

# Evidence review scope

## Draft for consultation

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The role of home adaptations  
in improving later life

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# 1. About the Centre for Ageing Better

The Centre for Ageing Better (Ageing Better) is an independent charitable foundation working to help everybody enjoy a good later life.

We are a What Works Centre, part of the What Works Network – an initiative which aims to improve the way government and other organisations create, share and use evidence for decision-making.

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## 2. About our approach to evidence reviews

When the Centre for Ageing Better plans to commission a systematic review of the research evidence on a particular subject important to later life, we start by publishing a draft scope for consultation, and encouraging people with an interest in the subject to share their views with us. This helps us ensure that the review's aims and questions will yield findings that are of real practical use to people involved in improving our later lives, be that people in later life themselves, their families, professionals and businesses working with and providing advice and services to people, or commissioners and policymakers making decisions about how to allocate public resources and manage services.

After we receive comments on the draft scope, we will amend it and publish a full Invitation to Tender to conduct the review. We will appoint a Review Advisory Group comprising academics expert in review approaches and in the subject matter of the review, practice experts with knowledge of the subject matter of the review and with an interest in applying its findings, people with lived experience of the subject matter of the review, and representatives from Ageing Better.

The Review Advisory Group will advise on the review throughout the process, from selecting a review team to commenting on the protocol and drafts of the review, and helping Ageing Better to consider and interpret the findings.

At Ageing Better, we are interested in four basic types of evidence: research evidence; practitioner and professional evidence; evidence from people with lived experience; and evidence from available data (such as routine administrative data). Therefore, when we commission a systematic review of the published evidence on a subject this will include not only academic research but also grey literature from professional and other bodies, as well as qualitative research into the views and experiences of people with lived experience. Beyond this, alongside our commissioned systematic reviews, we are also developing ways to gather and synthesise practitioner evidence, evidence from people with lived experience, and evidence from secondary data sources. For each review topic, we will work with our Review Advisory Group to develop the best approaches to do this.

### 3. Background to this draft scope: The role of home adaptations in improving later life

#### Why this subject is important to improving later life

The homes that people live in significantly impact on their wellbeing and their ability to live their lives the way they want to. Older people spend more time in their homes and immediate neighbourhood than any other age group. Good housing and age-friendly environments help people to stay warm, safe and healthy, stay close to those who make up their social circle, and enable them to do the things that are important to them.

Most people over 65 live in what is called 'mainstream' or 'general needs' housing (as opposed to specialist housing or residential care), and most own their homes. Home adaptations improve the accessibility and usability of a person's home environment, maintaining or restoring their ability to do the everyday tasks they want, need, or have to perform, and in a way that they want. They do this by providing a permanent or semi-permanent alteration to the built aspects of the home environment, which includes:

- Changes to the structural features and layout of the home environment
- Installation and positioning of fixtures, fittings and specialist products.

Home adaptations – ranging from minor adaptations such as additional hand rails to major adaptations such as bathing modifications or stair lifts – can improve the quality of life for people as they age, helping them to feel more confident and in control of their daily activities, can help to prevent falls,

and can prevent or delay a move into residential care. They are not always viewed positively by people, however, as they can affect a person's self-image and cause concern about feeling 'old' or 'disabled'.

#### How we chose this subject for an evidence review

The last comprehensive review of the evidence for the outcomes and costs associated with home adaptations was published in 2007. Since then, there has been increasing policy attention paid to the benefits of home adaptations, particularly in relation to how they can reduce health and social care costs. In the last Spending Review, the budget for the Disabled Facilities Grant was increased enable greater access to home adaptations for more people. In November 2015 the government announced that the national Disabled Facilities Grant budget would increase from £220m in 2015/16 to £500m in 2019/20. In 2016 the first stage in this step change of funding was confirmed as £394m in 2016/17.

At our expert roundtable on homes, and in responses to our consultation on our priorities, there has been strong support for the Centre for Ageing Better commissioning a new, updated systematic review of the evidence for the impact that home adaptations can have for people in later life. We are particularly grateful to Care & Repair England for their close involvement and expert input into this draft scope.

## How we intend to use the findings from this evidence review

We will work with our Review Advisory Group and other partners to share the findings from the review in the most useful ways possible. We hope that the findings from this review will be of use to people such as:

- People considering their own or their family members' needs for home adaptations, including people who would pay for the adaptations themselves
- People providing information and advice services to people considering their current and future housing needs
- Occupational therapists and others who assess people's need for home adaptations
- Commissioners responsible for housing related services, including home adaptations provision and the Disabled Facilities Grant budget
- Policymakers responsible for housing, health and care
- Academics working in the area of housing, health, care and ageing
- Builders and tradespeople who specialise in housing for older people, both new-build and adaptation
- The manufacturers of specialist equipment used in such building projects
- Healthcare professionals
- Architects
- Housing professionals
- Environmental health officers specialising in adaptation

This review covers the specific topic of home adaptations. There are of course many other issues important to good homes and neighbourhoods for people in later life. As we continue to develop our work programme on homes and neighbourhoods, we will announce other work, including evidence reviews, on other subjects.

## 4. Draft scope

### Aim

To synthesise the published evidence for how home adaptations can contribute to improving people's later lives.

### Review questions

1. What outcomes are associated with the provision of home adaptations for people in later life? This includes consideration of:
  - Which outcomes are experienced
    - by which groups of people,
    - to what extent,
    - measured over what time periods,
    - in what circumstances and context?
  - Are there particular circumstances (for example particular design or construction processes) which yield particularly good outcomes?
  - What does evidence directly from people in receipt of adaptations and those who care for them tell us about what outcomes are experienced and also how, why and in what context these outcomes are achieved?
2. What costs and savings are associated with the provision of home adaptations for people in later life? This includes consideration of:
  - Direct and indirect costs and savings.
  - Costs and savings both for the individuals themselves and for public expenditure.
3. What are the reasons why people can be reluctant to make adaptations to their home, and what evidence is there of ways in which this reluctance has been recognised and addressed with positive outcomes for all parties?

Review teams will be expected to explain how they would subdivide the review in order to best answer these questions, and how separate strands of literature and analysis would be integrated in a logical and transparent way.

### Definition of outcomes

The Public Health Outcomes Framework, NHS Outcomes Framework and Adult Social Care Outcomes Framework all contain indicators relevant to home adaptations which should be considered as part of this review. A briefing from Care & Repair England usefully lists the indicators from these Outcomes Frameworks which may be relevant to home adaptations.

We are interested in outcomes in the following broad areas (not an exclusive list), where relevant for carers as well as for people receiving home adaptations:

- The experiences of people receiving adaptations
- Quality of life
- Accessing more of the home
- Accessing activities and amenities outside of the home
- Social connections, family life and relationships
- Subjective wellbeing, including feelings of control, independence, confidence, dignity and safety
- Physical and mental health
- Health outcomes such as falls, injuries and fractures
- Reduced burden on carers

## Definition of costs and savings

We are interested in both the personal and service costs and savings associated with home adaptations, and both direct and indirect costs and savings. This includes:

- achieving better outcomes for the same expenditure
- reducing or removing an existing expenditure (such as a care cost),
- preventing a cost that would otherwise have occurred (such as the treatment of a fracture following a fall),
- deferring costs (e.g. delayed admission to residential care),
- prevention of inefficiency which leads to unnecessary expenditure (as in delayed hospital discharge),
- wasted expenditure (e.g. taking so long to provide an adaptation that the person dies or has to move soon after its supply),

## Populations of interest

While the evidence related to home adaptations will have relevance for disabled adults of all ages, we are particularly interested in evidence of outcomes in later life, such as people aged 65 and over.

## Definition of home adaptations

Definitions of home adaptations vary, and review teams will be expected to propose their detailed definitions and ultimately to agree these with the Review Advisory Group. The review should include both minor and major home adaptations and associated equipment provided in any housing tenure and private or government funded.

Adaptations are structurally affixed modifications to the home including for example ramps, rails, steps, bathroom adaptations (level access showers or wet rooms), lighting improvements, kitchen adjustments and widening door openings. Equipment generally covers non-affixed items such as hoists or chair/bed raisers. Stair lifts and through-lifts are sometimes classified as adaptations, sometimes as equipment, often in relation to the budget used to procure them. We would like to include these items as adaptations in this review as in most instances they are included in Disabled Facilities Grant provision.

Other installations, such as assistive technologies and devices are excluded. However, those which are directly related to managing in the home (e.g. devices for answering and opening the front door, or pulling the curtains, or turning off taps) can be included. For those with dementia, monitoring devices like those listed above may be what enables them to remain at home.

## Literature to include

International literature, both peer-reviewed academic publications and grey literature, published since 2000. If review teams are or become aware over the course of the review of important and relevant evidence published prior to 2000, this can be included.

Searches should include use of relevant databases such as MEDLINE, AgeInfo, Web of Science, ASSIA and so on, with supplementary internet searching to help identify relevant grey literature. A further useful source of primary studies is the genHOME database developed by the College of Occupational Therapists. The forthcoming invitation to tender for this evidence review will contain further guidance on search strategies.

## 5. Request for comments

We would be grateful to receive comments from stakeholders on this draft scope. In particular, we are interested in views on:

- (i) Are the aim and review questions clearly phrased, and will they yield useful insights for stakeholders interested in home adaptations for people in later life?
- (ii) Will the proposed outcomes, costs and savings capture the most important benefits of home adaptations?
- (iii) Is the definition of home adaptations appropriate and clear?
- (iv) Is the population defined appropriately? Are there groups within this population that should be considered separately?
- (v) Will the proposed literature to be included ensure the best available evidence is included in the review?
- (vi) Do you have any other comments?

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## 6. Timetable and contact details

To submit your responses to the questions asked in this draft scope, or if you have any related questions, please contact us via email on [responses@ageing-better.org.uk](mailto:responses@ageing-better.org.uk) or write to us at Home Adaptations Review Draft Scope Consultation, c/o Rachael Docking, Centre for Ageing Better, Level 3, Angel Building, 407 St John Street, London EC1V 4AD, by **no later than 5pm on Thursday 5th May 2016**.