Evaluation of the Independent Living Grant (ILG)

www.cymru.gov.uk

Research Summary | Social research | Number: 19/2012

This document presents summary information from an evaluation of the Welsh Government' s £1.5m grant for the provision of adaptations to the homes of older people during 2011-12.

The aims of the evaluation were:

- To establish the value of disabled facilities grants in facilitating independence and wellbeing amongst recipients and avoiding health and social care expenditure
- To describe in detail the uses made of the grant and establish whether the grant objectives were met
- To understand, and assess the effectiveness of, the partnership arrangements in place between local organisations to administer the grant
- To suggest issues for consideration by Welsh Government when developing similar future programmes

Background

Following a decision by Welsh Government (WG) that additional resources to the value of £1.5m should be administered during 2011-2012 for the provision of facilities for people with disabilities it was agreed that the fund should be allocated to Care & Repair Cymru. The funds were to be used to provide an Independent Living Grant (ILG) that would be used to undertake mid level cost adaptations (that is to say those between £1,000 and £10,000). Discussion between officials of Welsh Government and Care and Repair Cymru established the basis for the initiative. Following consultation with other interested parties local Care and Repair agencies, in collaboration with local authority partners in Housing, Health and Social Care, were invited in May 2011 to make proposals for the use of the grant locally by the end of June in that year.

The invitation set out the objectives, intentions and criteria that should guide such proposals. Partnerships representing all twenty-two local authority areas in Wales responded and funds were allocated in August.

Consultants were appointed in July to evaluate the initiative and have worked with an Advisory Group representing WG Housing Division, Care & Repair Cymru, the Welsh Local Government Association, the Welsh Environmental Health Officers, and the College of Occupational Therapists.

Methodology

Care & Repair Cymru monitored the rate at which funds were taken up and provided liaison between local agencies, WG, the Advisory Group and the Evaluation Team.

A data collection template was developed and distributed to local agencies to record key information in relation to each case dealt with. The final deadline for receipt of these returns was 10th February.

A literature review was undertaken to provide a context for the delivery of ILG and to identify the benefits that might be expected from such an initiative. In addition to the well established qualitative benefits for grant recipients and their carers the review sought also to identify evidence of the quantifiable benefits to the health and social care economy of delivering adaptations.

To gather qualitative data about the local experience of Care and Repair agencies, their statutory partners and of grant recipients and their carers visits were made to six areas, selected to provide a representative sample across Wales. In each area semi-structured interviews were conducted with Care and Repair agency staff, local authority officers and grant recipients and their carers.

In these six areas summary data were also collected concerning the local authority's delivery of Disabled Facilities Grant (DFG) to provide comparison with the data collected on ILG.

Key findings from the literature review

Legislation and guidance has sought to balance the resources available from public funds for the DFG against increasing level of demand. There has also been a goal to achieve greater timeliness in the delivery of adaptations, but it has proved difficult to achieve. Successive studies have commented on the complexities and slowness of the end to end adaptation process.

Some studies have shown that the Test of Resources secures only a marginal cash contribution compared to the cost of administration. However, until the advent of the ILG there was resistance to removing it, even for lower cost work.

Many studies have demonstrated that collaborative working between housing, health and social care departments provides a more efficient and effective way of delivering adaptations.

The literature review demonstrates that there is extensive evidence of the *non-financial* benefits of adaptations to individuals and their carers, including enhanced independence, dignity, quality of life and mitigation of anxiety.

The *financial* benefits to the health and social care economy could be substantial, but the literature review explains how the evidence is still not robust. The table below brings together what little information is available about the costs of health and care versus the average cost of an adaptation.

The benefits of adaptations versus the costs of health and care

Comparative costs for older people

The average cost of an adaptation is £7,000

- Almost two thirds of general and acute hospital beds are used by people 65+
- Falls by older people in UK cost over £1,000 million pa (59% borne by NHS)
- Every hip fracture costs about £33k per person
- Residential care for an older person costs £19k - £40k pa
- Residential care for a seriously disabled adult is £42k - £74k pa
- Back injuries cost the NHS alone £602 million per year (often carers)
- Timely adaptations can help prevent pressure sores. One pressure ulcer costs £200 per week (£10,400 in a year)

- Adaptations may reduce entry to residential care by 4 years saving about £80k per person
- Improvements and adaptations may reduce the risk of falls by about 60%
- Improvements to property may reduce the number of GP visits by about 40%
- Every £1 spent on RRAP saves approximately £7.50 in NHS/Social Care costs

Comparative costs for children

A ground floor extension providing an accessible bedroom and bathroom for a severely disabled child costs £30-70,000 depending on the site and the need for specialist equipment.

- Keeping a seriously disabled child in hospital costs over £275k per year

For details of the sources of information please see the full report.
Note: Costs adjusted to 2011 levels in line with ONS inflation statistics.

It is very difficult to attribute cost savings to a particular intervention such as a DFG or ILG. The circumstances that lead to hospitalisation or residential care are complex and a single intervention will only be a small part.of the full story. However, it may be possible to develop better measures. One of the ILG Case

Study authorities has begun to make some estimates of the actual and potential savings in home care costs as a result of ILG work.

Key findings from the analysis of the returns received

The deadline for this report did not permit data to be collected on all ILG cases. The total number of ILGs completed by the end of March 2012 was 374, so the cases on which this report is based represent 75% of the total.

91% of clients were over 64, 64% over 74, and 28% aged 85 or more. The 75-84 group were the most numerous.

The main source of referral for the ILG cases which agencies took forward was the local authority waiting list for Disabled Facilities Grant (two thirds of valid cases where this information was provided), followed by a hospital referral (18% of cases).

Almost four out of five cases were selected because of the urgency of need. DFG means test problems generated 14% of cases.

Agencies were asked to indicate the source of any assessment of client needs *prior to* referral for ILG. A source was indicated in just under 90% of cases. Of these, just over two thirds of clients were assessed by a local authority occupational therapist (OT) prior to referral. A further 20% were assessed by a health service OT; these were mainly the cases which were hospital referrals. Other sources - mainly Care and Repair staff, or private OTs - were used in 12% of cases.

The sources of assessment for the ILG were equally split between local authority OTs (45% of cases) and Care and Repair staff (41%) with health service OTs accounting for 12%.

Showers to replace baths and stair lifts were the most commonly provided adaptations through ILG (25% of cases each), followed by rails, ramps, the redesign of bathrooms, and graduated floor showers.

About one third of jobs fell in the £2,000-£4,000 band, with the remainder mostly costing under £2,000 (28%) or £4,000-£6,000 (26%). Only 14% cost over £6,000. The average cost of work was £4,148.

On average, Care and Repair agencies identified seven benefits for each completed case, so there was a clear feeling amongst project staff that ILG was an effective tool for securing real benefits for clients.

The most frequently cited benefits were the reduction of the risk of injury from falling, and improved safety/well-being (both cited in 95% of cases). These were followed by the reduction of the risk of admission to hospital (87%). The reduction of injury and the risk of hospital admission, and the improvement of safety are clearly major benefits to clients. Reduced waiting time for adaptations was mentioned in 74% of cases, followed by a reduction in the risk of need for home-based social care (49%) or nursing care (45%), or a move to residential care (37%). Improved access to and from the home was cited in 37% of cases.

In 12% of cases, earlier discharge from hospital was reported – although the proportion securing this benefit is lower than others, it represents a real gain both for clients and for public sector resources. The adaptations which these cases were more likely than others to include were a ramp, a hoist, and especially, a stairlift.

There were few differences between the assessments of benefits made by OTs (both local authority and health service based) and those made by Care and Repair agencies. Health service OTs were slightly more likely to stress early hospital release as a benefit, and OTs in general were more likely to cite benefits than Care and Repair staff.

Some 30% of cases were completed within one month and a further third within one to two months of referral, with 16% within two to three months. Only 20% of cases took over 90 days to complete.

Reported levels of client satisfaction were very high. Some 99.6% of clients were either very satisfied or satisfied with the overall effectiveness of their adaptation work under ILG and none were dissatisfied.

Grants provided were for an average of £3,500, although around a quarter were for less than £2,000 and 12% were for £6,000 or more. ILG covered the full cost of work in 87% of cases

Key findings from the case study visits

Case study visits were been made to six agencies / local authority areas, chosen to be representative on a number of indices:

- Newport
- Swansea/Neath Port Talbot
- Carmarthenshire
- Powys
- Flintshire
- Anglesey

Most local authority and Care and Repair Agency stakeholders had felt pressured by the short time available to agree criteria for ILG, to consult with colleagues, to plan for its delivery and be ready when the funding became available. Some field staff felt they had not, through the limited time available, been appropriately consulted about the practical details of delivering the priorities that had been agreed.

In all areas we were told that there was already a good working relationship, which the ILG just reinforced. We do note that there is an exception: there were some inhibitions in the interface with Health based OTs, either in securing their participation or in persuading Local Authority OTs to accept referrals from Health based OTs without re-assessment.

The majority welcomed the initiative, felt that it had provided appropriate adaptations and that those receiving them had been the “right” people.

With only one or two exceptions the local authority officers interviewed welcomed the absence of the DFG application form and the Test of Resources, with the administrative tasks in verifying and processing that go with them. They welcomed

too the improved speed of delivery and the flexibility of the ILG. There were some concerns, even among those who approved the simpler ILG processes, about inequity created by parallel systems, especially when one was only available for a short while.

Two Care and Repair agencies had used their own staff to carry out some assessments and also used private OTs to carry out assessments; another routinely uses an OT working within the agency. One other had wished to use their own staff for some assessments but found statutory partners would not agree this arrangement.

Although the actual service responses were common among the case study sites: stair lifts, level access showers, modular ramps being typical, the strategic intentions varied. Some aimed to remove straight-forward cases from the wait for DFG, for example those whose DFG application was delayed and frustrated by difficulties in proving title. Others aimed to provide “enabling” works for those whose total package through DFG would take some time, providing a stairlift, for example, to give access to bedroom and toilet whilst awaiting the provision through DFG of a full wet floor shower room. Most striking were those who had made their priority palliative care, where life expectancy was a few months.

Some used ILG to pilot new approaches: modular ramps and, in one case, “shower pods” being examples. Some provided interventions where what was provided might come back to be re-cycled: modular ramps, some straight-rail stairlifts and the shower pods.

All grant recipients appreciated the speed of the service and the support received from both local authority and C&R staff. Typical cases were: a man able to get outside in his wheelchair by the rapid provision of a modular ramp, a woman who had been discharged from hospital to a care home being able to return to her own home through the provision of a stairlift, a woman whose risk of repeating previous falls on the stairs was mitigated by provision of a stairlift. A further example is of a man able to use the toilet on the upper floor of his house, rather than a commode in the living room, with an enormous gain to his dignity, self-respect and general well-being. In the same case family carers have been relieved of the need to come to the house to ensure his safety every time he uses to stairs to go to or from his bedroom.

Most interviewees struggled to find negative dimensions to the initiative. Some felt that dealing with some clients in this swift and un-bureaucratic process, and without the application of a Test of Resources, when others had to be processed through the DFG system introduced inequity. This was felt most acutely where ILG funds had all been committed and newly presenting clients were back in the established DFG system with its Test of resources and longer timescales for delivery.

Comparison with DFG

With the exception of very large adaptations, normally involving extensions to homes or similar major building works, the range of adaptations delivered by DFGs is very similar to that delivered through ILG: stairlifts, level access showers and ramps.

Among the six case study authorities the time taken from referral to completion of an adaptation under the DFG process ranges from 315 days to 632 days, with a typical average period of 340 days. The time from referral to completion of an ILG ranges from 32 to 78 days with an average of around 58 days

Conclusions

Of the four principal objectives set for the initiative those of reducing local authority waiting lists for adaptations and of enhancing independence were met. Those of expediting hospital discharge and reducing pressure on acute admissions were addressed but the evidence was less conclusive.

The absence of a Test of Resources and a much simpler process and documentation were seen to have contributed to speedier outcomes and to have allowed others excluded by the DFG system to secure appropriate adaptations.

Greatly improved times for completion of adaptations was clearly seen as the principal advantage of the ILG, measuring the time from referral to completion in weeks rather than months.

The ILG provided a means of addressing the needs of palliative care cases, including those with prognoses of limited life expectancy.

The ILG built on existing patterns of collaboration and was seen to have further enhanced these working relationships.

Earlier outcomes are appreciated by grant recipients and by carers, contributing to confidence in the capacity for independent living, mitigation of risk and greater well-being.

Whilst the opportunity to learn from this exercise, have more time to plan any repetition, and clear guidance about criteria and delivery, are aspirations voiced by a number of those interviewed in the case study authorities most would support a continuation of ILG.

Recommendations

Arising out of our evaluation of the pilot programme for the Independent Living Grant we offer the following recommendations:

1. That, noting the success of the Independent Living Grant trial, Welsh Government should seek to identify resources, additional to those allocated for DFG, that would allow the ILG to be provided in future years, preferably by establishing a further pilot operation of the ILG over a minimum of three years.

2. That any extension of ILG should be delivered through local partnerships led by the Care & Repair agency and

involving local authority housing and adult social care agencies (including the community based OT service) and health bodies (including health based OTs).

3. That the experience of agencies and their partners in operating ILG should be shared through the provision of regional workshops that will give particular prominence to applications of ILG that adopted innovative responses to the need for adaptation.

4. That Welsh Government commissions further dialogue between interested parties to review the benefits and risks arising from alternative arrangements for assessment for adaptations.

5. That Welsh Government should prepare guidance in advance of any continuation of the ILG that will respond to some of the concerns about purpose, priority and boundaries to practice identified in the evaluation.

6. That Welsh Government should consider commissioning further work to study the impact of adaptations on health and social care budgets through a longitudinal study.

Authors: Nigel Appleton
Philip Leather
Sheila Mackintosh

ISBN: 978 0 7504 7502 0