<table>
<thead>
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<th><strong>Purpose</strong></th>
<th>This briefing explains recent changes to the ways in which Disabled Facilities Grant (DFG) funding is being organised. It also presents evidence on the inaccessible nature of much of the existing housing stock, why housing adaptations are therefore so often needed and the vital importance of continued DFG funding to support disabled people to live independently.</th>
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<td><strong>For whom</strong></td>
<td>Tenants, housing association staff, housing authorities, disabled people’s organisations and those involved with housing, independent living and health.</td>
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<td><strong>Date</strong></td>
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What’s happening to Disabled Facilities Grants?

Disabled Facilities Grants (DFGs) have been available for many years¹ to support disabled people in removing barriers around their home. DFGs support disabled people to make adaptations so that a property is more accessible. They can enable independent living.

As of April 2015 changes are happening that may affect DFGs significantly. It is important to know about these so that DFG funding is safeguarded and disabled people are in the best position to continue to get support when it is needed.

Firstly, there is a change in the way that money from central government is paid to local housing authorities: money will be paid to the NHS Better Care Fund, although local authorities will remain legally obliged to consider and fund DFGs.

Secondly, local authorities, which in the past were required to contribute additional funds to the cost of DFGs have for some time been under no such obligation² — and are increasingly experiencing severe cuts in their overall central government funding³.

Thirdly, new legislation⁴ encourages local authorities and health services to coordinate in providing services and this could be an opportunity to ensure that the value of adaptations is better understood and they are delivered to more people.

The right to a DFG

A disabled person can apply to their local authority for funding to pay for adaptations to help make their home accessible: this right to apply and be considered isn’t changing.

To approve an application a local housing authority must be satisfied that the works are both ‘necessary and appropriate’ for the needs of the disabled person, and ‘reasonable and practicable’ in relation to the property. If these conditions are met the grant is mandatory.

DFG funding is means-tested for adults but not for children — and so, for adults, the level of support you get will depend on your income.

Some local authorities have fast-track systems which do not means test for smaller adaptations.

Funding can be for lots of different things: adding ramps, changing door widths, installing a through floor lift, remodelling a bathroom or kitchen, and other adaptations. Grants can be quite modest or up to £30,000 in England. You can get advice on applying for a DFG at: www.gov.uk/apply-disabled-facilities-grant.
Why are housing adaptations needed?

The vast majority of existing housing has poor access standards: government research shows that 91.5 per cent of homes are not even fully ‘visitable’ by disabled people (including wheelchair users) as they don’t have four very basic key features that would allow adequate access⁵.

This legacy of building properties with poor accessibility means that many people are faced with the need to adapt their home if they are disabled or become disabled. In fact, although around 35,000 people are, at present, helped by a DFG grant each year⁶ potential demand is more than ten times greater than the funding available⁷.

Government statistics show that there are currently more than 11 million disabled people in Great Britain⁸. Our ageing society means that there will be an increase in the number of older disabled people as time goes on, rising from 2.3 million in 2002 to 4.6 million by 2041⁹.

The vast majority of disabled people and older people live in mainstream housing — only a very small percentage live in specialised accommodation. Some people have to live in care homes because of the lack of accessible properties. Like anyone else, most disabled and older people want to live in communities and homes that they choose and which are convenient for friends, jobs and services. Unfortunately, most housing is built with major barriers to access: indeed it is inaccessible environments that ‘disable’ many people, limiting lives in avoidable ways.

Despite the fact that demand outstrips funding and the long wait that there sometimes is for applications to be approved and work to start, DFG funding of adaptations has allowed many disabled people to stay in their home as needs have changed. Adaptations have supported independent living, freed disabled people to be able to get into and move around their own homes and made daily life safer. If more funding was available more disabled people would be able to adapt their homes and get around more easily.
What’s changed?

In the past central government has given local housing authorities a sum of money to help meet the costs of providing DFG grants. Since 2010/11 this central government DFG funding has been paid to local authorities as a non-ring fenced amount.

So councils are not legally obliged to use the money for DFGs. At the same time they have the flexibility to pool that money with other funds to increase spending on DFGs. In some areas housing, social services and health organisations also contribute to the ‘DFG pot’ in order to help meet local need.

The major change is that from April 2015 DFG funding will no longer be paid directly by central government to local housing authorities, although local housing authorities will still have an obligation to consider applications.

Instead the government will pay this money — £220 million in the financial year 2015-16 — into a fund managed jointly by social services and NHS Clinical Commissioning Groups: the Better Care Fund (BCF). This is a pooled fund — meaning that the money previously allocated directly for DFGs will be part of a wider budget for a range of purposes.

The Better Care Fund has the stated intention of improving integration of health and social care services. Health and Wellbeing Boards (HWBs) will decide on local BCF spending. For 2015/16 government guidelines say that each BCF area ‘will have to allocate DFG funding to their respective housing authorities (district councils in two-tier areas) from the pooled budget’¹⁰. Guidance also says that DFG money has been included so that ‘adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users’¹¹.

As this statement suggests, this funding change provides an opportunity to coordinate planning and improve provision of adaptations. However, with a total BCF budget of 3.8 million to achieve multiple outcomes, strains on NHS spending and uncertainty over whether the current guidance on paying DFG money to local housing authorities will be reissued for future years, there is potential for the money allocated for DFGs to get squeezed as time goes by. Care and Repair recently said: ‘Despite the evidenced high cost benefits of DFGs and the key role of home adaptations in prevention, in the face of competing priorities and reducing budgets for social care, there is a risk of the money allocated for DFG not being used for its intended purpose of meeting the costs of adapting the homes of disabled people’¹².

You can check on your local Better Care Fund’s allocation of DFG funding at NHS England’s website¹³.
Local authorities are also facing very serious budgetary constraints. The Conservative government elected in May 2015 has stated there are to be a further £12 billion of welfare spending cuts\(^4\). Some of these will affect local authorities. The extra money that local council services often add in to the DFG pot may also be very squeezed if councils face further significant cuts. Even before new cuts take effect, the Local Government Association had said that existing cuts mean that many councils are reaching the point where they will not have enough money to meet their statutory responsibilities\(^5\).
What’s the problem?

• All public sector funding is set for further deep cuts. Both DFG money now routed through the BCF and money contributed from local authority housing and social services budgets may be squeezed.

• Although the Better Care Fund policy framework states that DFG funding within the BCF, for 2015-16 is subject to a specific distribution formula for money to be passed on to local housing authorities nothing has been said about the longer term. Further promised cuts to public spending and strains on the NHS mean it is important to consolidate future funding.

• Efficiency savings are expected from the BCF. Local BCF success will be measured on how far emergency admissions are reduced and on how far targets in five other ‘metrics’ are met. These are: admissions to residential and care homes; effectiveness of reablement; delayed transfers of care; the patient / service user experience; and a locally-proposed metric. As time goes by there is a risk that the concept of adaptations and Disabled Facilities Grants may be increasingly influenced by these specific ‘metrics’, or measurements. While adaptations could help in meeting some of these targets, funding for adaptations may also be sought by disabled people to support aspects of their lives not linked to such medical and care scenarios. This could mean the potential for some groups of disabled people to lose out and, at the same time, for a narrower, more medicalised, view of disability to be reinforced. It is important to raise understanding on the contribution of adaptations to independent living and to health and social care budgets in the widest sense. More information on these outcomes and their relevance to adaptations can be found in a briefing produced by Care and Repair.

• HWBs don’t have to include any housing representatives or disabled people. However, a Memorandum of Understanding to support joint action on improving health through the home was signed by health and housing consortia in December 2014. This could be used to argue for representation on local boards.

• Transferring the budget for DFGs into the BCF — instead of directly to housing authorities — may encourage adaptations to be seen as more about ‘health’, in a narrow sense, as opposed to independent living and rights to choose. Habinteg believes it is important to continue to uphold the social model of disability, which understands that it is how we organise society that creates ‘disability’ not illness or impairment by itself. So, while adaptations may indeed support good health and wellbeing, they are important because they support independent living and equality by removing disabling barriers. Adaptations are important not simply because they may cut the risk of accident, acute admissions or ‘bed blocking’, but because they help remove barriers which other people do not face.
What you can do

• Contact your local Health and Wellbeing Board to ask if they have passed on DFG funding for 2015-16 to local housing authorities. You could ask whether the HWB has assessed the local need for adaptations and whether social service, health and housing services are contributing as well as the central government grant.

• You could also use this as an opportunity to explain how important it is that all the funding received for DFGs is spent on adaptations and, indeed, that additional money is added.

• You may want to ask if the local HWB has disabled people on it, representing local groups, for example. You may also want to ask if your local HWB has any housing representatives involved. If the answer is yes, you may want to know their contact details so you can let them know if you are concerned about the future of Disabled Facilities Grants and adaptations.

• You may find it useful to contact HWBs through your local Healthwatch group as this is the organisation which has a formal role in involving the public in decision-making by HWBs.

  — You can find details of your local HWB by searching for the Health and Wellbeing Boards Directory at www.kingsfund.org.uk
  — You can find details of Healthwatch groups at www.healthwatch.co.uk

• It is important that local elected representatives are aware of the importance of DFGs and the recent changes to the way funding is allocated. Local elected representatives (councillors) may themselves be a member of a local HWB. Your Member of Parliament can support disabled people by contacting the local HWB and asking how they are spending DFG money.

• You can also help by feeding back information on either good practice or poor practice in your local area. For example, if you or a tenant or customer applied for a DFG recently did you find it easy to obtain, or did you find it difficult or impossible? Habinteg would be interested in knowing about your experience so that we can potentially refer to it in our future work. If you want to feedback information you can do so via comms@habinteg.org.uk
Further information

Habinteg promotes accessible design standards, supports the social model of disability, provides accessible housing and has a wide list of publications on disabled people, housing and the built environment. More information: www.habinteg.org.uk

Foundations is the national body for Home Improvement Agency and Handypersons Services and has useful information on the DFG process. More information: www.foundations.uk.com

A good practice guide to DFGs and home adaptations has been published by the Home Adaptations Consortium, a network initiated by Care and Repair England and involving a range of organisations including Habinteg. Care and Repair have also produced guidance on DFG funding via Better Care Funds. More information: www.homeadaptationsconsortium.wordpress.com

Disability Rights UK is a national organisation led by disabled people promoting equality. More information: www.disabilityrightsuk.org

References

1. Support for disabled people in making changes to property was covered by the Local Government and Housing Act (Part VIII), 1989 although the main legislation covering DFGs came later in the Housing Grants, Construction and Regeneration Act 1996
3. Under Pressure — www.local.gov.uk
4. Such as the Health and Social Care Act 2012 which requires Clinical Commissioning Groups and councils to work together through Health and Wellbeing Boards. See: https://www.england.nhs.uk/2012/10/29/nhscb-lga/
5. Profile of English Housing — www.gov.uk
14. Ian Duncan Smith returns to cabinet to oversee welfare cuts — www.theguardian.com
17. Disabled Facilities Grant Funding, www.careandrepair-england.org.uk
18. MOU Project, www.cih.org