



Foundations

Linking Disabled Facilities Grants to Social Care Data

A Freedom of Information Survey

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Document History

Revision History

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Version number	Previous revision date	Summary of Changes	Changes marked
0.90		Final Draft	No
1.00	19/10/15	Final Version	No

Approvals

This document requires the following approvals.

Signed approval forms are filed in the Management section of the project files.

Name	Signature	Title	Date of Issue	Version
				1.00



Background

Disabled Facilities Grants (DFGs) are available from all English local authorities with responsibility for Housing, which means:

- Metropolitan Authorities;
- London Boroughs;
- Unitary or Shire Authorities; and
- District Councils.

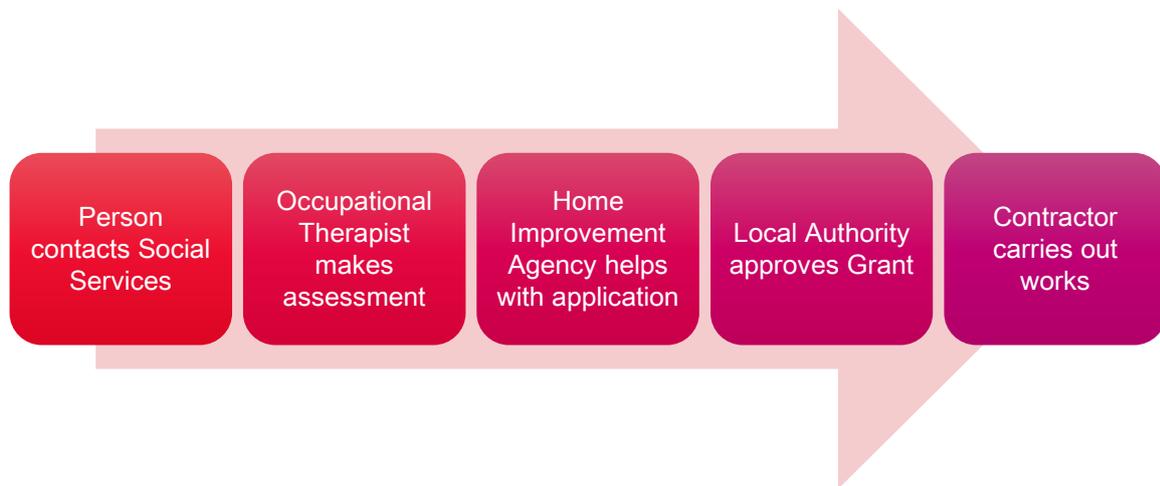
However, County Councils and Social Services departments of other local authorities must be consulted by their Housing colleagues about any DFG applications. This is usually achieved through an assessment by an Occupational Therapist.

DFGs are issued subject to a means test and are available for essential adaptations to give disabled people better freedom of movement into and around their homes such as:

- access to and from the dwelling (including access to the garden);
- access to a bedroom;
- access to a bath or shower;
- access to a toilet and wash basin;
- access to a kitchen; and
- safety in the home.

As part of the June 2013 spending round the Government announced that a combination of funding streams (including £220m of DFGs) would be placed in a pooled fund from 2015-16. This fund is now called the Better Care Fund (BCF) – and requires the NHS and local authorities to work more closely together around people, placing their wellbeing as the focus of health and care services. One of the key aims of the BCF is to prevent people from being admitted into hospital or residential care.

However, local housing authorities retain a mandatory duty to approve a DFG where they receive a valid application under the Housing Grants, Construction and Regeneration Act 1996. The application process is usually a five stage process with different organisations involved:



A Freedom of Information Request was issued to all local authorities with responsibilities for Social Care in August 2015. The intention was to discover:

- whether local authorities can link the data collected by their respective housing and social care departments;
- how many people who apply for a DFG also receive domiciliary care; and
- what impact a DFG funded adaptation may have on the age that people are admitted into residential care and how long they stay there.

About Foundations

Foundations is the National Body for Home Improvement Agencies and Handyperson Services in England as appointed by the Department of Communities and Local Government.

Foundations' remit is to:



Engage with providers and commissioners to monitor the sector and enhance the quality and reach of home improvement agency services



Arrange events and training



Develop tools and resources



News and publicity

For more information visit: www.foundations.uk.com

About Home Improvement Agencies

Home Improvement Agencies (HIAs), sometimes known as Care & Repair or Staying Put schemes, help vulnerable people maintain independence in their own homes. Their services include:

- visiting clients at home or providing detailed telephone advice;
- setting out housing options to help clients decide what type of housing is best suited to their changing needs;
- checking entitlement to any financial help, including grants and charitable funding;
- project management, drawing up plans, getting estimates and liaising with others involved in any building work/adaptations needed, such as council grants officers and occupational therapists;
- provision of handyperson services, to carry out small jobs around the home, help with gardening, or coming home from hospital; and
- helping to make homes more energy-efficient.

A searchable directory of accredited HIAs and handyperson services is available at:

www.findmyhia.org.uk

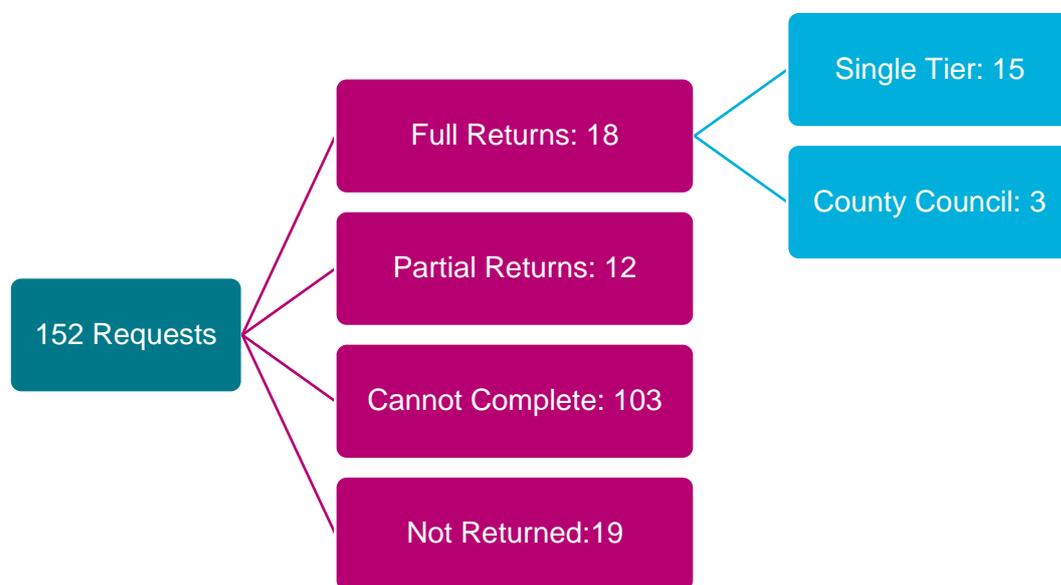


Results

The text of Freedom of Information Request is included at Appendix A of this report. It was submitted to all 152 local authorities in England with responsibility for Social Services.

Responses

As of 9 October 2015, 133 responses had been received. The breakdown is summarised in the table below:



For those authorities who could not complete the exercise the reason given in the vast majority of cases is that social care records are kept on a separate system to DFG applications and there is no easy way of linking the two datasets. In these cases it appears that social care departments do not generally record assessments carried out by Occupational Therapists in a structured manner within social care records; indeed many responses referred to paper based record keeping. This will make it extremely difficult for local authorities to monitor the outcomes of DFG as part of the Better Care Fund.

The majority of the fully completed returns were from single tier authorities, however this only equates to 12% of all single tier authorities. Full returns were made by 11% of County Councils.

One of the stated requirements of the BCF is data sharing between Health and Social Care based on the use of NHS Number, it would seem logical to extend this to Housing and DFGs in particular.

Recommendation 1: The NHS Number is recorded for all DFG Applications.

DFG and Home Care

The DFG funds home adaptations for people with disabilities, so it may be assumed that most applicants also receive domiciliary or home care services from the local authority. However, this survey found that **only 16%** of people applying for a DFG also received domiciliary care.

For those in receipt of domiciliary care, the survey showed a slight fall in the number of hours they needed one year after the DFG work had been completed – falling from an average of 15.7 to 14.7 hours per week. While this research shows a weak correlation between DFG funding and formal domiciliary care, it may be the informal carers that actually benefit from investment in adaptations. For instance, a level access shower may allow a disabled person to shower unaided where previously a carer had shoulder and back pain from lifting them into a bath.

According to the Office for National Statistics¹ unpaid carers for the sick, disabled and increasingly elderly in England and Wales had grown by 600,000 since 2001 to reach approximately 5.8 million in 2011. With The Care Act 2014² “putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation” it will be important to better understand the benefit of adaptations for carers.

Recommendation 2: Research is undertaken to understand the benefit of adaptations for informal carers.



¹ http://www.ons.gov.uk/ons/dcp29904_300542.pdf

² <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

DFG and Residential Care

This survey asked local authorities to return the average age of people who had been placed in residential or nursing care according to whether or not they had previously received a DFG, and the average age at which they died.

The results are summarised in the table below:

Average Age	No Previous DFG	Had a DFG
Move in Residential/Nursing Care	76	80
At Death	82	82

For people who have had to move into residential care, those who had previously received a DFG on average moved just before their 80th birthday and stayed there for 2 years. Those people who hadn't applied for a DFG moved when they were 76 and stayed in residential care for another 6 years.

With a residential care place costing around £29,000 per year³, compared to an average DFG costing less than £7,000 as a one-off, this research highlights the major impact that adaptations can have for social care budgets as part of the Better Care Fund. With over £1.4bn spent on DFGs over the last five years it could also go some way to explaining why the number of care homes reduced for the first time ever in 2014⁴.

Further research will be required to validate these results, but the indications are that adaptations should be fully considered as part of a preventative strategy alongside extra care housing, reablement or telecare services.

Recommendation 3: Adaptations are key part of a wider preventative strategies alongside extra care housing, reablement and telecare services.

³³ <https://www.laingbuisson.co.uk/MediaCentre/PressReleases/CareofOlderPeople27th.aspx>

⁴ Ibid

Appendix A

Ref	Question	Response by LA
1A	Over the last 5 years* what percentage of people that your social services department referred (or were consulted upon) for a Disabled Facilities Grant were in receipt of a domiciliary care package at the point of referral?	%
1B	For those people in receipt of a domiciliary care package – what was the average number of hours of care at the point of referral?	hours
1C	For those people in receipt of a domiciliary care package – what was the average number of hours of care one year after the Disabled Facilities Grant had been completed?	hours
2		
2	Over the last 5 years* what has was the average age of people placed in residential or nursing care for:	
2A	People who had previously received a Disabled Facilities Grant	years
2B	People with has NOT previously received a Disabled Facilities Grant	years
3		
3	Over the last 5 years* what has was the average age of people who died in residential or nursing care for:	
3A	People who had previously received a Disabled Facilities Grant	years
3B	People with has NOT previously received a Disabled Facilities Grant	years

* if data is not available for the full 5 years, please indicate the period of time that is covered by your responses.



Foundations

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