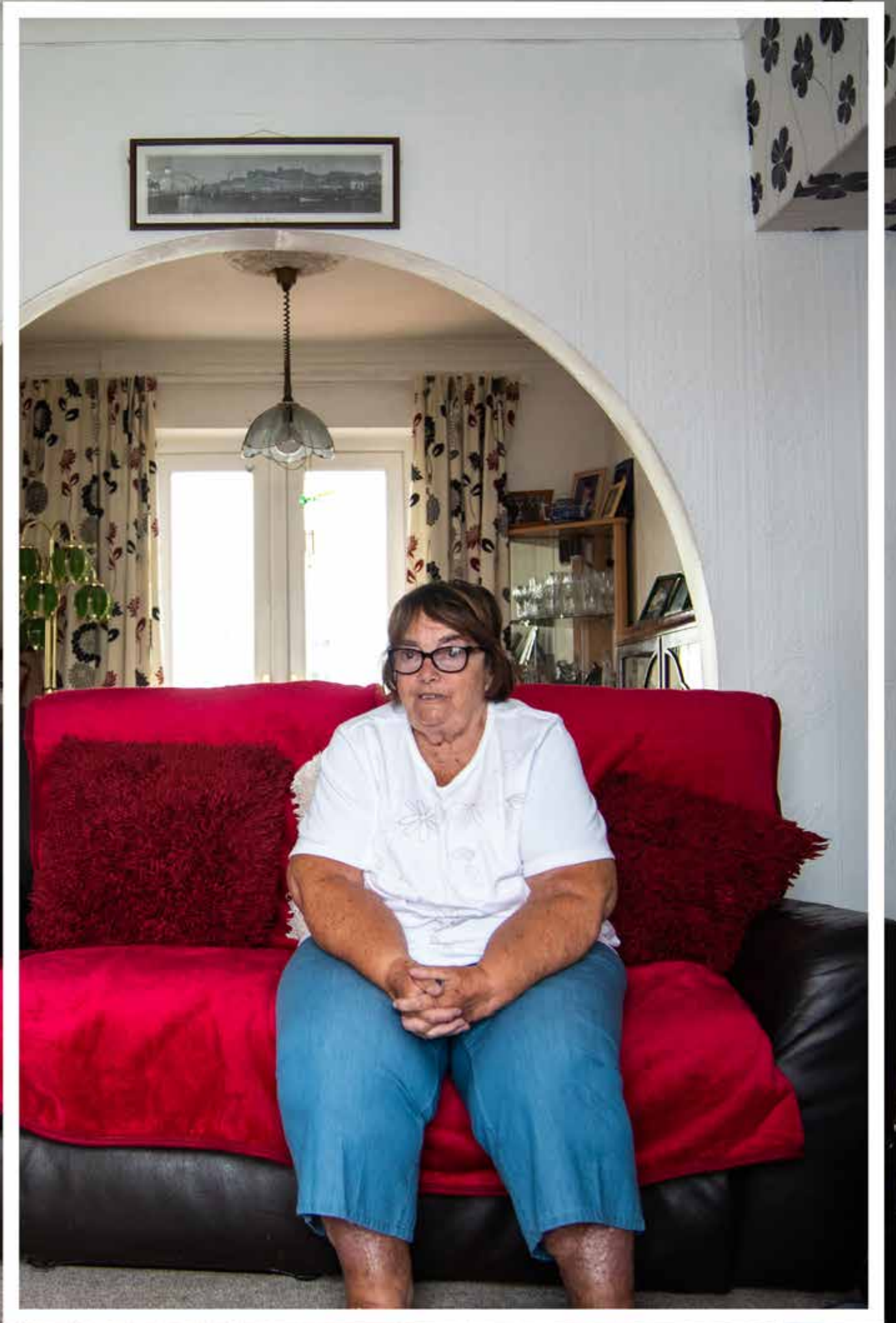




Homes that help:
A personal and professional
perspective on home adaptations

Centre for Ageing Better

July 2018



About the Centre for Ageing Better

The Centre for Ageing Better was set up in 2015 and is funded by an endowment from the Big Lottery Fund. We are part of the network of What Works organisations that promote the better use of evidence.

We bring about change for people in later life today and for future generations. Practical solutions, research about what works best and people's own insight are all sources that we draw on to help make this change. We share this information and support others to act on it. We also try out new approaches to improving later lives.

Acknowledgements

This report was written by Rachael Docking, Senior Evidence Manager, based on research led by Northumbria University (full report available online). The author would like to thank the research team and all project participants, including the practitioners and individuals. The project was completed very much in partnership with Newcastle City Council, North Tyneside Council, Newcastle University and Elders Council of Newcastle.

Centre for Ageing Better
Level 3, Angel Building
407 St John Street
London EC1V 4AD

+44 (0)20 3829 0112
info@ageing-better.org.uk
www.ageing-better.org.uk

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Background to the research

This report summarises the findings of a primary research project exploring the lived experiences of individuals who use home adaptations, and practitioners who work alongside them.

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. 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.

While many people will maintain good health and fitness for much of their later life, the majority of us will, at some point, experience some difficulties carrying out day-to-day activities. More than a quarter of men aged over 65 and nearly a third of women struggle with at least one of the 'Activities of Daily Living', such as washing, dressing and eating – approximately 3.3 million people (NHS, 2016). At age 65, 16% of people have difficulty with at least one activity of daily living, and by people's late 80s that increases dramatically, with more than one in three people having difficulty doing five or more basic daily activities without help (Marmot et al, 2016).

This issue will likely become more prominent over the coming years, as the population ages and the number of people with long-term health conditions and mobility problems increases. Projections suggest that the number of people over 85 in the UK will more than double in the next 15 years.

Home adaptations improve the accessibility and usability of a person's home environment. In 2017, Ageing Better demonstrated this through a review of the published literature, providing up-to-date analysis of the evidence on the importance and effectiveness of home adaptations. In summary, we found that both minor and major home adaptations can improve a range of outcomes for people in later life, including improved performance of everyday activities, improved mental health and prevention of falls and injuries, especially when done in combination with any necessary repairs, delivered in a timely manner and in line with people's personal goals.

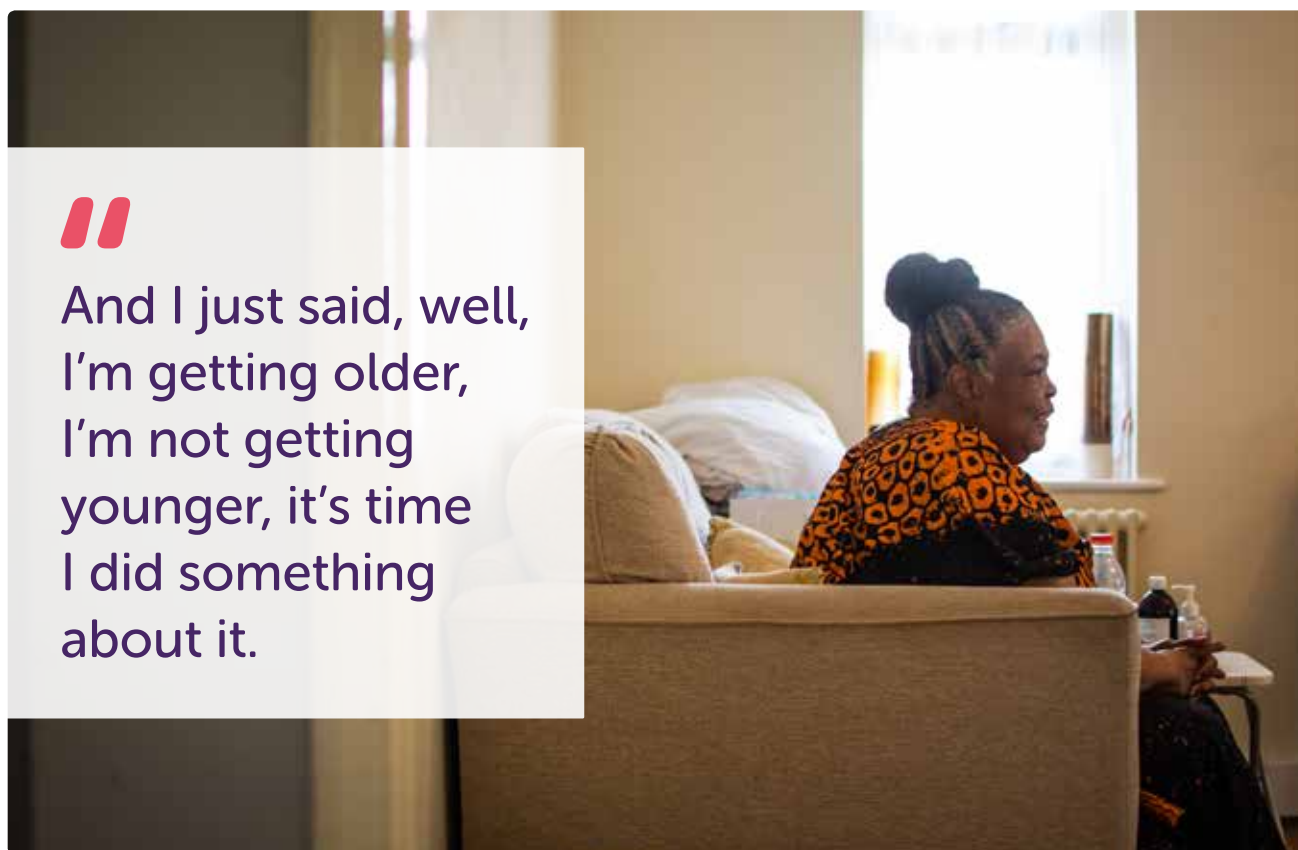
We recognise that evidence needs to come from multiple sources to help us truly understand key issues. While our evidence review found that home adaptations have a huge impact, we wanted to use primary research to gain a deeper understanding of the lived reality of home adaptations, how they contribute to transforming people's lives and how people experience those adaptations, in their home environments, on a day-to-day basis.

The research was led by a team from Northumbria University, in partnership with Newcastle City Council, North Tyneside Council, Newcastle University and Elders Council of Newcastle. The aim was to look at the role of home adaptations in improving later life by exploring the lived experiences of practitioners and older people. To capture the views of older people, wearable cameras and interviews were used to document how people interact with their homes – the first time this technology has been used outside of a clinical setting. The images were used to stimulate conversation during interviews. The team also held focus groups to gather perspectives of providers and practitioners involved in the home adaptation process.

Many of us think of home adaptations as something other people will need, but we know that it is likely that, at some point, we will all benefit from adapting our home, for ourselves and for family and friends around us. Through gathering evidence from experienced practitioners – who witness the challenges people face every day – and people with lived experience (and their carers) – who live these challenges every day – we can add invaluable insights to inform how to implement the findings from the evidence and bridge the gap between published research and the real world.



And I just said, well, I'm getting older, I'm not getting younger, it's time I did something about it.



Note: photos used in this report are not necessarily of those whose stories are presented

What we found

Throughout this report, findings are presented from within a common home adaptations participant journey, from the **triggers** that drive an individual to make changes to their home, through experiences of **accessing** those adaptations and having them **installed**, up to the **outcomes** experienced as a result of the adaptation and experience of the process.

Triggers

Factors that drive someone to adapt their home, including changes to health or housing need



Installation

The fitting of adaptations in the home, for example by a handyman service



Access

Identifying the support, services and funding required usually via the local authority



Outcomes

The benefits of receiving the adaptation such as improved physical and mental health

Key definitions

Home adaptation: Home adaptations encompass both minor and major adaptations. Minor adaptations are the most common adaptations and cost under £1,000. They include: hand rails, grab rails, ramps, steps, lighting improvements, lever taps, heating controls, key safes and door/window/curtain opening/closing equipment.

Major adaptations cost £1,000-£10,000, and include: bathroom adaptations, provision of level access showers and wet rooms, toilet installation/replacement, door widening, alterations to room layouts, kitchen adaptations and stair lifts.

Practitioners: Professionals who are involved in part of the process of people receiving home adaptations. For example: advice and representation services, local authorities, NHS staff, private companies, occupational therapists and home improvement officers.

Activity of daily living: Routine activities people do every day, for example: eating, bathing and getting dressed.

Inclusive design: Mainstream products designed to be accessible to, and usable by, as many people as possible.

Disabled Facilities Grant (DFG): A means-tested grant to be used to help make changes to your home so you can continue to live there. DFG funding can be used to install showers, stairlifts, ramps or to make other changes to the home to enable individuals to lead more independent lives.

Home improvement agencies: Locally based not-for-profit organisations that assist older, disabled and vulnerable people to remain living in their homes independently by helping them to repair, improve, maintain or adapt their home.



I wouldn't have dreamed of having anything like that, you know. What? That's for old people, that.





Triggers

Despite facing many challenges within their home environment, the majority of participants highlighted their desire to stay in their own homes and rejected opportunities to move to a more suitable property. Therefore, it was largely a trigger within the home that drove participants to recognise a change was needed.

“I’ve just got memories here, and I don’t want to go. I may have to, eventually, because as I say, I’m finding it bad with the stairs and everything. But, up to now, I want to stay.”

Triggers include things that happen that drive an individual to seek help and advice to adapt their home, or triggers that drive practitioners to put someone forward for referral. For some individuals, this resulted from a specific event, for example a fall, whereas for others it was from a gradual acceptance and eventual tipping point that current strategies were no longer working.

There is limited evidence that information or awareness of available services and options play a role at this stage.



I first got it for the reason I’ve got two artificial knee joints and I’m not allowed to kneel. So, you automatically kneel when you’re getting out of your bath.



The decision to adapt the home was often made when the person was already struggling

Common triggers included: following a crisis; realisation that coping strategies, such as holding on to furniture, were becoming hazardous; and reduced use of the home.

.....

“It’s a bit embarrassing because you’re having to phone my granddaughter to say, ‘I need to go in the shower.’ She’s got two little kiddies herself. And she works full-time. And she’s still helping look after me and granddad.”

.....

Participants delayed installing adaptations

Participants and practitioners recognised that delaying securing home adaptations was partly because of their **clinical appearance** and **negative associations with vulnerability** and loss of independence.

The **design of equipment** offered can be **practical rather than attractive** – white rails, tiles and general fittings. Practitioners spoke of clients feeling adaptations ‘echo hospitals’ or ‘spoil the décor’ and solutions put forward were significantly more expensive. People delay installing adaptations until they reach crisis point, so as not to ‘medicalise’ their home, and instead adapt behaviour rather than adapting their home (Powell et al, 2017).

There were significant assumed associations that **adaptations signalled vulnerability** and incapacity, reminding participants of mobility lost rather than movement and freedom gained.

In order to ensure more people make changes to their homes earlier, there is an urgent need for **positive messaging** about home adaptations and a wider understanding of the adaptations and their benefits. Recommendations include:

Government should:

- Take advantage of the opportunity of the Industrial Strategy Challenge Fund and provide funding for products and services that are **inclusively designed**.
- Encourage positive messaging, for example offering a ‘Facilitating Independence Grant’, as opposed to a ‘Disabled Facilities Grant’.

Private sector should:

- Sell inclusively designed products as standard. Retailers, buyers, designers and manufacturers need to work together to ensure inclusive products are **available and visible in the mainstream market**.



Access

While some people do self-refer themselves, practitioners largely felt that there is a general lack of awareness of how to access home adaptations, and participants and practitioners identified a range of barriers and facilitators to access.

.....

“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.”

.....



I think they hit me at a bad time and I just agreed to anything and everything. And I should have thought a bit more about it. It just hits, I suppose, the right time for them and the wrong time for me.



Sources of information and advice on the role of home adaptations mostly came from friends, family and, to a lesser extent, signposting agencies, such as age-related or disease-specific charities and home improvement agencies

There was some consensus amongst older people and practitioners that formal services, including healthcare and housing, largely became involved at a point of deterioration in health or mobility.

Word of mouth was a key influence to people accessing adaptations, particularly in relation to having friends or family members who had previous experience of adaptations. Participants felt that being able to discuss, informally, the benefits of adaptations and what to expect from the process, supported them in making their final decision.

Those without friends or family around them with knowledge and experience were unsure of what adaptations were available, where they could access them and at what cost. They often felt they were navigating the system alone, which resulted in a delayed decision.

.....
“Nobody tells you anything.”
.....

Practitioners and participants had difficulty navigating the system

Common barriers to accessing home adaptations included participant uncertainty about their financial and health-related eligibility, as well as general lack of awareness of local authority services and processes.

This difficulty navigating the system was not only experienced by participants with limited knowledge. Practitioners and signposting agencies reported that navigating the route to getting the right adaptations in place for the right person can be a challenge. If professionals working in the field are unable to find their way through a system, then how can we expect non-professionals to manage it?

.....
“We’ve got people round the table that all work in a similar field. All of us have got different mechanisms for who we refer to and how. And then all the funding is different. And then the equipment that you put in is different. So, if we’re having this conversation as professionals round the table, look at the quagmire that it must be for the public. To try and negotiate the system.”
.....

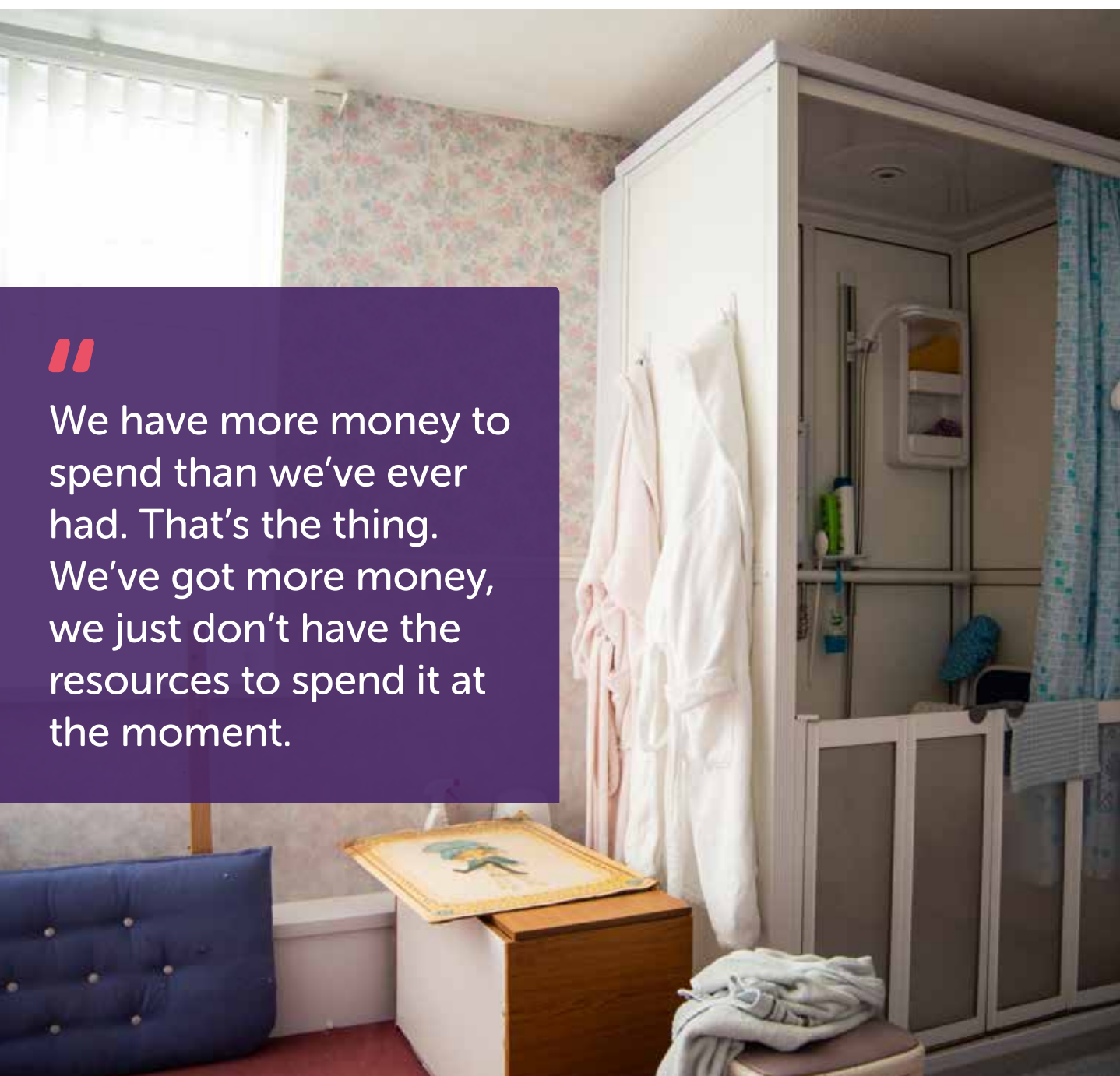
Some participants experienced access and installation delays, particularly those who were unable to self-fund, with some experiencing significant delays

Completing application forms and waiting for a decision and an installation date was frustrating, and it unnecessarily prolonged the use of inappropriate and temporary coping strategies.

We know that delays in installing adaptations can reduce their effectiveness. However, the current research found that a number of participants were willing to accept significant time delays, as long as they eventually received the adaptation they required, highlighting the extent to which the adaptations were valued.



We have more money to spend than we've ever had. That's the thing. We've got more money, we just don't have the resources to spend it at the moment.



Practitioners expressed frustration with assessment and installation 'bottlenecks'

There was strong agreement that these were due to **lack of resources**, such as not having enough staff to process referrals and grants, or contractors to carry out adaptations, rather than insufficient DFG funding.

Local authority home adaptation teams were familiar with installation delays from assessment, and that these delays were often not because of lack of sufficient DFG funds, but instead a lack of staff or contractor resource.

For some, the decision to adapt the home was taken during times of personal stress

There were instances where the decision to access a housing adaptation was taken during times of personal stress, for example following a recent bereavement. This often led to **inappropriate decisions** being made and participants regretting changes made to the home, there was one example of someone who was railroaded into buying something on the doorstep.

There is still a lack of awareness of how to access home adaptations, with many participants relying on information and advice from friends and family who had previous experience of home adaptations. Those without that support struggled with the system, which even professionals have difficulty navigating.

Government should:

- Increase the **DFG budget** to cover simultaneous funding to the required **resources** in the adaptation process, including administration and contractors. Successful and timely distribution of this funding is dependent upon other resources.

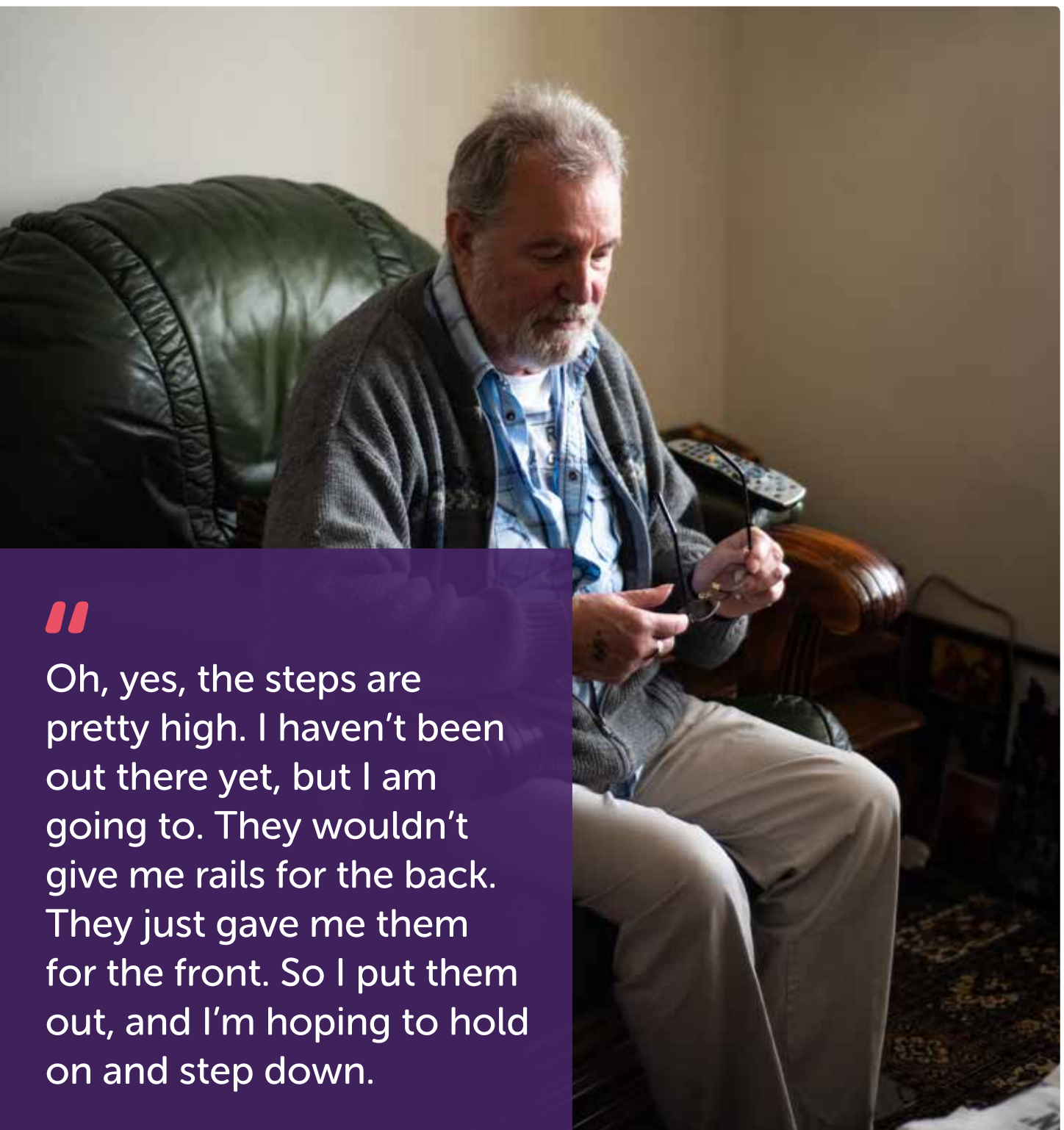
Local services should:

- Ensure adaptation services should work with signposting agencies and health services to **simplify and speed up** the home adaptation processes and to 'lay it out honestly'. This includes providing **up-to-date information** of locally available services, highlighting how long the process might take and potential exit points, for example ineligibility for funding support. For those individuals growing older without family support, (such as people ageing without children), this recommendation is an urgent priority.
- Learn from areas that are using their funding in a smarter and more innovative way.



Installation

Once installation is underway, largely there are few reported problems. This suggests that if the earlier part of the participant journey is done right, then positive outcomes can be achieved more often. Installation was particularly successful when professionals worked together to ensure an individualised approach and the client was well-informed. However, when problems did occur there were often long-term impacts on the individual and a negative impact on how the adaptation was valued.



Oh, yes, the steps are pretty high. I haven't been out there yet, but I am going to. They wouldn't give me rails for the back. They just gave me them for the front. So I put them out, and I'm hoping to hold on and step down.

Participants benefitted from contractors who communicated clearly, regularly and in a personable manner, fulfilled their agreed obligations, took on the concerns of clients and tailored adaptations to meet individuals' needs

Previous research demonstrates that the 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 (Powell et al, 2017), keeping people informed, giving detail of processes, and reasons for a delay, can enhance a person's experience of the process.

The adaptation process has to be in line with an individual's personal goals and what they want to achieve in their own home, thinking not just about **functional need**, but **emotional and social needs** as well. One case study example from the research highlights how essential this is. Grab rails tend to be offered for one point of entry or exit to the home, and practically, this is usually at the front entrance to meet the functional need of leaving the home, with little thought to the individual needs of the person living in the home. This participant had highlighted to her local authority that she needed rails at the back door to allow her use of her garden, but local processes meant that was not possible.

.....
"You're just allowed one. I would have liked one on the back."
.....

Participants who had good experiences with contractors and traders valued those who provided information, were personable and kept them informed about the work.

.....
"It makes a big difference, having the right kind of person to do it."
.....

Local services should:

- Reassess their processes to ensure they are not only focused on meeting the functional need of leaving the home, and instead take into consideration **use of the wider home environment**.
- Ensure contractors, when installing adaptations, adopt a personalised approach to the individuals' wants and needs.



Outcomes

Our previous review found that both minor and major home adaptations can improve a range of outcomes for people in later life, including improved performance of everyday activities, improved mental health and preventing falls and injuries. This current research supports this and further demonstrates the real life, and often **transformative power**, that low cost interventions can have on an individual's quality of life at home.

Many participants acknowledged it took time to adjust to using their home adaptations

Some participants found they had to learn to trust their new adaptations, adopt new routines (charging the stair lift), and change some pre-adaptation behaviours. For a minority of participants, home adaptations did not achieve their intended outcomes, or led to negative outcomes.

In many instances the need to learn to use the adaptation was done on a trial and error basis, whereas others required the support of professionals, tradesmen or family members.

There were very positive expressions of 'getting back to normal'

The impact of declining health was more often described in limiting the use of the home environment, rather than pain or discomfort.

.....

"I was getting really, really depressed. Especially when I couldn't come downstairs. And then, I was stuck in that bedroom by myself all the time, because they're at work and that. And my little granddaughter, she said, 'Are you still going to be here at Christmas, nanna?' And I'm thinking, eh, I don't want to be here that long. But it was driving me crazy."

.....

Housing adaptations became a potential tool to overcome this limited use of space.

.....

"You feel normal because you get the stair lift and you're just moving around as if you're just all right."

.....

Reclaiming home spaces, such as the first floor or the garage and generally fitting back into everyday life, was a meaningful outcome for many participants. The restoration of small, subtle, routines was appreciated as life affirming, 'a boon' and 'a life-saver'.

"Adaptations made a new person of me, because I'm not upset. I'm not angry, being able to come up and down as I want."

Several participants reported fewer falls after the adaptations had been installed

While most participants reported that adaptations reduced their likelihood of falling, there were some examples of poorly fitted equipment that led to trips or falls.

"In terms of there being a problem and in terms of me falling as much, I don't fall so much now. It just gives away now and then, but because I've got all sorts of grab rails and things like that I'm able to cope a lot better."

Participants also discussed secondary outcomes

Other outcomes that were mentioned by the participants included home adaptations preventing unwanted relocation; exit and entry adaptations enabling more social contact; reducing worry and carer strain for family and formal carers; and in some cases, no longer needing, or reducing, care services.

For some participants the impact of home adaptations was not confined to their experience; there was a wider impact on family members and friends.

"It means independence. I don't have to ask for help. I find it very hard to ask for help. I mean, everybody has got busy lives. They haven't got time to be bothering on with you. If you can manage yourself, then it's half the battle."

Government should:

- Provide better guidance on home adaptation **outcome measures**. Such metrics need to be based on robust evidence of what services can achieve as well as policy goals. Local services should have the flexibility to achieve such outcomes according to local need and local context. Guidance should include when, how and why to present evidence around the impact of home adaptation services.

Recommendations

There is an urgent need for positive messaging about home adaptations. This needs to include a wider understanding of the adaptations themselves and the benefits of adapting the home, to encourage people to act early to make necessary changes.

This qualitative research supported evidence that some people delay installation of adaptations, partly due to the clinical appearance of products and negative associations:

- With the Industrial Strategy Challenge Fund opportunity, Government should provide funding for products and services that are **inclusively designed**.
- Inclusively designed products need to be sold as standard. Retailers, buyers, designers and manufacturers need to work together to ensure inclusive products are **available and visible in the mainstream market**.
- Government needs to encourage positive messaging, for example offering a 'Facilitating Independence Grant', as opposed to a 'Disabled Facilities Grant'.

The home adaptation process is so **complex and varied** that even professionals working in the area struggle to navigate it. The majority of participants received information and advice from friends and family who had previous experience of home adaptations; those without that support struggled with the system:

- Adaptation services should work with signposting agencies and health services to **simplify and speed up** the home adaptation processes and to 'lay it out honestly'. This includes providing **up-to-date information** of locally available services, highlighting how long the process might take and potential exit points, for example ineligibility for funding support. For those individuals growing older without family support, (such as people ageing without children), this recommendation is an urgent priority.

Practitioners expressed they were frustrated with the '**bottlenecks**' where, regardless of available funding, local areas did not have the resources required to get through the waiting list in a timely manner, which left people experiencing significant delays:

- Increases to the **DFG budget** need simultaneous increases in funding to the required resources in the adaptation process, including administration and contractors. Successful and timely distribution of this funding is dependent upon other **resources**.
- Lessons need to be learned from areas who are using their funding in a smarter and more innovative way.

It is essential that professionals working to access and install adaptations do so with the **individual's functional and emotional needs** in mind. For example, a participant in this study reported getting a ramp for their front door, but no rail installed to help them access and enjoy their back gardens:

- Local authorities must reassess their processes to ensure they are not only focused on meeting the functional need of leaving the home, and instead take into consideration **use of the wider home environment**.
- When installing adaptations, contractors should adopt a personalised approach to the individuals' wants and needs.

Local areas, with limited resources, often struggle to conduct **rigorous evaluations** on impacts of home adaptations. Practitioners reported differences across local services on the post-adaptation measures that are used and at what point they are used. To get strong UK based evidence on the demonstrable impact that home adaptations can have, there needs to be improved and consistent outcome measures:

- Government should provide better guidance on home adaptation **outcome measures**. Such metrics need to be based on robust evidence of what services can achieve as well as policy goals. Local services should have the flexibility to achieve such outcomes according to local need and local context. Guidance should include when, how and why to present evidence around the impact of home adaptation services.

Conclusion

From our previous review on the role of home adaptations in later life (2017) we know there is strong evidence that home adaptations, particularly small changes, can improve outcomes and quality of life for those in later life and 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.

This qualitative research project has added depth to the evidence by providing real world examples of what people experience daily in their own homes. We found 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.

There has been a noticeable shift and increase in interest at local and national policy level on the benefits of adapting the home. This includes plans to reform social care, a review of the Disabled Facilities Grant and the Communities and Local Government Committee's call for a national strategy on housing for our ageing population. The Industrial Strategy Grand challenge on healthy ageing includes a stated ambition from Government to support more people to stay **happy, healthy and independent in their own homes for longer**. This includes a focus on innovative products and services, housing and funding models to support this goal.

Government is starting to listen and generate change, but there is much more to do to continue to make the case for **the role of home adaptations and their positive, often life-changing, impact**.

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What can you do to help?

Practitioners and people who make decisions tell us that not enough is being done to respond to the ageing population. There's a lot you can do with us to change this:



DEEPEN YOUR UNDERSTANDING

Share and apply insight and evidence of what people in later life want and what works in practice



MAKE A COMMITMENT

Prioritise ageing in your organisation – grasp the opportunities as well as tackle the challenges of demographic change



TAKE ACTION

Create change by trying out new approaches in partnership with us

We need to act now to improve later lives today and for future generations.

Join us in making that change.

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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.