



# The Disabled Facilities Grant at 30: What next for investment and innovation?

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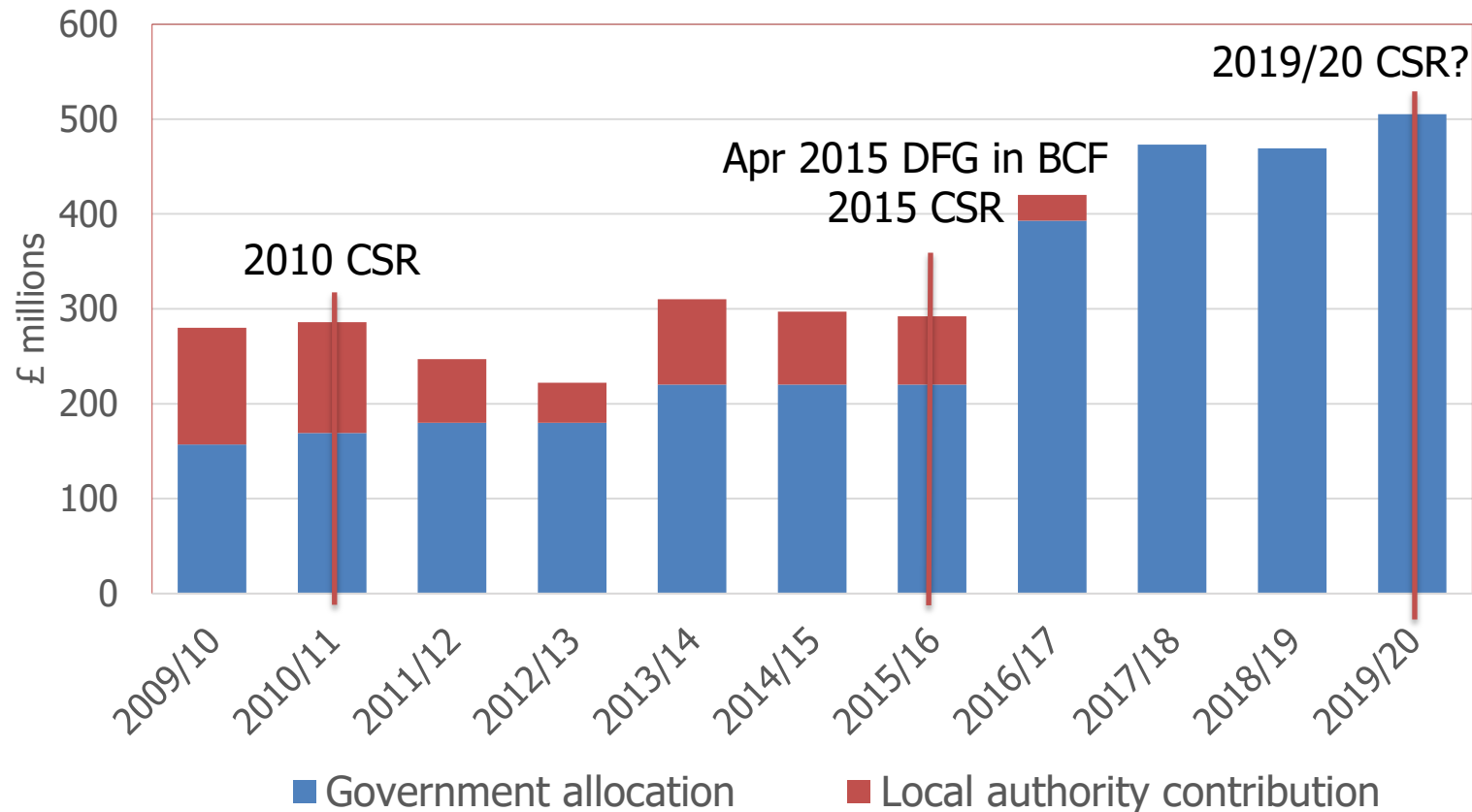
Assisted Living Action Network

12<sup>th</sup> Nov 2019

# Disabled Facilities Grant (DFG)

- Been available for 30 years – once part of a raft of grants to improve homes, now the only one left
- Reviewed 2018 - good practice developing in delivery but patchy
- Change needed - most recommendations could be delivered without new legislation
- Becoming more flexible to fit with health and care needs
- Since 2015 in Better Care Fund – joint health and care budget
- Central government funding doubled since 2015 - £505 million 2019/20

# Increase in funding after 2015



**Four years of increased capital allocations – good news in a policy area which has not had much to celebrate**






Aims:

- 85,000 households able to have their home adapted
- prevent 8,500 people needing residential care places.

CSR: Comprehensive Spending Review

Note: £55 million extra for the DFG in Oct 2018 budget - many authorities rolled this over into 2019/20


# How is the DFG used?


Type of adaptation		% of completed cases	Average cost
	Showers	55%	£4,755
	Straight	15%	2,358
	Curved	10%	4,495
	Ramps	10%	3,928
	Extensions	3%	31,939
	Other	7%	-

**Other:** grants for hospital discharge, home safety, repairs, heating, dementia, sight loss, deep cleaning/decluttering, help to move etc.

**Rising cost of work** – average was £7,000 now £9,000

**Increasing complexity of cases**

	
Older people	65%
Working age	27%
Families with children	7%

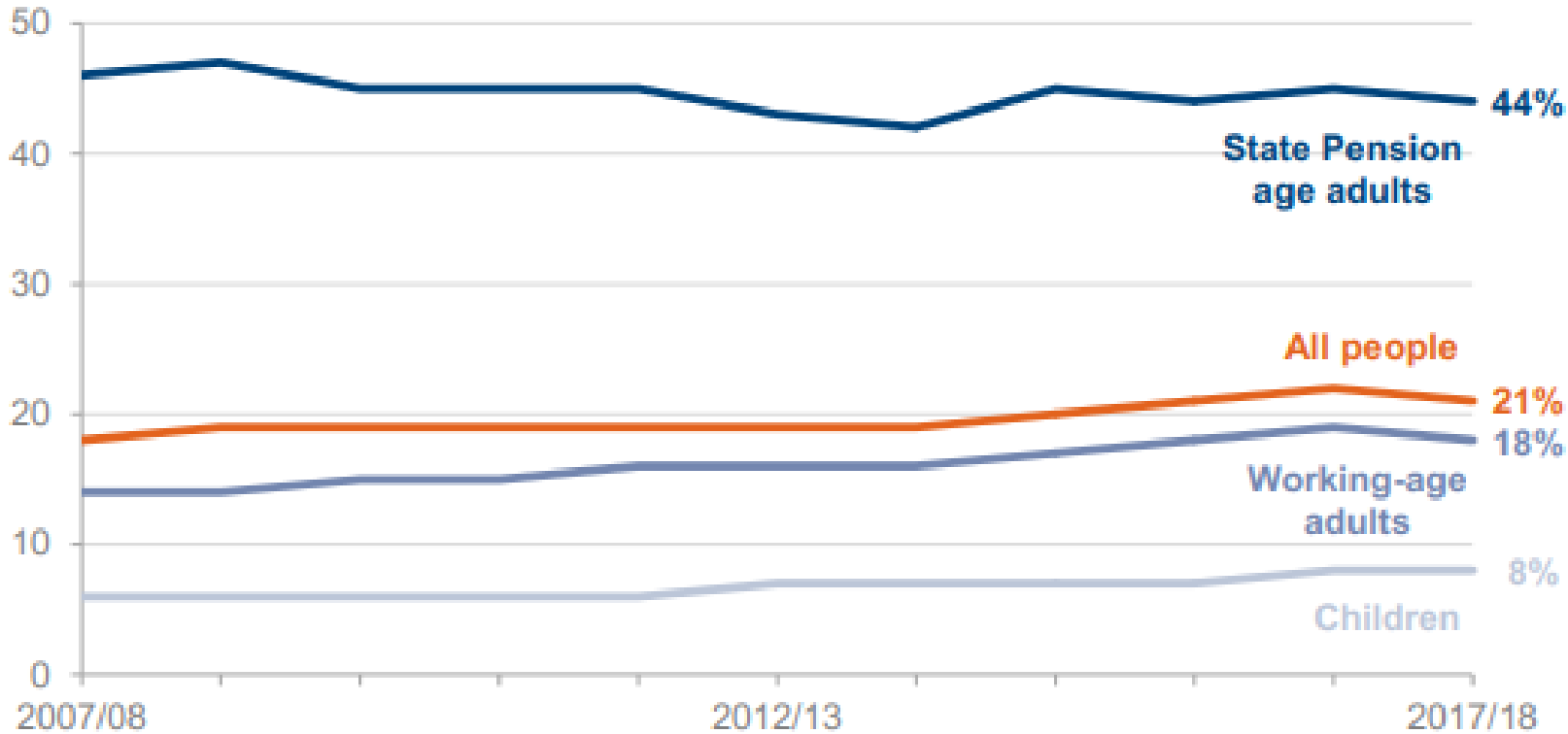
	
Owner occupier	58%
Housing association	34%
Private rented	8%

Source: LOGASnet 206/17

# Why the DFG is important

Disability prevalence by age group UK 2007/08 to 2017/18

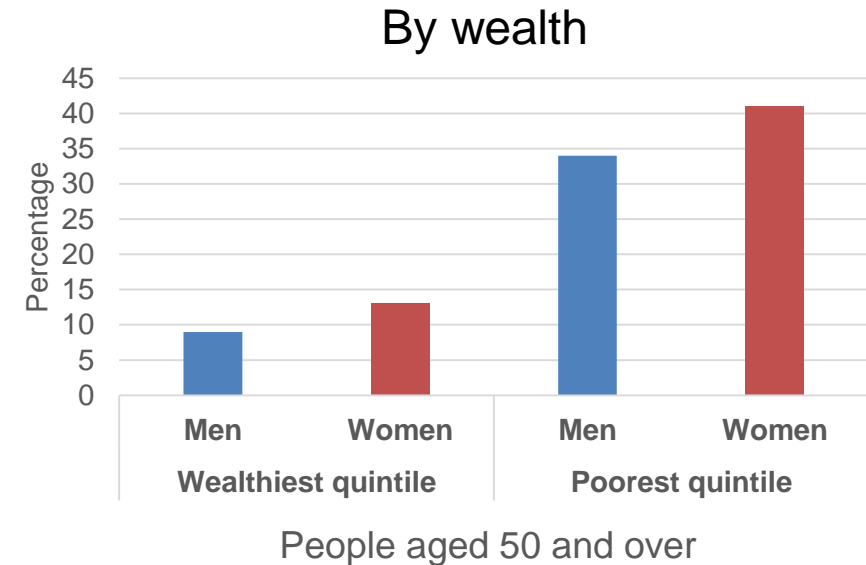
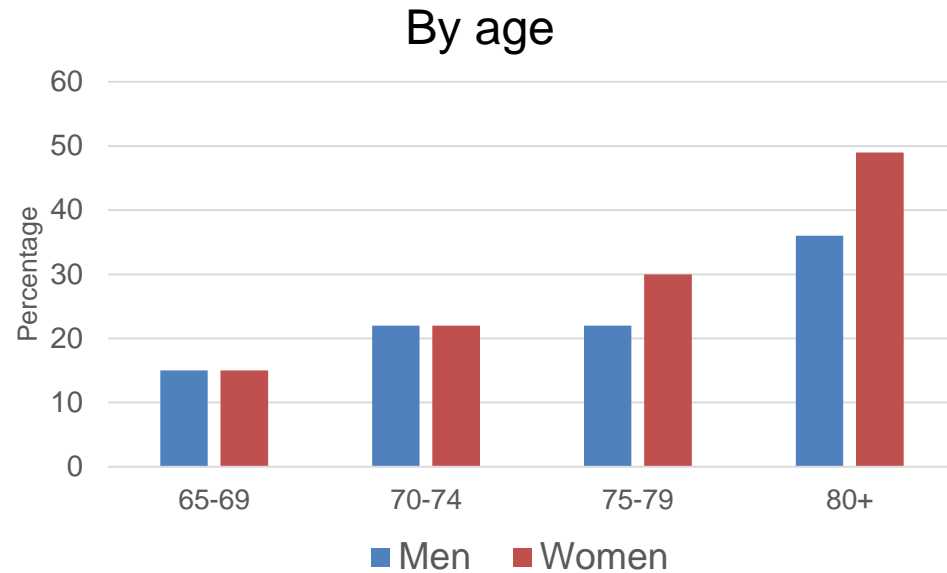
Percentage of people



One in five people reported a disability in 2017/18

Source: Department of Work and Pensions (2019) Family Resources Survey 2017/18

# Difficulty performing at least one activity of daily living



Living alone: **47%** aged 75-84 **61%** aged 85 and over

English Housing Survey 2014-15, DCLG, 2016a

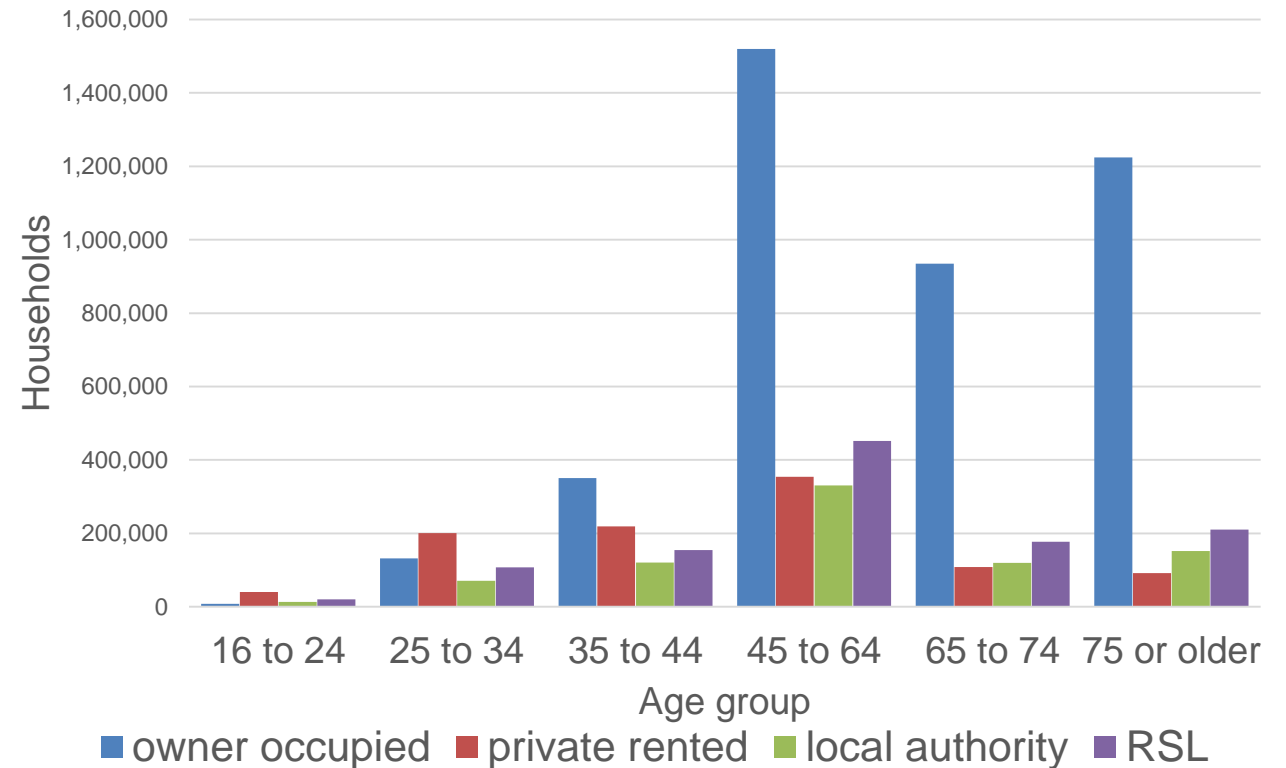
# Households with at least one member with a disability or long-term illness

**54%** social rented sector

**31%** owner occupiers

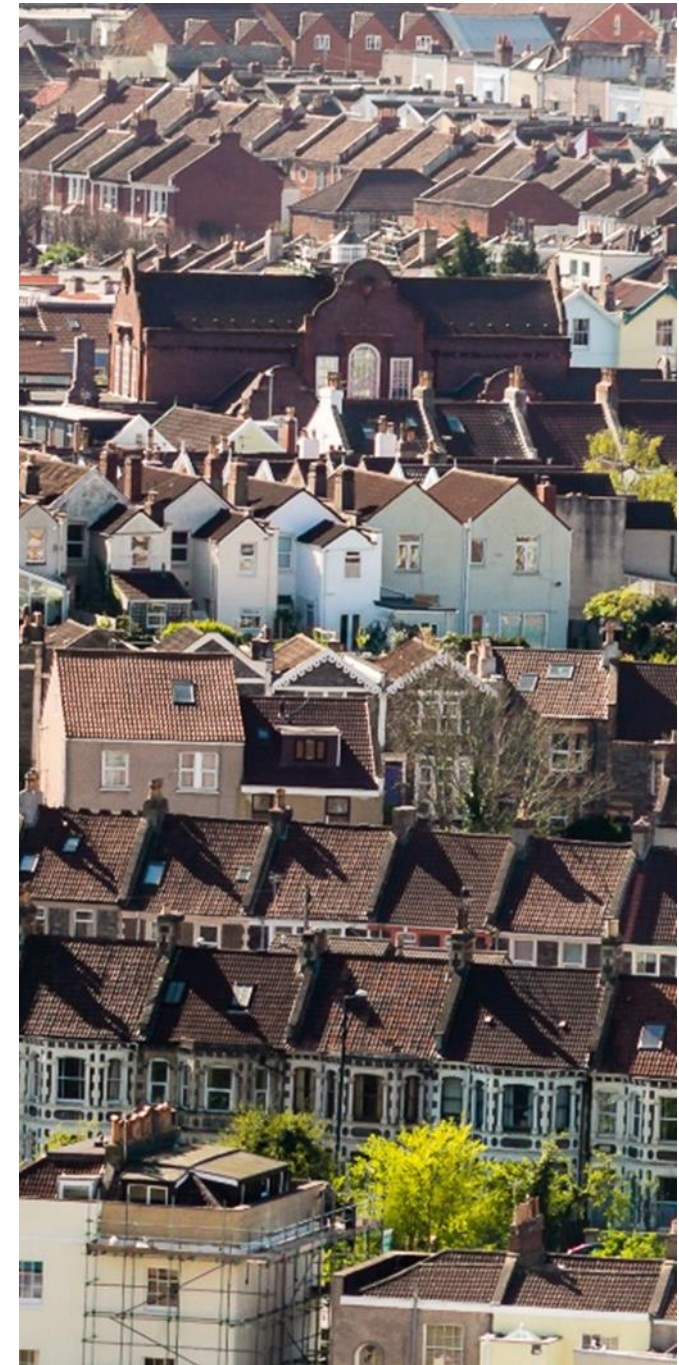
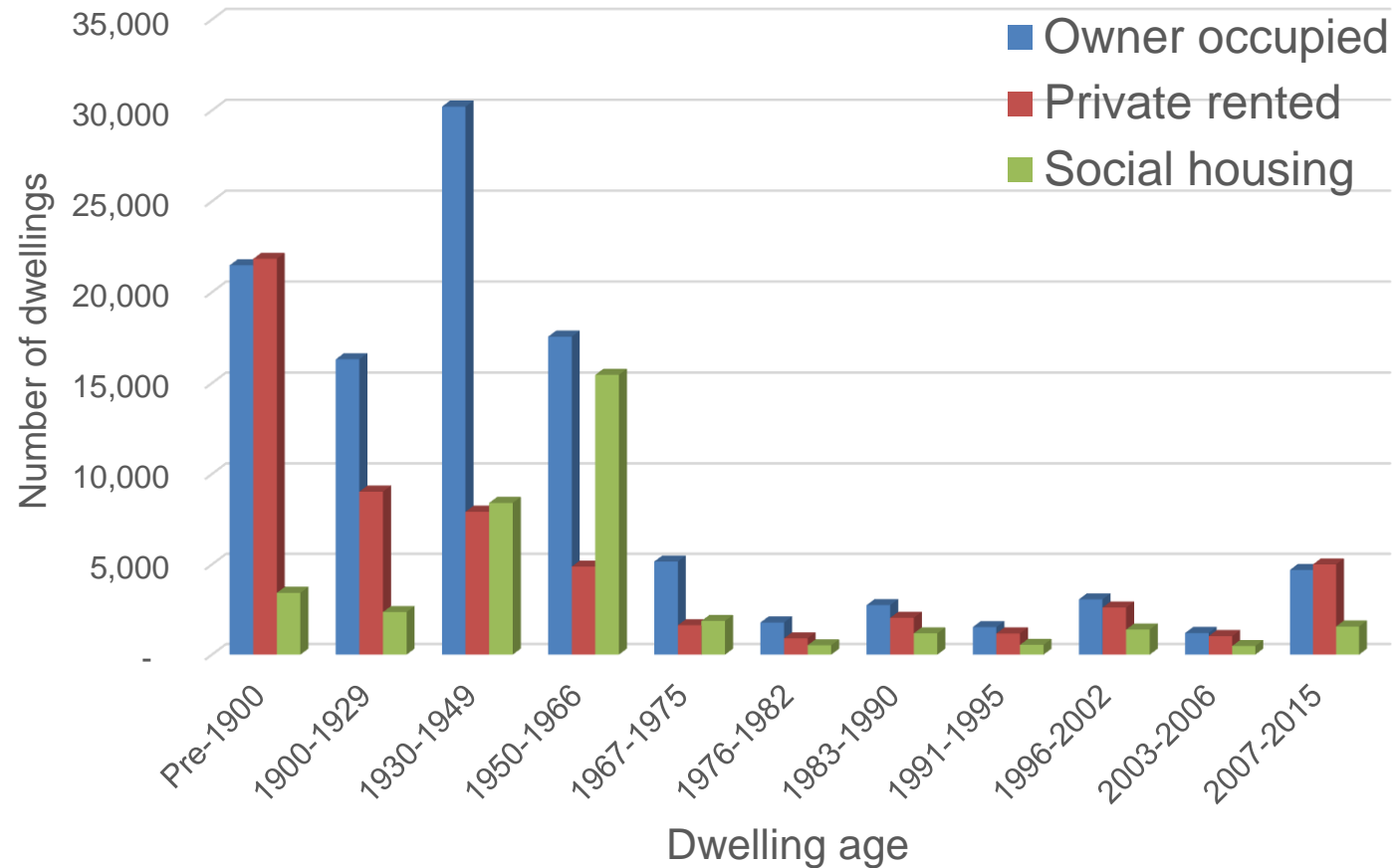
**23%** private renters

Source: English Housing Survey: Social Rented Sector, 2017-18



# Ageing housing stock

## Age of homes in Bristol by tenure





# New investment and innovation

## 1. Further reform of the DFG

Overall aim is for a faster, more integrated service with adaptations that meet the priorities of the individual, their family and carers. It needs to be better joined up with Health and Care services.

- New 5-year funding settlement
- Better integration of services
- Working better together
- Improve allocation of resources
- Uprate the means test
- Revise the upper limit
- Revise the guidance

## 2. Encourage people to plan ahead

- Advice and information
- Practical support
- Role of retail sector/marketing
- Improve the construction sector

## 3. Innovation in design

- Equipment
- Home adaptations

# Services need to be joined up more effectively

## National level:

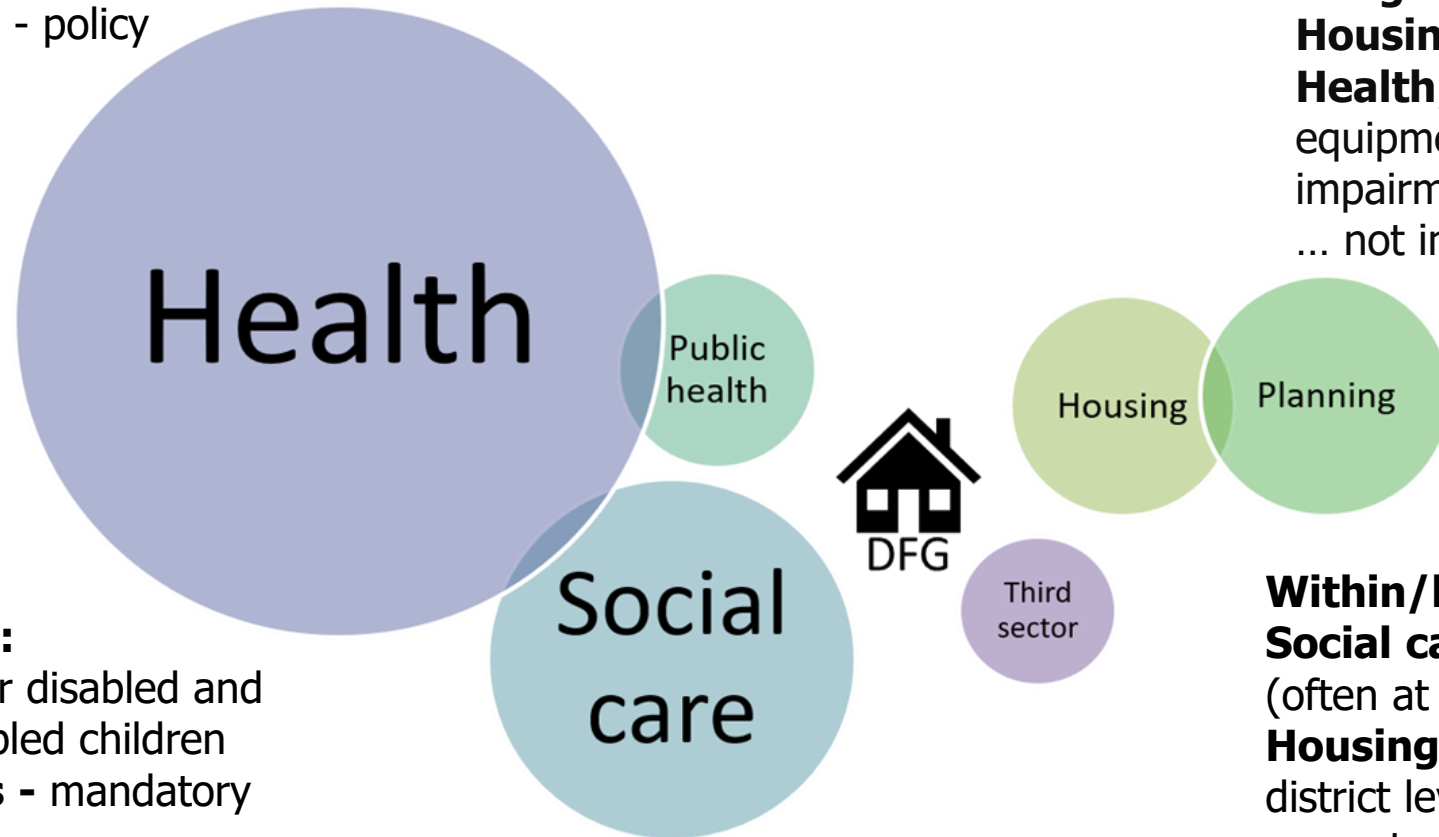
**Dept Health and Social Care** – funding

**Ministry of Housing** - policy

## Budgets:

**Housing** - DFG in Better Care Fund

**Health/Social Care** - community equipment, minor adaptations, sensory impairment, assistive tech, wheelchairs ... not in Better Care Fund



## Legal responsibility:

**Social Care** - duty for disabled and older people and disabled children

**Housing authorities** - mandatory duty for the DFG

## Within/between authorities:

**Social care** – call centres and OTs (often at county level)

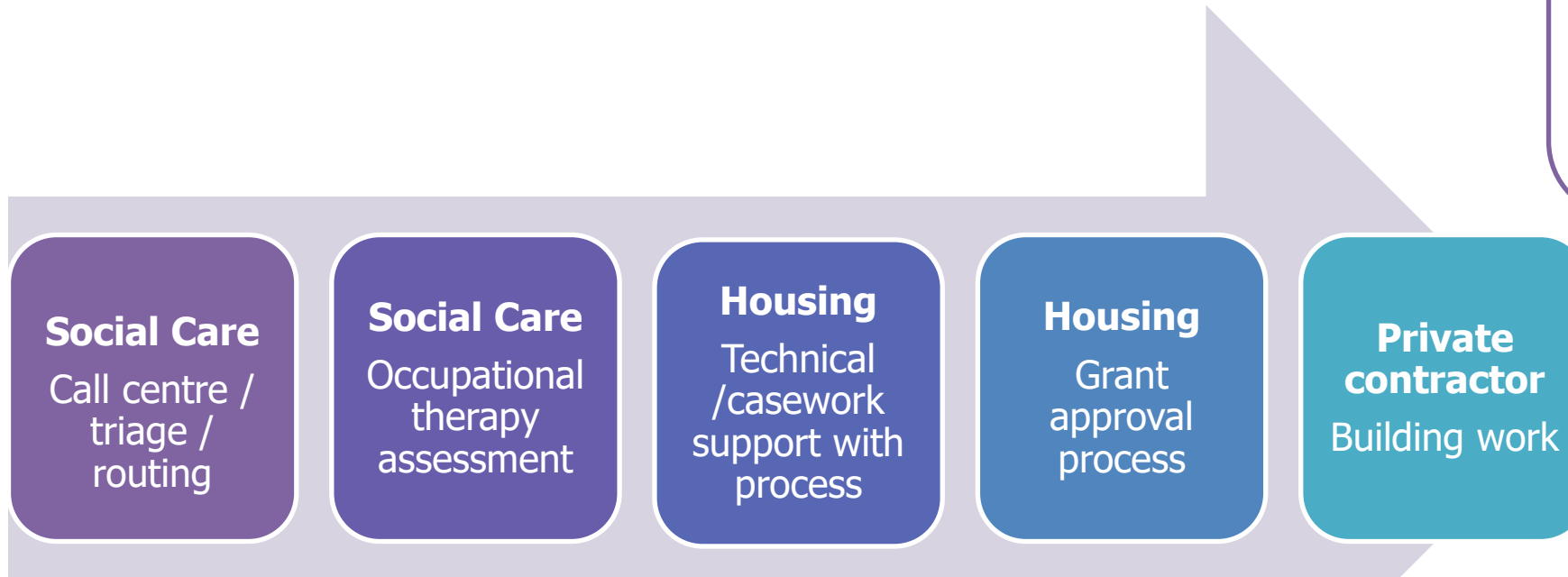
**Housing** – DFG teams, (often at district level in counties) sometimes in separate Home Improvement Agency

# Investment in services

**Foundations, national body** – working to improve delivery

- **Certainty about future funding** – five year settlement
- **Strategic partnership board / strategic plan** – housing, health, social care, housing providers
- **Local adaptation policy** - fast, flexible solutions tailored to locality
- **Single access point/integrated teams** - under a single manager
- **Related budgets all in Better Care Fund** – DFG + Community Equipment + assistive tech, wheelchair budget etc.
- **Better information for consumers**
- **More personalised services**
- **Wrap-around services** e.g. minor adaptations, major adaptations, housing options, assistive technology, telecare, repairs, handyperson, energy efficiency, safer homes initiatives, hospital discharge
- **Preventative services** – advice and information, housing MOTs, falls prevention
- **New cross-trained staff** trusted assessor/grant officer/casework (new apprenticeships)
- **End-to-end IT systems** - NHS number/data sharing protocols
- **Effective reporting** - on outputs, outcomes and impact

# Improving the customer journey



*“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?”.*

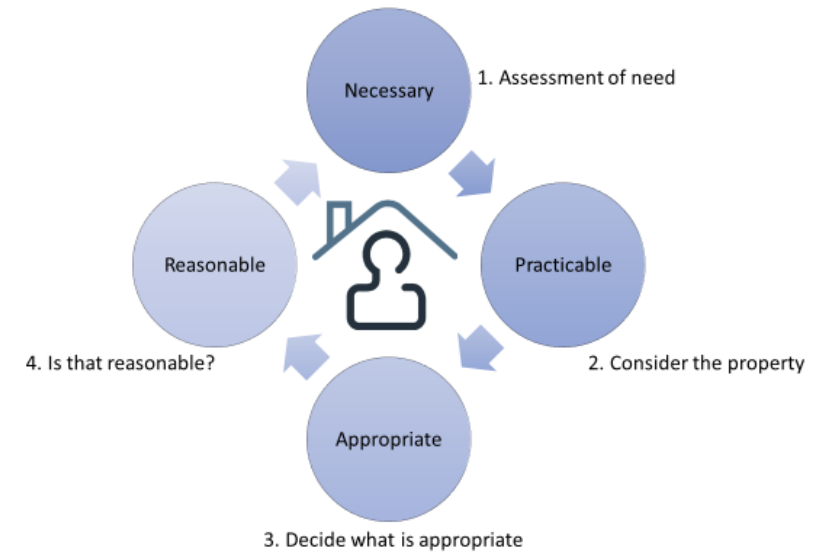
*“People don’t know these services are out there. And also how to access them.”*

**27%** of DFG services were integrated 2018

**85%** of professionals consulted want an integrated service

# Working better together

Nature of case	How case is managed
<b>Person's situation is non-complex, and adaptation is non-complex</b>	<b>Case managed by the person, carer, or family member</b> - with appropriate advice/support (handyperson or trusted assessor)
<b>Person's situation non-complex but property is complex to adapt</b>	<b>Housing professional leads</b> - consults with occupational therapist if needs change or arise
<b>The person's situation complex, but home not complex to adapt</b>	<b>Occupational therapy team leads</b> - consults with housing team if technical advice required
<b>Situation is complex, structural changes to property also complex</b>	<b>Joint management</b>



## Resource allocation

- Core of funding allocation still based on pre-2011 bids by authorities when they had to match fund
- 2011 BRE developed new formula – used to allocate all *new* money since 2011
- Some authorities have ample funding, others struggling to meet needs.

### Review recommendations:

- New formula - easy to understand, transparent, using readily available data.
- Phase in over next five years

## Means test

- No test for children's cases
- Does not take account of cost of building work or mortgage / housing costs (on average 35% drop out)
- Based on housing benefit system which is being phased out
- Includes passporting for certain benefits – some have changed
- Ideally should mirror social care means test but difficult to align.

### Review recommendations:

- Revise to fit with any new test for social care
- Or - uprate existing test
- Possibly remove for stairlifts (if a recycling policy) - because of cost saving of reducing falls on stairs

## Upper limit

- Existing maximum England £30,000 – does not cover costs.
- Ad hoc solutions in each area.

### Review recommended new formula:

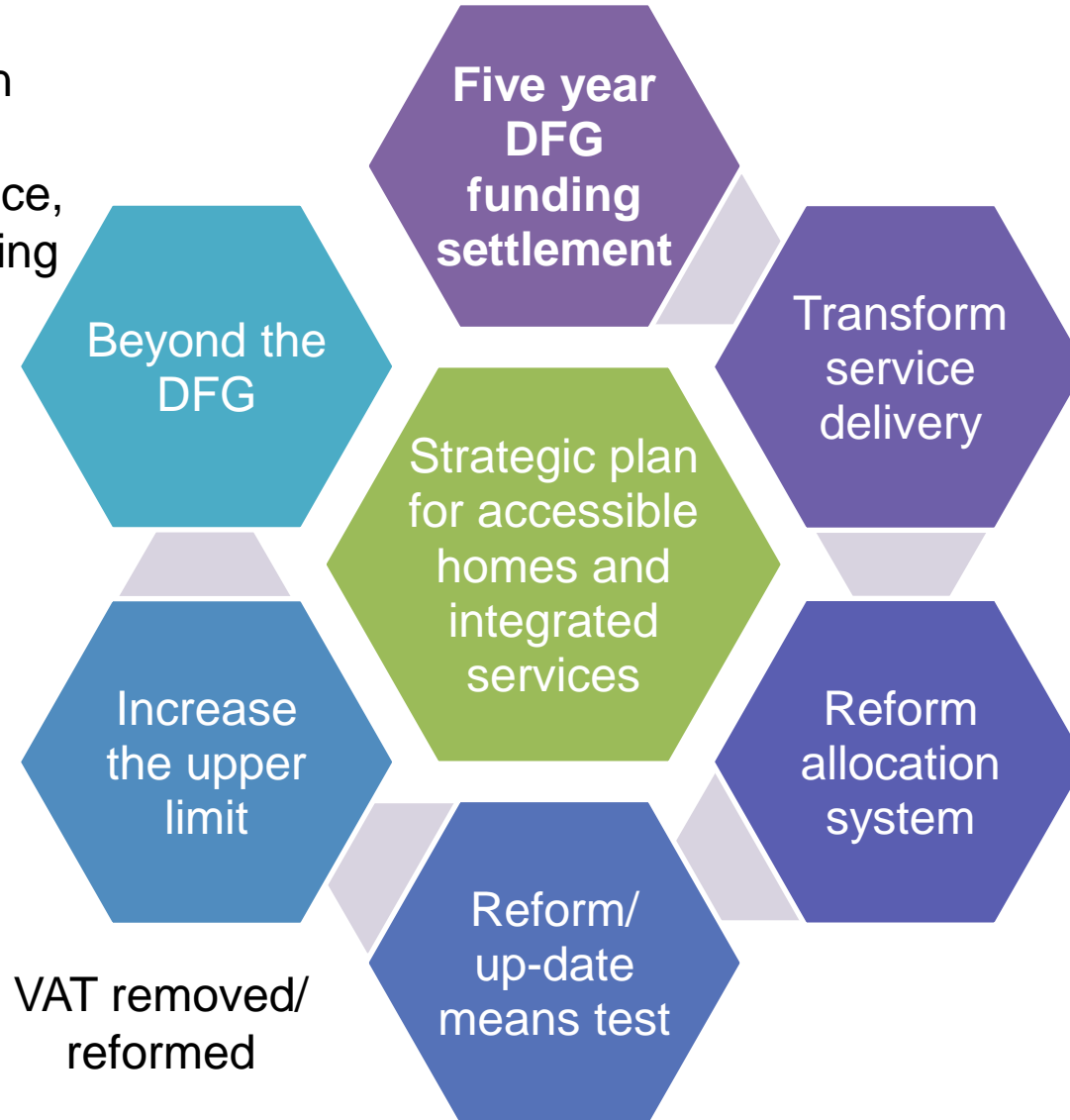
- Increase for inflation
- Takes account of construction costs
- Include 10% professional fee

Region	New upper limit
North East	£42,250
North West	£41,000
Yorks/Humberside	£40,250
West Midlands	£39,000
East Midlands	£40,000
East Anglia	£42,250
South West	£42,250
South East	£46,250
Outer London	£44,500
Inner London	£47,000

# DFG/home adaptations –further reform

Investment in  
innovation,  
information/advice,  
retailing/marketing

**Better Care Fund** (or its  
successor) to include: DFG,  
community equipment and  
associated budgets (e.g.  
wheelchairs, assistive tech)



# How can we help people plan ahead?

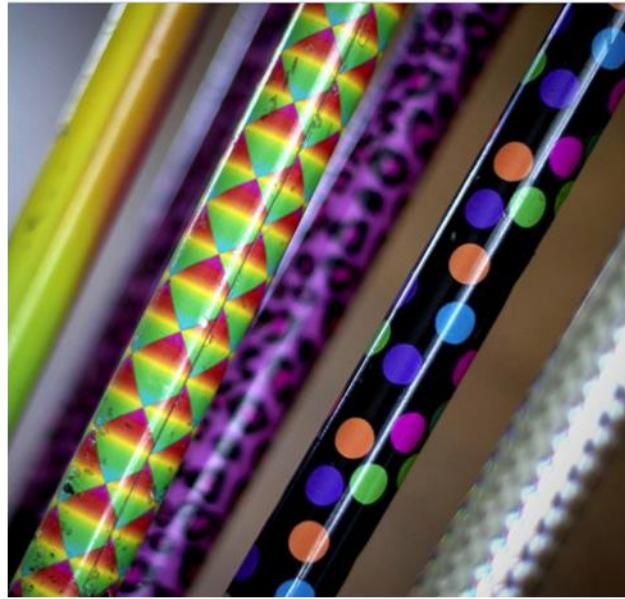
- DFG only reaches a small proportion of people
- We don't know what happens to the 35% of people who drop out of the process
- A lot of private investment in home improvement – but we know little about what people do themselves to adapt their homes
- Lack of easily accessible advice and information – Age UK, specialist disability organisations, specific health conditions – fragmented.
- Home improvement agencies – need secure funding
- Retail sector slow to respond to this market – too much choice, not enough advice
- Mobility shops cater for the 'older old'
- Advertising/marketing/labelling - confused
- Need new financial products for people asset rich, cash poor
- How do we add technology into home adaptations?
- Lack of reliable builders/tradespeople
- Low awareness of accreditation like Trustmark
- New services like Task Rabbit, Check a Trade, but people (especially those living alone) worry about letting people into the home.
- Potential to develop Certified Ageing in Place qualification
- Potential to test and kite-mark products



# Legacy of unattractive design



# Innovation in equipment



# Kitchen options



# Beautiful accessible bathrooms



Average bathroom: 2m x 2m

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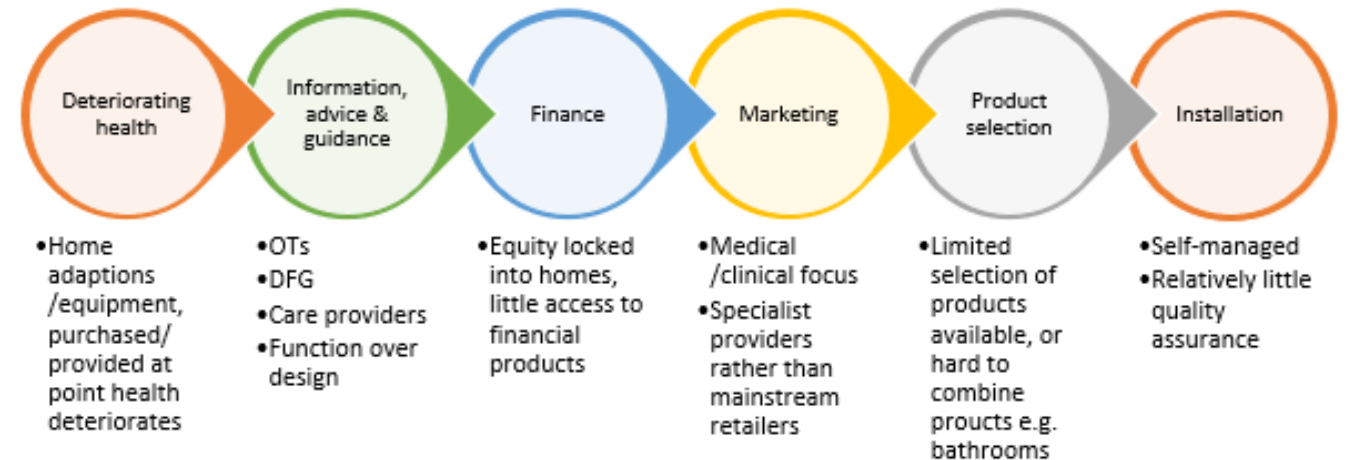
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# West of England Trailblazer project

Aim is to shift this market, providing products for the home that are attractive to a range of ages, including those without health conditions

- Co-design approach
- Leading industry partners
- Key retailers
- Designers
- Universities: University of Bristol and the University of the West of England
- Financial partners
- Housing providers
- Community organisations
- West of England Network of Living Labs

## Current customer journey:



## Suggested Future Customer Journey:



# Contact details

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## Disabled Facilities Grant (DFG) and Other Adaptations: External Review



Dec 2018

### Summary

Sheila Mackintosh, Paul Smith, Helen Garrett, Maggie Davidson, Gareth Morgan, and Rachel Russell



## Disabled Facilities Grant (DFG) and Other Adaptations – External Review



Dec 2018

### Main Report

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<https://www.gov.uk/government/publications/disabled-facilities-grant-and-other-adaptations-external-review>