

Home Adaptations, Integration and the Care Act

Purpose	To explain the connections between the Care Act 2014 and the provision of help with home adaptations, particularly Disabled Facilities Grants, noting opportunities for integration
For whom	Briefing for those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Directors of Social Services, Members of Health and Wellbeing Boards; Patient and Service User Representatives
Where	Change across England
When	Staged implementation of the Care Act 2014 from April 2015 onwards
Related Information	<ul style="list-style-type: none">• Integration Briefing 1: Disabled Facilities Grant Funding via Better Care Funds – An Opportunity to Improve Outcomes;• Home Adaptations Good Practice Models All available on homeadaptationsconsortium.wordpress.com

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At a Glance

Home adaptations for disabled people improve health and wellbeing and contribute to achieving a range of outcomes set out in the Public Health, NHS and Adult Social Care Outcomes Frameworks (detailed in [Integration Briefing 1](#)).

The Care Act 2014 changes social care authorities' legal obligations with regard to meeting the care and support needs of adults. The Act offers an opportunity to improve local provision of home adaptations in line with the Act's aspirations and duties to integrate health, social care and housing, achieve efficiency savings and move from crisis intervention to prevention.

The housing law which shapes the provision of grants for adaptations (Disabled Facilities Grants) has not changed and there is a great deal of scope for local innovation in adaptations delivery.

Why are home adaptations a health issue?

The [NHS 5 Year Forward View](#) noted that a key condition for transformation across local health economies is a strong primary and out-of-hospital care system, with well-developed planning about how to provide care in people's own homes, with a focus on prevention, promoting independence and support to stay well.

Home adaptations for disabled people meet this condition as they can:

- Enable independence at home
- Speed up hospital discharge/reduce readmission
- Prevent escalation of need eg. accidents and falls
- Support maintenance of physical and mental well-being

Home adaptations, the Care Act and who pays

Provision of help with home adaptations for disabled people is determined by housing law and social care legislation. This Briefing summarises key elements of that interface.

Budgets and systems for assistance with home adaptations are decided locally. Funding is provided by a mix of contributions from national government, local authorities, the health sector and sometimes social housing providers.

From April 2015 the national government grant to support the local provision of Disabled Facilities Grants is paid via the Better Care Fund. This provides a further opportunity for greater integration (see [Integration Briefing 1](#)).

Action Checklist

- Has your locality set a pooled budget based on a detailed needs assessment for provision of home adaptations (both minor adaptations/ community equipment, and also larger adaptations funded by a DFG) with funding contributions from housing, health and social care?
- Could your local systems for provision of home adaptations be improved and integrated? (eg. to speed up delivery, link to hospital discharge, falls and dementia pathways etc)

The legal framework for provision of help with home adaptations for disabled people

The main source of financial assistance for disabled people who need help to meet the cost of home adaptations is the Disabled Facilities Grant (DFG).

The main legislative framework governing DFGs is provided by the Housing Grants, Construction and Regeneration Act 1996 (HGCRA). Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. This grant aid is means tested for adults (not for children) and eligibility is defined in the HGCRA.

Social care authorities have had legal obligations concerning provision of help with home adaptations for disabled people that pre-dates the housing law. With the introduction of the Care Act 2014, there remain social care duties in relation to the delivery of home adaptations. These include, for example, adult social care statutory requirements under the Care Act to assess needs and to arrange for appropriate assistance to be provided. This includes statutory entitlements to community equipment and minor adaptations.

What does a Disabled Facilities Grant pay for?

- The DFG pays for essential home adaptations which can give disabled people better freedom of movement into and around their homes and which provide access to essential facilities within the home.
- The main DFG funded adaptations facilitate access to the living room, bathroom, bedroom, kitchen plus access into and out of the property.
- The DFG can also pay for adaptations to make the home safer for the disabled occupant eg. alterations to help people with dementia, soft surfaces for children with behaviour problems, improved lighting for those with visual impairment, improved heating for health conditions etc.
- Modifications to bathroom facilities to enable self care are the most commonly funded type of DFG adaptation.
- The maximum mandatory disabled facilities grant is £30,000. The average grant is around £6,500, but there is a very wide range of grant payments to meet many levels of need. Local authorities & health bodies also have powers to pay additional grants to pay for adaptations which cost more than £30,000.

Determination of whether works are ‘necessary and appropriate’ to meet the needs of the disabled occupant

One of the key areas of connection between housing law and social care law with regard to provision of DFG is the decision about what adaptations a DFG grant should pay for.

Section 24 of the *Housing Grants, Construction and Regeneration Act 1996* places a duty on local housing authorities which are not themselves a social care authority (lower tier local authorities), to consult the relevant social care authority on the adaptation needs of disabled people who are seeking help through DFGs.

Housing authorities themselves must decide what action to take regarding the award of a DFG on the basis of the advice from the social care authority about what works are ‘necessary and appropriate’, alongside their own judgement as to whether the recommended/ requested adaptation is ‘reasonable and practicable.’

It is important to note that social care eligibility criteria (eg. *only providing help for those assessed to have needs which meet the ‘substantial’ criteria*) do not apply to housing legislation, including the HGCR and DFG laws & regulations, and DFGs should not be limited on this basis.

Assessing needs and the connection to the Care Act

The Care Act 2014 provides the context for the assessment of and response to potential care and support needs of adults and carers, including the adaptation of properties.

The Care Act establishes a requirement that a needs assessment must be carried out where it appears to the social care authority that a person for whom they may provide or arrange community care services, may be in need of such services.

The Care Act Statutory Guidance states that ‘*An assessment must seek to establish the total extent of needs before the local authority considers the person’s eligibility for care and support and what types of care and support can help to meet those needs.*’ This must include looking at the impact of the adult’s needs on their **wellbeing** and whether meeting these needs will help the adult achieve their desired outcomes.

The nine point legal definition of wellbeing in the Care Act includes ‘*suitability of living accommodation*’ (Care Act 2014 (Clause 1(2))). It is noteworthy that four out of the nine outcomes used to assess eligibility under the Act can be affected by home adaptations ie.

- *Maintaining personal hygiene*
- *Managing toilet needs*
- *Maintaining a habitable home environment*
- *Being able to make use of the home safely*

The assessment process provides the opportunity for social care authorities to take a holistic view of the person’s needs in the context of their wider support network. Local authorities must consider how the adult, their support network and the wider community can contribute towards meeting the outcomes the person wants to achieve.

Note that disabled children also have entitlements to DFG as defined by the HGCR and there is consequently a further legal interface with legislation concerning social care and children. Legal clarification on this subject is expected to be published in late 2015 / early 2016.

The Care Act and provision of community equipment and minor adaptations

Regulations 2 & 4 of *The Care and Support (Preventing Needs for Care and Support) Regulations 2014* and Regulation 3 of *The Care and Support (Charging and Assessment of Resources) Regulations 2014* specify that any community care equipment and minor adaptations for the purpose of assisting with nursing at home or aiding daily living should be provided free of charge, and, for the purposes of these Regulations, an adaptation is minor if the cost of making the adaptation is £1,000 or less.

For adaptations the £1,000 cost limit applies to the purchase and fitting of the adaptation. Social care authorities retain the discretion to charge for adaptations costing over £1,000 where those adaptations are made by the authority under its powers to provide care services.

What does the Care Act Guidance say about home adaptations help?

Prevention is critical to the vision of the Care Act and this is explained in detail in Chapter 2 of the Care Act 2014 Statutory Guidance ('the Guidance').

The Guidance states that the new care and support system must actively promote wellbeing and independence and aim to prevent need, not just wait to respond when people reach a crisis point.

Home adaptations are an excellent example of provision which enables wellbeing and independence and prevents need.

Prevention is described in terms of three general approaches – primary, secondary and tertiary.

1. **Primary** – interventions to prevent development of needs eg. advice, befriending aimed at individuals who have no current particular health or care needs
2. **Secondary** – targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce further deterioration or prevent other needs from developing
3. **Tertiary** – are interventions aimed at minimising the effects of disability or deterioration for people with established or complex health conditions, supporting people to regain skills / manage or reduce need where possible.

Home adaptations, falls prevention, handyman and telecare are cited as examples of secondary prevention (para 2.8) and adaptations/ equipment also as tertiary prevention (para 2.9).

The Guidance says that the social care authority **must** provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support and should involve housing services (para 2.23). Home adaptations clearly meet this condition.

There is a strong emphasis on working in partnership to 'ensure prevention' eg. '*Local authorities must ensure the integration of care & support provision, including prevention, with health & health related services, which include housing*' (para 2.34).

The Guidance emphasises (para 15.7) that the local authority must promote integration with health/ health related services in all its activities (note that housing is legally defined as a health related service in this context).

The Assessment and Information & Advice sub-section (c) of the Guidance also refers to home adaptations:

*...this may include integrating an assessment with information and advice about housing options on where to live, and **adaptations to the home**, care and related finance to help develop a care plan (if necessary), and understand housing choices..'*

As does the section on Integrated Delivery or provision of care and support sub-section (d):

*'...assessment of the home, including general upkeep or **scope for aids and adaptations, community equipment or other modifications** could reduce the risk to health, help maintain independence or support reablement or recovery. ... A housing assessment should form part of any assessment process, in terms of suitability, access, safety, repair, heating and lighting...'*

Statutory Guidance Housing Sub-section 'Housing to support prevention of needs'

Chapter 15 of the Guidance sets out clearly defined expectations and obligations with regard to housing and care.

This further underlines the importance of joint work across social care, health and housing and specifically, the critical role of effective provision of home adaptations. For example:

'Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put the health and wellbeing of people at risk, where as a suitable home can reduce the needs for care and support and contribute to preventing or delaying the development of such needs.' (Clause 15.53)

'...People can be helped to stay independent longer through adaptations and modifications to their homes...' (Clause 15.55)

Looking forward

Local authorities already had a great deal of freedom with regard to use of funding for home adaptations which allowed for more imaginative approaches. However, it is notable that the drive for integration and the Care Act is resulting in a growing number of local areas taking a fresh look at provision of help with home adaptations and devising a range of pathways which in turn is resulting in efficiency savings and faster processing.

For example, by not applying the full DFG administrative system for works under a certain value (eg. under £5,000) and/ or block contracting and fast-tracking particular types of work eg stairlifts and showers, some areas are achieving very fast delivery times and better value for money. See good practice [Cameos](#) for more ideas.

This is all possible as legislation and funding systems provide social care, housing and health bodies with considerable financial flexibility with regard to co-operation, integration and use of funds for home adaptations.

References

Related Documents & Resources

Housing Grants, Construction and Regeneration Act 1996

Care Act 2014

Care and Support Statutory Guidance Issued under the Care Act (2014) Dept of Health

The Care and Support (Charging and Assessment of Resources) Regulations 2014

Government Guidelines

Better Care Fund Policy Framework (Dec 14) Dept for Communities and Local Government (DCLG) & Dept of Health (DH) - guidelines concerning the payment of the DFG budget

'*Minimum Better Care Funding for DFG*' included in the DH calculations for every local authority in England

Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice (published 2013 with Care Act amendments added in 2015)

This *report* published by the Home Adaptations Consortium, sets out the legislation, guidance and good practice concerning Disabled Facilities Grant (DFG). Amendments were made in 2015 to bring the report in line with the implementation of the Care Act 2014. It includes many key references and documents about DFG and adaptations law, research and good practice.

Good Practice Examples of Pioneering Home Adaptations and DFG provision

Background

Parliamentary Briefing about Disabled Facilities Grant (2013) The House of Commons Library
See *Disabled Facilities Grant sn03011-1*

Impact of DFG

Heywood 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, Dept for Work and Pension's Office for Disability Issues and the University of Bristol

The right home environment is essential to health and wellbeing, throughout life. We will work together, across government, housing, health and social care sectors to enable this.

[Click here](#)

Extract from the joint Memorandum of Understanding to support joint action on improving health through the home signed by twenty organisations including Government Departments and national statutory and voluntary organisations in 2014.

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.

www.careandrepair-england.org.uk

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About the Home Adaptations Consortium

The Home Adaptations Consortium is made up of a broad spectrum of national organisations working together with a single aim - to champion quality provision of home adaptations for disabled people.

<https://homeadaptationsconsortium.wordpress.com/>

Every effort has been made to ensure that the information in this document is accurate. However, Care & Repair England & PHE do not accept any responsibility for errors or omissions. We would welcome feedback about content.

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