# The evolution of adaptation policies in Britain

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Frances Heywood School for Policy Studies University of Bristol, UK

f.heywood@bristol.ac.uk

#### Hard to see way through the tangle



#### The statistical imperative

Population of UK aged 85 and over

 1983
 600,000

 2008
 1,300,000

 2033
 3,200,000

Percentage with limiting illness 2008

age 60-75 40%Age 75+ 60%

Type of housing Ages 65-84

 Owners 73%, Social renting,28%, Private landlord, 5%

Source: Office of National Statistics

#### Contents

- A very short history
- Adaptations in England today (other UK countries all different).
- Evolution of understanding: the meaning of home; the nature of human need
- Evolution of evidence base: the ongoing international task
- Evolution of thinking: from responsive welfare to investment and strategic planning

#### Once upon a time...



 Older people in England coped with an ageist environment as long as they could.  And when they couldn't manage any longer..



 they became housebound at home, or entered residential care.

#### But through housing adaptation...



- Many older people can remain at home and live a good and fulfilling life, despite mobility problems.
- What has been learnt about this, and what could be done better?

# A very short history

- 1948 foundation of Welfare State
- CSDP Act of 1970: very enlightened on adaptation and other rights. Duties on Social Care. Not adequately backed with funding.
- Thereafter, development largely unplanned
- 1980s Residential places grow 300%
- 1990s Care in Community (but housing forgotten)
- 1990s Housing grants, including mandatory grant for adaptations (DFG). Funding private sector only
- 2003 Community Care (delayed discharges) Act: stricter policies for Social Care to provide minor adaptations
- Situation 2010. Much overlapping and lack of clarity

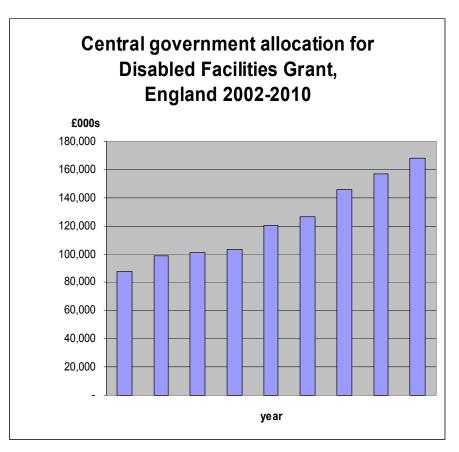
# Adaptations in England today

#### The right to adaptations

- Housing Grants, Construction and Regeneration Act 1996
- Any disabled person in any accommodation\*, public or private is entitled (after a means test) to a grant for adaptations to their home to give them access to all normal facilities.
- This includes bedroom, living room, kitchen, bathroom and garden, improved heating and whatever is needed to allow them to care for someone else.
- These grants are administered by local housing authorities. They must decide that the work is necessary and appropriate, reasonable and practicable
- Maximum grant is £30,000 (€35,450)
   (Average £7,000 (€8,270))

\*including caravans and houseboats

# Rise in Government spending



 Shows rise in direct Government input to major adaptations from £88m in 2002 to £168m in 2010.

#### **Statistics**

- The DFG programme helps about 40,000 people a year in England
- About 70 % of these are older people.
- These resources are insufficient to meet known need and many older people lose out.
- There are many other funding sources, but responsibility is unclear and the whole is not well coordinated (and here's a lesson!)

# All funding sources for adaptations in England, 2009

Type of work	Source of funding	(£millions)
Major adaptations in private housing (DFGs)	CLG: (the National Housing department)	156
Major and minor adaptations in private housing (DFGs and other)	Local housing authorities	156
Major and minor adaptations Local authority Housing	Local authority housing departments	154
Major and minor adaptations Housing association homes	Housing associations	45
Minor adaptations (up to £1000)	Social welfare authorities (via National Department of Health) + some local Health bodies	103
Heating efficiency	Department of Energy and Climate Change	189
Total : all adaptations		£803

#### Other aspects of funding

- Under regulatory reform, local authorities now have considerable freedom to use money differently (but no more money).
- Many have introduced new simpler grants for adaptations for older people
- Best policies where there have been champions:
   Northern city traditions of municipal provision
- Research shows that housing for older people needs to include support services of all kinds (transport, housework, security, repairs) as well as physical structures.

# Evolution of understanding:

- the social model of disability
- the meaning of home
- the nature of human need

#### The social model of disability

- Thinking from US 1970s and 1980s rejected the medicalised model of disability
- Social model says that disability is not an individual, medical problem. Society disables people by attitudes, law and environment, and has power to change this.
- Adaptations had been based on hospital equipment: functional but ugly
- Research showed ugly adaptations less effective: bad for mental health

#### Impact of social model on us all









# The meaning of home

- Individuals identify themselves with their home
- An unadapted home can cause feelings of helplessness and depression
- A badly adapted home can reinforce helplessness and bad self-image
- A well adapted home can restore confidence and well being

#### The nature of human need

- Traditional approaches to assessment give primacy to material needs (eating, toilet, washing, mobility).
- Models from disabled people suggest a different approach
  - Dignity
  - Recognition of values
  - Minimising barriers to independence
  - Having some element of choice
  - Being able to take part in society
- These different approaches will affect the adaptations and alter their effectiveness

# Preserving the meaning of home



 The problem of steps does not mean you have to spoil someone's pride in their home





#### Evolution of evidence base:

The ongoing international task

#### What do we know?

- English language search (2007) revealed that adaptations can
  - Improve quality of life
  - Improve mental health
  - Reduce health costs
  - Speed discharge from hospital
  - Reduce burden and risks to carers
  - Prevent admission to residential care
- Evidence is international and largely transferable

#### Research issues continued

- In UK, £1,000 million a year on hip fractures
- Adaptations reduce the risk of falls, but full evidence needs still to be established. International issue.
- Need systematic approach and international cooperation.
- European CERTAIN project within EU programme 'Technology Initiative for Disabled and Elderly' (TIDE). Included Andrich et al 1998. New methods introduced for this research. Good foundations but continuity needed.

# Evolution of thinking:

- from welfare to investment
- the need for strategic planning

#### From welfare to investment



- 2005. Prime Minister's Strategy Unit produced 'Improving the Life Chances of Disabled People'
- Throws down gauntlet to Government
- Cases where lack of adaptations cost disabled people good jobs
- Services as investment, not welfare
- End to single department thinking. Spending by housing produces savings for health. Need for strategic thinking across old boundaries to achieve more preventative investment

# Need for strategic planning

- 2005, Review of the Disabled Facilities Grant programme
- Advice of very senior official: greatest need is for strategic approach to adaptations, linking housing, health, social care, education, employment and the Treasury
- Recommendation for this and for clear responsibility at government level put into report.

# Strategy continued

- Response in 2008: first ever 'National Strategy for Housing in an Ageing Society'
- All the right words and some matching deeds.
- Increased budgets for adaptations (for 3 years only)
- Increased funding for Agencies to help older people with their housing
- Increased funding for 'handyperson' services to help them feel confident about maintaining their homes
- Reference to Lifetime Homes and 'inclusive design'
- Experimental projects (POPPS) reconnecting housing, health and care

#### Where you could do better

- This strategy has no-one at ministerial level overseeing its implementation
- It is in some ways, just 'a piece of paper'
- It has not got itself embedded in the large scale Treasury and Housing strategies.
- Especially serious; excluded from 'Decent Homes' standard.
- Regions have continued to make housing strategies with no reference to the needs of older people.
- There has been no significant transferring of resources from health to preventative housing investment.
- Funding increases nowhere near increase in ageing population.

#### Conclusion

- Some achievements to be glad of in England, but great opportunities to do better.
- Changing thinking about assessment very hard: takes long time to influence hard-pressed managers.
- There is a hunger amongst managers and policy makers for better evidence on benefits and savings potential of adaptations
- Inter-departmental disputes about funding responsibilities need to be resolved at highest levels, for they are wasteful and destructive
- The need to get suitable housing and adaptations embedded into core national strategies is the greatest challenge.

