

# Home solutions to our care crisis



# Foreword

Unsuitable homes are costing us money. Too many disabled and older people are still suffering added stress, accidents or health problems because their homes are not suitable for their needs.

The Government has acknowledged the health and economic benefits of aids and adaptations, in its recent White Paper, 'Caring for our future', which states: "Aids and adaptations are crucial to help people stay independent at home for as long as possible".

As a disability charity, we work with thousands of disabled people every year. We know just how important the right surroundings are in helping them live healthy and independent lives, where they can participate in the day to day activities that so many people take for granted.

But the barriers to getting home adaptations mean that too many people are living in homes that risk their safety, increase their reliance on care, and could result in them going to hospital. And the subsequent cost to the health service far outweighs the cost of installing adaptations.

We believe that there is a better way. The aim of this report is to show how problems with the current home adaptations system are affecting people's lives. And how, with some crucial changes, the health and financial benefits of a strong home adaptations system will outweigh any of the costs.

Why now? Because in these cash strapped times, it can be tempting to cut funding to both Home Improvement Agencies (HIAs) and Disabled Facilities Grants (DFGs), both of which help people get the home adaptations they need. But with relatively small changes to someone's home yielding such big savings in health and social care, these cuts are counterproductive. They also undermine the Government's long term aim of reducing dependency on residential or home care.

With a bit of courage and innovation, we have a chance to improve a system that, when it works, dramatically changes disabled and older people's lives for the better.

By recommending a radical shake up of the system, we hope that this report will encourage politicians, health bodies and social care commissioners to think creatively and embrace the housing sector as a key partner in their aim of creating a healthy and independent population.



Paul McCay  
Director of Operations, Papworth Trust

# Executive summary

Spending money on home adaptations makes economic sense. A 2012 London School of Economics report showed that the Government's annual spend of £270 million on home adaptations is worth over twice that in health and social care savings and quality of life gains.<sup>1</sup>

Despite the evidence of savings, the current debate on social care reform gives only limited consideration to the role home adaptations can play in managing people's health and care needs. Papworth Trust is calling for a stronger focus on home adaptations, which can save time and money by delaying the need for more costly health or social care.

We believe that home adaptations could be even more effective as a preventative tool if the provision of Disabled Facilities Grants (DFGs), the most common source of funding for home adaptations, was improved.

## What we found

To help increase awareness of home adaptations as a solution to the care crisis, we spoke to hundreds of disabled and older people, their families and carers about their homes. We found that:

- 1 in 4 reported that they could not get around their home safely.
- 2 in 5 people said their home meant they needed help to do everyday things like cooking.
- A quarter of those who received a DFG said they waited over a year for it to be approved.
- Two thirds of people who had not received a grant had never heard of DFGs.

We spoke to the people who use the system and the Local Authorities that manage it, to find out how the system could be run more effectively for everyone. We also explored how our own Home Improvement Agencies (HIAs) were working with various Local Authorities to see what lessons could be rolled out across the country.

## Problems with the DFG and home adaptations system include:

- A postcode lottery of choice and availability for disabled and older people who need to adapt their homes.
- Long delays for professional advice and approvals, which in some of the worst cases took up to 8 years.
- A means testing system which fails to take into account true ability to pay. This sidelines people in genuine need and forces some people to give up work in order to qualify for the help their family needs.
- A lack of awareness of what home adaptations are, how they can be accessed, and what funding is available.

## Our recommendations include:

### Radically changing the DFG system

We question whether district councils remain best placed to administer the DFG system in the new health and social care commissioning landscape. With the reintroduction of public health into local government and the introduction of clinical commissioning groups, the responsibility for the administration of DFGs should be reconsidered.

What people said:

**“I struggle with stairs and go up on all fours”**

**“I can't access the kitchen as it's too small for the wheelchair”**

### Prevention on prescription

Recognising the health cost savings home adaptations bring, we recommend that the health sector takes more responsibility for using home adaptations as a preventative tool. GPs should have access to a menu of adaptations and expert advice which helps them prescribe minor adaptations where they will improve a patient's health and independence.

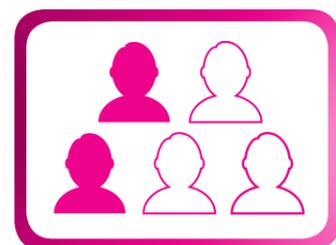
### Reducing red tape

Our own HIAs have worked successfully in partnership with several Local Authorities to speed up adaptations by reducing the time demands on council employees and processes. More can be done to roll out some of these time and cost saving initiatives nationally, so that standards are more consistent across the country.

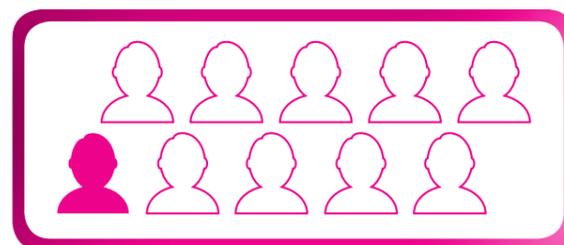
### Promoting adaptations to the general public

Many people don't know that adaptations can help them live more independently. Better information, advice and guidance is needed so that both DFG recipients and self funders have information to ensure the adaptations they have are fit for purpose. This should be incorporated in the Government's White Paper, 'Caring for our future', which acknowledges the need for more information, advice and guidance on social care.

## Because their home is unsuitable...



**2 in 5** need extra help with everyday tasks



**1 in 10** say their home causes health problems

# 1. The impact of unsuitable housing on health and social care

Disabled and older people are more likely to live in housing that has become unsuitable for their needs than the rest of the population. Figures from the English Housing Survey show that:

- 29% of households include someone with a long term illness or disability.
- Only 44% of disabled people have bathroom facilities at entrance level.
- Only 14% of older people, who are likely to have mobility problems, have level access to their home.
- Disabled people are more likely to live in a home with substantial disrepair, which has a direct negative impact on their already fragile health.<sup>2</sup>

## Survey results

To see exactly how unsuitable housing can affect people's lives, we carried out a survey of disabled and older people, their families and carers. Our survey received 640 responses. It showed that nearly 1 in 4 people could not get around their home safely. 1 in 3 said they could not use all the features of their home.

Nearly 40% of those who answered our survey said the design of their home meant they needed extra time to do simple tasks. 2 in 5 people said it meant they needed help to do everyday things like cooking.

Respondents to our survey told us that it was the relatively simple adaptations, such as grab rails, more accessible shelves and cupboards or level access showers, that they most needed. Their responses show that a lack of such straightforward improvements can dramatically affect their lives and those of their families and carers.

## The financial benefits of adaptations

All the evidence shows that improving people's existing homes produces real benefits to health and wellbeing. Analysis by the London School of Economics suggests that the annual spend on DFGs of around £270 million is worth up to £567 million in health and social care savings and quality of life gains.<sup>3</sup>

A study by Bristol University, on behalf of the Office of Disability Issues, found that home adaptations can help prevent or defer entry into residential care, with just 1 year's delay saving up to £26,000 per person, less the cost of the adaptation (which averages £6,000).<sup>4</sup>

When falls by older people in the UK cost over £1 billion a year, even small adaptations can have a big effect.<sup>5</sup> Grab rails, costing as little as £30, are one effective way to reduce the risk of falls.

A fractured hip can cost the state an estimated £28,665.<sup>4</sup> Therefore, an average investment of £4,250 to install a level access shower offers good value for money.

In Wales, the Government has estimated that a programme to help older people remain living independently in their own homes has saved the NHS and social care budgets over £101 million since it was set up 10 years ago.<sup>6</sup>

The number of people in the UK aged over 65 is expected to more than triple from 4.6 million to 15.4 million over the next 60 years. And with 11 million disabled people in the UK, these figures cannot be ignored.<sup>7</sup>

What people said:

**“I don't wash as often as before ... I have great difficulty getting in and out of the bath”**

**“I feel imprisoned”**

**“I have to think carefully about which room I'm going to spend the day in. I can't swap and change without help or a lot of effort”**

## Every £1 spent on Disabled Facilities Grants



**is worth over £2  
in care savings and quality of life gains**

## 2. Who funds it all?

For some disabled and older people, new purpose built homes will be the solution to their needs. The Government has recognised that more must be done to provide new homes for disabled people. It has set out plans for a £240 million care and support housing fund. This fund is designed to encourage providers to develop new accommodation options for older and disabled adults.

But with a growing older and disabled population, this supply of new homes will have limited reach. Equally, the best option for many will be to stay in their current homes and communities rather than move to new homes.

### Current funding for home adaptations

Funding for home adaptations comes from two main routes, administered by 326 Local Authorities:

- Community Equipment Services funding pays for minor home adaptations up to a value of £1,000.
- Disabled Facilities Grants (DFGs) of up to £30,000 cover more substantial work, such as wheelchair access ramps, downstairs bathrooms or stair lifts. They are available for people in both social and private housing but are means tested against income.

Central Government gives Local Authorities allocated funding for DFGs. While this funding received a welcome boost of an extra £20 million in January 2012, it still does not meet existing need. A Building Research Establishment report in 2011 estimated that the total amount required for grants for all those eligible to receive help, some 367,000 households, is more than 10 times the total

amount allocated across England in 2009/10 under the scheme.

### Local Authority DFG spending

Our research shows that while many Local Authorities top up Government funded DFGs with their own grant payments, the picture is different in each area.<sup>8</sup> And where the top ups do occur, it is unclear how many will continue, and to what extent, as budget cuts bite.

Worryingly, some Local Authorities have used the additional DFG funding provided by the Department of Health in 2011 to reduce their own investment in the DFG funding pot rather than to fund additional works.

### Lack of awareness of available funding

Two thirds of our survey respondents who had not received a grant had never even heard of DFGs. Without proper information and support, the preventative benefits of home adaptations will be missed and the opportunity for real cost savings will be lost.

There is an opportunity to address this information gap as part of the Draft Care and Support Bill. Information, advice and guidance made available for people on their future care options should include specific advice about home adaptations and DFG funding.

### Self funders

Of course, some people can afford to fund their adaptations privately. In fact, the Government is keen to increase the number of self funders accessing home adaptations.

Equity release is often suggested as a way to help self funders pay for work to their homes. While in principle this is a good idea, in practice the products on offer are not always attractive or realistic solutions. This is particularly the case for younger disabled people who do not have enough equity in their homes.

Because equity release products suffer from a bad reputation, more education and awareness raising is needed if it is to become a viable option for self funders. We believe that a central, recyclable public pot of money dedicated to equity release would reduce some of the fears people can have about taking loans from private equity release firms.

At the same time, it is important that self funders have access to professional building and medical advice to ensure that the money they spend pays for the right adaptations for their needs.

While we agree with the principle that those who can afford to make changes should pay. We regularly see cases where disabled people who do not qualify for a DFG pay for adaptations themselves, but cannot afford to have all the necessary work done.

In one such case, a disabled person with a small pension found she was not eligible for a grant. She was told by her Local Authority that work which would allow her to get into her garden and house would cost £5,000. As this was too expensive for her, she took out a loan for £1,000 to pay for partial works – a solution which has still left her reliant on carers to leave her home.

### Case study: “Retire sick if you want a Disabled Facilities Grant”

Mr D is a serving police officer in his 30s who is living with an aggressive form of multiple sclerosis. His wife also works and they have a young child. Their home urgently needs adaptations so Mr D can continue to live there safely with his family. However, because of means testing rules, he does not qualify for a DFG to cover the cost of the work. If he retired on ill health grounds he might well qualify – but he would then struggle to cover his mortgage payments, as well as losing the independence he is keen to hold on to for as long as possible.

We worked with the family to investigate all possible solutions. In the end, equity release was not possible because of their mortgage repayments. Unfortunately, this family falls through the gaps of the current DFG and home adaptations system. They remain in a home that is not suitable for their needs.

# 3. Getting help to improve your home

As an organisation working with disabled and older people, we see the real benefits a safer and more accessible home can bring. But we also experience first hand the barriers that force many to wait years for the adaptations that would improve their lives. Some people even find themselves locked out of the process altogether.

## Case study: “I thought the work would never happen”

Mrs H had a leg amputated after a blood clot. She was forced to sleep on a single bed in her garage because her home was unsuitable for her needs. She and her husband did not qualify for a DFG when he was working, but after he lost his job and became her full time carer, they successfully applied for a grant. The application process took 2 years. But after another visit from an occupational therapist, the recommendations for the adaptations they needed were changed – and the whole process had to start over again. Mrs H was distraught.

Last autumn the grant was finally approved. By this stage, we were working with the couple and helped ensure the work was carried out with as little disruption as possible. Mrs H now has a ground floor bathroom and level access shower, as well as an accessible kitchen in the original garage space. “I now have the freedom to move about my home,” she says. “I have my dignity back.”

## The barriers

### A postcode lottery for Home Improvement Agency services

Of the 326 Local Authorities which receive DFG funding from the Government, 62 of them have stopped providing Home Improvement Agency (HIA) services altogether, whether in house or through external contracts. This figure has doubled since June 2010.<sup>9</sup>

Where HIA services are still available, they are provided through private companies, registered social landlords, independent organisations or the Local Authorities themselves.

Meanwhile there is no common service standard across the country in the administration of DFGs or the delivery of home adaptations.

The picture is patchy at best. Delivery is brilliant in some parts of the country but in others, a ‘hands off’ approach can mean long delays.

With this complicated and confusing picture, it’s not surprising that so many of our survey respondents did not know what a DFG was or how they could get it.

### Delays in assessment for eligibility

The adaptations process is often delayed by the wait for an assessment by an occupational therapist. There is a national shortage of occupational therapists. Add to this the fact that occupational therapists are employed by upper tier authorities while DFGs are administered by district councils, and there are even more delays and inefficiencies in this system.

### Unnecessary delays in processing DFG applications

Councils are supposed to decide on a DFG application within 6 months and process payment within a year. In practice, the Local Government Ombudsman has criticised a number of Local Authorities for delays. In our survey, a quarter of people who had received a DFG had waited more than a year. One respondent said she waited 8 years for a DFG and in the end paid for the work herself.

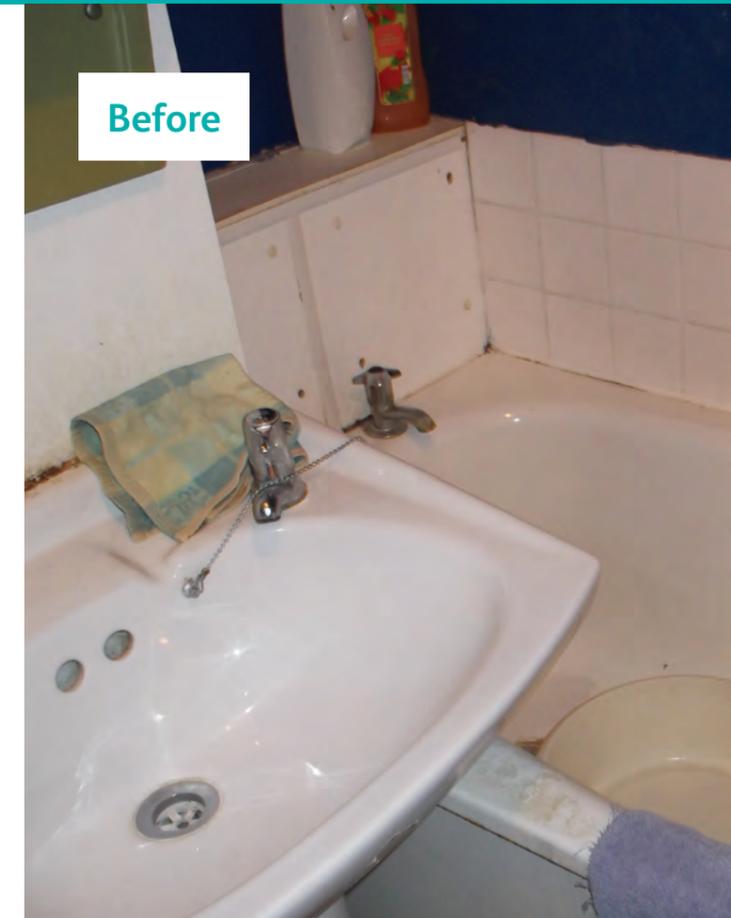
Delays in approval systems within the council can happen for several reasons but funding is a major issue. For example, we work with some Local Authorities that run out of their DFG funding early in the year. Others deliberately delay approvals in order to control their budgets.

The end result of these delays is that disabled and older people are being denied often life changing adaptations to their homes or are put at risk unnecessarily.

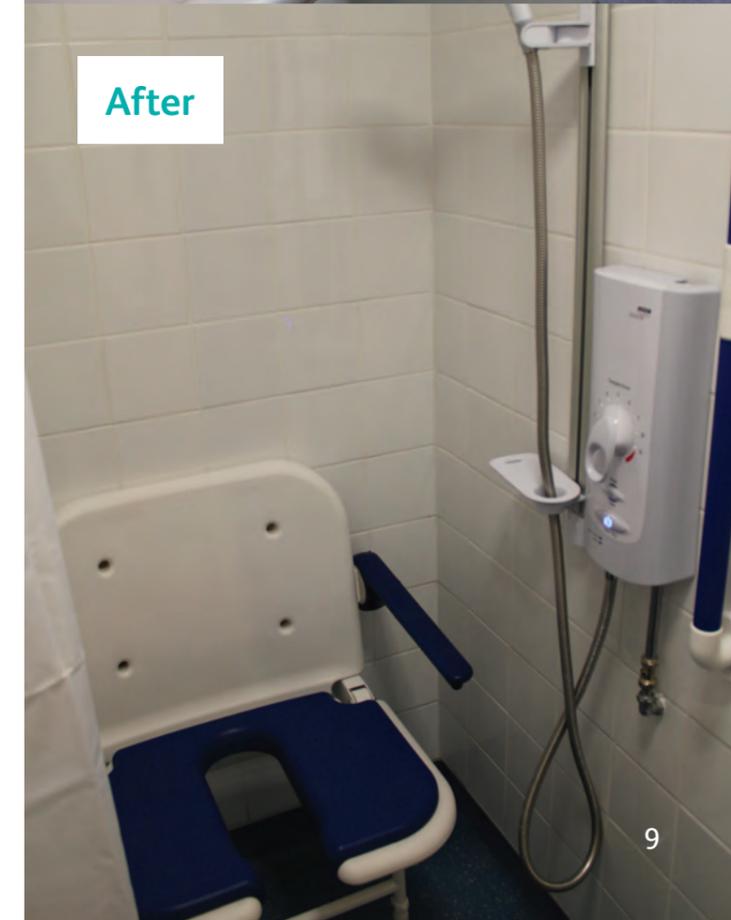
### Means testing rules can sideline people in genuine need

The current means testing rules fail to take into account a person’s housing costs. As one of our caseworkers put it: “For me it’s always funding [that’s the problem] especially for the under 60s. Most of the customers I have met usually have one partner working, they have a mortgage and do not have any savings. But they cannot receive a DFG and are asked to make massive contributions to the cost of adaptations, which they cannot afford.”

Before



After



What people told us about the DFG process:

**“It has taken 2 years to produce an ‘acceptable’ proposal”**

**“We did the bathroom ourselves because the DFG took 8 years”**

## Our proposal

The Commission on the Funding of Care and Support has called for a review of the operation and administration of the DFG system.<sup>10</sup> We agree that this is urgently needed and we are calling for a radical overhaul of the system.

### Radically change the system

Investing in home adaptations has a direct benefit to health care needs, and therefore on health budgets. At a time when financial benefits often motivate decisions, it is no longer fair that responsibility for home adaptations lies solely with district councils.

We recommend that local government and health money is pooled together and allocated to a DFG pot. This should then be administered at a local level through health and local government experts. For newly emerging clinical commissioning groups and Health and Wellbeing Boards, home adaptations should be a key tool that they can use to keep populations safe, healthy and independent.

Meanwhile Foundations, the national home adaptation experts, should work closely with these bodies to ensure that a national standard is applied and consistency maintained.

### Prevention on prescription

Older and disabled people are more likely to turn to their GP than their council when they have health problems. Therefore a culture change is needed so that GPs are able and willing to prescribe minor home adaptations for patients.

By understanding how adaptations work and how they can assist patients to retain or regain health, GPs have the power to issue prevention in a way that district councils will never be able to do. Placing home adaptations at GPs’ disposal will immediately increase their preventative reach.

Fundamental reform is the only way that the preventative benefits of home adaptations can be achieved nationally and the long term cost savings for health and social care realised. Anything less than major reform, we believe, would just be a ‘sticking plaster’ on a failing system.



**“I used to watch that path deteriorating a bit more every month. It was a struggle to get Beryl in and out, and that was only going to get worse. She fell over once and hit her face.**

**I don’t think we could manage without that path modification now. It’s been a wonderful thing.” - Ron and Beryl**

# 4. Improving homes, improving lives

So why should we invest time and effort into reforming the DFG and home adaptations system?

As we have seen, the economic benefits are substantial. And when we add in the quality of life and emotional benefits for individuals, the case for reform is a powerful one.

## How we're innovating and working better

Papworth Trust works with disabled and older people to improve their health and wellbeing by adapting their homes. We provide HIA services in 22 Local Authority areas. In the last 12 months we have helped 575 people with home adaptations.

Our work has shown that home adaptations can be relatively cheap. But they have huge pay offs, both for the people who need them and for health and social care services.

**“I live in more than one room now, I can get in and out of the house in the powerchair and can get round the downstairs of my home unassisted once in the powerchair”**

**“The change has made a huge difference. My husband had to carry me upstairs every day, in the end he was totally exhausted. I am now able to go to the bathroom by myself”**

**“It has improved the quality of my wife’s life. For the first 15 months in this property, she had to go weekly to a Leonard Cheshire home to have a bath and had to use a commode in her bedroom, as her wheelchair was too big to fit in the bathroom”**

**“It has made life a great deal easier. [Without it,] it would have been impossible for me to keep on living in our home or even to go out”**

## Adaptations: costs and benefits

	Cost	Changes	Benefits
 <b>Bathroom conversions</b>	£3,500 - £5,000	Providing safe and accessible washing facilities for a person to use independently.	Reducing or even eliminating the need for carer or family assistance in washing or toileting.
 <b>Grab rails</b>	£30 - £200	Fitting grab rails for safety in baths, showers, toilets or stairs.	Reduced need for assistance to get around.  Prevents slips and falls on wet surfaces where people are particularly prone to accidents.
 <b>Kitchen alterations</b>	£5,000	Making work surfaces accessible by adjusting height.  Better positioned switches and cooking facilities.  Wheelchair knee clearance.	Reduced need to pay for a carer to come in and cook food.  Improved nutrition by eating fewer ready meals and takeaways.
 <b>Ramps and level access</b>	£800 - £8,000	Making outside entrances accessible with level access or ramps for unassisted wheelchair and walking frame use.	Getting in and out safely and independently means that disabled and older people can continue to be involved in life outside their home, reducing isolation.  Reduces trips and falls.
 <b>Widening doorways</b>	£300 - £1,000	Making doorways wider for wheelchair users to access parts of their home and prevent injury to their hands from door frames.	Allows full use of all rooms of the home independently.

## Working better

Fundamental changes to the administration of DFGs and home adaptations are needed. But smarter working is important too. There are already some creative and collaborative ways of working which make the process of adapting people's homes more efficient and effective. Below we describe some examples of solutions we have found, through our HIAs working in partnership with Local Authorities to remove some of the barriers to home adaptations.

### Reducing red tape

Our HIA in Southend on Sea has worked closely with Southend on Sea Borough Council to streamline the DFG process. The council has given our team the power to approve applications directly. This saves time, as well as reducing administration costs for the council. Regular meetings between the council and our team ensure that the council retains oversight of the approvals and can manage its DFG budget and waiting list effectively.

### Reducing assessment delays

Before we took over the HIA contract in Waltham Forest, the average time for completing a DFG application was 3 years. We have reduced this time to approximately 1 year for complex cases and less than a year for more straightforward cases. We achieved this by employing an occupational therapist directly, on behalf of the Local Authority responsible for assessments.

People's needs often change while they are waiting for their adaptations. When this happens, they would usually need to go back on the waiting list for another occupational therapy assessment – delaying their application possibly by 6-12 months. By employing an occupational therapist directly, we ensure our customers can be seen immediately if their needs change during the process.

As well as doing reassessments when needed, the occupational therapist also inputs into the design of the adaptation and does a final inspection to ensure that the adaptation meets the customer's needs.

### Fixed prices saving time and money

A different type of partnership, this time with contractors, is also helping to speed up the adaptations process and improve the quality of work.

Under the fixed price project, our HIAs have set prices for the most common adaptations. These are agreed with the Local Authority and other HIA contractors in the area. This includes prices for the installation of level access shower floors and wet floors. It means that time is not wasted on a tender process for each job, and contractors do not need to under bid to secure work, and then add costs later. Contractors are allocated work in rotation as jobs come up, with some jobs perhaps taking them more time than the average, but some less.

A similar scheme, rolled out nationally, could speed up the adaptations process. It could also give both Local Authorities and disabled or older people more certainty over costs. Lastly, it could be useful for people who may not be eligible for grant funding but want to 'buy in' to a reputable system.



**“It was getting so difficult. We couldn't get in the bath. We would have a strip wash some days but it wasn't the same.**

**The wet room has made it so that we don't have to move house. You feel better in yourself. It's changed our lives completely.” - Ruth**

# 5. The way forward: our recommendations

From our experiences as a provider of home adaptations, we believe there are a number of ways in which the Government, health professionals and other stakeholders could improve the home adaptations process. But this must start with a radical look at how the system works and who is best placed to deliver it.

## We recommend:

### 1. A new partnership between the health care and home adaptations sectors

We strongly recommend that responsibility for home adaptations and DFGs is not restricted to district councils. It should be broadened to include health care professionals. New clinical commissioning groups and Health and Wellbeing Boards can, and should, be involved in the DFG system in their local areas. It is important to put health services – which most directly see the benefits of the added independence and better health that adaptations bring – at the heart of the system.

Foundations, the national home improvement experts, should link into a new integrated DFG structure. This would allow better and more consistent administration of DFGs across the country.

### 2. Prevention on prescription

GPs, often the first point of contact for the health needs of disabled and older people, should be given support to take a bigger role in the process, assessing their patients' home adaptation needs and prescribing from a menu of home improvements.

### 3. Better information, advice and guidance

Better information about adaptations and the DFG system should be promoted as part of wider advice and guidance on care and support. This should include more advice and support for people who do not qualify for a grant but need information to ensure the adaptations they pay for are fit for purpose.

### 4. Changing means testing rules

Means testing should be scrapped for all grants under £5,000 and should take account of housing costs for higher value work. This would allow disabled people who are working to get the home adaptations they need without having to consider leaving their jobs to access funding.

### 5. Recognising self funder contributions

The money that self funders invest in adapting their homes should be counted toward the cap on an individual's social care costs which is being considered by the Government. This would mean that the money used for prevention is acknowledged under the care cap proposals set out by Andrew Dilnot and the Commission on the Funding of Care and Support.

### 6. Fixed price schemes

Roll out fixed price schemes nationally. We estimate that this could cut the average time to process DFG applications from 34 weeks to 12 weeks. It would also give disabled people who fund their own work more certainty about the process.

### 7. Better working

Give Home Improvement Agencies a bigger role in the assessment process to dramatically reduce waiting times, for example by allowing them to employ occupational therapists directly.

### 8. Reliable equity release

Provide a ring fenced, recyclable pot of money to offer low interest loans for people who want to adapt their homes. This would offer a much better route for those who do not qualify for grants but are reluctant to use existing equity release products.

**“Sophie loves her new room and it is so much better for us all now that we don't have to carry her up and down the stairs anymore.”**  
- Sophie's mum Marion



## Home solutions to our care crisis

is published by Papworth Trust.

We would like to thank the people who have contributed to our research for this report, especially those who answered our survey or allowed us to share their stories as case studies in the report.

## About Papworth Trust

Papworth Trust is a leading disability charity. We support over 20,000 people each year through a wide range of services. We also work with disabled people to campaign about issues that affect them.

To find out more, please contact our Policy and Campaigns team:



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