



Disabled Facilities Grant: a system of help with home adaptations for disabled people in England – an overview

Purpose To provide a brief overview of the Disabled Facilities Grant (DFG) system in England including what it is, who it helps, who decides, who funds, evidence of its benefit and issues for the future.

For whom Commissioners in health, social care and housing; local councils, clinical commissioning groups, health and well-being boards, service providers, service users and their representatives.

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1. Background

- 1.1. The provision of assistance for disabled people in England to modify their homes to restore or enable independent living, privacy, confidence and dignity is founded on a 'social model of disability'. This views disability as arising from the barriers presented by society and the built environment rather than being inherent in the person themselves¹.
- 1.2. The model recognises that whilst people have physical, sensory, learning ability and psychological differences, these do not have to result in disability unless society fails to make the necessary adjustments to ensure the inclusion of the individual, including modification of the built environment.
- 1.3. It is against this backdrop that a law was introduced in 1989 (amended in 1996²) to provide financial assistance from the state to help to meet the cost of adapting a disabled person's home – the Disabled Facilities Grant (DFG).

2. What is the Disabled Facilities Grant?

- 2.1. The DFG pays for essential home adaptations which can give disabled people better freedom of movement into and around their homes and providing access to essential facilities within the home. The main adaptations facilitate access to the living room, bathroom, bedroom, kitchen plus access into and out of the property.
- 2.2. The DFG also pays for adaptations to make the home safer for the disabled occupant e.g. improved lighting, heating, soft surfaces e.g. for children with behaviour problems.
- 2.3. It is a mandatory grant i.e. people have nationally defined legal rights concerning its provision.
- 2.4. It is means tested for adults but not for children. Only income and savings are taken into account in assessing financial eligibility. The value of the home is not taken into account, nor are the financial outgoings of the applicant.

¹ Department for Communities & Local Govt (2006) *Delivering Adaptations for Disabled People: A good practice guide*

² s101 of the Housing and Local Government Grant 1989, updated in the Housing Grants, Construction and Regeneration Act 1996

- 2.5. The grant is managed by the local council which has housing responsibilities. This is not always the same council that is responsible for social care.
- 2.6. The maximum grant is £30,000. The average DFG is around £6,500.
- 2.7. Local councils do have the discretion to provide extra funds for adaptations which cost more than the DFG limit. This may be either a grant or a loan. Sometimes councils pay for adaptations which cost significantly more than the DFG £30,000 limit. This is particularly the case for disabled children where the adaptation will enable the parents to care for the child and the alternative care costs in special institutions would be extremely high.
- 2.8. Both home owners and tenants can apply for a DFG. In the case of the former a grant repayment charge may be placed on the property to recoup some of the grant when the property is sold. This is a matter for each local council to decide.
- 2.9. In the case of social housing tenants, there may be alternative funding arrangements to provide home adaptations e.g. by the landlord.
- 2.10. Increasingly in areas of housing shortages, landlords and councils may suggest that a disabled person should move to a more suitable home which requires less or no adaptation as an alternative to adapting the current property. A grant towards the cost of moving home may be offered in such instances but this is discretionary.
- 2.11. The most common adaptations are to bathrooms and for stair lifts/ramps/step access. Just over half of DFGs are for adaptations to the homes of older people. Around 40,000 DFGs are awarded each year. This [recent report](#) analyses use of DFG over the past 25 years in detail.

3. Who decides what a Disabled Facilities Grant will pay for?

- 3.1. The housing authority manages the DFG provision within the framework of the legislation described above. The housing authority usually asks social services (primarily occupational therapists) to assess whether an adaptation is 'necessary and appropriate' [as set out in DFG law] to meet the disabled person's needs. A specialist housing practitioner (often an environmental health officer) assesses whether a particular home adaptation is 'reasonable and practicable' [again, as set out in DFG legislation].
- 3.2. The means test for a DFG is applied by the housing authority based on nationally defined amounts – the calculation is the same across the country.
- 3.3. However, local authorities have a great deal of discretion regarding their local systems of provision/processing of grants for home adaptations in general. Some have simplified, fast track schemes offering non-means tested grants to provide smaller adaptations and they apply DFG criteria only for larger works. See this [webpage](#) for local examples.

4. Financing DFG

- 4.1. National government sets a national DFG budget to assist local councils to provide DFG and makes a specific payment to each local housing authority. The national funding has, ever since introduction of the DFG grant, been intended to contribute towards local budgets, with contributions from housing, social care and health. The national budget was £220m pa from 2013-2016. It rose to £394m in 2016-17, with small rises scheduled for 2017-2018/2018-2019.
- 4.2. The Department of Health now provides all the national money paid to local authorities and payment is made to top tier authorities through the Better Care Fund (BCF).
- 4.3. Each council sets its local budget based on a combination of the national grant, its own contribution plus any funding from social services and the health sector. It is worth noting that the DFG fund from national government is not ring-fenced but the 2016-17 [BCF Strategic Framework](#) sets out a clear indication of how the allocation for DFG should be used, e.g. in the case of two tier areas, that the grant should be passed on to housing authorities.

5. Scale of need and adequacy of the DFG system

- 5.1. Whilst the DFG undoubtedly results in significant improvements in quality of life and cost benefits to the state for thousands of people in England every year, in most localities the budgets do not meet known need.
- 5.2. A DCLG commissioned analysis of the DFG funding allocation system and DFG means testing was carried out by the Building Research Establishment (BRE) in 2011. This estimated that the total amount required to provide grants for all of those who were theoretically eligible was £1.9bn at 2005 prices – representing more than ten times the total amount of DFG funding allocated in England in 2009-10 (£157m).
- 5.3. Both the adequacy of the local budget and the quality of local provision is highly variable. In some areas budgets are underspent; in others, they are greatly oversubscribed with reported delays in excess of two years for a DFG.
- 5.4. Some pioneering areas offer excellent integrated services, with 'Independent Living Centres', such as the highly regarded model in [Knowsley](#), or the West of England Care & Repair's [Centres for Independent Living](#).

6. Evidence of the benefits of DFG

- 6.1. In recent years there has been limited academic research into the impacts, fiscal or social benefits of DFG provision. The best comprehensive summary of the literature analysing their value is *Better Outcomes, Lower Costs: Implications for health and social care budgets of investment in housing adaptation, improvements and equipment: A review of evidence*⁴.
- 6.2. This analysis was commissioned by a section of the Department for Work and Pensions (DWP) in 2006 and concluded that home adaptations save public money in four key ways:
1. *Saving by reducing or removing completely an existing outlay – e.g. residential care or home care.*
 2. *Saving through prevention of an outlay that would otherwise have been incurred – e.g. prevention of accidents such as falls that result in hospital costs.*
 3. *Savings through prevention of waste e.g. providing additional hours of home care whilst a person is waiting for an adaptation that will remove the need for that care package.*
 4. *Savings through achieving better outcomes for the same expenditure e.g. adaptations improve the quality of life for 90% of recipients and have the added value of improving the quality of life for carers and other family members.*
- 6.3. Care & Repair England has been working closely with the [Centre for Ageing Better](#) on the issue of evidence and home adaptations. A new [systematic review](#) of this evidence has recently been commissioned.
- 6.4. A recent Building Research Establishment [report](#) has created a model for quantifying the cost benefits of targeted home modifications that reduce risk of health care costs.
- 6.5. In the light of the need for more primary research in the field the national housing charity, Care & Repair England, is encouraging more academics, and the research councils who fund studies, to take an interest in this field. It is also aiming to make it easier for researchers to access beneficiaries and service providers. It has called this initiative 'Catch 22' and more information can be found on [the website](#).

⁴Heywood F & Turner L (2006) *Better Outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptation, improvements and equipment: A review of evidence*, Office for Disability Issues and the University of Bristol

7. DFG - the future

- 7.1. In the face of austerity in the UK, every area of public expenditure remains under close scrutiny. So far the strong cost benefit profile for DFG has resulted not only in rising levels of national DFG funding, but also embedding the DFG into new funding systems i.e. the BCF.
- 7.2. Unfortunately, at a local level many DFG budgets have either remained static or been reduced despite increasing needs (e.g. arising from factors such as population ageing, more disabled people living in mainstream housing, rising numbers of very disabled children surviving longer, often into adulthood, because of medical advances etc).
- 7.3. Local government has experienced year on year funding reductions and social services has been under particular pressure. Preventative services, including home adaptations, have tended to have a lower priority than crisis intervention and so budgets have been reduced.
- 7.4. With the continuing drive to integrate health and care, the incorporation of home adaptations and DFG into emerging new systems will be a key challenge. Without this inclusion of housing the prospects for DFG & home adaptations help are not positive.

8. Conclusion

- 8.1. Home Adaptations have a critical role to play in delivering a policy vision which includes
 - continued extension of independent living rather than residential care,
 - efficient delivery of health and care services at or closer to home,
 - reduced use of NHS services/reductions in delayed transfer of care,
 - better management of long term conditions and
 - prevention of high cost incidents, such as falls in the home.
- 8.2. The need for an improved evidence base regarding the value & impact of DFG is greater than ever in the new landscape of integrated health and social care and a pressing demand for efficiency savings in the NHS.

Sources of further information

Documents about the DFG System

[The Disabled Facilities Grant: Before and after the introduction of the Better Care Fund](#)

Mackintosh S & Leather P (June 2016)

In depth analysis of the use of DFG over the past 25 yrs.

[Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice](#) (2013)

This detailed guide, published in October 2013 by the Home Adaptations Consortium sets out the legislation, guidance and good practice concerning Disabled Facilities Grant (DFG). Includes key references and documents about DFG and adaptations law, research and good practice.

[Home Adaptations Consortium](#) blog – for a range of DFG materials & resources

[Parliamentary Briefing about Disabled Facilities Grant](#) (2013)

The House of Commons Library

[Time to Adapt? Home adaptations for older people: The increase in need and future of state provision](#) Adams S & Ellison M (2010) Care & Repair England, Nottingham

Integration Briefings about DFG and the Better Care Fund

A series of 'Integration Briefings' from Care & Repair England and Public Health England explain the connections between the funding and purpose of Disabled Facilities Grants, the Better Care Fund Policy Framework and the related interests of Public Health & the NHS.

Briefing 1: [DFG Funding via Better Care Funds: An Opportunity to Improve Outcomes](#) (June 15)

Briefing 2: [Briefing: Home adaptations, integration and the Care Act](#) (Sept 15)

Briefing 3: [Innovation in home adaptations – a fresh chance](#) (June 16)

Evidence of the benefits of DFG/ home adaptations

[Better Outcomes, lower costs](#) Heywood F & Turner L (2006) Office for Disability Issues and the University of Bristol

This systematic evidence review looks at the implications for health and social care budgets of investment in housing adaptation, improvements and equipment.

[The cost-benefit to the NHS arising from preventative housing interventions](#)

Garret H et al (2016) Building Research Establishment

This report models the potential scale of NHS cost benefits of pro-active interventions to remove specific housing risk factors.

[genHOME](#)

Website aiming to bring together housing related research and evidence relevant to the needs of disabled and older people, particularly regarding home adaptations.

Good practice information

[Home Adaptations Consortium](#) blog page – for a range of DFG Good Practice Examples

Miscellaneous related resources

DCLG (Annual) English Housing Survey

Nicol S, et al (2010) Quantifying the Costs of Poor Housing BRE Information Paper 16/10: BRE

Oswald F, et al. *Relationships between housing and healthy aging in very old age.* Gerontologist 2007; 47:96-107

Lawrence RJ *Housing and health promotion: moving forward* Int J Public Health 2010; 55:145-6

Chartered Institute of Housing, UK Housing Review, 2014, Table 17a ONS Census 2011 data

Leonard Cheshire (2014) Home Sweet Home

English Longitudinal Study of Ageing (various) <http://www.elsa-project.ac.uk/>

Heywood F (2001) *Money Well Spent: The effectiveness of housing adaptations* Joseph Rowntree Foundation

Lloyd J (2014) *The Bigger Picture: Policy insights and recommendations* The Strategic Society & Independent Age

Alzheimer's Society (2012) *Home Truths: Housing services and support for people with dementia*

DCLG (2012) EHS: Profile of English Housing

About Care & Repair England

Care & Repair England is an independent charitable organisation which aims to improve older people's housing. It innovates, develops, promotes and supports practical housing initiatives & related policy and practice which enable older people to live independently **in their own homes for as long as they choose.**

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