

# Counting the Cost

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The case for making  
older people's  
homes safe

May 2024



# Summary

- We are in the midst of a health and care emergency. The additional years of life we are expected to have are years that will likely be spent in ill-health. We are extending our lives but not preventing the onset of disease, illness or frailty.
- Improving the country's health cannot be done without improving the quality of our homes. While millions of properties continue to cause asthma, heart disease and broken bones, later life for many will be marred with ill-health, isolation and financial insecurity.
- Despite a growing understanding that a safe home is the foundation for a good life and a critical factor in extending our years spent in good health, England has a shortage of warm, damp-free and suitable housing. Years of national underinvestment in improving the quality of our homes means that the number of non-decent homes – a government-defined minimum standard – actually increased last year.
- Nearly eight million people live in a dangerous home, approximately 2.6 million of whom are aged 55 and over. Older people and children are most vulnerable to the health consequences of living in a damp, cold, hazardous homes with millions experiencing respiratory conditions such as asthma; heart conditions; and falls in the home that have life-changing consequences.
- New research conducted for this report by the Building Research Establishment confirms that people aged 55 and over account for half of NHS expenditure related to poor-quality housing (£595 million per year is spent treating people aged 55 and over). This is despite only a third of non-decent homes in England being occupied by this age group.
- The research also illustrates that older people are more likely to live in a home with the most serious problems (a Category 1 hazard). For example, nearly 60% of all homes that are 'excessively cold' – meaning that the occupants are unable to heat it to a comfortable temperature – are lived in by at least one person aged 55 and over.

- Dangerous homes also have consequences for people's need for social care. Cold, damp or hazardous homes can cause the health conditions that increase people's need for support to carry out everyday activities such as getting washed and dressed, cooking food and moving about the home.
- Research conducted by the Care and Policy Evaluation Centre at the London School of Economics estimates that fixing unsafe homes would save £1.1 billion per year in formal care costs by 2027 and a further £3.5 billion per year in unpaid care (Brimblecombe et al., 2024).
- Fixing unsafe homes would not only help people to live healthier, longer lives, it would reduce demand for health and care services, support a more prosperous economy by creating jobs in local communities and significantly contribute to national net zero targets.
- Despite a clear case for change, the national policy response to our housing quality crisis is imperceptible. There is virtually no support for people to improve their homes and even less for homeowners despite there being twice as many non-decent properties in the owner-occupied sector than the private or socially rented sectors. Over half a million older homeowners are living in poverty and non-decent homes.
- The UK government must develop a national strategy to fix cold and dangerous homes. This should set out detailed plans to improve poor-quality homes across all tenures and bring together work on housing currently divided between different government departments, such as health and social care and net zero. It must be backed by sufficient, long-term funding and include a mechanism for delivery at the local level, such as Good Home Hubs.
- Local authorities should ensure that residents have access to Good Home Hubs, local one-stop shops that provide support on all aspects of home repairs and adaptations. See our Good Home Hub model for more information.



# Introduction

We are in the midst of a health and care emergency. The additional years of life we are expected to have are years likely to be spent in ill-health (Watt et al, 2024). We are extending our lives but not preventing the onset of disease, illness or frailty. Improving the country's health cannot be done without improving the quality of our homes. While millions of properties continue to cause asthma, heart disease and broken bones, later life for many will be marred with ill-health, isolation and financial insecurity.

Despite a growing understanding that a safe home is the foundation for a good life and a critical factor in extending our years spent in good health, England has a shortage of warm, damp-free and suitable housing. Years of national underinvestment in improving the quality of our homes means that the number of non-decent homes – a government-defined minimum standard<sup>1</sup> – actually increased last year (EHS, 2024). Current estimates indicate that eight million people are living in dangerous home, 2.6 of whom are aged 55 and over (Centre for Ageing Better, 2023). This is 3.7 million unsafe homes across England (EHS, 2023).

This report outlines the evidence on older people's housing conditions, the impact it is having on their health and quantifies the avoidable financial cost to the NHS and social care sectors<sup>2</sup>. The report is intended to highlight the experiences of older people who are often missing in national conversations about our housing crisis, millions of whom are living in poor-quality housing, struggling financially and without a clear route to safety.

The lack of national government action is inexcusable. The retraction of funding over the past decade has been a reckless and short-sighted decision that has left people's lives at risk and increased the burden on health and care services (Centre for Ageing Better and Healthier Homes Partnership, 2023). Investment in homes is also an investment in local economies – jobs and skills – and contributes towards our national net zero goal. As we look towards the next decade, we hope that the evidence presented in this report provides a clear case for change and an indication of where government should prioritise action.

<sup>1</sup> The Decent Homes Standard underpins the minimum condition for housing and includes the Housing Health and Safety Rating System (HHSRS): a risk assessment procedure. Homes are required to meet four key standards to be considered decent (Ministry of Housing, Communities & Local Government, 2006): 1. Is free of Category 1 HHSRS hazards 2. Is in a reasonable state of repair 3. Has reasonably modern facilities and services 4. Has efficient heating and effective insulation.

<sup>2</sup> This report presents new research commissioned by the Centre for Ageing Better from the Building Research Establishment. For more information about the methodology used, please contact [info@ageing-better.org.uk](mailto:info@ageing-better.org.uk)

## Poor-quality homes in focus: Owner Occupiers

- 2 million owner-occupied homes are classed as non-decent, nearly double the number of non-decent homes in the Private Rented Sector.
- Over 50% of the non-decent homes in the owner-occupied sector are headed by someone over the age of 55.
- The greatest number of people aged 55 and over in poverty are in the owner-occupied sector, rather than in the private or social rented sector.
- Despite the levels of poverty, ill-health and lack of personal confidence to carry out repairs to the home, the level of support for homeowners to repair or maintain their home is extremely lacking and a postcode lottery. The result is that many people continue to live in homes that damage their health.
- A targeted approach to improving poor-quality homes in the owner-occupied sector will improve the health of millions as well as reducing pressure upon the NHS.

There are nearly double the number of non-decent homes in the owner-occupied sector compared to the private rented sector and over half of these homes are headed by someone aged 55 or over (EHS, 2023). This is surprising for some who assume that homeowners are more likely to carry out repairs than tenants or landlords. However, the problem is persistent for two key reasons: many homeowners cannot afford to carry out the necessary repairs and/or they lack the confidence and capability to undertake the work.

There are many damaging stereotypes of older owner occupiers, most notably that they are wealthy because they own their home. However, being a homeowner does not necessarily mean that you are in a secure enough financial position keep a home safe. In a survey carried out by the Centre for Ageing Better (2021) to understand more about why people don't carry out repairs to their home, 50% of homeowners stated the reason they had not carried out repairs to their home was because they could not afford to. The reality is that 1.2 million owner occupied homes headed by someone over the age of 55 are currently living in poverty (EHS, 2023).



These financial pressures are becoming even greater with increased prices for household bills. Last winter, mortgage holders aged 50 to 69 were the most likely of all ages and tenure to avoid turning on the heating or turning it on less than usual (72%, abrdn, 2023). People aged 55 and over are more likely to live in a cold home than younger generations. Given they are also one of the most vulnerable groups in terms of the effects of cold, damp and mould, we cannot afford to ignore this group of low-income homeowners any longer and we cannot let another winter go by where people are unable to heat their home (Centre for Ageing Better, 2024).

Whilst financial support is needed for low-income households to improve their home, this is not enough on its own. For those homeowners who have the financial ability to pay for repairs, they still require support including clear information and advice. In a recent survey, 52% of people agreed that the government should be doing more to support people in ensuring their homes are in a good condition (Centre for Ageing Better, 2024). While there are pockets of good practice in local home improvement services, in some areas, there is virtually no support available. The benefits of a commitment from government to improve older people's owner-occupied homes would be immense; older people's health would be protected and it would help to reduce the ever-increasing pressures upon the NHS and social care.

## Poor-quality homes in focus: Private Renters

- The number of people aged 50 and over living in the private rented sector doubled between 2001 and 2021.
- 37% of people of pension age renting privately are living in relative poverty.
- 47% of older households renting privately report that their health is poor.
- Older private renters are typically found in areas of high deprivation.
- Support to make improvements is limited and there are not enough legislative requirements upon landlord to carry out repairs.

Whilst addressing unsafe homes in the owner-occupied sector must be a priority, we have seen a recent shift in the number of older people living in the private rented sector. In fact, the number of people aged 50 and over living in privately rented homes has doubled between 2001 and 2021, with the biggest increase in the last decade (Census, 2021). The continuing increase of older people entering the private rented sector has significant implications for those in and approaching later life. The quality and affordability of our homes is key to our health and wellbeing as we age and it is therefore incredibly concerning that the highest proportion of non-decent homes are in the private rented sector (23%, EHS, 2023).



There are a quarter of a million non-decent homes in the PRS headed by someone aged 55 or over (EHS, 2023) and whilst the quality of homes in the private rented sector is often the focus of national housing debate, the conversation around older people and the private rented sector is almost non-existent. The lack of focus on older renters is dangerous as 39% of private renters aged 50-69 report problems with condensation, damp or mould (arbdn, 2023). This is particularly concerning given that living in a cold, damp home has a significant impact on an individual's health. For example, spending extended periods exposed to damp and mould is likely to exacerbate or induce respiratory and cardiovascular conditions (Communities and Local Government Committee and Betts, 2018).

In addition to the fact older private renters are at risk of living in a poor-quality home, many are also experiencing financial insecurity. In 2020-21, more than one in three (37%) pension age adults living in the private sector were in relative poverty after housing costs. Much like their younger counterparts, household heads aged 65 to 74 who rent privately are currently spending nearly half of their income on rent (exclusive of housing support, EHS, 2023). This limited financial freedom leaves older people in a particularly precarious situation; unable to repair their homes or find more suitable accommodation they are left reliant on their landlord. Unfortunately, this lack of security often also results in older renters being forced to leave their homes. Recent research has estimated that a no-fault eviction notice drops through the letterbox of an older private renter every 16 minutes (Shelter, 2023).

If we do not focus our attention on improving older people's homes in both the private rented and owner occupied sectors, we are going to see even more pressure upon the NHS, social care and greater levels of poverty. Both services will require greater spending and this will increase year on year. This could be addressed by government(s) takings a preventative approach to housing and health and by focusing on this as a national priority.

# The impact of homes on our health

- **Nearly 8 million people are living in an unsafe home, approximately 2.6 million of whom are aged 55 and over.**
- **2.3 million homes in England have at least one of the most serious type of hazard (a Category 1 hazard<sup>1</sup>), 1.1 million of these are currently occupied by at least one person over the age of 55.**
- **60% of homes defined as excessively cold are currently occupied by at least one person over the age of 55.**
- **5,000 people died during the winter of 2022/23 as a result of living in a cold home.**
- **Over 600,000 homes in England headed by someone over 55 are hazardous in terms of risk of falls on stairs<sup>2</sup> or falls on levels.<sup>3</sup>**
- **Emergency admissions for falls in people aged 65 have increased substantially in 10 years – from 185,000 in 2010/11 to 234,000 in 2019/20.**

The relationship between the quality of homes and poor health outcomes is well established. A cold, hazardous home is a serious risk to a person's health and can cause or worsen a number of health conditions such as arthritis, respiratory or mental health illness, as well as increasing the risk of stroke or heart attack (Communities and Local Government Committee and Betts, 2018; National Institute for Health and Care Excellence, 2016).

<sup>1</sup> HHSRS Category 1 hazards include elements of housing that do not meet the physiological and psychological requirements and do not protect against accidents and against infection (Ministry of Housing, Communities & Local Government, 2006).

<sup>2</sup> Falls associated with stairs and steps – covers any fall associated with stairs, steps and ramps where the change in level is greater than 300mm (about one foot) and includes falls associated with internal stairs and ramps, external steps and ramps within the curtilage, internal common stairs or ramps in the building containing the dwelling, including internal and external stairs providing a means of escape in case of fire or access to shared amenities (Ministry of Housing, Communities and Local Government, 2006).

<sup>3</sup> Falls on level surfaces – includes falls on any level surface such as floors, yards and paths, and includes falls associated with trip steps, thresholds or ramps where the change in level is less than 300mm (about one foot) (Ministry, Communities and Local Government, 2006).

Despite the clear evidence regarding how poor-quality homes are a risk to our health, recent analysis carried out by BRE on behalf of Ageing Better states that 2.3 million of England's homes have at least one of the most serious types of hazards (a Category 1 hazard), with half of these homes being headed by someone 55 and over. The most common Category 1 hazard in homes occupied by older people is excess cold, with 60% of all 'excessively cold' homes being occupied by older people; making older people more likely to live in a dangerously cold home than any other age group. Underinvestment in the quality of our homes is literally taking lives: an estimated 5,000 excess winter deaths in the UK during the winter of 2022/23 were caused by living in cold homes (EFP, 2024).

Cold homes are not the only risk to our health. Poor safety levels and hazards in the home can lead to injuries such as falls. New analysis for this report found that for both older people and those living with a disability or long-term illness, fall hazards are one of the most common Category 1 hazards) and it is an increasing problem. Emergency admissions for falls in people aged 65 have increased substantially – from 185,000 in 2010/11 to 234,000 in 2019/20 (OHID, 2022). The impact of falling for an older person is significant. Falls can negatively affect functional independence and quality of life, and falls resulting in a lie of over one hour in length, are also strongly associated with serious injuries, admission to hospital, and subsequent moves into long term care (Fleming J & Brayne C, 2008). In addition to the risk to people's health, the total cost of fragility fractures to the UK is estimated at £4.4 billion (OHID, 2022).



# The cost of poor-quality housing to the NHS and social care

- Unsafe homes headed by someone aged over 55 are costing the NHS £595 million per year – over half the cost to the NHS across all ages – despite living in just under a third of non-decent homes in England.
- Resolving excess cold in every home where the head is over 55 would result in savings to the NHS of £325 million per year.
- £1.1 billion of formal and unpaid care costs could be saved per year by 2027 if the number of housing problems was reduced to zero.
- The average cost to repair homes where the head is over 55 is just £3,618.

Currently there are 3.7 million homes classified as non-decent with over half of these homes headed by someone over the age of 55 (EHS, 2023). These unsafe homes are cost the NHS £1.04 billion a year (BRE, 2023), with new analysis conducted for this report concluding that over half of this annual expenditure (£595 million) can be attributed to homes where the head is 55 or over.

The most common Category 1 hazard for older people's homes is excess cold and this is also the area that would have the biggest savings for the NHS (see Appendix 1). If investment were given into mitigating excess cold in every home where the head of household is over 55, there would be an estimated £325 million worth of savings to the NHS per annum, with payback within 9 years (Centre for Ageing Better, 2024). If all Category 1 hazards were removed, there would be a predicted saving of £595 million per year (Centre for Ageing Better, 2024). This would cost an estimated £4.6 billion but would be repaid in just 8 years (Centre for Ageing Better, 2024). Arguably, from an economic perspective, it makes sense to include older people's homes in a prioritisation exercise as the health impacts of poor-quality homes are more costly to the NHS.



In addition to significant long term savings for the NHS, research suggests that improving the quality of our housing will lead to large savings in terms of formal and unpaid social care costs<sup>1</sup>. According to recent analysis conducted by the Care Policy and Evaluation Centre at the London School of Economics, if we eradicated hazards, damp and cold from homes lived in by people aged 50 and over, it would save £1.1 billion in formal care costs per year by 2027, rising to £2.8 billion a year by 2042 (Brimblecombe et al., 2024). With the government spending £2 billion more on adult social care than in 2010/11 – now totalling £28.4 billion in 2022/23 – there is a significant impetus for change (The King's Fund, 2024). In addition to savings in terms of formal care costs, the analysis states that we can expect a further £3.5 billion of savings per year by 2027 for unpaid care, rising to £7.1 billion a year by 2042 (Brimblecombe et al., 2024).

It is worth noting that despite the large figures for costs and savings mentioned so far, research conducted for this report suggests that the average cost to make a home decent is relatively low at £3,618. This figure rises to £3,982 for homes headed by someone 55 or over which, evidence suggests, is because older people are likely to have lived in their homes for longer and the longer damage is left before an attempt to make a repair, the more expensive it will be (Powell et al, 2017). This means that the longer we delay improving poor-quality homes, the more expensive it will be to society and individuals. In fact, if we were to act immediately, 20% of homes could be made decent at a much smaller cost of £758 per property (Ageing Better, 2024).

<sup>1</sup> Social care refers to hands-on assistance provided to people who need help with performing daily activities such as eating, dressing, and shopping. Formal care refers to social care provided by professional caregivers, whereas unpaid care refers to care provided by family members, neighbours, or friends.

# The opportunity for the economy and net-zero

- **Hazards in the home are estimated to cost the economy over £300 million a year, the equivalent to the economic output of 9,000 FTE workers per year.**
- **There is real opportunity for creating 300,000 jobs through retrofitting homes to improve energy efficiency.**

The relationship between poor-quality homes and the economy is also a significant issue. Research suggests that the lost economic output from every Category 1 hazard in homes is around £126 per hazard per year (DLUHC, 2023). This included, for example, hazards leading to preventable injuries or illness that stop people from working or working to their full potential. Using an estimate of the number of Category 1 hazards suggests that we are unnecessarily negatively impacting our economic output by over £300m per year due to inaction in addressing hazards in the home (BRE, 2023). This is equivalent to the economic output of over 9,000 FTE workers per year (DEMOS, 2023).

Improving people's homes would not only reduce the impact on the economy in terms of reducing the risk of homes preventing people from working, but research has found that there are significant opportunities for job creation in home improvement, especially when improving homes to increase their energy efficiency. It is estimated that over 150,000 people are employed in trades relevant to retrofitting homes, down from a high of 250,000 in 2008 (Parity Projects, 2020). In addition, IPPR (2020) found that over 300,000 jobs could be created by 2035 through retrofitting homes to improve their energy efficiency.

Not only will improving homes to be energy efficient create a large number of jobs but there are clear environmental benefits too. Heating buildings, including our homes, continues to contribute a significant proportion to our carbon emissions. Currently residential buildings account for nearly 20% of all carbon emissions (Centre for Ageing Better, 2021). Analysis shows that homes headed by someone aged 75 or over are the most likely to have the lowest two energy ratings of F and G, and therefore are one of the biggest contributors to carbon emissions (EHS, 2023). Tackling this issue would be an effective way of reaching the UK's target of reaching net zero by 2050, and would greatly benefit those most affected by poorly insulated homes.

# We need immediate action

For those living in unsafe, cold and damp homes, the impact on their health, finances and quality of life is far too great to ignore. As it stands, the support available varies significantly and whilst there are examples of good practice in home improvement services across England, in some areas there is virtually no support available. It is hard to ignore that, in part, this is down to a persistent failure nationally to invest in home improvement across the last decade, with £2.3 billion of private sector home improvement grants being removed by the government leading to hundreds of thousands fewer homes being repaired (Centre of Ageing Better, 2023). Supporting people to improve their homes will lead to improved health outcomes for millions of people and offers the opportunity to save billions across the NHS and social care, improve the economy and help achieve national net zero goals.

In order to address the issue and impact of dangerous homes on people and society, the Centre for Ageing Better is calling on the UK government to:

- **Develop a national strategy to fix cold and dangerous homes that are damaging people's health. This should set out detailed plans to improve poor-quality homes of all tenure types across England and bring together work on housing from multiple government departments. It must be backed by sufficient, long-term funding and include a mechanism for delivery at a local level, such as Good Home Hubs.**

In addition, local government should:

- **Provide local one-stop shops for all aspects of home repairs and adaptations, with support on everything from finding trusted tradespeople and identifying what work needs to be done, to how to finance repairs and improve energy efficiency. We call this a Good Home Hub. Local Good Home Hubs would build on the good practice in home improvement services already in place across England. They would form a network to share best practice and learning and would be supported by a national framework, adapted to suit different areas, so that wherever you live you receive the same high-quality support.**

To find out more about our Good Home Hub model, read our recent report ['Building effective local home improvement services: Good Home Hubs'](#).

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# Appendix 1

The following table provides the Category 1 hazards for homes with a HRP aged 55 or older, with estimated repair costs and NHS health costs savings, 2018/19. This work was carried out by BRE on behalf of the Centre for Ageing Better.

**Table 1:** Category 1 hazards for homes with a HRP aged 55 or older, with estimated repair costs and NHS health costs savings, 2018/19

Hazard	Number of Category 1 Hazards	Average cost per dwelling (£)	Total cost to mitigate hazard (£)	Savings to the NHS per annum if hazard mitigated (£)	Payback (years)
Excess cold	440,612	6,648	2,929,010,273	325,099,838	9.01
Falls on stairs	417,287	1,470	613,615,685	88,692,395	6.92
Falls on the level	187,221	1,017	190,463,422	55,925,887	3.41
Fire	80,987	4,124	333,951,594	44,008,711	7.59
Falls between levels	84,734	1,376	116,597,415	24,292,068	4.80
Hot surfaces	30,784	1,802	55,458,438	17,209,804	3.22
Lead	41,421	2,146	88,879,969	8,982,607	9.89
Dampness	13,386	3,796	50,807,985	6,974,061	7.29
Radon	48,806	1,443	70,417,617	5,757,070	12.23
Collision and entrapment	11,113	741	8,234,328	4,820,861	1.71
Food safety	18,507	3,267	60,467,056	3,921,639	15.42
Pests (Domestic hygiene)	12,709	3,539	44,971,519	2,633,470	17.08
Ergonomics	10,718	633	6,786,397	2,304,557	2.94
Sanitation (Personal hygiene)	9,947	564	5,608,247	2,109,206	2.66
Structural collapse	5,796	543	3,144,768	913,411	3.44
Carbon monoxide	2,475	633	1,567,114	471,420	3.32
Excess heat	2,439	633	1,544,320	326,546	4.73
Overcrowding	1,042	20,561	21,424,299	143,009	149.81
Electrical problems	0	0	0	0	0.00
Entry by intruders	0	0	0	0	0.00
Noise	0	0	0	0	0.00
Falls - baths	0	0	0	0	0
Water supply	0	0	0	0	0
Un-combusted fuel gas	0	0	0	0	0
Lighting	0	0	0	0	0
Explosions	0	0	0	0	0
<b>Total with any Category 1 hazard</b>	<b>1,166,679</b>	<b>3,875</b>	<b>4,602,950,445</b>	<b>594,586,560</b>	<b>7.74</b>

Table Notes:

1. The total sum of all dwellings with Category 1 hazards will be less than the sum of the individual hazards as some dwellings will have more than one Category 1 hazard.
2. The total sum required to remedy all Category 1 hazards is less than the total number of Category 1 hazards multiplied by the average costs; this is because the modelling avoids the double counting of costs where repair work/energy improvements mitigate more than one hazard.
3. Sample sizes for some Category 1 hazards are very small (in italics) and are included for quantification purposes only. For some hazards, like explosions, no cases were identified in the survey (but this does not mean there are no dwellings with any of these hazards). There will, therefore, be a degree of uncertainty around these estimates because any calculations relating to cost benefits and payback periods are very sensitive to the mix of hazards present in England.
4. Three of the 29 Housing Health and Safety Rating System (HHSRS) hazards are not measured in the EHS (asbestos biocides, volatile organic compounds) because they require an intrusive inspection, which is not practicable in a sample survey.

Source: Modelled using English Housing Survey 2018/2019

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