



Foundations

The Disabled Facilities Grant

Before and after the introduction of the Better Care Fund

Main findings



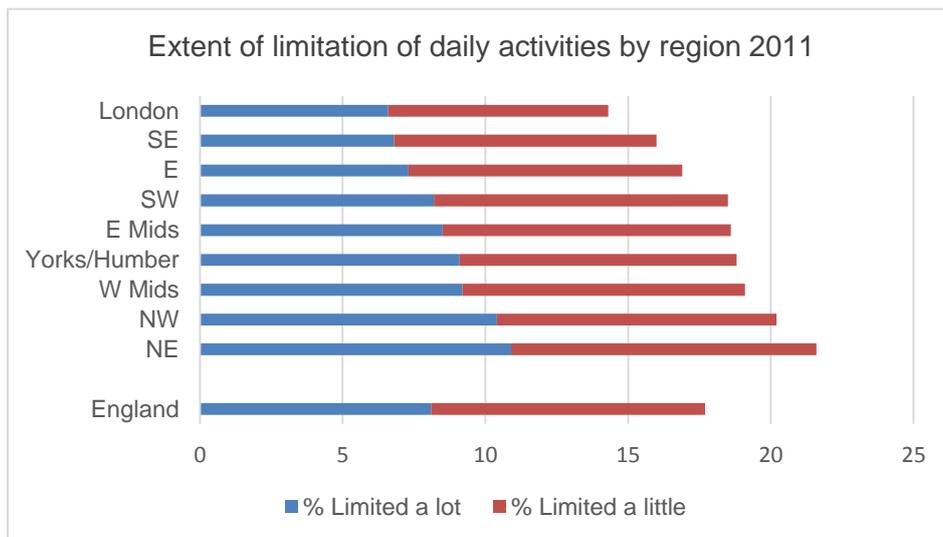
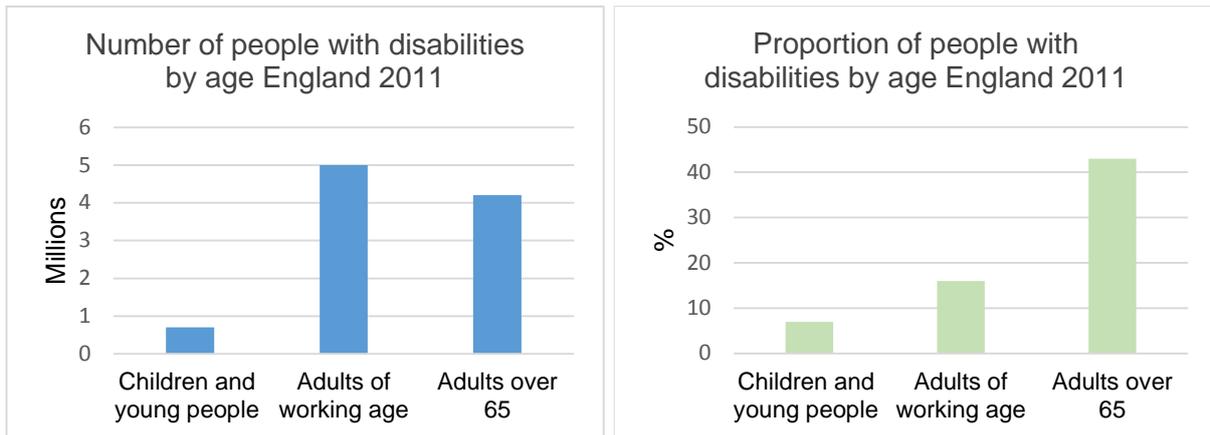
Over the last 25 years the Disabled Facilities Grant (DFG) has helped over 40,000 people a year to live in more accessible housing. The DFG is a means-tested grant to install showers, stairlifts, ramps or to make other changes to the home to enable disabled children and adults to lead more independent lives. It is becoming increasingly important as the population ages. It restores dignity, improves safety and makes life easier both for disabled people themselves and for their carers. It can be crucial in avoiding a move into care or in enabling someone to leave hospital.

The report uses the findings from a series of projects on home adaptation services, plus analysis of the LOGASnet data (annual returns to central government) to show how the DFG has developed, and to raise issues relating to grant delivery systems, funding and resource allocation. It examines how services are being reorganised since the introduction of the Better Care Fund. The main recommendations are to:

- 1. Provide a seamless customer pathway** for the Disabled Facilities Grant by combining services that cross administrative boundaries and fully integrate occupational therapy, casework and technical staff under a single manager. Where appropriate provide a one-stop-shop for older and disabled people based around independent living centres.
- 2. Review the DFG allocation formula** to provide a more equitable spread of resources to each local authority according to level of need. Local housing authorities to continue to provide funding contributions and funding levels to be monitored by Health and Wellbeing Boards.
- 3. Update the test of resources**, revise the upper limit of funding and provide guidance about when it is appropriate to remove the means-test. Most DFGs are for relatively small amounts and lean systems are needed to allow them to be delivered quickly and flexibly to fit with Better Care Fund plans.
- 4. Involve GPs and health professionals** in referrals to get better targeting and to ensure that people who are more isolated get access to help and support.
- 5. Provide advice and information** for people funding their own adaptations and work with the supply chain to develop cost effective, aspirational designs more in keeping with today's lifestyles.
- 6. Develop Memorandums of Understanding** and action plans to ensure joint working between health, housing and social care. Include planners, developers and social housing providers to create accessible housing policies that can help people who need to move rather than adapt their existing home.
- 7. Develop a new DFG data collection system** with returns to Health and Wellbeing Boards, collated and published centrally to show that grants are delivered quickly, provide value for money and deliver effective outcomes. Ensure representation of DFG services on Boards and provide more detail about disability, accessible housing and the DFG in Better Care Fund plans.
- 8. Involve disabled people in service transformation** and carry out independent evaluation of new service delivery models.

The increasing importance of the DFG

There are about 10 million disabled people in England. More than 1 in 10 adults have mobility problems and about 1.25 million live with significant sight loss. Although most people maintain their health and fitness for much of their later years, disability and frailty increase with age. There are also inequalities by region and income group with people in the north and those on lower incomes more likely to experience disability.

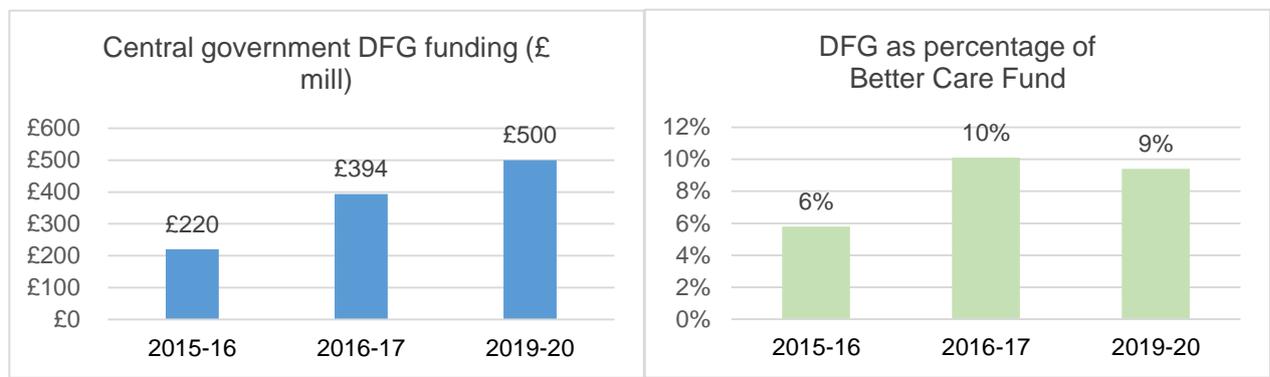


Source: Office for National Statistics 2013

Most disabled people live in ordinary housing and three quarters of older people are owner occupiers. As only a small proportion of the housing stock is fully accessible and few new homes suitable for people with disabilities are being built, modification of the existing stock is becoming more significant. A basic standard is for a property to be 'visitable' so that a disabled person can get into the dwelling, gain access to the main rooms and use the WC. Newer properties built after 1990 are most likely to meet this standard. However, around a fifth of older people have homes which lack even the minimum visitability features. Research by BRE estimates that about 43% of homes would need major building work to meet the standard.

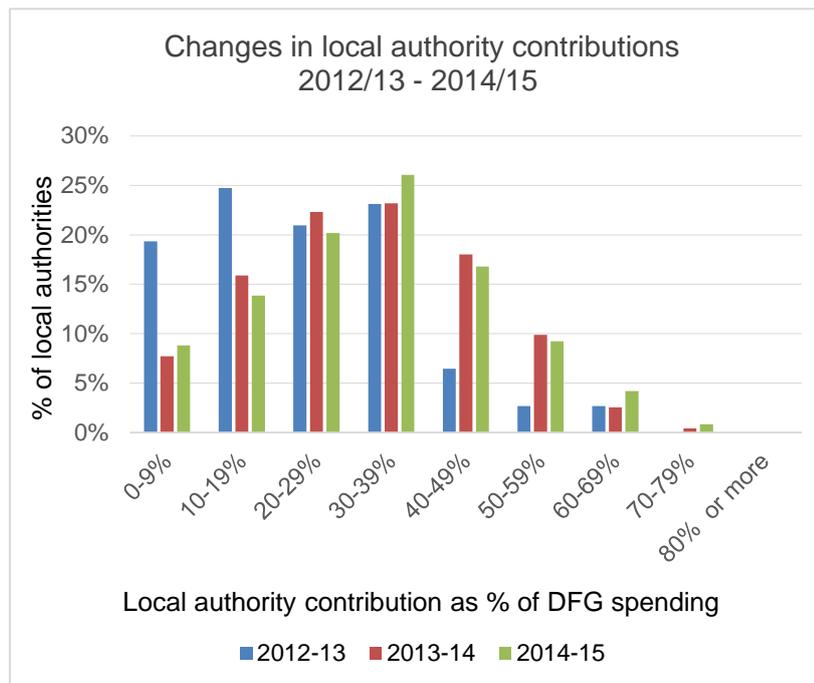
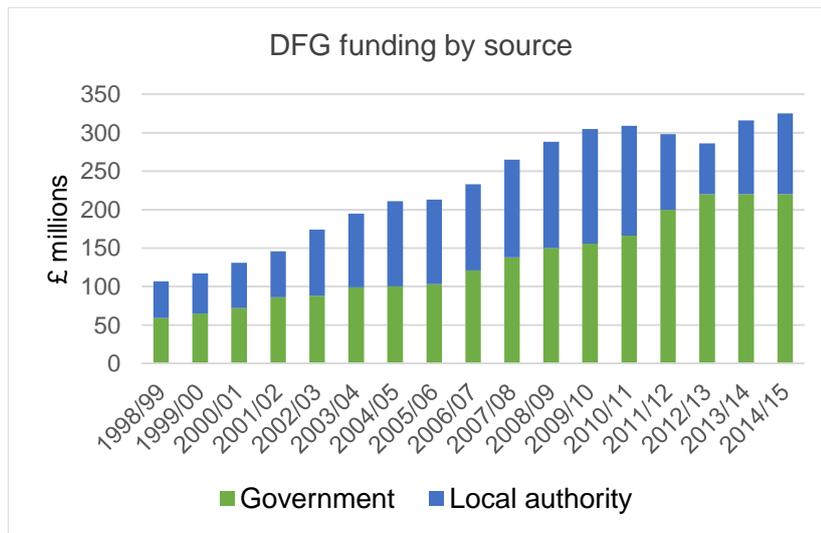
DFG funding

In 2014 the DFG became part of the Better Care Fund, a pooled health and social care budget, but local authorities continue to deliver the grant. The aim of the Better Care Fund is to provide more joined-up and customer focused services to reduce hospital admissions, enable people to leave hospital more quickly and to delay entry to residential care. In recognition of the rising need for adaptations central government funding for the DFG has increased considerably. In 2016/17 provision rose by 79% from £220 million to £394 million and is projected to increase to over £500 million by 2019/20, potentially doubling the number of grants that can be delivered.



Funding for the DFG also comes from local authorities. Contributions rose from the mid-2000s, but significant cuts to local authority spending after 2010 (including removal of a parallel stream of funding, the repairs grant) caused the share of DFG funding provided by councils to fall to 23% in 2012/13. Alongside this there were cuts to staffing budgets and some authorities reported a 50% reduction in staffing levels. More than half of all English authorities reduced the number of grants which they approved between 2010-11 and 2014-15. Funding contributions have begun to increase more recently, but there is considerable variation, with some councils contributing very little while others more than match central government funds.

National statistics do not give a complete picture of DFG funding, as there may be contributions from registered housing providers and local health authorities. Some councils also recycle funds by putting a charge on properties where grant has been provided, enabling the recovery of grant when the property is sold.



Now the DFG is part of the Better Care Fund it is important that Health and Wellbeing Boards are aware if there is a local shortfall in funding. Having a single manager responsible for the whole DFG delivery pathway is essential and it is important that the DFG team is represented on Health and Wellbeing Boards.

How funding is used

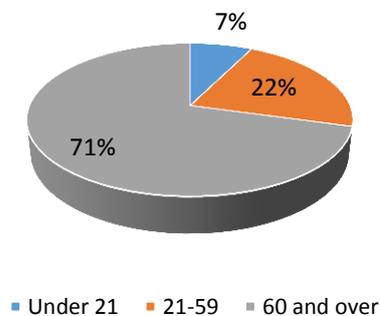
The greatest increases in disability are in older age groups and 71% of DFGs go to people over 60 years of age. Although most people over 65 are owner occupiers (76%) only 61% of DFGs go to this group. This reflects the fact that many owners can afford to improve their homes from their own resources, but home owners may also be under-represented because they are unaware of the grant, do not know where to turn for help, are put off by the test of resources, or drop out because they are unable to contribute to costs.

Only 7% of DFGs go to tenants of private landlords at present but this is likely to increase as people find it increasingly hard to gain access to home ownership or social housing. Short term tenancy agreements, poor housing conditions and overcrowding can make the adaptation of this sector of the stock difficult, and up to 40% of properties may prove impossible to adapt, making rehousing the only option.

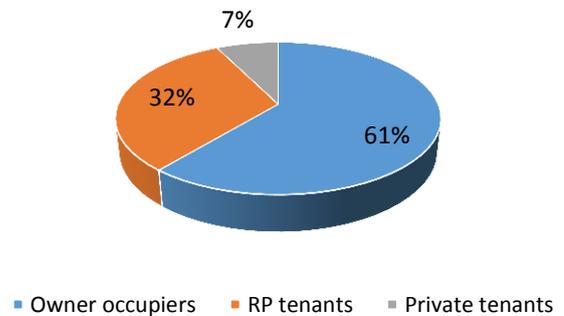
A high proportion of registered provider tenants have disabilities (48.5% compared to 26.8% in owner occupation and 21.9% in private renting) but registered provider tenants seem to be over-represented amongst people who receive DFGs. A third of grants go to this sector although it only comprises 5-13% of the stock (it is higher in areas where the council stock has been transferred). The stock is also, on average, more accessible and a greater number of registered provider tenants live in specialised housing which should not need major adaptation. Some registered providers undertake and pay for all their own adaptations (as happens in the council-owned stock), others refer tenants for a DFG and contribute to costs, but some registered providers make no contribution. Better guidance is required to get more consistency of approach and more effective use of the existing adapted stock.

There is also a need to reach out to those people who are more isolated who may not get access to DFG resources at present, perhaps by involving GPs and other health providers in making referrals. If the DFG is part of integrated services that are more clearly signposted it may help with this process.

Age breakdown of DFG recipients 2008-15

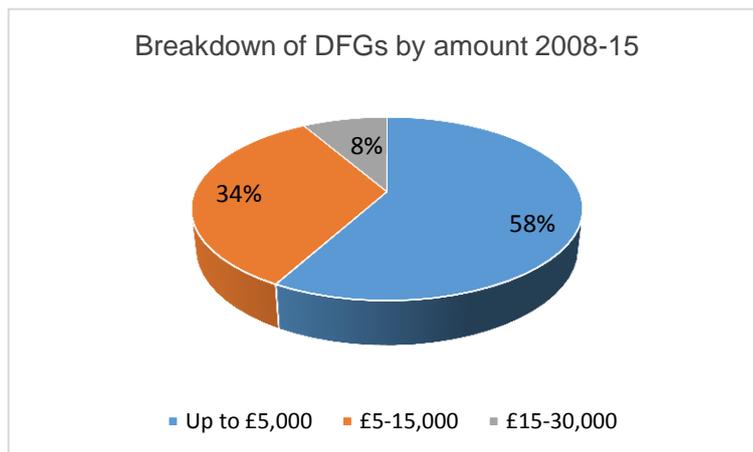


Tenure of DFG recipients 2008-15



Most DFGs are used to improve bathroom facilities and to provide access inside and outside the home via ramps and stairlifts. The average grant is just over £7,000 but most grants are relatively small with 58% under £5,000. The only areas with higher average costs are authorities in and around London, parts of East Anglia and some urban areas where building costs may be higher. The small size of most grants indicates that the processes of assessment, means-testing and specification of work need not be complex, and could be simplified to speed up the process and provide adaptations much more quickly.

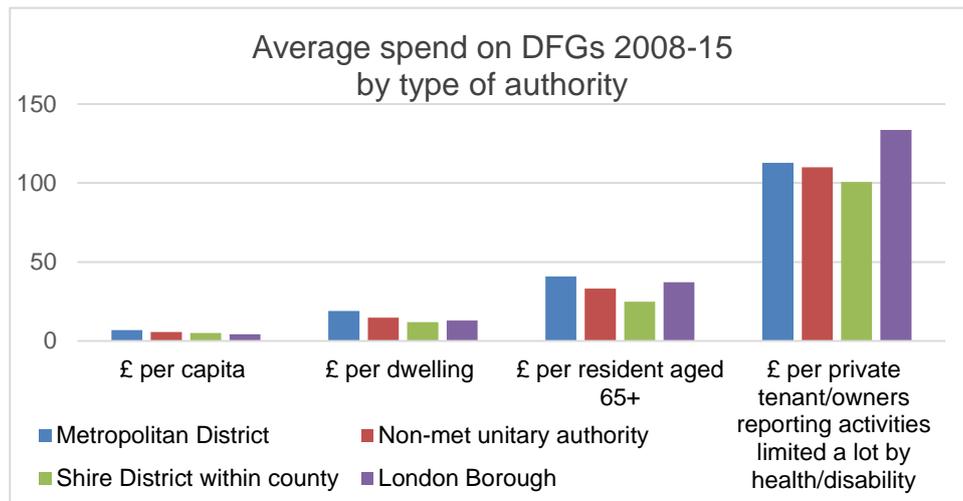
There is already scope within the Regulatory Reform Order (2002) to use the DFG more flexibly provided there is a written policy, but few authorities have been using these powers. The RRO enables councils to remove the test of resources to speed up DFG delivery, provide a loan instead of a grant, use a discretionary grant to top up if work costs over £30,000, provide adaptations for another property to help someone move home, and deal with repairs and heating problems. This flexibility is particularly important if it helps someone return from hospital, or keeps them independent at home rather than going into residential care. There may need to be more central government guidance to demonstrate to finance and audit departments what is actually allowed.



Only 8% of DFGs cost £15,000-£30,000 and of these 5% are at or over the upper threshold of £30,000. For some people moving can provide a better solution and may be cheaper than providing extensive adaptations to the current home. Some areas have developed specialist rehousing services to assist people with this process, but relocation is difficult as few new accessible homes are being built, it is hard to obtain information about the accessibility of homes for sale or rent, and letting policies in the social housing sector focus on minimising void times, giving little opportunity to match people to properties. There may be a case for increasing the upper limit of the DFG as some applicants find it extremely hard to obtain funding to contribute to the high costs of more extensive adaptations. There is also a need to clarify the role of social care in providing top-up funding. More top-up funding would reduce or eliminate delays for children and people with serious disabilities, which could result in substantial savings in health and social care spending.

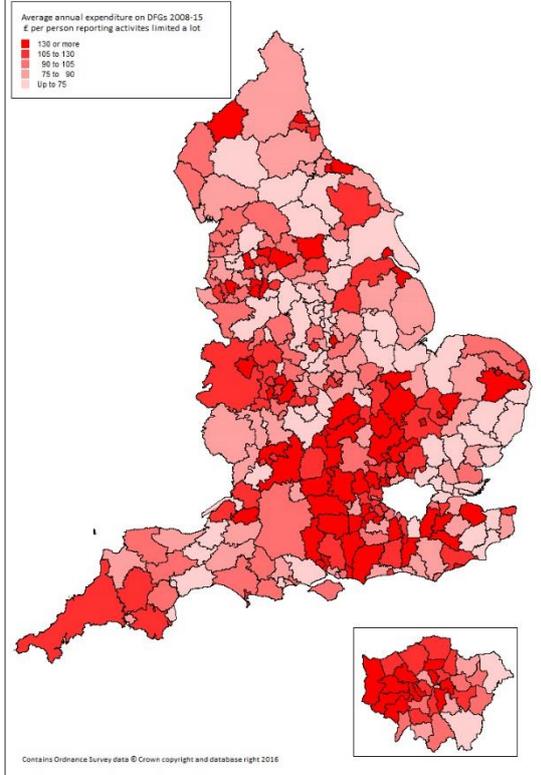
Allocation of resources

Metropolitan authorities and London Boroughs have the highest spending levels on DFGs relative to a number of factors including: population, number of dwellings, and residents over 65 years. Shire districts in two tier authorities appear to have slightly lower levels of spending despite having generally older populations.

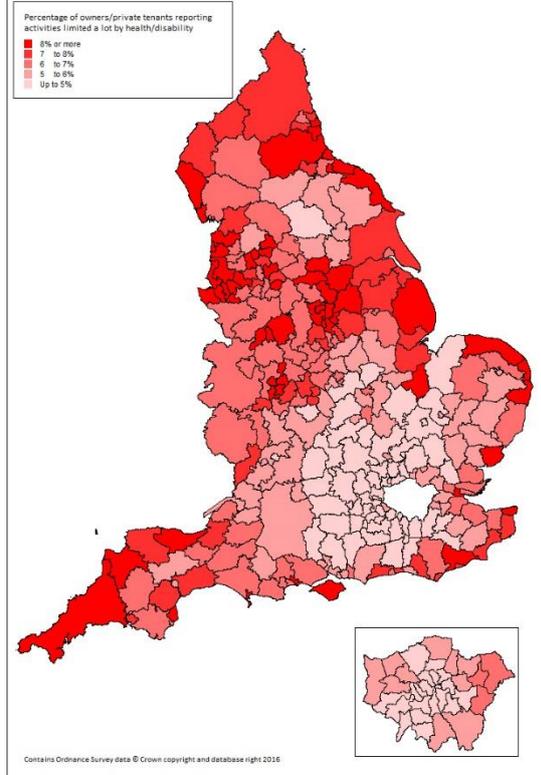


Determining the allocation of resources relative to need is difficult as there is demand in all areas and the number of people actually receiving grants in each local authority is relatively small. Most authorities help less than 200 people per year. In addition, the test of resources means that determining the number of people potentially eligible for the grant is complex. However, when spending levels are mapped against the number of people reporting health and disability problems, spending seems reflect almost the reverse of the pattern of need. The number receiving DFGs is lower in areas with high proportions of households reporting problems with health and disability, such as Lancashire, Yorkshire, Cumbria, the North East and in coastal areas of the South West and East Anglia. This indicates that the approach to the allocation of funding for DFGs may need reconsideration to see if it can be adjusted to match need more closely.

DFG spending 2008-15 per person in owner occupation/private renting reporting activities limited a lot by disability/health



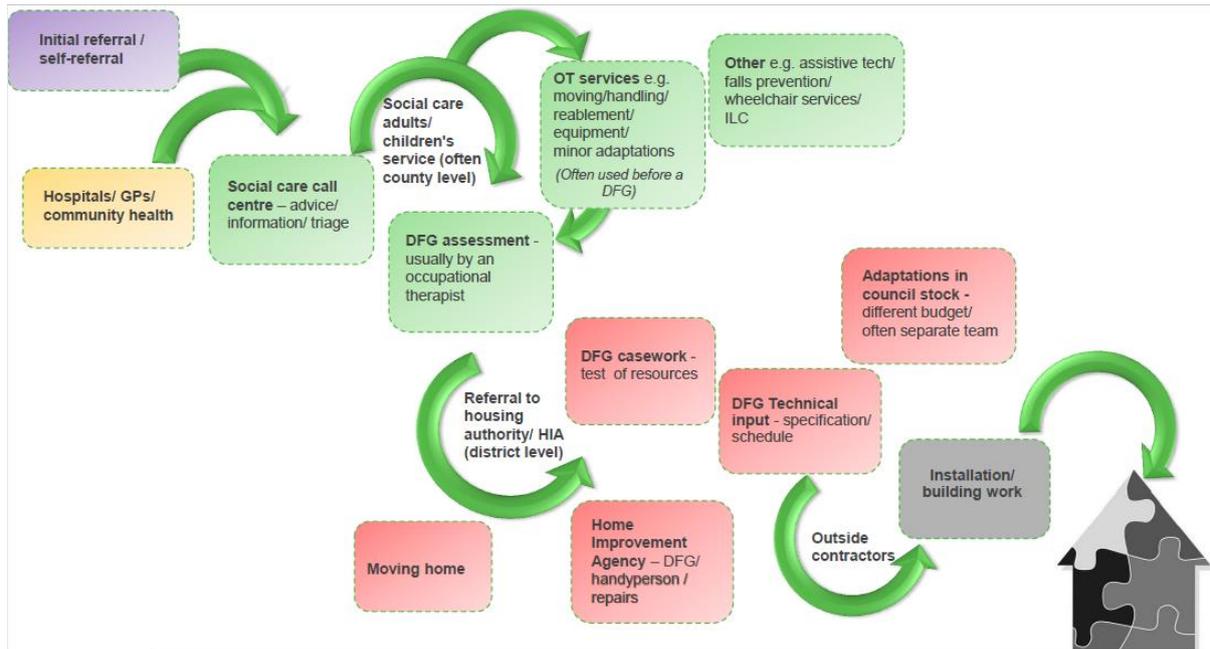
% of persons in owner occupation/private renting reporting activities limited a lot by disability/health 2011



New ways of delivering the DFG

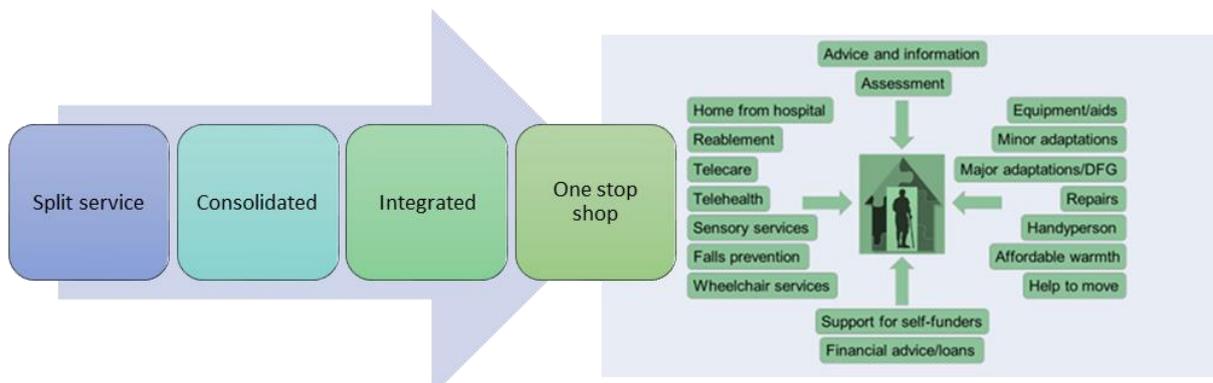
Due to the way legislation and policy developed from the 1970s onwards a number of different organisations became responsible for different parts of the DFG customer journey. A typical pathway developed with social care departments (located in county councils in areas with two tier local government) dealing with the early stage of the process including initial referrals, triage and assessment. The administration and provision of grants including casework support, the test of resources, technical services relating to building works, and dealing with contractors was carried out by housing departments (located at district level in areas with two tier local government). Home improvement agencies also provide some aspects of the service for older and disabled people. This split pathway is not always effective as it crosses administrative and managerial boundaries with potentially duplicate entry points, assessments and waiting lists. Hand-offs between different organisations can also make services slow and confusing for customers.

The typical customer pathway



The inclusion of the DFG in the Better Care Fund and the increase in central government resources places it in a much more central position with regard to policy planning. The old system of delivery is not suited to current policy aims which require a fast, nimble service to speed hospital discharge and reduce pressures on health and care services. Services are now beginning to be pulled together around the person and their home, regardless of whether they were traditionally run by health, social care or housing.

DFG teams that were previously split across service boundaries are becoming co-located and in some areas integrated into multi-skilled teams with occupational therapists, trusted assessors, caseworkers, technical staff, and handypersons working under a single manager. These services tend to have more effective triage and fast track services for home from hospital and 'at risk' cases to reduce pressures on health and social care. Assessments are more holistic and a lot of the bureaucracy is being removed, including eliminating the test of resources for specified cases. Ealing provides a good example of this type of integrated, fast-track service. Finally, some areas have developed 'one stop shops' to bring all services for older disabled people together under one roof, often in Independent Living Centres. This fits with the original ethos of these centres to give disabled people control over their own lives. The best example so far is in Knowsley on Merseyside.



Involving disabled people

To make sure that new integrated services genuinely meet the needs of users it is vital to involve older and disabled people in service transformation and continuing service improvement. New ways of working also need to include more dialogue with customers and more bespoke solutions. Innovative materials are being developed that give more scope for different types of adaptation design and peoples' aspirations about what they want to see in their homes are changing. The DFG has not always kept pace with these trends. Organisations delivering the DFG need to work more closely with suppliers and manufacturers to develop aspirational but value for money and robust solutions more in keeping with today's lifestyles. Advice and support is also required for people who have to self-fund and ways need to be found to persuade people to 'future-proof' their homes (or even to move to somewhere more manageable) so that they can remain living independently for longer.

Service transformation

In order to guide the transformation of services there is a need to bring commissioners and service providers together to develop local plans. Foundations is helping to drive this process with toolkits, workshops and training to help people work together effectively. This also needs to include planning departments, social housing providers and developers to increase the amount of new accessible housing and to make sure allocation policies work effectively for disabled people who want and need to relocate. There is a need for more transformation funding to allow services to continue to operate while change takes place.

Improving information

A better information collection system is necessary to measure the impact of the DFG. This should include information on timescales as grant delivery has often been very slow in the past. Measurement of end to end times should be from the point a person first makes an enquiry for help, not the date the case is passed to the housing authority. Data returns also need to account for all sources of funding, the use of non-means-tested or discretionary grants and the benefits that the DFG brings for individuals and their carers. It is also vital to measure the potential cost savings for health and social care. Statistics should be returned to local health and wellbeing boards to ensure services are accountable and standard returns forwarded to central government for collation and analysis, with the results published so that they can be used for benchmarking. There also needs to be independent evaluation of new service delivery models to see which are most efficient, cost effective and rated most highly by customers to guide service transformation elsewhere.

References

Building Research Establishment (2012) Modelling the current and potential accessibility of the housing stock, Fig 5.7, London: DCLG. <http://ow.ly/bv97302Jz9g>

Garrett, H. and Burris, S. (2015) Homes and ageing in England, Watford: BRE Trust. <http://ow.ly/Z8kg302JyVK>

Office for National Statistics (2013) Disability in England and Wales, 2011 and Comparison with 2001, London: ONS.

All other figures in this report are from LOGASnet, the Department of Communities and Local Government's web-based data capture and payments system.

The Disabled Facilities Grant – Before and after the Better Care Fund – full report <http://ow.ly/75B2302UFng>

