



Room to improve

The role of home adaptations in improving later life

Centre for Ageing Better

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Background to the review

This report summarises the findings of a systematic review of the best recent scientific evidence on how home adaptations can contribute to improving later lives (Powell et al, 2017).

Living in a suitable home is crucially important to a good later life. The right home environment can maintain or improve people's physical and mental health, wellbeing and social connections, enable them to carry out day-to-day activities safely and comfortably, and help them to do the things that are important to them. More than 90% of older people in England live in mainstream housing, as opposed to specialist housing or residential care. However, current UK housing stock is often not accessible or adapted to meet people's needs as they get older, with small room sizes, steep internal stairs, baths rather than showers and steps outside.

While many people will maintain good health and fitness for much of their later years, the likelihood of having one or more long-term condition, physical impairments, disabilities and frailty that make day-to-day life at home more difficult does increase with age. The percentage of people who have difficulty with at least one activity of daily living (basic routine activities like eating, bathing and dressing) increases dramatically from 16% at age 65 to around half of those aged 85. By people's late 80s, more than one in three people have difficulty undertaking five or more activities of daily living unaided (Marmot et al 2016). Installing aids and adaptations into people's homes, such as grab rails and level access showers, can improve the accessibility and usability of a person's home environment, maintaining or restoring their ability to carry out day-to-day activities safely and comfortably.

The last comprehensive review of the evidence on 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, many of which are outlined in this review. However, there should be much greater focus and action given to the widely acknowledged and unsustainable pressures on our health and social care systems, coupled with the fact that we are living for longer and the proportion of older people in our society is growing. In the last Spending Review, the budget for the Disabled Facilities Grant was increased to enable greater access to home adaptations for more people, yet there is still an unacceptable and under-reported number of people not getting the equipment and support they need. This review aims to provide an up-to-date analysis of evidence of the importance and effectiveness of home adaptations. The review was conducted by a team from the University of the West of England, Bristol (UWE), and related modelling work was conducted by Building Research Establishment (BRE).



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, monitoring equipment for specific conditions, such as dementia, to enable someone to remain at home. Major adaptations cost £1,000-£10,000, these 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. There are also more extensive adaptations that can cost more than £10,000, for example the provision of an extra bedroom or bathroom.



What we found

In summary, our review finds 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, especially when they are done in combination with any necessary repairs, are delivered in a timely manner and are in line with people's personal goals.

Based on data from English Housing Survey (DCLG, 2016), there are at least 475,000 households in England lived in by older adults (over 65) who live with a disability or long-term limiting illness who report that they lack the home adaptations they need. The number of older people who would benefit from having adaptations installed is likely to be considerably higher than this.

The key findings are:

- There is strong evidence that minor home adaptations are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities and improving mental health. Major adaptations have been less extensively studied, but the evidence shows that they can also support people in achieving these outcomes in some circumstances.

The HIPI trial, New Zealand

This trial looked at adults, including older people, from socially disadvantaged groups, and provided home assessment and building works. It found a 26% reduction in the rate of injuries caused by falls at home per year, compared with the control group.

Keall et al (2015)

- There is insufficient evidence at present to quantify the overall return on investment (ROI) from home adaptations. However, one aspect that has been measured is the ROI of home interventions in preventing falls on stairs. Preventive work to mitigate worse than average hazards associated with falls on stairs among households with an adult aged 65 or over would cost in the region of £290 million and confer a benefit to society of around £470 million, which corresponds to a positive ROI of 62p for every £1 and a payback period of less than eight months.
- There is strong evidence that minor adaptations are particularly effective at improving outcomes and reducing risk when they are combined with other necessary repairs and home improvements, such as improving lighting and removing trip and fall hazards.

The CAPABLE trial, USA: Reable-Repair-Adapt

A holistic home intervention with lower income adults experiencing difficulties with several activities of daily living, which combined reablement support, repairs and home adaptations, found participants' physical functioning increased by 49%, depressive symptoms improved in 53% and difficulty with activities of daily living reduced by 75%.

Szanton et al (2016)

- 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.

Major adaptations trial, Sweden

For each month's wait for an adaptation, the person's difficulty in performing everyday tasks increased.

Petersson et al (2009)

- 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.

The HAIL study, Australia

"I fit with the house rather than the house fits me."

Research participant, Mackenzie et al (2015)



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As long as I've got things to hold on to I'm not frightened of falling.

What this means: recommendations

Home adaptations are an effective intervention to improve health and wellbeing and reduce or delay people's need for health and care services, and our review adds to a growing body of evidence demonstrating the central role that housing plays in our health. The inclusion of the Disabled Facilities Grant (DFG) in the Better Care Fund reflects this.

Research shows that low-cost home modifications can lead to a 26% reduction in falls that need medical treatment and savings of £500 million each year to the NHS and social care services in the UK. Adapting homes could also offset the need for residential care for many, the average Disabled Facilities Grant (used to adapt homes) is £7,000 (one-off payment) compared to the average residential care cost per person of £29,000 per year (Foundations et al, 2015). However, the Sustainability and Transformation Plans produced in 2016 predominantly do not identify housing – apart from residential and nursing homes – as a potential contributor to NHS transformation.

To date, effective local working between health, social care and housing commissioners remains patchy and generally limited (Care & Repair England, 2017). **Local Sustainability and Transformation partnerships** should:

- Include **specific commitments** to improve the quality of mainstream housing, including providing repairs and adaptations, in their strategic plans, recognising the evidence for the wide-ranging health and wellbeing benefits of good quality, adapted homes.
- Put in place **preventive strategies** to identify and support people who are at risk in their home environment with **holistic, person-centred home quality and safety checks** and subsequent delivery of repairs and adaptations.

While the DFG is generally used to fund major adaptations, our review is clear on the strong evidence for the effectiveness and cost-effectiveness of minor adaptations and repairs. **Local authorities** should:

- Focus not just on installing major adaptations, but also on ensuring that services are available to provide timely, preventive **minor adaptations and repairs**, making use of the flexibility allowed in the use of the Disabled Facilities Grant to fund both major and minor adaptations.
- Provide **sufficient and secure funding to handyperson and Home Improvement Agency services or other local services** to ensure that there is sufficient local capacity to deliver both minor and major repairs and adaptations in a timely and coordinated way.

Much more should be done to improve people's access to good information and advice about how adaptations and repairs can help, how to access assessments and funding and how to find reputable local tradespeople and suppliers to get the work done. This is a legislative requirement within the Care Act 2014, and yet currently advice and support is not sufficient in some areas.

- **Local authorities** should ensure that people have access to **good quality, impartial information and advice** on how home adaptations could benefit them and what local services are available, in line with the Care Act 2014.
- National advice services such as **First Stop** (<http://www.firststopcareadvice.org.uk>) could be expanded and more widely promoted to the public.

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I used to sit on my bottom going up... Without the occupational therapists I don't know what I would have done.



While the majority of people in later life own their own homes (77.8% of people over 65 in 2015-16), a significant proportion live in social housing (16.5%), and the proportion of older people living in private rented accommodation is small but growing (5.8% currently but some estimates predicting a third of people aged 60 and over could be living in private rental property by 2040; Perry et al, 2015).

- **Housing associations and Arms-Length Management Organisations** have an important role to play in supporting tenants to adapt their homes as they age and should ensure that tenants have prompt access to advice about assessment for and delivery of the repairs and adaptations they need.
- **Social housing landlords** often have little or no control over the tenants they receive, and as such are regularly forced to remove modifications and adaptations made for a previous tenant when new tenants move in. **More sophisticated and planned matching of tenants to properties** would avoid this unnecessary waste.
- Access to adaptations can be particularly difficult for people living in **privately rented accommodation**, particularly those on short-term lets. Privately rented property has the highest proportion of poor-quality housing of any tenure type. **Regulations and local enforcement powers need to be applied more vigorously** to tackle landlords who are not maintaining their properties or helping to meet tenants' health needs through adaptations.

Adaptations and repairs work best when people are fully involved. Those responsible for assessing, approving and installing adaptations (such as **occupational therapists, surveyors, home improvement agencies and handypersons' services**) should:

- **Fully involve people** in the decisions, responding to their individual goals.
- Ensure that assessments and specifications look **holistically** at the home environment, considering the need for repairs alongside adaptations.
- Ensure assessors, caseworkers, surveyors and handypersons are trained to deal with **specialist adaptation needs** such as sight-loss and dementia.
- **Involve families and carers** to ensure that the adaptations do not detract from their use of the home and that the changes help them care more effectively.

The qualitative research covered by our review demonstrated how off-putting adaptations can be for people, which can delay people installing adaptations and deter landlords from investing in adaptations. **Retailers and designers** should work to improve access to well-designed, affordable adaptations that look and feel less medical and therefore less stigmatising.

What are we doing to ensure more people live in a suitable home that supports a good later life?

There are at least half a million people, in England, currently living without the adaptations that this review demonstrates would improve their health and wellbeing, and enable them to remain safe and well in their own home as they age. We are now urging policy-makers, service commissioners, practitioners and people who would benefit from repairs and adaptations to take immediate action in line with the review's findings.

We want to build on this evidence review to identify examples of local areas that are delivering home repairs and adaptations in a timely manner, and in line with people's personal goals. To do this we are launching a 'call for practice' in partnership with Care & Repair England to identify high quality and innovative practice in the provision of home adaptations for older people. Our aim is to gather and share practical evidence and examples of how local areas can organise services most effectively to deliver home adaptations to all who would benefit from them.

We will be encouraging researchers and research funders to take up the recommendations for further research detailed in the full report. More needs to be known about the lived reality of home adaptations for older people, to bridge the gap between the published research from the evidence review and to help understand how the findings can be implemented in the real world. To deepen the evidence from the UK for how home adaptations can contribute to improving later lives, we have commissioned a team from Northumbria University to gather evidence from experienced practitioners and people (and their carers) who have had adaptations. Ageing Better is interested in a broader definition of adaptations that help people in their home, which is driven by what practitioners and people with lived experience find useful. This may well include products that are not identified as a specialist aid or adaptations, focusing more on how people interact with their home environment.

Evidence demonstrates poorly designed products often delay adaptations being put into the home. In 2018, we plan to work with mainstream retailers, designers, occupational therapists and others to improve the design of products and their visibility in the mainstream market.

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Find out more

For more on the findings, read the [full report](#). You can also get involved with our [call for practice](#).

Get in contact with Ageing Better if you'd like to know more about the review or the work we are doing to improve current housing for people in later life.

 www.ageing-better.org.uk

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Photos and quotes in this report were gathered by Ageing Better and are not directly linked to the review

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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.