Delivering Adaptations

HIAs Delivering Government Strategies
Home Improvement Agencies & their Funding Sources

For the past 15 years, HIAs have received recognition and some funding from central Government in return for providing particular services to older, disabled or vulnerable homeowners and private sector tenants. Some HIAs are independent Industrial and Provident Societies, some are run by Housing Associations or Charities; others are located within Local Authorities.

Traditionally Housing Private Sector Renewal funding has supported these agencies both nationally and locally. This has been in recognition of those HIA functions that related to the improvement of the fabric of the building.

Increasingly it is being recognised that poor housing and poor health are linked and that HIAs are well placed to deliver services that contribute to health and social care objectives.

Locally determined combinations of Supporting People Grant, Housing, Social Services, Health, charitable funds and fees have funded HIAs since April 2003.

Relatively small amounts of additional funding can provide HIAs with the extra resource necessary to provide a more comprehensive service, assisting Local Authorities and Health Services meet Government targets in a cost-effective, client-focused way.

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Introduction

This booklet provides evidence that Home Improvement Agencies (HIAs) can help Local Authorities and Health Services deliver adaptations in a cost-effective, client focused way.

What are Home Improvement Agencies?

Home Improvement Agencies are small, locally based, not-for-profit organisations. They assist older, disabled or vulnerable homeowners or private sector tenants to repair, maintain, or adapt their homes. There are 227 HIAs in England, covering 247 Local Authority areas. In 2002, they helped 35,000 people to remain living independently within their homes by facilitating over £74 million worth of repairs, improvements or adaptations. Many also provide advice and support on benefits, and operate schemes for energy efficiency and warm homes, crime prevention and accident reduction, gardening and decorating.

Government agendas are becoming more focused on addressing the needs of vulnerable people, especially those experiencing deteriorating health and in many cases living in conditions that do not adequately meet their needs.

Recent legislation also recognises the importance of older people remaining in their own homes.

The Department of Health Guidance on Access and Systems Capacity Grant 2003/4 states:

‘For older people’s services, the target is to improve the quality of life and independence of older people so that they can live at home wherever possible’.

The purpose of an adaptation is to modify disabling environments for an individual client. The Social Model of Disability states that the purpose of an adaption is:

‘To restore or enable independent living, privacy, confidence and dignity for individuals and their families. It is therefore not primarily a matter of building work, the provision of equipment or otherwise modifying a dwelling, but providing an individualised solution to the problems of a person experiencing a disabling environment.’

HIAs have already developed excellent adaptations services. They have the technical and casework skills to provide a service that both meets the needs of the disabled person, and the statutory requirements of the Local Authorities. They already have the infrastructure to provide a service where large, often grant aided, adaptations are required and the management skills to run a minor repairs service. They can provide a client-centred culturally appropriate service to the user.

Relatively small amounts of additional funding can provide HIAs with the extra resource necessary to provide a more comprehensive service and assist Local Authorities and Health Service providers address this issue.
The Context

A number of statutory duties require assessment of need and delivery of services to disabled people.

The Disability Discrimination Act (1995) defines a disabled person as someone with:

“A physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.”

The Chronically Sick and Disabled Persons Act 1970 (as amended) entitles disabled people, on request, to an assessment of their needs. The NHS and Community Care Act 1990 establishes a person's right to a 'needs assessment', where they are recipients of community care services and may be in need of such services. More specifically The Housing Grants, Construction and Regeneration Act 1996 establishes the specific duty to provide Disabled Facilities Grants (DFG) to eligible applicants to meet the costs of necessary adaptations to the person's home.

Recent research undertaken suggested: “Environmental Health/Grants Officers and Occupational Therapists were often effectively working to different legislation. The former were implementing the mandatory provisions of the 1996 Housing Grants, Construction and Regeneration Act and accompanying guidance. In some Social Services departments, however, managers laid down guidance for Occupational Therapists based only on the 1970 Chronically Sick and Disabled Act. Certain items of the mandatory provision were quite often omitted such as common bathing issues, heating . . . access to the kitchen” etc. (Heywood, 2001)

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 allows wider discretionary powers to make the home suitable for a disabled occupant. They can also be used to make up the difference between the cost of work and the amount that the mandatory grant covers, if there is a shortfall of finances.

It is within this context that the DoH, together with the ODPM, issued a consultation paper on delivering adaptations. The principle aim of the document is to offer advice to Local Authorities on how they can provide a first class service in delivering adaptations to the homes of disabled people for whom they are responsible.

“An adaptations service has important links to other key corporate objectives within the Local Authority such as Neighbourhood Renewal, Supporting People, Healthier Communities and the National Service Framework for Older People. It is therefore important that the policy formulation for the service brings together a wide partnership of all the key stakeholders.” (ODPM, Delivering Adaptations – An Overview, 2003)
The Context (continued)

HIAs are recognised in the consultation document as playing a principle role in service delivery of adaptations. It states in the document that:

“Though a modern adaptations service is likely to be planned and delivered by a multiplicity of partners, it is essential that the disabled person experiences a seamless service. HIAs can provide that link which ensures that the disabled person does not have to deal with a number of different people, or suffer the confusion and delay that this sometimes causes. Their core function is to help vulnerable people to remain independent, living in their own homes.”

70% of all adaptations are for people over 60 (Pieda 1996).
The Facts

Recent research (Heywood 2001) into the costs and benefits of adaptations concluded that adaptations are value for money. The study took 30 relatively large adaptations and found that on average, an adaptation was in place for 3.57 years and had cost £10,569. Broken down into weeks, it cost an average £4.74 per week to reduce the burden of care on either a family member or paid carer.

The research found widespread evidence that housing adaptations deliver many of the Government’s key objectives: keeping people out of hospital, reducing strain on carers and need for outside help as well as preventing accidents.

Using the same calculation, the cost of fitting the adaptation – £4.74 per week, compares very favourably to the average cost per week of keeping older people in residential care – £338*

*PAF Indicator (2000-2001)

Larger Adaptations

Disabled Facilities Grants (DFGs) are available for the delivery of adaptations, where the client is unable to fund the works themselves. Eligible works include:

- Easier access to the home – e.g. widening doorways and installing ramps
- A safer living environment – e.g. improved lighting to ensure better visibility, clearer walkways
- Improved access to living area, bedroom, kitchen, toilet, bathing facilities, e.g. installation of stair lift, downstairs bathroom, walk in shower
- Adaptation of heating or lighting controls, e.g. positioning and/or installing user friendly controls, making them easier to use

DFGs can also include smaller work as part of the whole adaptation process, such as:

- Grab rails
- Door answer
- Emergency alarm

Delivering Adaptations
Miss O was having difficulty with steps outside her property, but was unable to obtain a DFG for the work. After falling and breaking her front teeth she contacted her local HIA. Charitable funding was raised and a grab rail fitted. She was unaware of benefits to which she was entitled and the HIA helped her with her claim.

Anchor Staying Put – Hackney

Smaller Adaptations

Where only small adaptations are needed these are funded on a different basis, usually by Social Services. They consist, for example, of fitting grab rails or handrails, enabling the person to perform everyday actions with dignity:

- Walking up their flight of stairs in safety
- Using their toilet and bathing facilities safely
- Walking up the path to their front door

These minor adaptations are fitted by an in-house team or contracted out to other service providers.

Public spending on adaptations amounts to more than £220 million every year and demand and costs are increasing. Funding authorities will need to be confident that adaptations are delivered in the most cost-effective way.

Joseph Rowntree Findings 2001

Whether the adaptations are small or large, funding and arranging them is not a straightforward process. Problems that may be encountered by the client and/or service provider include:

- Filling in application forms
- Visits by many different care workers
- Long Occupational Therapy waiting lists
- Disagreements between Grants Officers and Occupational Therapists over the definition of essential works
- Obtaining quotes for work
- Engaging reliable contractors
- Identifying sources of funding
How Can HIAs Help?

HIAs are well placed to provide a ‘One Stop Shop’ as their services cut across housing, health and social care. They possess the ability, expertise and flexibility to provide specialist help to the client, which enables them to deliver a wide range of adaptation services. Some Social Services departments are already commissioning the services of HIAs, referring homeowners and private tenants to their local HIA to assist with adaptations.

The HIA core aim of helping vulnerable people remain independent and living in their own homes, will help meet the Local Authorities’ joint duties to make the most effective use of resources and to deliver the best service to the client.

Informed service providers, who have already linked in with their local HIA, value their approach in assisting clients through the grants process. Valuable services provided include:

- Visits at home
- Advice on service options
- Assistance with form filling
- Help in engaging an architect/surveyor/contractor
- Help in identifying sources of funding where a client contribution is required

The caseworker will act as the main contact for the client to whom reference can be made throughout the whole grants process.

Care & Repair Haringey

Mrs P, an elderly widow of 84, was referred in 2000 by her Occupational Therapist to the agency.

Mrs P, an amputee, had already moved down to the ground floor of her 3 bedroom, mid-terrace home, but still had difficulty accessing all her facilities because the ground floor was split level. The agency successfully applied for a Home Repairs Assistance (HRA) grant to fit internal steps to allow access to the kitchen, WC and bathroom, and the works were completed.

However, Mrs P was still finding it difficult to use her bath. The Occupational Therapist proposed installation of a level access shower and at Mrs P’s request, invited the agency to manage the project. This was completed in September, paid for by a Disabled Facilities Grant.

In addition, the agency arranged for the replacement of some ground floor windows to improve security, and repaired a water heater.

Care & Repair Haringey is managed by Metropolitan Housing Association.
How Can HIAs Help? (continued)

Recognition from Government for the way in which an HIA is able to deliver on adaptations is evident in a recent ODPM publication:

“Home Improvement Agencies (HIAs) offer practical help with building works to vulnerable homeowners. The service offered varies but normally covers help in diagnosing building problems, identifying solutions, assisting in raising money to cover costs, selecting a builder, and ensuring that work is carried out properly.”

“. . . it has become quite common for local housing authorities to refer people seeking help with adaptations to an HIA service, especially where DFG or HRA is likely to be involved.”

(Delivering Adaptations – Desk Guide, ODPM, pg 24)

There are many people, mainly homeowners, who do not qualify for financial help with funding their adaptations but are not confident to employ builders and arrange for the work to be carried out. Again, HIAs can help them through the process.

**Eastbourne Care & Repair**

Due to a combination of income and savings Mrs S did not qualify for a grant, but Eastbourne Care & Repair were able to guide her through the process of installing a stair-lift and level access shower. Mrs S would not have been confident enough to employ the builders and oversee the work without the support from the HIA.

Mr W was entitled to a DFG and his contribution was calculated to be £5,000+. He did not have sufficient savings for this but the HIA helped him to access funding from the Royal Air Force Association for whom he had worked on a voluntary basis and from his previous Trade Union, as he had been an official during his working life.

Eastbourne Care & Repair is an independent agency.

**Minor Adaptations and Schemes**

Most HIAs operate a Handyperson Scheme that provides a service for clients unable to carry out minor works and repairs within their home or garden. This service is also used for carrying out small adaptations, e.g. grab rails, handrails. These smaller adaptations can be undertaken with minimal charges and minimal waiting time.
Devon Social Services fund four Handyperson Services across the county, all based in local Home Improvement Agencies. Part of the work of the Handyperson is to fit minor aids and adaptations. The number of tasks carried out from April 2002 – March 2003 by the four Handyperson Schemes was 3948, of which 369 were specifically identified as adaptations.

DFGs represented 31% of the HIAs caseload and 50% of the value of work funded. The type of work carried out included:
- Wider doorways
- Stair lift
- Ramp
- Grab rails
- Hoist
- Redesign kitchen
- Redesign toilet
- Redesign bath/shower
- Door answer
- Emergency alarm

A Handyperson Scheme funded in part by the local Health Authority, the Primary Care Trust (PCT), the Police and Social Services under Supporting People, run by Sheffield Stay Put, (managed by Yorks Metropolitan HA) recorded that during April 2002 – March 2003 they undertook the following work:

**Figure 1**

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Number</th>
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<tbody>
<tr>
<td>Bath Aids</td>
<td>220</td>
</tr>
<tr>
<td>Grab/Handrails</td>
<td>954</td>
</tr>
<tr>
<td>External Handrails</td>
<td>168</td>
</tr>
<tr>
<td>Minor Repairs/Adaptations</td>
<td>630</td>
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Courtesy of Sheffield Stay Put, Home Safety Charts, 2003

The HIA discusses the suggested works with the client to ensure that they meet the expected outcomes. This helps to reassure the client that they will be kept informed of the progress of their case and of any issues that may need to be resolved.

The links that HIAs have with health care professionals can make them an invaluable aid to the client in helping them access professional advice and information. They are also well placed to assist the client through the whole process of a self-funded adaptation.
The costs for carrying out minor adaptation work such as fitting various types of grab rails can be quite low. Sheffield Stay Put, can supply a bath grab rail for £6 and a second stair rail for around is £60 (£13 per metre). They request a voluntary contribution of £30 to cover the costs of having the rail fitted, if the client is able to contribute towards the cost of the work.

How Can HIAs Help? (continued)

Working with Children

Although HIAs mostly work with older and disabled adults, they are also able to assist with delivering adaptations to disabled children. A group came together in Cambridgeshire, comprising of the Child Development Centre, South Cambridgeshire PCT and East Cambridgeshire Care & Repair (an independent agency). They worked on several cases where major adaptations were needed for disabled children. The group considered with the client and their family, what was wanted from the adaptation, along with the most effective means of intervention. Joint partnership working in this case demonstrates how a HIA can be involved in providing services that meet the expectations of the client.
Costs and Benefits

Everyday in their work, HIAs witness the benefits of adaptations for their clients. They see how small changes dramatically improve the quality of a person’s life and reduce the likelihood of an accident or failure to cope, leading to admission to hospital or long term care. In addition, these benefits also bring savings to the service providers as the example below illustrates:

Devon Handyperson Schemes

The annual running costs for four Handyperson services in Devon totalled £135,802. This means that the Handyperson costs £19.68 per hour, with an average job taking 2 hours. When compared to the cost of falling or being taken into care, it can be seen that funding a Handyperson could be an effective use of funding:

- Average weekly costs for older people in residential care in Devon is £344*
- Average hip replacement costs are £5,000, plus £12,000 for long stay hospital, social care, and follow up drugs
- A simple wrist fracture costs £500 for emergency care
- Daily costs for hospital in-patients range from £145 for geriatric to £368 for surgical

*PAF Indicator (2000-2001)

Analysis of the HIA running costs for the same four Devon agencies associated with each major adaptation case was £990 on average, some of which is offset by fees. The average cost of the adaptations was £5,400. The HIAs’ involvement in these cases meant that Occupational Therapists’ involvement was minimised. Again it can be seen that this is far more cost-effective than residential care or the cost of accidents due to unsuitable housing.

Although in real terms, the costs for the adaptation do not reflect the true benefits that are experienced by the disabled person or their carer.

In assisting with the delivery of adaptations, the service that HIAs provide can simplify the process for the client by making them a focal point of contact. Their professional ability to work across the different sectors ensures that the client can receive the best possible service available to them.
Conclusion

The unique service that HIAs offer is cross-cutting, addressing housing, health and social care issues to enable people to remain in their own homes. HIAs can deliver an effective, timely and sensitive adaptations service to disabled people.

They can offer the ‘one-stop shop’ approach recommended in the joint DoH and ODPM ‘Good Practice System Review Checklist’ issued with the consultation paper ‘Delivering Adaptations – An Overview’.

- HIAs have already developed DFG services, working closely with both grants officers and Occupational Therapists
- HIAs have already built up cross-cutting services and relationships with their Local Authority and Health partners
- HIAs help to deliver results that meet Government guidelines
- HIA Handyperson Services can deliver a minor adaptations service that is timely and good value for money
- HIAs have the appropriate mix of skills to help with the delivery of both minor and major adaptations

The evidence shows that HIAs deliver on adaptations. They also put into practice steps necessary to enable older people to remain at home in safety and with dignity.

HIAs are able to help their clients to access unclaimed benefits, care packages, and other services that help them remain at home.

The National Service Framework focuses on:

- Rooting out age discrimination
- Providing person-centred care
- Promoting older people’s health and independence
- Fitting services around need

For relatively little extra funding, all of these targets can be met more effectively by Local Authorities and health providers.

The Final Word

“May I take this opportunity to thank you, from the bottom of my heart for all your efforts. The installation of a Low Level access shower has given me back my dignity, and independence. I absolutely love it, and you will never know how grateful I am.”

Mr H, client of Sheffield Stay Put, (a Yorkshire Metropolitan Agency).
Who is Foundations?

Foundations is the National Co-ordinating Body for Home Improvement Agencies in England.

We are appointed by the Office of the Deputy Prime Minister to:

- Develop the HIA sector
- Provide advice, training and support to HIA staff, managing organisations and sponsoring authorities
- Monitor the activity and performance of HIAs
- Represent the HIA sector in discussion with Government and other stakeholders

References:

Heywood, F (2001) Money Well Spent

Department of Health (1990) NHS and Community Care Act


Performance Assessment Framework (PAF) Indicator (2000-2001), Council Data kS1, Data Item D.13


The Joseph Rowntree Foundation Findings (2001)
This booklet forms part of the ‘Evidence Project’ series.
Other titles available include:
Falls and Accidents Prevention, Energy Efficiency & Fuel Poverty, Handypersons Services, Hospital Discharge.