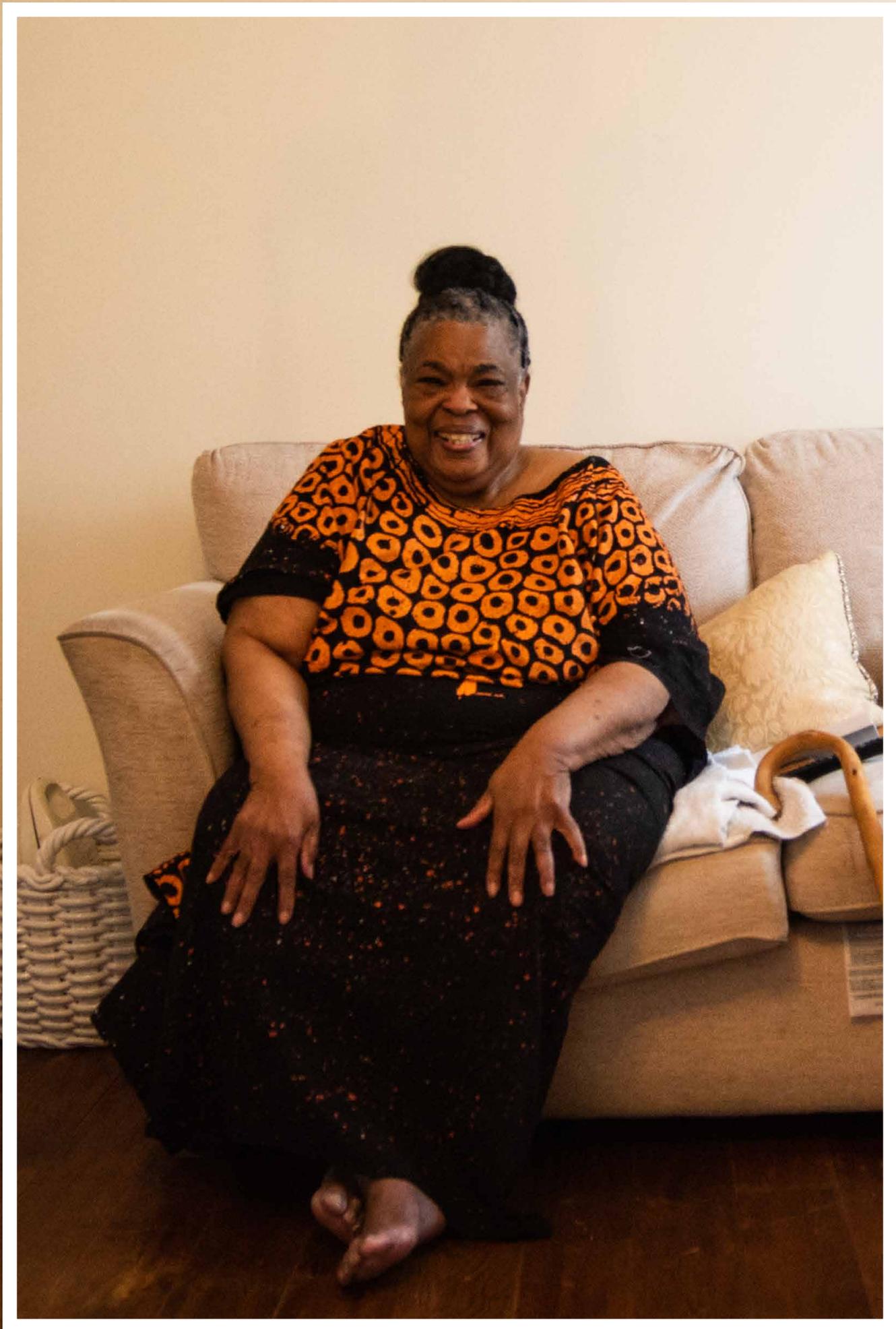




**Adapting for ageing:**  
Good practice and innovation  
in home adaptations



Sue Adams and Martin Hodges



## About the Centre for Ageing Better

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The Centre for Ageing Better is a charity, funded by an endowment from the Big Lottery Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.

## About Care & Repair England

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Care & Repair England is a national charity set up in 1986 to improve the housing and living conditions of older people, particularly for those living in poor quality private sector housing and who need help with home repairs and adaptations. It aims to innovate, promote and support practical housing initiatives, and the related policy and practice, which enable older people to live independently in their own homes in greater comfort and security for as long as they choose.

## Acknowledgements

We are extremely grateful to the local staff who took the time to respond to the practice call and to meet with us – they are an inspiration and without them none of this good practice analysis would have been possible. We are very grateful to the members of the Older People's Housing Champions Network who helped to shape the vision for what makes a good adaptations service from the perspective of older people – their thoughtful comments and common sense was greatly appreciated.

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# Executive summary

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## Background

Living in a suitable home is crucially important to a good later life, and home adaptations can improve the accessibility and usability of a person's home environment. There is rising demand for home adaptations as people live for longer and increasing numbers of people live with multiple long-term health conditions or experience reductions in mobility. While many people will maintain good health and fitness for much of their later years, the majority of us will, at some point, experience some difficulties with carrying out everyday activities. This coupled with the fact that most people over 65 years old live in mainstream housing, and 80% of the homes we need by 2050 are already built, means that improving current housing stock is a key priority in terms of housing and ageing.

Home adaptations are a highly effective way of adapting our existing housing stock to better meet the needs of older people. Previous research, commissioned by the Centre for Ageing Better (Ageing Better), highlighted the positive and life-changing impact home adaptations can have. The review found strong evidence that minor adaptations improve outcomes and quality of life for those in later life, particularly when combined with necessary repairs and home improvements, delivered in a timely manner, and in line with people's personal goals. Ageing Better's report, 'Homes that help', added depth to the evidence by providing personal accounts of what people experience daily in their homes. The report found some people delay making changes to their homes because of the clinical appearance of adaptations and their association with vulnerability; are often unaware of how to access home adaptations; and for some the process can be so complex that even professionals struggle to navigate it. While there has been an increase in national funding for home adaptations, for a variety of reasons this has not resulted in a step change in improved local provision. For a relatively low expenditure, the potential gains are significant, and yet the profile and priority of home adaptation provision in general, and specifically the Disabled Facilities Grant (DFG), is limited.

The Centre for Ageing Better commissioned Care & Repair England to carry out a 'call for practice' to identify practical examples of local areas that are organising and delivering adaptations effectively. This report identifies the elements of high-quality and innovative practice in the provision of home adaptations for older people.

## Methodology

This was an open call for practice in the provision of home adaptations for older and disabled people. It was issued in December 2017 and widely promoted via an extensive range of networks, including: local authorities, home improvement agencies, environment health, occupational therapy, social housing, older people's networks, and organisations working with older and disabled people.

Localities that responded to the open call undertook an in-depth telephone interview, and where there was good practice that met the defined criteria, the locality was sent a pro-forma to complete. Those identified as significant exemplars were received with a site visit.

## Key findings and recommendations

This call for practice has identified positive examples of innovation in the provision of adaptations, and also common features in the ways that localities are working to improve provision.

The factors which constituted 'good practice' include:

- **Raising awareness** of what is possible amongst older people and professionals, including the availability and benefits of home adaptations
- **Helping older people navigate the system** to access adaptations advice, funding, practical help and related services
- **Speedy delivery** of home adaptations
- **Involving older people in home adaptation service design**
- **Including home adaptations in strategic planning**
- **Integration** of home adaptations with **health and care**
- **Linking adaptations with home repairs**
- Working with **handyperson services**
- **Involving social housing providers** in adaptation provision
- Taking a **preventative approach**

# Recommendations

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## Funding

The increase in funding from national Government to help to meet the local costs of home adaptations and Disabled Facilities Grant (DFG) provision specifically has resulted in significant innovation and improvements in some local authority areas.

However, these pioneers would appear to be in the minority and steps are now needed both to consolidate the areas of good practice and also to stimulate wider adoption by other areas.

- National Government needs to confirm continuation of the **DFG as mandatory provision** with assurance that **explicit funding for home adaptations** will continue to be allocated to local areas by whatever system follows on from the Better Care Fund review
- As well as a continued specified capital allocation for DFG, there needs to be **adequate revenue funding** to ensure that this capital funding is well spent
- Allocation of the national funding for home adaptations should be more closely monitored in terms of outputs, outcomes and adoption of best practice, with **financial rewards for areas of excellence**
- **Home improvement agency** services which raise awareness of the availability of home adaptation options and support older people to adapt their homes, including for self funders, should be available in every local area
- **Handyperson services** are an effective way to provide low-cost, direct help with minor adaptations and related home repairs and should be made available in every local area
- A **consistent approach to performance measurement**, including quantifying the outcomes of home adaptations provision, is needed (linked to funding), with standard minimum monitoring and evaluation systems in all local areas

## Preventative action

Home adaptations can play a key role in supporting people to live independently for longer and, conversely, in preventing escalation of care needs e.g. as a result of falls and accidents in the home. We also know, from research commissioned by Ageing Better, that timely installation is key to improving outcomes for people in later life.

There is limited awareness of options available when adapting the home, let alone the availability of the DFG, amongst people in later life. There is also an issue with regard

to reluctance to adapt the home, partly due to the clinical appearance of products and negative associations. Some of the good practice areas identified are much more proactive and are taking preventative action to raise awareness of options and services available, for example, through local publicity campaigns, providing information and advice and helping to ensure that home adaptations are carried out prior to a crisis occurring.

- There should be a requirement to include **housing for ageing and home adaptations specifically in all local plans and strategies** related to health improvement, public health, prevention and early intervention plans, including Falls Prevention, and in whatever follows on from the Better Care Fund planning requirements
- **Local authorities should be encouraged to take a preventative approach** and take positive steps to raise awareness of the availability and benefit of home adaptations, as well as potential funding and practical assistance available

## Information and advice

There is a legislative requirement within the Care Act 2014, explained in more detail in the associated guidance, that local authorities must provide good quality information and advice about home adaptations and repairs, including the process for assessments, funding and how to access suitable local tradespeople to get the work done. However, current provision of this information, advice, and associated support, falls well short of the Care Act Guidance in many areas.

A number of the good-practice localities provide this information, advice and help as a core part of their service, including for those people who are not eligible for DFG or means-tested financial assistance.

- There is an urgent need to ensure all local authorities are meeting the legislative requirement to provide these services. The **Care Quality Commission** could conduct a **themed report into the provision of local information and advice**
- The breadth and consistency of information and advice services provided by localities varies both in terms of the advice offered on home adaptation provision and the support given to practically implement the adaptations. A **minimum information and advice standard** needs to be established to ensure more consistent information and advice is available

## Personalisation

Previous evidence clearly demonstrates that adaptations and repairs work best when people are fully involved in the process and that professionals working to assess and install adaptations do so with the individual's functional and emotional needs in mind.

A number of the good-practice initiatives identified in this report reflect efforts to address this issue. An example of a person-oriented approach would be a light-touch assessment and fast installation system that trusts the person to identify their priorities and what

installations will deliver the best outcomes for them. This also allows for the service user to be given the opportunity to have a voice in the design of the adaptations in their home.

- Commissioners and deliverers of adaptations services need to address the importance of **ensuring personalisation** with regard to home adaptation provision and embed this approach across their services
- All local areas should be required to have a **fast, effective, independent appeals system** with regard to DFG and home adaptations assessment decision making

## Integration with health, social care and wider housing provision

Some of the impetus to speed up and simplify delivery of services has come from a drive to integrate health, social care and housing provision locally. Examples of integration include providing fast-track home modification grants to speed up hospital discharge or placing DFG and home adaptation-linked staff in hospitals to integrate with acute services and ensure timely measures were carried out in the home to reduce patient discharge times.

However, despite the obvious interdependencies between health, housing and social care, these connections are not yet being fully recognised or reflected in wider policy, funding systems or NHS practice. With increasing numbers of older private renters, there are also particular challenges around legislating within the private rented sector.

- **Local leadership across health, housing and social care should develop a shared objective** of helping people to live independently in a home that is suited to their needs as they age. This objective should be embedded within planning policy frameworks, Sustainability and Transformation Partnerships, Joint Strategic Needs Assessments, Better Care Fund plans and NHS local plans
- **The NHS should work with housing authorities, housing providers** (including both social and private landlords) and social care to assess what is needed to adapt homes more quickly and enable faster discharge

## Conclusion

This report has been a valuable exercise in highlighting good practice in providing home adaptations from forward-thinking local areas. It has highlighted the practical ways in which local areas can more effectively provide home adaptations help. Furthermore, it identifies a number of policy and practice changes that would ensure good-quality and innovative practice is to become the rule rather than the exception.

We need more widespread take up of the features identified in this report to create a consistent quality of service across all local areas in England, so that everyone can enjoy the benefits of a good later life. While this report has highlighted good examples across the country, there are undoubtedly other examples out there that were not identified through the call. There are a number of factors that can help or hinder a local area to be able to innovate, adopt best practice and/ or share their experiences, for example: sufficient

funding; committed and driven individuals locally with the power to influence and bring about change; and devolved powers and service integration.

While there is no 'silver bullet', there are clear features identified which combined could ensure an excellent home adaptation service in any local area. It is essential that local areas are supported to adopt a proactive, prevention-focused approach to providing adaptations to peoples' homes, improving the information and advice offered on the options available, and simplifying the process to ensure that adaptations are delivered effectively for all who would benefit from them.



# Part 1

## Home adaptations and older people: The context

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### 1. Why are adaptations to ordinary homes important?

#### 1.1 Home adaptations impact on health and wellbeing

Home adaptations can enable older people to live a more independent life, increasing individuals' sense of control, confidence and dignity in day to day living.

Most home adaptations enable people to move around their homes more safely (e.g. using grab rails, stairlifts, ramps) and/or take care of their own personal care (e.g. modified bathrooms). Such adaptations can reduce anxiety and depression, impacting on mental as well as physical health. Home modifications can also benefit carers, improve confidence and help to reduce the risk of physical injury and stress.

Home adaptations can help to prevent accidents, particularly injury from falls. Through extending older people's ability to live safely and well at home, and they can reduce costs to the NHS and social care e.g. through quicker discharge from hospital or delaying or avoiding admission to residential care.

#### 1.2 Most older people live in ordinary, unadapted homes

The vast majority of older people (Garrett & Burris, 2015) live in ordinary, mainstream homes i.e. places which were not specially built for older people (such as sheltered, extra care or retirement housing).

The housing aspiration of the majority of older people (Lloyd, 2015) is to live independently in their current home for as long as possible. Again, home adaptations can play an important role in achieving that personal aim.

**Only 7% (1.7 million dwellings) of the current English housing stock has all four accessibility features:**

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1



Level access

2



Flush threshold

3



Wide doorways

4



Entrance level toilet

Very few homes of any type are accessible – just 7% (1.7 million dwellings) of the current English housing stock has all four accessibility features that make them ‘visitable’ by most people (DCLG, 2016), including those with mobility impairments, i.e.

1. Level access to the entrance,
2. A flush threshold,
3. Sufficiently wide doorways and circulation space, and
4. A toilet at entrance level

Building new accessible homes that are better designed not only for older people but also disabled people of all ages is an important part of creating a more age friendly built environment. However, 80% of the homes that people will be living in by 2050 are already built (Boardman et al, 2015) and so retrofit has a potentially far greater impact on achieving this objective.

With 9.5 million (Garrett and Burris, 2015) older households and just over half a million (Pannell et al, 2015) specialist dwellings for older people, even doubling the latter would still mean that the vast majority of older people will, for the foreseeable future, be living in the general housing stock, many of whom could benefit from home modifications, both to include their living environment and to improve access into and out of the home, garden and surrounding community.

### **1.3 Older people require home adaptations whatever their tenure**

Housing tenure and later life inequalities are also factors to consider in the context of home adaptations, both in terms of potential access to alternative housing options, and also with regard to the affordability of home adaptations which will be needed to meet changing needs. Home ownership amongst older households (HoH 65yrs+) now stands at 77.6%/ 5.08m HHs (71% in 2003) (DCLG, 2018). A decreasing proportion of older people live in social housing (16.1%/ 1.05m HHs vs 24.7% in 2003), with a rising level in private rented accommodation (6.3%/ 414,000 HHs vs 4.4% in 2003).

The fiscal and social policies of the 1980s and 90s (including unprecedented access to mortgages and Right to Buy policies) resulted in a dramatic rise in home ownership amongst lower income groups (Adams, 2016) [home ownership rose from 50% in 1970 to a peak of 71% in 2003]. Many of this first generation of lower income homeowners have now retired on low pensions, potentially facing difficulties with the on-going costs of home maintenance and adaptations throughout their retirement. Home ownership does not equal well-maintained or suitable housing, a 2018 report by the Joseph Rowntree Foundation (Wallace et al, 2018) found that older homeowners in poverty required significant investment (£2 billion) to bring them up to the Government’s Decent Homes Standards.

Most of the half a million specialist and supported housing is concentrated in the social rented sector (77%) (Pannell et al, 2012) even though the majority of older people are now home owners. Whilst there is some evidence (Laing & Buisson, annual) that the number of private sector retirement housing units is rising, the distribution of this emerging housing type is predominantly in the higher housing equity areas, primarily the South East of England (with some targeted higher equity ‘hot spots’ across England).

From a commercial perspective this makes economic sense. Housing equity is distributed very unevenly across the country, with 42% of the housing equity of England located in London and the South East (Searle, 2013).

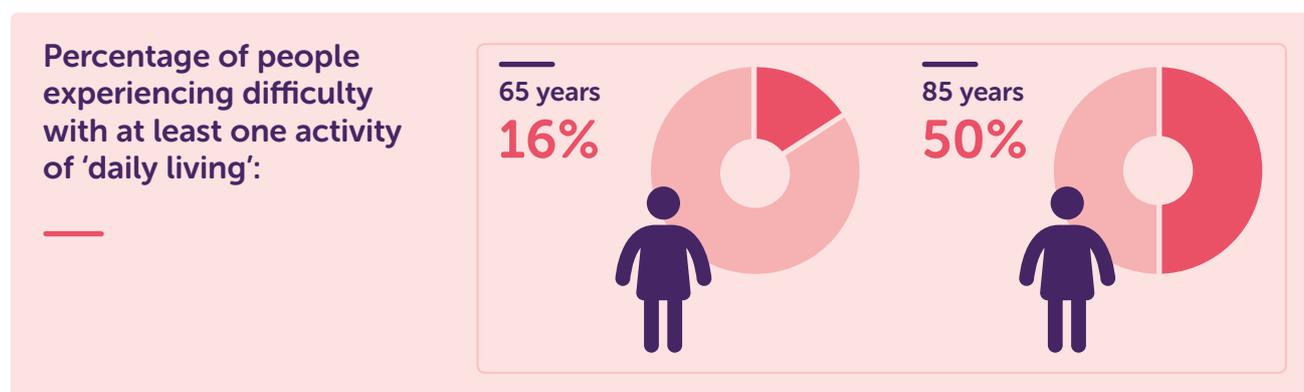
Consequently, whilst some people may wish to move to specialist, supported, or better designed housing in later life, for a considerable number of lower income and/or lower equity households this will not be a viable option and adaptation of the current home will become a necessity rather than a choice.

## 1.4 The population is ageing

Older age does not inevitably result in health decline and disability and many people remain fit and well throughout their retirement. Nevertheless, mobility limitations and difficulties with day to day activities do increase with age.

- 44% of adults over state pension age are disabled (Family Resource Survey, 2012/13)
- Only 17% of disabled people were born with their disabilities. The majority of disabled people acquire their disability later in life (Papworth Trust, 2016)
- Two million people have sight problems (predicted to rise to over 2,250,000 by 2020) (RNIB)

The percentage of older people experiencing difficulty with at least one 'activity of daily living' (basic activities like eating, bathing and dressing) rises from 16% at 65 years to around half at 85 years. More than one in three people in their late 80s have difficulty undertaking five or more activities of daily living unaided (Banks et al, 2016).



This rise in disability when people reach their 80s and 90s is particularly relevant in terms of predicting and planning for home adaptations provision because the largest proportionate increase in the older population is set to take place in this 'older old' age group.

- Today 1.6 million people are aged 85 or over. The number of people over 85 (UK figure) is predicted to more than double in the next 23 years to over 3.4 million (ONS, 2017)

## 1.5 Ageing is linked to disability and inequality

So far the extra years that have been added to life expectancy are not yet all healthy years, particularly for lower income groups. There is significant social inequality in life expectancy, and also in healthy life expectancy (Marmot, 2010).

With regard to home modifications, whilst people of all financial circumstances can benefit from adapting their homes to meet their changing physical requirements, lower income groups are more likely to experience poor health, disability and life-limiting conditions, often at an earlier age.

- 1.9 million (16%) pensioners in the UK live in poverty (that is with incomes below 60% of contemporary median household income after housing costs) (DWP, 2017).
- Of this, 1.9 million low income pensioners, one million are in severe poverty (incomes less than 50% median income)
- There are an additional 1.1 million pensioners with incomes just above the poverty line (above 60% but below 70% of median income) (DWP, 2017).

These inequalities mean that disadvantaged older people are both more likely to need home adaptations but less likely to have the means to meet all of those costs.

## 2. What help is available for older people who need home adaptations?

The provision of assistance for disabled people in England to modify their homes to restore or enable independent living, privacy, confidence and dignity is founded on a 'social model of disability'. This views disability as arising from the barriers presented by society and the built environment rather than being inherent in the person themselves (DCLG, 2016).

It is against this backdrop that a law was introduced in 1989 (amended in 1996) to provide state financial assistance to help to meet the costs of adapting the homes of disabled people with low incomes – the Disabled Facilities Grant (DFG).

### 2.1 Introduction of the Disabled Facilities Grant

The current means tested Disabled Facilities Grant (DFG), which is the main focus of this report, came into being in 1997 to provide targeted financial help with the cost of home adaptations for lower income disabled people (of all ages).

#### What is a Disabled Facilities Grant (DFG)?

- The DFG helps to pay for the essential home adaptations which can give disabled people freedom to move into and around their homes, provide access to essential facilities within the home and safe and suitable access to the garden and surrounding area. The most common adaptations facilitate access to the bathroom, bedroom, living room and kitchen plus access into and out of the property. The DFG also pays for adaptations to make the home safer for the disabled occupant e.g. improved lighting, heating etc. The most common adaptations are to bathrooms and stair lifts, ramps, and step access.

Further details about the DFG are in [Appendix A](#)

## **Who decides what a Disabled Facilities Grant will pay for?**

The housing authority manages the DFG provision within the framework of the legislation noted above. The housing authority usually asks social services (primarily occupational therapists) to assess whether an adaptation is 'necessary and appropriate' [as defined in DFG law] to meet the disabled person's needs.

A specialist housing practitioner (often an environmental health officer) assesses whether a particular home adaptation is 'reasonable and practicable' [again, as set out in DFG law].

The means test for a DFG is applied by the housing authority based on the nationally defined system. However, local authorities have considerable discretion when it comes to defining their own system of grants for home adaptations in general, including powers, for example, to provide grants for specific adaptations which are not means tested.

As this report illustrates, some authorities have introduced simplified, fast track processes for particular works (e.g. showers, stairlifts), some offer non-means tested grants for smaller or lower value adaptations and only apply DFG criteria and means testing for larger works.

## **Where does the money come from for DFG?**

The central government sets a national DFG budget and makes a specific payment to each local housing authority (currently via the Better Care Fund) to help towards the cost of providing local DFGs. The national funding has, ever since introduction of the DFG grant, been intended to meet part of local DFG expenditure, with funding from housing, social care and health also expected to contribute to the local budget.

In recent years the national government funding for the DFG has increased substantially. It was £220 million per annum from 2013-14 to 2015-16. It rose to £394 million in 2016-17, £431 2017-2018 and £468 million 2018-2019. However, there are indications that as the national budget has increased, local contributions have decreased in many areas (Mackintosh and Leather, 2016).

Each local housing authority sets its local DFG budget based on a combination of the national grant, its own contribution plus any funding from social services and the health sector.

The DFG funding from national government is not ring-fenced but the 2017-19 Integration and Better Care Fund Policy Framework sets out a clear indication of how the allocated money for DFG should be used, e.g. in the case of two tier areas, that the grant should be passed on to housing authorities.

## **Scale of need and adequacy of the DFG funding system**

The provision of DFG benefits individuals and the state by significantly improving quality of life and reducing NHS and social care costs. However, in most local areas the DFG budget does not meet estimated cost of potential adaptation needs.

A government commissioned analysis of the DFG national funding allocation system and

the DFG means test was carried out by the Building Research Establishment (BRE) in 2011. This estimated that the total amount required to provide grants for all of those who were theoretically eligible was £1.9bn at 2005 prices – representing more than ten times the total amount of DFG funding allocated in England in 2009-10 (£157 million).

Both the adequacy of the local budget and the quality of local provision is highly variable. In some areas budgets are underspent; in others, they are greatly oversubscribed. This funding shortfall, as well as local administrative problems, can result in long waiting times for installation of home adaptations using DFG.

## 2.2 Help with minor adaptations

Provision of smaller aids and minor adaptations is mandatory under the Care Act 2014 and the associated Guidance and is referred to as 'Community Equipment'. Under this legislation a minor aid or adaptation is defined as one costing £1,000 or less and it must be provided free of charge 'whether provided to meet or prevent delay needs'.

The most common form of minor adaptations provided as part of Community Equipment are grab-rails. Examples of equipment include toilet frames, bath boards and walking frames. Community Equipment provision is usually jointly organised by health and social services. Local agreements with housing providers may also be in place to define the role of the social landlord with regard to minor adaptations provision e.g. some will install these or contribute to costs.

## 2.3 Older people paying for home adaptations themselves

With the scale of unmet need for home adaptations, the level of current DFG provision and the ageing population, it is clear that a growing number of older people will have to pay (or choose to pay) for essential home adaptations from their own resources. However, the current scale of commercial provision is not quantifiable as there is no publicly available data.

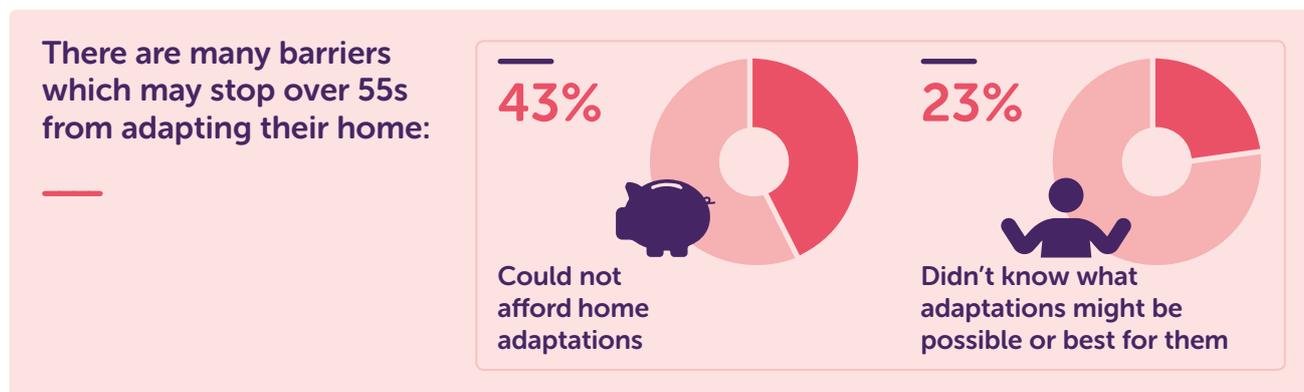
A small-scale survey carried out by BMG Research in July 2017 ([www.bmgresearch.co.uk/housing-insight-older-peoplepreparing-homes-staying-put](http://www.bmgresearch.co.uk/housing-insight-older-peoplepreparing-homes-staying-put)) investigated the views of people aged 55 or over about adaptations to their homes. The findings show that just under eight in ten (78%) of over 55s said that they wanted to live in their current home as they got older with just over half (55%) not expecting to have to adapt their home, and 23% expecting to have to carry out adaptations at some stage.

Just under a quarter (23%) had already had adaptations made to their homes. The likelihood of having an adaptation increases with age. Just 17% of those aged 55 to 64 reported having had an adaptation carried out but this rises to 24% for those aged 65 to 74 and then almost a third (32%) of those aged 75 and over.

There was a considerable decrease in the number of people who said they wanted to move as the age bracket gets older. Just under a third (31%) of 55-64-year olds stated that they wanted to move; this drops to 21% for those aged 65-74 and just 12% of those 75 and over.

As the incidence of disability and mobility problems rise with age, this aspiration to age at home amongst the over 75s is again indicative of a rising market for home adaptations.

Looking into barriers which may stop people from adapting their home, 43% of over 55s said that they could not afford home adaptations and 23% said they didn't know what adaptations might be possible or best for them. Worries about devaluing the home (8%) and family not wanting them to do it (just 1%) were minority issues.



### Impartial information and advice about home adaptations

Access to independent, impartial information and advice in order to make a fully informed decision about so many aspects of later life (pensions, finance, housing, care etc) emerges as a key topic in successive national policies around ageing.

Providing older people with independent information, advice and practical help to adapt their homes was one of the reasons why home improvement agencies emerged during the 1980s and 90s (Leather and Mackintosh, 1990). These agencies started out as independent, not for profit, usually voluntary sector, organisations which assisted older and disabled people, particularly low-income home owners, to carry out essential home repairs and adaptations.

A related development with regard to home adaptations was the emergence of Independent Living Centres, or Disabled Living Centres. These are places where disabled people can go and view or try out a range of adaptations and equipment, ranging from small kettle tippers, special beds and stairlifts, to model kitchens and bathrooms fully fitted for disabled people with a range of issues e.g. sight loss, wheelchair users.

In more recent years there has been a growth in the on-line provision of such information and advice, in particular the Disabled Living Foundation's 'Living Made Easy' which is the most notable impartial, online facility. Research Institute for Disabled Consumers (RiDC – formerly Ricability) also provides independent information. Founded by the Consumers Association but now an independent charity, it researches and publishes free consumer reports about equipment and technology for disabled people.

Information from commercial providers is proliferating online, which, although you can find some potentially useful resources, does raise issues as to how people can then make an informed choice about what would best suit them.

Independent occupational therapist advice is increasingly available to those who can afford to pay for a comprehensive professional assessment of their housing adaptation needs ([www.rcotss-ip.org.uk](http://www.rcotss-ip.org.uk)).

### **Adapting the home before pressing need arises**

An area which policy makers have been particularly interested in is why more people do not adapt their homes in advance of health or mobility decline, given that most adaptations are undertaken at a point of pressing need or even crisis i.e. when it becomes impossible for the person to climb stairs, get in and out of the bath etc.

For those who need grant aid the DFG system requires them to need the adaptation that is being funded at the point of assessment, and the criteria for assessed need can focus heavily on clinical rather than personal need. For those who are paying for their own adaptations, anecdotally there is a hope that 'it [physical decline/infirmity] will never happen to me', and clearly for some adaptations there is no reason to install these until they are actually needed, for example, a stairlift. For other common adaptations, e.g. replacement of a bath with a level access shower, the fact that there is a more gradual decline in the ability to safely get in and out of the bath, or at least the worry about falling, might encourage more people to plan ahead and make alterations in advance of a crisis.

On the whole the BMG survey found that older people are realistic about the possibility of needing adaptations, or sometimes even needing to move home, but there was clearly a gap when it came to knowing where to get information and advice about the best adaptations for them.

In considering where they would look for information about home adaptations, a fifth (20%) said that they would go to the council first. Of those aged 55-64, 23% said their first step would be to do an internet search (as would be expected, this decreased with older age).

Turning to friends and family was cited as the least likely option, with just 8% of respondents saying this would be their first step, though this increases with age – 4% of those aged 55-64 would go to family/friends, rising to 14% for those aged 75 and over.

## **3. What evidence is there that home adaptations work?**

It is generally accepted that installing adaptations into older people's homes, such as grab rails, level access showers and stairlifts, can improve the accessibility and usability of a person's home environment, thereby maintaining or restoring individuals' ability to carry out day-to-day activities (such as using the bathroom, preparing food and drinks).

In addition, there is increasing acknowledgment that home adaptations can have a beneficial impact on older people's health, well-being and safety (e.g. avoiding falls and injuries).

However, there is a limited amount of academic research to quantify such impacts, and so in 2017 the Centre for Ageing Better commissioned the University of the West of England to conduct an international review of the evidence of the role of home adaptations in improving later life (Powell et al, 2017).

## In summary

### The review found

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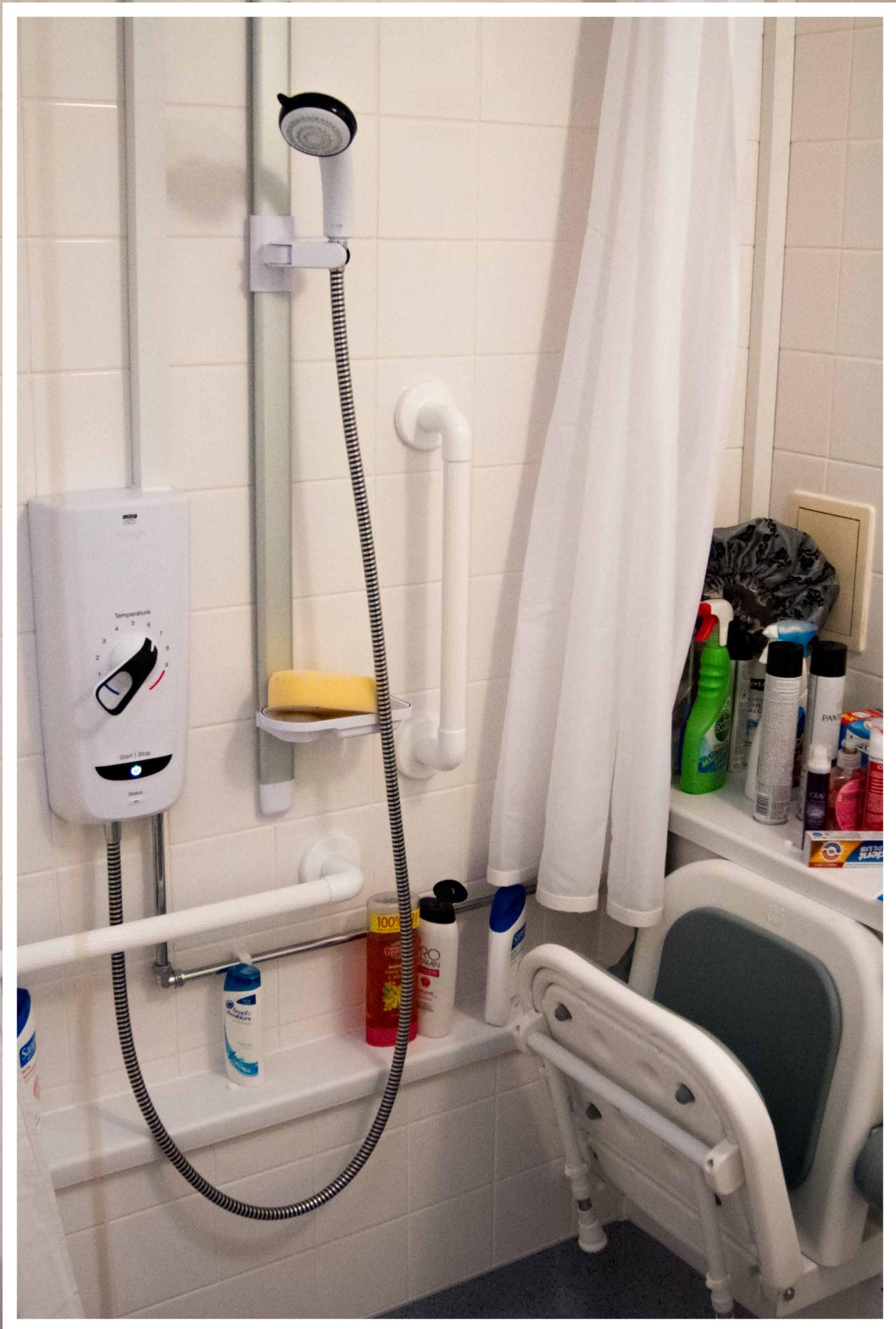
...strong evidence that home adaptations, particularly **small changes**, can **improve outcomes and quality of life for those in later life**. They are an effective and cost-effective intervention for preventing falls and injuries, particularly when **combined with necessary repairs** and home improvements, delivered in a **timely** manner, and **in line with people's personal goals**.

The Centre for Ageing Better further commissioned primary research into older people's experience of home adaptations, undertaken by Northumbria University, (Bailey et al, 2018) to find real-world examples of what people experience daily in their own homes.

### The research found

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...that **people delay making vital changes to their homes** because of the **clinical appearance** of adaptations and their **association with vulnerability and loss of independence**. Once the decision is made to adapt the home, people are largely unaware of how to access home adaptations, and the **process is so complex that even professionals struggle to navigate** it easily. While there has been an increase in funding, local authorities are experiencing **delays** due to a **lack of staff or contractor resources** to support the process. Despite these delays and complexities in the process, the **majority of participants experienced positive outcomes** having made vital changes to their home, including fewer falls, 'getting back to normal' and reclaiming their home and garden.



# Part 2

## Innovation and good practice in the provision of help with home adaptations

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In order to gather and share practical examples of how local areas can organise adaptations provision most effectively for all who would benefit from them, an open practice call was issued at the end of 2017-early 2018.

This part of the report describes the emerging picture of the elements which comprise 'good practice' in the provision of help with home adaptations, particularly from the perspective of older people and in terms of innovative use of Disabled Facilities Grant funding.

It includes brief descriptions of localities identified through the call whose practice is illustrative of a particular feature. There are also links to more detailed descriptions of each of the listed localities.

### 1. What does 'good' look like?

'Good' in the context of this report was primarily defined from the perspective of an older person who requires home adaptations, rather than based on the priorities of the funders and providers (e.g. to achieve particular service outputs or savings).

The starting point was an analysis of the current nationally recognised good practice guide (Home Adaptations Consortium, 2013), which was published (at government's request) to replace the official departmental Guidance concerning Disabled Facilities Grants (and which is referred to in complaints to the Local Government Ombudsman concerning DFG).

From this analysis an outline framework of the key factors of good practice was created and included in the Call for Practice. Headline factors that local providers were invited to cite in their submissions included:

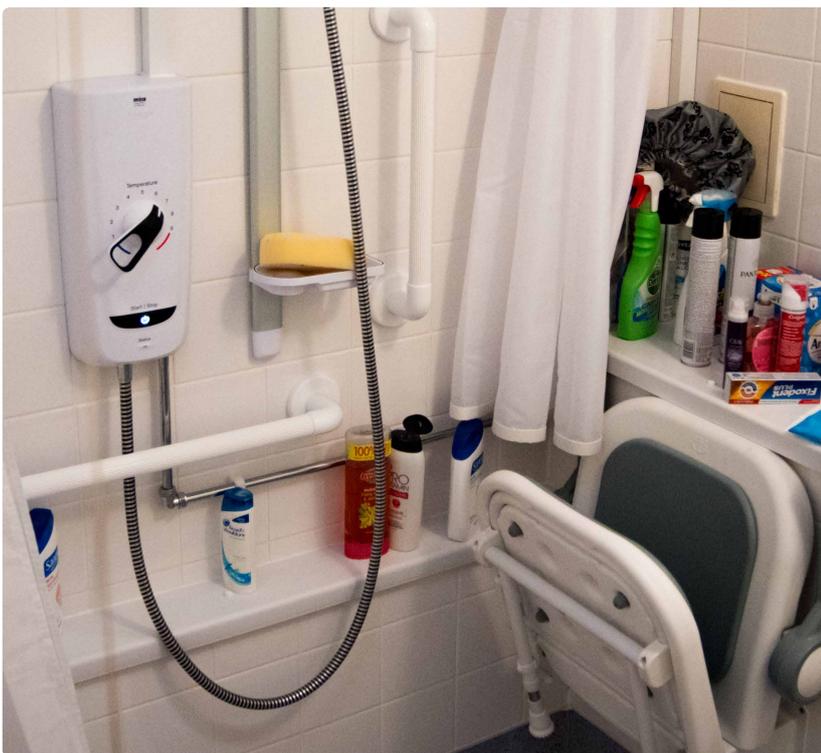
- Awareness raising, outreach and providing accessible information about adaptations
- Good communication with service users
- Integration with health and care
- Triage/fast-track initiatives
- Flexibility to reflect individual requirements and circumstances
- Help for self funders

- Planning and forecasting demand
- Allocation of sufficient financial and staff resources to meet need
- Systems to evaluate health and care outcomes
- Links to 'added value' services
- Culture of continuous improvement.

Details about each of these factors are included in **Appendix B**

This framework accords with many of the factors concerning what 'good' is as identified by Mackintosh & Leather (Macintosh and Leather, 2016) in their 2016 in depth study of the DFG system in England. Through interviews with older and disabled people who had had their homes adapted using a DFG, they identified key contributory factors. These included:

- Better targeting and outreach – people need to know that adaptations services actually exist and are easy to find
- Triage – can make a real difference to speed and effectiveness of DFG services
- Listen to service users – good communication is vital throughout DFG process
- Good Design – people wanted a reasonable amount of choice so that they can find a design solution that works for them
- Investment in better systems – improve ways to involve users e.g. using 3D displays on tablets or people looking at room settings in independent living centres
- Keep people informed – adaptations need to be delivered in reasonable timeframes and reasons given if there are delays
- Encourage 'Future-proofing' of homes – encourage more self funded preventative work before people reach a crisis point.



I don't want visitors to use my bathroom. My bathroom looks like it's for a disabled person and I don't want to look disabled.

The report noted these comments by DFG recipients as illustrative of the above points.

- I had information at an early stage
- I only had to ask for help once
- I was assessed by the right person at the right time
- I was given a range of options at the start
- I was consulted throughout
- I didn't have to battle for a solution
- I could assess myself if I wanted to
- I felt listened to and my needs were understood
- I didn't have to wait I didn't have to chase outcomes
- I felt valued and respected
- Nothing came as a surprise

The headline messages from Ageing Better's evidence review cited a number of findings that informed the defining of 'good' practice.

### **Adaptations Evidence Review: Practice related findings**

- There is good evidence that greatest outcomes are achieved when individuals, families and carers are closely involved in the decision-making process, focusing on individual goals and what a person wants to achieve in the home
- Available evidence finds that delays in installing adaptations can reduce their effectiveness
- There is good evidence that people can be put off installing adaptations until they reach a point of crisis, in part because they do not wish to change or 'medicalise' their home
- There is strong evidence that minor adaptations are particularly effective at improving outcomes and reducing risks when they are combined with other necessary repairs and home improvements, such as improving lighting and removing trip and fall hazards

In addition to the national Guidance, the Mackintosh and Leather study and the Centre for Ageing Better/UWE evidence review, we also sense checked the 'good practice' framework through drawing on the views of the Older People's Housing Champions ([www.housingactionblog.wordpress.com](http://www.housingactionblog.wordpress.com)) network members. The group had an open discussion in response to the headline question:

**'If you need your home adapted.....**

**From a personal perspective what are the key factors that would/does make a good adaptations service?'**

(This could be either adaptations that you pay for yourself or where you need them to be paid for with a grant/ provided free of charge.)

Key descriptor words and comments made during the debate were noted. These were then clustered and ordered into headline features. Again, these are all reflected in the practice call framework and accord with previous studies.

### **Priority aspects of home adaptations: Older People's Housing Champions**

- **Suitable** – impartial/ independent information and advice about what would suit me best
- **Transparent** – easy to find out about the help available, open and clear process, clear pricing, good communication etc
- **Simple** – process to get help, professionals listen to what I want/ my priorities
- **Speedy** – I get what I need when I need it; delivery/ installation is fast/ efficient
- **Trustworthy, good value** – good job, well done by a reputable contractor at a reasonable price

## **2. What does poor practice look like?**

Whilst the practice call invited local areas to tell us what had not worked well with regard to provision of DFG, unsurprisingly limited responses were received that addressed this question. Local areas were less active in sharing learning on what had not gone well and the barriers to improving practice.

One provider reported that their initiative to recycle stairlifts had proved non-viable in their case due to issues of storage and finding that most of the reclaimed lifts did not readily fit into other properties. Charging recipients of stairlifts an annual service charge for maintenance had also failed (not cost effective to chase significant level of non-payment).

Another area reported that bathing assessment clinics had proved very unpopular with disabled people who had preferred the OT to visit and assess their needs in their own home.

A useful source of information about shortcomings in local authorities' help with home adaptations, and disabled facilities grant specifically, is the Local Government and Social Care Ombudsman (LGO). The LGO investigates complaints about councils and social care providers. It is the body that individuals can turn to (after first complaining directly to their council) if they are unhappy with how their case has been dealt with.

In 2016 the LGO published a special Focus (Local Government Ombudsman, 2016) report, Making a house a home: Local authorities and disabled adaptations. This Focus report summarised the main areas of complaint and highlighted lessons that could be learned from the complaints received.

### **Common shortcomings included:**

- Delay in making a referral (primarily between the various parties at different stages of the DFG process e.g. initial referral source to OTs to EHOs)
- Failure to complete an OT assessment and make clear recommendations (particularly within legal and reasonable timeframe)
- Failure to consult other professionals (e.g. inter-relationship between the housing authority and the social services authority)
- Delay in the provision of disabled adaptations (again, highlighting the long delays in undertaking the adaptation, even when works agreed)
- Poor workmanship and delay in completing building works (poor site supervision etc.)
- Poor co-ordination between local social services and housing authorities (e.g. lack of clear procedures)
- Providing adaptations in private sector tenancies (noted as particularly problematic)
- Minor adaptations (issue of disputed definitions and confusion over the different legislative frameworks for provision of adaptations under £1,000 and over £1,000)
- Fast and straight forward
- The consequence for the disabled person of these shortcomings is a delay in provision of adaptations they need, as well as prolonging the difficult process of navigating the system of housing adaptations. This contrasts with the international evidence review finding that timely provision results in better outcomes [‘Available evidence finds that delays in installing adaptations can reduce their effectiveness’].
- Furthermore, the view of what ‘good’ looks like from the perspective of older people (described above) highlights timely installation and simple routes to provision as key factors. It is notable that many of the innovations reported in terms of good practice and innovation specifically tackle speed and simplicity of delivery.

### **Who decides?**

The other significant finding from the international evidence review was that:

- ‘There is good evidence that greatest outcomes are achieved when individuals, families and carers are closely involved in the decision-making process, focusing on individual goals and what a person wants to achieve in the home.’

When the LGO cases are further examined, what a disabled person wants and expects with regard to adaptations to their home vs the adaptation that the OT assesses as being ‘necessary and appropriate’ emerges as an area of considerable dispute, and also one of the causes of delay in a timely service.

The LGO is charged with investigating complaints where LAs have failed to follow the law and associated guidance e.g. with regard to DFG decision making timeframes, system and process. However, disputes between the disabled person and LA concerning the technicalities of professional assessment of adaptation needs (assuming due processes have been followed) are outside the remit of the LGO.

A search of the LGO cases concerning DFG where the complaint was not upheld reveals that this is an area that does result in significant conflict. Even where there is a complaints system within the local authority, the decision is usually made by members and officers of the authority, and the absence of an impartial appeals system remains an issue for DFG applicants.

A number of the good practice initiatives identified through the practice call do reflect efforts to address this issue, with light touch assessment and fast installation systems that reflect trust in the disabled person to identify their priority and the installation that will enable the best outcomes from their perspective.

### **3. Practice Call Process and Response Summary**

An open call for good practice in the provision of home adaptations for older and disabled people was first issued in December 2017. It was widely promoted via an extensive range of networks (local authorities, home improvement agencies, specific professions – environmental health, occupational therapy, social housing, through older people's networks and organisations working with older and disabled people). A second wave of promotion was undertaken in January 2018.

43 localities responded to the open practice call and related emails. All 43 local contacts were followed up with in depth telephone interviews and where there appeared to be good practice that met the defined criteria, the locality was sent a pro-forma to complete. The requisite information was subsequently received from 24 localities.

Completed forms were then further assessed and, where judged to be potentially significant exemplars, a site visit and meeting was organised to further explore the practice described.

Following these documented site visits a further analysis was carried out to agree selection of exemplars for inclusion in this report.

Our working assumption, confirmed by the practice call findings, is that no single locality has the ideal model with regard to DFG or home adaptations provision. However, the combined elements provide a useful picture of the constituents of good practice from the perspective of older people, as described above.

In this report we are therefore highlighting the elements of good provision and illustrating these with related practice in the localities.

The more detailed description of each individual local service is available as a separate (linked) document.

## 4. Good practice findings

The majority of respondents were local authorities, most from in-house home improvement agencies. In addition there were two independent HIAs, one housing association managed HIA, plus three social housing providers who undertake and fund home adaptations for their tenants.

Where available, in addition to the submission made by the locality in response to the practice call, the local DFG and adaptation related policy was examined to identify the various aspects of delivery. Provision is summarised in Table 1 below.

The table below notes each locality's 'headline' exemplar feature(s), provides a link to the detailed locality description and, where available, a link to the local DFG policy.

**Table 1: Exemplar localities**

Locality/organisation	Headline DFG/ adaptation feature(s) introduced
<b>Brent Council</b> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision
<b>Brighton &amp; Hove City Council</b> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision
<b>Bristol City Council</b> <a href="#">Local area profile</a>	Range of related support, fast track/ streamlined processes
<b>Care &amp; Repair Manchester</b> <a href="#">Local area profile</a>	Raising awareness Health/ care integration, linked home repairs
<b>Cornwall Council</b> <a href="#">Local area profile</a>	Raising awareness, volunteer involvement Health/ care integration
<b>County Durham Housing Group</b> <a href="#">Local area profile</a>	Housing provider installs/ meets cost of tenants' adaptations
<b>Harrow Churches Housing Association</b> <a href="#">Local area profile</a>	Housing provider installs/ meets cost of tenants' adaptations
<b>Kent West Councils</b> <a href="#">Local area profile</a>	Hospital discharge scheme
<b>Knowsley</b> <a href="#">Local area profile</a>	<ul style="list-style-type: none"> <li>comprehensive range of co-located services,</li> <li>service user involvement</li> </ul>
<b>Middlesbrough Council</b> <a href="#">Local area profile</a>	Range of discretionary provision Health/care integration, Prevention, Hospital based service
<b>Care and Repair Newcastle</b> <a href="#">Local area profile</a>	Accessible information Fast track equipment provision
<b>Norfolk District Councils</b> <a href="#">Local area profile</a>	Faster hospital discharge initiative
<b>North Kesteven District Council</b> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision
<b>Onward Homes</b> <a href="#">Local area profile</a>	Housing provider installs/ meets cost of tenants' adaptations
<b>Oxford City Council</b> <a href="#">Local area profile</a>	Raising awareness Range of discretionary/ DFG related provision Health/ care integration
<b>Peterborough City Council</b> <a href="#">Local area profile</a>	Adaptation provision part of wider strategic planning Focus on prevention and early intervention

<a href="#">Portsmouth City Council</a> <a href="#">Local area profile</a>	Streamlined systems to speed up delivery Range of discretionary/ DFG related provision
<a href="#">Rochdale Borough Council</a> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision Housing/ social care integration
<a href="#">Salford NHS</a> <a href="#">Local area profile</a>	Adaptations provision as part of NHS
<a href="#">St Helens Council</a> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision Accessible information Health/ care integration, hospital avoidance initiative
<a href="#">Sunderland City Council</a> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision Survey of impacts on adaptation recipients
<a href="#">West of England Care &amp; Repair</a> <a href="#">Local area profile</a>	Home from hospital scheme, addressing hoarding initiative Self funders provision
<a href="#">White Rose agency [Scarborough &amp; Ryedale]</a> <a href="#">Scarborough Policy</a> <a href="#">Local area profile</a>	Range of discretionary/ DFG related provision Rural area remote working
<a href="#">Yorkshire Housing</a> <a href="#">Local area profile</a>	Falls prevention initiative with NHS Self funders service

**In Appendix C there is a more detailed table that shows which of the localities has introduced policy/ practice that addresses the following features:**

- Small adaptations – no charge/ no means test
- Linked repair grant/ loan
- Relocation/ help/grant/ loan
- Hospital discharge linked
- Other Health/ Care linked provision
- Handyperson
- Outreach/ housing options info & advice
- Alternative assessment e.g. OT / trusted assessor
- DFG top up/ discretionary grant
- Cold/ fuel poverty linked
- Dementia linked

## Structure

In this section we consider the factors which constitute ‘good practice’ from the perspective of the individual older person, noting where relevant the localities which have innovated or introduced provision to address that particular element.

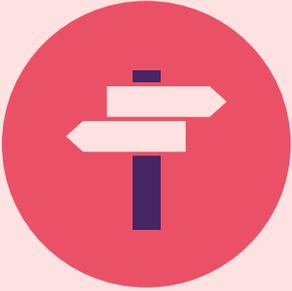
**There are three overarching elements of good practice which are:**

- 1. Raising awareness of what is possible**
- 2. Helping older people navigate the system**
- 3. Speedy delivery of home adaptations**

## Good practice factors

The reported DFG/adaptations/private sector housing policy and practice in a number of exemplar local authorities straddled a range of good practice factors.

Where available, in addition to the submission made by the locality in response to the practice call, the local DFG and adaptation related policy was examined to identify the various aspects of delivery. Provision is summarised in Appendix C, Table 2.



### 1. Raising awareness of what is possible

**Examples** → [click link to see local area profile](#)

- ⊕ Oxford
- ⊕ Cornwall
- ⊕ West of England
- ⊕ Knowsley
- ⊕ St Helens
- ⊕ Manchester
- ⊕ Middlesbrough

### Awareness raising & outreach

#### Examples:

- Pro-active awareness raising about possible home adaptations/ later life housing options
- Easy access e.g. local HIA, 'One Stop Shop'

In the context of a quantified mismatch between available resources and potential demand for DFG, one way that some LAs have 'managed' demand is to minimise promotion of the availability of DFG. However, the doubling of the national DFG funding, as well as increasing recognition of the important preventative role that home adaptations can play for the NHS and social care services, means that some local areas have taken positive steps to raise awareness of the availability and benefit of home adaptations, as well as DFG amongst both older people and professionals.

#### Pro-active awareness raising & outreach

The home improvement agencies – West of England Care & Repair, Middlesbrough Staying Put, Cornwall Home Solutions and Manchester Care & Repair have been at the forefront of pro-active awareness raising about later life housing options, outreach and promotion of help with home adaptations (which pre-dates the increase in national DFG funding). All have worked with national awareness raising initiatives, either as part of Elderly Accommodation Council's FirstStop ([www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)) information and advice networks and/ or Care & Repair England's Silverlinks ([www.silverlinksprogramme.wordpress.com/about](http://www.silverlinksprogramme.wordpress.com/about)) programme.

Their services include input by older volunteers (WECR, Cornwall, Manchester), giving talks and running housing information sessions in a wide range of settings e.g. at older people's groups/meetings, medical centres/ hospitals etc. All offer information and advice about alternative housing options, related services, welfare benefits etc. as well as about possible home adaptations and moving home assistance.

In the light of the DFG increase and a wider review of their adaptations service offer, Oxford City HIA has undertaken a major local publicity campaign to raise awareness of possible home modifications and related services.

In Rochdale the agency pro-actively contacted past recipients of DFGs for stairlifts to offer help with repair/ replacement/ related assistance.

### **Independent Living Centres**

Display centres where older and disabled people can view possible home adaptations and equipment, as well as accessing a range of related services, are operating in Knowsley (the Knowsley Centre for Independent Living) and Bristol/ Weston super Mare (West of England Care & Repair's Home Independence Centres).

The Knowsley Centre for Independent Living (CIL) was established by the local authority in 2011 as a result of older and disabled people being actively engaged in service planning. A wide range of services are co-located, including an equipment store with repair and recycling facility, a showroom, assessment facilities, meeting rooms, offices and access to an online shop for purchase of mobility aids and equipment.

The Bristol showroom includes bathroom displays, raised-level kitchens, a variety of stair lifts and a working through-floor lift as well as a range of equipment. It is used by the council's occupational therapy team to carry out bathing assessments, which not only saves OT travel time, but also provides people visiting the centre with the opportunity to look around and find out about items and modifications that can support independent living at home.



People actually don't know that these services are out there. And also how to access them. You don't get taught, at any point in your life, how to become an older person. It just sort of happens, you know, if you have a child, you've got your health visitor and they explain what you're supposed to do. You become old and no one is there telling you.

**Source:** Homes that help



## 2. Helping older people navigate the system

**Examples** → click link to see local area profile

- ⊕ Newcastle
- ⊕ Cornwall
- ⊕ St Helens
- ⊕ Yorkshire Housing
- ⊕ West of England
- ⊕ Middlesbrough
- ⊕ Oxford
- ⊕ Manchester

### **Providing accessible information** (including I&A for self-funders)

Examples:

- Accessible information & advice in range of formats, existence of service/ adaptations is promoted to wider older people/ professionals/ carers etc
- Flexibility / connected to range of referral routes

### **Providing adaptations and related Information and advice**

(including moving home options and practical help)

A number of local agencies (**Appendix C, Table 2**) note that as part of their service offer they provide older people with information and advice (I&A) about home adaptations, including for those who are not eligible for a DFG or other means tested financial assistance.

The breadth of this I&A varies, as does the extent of the support to implement the housing or adaptation decision (e.g. practical help to move home). A significant number of the exemplars do list relocation grants as part of their offer – **Appendix C, Table 2**. Some localities have worked with older and disabled people to review the quality of the information they provide. The Oxford City HIA produced a series of printed information brochures in partnership with older people. Newcastle HIA worked with service users and members of the Elders Council of Newcastle to redesign their online information

### **Information, advice and assistance for self funders**

Being able to access impartial information and advice, and in some instances obtain help to make changes to the home irrespective of eligibility for statutory funding (DFG) for home adaptations, has been highlighted by older people as a valued feature.

Most (not all) of the localities which offer I&A provide assistance to those who are paying for home adaptations using their own resources. St Helens specifically mentions help for self funders, as does Middlesbrough, who offer loans to make homes decent. In addition to the localities listed in Table 2, Yorkshire Housing HIA reported that it had set up a HandyTec service to meet this growing need. WECR describe their bathroom modification service, which includes a free and comprehensive assessment by an independent occupational therapist as well as full technical service, overseeing works to completion.



### 3. Speedy delivery of home adaptations

⊕ The policy and practice innovation in virtually all areas aims to speed up delivery in some way

#### Examples

- No means test/ triage systems/ varying/ proportionate administrative systems for different
- Types of work, e.g. under/ over certain cost/ particular work types e.g. stairlifts, showers
- Alternative/ proportionate assessment systems e.g. Trusted Assessors, in-house OT/ OTA etc

The majority of the responses to the practice call were highlighting innovations that address the issues of speed of delivery and flexibility in provision of appropriate adaptations. As **Appendix C, Table 2** shows, the most commonly cited changes were:

- Introduction of non-means tested, fast track grants for adaptations under a certain value (range £5,000 to £8,000) and/ or particular type (e.g. stairlifts, bathing)
- Faster assessment by occupational therapist/ other staff/ assessment system changes  
Examples include – Brent (OT triage), Brighton and Hove (fast track no OT assessment) Cornwall (co-located/in-house OT+ freelance OT), North Kesteven (fast track installation at request of health care professional), Oxford (in-house housing OT) Peterborough (total service re-organisation), Portsmouth (triage OT/ devolved decision making), White Rose (trained HIA staff to be trusted assessors/ freelance OT)
- Procurement innovation to speed up adaptation completion  
Specifically mentioned – Bristol, Scarborough & Ryedale, Sunderland
- Block contracting of equipment/ particular adaptations  
Specifically mentioned – Newcastle equipment loan scheme, Sunderland block contracting of stairlifts and other equipment

Some of the impetus for faster delivery has come from the drive to integrate health, care and (in some cases) housing provision. For example, in the case of hospital discharge there are initiatives to reduce transfers of care delays through rapid installation of adaptations and equipment.

These specific health related initiatives are described in the section below.

## Good practice features

In this section we examine a number of specific good practice features that help to achieve the overarching aims of making adaptations provision accessible and timely.



### Involving older people in service design

**Examples** → [click link to see local area profile](#)

[+ Knowsley](#)

[+ Middlesbrough](#)



### Inc. home adaptations in strategic planning

**Examples** → [click link to see local area profile](#)

[+ Peterborough](#)

[+ Middlesbrough](#)



### Integrate adaptations with health and care

[+ Virtually all localities have introduced some aspect of integration with health and care](#)



### Linking adaptations with home repairs

**Examples** → [click link to see local area profile](#)

[Most localities have introduced some linked assistance with home repairs, but in particular note](#)

[+ Manchester](#)

[+ Brent](#)

[+ Middlesbrough](#)



## Working with handyman services

**Examples** → [click link to see local area profile](#)

- ⊕ [Brent](#)
- ⊕ [Brighton & Hove](#)
- ⊕ [Manchester](#)
- ⊕ [Middlesbrough](#)
- ⊕ [Oxford](#)
- ⊕ [St Helens](#)
- ⊕ [Sunderland](#)
- ⊕ [West of England](#)



## The role of social housing providers

**Examples** → [click link to see local area profile](#)

- ⊕ [Harrow Churches Housing Association](#)
- ⊕ [County Durham Housing Group](#)
- ⊕ [Onward Homes](#)



## Taking a preventative approach

- ⊕ [Most localities have introduced preventative adaptations](#)



### Good Practice Factor: **Involving older people in service design**

The Knowsley Centre for Independent Living (CIL) notes that it was set up in response to older and disabled people's engagement in service planning. Involvement of service users has continued well beyond initial establishment of the CIL with regular meetings and engagement events taking place at the Centre.

Middlesbrough Staying Put involves service users in the review and development of its services, including organising twice yearly meetings with the local Older People's Partnership.

Newcastle Care & Repair describes its work with the Elders Council of Newcastle Care and service user involvement in research about the importance of the home to older people and the effectiveness of home adaptations.



### Good Practice Factor: **Include home adaptations in strategic planning**

Peterborough City Council commissioned the Building Research Establishment (BRE) to provide an estimate of the housing stock in terms of current accessibility, its adaptability (using DFG or other sources) and new build accessible homes requirement based on local population projections. The resulting findings enabled a more prominent position for the importance of home modification services in strategic planning and partnership working.

In Middlesbrough the Housing Strategy 2017-2020 is closely linked to plans for health improvement, which in turn focuses on prevention. In both policies the role of home adaptations and the services delivered by the local authority's Staying Put agency are strongly highlighted.



### Good Practice Factor: **Integrate adaptations with health and care**

See all localities listed in **Appendix C, Table 2**, and in particular localities: Salford, West Kent, Norfolk, Yorkshire Housing.

National government funding for home adaptations (DFG specifically) is paid to local authorities via the Better Care Fund (BCF). The wider agenda of the BCF includes encouraging service integration across health and social care (with some mention of housing and specifically to reduce delayed transfer of care of patients out of hospitals (DTCO)).

Consequently, establishing the role of home adaptations in reducing DTCO has been a driver for system review and funding changes in a number of areas. **These include:**

- Introduction of a specific fast track home modification grant to speed up hospital discharge – e.g. Brent, Brighton & Hove, Bristol, North Kesteven, Oxford, Peterborough, Rochdale, Scarborough & Ryedale

- Introduction of related fast track system for hospital patients – e.g. Cornwall, North Kesteven, St Helens
- Location of home adaptation/ DFG system linked staff in hospitals – e.g. Cornwall, Middlesbrough, Norfolk, WECR (evaluated innovation), West Kent (evaluated innovation)

Manchester Care & Repair has contracts with Manchester hospitals to contact every older person who is discharged from hospital to their own home to offer practical support services, including housing related interventions (safety/ falls check/ adaptations/ I&A etc).

In Salford the home adaptations service has been transferred into the Salford Royal NHS Foundation Trust and re-titled Accessible Accommodation Team.

Other initiatives are aimed at preventing hospital admissions and/ or improving health more generally. **These include:**

- Emergency intervention to avoid hospital admission after a fall e.g. St Helens Hospital Avoidance Car (evaluated innovation)
- Health improvement/ reduced risk to health (e.g. falls) through housing intervention grant e.g. Brent, Peterborough, Middlesbrough, Oxford, Rochdale
- Falls prevention through direct home installations e.g. Yorkshire Housing, plus other handyman services listed in Appendix C, Table 2.
- Also note the palliative care innovation localities listed above (Oxford, Portsmouth, St Helens, Scarborough, Sunderland).



### Good Practice Factor:

#### Linking adaptations with home repairs

The cessation of specific funding to address disrepair in private sector housing in 2010 has limited the extent to which housing authorities have been able to support low income older householders whose homes are in a poor condition. This in turn has consequences for the health of those housing occupants as many housing defects directly impact on many of the most common health conditions (Nicol et al, 2015).

The additional funding for home adaptations, the wider Better Care Fund and related policy aims concerning integration and prevention, plus local authorities' greater flexibilities in terms of grant funding for housing interventions have all resulted in some areas developing new forms of assistance to remove housing defects that can affect health. In some instances these modifications are directly related to home adaptations provision e.g. linked Category 1 Hazard removal in Brent.

The initiatives in the localities listed in Appendix C, Table 2 ('Linked repair grant/ loan') are often connected to health improvement policies (e.g. Middlesbrough). Where a grant is offered the listed range in the examples is £5,000 – £8,000.



## Good Practice Factor: Working with handyman services

Handyman services providing low cost, accessible, direct help with minor adaptations and small repairs are very popular with older people and have a high cost benefit profile (Adams 2018). Many of the good practice localities included support for handyman services to deliver minor adaptations in their policy (**Appendix C, Table 2**), and all of the social housing providers (see below) operated a handyman scheme for minor adaptations. Such schemes are increasingly linked to hospital discharge or fast track interventions, often undertaking free home safety check and falls prevention measures (e.g. Brent, Brighton & Hove, Middlesbrough).



## Good Practice Factor: The role of social housing providers

One of the more contentious areas with regard to home adaptations concerns the roles and responsibilities of social landlords. A growing number of authorities are seeking local agreements with social housing providers which set out shared responsibilities for adaptations provision, e.g. agreeing which adaptations the landlord will undertake, share the cost of etc. The Chartered Institute of Housing made recommendations around this and some localities have tried to set up a common framework, however different regulatory systems and social landlords v local authority obligations related to DFG have made that challenging (Mackintosh and Leather, 2016).

Through this call for practice we identified three social housing providers who demonstrated good practice from the perspective of older tenants who require adaptations, all offering rapid, easily accessed and directly funded provision.

- Harrow Churches Housing Association – all minor adaptations are organised and delivered by HCHA's Adapt team (all trained as Trusted Assessors) with no charge to tenants. Aim is to provide a fast, efficient response – works for hospital discharge cases are carried out on the same day.
- County Durham Housing Group – made the provision of aids and adaptations a priority service for tenants and set a dedicated budget. There is a direct delivery team for minor works, a simple system for installing medium adaptations (up to £10,000), and a clear arrangement for agreeing works above £10,000, including use of in-house occupational therapists.
- Onward Homes – rapid delivery minor adaptations system in place which is fully funded by Onward Homes, as are the majority of adaptations costing up to £10,000, with varying arrangements for those above £10,000.

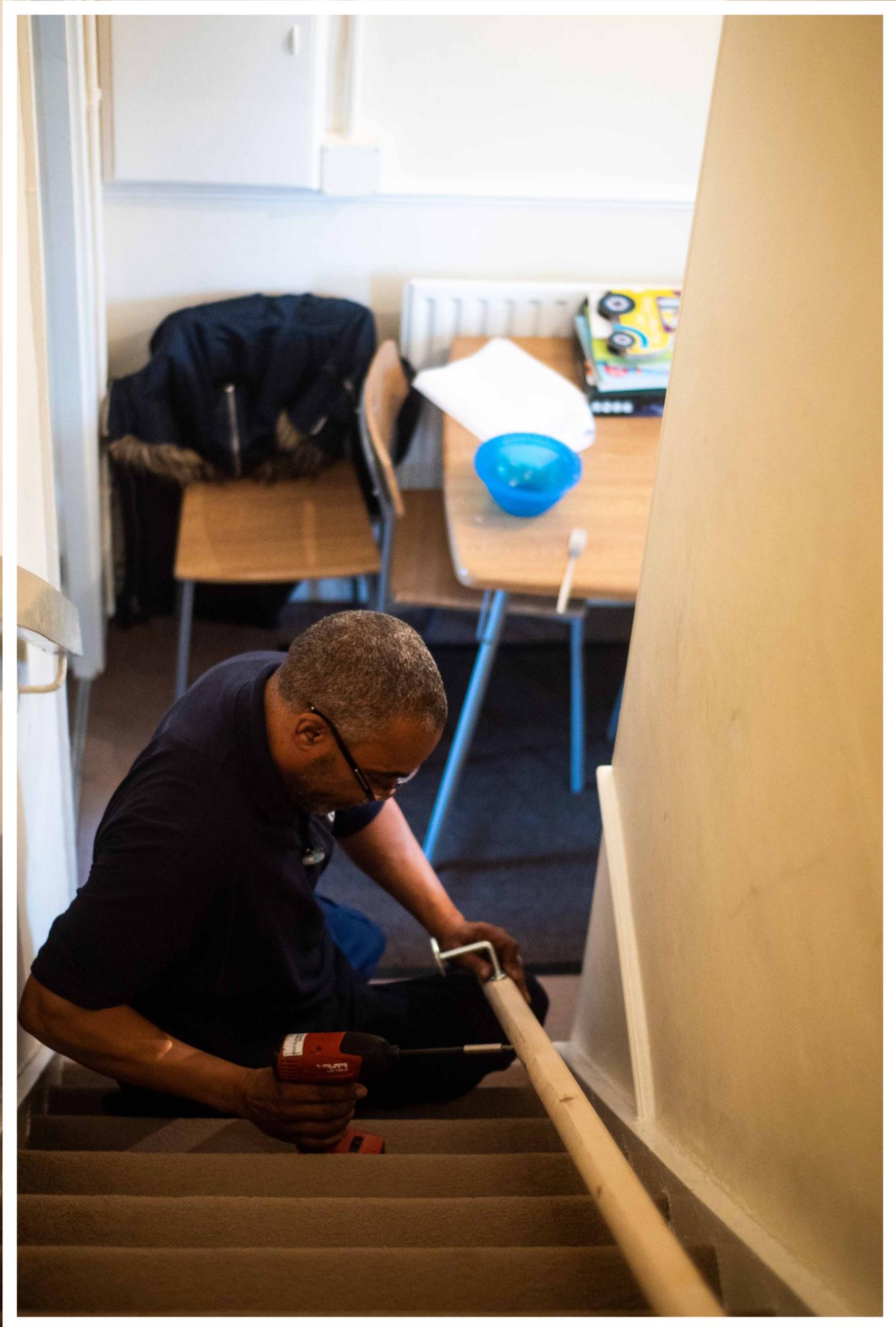


## Good Practice Factors: Taking a preventative approach

A number of localities had introduced measures to prevent escalation of care needs. Through a proactive approach they are taking preventative action to raise awareness of options and helping to ensure that home adaptations are carried out prior to a crisis occurring.

Brent listed its initiative to address the rising problem of adaptations in the private rented sector, whilst Oxford had introduced a **property MOT** to identify anticipated repairs and adaptations needed.

Clearly if all new homes were built to accessible standards the future need for home adaptations would reduce and Portsmouth noted their **pre-emptive action** to future proof new homes.'



# Part 3

## Conclusions

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This call for practice has revealed both specific local innovations and also some common features in terms of the ways that localities are working to improve provision of home adaptations for older people.

Clearly there is no 'silver bullet' and no one locality has every single piece of the jigsaw in place. However, combining all of the features identified through this call would produce an excellent service.

One of the questions that the practice call sought to address through the site visits and interviews, was why do some localities innovate and improve provision but not others? There are 326 housing authorities in England (201 district councils, 125 unitary). In this report we have documented activity in a range of localities (24) spread across diverse areas of the country, from Cornwall to Newcastle upon Tyne, but what about the others?

This was a reactive, open call hence reliant upon localities telling us about their innovation. There are undoubtedly other good examples out there that did not choose or have the time to respond. Nevertheless, from contact with a range of networks it does seem that real innovation in adaptations provision is the exception rather than the rule.

So what are the enabling factors (and obstacles) to home adaptations provision improvement?

### 1. Drivers for innovation and good practice

#### Additional funding for DFG

All localities commented on the importance of the additional national government DFG funding in enabling them to put ideas and plans for adaptation service improvement into action.

Whilst extra money was undoubtedly not the only factor, a specified level of funding clearly earmarked to deliver mandatory provision was often instrumental in improving delivery.

Whilst the BCF as a payment route was not without its challenges (e.g. delayed publication of plans and/or payment of monies for DFG) a specified level of funding for DFG which is clearly set out (and reinforced by letters from government departments) was considered an important factor.

Extra capital grant for DFG without additional revenue funds to enable providers to increase staffing to deliver more adaptations assistance was mentioned as an issue. However, in some places this too had been a stimulus for changing ways of working, spreading a thin staffing resource and literally doing more with less.

## Funding Stability

In 2015 the level of national government funding for DFG was set out for the next four years (2016-20) with a doubling of the overall allocation. This was useful to localities in terms of planning for change. Conversely, with the approaching 2020 Spending Review and a review of the Better Care Fund comes uncertainty about future of DFG funding (amounts and payment systems), and this was mentioned as a concern.

The significant improvements in provision that this report identifies are potentially at risk should either the mandatory nature of adaptations provision or the earmarked funding be lost.

## People

As well as money, a critical driver for change was undoubtedly individual people. Committed, driven individuals with the power to influence and bring about change were crucial.

'The new HIA manager has within a short time managed to shine a light on this service area and achieved a radical difference to the way that [adaptations] assistance is structured and delivered to the benefit of our customers'

There needed to be a combination of a person (or people) with a working knowledge of the subject of DFG and home adaptations, a broader perspective in terms of what is possible, plus an understanding of the logistics of bringing about change, alongside a higher level manager receptive to and supportive of that change.

'Bring in people with a wider perspective who think outside the constraints of their profession. Someone from wider housing/ planning sectors who has reached out, talked to communities, parish councils and others about what the issues are for older and disabled people, who then thinks creatively about solutions, makes all the difference.'

'Having a knowledgeable, driven individual operating at a high enough level in the authority who is brave enough to stand up for change, for innovation, is very important.'

It also helped where there was support at elected member level e.g. a portfolio holder. The top level culture and 'philosophy' of the local authority with regard to its role in improving its citizens' lives was important.

'Our staff are driven by the desire to have a positive impact on lives. They can be frustrated by the constraints that flawed systems impose, so it is important to listen to their ideas and suggestions for how systems could work better.'

As a result of large funding reductions, local authorities are facing major challenges and having to make extremely difficult decisions, all of which is dispiriting for the individuals involved. Good news is a welcome change, and the positive impacts on the lives of significant numbers of disabled people resulting from a relatively modest level of DFG expenditure is a message that it is important to convey.

'Our film, which graphically brings home the reality of being disabled, continues to have a major influence on decision makers'

## Local profile, external support and wider networks

In some instances there were useful local driving forces, such as the high profile that the Elders Council of Newcastle have developed and their longstanding positive working relationship with the local authority (members and officers), and housing specifically.

Support for innovation from related parties in positions of influence also helped to drive change, e.g. senior figures in the NHS, ASC, Public Health who are supportive of prevention and recognise the key role of housing as a wider determinant of health e.g. Peterborough, Middlesbrough, Cornwall.

In other places the impetus for integration and the specific priorities of the Better Care Fund e.g. addressing delayed transfers of care had been a driver e.g. Norfolk, Salford, West Kent.

## National factors

In the grand scheme of public expenditure home adaptations and DFG budgets are small and the profile and priority of the DFG is limited. Positive statements and policy comment about the importance and value of home adaptations and DFG is therefore welcomed by localities who have to work hard to gain local recognition of the impacts of their service.

Looking at areas with more devolved powers and service integration, the positioning and profile of home adaptations in places such as Greater Manchester Combined Authority will be a useful indicator and potential driver for change.

At a legislative level, the combination of the mandatory nature of DFG and the flexibilities given to local authorities through the 2002 Regulatory Reform Order were useful to local innovators.

## Evidence of impact

There was a near universal appetite for better evidence, with localities keen to be able to quantify outcomes and demonstrate benefits. However, there was a lack of expertise and capacity, as well as some concern that whilst adaptations were effective preventative interventions (and clearly improved people's lives) this may not be valued in the face of a shift to reactive, crisis intervention.

A number of localities were making efforts to demonstrate the impacts of their improved services, or at least show the outcomes resulting from certain aspects of delivery changes

e.g. effects on DTOC, resulting savings to NHS etc. Many recognised that in the face of greater integration across health, social care and (hopefully) housing, this proof of effect and cost benefits becomes more important.

## 2. What hinders innovation and improvement?

The converse of each of the above factors hinders innovation and improvement i.e. insufficient funding, uncertainty about the future, absence of individuals keen to drive change, lack of support from higher level for those innovators, negative or inward looking organisational culture, weak networks and lack of evidence of impact.

'Not having a place at the 'top table' when it comes to setting spending and delivery priorities is a major obstacle to improving provision of home adaptations.'

'Local authorities are risk averse, but to change systems you need staff who are brave enough to challenge the status quo – you need to employ (and support) risk takers, people who are driven to make a change to the lives of service users.'

### Structural issues

A number of factors emerge as hindrances (albeit ones that some pioneer localities have overcome) including:

- Expenditure by one organisation/ body e.g. LA housing authority, results in fiscal gains for another e.g. NHS, Social Care (especially, but not exclusively, in two tier areas)
- Loss of expertise and knowledge – austerity has resulted in large scale redundancies and many of the more experienced staff have been lost
- Barriers of language, culture (and IT) as obstacles to effective working across housing, health and social care
- Political ambiguity in some instances about provision of adaptations
- Conflicting pressures e.g. in social housing with perceived tensions between enabling older person to remain in their longstanding home vs pressure on waiting lists
- Rigid professional boundaries and inflexible practices
- Commissioning
  - For some innovative providers the whole area of contracting and commissioning practice was problematic and a significant barrier to innovation and improvement. Short term contracts, output focussed commissioning, lack of holistic provision and segmented contracts (e.g. separating out minor adaptations, handy person, information and advice, larger adaptations, repairs and maintenance, support for specific client groups etc) were all barriers to improved delivery.
- Issues around tenure: Whilst there are efforts by some providers to work towards a system of help with home adaptations that are 'tenure neutral', trying to ensure that older and disabled people have equal access to assistance whatever tenure they live in, this is not without its challenges.

- As noted above, and as is illustrated by the practice call examples, there is a wide variety of practice in the social rented sector in terms of both the practical help that social landlords provide for their tenants, and also the ways that they co-operate with DFG systems. What has emerged from analysis of the DFG national data is that a rising proportion of the DFG budget is being used by social housing providers as growing numbers refer their tenants for DFG or make DFG applications on tenants' behalf.
- In terms of disabled and older people living in private rented homes, there are major obstacles to help with home adaptations, ranging from property unsuitability (e.g. multi-story property conversions, space and construction standards) to insecurity of tenure, and reluctance of landlords to give permission.
- All of these factors are obstacles to even the best local providers of help with adaptations being able to offer help with adaptations for people in all tenure types.

### **3. Increasing divergence of provision**

One of the consequences of the flexibilities that local authorities have with regard to provision of help with home adaptations is the increasingly diverse range of assistance for low income older people. Some now have access to excellent provision, and given some of the outreach efforts, are also more likely to hear about possible options.

Others have far fewer sources of assistance, other than the mandatory DFG and Community Equipment provision, potentially with long waiting times and complex processes.

From the perspective of national charities, it becomes harder to offer definitive information and advice about home adaptations help to disadvantaged older people facing difficulties with living independently at home.

In terms of integration of home adaptations provision within the NHS this diversity may be more problematic. Understandably with regard to health care, there is a strong culture of seeking to create a consistent standard of the best possible care. NICE guidelines are in place for nearly every condition and treatment pathway, there are many national targets and extensive performance measurement.

This contrasts with local government services in general and home adaptations provision in particular, where the culture of localism has been engendered for nearly a decade.

### **4. What could help to drive wider uptake of good practice?**

In the short term, confirmation of the continuation of the DFG as mandatory provision (with the flexibilities in how monies can be best used for home adaptations) combined with earmarked funding from national government would be helpful.

This would not only encourage more local areas to take up good ideas for improved adaptation provision, but would also help to secure the future of the documented good practice identified in this report.

In the medium term it would be useful to consider options for home adaptations provision performance measures as part of the Better Care Fund (or whatever form this takes in the future).

Embedding housing more generally and adaptations specifically in the emerging 10 year plan for the NHS could potentially be a useful driver for change.

Inclusion of home adaptations to extend safe, independent living in the forthcoming Adult Social Care Green Paper could be an important national policy endorsement of this area of provision. This is particularly important with regard to provision of impartial information and advice about planning ahead for later life (for people with resources to make changes as well as those who need help), including encouragement and incentives for home modifications prior to crisis.

At a local level, the problems noted above with regard to competitive tendering for segmented, output based, short term contracts in the field of home adaptations and related provision for older people needs to be addressed.

The recommendations in the government's recent Civil Society Strategy (Cabinet Office, 2018), including increasing social value commissioning, wider application of the Social Value Act and revival of grants for third sector organisations should be implemented as soon as possible.

Finally, taking the (very) long view, there would be a reduced need for home adaptations, and any necessary adaptations would be simpler or less expensive, if all new homes were built to accessible homes standards.

# Appendix A

## The Disabled Facilities Grant

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### What is a Disabled Facilities Grant (DFG)?

- The DFG helps to pay for the essential home adaptations which can give disabled people better freedom of movement into and around their homes and provide access to essential facilities within the home.
- The most common adaptations facilitate access to the bathroom, bedroom, living room and kitchen plus access into and out of the property. The DFG also pays for adaptations to make the home safer for the disabled occupant e.g. improved lighting, heating etc.
- The most common adaptations are to bathrooms and for stair lifts/ramps/step access.
- DFG is a mandatory grant i.e. people have nationally defined legal rights concerning its provision.
- DFG is means tested for adults (not for children). Only income and savings are taken into account in assessing financial eligibility. The value of the home is not taken into account, nor are the financial outgoings of the applicant.
- An estimated 60% of DFGs are awarded for adaptations to the homes of older people (65 years+).
- The grant is managed by the local council which has housing responsibilities [this is not always the same council that is responsible for social care].
- Most DFGs are less than £5,000 (Mackintosh & Leather (2016) noted that 58% of grants were up to £5,000, 34% in the range £5,001-£15,000, and 8% in the range £15,001 to £30,000).
- The maximum mandatory DFG is £30,000, but local councils have the discretion to provide extra funds for adaptations which cost more than the DFG limit. This may be either a grant or a loan (i.e. a charge is put on the property).
- Both home owners and tenants can apply for a DFG. In the case of the former a grant repayment charge may be placed on the property to recoup some of the grant when the property is sold. This is a matter for each local council to decide.
- In the case of social housing tenants, there may be alternative funding arrangements to provide home adaptations e.g. met by/ with a contribution from the social landlord.
- Increasingly in areas of housing shortages, landlords and councils may suggest that a disabled person should move to a more suitable home which requires less or no adaptation as an alternative to adapting the current property. A grant towards the cost of moving home may be offered in such instances but this is discretionary.

# Appendix B

## A framework for identifying home adaptations good practice

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This is the framework used in the promotion of the call for practice and assessment of submissions. It is based on analysis of the current Home Adaptations Good Practice Guide.

### Awareness raising, outreach and providing accessible information about adaptations

- Accessible information & advice in range of formats, existence of service/ adaptations is promoted to wider older people/ professionals/ carers etc
- Easy access e.g. local HIA, One Stop Shop,
- Flexibility / connected to range of referral routes

### Good communication with service users

- People regularly informed of progress of adaptation/ case contact/ HIA caseworker linked to answer queries/ keep people informed throughout the adaptation process
- Specific arrangements for people with special needs e.g. dementia, sight loss, for carers etc

### Integration with health and care

[Also relates to planning/ funding/triage/outreach etc]

- Seamless systems/data sharing/ referral routes
- Co-location/ outreach into healthcare settings/ embed into care/ hospital Pathways

### Triage/ fast-track initiatives

- Different/ proportionate administrative systems for different types of work, e.g. under/ over certain amount/variable systems for particular work types/ Trusted Assessors etc

### Flexibility to reflect individual requirements and circumstances

- Cultural change to take holistic approach/ identify best housing option for client
- Opportunity for self-assessment

## Help for self funders

- Offer of information and advice/ Occupational Therapist assessment for all
- Technical support service for all
- Caseworker option with help to find other funding sources e.g. charity

## Planning and forecasting demand

- Service user input into adaptations policy & practice development
- Surveys of need are undertaken and allocation of adequate financial resources made
- Strength of links to Health and Wellbeing Boards and degree to which Better Care Fund addresses home adaptations/ involvement of Public Health
- Financial support from sources beyond the local authority or nominated service provider for example local agreements with housing associations or commissioners within CCG's

## Allocation of sufficient financial and staff resources to meet need

- Based on strong local data
- Contributions from range of partners e.g. health, care, social housing, private sector housing etc

## Systems to evaluate health and care outcomes

- Data collection systems/ post adaptation follow up/ impact assessments/ links to independent evaluators etc

## Holistic approach

- Housing options advice and information and assistance e.g. to move included
- Added value – addressing unsatisfactory housing/wider issues / risks identified from visit and acted upon e.g. falls reduction

## Culture of continuous improvement

- Performance against service standards, including waiting times
- Satisfaction surveys/input from service users
- Outcome measures applied – physical and mental wellbeing, benefits to carers,
- Savings to health and care sectors assessed
- Longitudinal evaluation after scheme completion
- Benchmarking
- Complaints system
- Equalities Data including ethnicity
- Identifying/addressing tenure inequalities.

## Organisational Arrangements

- Clarity of roles of all partners/protocols in place (incl. Social Care, CCGs, hospitals etc)
- Co-location of key staff
- Existence of pooled budgets
- Interfaced IT systems

## Flexible criteria for assistance

- Discretionary assistance – RRO policy i.e. >£30k, hardship, home from hospital, end of life schemes, equipment maintenance, recycling equipment etc
- Support for self-funders e.g. I&A, technical assistance etc
- Smart procurement of contractors

## Appendix C: Table 2

The table only indicates that either the DFG policy or the description of local practice addresses the listed feature – it does not necessarily indicate that each of the listed aspects is an example of good practice. ○ – indicate the local policy is still to be confirmed or is in development.

### Local authority policy/ practice includes multiple features of adaptation/ related grants/ loans/ linked services

	Small adapt no charge/ means test	Linked repair grant/ loan	Re-location/ help/grant/ loan	Hosp Disch/ DTOC	Other Health/ Care linked provision	Handy person	Outreach/ housing options I&A	Alternative assessment e.g. OT/ trusted assessor	DFG Top up/ discretionary grant	Cold/ fuel poverty linked	Dementia linked
<b>Brent Council</b> <a href="#">Detailed policy</a>	●	●	●	●	●	●		●	●		
<b>Brighton &amp; Hove City Council</b> <a href="#">Detailed policy</a>	●		●	●		●		●	●	●	●
<b>Bristol City Council</b> <a href="#">Detailed policy</a>		●		●				●	●	●	
<b>Cornwall Council</b> <a href="#">Detailed policy</a>	●	●	●	●	●	●	●	●	●	●	
<b>Care &amp; Repair Manchester</b> <a href="#">Detailed policy</a>	●	●	●	●	●	●	●	○	●	●	●
<b>Knowsley</b> <a href="#">Detailed policy</a>	●	●			●	●	●	●	●	●	
<b>Middlesbrough Council</b> [Detailed Policy N/A]		●	●	●	●	●	●		●	●	●
<b>North Kesteven District Council</b> <a href="#">Detailed policy</a>		●	●	●	●				●	●	●
<b>Oxford City Council</b> <a href="#">Detailed policy</a>	●	●	●	●	●	●	●	●	●	●	●
<b>Peterborough City Council</b> <a href="#">Detailed policy</a>	●	●	●	●	●			●	●	●	
<b>Portsmouth City Council</b> <a href="#">Detailed policy</a>	○	●	●					●	●		
<b>Rochdale Borough Council</b> [Detailed Policy due Nov 18]	●	●	○	●	●		○	●	●	●	●
<b>St Helens Council</b> <a href="#">Detailed policy</a>	●	●	●	●	●	●	●		●	●	
<b>Sunderland City Council</b> [Detailed Policy N/A]	●		●		●	●			●		
<b>West of England Care &amp; Repair</b> <a href="#">Service link</a>		●	●	●	●	●	●	●			
<b>White Rose agency</b> [Scarborough & Ryedale Councils' provision varies] <a href="#">Scarborough Policy</a>	●	●	●	●	●	●		●	●	●	●

## Appendix C: Table 3

### Other localities illustrating specific features

	Hospital discharge	Health Integration	Social Housing home adaptations	Other
<b>Kent West Councils</b> [Detailed policy N/A]	●			
<b>Care and Repair Newcastle</b> [Detailed policy N/A]		●		Service user engagement Fast track equipment provision
<b>Norfolk Councils</b> [Detailed policy N/A]	●			
<b>Salford NHS</b> [Detailed policy N/A]		●		
<b>Yorkshire Housing</b> [Detailed policy N/A]		●		X Falls prevention Self funders service
<b>County Durham Housing Group</b> <a href="#">Detailed policy</a>			●	
<b>Harrow Churches Housing Association</b> [Detailed policy N/A]			●	
<b>Onward Homes</b> <a href="#">Detailed policy</a>			●	

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This report is available at [www.ageing-better.org.uk](http://www.ageing-better.org.uk) | For more info email [info@ageing-better.org.uk](mailto:info@ageing-better.org.uk)

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The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.