johnson 2015). Renters typically have much lower levels of financial security than owner-occupiers and those in the private market who are predominantly dependent on the pension face considerable housing stress. In 2016, around 40,000 people aged 65 years and over receive the Accommodation Supplement and this figure is likely to underestimate the need.¹

Lack of tenure security has implications for older renters' ability to remain engaged and active with their social networks and communities. The frequent moves entailed by renting, particularly in the private sector, can make establishing new connections and maintaining old ones difficult, especially for those with reduced mobility, and can increase loneliness and isolation (Howell 2016, Morris 2012, Colic-Peisker *et al.* 2015). Frequent moves may also result in delays seeking services, help, or medical care (Howell 2016). Moving also involves a considerable expenditure of time, energy and financial resources that can result in substantial distress and difficulty. Current regulations allow landlords to end a tenancy without grounds and with very little notice given the problems tenants often face in locating

¹ Personal communication with Alex MacKenzie, Older People's Policy, Ministry of Social Development, September 2016.

and accessing another dwelling. Inability to find a new home following a notice to vacate can lead to older people being forced to live in inappropriate and/or unsafe accommodation and place an increasing burden on health and social support services. The high rate of renting among older Māori and Pasifika renders these groups particularly vulnerable.

USA data shows that older renters have higher rates of disability than owner-occupiers and are thus more vulnerable (Spillman, Biess and MacDonald 2012). This over-representation is also apparent in New Zealand, particularly in relation to council rental stock, but it is obvious across all types of rental accommodation – see figures below based on 2013 census data (Saville-Smith 2014).



Unmet housing need, inappropriate and unaffordable housing stock, and increasing reliance on a very lightly regulated rental market are likely to increase pressure on income support and superannuation as older people are less able to meet housing costs, the costs of in home care, the costs of residential care funding and costs on families, who may themselves be unable to provide the necessary care and support required by their older relatives. The

difficulties faced by older renters also raises concerns that more older people will be forced to live in marginal accommodation and may risk losing their housing altogether.

4. Older homelessness

Australian and other International research indicates that issues around housing affordability and availability are resulting in an increasing number of people aged 50 and above experiencing homelessness for the first time. The majority of people in this demographic have held down jobs, raised families and led conventional lives before a crisis or series of crises have resulted in the loss of housing (Petersen and Parsell 2015, Johnson 2015, Lovisi *et al.* 2007, Rota-Bartelink and Lipmann 2007, Shinn *et al.* 2007). While there is no clear picture of the extent of elder homelessness in New Zealand (Richards 2008) there is “little to stop such a trend emerging” (Johnson 2015) as NZ faces similar pressures in terms of decreasing homeownership, rising rents, lack of tenure security and inadequate income support (Johnson 2015). In this section we will present an overview of those experiencing homelessness in older age and the factors that tip them into homelessness.

Researchers agree that homelessness in later life is related to structural, economic and policy factors such as unemployment and lack of affordable housing, combined with personal vulnerabilities and inadequate welfare and support (Crane and Joly 2014, Gonyea, Mills-Dick and Bachman 2010, Warnes and Crane 2006). Factors repeatedly implicated include conflicts with partners, family or housemates, disintegration of relationships, death of a spouse, loss of a job, physical or mental illness, domestic violence/family abuse and difficulty meeting rent or mortgage payments (Lee *et al.* 2016, Kisor and Kendal-Wilson 2002). Abuse and neglect are significant factors in older women’s homelessness (Petersen 2015, Kisor and Kendal-Wilson 2002) and can “tip the balance from marginal housing to homelessness” (Kisor and Kendal-Wilson 2002). Accessibility issues can also contribute to homelessness. Some older tenants may be obliged to leave their homes because they can no longer manage stairs or design features (e.g. showers over baths) make the home unsafe, however they may then struggle to find another, more suitable rental (Petersen and Parsell 2015).

Of particular concern is the fact that studies suggest a number of older people experiencing first time homelessness have not been receiving benefits they were entitled to before losing their housing (Shinn *et al.* 2007, Rota-Bartelink and Lipmann 2007, Cohen 1999), despite the fact a number have been in contact with social or health services (Warnes and Crane 2006, Crane and Warnes 2002). Some researchers have noted cases where older tenants have been evicted due to rent arrears arising from problems in receiving benefits, either because of administrative issues or because tenants have struggled to complete the application process (Warne and Cranes 2006). A similar scenario may be emerging in New Zealand, where the Citizens Advice Bureau reports seeing an increasing number of people seeking help to access emergency accommodation (often while couch surfing or sleeping in cars), some of whom have been referred by one or more government agencies (CAB 2015:15).

The risk of homelessness in older age is greatest for those aged 50-64. This group is vulnerable to changes in employment status and income, may struggle to find new employment if laid off (due to age discrimination), and are ineligible for pensions and entitlements available to those aged 65 and over (Cohen 1999, Warnes and Crane 2006, Crane and Joly 2016). Single older women are at particular risk, as they are likely to retire with only half the savings of men (Darab and Hartman 2013, Kisor and Kendal-Wilson 2002).

Māori are also over-represented in statistics that compound the risk of homelessness (Richards 2008).

Homelessness is unacceptable from a human rights and moral perspective, however it also poses significant costs to the public purse, particularly health and justice, as well as to the viability and productivity of communities and settlements. Homeless people in their 50s and 60s often present with geriatric symptoms typically associated with much older age groups, such as functional and mobility impairment, frailty, cognitive impairment, loneliness, isolation, depression and incontinence, due to their harsh living conditions and poor diets. They are also vulnerable to elder abuse (National Coalition for the Homeless 2009, Petersen and Parsell 2015, Gonyea, Mills-Dick and Bachman 2010, Crane and Joly 2006, Rota-Bartelink and Lipmann 2007, Crane and Warnes 2000, Cohen 1999). The severity of their health problems can become a barrier to accessing treatment and leaving homelessness (Petersen and Parsell 2015). The mortality rate of homeless people is 3-4 times that of the general population and usually results from acute or chronic conditions exacerbated by homeless life, rather than substance abuse or mental illness (National Coalition for Homelessness 2009).

5. Ways forward

It is well established that good housing is pivotal to people's health and wellbeing in later life. There is also increasing understanding of the pivotal role of appropriate housing in the development of age friendly communities (Phillipson nd). The key policy and programme areas that will help to support and improve older people's health and wellbeing are:

- Mandatory requirements around lifetime design in new residential dwellings.
- Home modifications.
- Retrofitting insulation.
- More flexible and more effective in-home help and support for personal care and household management.
- Assistance with home safety.
- Provision of information and advice to improve older people's ability to identify and choose the best housing options for themselves.
- Review of the adequacy of the Accommodation Supplement and tying of the receipt of the supplement to rental accommodation to condition standards, tenancy security and affordable rents.

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