



# Report for Welsh Assembly Government

## **Review of progress in implementing recommendations on the provision of Adaptations Services in Wales**

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## A. Aims of this report

The Welsh Assembly Government appointed CEL Transform to undertake a robust, evidence-based review of progress in implementing the recommendations made by Chris Jones in his report to the Welsh Assembly Government in 2005. The report made 37 recommendations; these are set out below.

This work is being undertaken in response to a report produced by the Equality of Opportunity Committee in 2009: "Still Waiting, Home Maintenance and Adaptations Services for Older People", which highlighted concerns about the provision of aids and adaptations services and questioned the degree of progress made since 2005.

The objectives of the research are:

- Identify the specific actions that have been taken to implement each of the 37 recommendations in the 2005 report
- Assess the progress made and the benefits, impacts or other effects which have occurred as a result of implementation
- Make recommendations for any further action that needs to be taken and by whom.

This report is structured to reflect the objectives of the research. There is a short section setting out the methodology. This is followed by some information about the context in which Disabled Facilities Grants (DFGs) are delivered and the changes in the external environment since 2005. The next section reviews overall progress since 2005. This is followed by a section which identifies progress against each of the 37 recommendations from the 2005 report. Finally, there is a section setting out recommendations for further action. The report includes a number of brief case studies and highlights areas of good practice identified in discussion with the local authorities.

## B. Methodology

The information has been collected through:

- Desktop analysis of available information including policy and performance information
- Face to face interviews with key individuals from the working group set up to consider the EOC report
- A face to face interview with the author of the 2005 report, now the Managing Director of Care and Repair Cymru
- Site visits to 3 local authorities to look in more depth at their approach to DFGs and adaptations generally
- Face to face interviews with relevant officers from a number of local authorities
- Telephone interviews with key staff from local authorities, care and repair agencies, and housing associations and
- Telephone interviews with recipients of DFG, supplemented by a small number of home visits.

## C. Context

Adaptations enable people to remain in their own home and thus to remain independent for longer. They may also enable people to return home from hospital or from residential care. Adaptations can be carried out to meet the needs of children with a disability, working age adults with a disability and older people with a disability. The majority of DFG-funded adaptations are for older people.

Adaptations can be funded from a variety of different routes, depending on the tenure of the person receiving the adaptation and on the scale of adaptation needed. They may be delivered through a housing association, a Care and Repair agency or the local authority, and they may be paid for by the person receiving the service, or by the landlord, or by the Care and Repair agency or the local authority. This report focuses on adaptations delivered by the local authority primarily to owner occupiers and occasionally to those renting privately, however it also touches on work carried out by Care and Repair agencies and by housing associations. The local authority has the only statutory duty to carry out adaptations.

Adaptations are not delivered in isolation but are set within a complex map of other services. Sometimes an adaptation can alleviate the need for other services, or delay the introduction of other services; sometimes the adaptation sits alongside other services to meet the overall needs of the customer. Adaptations services sit well with national policy objectives with an emphasis on prevention and on keeping people in their own home for longer. This is particularly the case with those local authorities and Care and Repair agencies which are increasingly taking a holistic approach, and making links between adaptations and home-care, tele-care and other support services.

The Strategy for Older People in Wales was already in place when the 2005 report was written but was refreshed in 2007. This continued the emphasis on maintaining independence for older people with increased emphasis on choice, including independent budgets for care and support. The four main themes were confirmed as:

- Valuing older people, maintaining and developing engagement
- Changing society, the economic status and contribution of older people
- Well being and independence
- Making it happen, delivering the strategy.

Adaptations contribute in particular to the theme of well being and independence, but they also enable people with a disability (or impaired mobility) to continue to contribute to society.

In addition, the Welsh Assembly Government has funded a specific post in each local authority to promote the interests of older people and establish "50 plus" groups in each area. Key themes for many of these groups include falls prevention and the promotion of assistive technology, but in many areas links have not yet been made between these services and DFGs.

From 2009/10, the funding for these posts is no longer ring-fenced and the posts may be vulnerable given the financial pressures on local authorities.

Since 2005, we have also seen more wide-spread adoption of the social model of disability which encourages service providers to understand the experience of the disabled person and to provide individualised solutions rather than a standard approach. The social model of disability has not been widely adopted by those administering DFGs, although this is the approach taken by some of the best adaptations services.

A final significant change since 2005 is the introduction of large scale voluntary transfer (LSVT) of stock from Welsh local authorities to newly established housing associations. LSVT associations do not have access to Physical Adaptations Grant (PAG) and are expected to meet the cost of required adaptations from their own resources.

## D. Overall Progress since 2005

In 2009 the Equality Of Opportunity Committee concluded that the picture across Wales had not significantly improved since 2005. Our findings show a sustained and significant improvement in the average time taken to process DFGs across Wales. Performance as measured by the three PIs has improved significantly over that period. The average time taken to process a DFG has reduced from 545 days (2005/6) to 349 days (2009/10) – a reduction of 196 days. 19 of the 22 authorities have reduced the time taken to process DFG's. There has been a reduction in the time taken to process adaptations for council tenants, although this has been less dramatic – from 215 to 187 days (2005/6 – 2008/9, from 2009/10 this data is no longer collected due to the high number of local authorities who no longer have stock). There has also been a reduction in the number of days to process a minor adaptation outside the DFG system, from 85 to 57 days (2005/6 to 2009/10). There is still room for improvement, although local authorities are now turning their attention to the balance between speed, customer participation/control, and the quality of the outcome.

**Table one – performance against PRS002 – average time taken to process DFG (table and commentary updated)**

	2006/7	2007/8	2008/9	2009/2010	Improved over total period?	Number of days Improvement 2006/7 – 2009/10
Blaenau Gwent	428	379	384	362	Y	66
Bridgend	462	286	328	318	Y	144
Caerphilly	458	397	394	397	Y	61
Cardiff	623	422	220	189	Y	434
Carmarthenshire	357	472	349	319	Y	38
Ceredigion	561	585	533	533	Y	28
Conwy	905	642	390	237	Y	668
Denbighshire	452	355	322	381	Y	71
Flintshire	656	607	297	347	Y	309
Gwynedd	318	364	442	359	N	-
Merthyr Tydfil	434	291	339	239	Y	195
Monmouthshire	336	263	211	260	Y	76
Neath Port Talbot	609	571	675	692	N	-
Newport	579	404	364	462	Y	117
Pembrokeshire	1112	823	624	550	Y	488
Powys	543	499	440	-	Y	103
Rhondda Cynon Taf	434	446	303	253	Y	181
Swansea	653	487	378	370	Y	283
Torfaen	412	310	206	273	Y	139
Vale of Glamorgan	617	868	1046	802	N	-
Wrexham	705	476	460	387	Y	318
Ynys Mon	565	523	451	387	Y	178
Wales average	544.58	453.34	374.65	349.04	Y	169.93

Although the average figure for Wales for adaptations for local authority tenants shows a similar improvement, there is a more mixed picture at local authority level. The information is patchy; some local authorities have not been reporting this data, whilst others have transferred stock and no longer have local authority tenancies on which to report. There is no requirement to report timescales for adaptations to housing association properties, including those held by LSVTs.

**Table two – PRS003 – average time taken to process adaptation for local authority tenant**

	2006/7	2007/8	2008/9	Improving?	Number of days Improvement
Blaenau Gwent	146	202	301	N	-
Bridgend	-	-	-	-	-
Caerphilly	211	215	249	N	-
Cardiff	-	0	72	N	-
Carmarthenshire	482	385	303	Y	179
Ceredigion	380	243	258	Y	122
Conwy	715	357	277	Y	438
Denbighshire	-	525	242	Y	283
Flintshire	29	32	23	-	-
Gwynedd	280	308	195	-	-
Merthyr Tydfil	279	146	46	Y	233
Monmouthshire	-	-	-	-	-
Neath Port Talbot	396	345	-	-	-
Newport	-	-	-	-	-
Pembrokeshire	205	245	212	N	-
Powys	259	162	-	-	-
Rhondda Cynon Taf	341	-	-	-	-
Swansea	472	408	367	Y	105
Torfaen	350	310	-	-	-
Vale of Glamorgan	-	0	-	-	-
Wrexham	87	103	169	N	-
Ynys Mon	195	168	123	Y	72
Wales average	215.24	208.2	186.67		

Most local authorities also keep customer satisfaction data and report this as being generally very high – 90% or above for most authorities. Our own consultation with customers tends to confirm these very high satisfaction rates. There is a sense in which we might expect these satisfaction rates to be high: the question is being asked when someone has just received a service and this may be more vivid to them than the long wait which preceded it. But most people we spoke to were happy with the length of time they had had to wait.

Another useful measure is the number of OTs employed by local authorities. This has also increased since 2005: from 187 (159.34 Whole Time Equivalent (WTE)) in 2004/5 to 228 (197 WTE) in 2007/8. Many authorities are using non OT's for minor works, freeing up OTs to deal with complex cases. There are many examples of good practice working between OTs and the technical teams.

Overall spend on DFGs is not significantly higher than it was in 2003/4. The 2005 report shows a steady increase in spend during the period 2001/2 to 2003/4, from £28.7m to £33.5m. By 2008/9 this had increased again to £34.4m but in 2009/10 spending decreased to £32.5m. Again, the picture varies by local authority, some authorities increased their spending but others made significant reductions. Many local authorities are concerned about their ability to maintain spend on DFGs in the context of the budgetary challenges facing local authorities for next year.

**Table 3 – spend on DFGs by local authority 2008/9 and 2009/10**

Authority	DFG spend 2008/9 £ thousands	DFG spend 2009/10 £ thousands	Change in expenditure £ thousands	%age change in expenditure
Blaenau Gwent	900	944	44	5
Bridgend	2,583	2,636	54	2
Caerphilly	1,228	1,025	-203	-17
Cardiff	5,176	4,266	-910	-18
Carmarthenshire	1,263	1,836	572	45
Ceredigion	1,117	1,063	-54	-5
Conwy	1,787	1,552	-235	-13
Denbighshire	934	1,046	112	12
Flintshire	2,137	2,747	610	2
Gwynedd	781	724	-57	-7
Merthyr Tydfil	625	654	29	5
Monmouthshire	332	524	193	58
Neath Port Talbot	2,238	1,180	1,058	-47
Newport	1,491	515	-977	-65
Pembrokeshire	827	1,067	240	29
Powys	937	787	-150	-16
Rhondda Cynon Taf	3,359	3,135	-224	-7
Swansea	3,119	2,907	-212	-7
Torfaen	1,252	1,245	-7	-1
Vale of Glamorgan	1,708	1,637	-71	-4
Wrexham	125	347	222	178
Ynys Mon	485	687	202	42
All Wales	34,404	32,523	-1,881	-5

In broad terms, then, the service has improved since 2005, and customers are generally happy with the service provided. This does not, however, mean that there is no room for further improvement.

## E. Findings against key recommendations from 2005 report

Each of the 37 recommendations is set out below, with a commentary.

## F. Legislation

### 1. The current legislative framework should remain

Generally the current legislative framework is felt to be appropriate and fit for purpose. There is a strong view that DFG should remain a mandatory grant.

There is some tension around the fact that housing association and local authority tenants are not expected to claim DFG but still retain a legal right to it. However, most local authorities have local arrangements to ensure that customers are referred to the right organisation and there is not a strong view that the legislation needs to be changed to deal with this.

There are also issues around the means test, with many local authorities believing that the resource invested in undertaking the means test is disproportionate to the number of people who have to make a significant contribution. It may be unrealistic to abolish the means test but it could be simplified.

*Torfaen identified that approximately 25% of people did not progress with the DFG when they found out that they had to make a financial contribution following the test of resources. They now offer a loan to those who have to contribute to the cost of adaptations, with a staged and flexible repayment plan which can run for up to two years.*

*Carmarthenshire run a loans scheme, applicants can borrow the money for any contribution they have to make. They are working with Aston Reinvestment Trust, a non-profit making body which also works in England. This is primarily on renewal work but also linked to DFG applications.*

### 2. The production of clear publicity and information about DFG and adaptation services should be a core set requirement for the Assembly's performance framework for local authorities

The production of clear publicity and information about DFGs and adaptations services is an area where there is still significant room for improvement. In our consultation we came across a small but significant number of customers who were not aware of the service prior to having been referred (generally by a health professional). In a number of these cases they had carried out their own adaptations, although the solutions were only short-term and had to be replaced when the local authority got involved. Lack of awareness of the service had led to them wasting money and may have also led to deterioration in the health of the customer.

Most local authorities produce information both in hard copy and on the website explaining the services on offer. The quality of these is mixed, as is the ability to find the information on the website. The Welsh Assembly Government is now working with Age Cymru to create an

information booklet that could be made available through all local authorities and Care & Repair agencies.

A small number of local authorities do advertise the adaptations service. One local authority carries out a “roadshow” event going round to different areas to promote awareness of council services including DFGs. Many local authorities are reluctant to advertise the service as they fear a significant increase in demand which they would be unable to meet within budget. However, without promotion, such as advertising, the service is effectively rationed by lack of knowledge.

For DFGs to fulfill the aim of maintaining independence for longer and preventing admission to residential care or hospital, more health workers need to be aware not just of the existence of DFGs but what can be provided through them. It is noticeable that many customers are referred to the local authority by a health professional but there were other cases where an earlier referral would have been helpful. The community OTs and health OTs in Wales each have their own professional network, there are moves to partially amalgamate the two groups which would help to raise awareness of adaptations services.

The recommendation in the 2005 report was that the production of this information should be a requirement within the Welsh Assembly Government’s performance framework for local authorities. This has not happened and we are now moving away from prescriptive performance requirements. Also, it can be difficult to measure the quality of information being provided through these sorts of indicators. However, it should be clear in any good practice guidance or other documents setting out performance expectations that local authorities should take the lead in providing clear and accessible information about adaptations services in their areas.

*Carmarthenshire conduct 30 – 40 workshops around the county each year to promote a wide range of services for older people, including DFGs and similar work.*

*Conwy have 3 events each year to promote all council services, including DFGs. They also arrange for leaflets about the service to be available through libraries, advice agencies, GP surgeries and at other relevant locations. Conwy were previously seeking to obtain Chartermark for their DFG service; they are now looking to achieve the Customer Service Excellence standard.*

*Neath Port Talbot carried out follow-up home visits to those who had received a DFG previously and found that some were not using the equipment. Some of these preferred to receive homecare, but others were not confident in their use of the equipment or didn’t understand how to use it. Conwy also carry out follow-up visits between 6 months and one year after completion to check that the person understands how to use the equipment.*

*A number of local authorities, including Conwy and Neath Port Talbot, will take people to see examples of the kinds of work they are considering so that they will have a better idea of what the end product will be.*

**3. A National Assembly information booklet should be produced for clients and service users, setting out the types of services available, the roles and responsibilities of Housing and Social Services, and desirable standards of performance.**

See comments above.

*Conwy have 6 flats for use as temporary accommodation for disabled people, 3 are adapted to a very high specification and 3 to a lower specification. These are used as a re-ablement facility as well as for temporary accommodation for homeless households or decants.*

*Rhondda Cynon Taf has 3 re-ablement properties available which people can be discharged to from hospital while awaiting adaptations in their own home, or can be used to decent people while work is taking place. The re-ablement properties also enable people to try out different aids and adaptations and are used to demonstrate equipment to customers and also for training staff.*

**4. The method of providing adaptations up to the cost of £3000, currently provided through DFG, should be streamlined and made less bureaucratic. The way of achieving this should be examined in detail. Options to be explored include the use of secondary legislation, developing a new scheme and funding stream in Wales, linked to the better provision for independent living and other Wanless report recommendations, and lobbying for a change to primary legislation on DFGs to facilitate this**

There is a mixed picture in relation to minor works. Almost all of the local authorities provide a stream-lined service for smaller adaptations, although some of these are still run through the DFG process, including a means test. Other local authorities have taken them out of the DFG process all together. There are different definitions and financial limits for what constitutes a minor work.

We came across many examples of good practice on minor works in our final report. These include:

- having a standard specification for certain types of work
- schedule of rates in place
- preferred contractors appointed who have experience of this type of work, and
- using an OT assistant or other technical officer to determine what needs to be done.

There is much debate within local authorities around the relative costs and benefits of minor works in response to the customers own definition of need versus a full assessment from an OT. Some authorities take the view that if a minor adaptation can be carried out quickly and this enables the person to remain independent for 6 or 12 months then this is cost-effective compared to the cost of admission into residential care. Other authorities believe that it is more cost-effective to take a long-term view of need even if this means a longer initial wait for the customer. It is difficult to say that there is a right or wrong approach here, as much will

depend on the definition of minor works locally and the involvement of the OTs in supervising the OT or technical assistants. It is clear, however, that it is more cost-effective to complete work earlier and delay admission into residential care or hospital: the relative cost of DFGs and residential care is examined further below.

**5. The UK Government should be lobbied to add to primary legislation the ability to reclaim DFG on sale, within time limits. In the meantime, local authorities should be reminded of their ability to introduce local conditions by application to the Assembly**

This provision has now been introduced and most local authorities are using it or considering using it. The provision is relatively new and we have come across few cases where the property has been subsequently sold and the money reclaimed. However, local authorities are reporting that placing a charge on the property is not adversely affecting take-up of DFGs and only a small number of customers express any concern about the charge.

Some local authorities are offering top-up loans for those who have to make a substantial contribution to the cost of the adaptation, and securing these against the property in a similar way.

**6. The ability to fast track DFG and major adaptations for disabled people through the planning system should be examined in detail**

None of the local authorities consulted to date consider the planning application process to be a cause of delays. There are some examples where planning consent has been difficult to obtain because of specific circumstances, such as adapting listed properties, or needing to erect significant external ramping. However, it was felt by officers that a "fast track" approach would not have made a difference to these cases

A good practice example we came across was involving the planning officer in the initial visit so that they could appreciate what the OT and technical officer are trying to achieve and the difficulties for the customer, and be in a position to offer advice and be part of the solution.

## G. Funding

As noted above, spend on DFGs has remained fairly static since 2003/4, with a small increase to 2008/9 and then a reduction in 2009/10. Most local authorities report that they are able to contain spend on DFGs within budget without having to defer work at the end of the year. However, most local authorities also recognise that if they improved the speed of processing they would find it more difficult to manage within budget. Current processing times act as a constraining factor.

While local authority spending has remained fairly static, other sources of funding have been introduced or expanded. For example, spending on Physical Adaptations Grant (PAG; adaptations carried out by housing associations) has increased from £1.5m in 2004/5 to £8m in 2008/9. Stock transfer associations are required to fund adaptations out of their own resources, some are spending significant amounts. Cartrefi Conwy for example included £775,000 in the business plan for the first two years (to enable a backlog of requests to be cleared) and then £400,000 for each subsequent year. Traditional housing associations also use their own funding on occasion to pay for adaptations work – North Wales housing association, for example, picks up the cost of works which are over the maximum limit for PAG. However, few housing associations pick up costs for minor adaptations, an approach which is becoming more common in England. For local authority tenants, Major Repairs Allowance is being used to fund adaptations work. Contributions from social services have also increased for many local authorities. The DFG budget is still a major area of spend, but it is not the only source of funding.

There is a risk that different sources of funding for different tenures will result in different services. Strategic housing authorities should map the different funding streams as part of taking a strategic overview of how adaptations services operate in their area.

Another concern expressed by some local authorities is that DFG is now absorbing most of their private sector housing spend, thus limiting other work such as renewal areas, home repairs assistance and energy efficiency works. Table 4 below shows private sector housing spend in 2009/10 by local authority. This shows significant renewal activity in some areas, but for 9 local authorities DFGs accounted for more than three-quarters of private sector housing spend. This limits the ability to do other work, some of which is needed to support the DFG process. For example, many local authorities reported that house conditions sometimes meant that it was not possible to carry out an adaptation without doing additional work to improve the condition of the property. A small example of this would be re-wiring to enable a stair-lift to be safely installed. Another example given was the need to put a new roof on a property where the roof was leaking badly and meant that the bedroom into which a through-lift was to be installed was uninhabitable.

Table 4 below also highlights the extent to which authorities are – or are not – using loans and other assistance to top up private sector spend (although the figures in the column also include

contributions from those who are required to make them). The move from grants to loans has been slow to happen in Wales, with a number of local authorities stating that the culture of the area they work in leads people to expect a grant – and sometimes to walk away from the offer of a loan. However, some authorities are using loans very successfully to stretch their spending, and one authority is offering to facilitate loans for those who have to make a financial contribution to the work.

**Table 4 – private sector housing spend by local authority**

Authority	Total private sector Renewal expenditure (inc DFG) £ thousands	DFG spend 2009/10 £ thousands	Total private sector Renewal expenditure (exc DFG) £ thousands	Other assistance
Blaenau Gwent	2,004	944	1,060	28
Bridgend	2,824	2,636	188	21
Caerphilly	3,257	1,025	2,232	103
Cardiff	6,571	4,266	2,305	22
Carmarthenshire	2,417	1,836	581	2
Ceredigion	2,834	1,063	1,771	380
Conwy	1,843	1,552	291	9
Denbighshire	1,705	1,046	659	2
Flintshire	3,078	2,747	331	0
Gwynedd	2,350	724	1,626	191
Merthyr Tydfil	805	654	151	50
Monmouthshire	524	524	0	0
Neath Port Talbot	2,319	1,180	1,139	16
Newport	1,513	515	998	179
Pembrokeshire	2,569	1,067	1,502	34
Powys	2,806	787	2,019	768
Rhondda Cynon Taf	8,843	3,135	5,708	232
Swansea	3,156	2,907	249	0
Torfaen	1,246	1,245	1	0
Vale of Glamorgan	2,122	1,637	485	29
Wrexham	3,275	347	2,928	276
Ynys Mon	1,263	687	576	0
All Wales	59,326	32,523	26,803	2,341

**Source: Statistics for Wales, figures published 16<sup>th</sup> September 2010**

## 7. The mandatory nature of DFG and the need to properly resource the DFG programme should be reinforced to all local authorities

As noted above, there is a strong view that DFGs should remain a mandatory grant.

Most local authorities indicate that DFGs have a high priority and funding is generally made available within the authority to ensure that the programme of works can be met. A small number of local authorities are having to delay works from one year to the next due to budget restrictions, but most recognise that other factors help to constrain spending. There is some

concern about the extent to which DFG spend will be “protected” as local authorities make spending cuts in next year’s budgets. Officers indicate that DFGs generally have a high profile with elected Members, but recognise that no areas of spend can expect to be fully protected.

**8. The calculation of the Housing formula for un-hypothesized general capital allocations should be reviewed to ensure it reflects levels of disability locally and actual demand for DFGs**

This recommendation has not been progressed. The housing formula for un-hypothesized general capital allocations does not reflect levels of disability or demand for DFGs.

Annual capital allocations are provided to local authorities through the General Capital Fund. This includes a notional amount to cover housing, including disabled facilities grants, as well as other services such as education, personal social services, transport, local environmental services, and law and order and protective services. These amounts are non-hypothesized, in other words they are not ring-fenced for specific purposes, at either an all-Wales or an individual local authority level. It is for each authority to decide what capital to allocate to individual services, including disabled facilities grants.

Local authorities can also use capital receipts, prudential borrowing (against future income streams) and revenue contributions to fund capital spend, however, in the case of DFGs there is no significant income stream to borrow against. There may be a higher level of capital receipt in future arising from the legal charge which can be placed against properties where significant adaptations are carried out, if the properties are subsequently sold, but this is unlikely to play a major role in funding future programmes. Local authorities will need to continue to balance the need to meet the demand for DFGs, which is a mandatory grant, against other demands on their capital programmes.

This recommendation was made to try to ensure that sufficient funding was available locally to meet demand for DFGs. However, as the funding is un-hypothesized, it is for local authorities to determine the proportion to be spent on DFGs. The Welsh Local Government Association report in October 2009 found that around half of local authorities had carried out exercises to determine the overall need for DFGs in their area. We found that although many local authorities had done this, it was based on historic information and not on an assessment of need according to the population profile. Most local authorities seem to have taken the view that there is little point in undertaking an exercise to determine the total need for DFGs if they are unable to then meet this need.

None of the local authorities we spoke to has attempted to project the total amount of need for DFGs in the area and link this to the budget. Some have longer term projections in place based on historic demand. Some have looked at local factors affecting demand for DFGs, such as age profile, extent of long-term limiting illness, and profile of the stock. Most local authorities have analysed spend and tackled the costs of particular types of adaptation, or

looked for alternative cost-effective solutions. One authority has analysed spending from the care budget with a view to using adaptations to reduce or eliminate the need for care.

We analysed current spend by head of population over 65 (as the majority of DFGs are for older people). This revealed a huge range of spend, from £15 to £110. There is a clustering at around £50 – 70. This reflects current spend rather than overall need.

Table 6 uses the same information divided by the number of pensioners with a long-term limiting illness. Again, there is a huge spread. However, many of the high and low spenders are consistent across both tables.

Given that we have already noted that demand is a poor proxy for overall need (being influenced by awareness of the service amongst both potential customers and those who might refer them to the service) there is a rationale in linking funding to the number of older people and/or older people with a long-term limiting illness. However, nationally and within Wales there is a move away from ring-fenced budgets. Using a formula might result in a greater or lesser amount of funding to individual local authorities, but there is no guarantee that this funding would be used for DFGs.

**Table 5 – DFG spend by head of population over 65**

Authority	DFG spend 2009/10 £ thousands	Population 65 or over	Spend per head of Population 65+
Blaenau Gwent	944	12,415	76
Bridgend	2,636	23,963	110
Caerphilly	1,025	28,392	36
Cardiff	4,266	44,341	96
Carmarthenshire	1,836	37,139	49
Ceredigion	1,063	15,952	67
Conwy	1,552	26,801	58
Denbighshire	1,046	26,801	39
Flintshire	2,747	25,806	106
Gwynedd	724	23,913	30
Merthyr Tydfil	654	9,460	69
Monmouthshire	524	18,025	29
Neath Port Talbot	1,180	25,648	46
Newport	515	23,295	22
Pembrokeshire	1,067	24,993	43
Powys	787	22,609	35
Rhondda Cynon Taf	3,135	39,511	79
Swansea	2,907	42,107	69
Torfaen	1,245	16,569	75
Vale of Glamorgan	1,637	22,497	73
Wrexham	347	22,609	15
Ynys Mon	687	14,708	47
All Wales	32,523	548,270	59

**Table 6 – DFG spend per pensioner with long term limiting illness**

<b>Authority</b>	<b>DFG spend 2009/10 £ thousands</b>	<b>Number of pensioners with a long term limiting illness</b>	<b>Spend per pensioner with long term limiting illness</b>
Blaenau Gwent	944	7,922	119
Bridgend	2,636	13,673	193
Caerphilly	1,025	17,321	59
Cardiff	4,266	24,925	171
Carmarthenshire	1,836	20,452	90
Ceredigion	1,063	6,930	153
Conwy	1,552	13,134	118
Denbighshire	1,046	10,560	99
Flintshire	2,747	12,231	225
Gwynedd	724	11,558	63
Merthyr Tydfil	654	6,293	104
Monmouthshire	524	7,863	67
Neath Port Talbot	1,180	16,730	70
Newport	515	12,976	40
Pembrokeshire	1,067	11,520	93
Powys	787	12,799	61
Rhondda Cynon Taf	3,135	25,707	122
Swansea	2,907	24,912	117
Torfaen	1,245	9,521	131
Vale of Glamorgan	1,637	11,100	147
Wrexham	347	12,071	29
Ynys Mon	687	6,727	102
All Wales	32,523	296,925	109

Another indicator of overall need for DFGs could be the level of delayed transfers of care where people are waiting for a place in a care home. The timely use of adaptations, supported where necessary by other services, can obviate the need for someone to go into a care home, or at least enable them to return home while waiting for a place. As of August 2010, 596 people were subjected to a delayed transfer of care, of these 116 were awaiting a place in a care home. Areas where more than 10 people were waiting for a place in a care home included Vale of Glamorgan, Rhondda Cynon Taf, and Powys. It would be hard to argue that the first two of these are underspending on DFGs given the tables above. Powys is at the lower end of the spending scale and it could be argued that increased spend on DFGs might assist with delayed transfers of care, although obviously we have no knowledge of the individual cases behind these figures and whether returning home is practical for them.

There is some understanding from key stakeholders in the sector that DFGs help to save money for other services, but there is no specific link between the budget allocated for DFGs and the savings made. Local authorities themselves may also have been slow to make the financial case for DFGs. The figures below come from a variety of sources, including the Welsh Audit Office review of the Neath Port Talbot lean systems approach to DFGs and various other publications in England.

**Table 7 – Costs of DFGs v potential savings to other services**

	<b>Cost of DFG £</b>	<b>Cost/saving to other services £</b>	<b>Comment</b>
Hip fracture	300 - 1,000	30,000	DFG cost from basic stairlift to Estimated cost to NHS (Parrott, 2000, adjusted to 2009 costs)
Delayed transfer to residential or nursing care	18,000	108,000	DFG cost to cover installation of level-access shower and extension to bedroom to accommodate. Saving based on delaying transfer to residential or nursing care by 4 years;.
Discharge into independent living from residential care	6,500	270,000	DFG cost based on finding appropriate level access property and further adaptations. Saving based on 10 years not needing residential care
Discharge seriously disabled child from hospital to home care	36,000	251,850	Maximum DFG. Saving based on cost of hospital care for a seriously disabled child, ODPM figures 2005 adjusted to 2009 costs.
Reduce need for social care	10,000	20,000	DFG cost based on installation of ground floor bathroom. Saving to care budget as only needs 1 person to attend daily, based on 5 years.

Residential care can cost between £17,304 and £36,280 each year, depending on the level of dependency. For a seriously disabled adult, this cost would rise to between £38,168 and £68,968 (costs based on ODPM 2005 figures adjusted to 2009 costs). For the purposes of the figures above we have used a cost of £27,000 per year.

*Neath Port Talbot carried out a study of people going into residential care over a 5 year period. 244 people had previously been referred for a DFG. Of these, 85 had received a DFG, 159 had dropped out or not progressed. Those who had received a DFG had on average gone into residential care 4 years later than those who had not received a DFG. So if the 159 who had not progressed had received a DFG, it would have cost £2m (based on average costs) but they would have saved £12m on residential care. They also analysed cases where people had "dropped out" of the DFG process. 135 of these cases had progressed to home care. It is possible that if these people had not dropped out of the DFG process they would not have required homecare.*

**9. The funding allocation as a result of the housing formula should keep pace with the anticipated increase in demand for DFGs in future years**

As noted above, spending on DFGs has remained fairly static since 2005.

**10. To complement the recommendation to have a separate fast track route for DFG works costing up to £3000, consideration needs to be given to the funding source for such works, and the merits of using any finance available as a result of the Wanless report**

There is a mixed picture in relation to minor works. Almost all of the local authorities provide a stream-lined service for smaller adaptations, although some of these are still run through the DFG process, including a means test. Other local authorities have taken them out of the DFG

process all together. There are different definitions and financial limits for what constitutes a minor work.

There is less variation in sources of funding. Most local authorities draw on social services as well as housing budgets for the delivery of minor works, although as some authorities point out it is all coming from the same overall budget anyway! Most authorities now have arrangements in place to ensure that social housing landlords – whether local authority or housing association - fund works to their properties, including minor works.

It is tempting to recommend that such inconsistencies should be ironed out and one definition produced for the whole of Wales but there is no real evidence that this would result in an improved service or better value for money.

However, there is an argument for each local authority setting out its own clear definition of 3 types of adaptation, with separate locally agreed targets for delivering each type of adaptation. These would include:

- Minor works up to an agreed financial limit (with examples of the type of adaptation envisaged). The timescale set for these should reflect the fact that they are minor works. An OT would not normally need to be involved in these cases.
- Fast-track adaptations where there is a reasonable volume of that type of adaptation and the local authority is able to fast-track these applications; this may include stair-lifts, through-lifts, level access showers, installation of additional wc/bathroom facilities, and external ramps (although some of these may be treated as minor works). It should be for each local authority to decide which adaptations should be fast-tracked. The timescale set for fast-track adaptations should be challenging, making use of standard specifications, schedules of rates, and preferred contractors. An OT would not always need to be involved in these cases.
- Other adaptations, which would require a full OT assessment.

The Rapid Response Adaptations Programme (RRAP) was introduced in 2002. In the 2005 report, reference was made to continued funding of the RRAP scheme, which has been funded annually since its introduction. RRAP provides funding for some types of minor adaptations, particularly where these will prevent admission into hospital or enable an earlier discharge. All local authorities have indicated that they value the RRAP scheme and believe it makes a useful contribution. Many local authorities top up the RRAP funding or provide complementary funding, which indicates that it is seen to have value.

**11. Major Repairs Allowance should be useable for Disabled Facilities Grants for council tenants. Local authorities should be informed of this change for the next financial year (2005/6)**

All of the authorities we have spoken to so far use MRA and/or response repairs budgets to fund adaptations for council tenants. However, all are conscious that council tenants still have a legal right to apply for a DFG, and they would be required to process the application if the need is not being met

A significant change since 2005 is the number of authorities who have transferred their stock, or are considering doing so. The Welsh Assembly Government requires the stock transfer association to ensure that in its business plan it has sufficient resources to carry out aids and adaptations on its stock.

## H. Delays

### **12. The detailed comparative and benchmarking work undertaken under this review should be prepared as a separate report and issued to local authorities and RSLs in order to encourage the sharing of best practice in DFGs and adaptation services**

Comparative and benchmarking work has been taken forward through a number of different routes, including the Chartered Institute of Environmental Health Officers – Housing Technical Panel, and Care and Repair Cymru. The WLGA issued a good practice report in 2009, and Care and Repair Cymru have issued good practice guidance on a number of specific elements of aids and adaptations.

Most local authorities are aware of the good practice guidance but it does not appear that it is being used to any great extent. Some local authorities take the view that what works elsewhere will not necessarily work in their area, or feel that available good practice guidance is out of date.

There is a good deal of informal sharing of best practice, for example a number of authorities have visited Neath Port Talbot to look at the outcomes of applying a lean systems approach to adaptations. There is scope for more sharing of best practice.

*Carmarthenshire have placed DFGs firmly within a one-stop shop private sector housing service, regardless of tenure or where someone has been referred from. So for example, someone approaching for advice about DFGs will also be referred for advice on energy use and a grant where appropriate. All officers working in the service are trained energy advisors. Technical officers dealing with DFGs are termed “home improvement officers” to reflect this; they are trained in HHSRS, including slips and trips and other hazards. They also look at issues such as whether there are functioning smoke detectors.*

*Neath Port Talbot have reconfigured the DFG process; the first step now involves an initial joint visit from the OT and the technical officer, also the officer who deals with means-testing. This puts the “experts to the front”. The visit is used to find out the person’s needs, wants, what matters most to them and to explore options in relation to these and their lifestyle. The OT takes equipment with them and can leave the customer with anything that might be useful to them. Prior to the visit they will carry out as much preparation as possible, checking land registry for details of ownership, checking benefits in payment etc. After the first visit the technical officer will remain with the case all the way through so that the customer only has to deal with one person.*

*Gwynedd have a joint adaptations group which includes representatives from the OT team, the technical/grants team, Care and Repair and the LSVT association. The group mainly look at policy issues but will review individual cases where appropriate.*

*Torfaen run their DFG service through a multi-disciplinary team which includes OTs, building surveyors, grant liaison officers and social workers. This enables them to offer an integrated package of solutions and also to consider the implications for homecare services when looking at adaptations.*

**13. A series of seminars presenting the outcomes of:**

- **the Wales DFG review**
- **the Phase 2 WLGA benchmarking and good practice report (when completed)**
- **ODPM's "Delivering Adaptations, a Good Practice Guide"**

**should be organised in partnership with organisations such as CIH Cymru, WFHA and Care and Repair Cymru.**

See comments above.

**14. A separate fast track route for DFG works costing up to £3000 should be introduced as detailed elsewhere**

See comments under recommendation 10

**15. A statutory PI should be introduced that sets a target and measures the process of undertaken DFG and major cost adaptations in all tenures, from the first point of contacting the local authority to the completion of work**

A PI was introduced following the publication of the 2005 report and more recently this has become a statutory PI which is audited. Almost all of the authorities believe that the introduction of the PI had a significant impact. It raised the profile of adaptations work in the authorities, and for many was an important factor in securing increased resources internally

There is, however, huge skepticism from most local authorities around how the PI is measured; everyone believes that they are measuring it correctly but that others aren't! This is despite very detailed guidance which accompanies the PI. The PI has recently become a statutory indicator and will therefore be audited, which should go some way towards addressing this skepticism.

There is also a strong view that simply measuring the speed of delivery of the adaptation misses out on other elements such as customer satisfaction, and whether the adaptations have succeeded in enabling the person to remain independent. There is a view that measuring speed of delivery was important when performance was very poor but across Wales performance has improved significantly since 2005. Some authorities have pointed out that there are times when delays are requested by the customer, in order to carry out work at more convenient times, or to fit with on-going treatment, or degeneration in a long term health condition.

We understand that the PI's have recently been reviewed by the Welsh Assembly and that the PI for DFGs has been confirmed, with the additional proviso that reporting be split between adaptations carried out for children with a disability and for adults with a disability. This reflects the evidence from local authorities that adaptations for children with a disability can often take longer and be more complex than those for adults.

There is little point in recommending changes to the PI or additional PI's. However, our recommendation above that works should be defined into 3 categories leads logically to a recommendation that each of these should be separately monitored. The existing national PI would remain as it is but local authorities should in addition monitor each of the three categories separately and share this information with each other as part of benchmarking work.

## I. Disabled children

### **16. The means test for dependent children DFGs should be abolished, with additional costs funded by the Assembly**

This recommendation has been implemented, with the means test no longer applying when the household includes a dependent disabled child. Most authorities report that this has had minimal impact. They might have expected a rush of applications but this has not been the case. Other authorities recognise that there has not been a significant increase in requests for adaptations, but they have struggled to contain costs, as adaptations for disabled children tend to be significant and therefore more expensive. One or two authorities reported an increase in demand, but they did not feel that this was caused by the removal of the ring-fence, but reflects increasing demand generally for adaptations for children with a disability. No authority felt that families were approaching the adaptations in a different way because they would not be required to contribute.

### **17. The conclusions of the wider review of DFG means testing being undertaken by ODPM in England should be considered in Wales when complete**

Means testing has remained in place in England. The review referred to in the 2005 report was commissioned jointly by the Office of the Deputy Prime Minister, the Department for Health and the Department for Education and Skills, and was carried out by Bristol University. The report recommended that the means test, or test of resources, be reviewed and moved to one based broadly on the principles of Fairer Charging for Care services, but this has not been taken forward.

We have had discussions with a number of authorities about the resource needed to conduct the means test, often resulting in no or very small contributions. Many authorities question whether the means test is worth it for the small amount of contributions brought in. In one authority, we were able to sit down and go through the process of means-testing in some detail; it is a complicated process which has the potential to be simplified. The means test is felt to be a barrier for some households who do not want to share their financial information with the local authority. Most authorities also use the information gathered through the means test to check if households are not claiming benefits to which they are entitled.

The means test should be reviewed primarily to simplify it; however moving towards the broad principles of "Fair access to care" would be appropriate, as this does better reflect true housing cost. However, the over-riding aim should be to simplify the test.

It is recognised that this is not a devolved matter and therefore simplifying the means test would be a matter for discussion between the Welsh Assembly Government, Communities and Local Government and the Department for Work and Pensions. Given the scale of change anticipated on benefits issues, this may not be deemed a high political priority. However, it is possible that there might be opportunities to simplify the means test as part of the wider review of benefits to which the current government is committed.

## J. Council tenants

**18. A framework should be set in place that requires a greater level of uniformity for the delivery of adaptations for council tenants. This should include:**

- **A clear definition of what are considered minor adaptations (those costing less than £1000), and a common un-bureaucratic route for delivering these, outside of the DFG system**
- **A NAWPI covering the time-scale for delivering council tenant major adaptations**

All local authorities now deliver adaptations for council tenants outside the DFG system, although many pointed out that legally council tenants have a right to DFG which they can choose to exercise. In almost all of the authorities, adaptations for council tenants are paid for from a separately identified budget ring-fenced within the repairs budget. This includes both minor and major adaptations. There are a wide variety of different arrangements in place for carrying out the work. For the most part, the OT team undertakes the assessment and referral, although some authorities do not use OTs for minor works. In some cases the technical team administer the work and recharge the cost to the relevant budget, in other cases the repairs staff organise for the work to be carried out.

A significant change since the 2005 report has seen a number of stock transfers in Wales, with different arrangements being put into place to fund and organise adaptations.

A PI to measure speed of adaptations for council tenants has been in place since 2006/7. Authorities who have completed stock transfers do not provide this information. The results for 2008/9 show a mixed picture, with only about half the authorities having made improvements, although the average for Wales has reduced steadily over the three years. Three authorities complete adaptations for council tenants within an average of less than 100 days, a further 3 between 100 and 200 days and 5 between 200 and 300 days. 2 have an average which is over 300 days.

**19. That good practice in delivering adaptation services for tenants be shared through the dissemination routes described in recommendations to Part C.**

See comments under recommendation 12 above.

**20. That a clear policy lead and guidance is given to local authorities that requires them to build into business plans and transfer agreements, all major and minor adaptation costs for bringing their stock up to the WHQS**

This clear policy lead and guidance has been built into advice given to local authorities in preparing business plans, whether for stock retention or transfer. With stock transfer, there was some concern from local authorities that the business plans of early transfers had underestimated the resource that would be required for future adaptations, but that this had been addressed in more recent business plans.

## K. RSL Tenants

### **21. All RSL major cost adaptations should be undertaken using PAG funding, from SHG**

Since 2005, there has been a significant increase in the total cost of PAG, from under £1.5m in 2004/5 to over £8m in 2008/9. However, the Assembly's own figures show that it is rare for non-developing associations to claim PAG. By definition, therefore, not all major cost adaptations are being funded through PAG, and this was confirmed by our interviews with housing associations.

The local authorities are very keen to ensure that housing associations are not turning to them to fund adaptations, and the majority we spoke to will try to persuade applicants who are housing association tenants to speak to their landlord in the first instance.

The increasing costs of PAG led to a consultation paper issued in 2009 which proposes capping PAG and distributing the majority of the money to those developing associations, using a formula based on stock size. Non-developing associations would be able to claim PAG on a case by case basis from the contingency reserve.

### **22. Minor adaptations costing less than £1000 should be made the responsibility of the RSL, and not eligible for PAG or DFG**

Most local authorities believe that housing associations are funding smaller adaptations from their own budgets, this is reflected by very few requests from associations to support for this work. Associations have confirmed that they are paying for minor adaptations (and in some cases, major adaptations) from their own budgets.

Adaptations to housing association properties are not measured through a published PI, therefore it is not possible to compare the service that housing association tenants are receiving with other tenures. There is a proposal to introduce a PI when the amended PAG procedures are put into place.

Some authorities have expressed concern that housing associations are not under the same pressure to gain value for money, and that working independently is less cost-effective as they do not draw on the expertise or experience of the authority. For example, many local authorities now have contracts in place for installation of stair lifts where prices are lower to reflect bulk purchase, but housing associations may be going direct to the same supplier and paying a higher cost. Most housing associations in Wales have robust procurement arrangements in place for planned and responsive maintenance, some through joint procurement arrangements. Some have also reviewed procurement of adaptations services and believe they have arrangements in place to provide value for money but others indicate that this is an area where more could be done.

In our work we have only spoken to a small number of housing associations so we cannot claim these views to be representative, but clearly it is an area that could be further explored.

**23. The PAG scheme should be overhauled and clarified in terms of eligibility, minimum and maximum costs, eligible work, and paperwork required to be submitted. As far as possible PAG should match provision under the DFG system**

Since the 2005 report PAG administration has been streamlined for some works, and the new proposed procedures will build on this to minimise administrative delays. Whether they have an allocation or not, payments will be made on completion of the works and case by case approval is not required. The Assembly proposes to publish a full list of eligible and non-eligible works prior to the introduction of the new system. A minimum cost will be set in the sense that associations will be expected to fund any works under a set limit. The limit has not yet been agreed although £500 is being suggested in the consultation. A maximum will be set in the sense that works over £36,000 have to be funded from the contingency reserve, although it is unclear whether these will have to be agreed on a case by case basis.

**24. The PAG scheme should be clearly publicised amongst all RSLs**

All the associations we have spoken to were aware of PAG.

**25. To speed up adaptation works, retrospective claims for PAG should be allowable, subject to clear checks and balances to ensure such claims fully comply with PAG requirements**

Streamlined procedures including retrospective claims, have been introduced for PAG, although as noted above these were mainly taken advantage of by the developing associations. The new procedures will work on the basis of retrospective claims.

**26. Consideration should be given to the operation of a central schedule of rates for PAG works**

This recommendation has not been taken forward.

Generally, the recommendation was not supported by the housing associations we have spoken to. It was felt that it would be cumbersome, difficult to administer, and may not achieve the expected outcomes. There was more support for the idea of bulk purchase of equipment, although some associations felt that only a small proportion of their adaptations used “off the shelf” purchases rather than tailor-made solutions. Most associations were not keen on the idea of a centrally imposed solution, suggesting that this recommendation could be taken forward through existing shared procurement arrangements.

**27. Information about available routes to adaptations for RSL tenants should be published, as part of the general information/ publicity material proposed elsewhere in this report.**

See comment at recommendation 2.

## L. Adapted Housing Registers for Social Housing

- 28. The best schemes and systems should be replicated across Wales. This could be facilitated by the sharing of information collected as part of this review and/or a series of best practice seminars for LAs and RSLs, facilitated by the Assembly and organisations such as WFHA and CIH**

All of the authorities we have spoken to have some form of adapted housing register. Most of these operate on the basis of categorising properties according to the scale of adaptation carried out, and categorising the needs of the disabled person so that the two can be matched. The majority of local authorities work only within their own boundary, and see little advantage in sub-regional or regional schemes. On the other hand, some authorities have expressed an interest in further discussion on the categories to be used, seeing benefits in having a standard approach across Wales. For others, this would create some difficulty as they have already collected a significant amount of information about their own properties under the categories agreed locally.

Some local authorities have had significant success with matching tenants to adapted properties. Two examples are given below. It is recognised that adapted (or accessible) housing registers can save the local authority money, and in some cases offer a quicker solution than having to undertake further adaptations. Most authorities believe that it is only worth matching to properties which have had significant adaptations, which is a relatively small number of properties, but the rewards are still significant.

Local authorities and housing associations need to work together to develop and run joint registers. These enable the greatest re-use of existing adaptations. Some authorities are critical of housing associations who they see as making less effort to re-use adaptations. Housing associations in turn cite difficulties with getting appropriate nominations through from the local authority, and in particular, delays waiting for an OT to be available to decide whether or not a property is suitable. However, it is clear from those who have been successful that these problems can be overcome.

Many authorities are interested in extending the adapted properties register to include privately rented and owner-occupied housing. One or two authorities have already had some success in getting landlords to work with them.

- 29. Local Authorities should be reminded of the benefits of adapted housing registers and matching schemes in relation to their own housing stock, and should be required to include their plans for such schemes within their local housing strategy and private sector renewal strategy**

See comments above about the benefits of accessible housing registers.

Whilst most local authorities do refer to accessible housing registers in their local housing strategy, the recommendation refers to making better use of existing social housing stock. As indicated above, many local authorities are now interested in extending the register to include privately-rented and owner-occupied housing. This has thrown up a new issue in relation to the design standards of new accommodation. A number of OTs we spoke to as part of this work were critical of design standards for new accessible housing and felt that local authorities should be reviewing these to ensure that such housing was truly able to meet the increasingly complex needs of some disabled people.

*Cardiff Accessible Homes has saved an estimated £2m by enabling adaptations which have been carried out to be re-used.*

*Conwy estimate that their adapted housing register saves approx £150,000 per annum by matching people who need adapted housing to vacant properties.*

*Coastal housing association runs an accessible property register covering all social housing stock in Swansea. Property that has had major adaptations will be referred to the scheme and Coastal will seek to match the property with someone who needs those adaptations.*

*Caerphilly BC is particularly proactive in encouraging people to consider a move where the current property is unsuitable for the adaptations needed. They offer a "relocation" grant for those in the private sector who are moving, and will visit and encourage them to think about options. They have built to order for particular families, in partnership with RSLs, although the lead-in time for this means it is more practicable for families with a disabled child, although they have also done this for adults. They will consider all tenure options, and offer support to those moving within or into the owner-occupied sector, as well as assisting those who are renting privately to move to social housing.*

## M. Minor Adaptations

**30. Minor adaptations should be clearly defined. It is suggested that the definition should relate to cost, and that all adaptations costing under £1000 be classed as minor**

There is no agreed definition of minor works. For housing associations, the PAG proposals use £500 but this is subject to consultation. Local authorities use a variety of costs from £800 to £3,000.

As stated above it is tempting to recommend that common definitions should be used, but there is no solid evidence for the advantages that would arise. For example, the local authority which uses £800 as the limit for minor works has examined increasing this to £1,000 but is convinced that rather than enabling them to include more adaptations in the minor works category, the costs of adaptations would simply rise to the new level.

We have recommended at 10 above a categorisation for different types of adaptation.

**31. Delivery of minor adaptations (under £1000) through less bureaucratic mechanisms should be promoted**

All of the authorities we have spoken to have different procedures in place for minor adaptations; for the most part this means dealing with them outside the DFG process although one or two authorities do put minor adaptations through the DFG process.

The data for PRS006 (low cost adaptation works where DFG not used) shows that these adaptations are generally dealt with much more quickly: in 2009/10 they took an average of 27 days compared to 349 days for DFG works. The average covers a very wide range from 10 days to 167 days.

**Table 8 – Performance against PRS006 – average number of calendar days to deliver adaptation works in private dwellings where DFG process not used**

	2006/7	2007/8	2008/9	2009/10	Improved over period 2006/7 to 2009/10?	Number of days Improvement
Blaenau Gwent	9	8	8	58	-	-
Bridgend	-	-	76	75	-	-
Caerphilly	101	58	22	54	Y	47
Cardiff	113	108	62	84	Y	29
Carmarthenshire	23	12	21	10	Y	13-
Ceredigion	200	150	140	70	Y	130
Conwy	461	51	43	38	Y	423
Denbighshire	179	99	55	69	Y	110
Flintshire	153	184	127	102	Y	51
Gwynedd	72	81	82	134	N	-
Merthyr Tydfil	8	66	75	37	N	-

Monmouthshire	58	10	11	-	-	-
Neath Port Talbot	82	98	-	13	Y	69
Newport	29	23	25	19	Y	10
Pembrokeshire	432	453	359	167	Y	265
Powys	147	109	180	-	N	-
Rhondda Cynon Taf	121	107	104	89	Y	32
Swansea	115	140	109	97	Y	18
Torfaen	4	5	-	17	-	-
Vale of Glamorgan	66	21	26	16	Y	50
Wrexham	-	142	150	155	N	-
Ynys Mon	28	151	28	34	N	-
Wales average	84.71	80.8	68.98	57.32	Y	27.39

Although performance does vary considerably against this indicator, all authorities are dealing with minor works outside the DFG system much more quickly than they are dealing with DFGs, as shown in Table 9 below.

Table 9 – comparison of performance between DFG processing times and times to complete private sector adaptations outside of the DFG process (2009/10 figures)

	PRS 002	PRS 006
Blaenau Gwent	362	58
Bridgend	318	75
Caerphilly	397	54
Cardiff	189	84
Carmarthenshire	319	10
Ceredigion	533	70
Conwy	237	38
Denbighshire	381	69
Flintshire	347	102
Gwynedd	359	134
Merthyr Tydfil	239	37
Monmouthshire	260	-
Neath Port Talbot	692	13
Newport	462	19
Pembrokeshire	550	167
Powys	-	-
Rhondda Cynon Taf	253	89
Swansea	370	97
Torfaen	273	17
Vale of Glamorgan	802	16
Wrexham	387	155
Ynys Mon	387	34
Wales average	349.04	57.32

*Merthyr Tydfil has a scheme in place which enables people to borrow recycled stair-lifts for a period of time. They can be fitted within 48 hours. Work is carried out outside the DFG process with no means test. The stair-lifts can be returned when no longer required.*

**32. The funding of minor adaptations costing £1000 or less should be made the responsibility of Social Services for owner occupiers and private tenants, RSLs for RSL tenants, and Housing Departments for Council House tenants, and the mechanism for the best way of achieving this examined in detail**

For the most part, this has happened, with housing departments funding works for council tenants, and housing associations funding minor works and in some cases applying for PAG. In some local authorities, adult care services will fund minor adaptations for owner occupiers and private tenants. There are some good examples of joint working with adult care, particularly around the interface between care needs and adaptations, and with tele-care services, and we will highlight these in our final report.

**33. The use of non OT qualified staff should be encouraged and promoted for minor adaptations**

The picture is still quite mixed. About half the authorities we have spoken with to date use OT assistants or technical staff for minor adaptations, others are keen to use OTs for minor works as they feel that a full assessment is a better foundation for assessing long-term need.

*Caerphilly BC is believed to be the first in Wales to have employed an OT within the housing department. The OT was originally employed to ensure good communication and liaison between the housing and social services departments; communication is now very good and the need for this role has diminished. The OT runs the accessible housing register.*

*Rhondda Cynon Taf have OTs and grants officers co-located in the same office. Originally they employed one OT in the housing department on a secondment basis. This worked well particularly in conducting joint visits prior to referral on complicated cases. However, there were concerns that the OT was becoming isolated, with no peer support from other OTs and that the arrangement might limit their professional development. The decision was then taken to co-locate the services.*

*Carmarthenshire employ 2 OTs and an assistant OT within the housing department. All other OTs are pooled between the local authority and the health trust; there is a memorandum of understanding which includes a joined-up procedure and a protocol for referring in from other OTs. This has worked well in that referrals tend to be appropriate and other OTs have a good understanding of what DFGs can deliver.*

## N. Rapid Response Adaptations Programme

### **34. That the RRAP programme is confirmed as continuing beyond the initial 3 year pilot proposal**

The RRAP continues to run, with funding allocated annually, in line with Assembly Government policy on budgets.

### **34. That money allocated to the programme is increased to reflect actual demand for RRAP within the clearly defined parameters of the programme aims and eligibility**

RRAP funding has increased since 2005.

### **36. That consideration is given to the source of funding for the programme in future years, so that this reflects what the programme delivers in terms of health and social care objectives**

There is widespread recognition that the RRAP relieves pressure on other budgets such as health and social care, and some authorities have undertaken work to identify potential savings delivered. In some cases, health authorities and adult care services are providing funding for RRAP or related services, suggesting a recognition of their benefits.

Table 7 earlier in this report sets out potential savings from DFG-funded adaptations. Obviously the same applies to RRAP-funded work. If RRAP enables someone to be discharged from hospital a week earlier than otherwise, there is a potential saving of up to £5,000.

Care & Repair Cymru monitors spend on RRAP and the types of work completed. For the year 2008/9, they estimate that for every £1 spent on RRAP, £7.50 is saved in Health and Social Care.

### **37. That consideration be given to a RRAP type programme covering social housing tenures, with due regard to delivery through the networks and partnerships already developed**

It was felt by both the local authorities and the housing associations that arrangements already in hand for minor works obviated the need for a RRAP-type programme covering social housing tenures. However, health-based OTs do not have the time or knowledge to work their way through different access arrangements for what should by definition be a rapid and responsive programme. It should be possible for health OTs to refer all cases to one single point of access (Care and Repair) who would then refer on as necessary. It would be for Care and Repair, the local authority and housing associations locally to determine whether Care and Repair carried out this work and was reimbursed or whether social landlords could respond on the same timescales.

## P. Recommendations

### Legislation

- DFG should remain a mandatory grant
- The means test should be reviewed and simplified
- The Welsh Assembly Government should continue working to produce an information booklet that could be made available through all local authorities and Care & Repair agencies
- The booklet will need to be supported by locally tailored information. This should be produced jointly by the local authority, local Care and Repair service and relevant voluntary sector providers to ensure that advice is consistent across the board
- Local authorities need to ensure that appropriate literature is widely available in their area and that services are promoted and advertised
- Local authorities need to ensure that partners have information about DFGs and are able to make referrals to the service. This includes GP's, hospital based staff, home care workers, and others working with older people; families with disabled children are more likely to be referred by hospital based staff and other health workers
- Each local authority should be required to set out its own clear definition of 3 types of adaptation, with separate locally agreed targets for delivering each type of adaptation. These would include:
  - o Minor works up to an agreed financial limit (with examples of the type of adaptation envisaged). The timescale set for these should reflect the fact that they are minor works. An OT would not normally need to be involved in these cases.
  - o Fast-track adaptations where there is a reasonable volume of that type of adaptation and the local authority is able to fast-track these applications; this may include stair-lifts, through-lifts, level access showers, installation of additional wc/bathroom facilities, and external ramps (although some of these may be treated as minor works). It should be for each local authority to decide which adaptations should be fast-tracked. The timescale set for fast-track adaptations should be challenging, making use of standard specifications, schedules of rates, and preferred contractors. An OT would not normally need to be involved in these cases.
  - o Other adaptations, which would require a full OT assessment.
- All local authorities should implement legal charges against properties to recover costs of DFGs, and monitor the amount of money recovered from this.

## Funding

- Local authorities should ensure that budgets for DFGs are protected as far as possible from future spending cuts, and that sufficient money is made available to enable them to meet their statutory duties.
- The Welsh Assembly Government should continue to monitor both spend and performance on DFGs at local authority level for future years
- The Welsh Assembly Government should make it clear to stock transfer associations that they should not rely on the local authority to provide funding for adaptations (where funding set aside in the business plan is inadequate) and where there are local agreements in place to do so these should be phased out at the earliest opportunity.

## Delays

- There is scope for more sharing of best practice. There is no requirement for local authorities to pay attention to best practice and it is difficult to impose this. Nevertheless, the Welsh Assembly Government should consider whether further guidance should be issued. This should highlight ways in which local authorities have successfully speeded up the administration of DFGs, rather than focusing on procedures and standard letters
- Should the Welsh Assembly Government decide to issue further guidance then it would also be appropriate to run a series of seminars to promote this, in partnership with other relevant organisations
- Our recommendation that local authorities should set targets for 3 different categories of adaptation will mean keeping local information on performance in each of these categories, this has a marginal additional cost to the authorities but most keep additional data on performance already so this should not be onerous;
- Local authorities should share performance data through existing networks such as the CIEH Housing Technical panel.

## Housing association tenants

- The review of PAG be finalised and new arrangements put into place including the introduction of a PI for housing associations, on the same basis as the existing PI for local authorities to enable comparisons to be made
- Housing associations are encouraged to pay for minor works out of their own budgets. PAG should be used where appropriate, with housing associations picking up the costs of work which is above the maximum limit
- Any local arrangements for local authorities to pick up costs of adaptations for stock transfer associations be reviewed with a view to ending these as soon as possible

### **Accessible housing registers**

- Local authorities should ensure that they have in place accessible housing registers which enable significant adaptations to be re-used wherever possible; these registers should be shared with housing associations and include housing association adapted stock

### **Occupational Therapists**

- Local authorities should make best use of the skills of OTs by ensuring that appropriate assistant OTs or technical officers are available to deal with minor and fast-tracked works.

### **General**

- Local authorities should review and strengthen requirements for new accessible housing to ensure that new supply can help to meet the needs of disabled people;
- Housing associations should also review their design requirements to ensure that they anticipate and meet new standards

## ORGANISATIONAL CASE STUDIES

### **Case Study – Cardiff Accessible Homes**

Cardiff Accessible Homes (CAH) has been in operation since 2003. It was established to overcome two linked problems: when housing associations had adapted properties to let they were often unable to find someone who needed those adaptations; the properties were let to households who did not need the adaptations and often the adaptations were taken out. At the same time, those needing accessible housing found that it was in very short supply and they often faced a long wait before somewhere suitable could be found.

CAH works with, and is funded by, Cardiff City Council and 7 housing associations: Cardiff Community (who host the project), Cadwyn, Taff, Hafod, Linc-Cymru, United Welsh and Wales and West. It provides:

- A joint register of households needing adapted properties
- A joint register of adapted properties
- A common procedure for identifying potential adapted properties
- A common process for matching properties to applicants
- 2 OTs who can assess applicants needs
- A central assessment system for DFG applications
- Advice, recommendations and sign-posting on gaps in provision
- An adapted housing exchange scheme.

Since its inception, CAH has achieved

- Over 500 successful lets
- 867 OT assessments
- 300 assessments for Physical Access Grant (PAG)
- The rehousing of 26 delayed transfer of care clients, saving up to £500,000 in hospital costs (based on cost of hospital bed at £1,750 per week, and discharge 10 – 12 weeks earlier than would otherwise have been possible)
- Savings of over £2m on the DFG budget, as adaptations would otherwise have had to be carried out for these households

CAH are now looking to expand their work into the private rented sector.

CAH believe that they are also:

- Influencing processes in relation to how adaptable properties are identified and made available to disabled people
- Influencing the make-up of new social housing development.

### ***Case Study – Caerphilly County Borough Council***

A number of good practice examples cited in the report are from Caerphilly; the information below expands on these.

#### **Occupational Therapists**

Caerphilly had already increased the number of OTs prior to the 2005 report being issued. They are believed to be the first local authority in Wales to have employed an OT within the housing department. The OT was originally employed primarily to act as a liaison between the housing department and OTs based in social services, but generally communication is now good and there is less of a need for this role. The OT also runs the adapted housing register. For adults, the waiting time for an OT appointment is about 6 weeks.

Minor works are assessed by OT assistants, or by physiotherapists or hospital-based staff. Minor works are defined as up to £800. Caerphilly have recently reviewed the limit of £800 but see no reason to increase it, there is a concern that if they increase then works costs will simply drift up to the new limit.

OTs and re-enablement officers can refer people to tele-care services where appropriate.

For PAG-funded work, OTs will carry out the assessment and pass the recommendation to housing colleagues to pass back to the RSL, so that housing is kept in the loop.

Caerphilly is active in sharing their experiences and promoting good practice. They participate in the community OTs advisory group which is working to partially amalgamate with the health OTs group.

#### **Accessible Housing Register**

Caerphilly is particularly proactive in encouraging people to consider a move where the current property is unsuitable for the adaptations needed. They take the issue of what is appropriate very seriously, as there are a number of properties in the borough for which significant adaptations are not appropriate, eg. properties with many steps up to the front door where the slope is too steep for a ramp. They offer a “relocation” grant for those in the private sector who are moving, and will visit and encourage them to think about options. Often people are worried about losing family support if they move away from an area, and sometimes there is a concern about not leaving as substantial an inheritance. There are also issues in finding suitable properties – it can take a long time for suitable council properties to come available. They have built to order for particular families, in partnership with RSLs; the lead-in time for this means it is more practicable for families with a disabled child, although they have also done this for adults.

They will consider all tenure options, and offer support to those moving within or into the owner-occupied sector. With private rents they will encourage people to move to social housing; generally private landlords are less keen to see significant adaptations in their properties and there are always concerns about the length and security of tenancy.

The adapted properties register is under development. They are assessing and categorising properties as they become void. They have looked at other schemes, including the London Accessible Housing Register but have gone for a simpler categorisation. Then when someone needs an adapted property they are similarly coded, and matched. RSLs are not currently part of the register, but Caerphilly are keen to include them and have opened discussions with Charter Housing. RSLs will already come to the local authority if they have adapted properties, and refer people needing adapted properties, so there is joint working.

They are keen to include properties which may not have been adapted but have the potential to be adapted or are inherently suitable by design.

### ***Case Study: Neath Port Talbot County Borough Council – application of lean systems thinking to DFG administration***

A number of people we spoke to suggested that we visit Neath Port Talbot to look at the way they had applied lean systems thinking to DFG administration. The following information is taken from our visit, supplemented by information provided by Neath Port Talbot, and also information taken from a report prepared for the Welsh Audit Office (WAO) by the Lean Enterprise Research Centre at Cardiff University (LERC).

Half of the population in Neath Port Talbot (NPT) is over 50 and this proportion is increasing. A very high number also have a long-term limiting illness (34% of total population; 56% of those over 50). NPT were facing increasing demand for DFGs. They also wanted to improve performance. An initial analysis showed that the vast majority of adaptations (92%) go to people over 50, and that they have already carried out DFG funded works on 6% of the properties in the borough.

Using a lean systems approach has enabled NPT to achieve a step change in performance as measured by end to end processing times for DFG: from one of the most poorly performing authorities in Wales with an average of 675 days (albeit with very high levels of customer satisfaction) to an average of 64 days (taken from WAO report and based on sample of 39 cases, not complete year end data; NPT own data 74 days, or 31 if measured from first joint home visit). This remarkable outcome has been achieved by:

- Introducing a joint home visit up-front
- Reducing the number of steps involved in the process from 291 to 34
- Reducing the amount of “preventable demand” in the system.

Each of these is discussed more fully below.

There has been a high degree of scepticism from some local authorities as to whether the NPT processing times are truly measuring end to end, whether these take into account delays caused by the customer etc. This reflects both wide-spread scepticism about the PI and a view

that it is not possible to deliver DFGs in the timescales that NPT are indicating. Although we have not audited the figures, we found no reason to disbelieve them.

The reconfigured process involves an initial joint visit from the OT and the technical officer, also the officer who deals with means-testing. This puts the “experts to the front”. The visit is used to find out the person’s needs, wants, what matters most to them and to explore options in relation to these and their lifestyle. The OT takes equipment with them and can leave the customer with anything that might be useful to them. Prior to the visit they will carry out as much preparation as possible, checking land registry for details of ownership, checking benefits in payment etc. After the first visit the technical officer will remain with the case all the way through so that the customer only has to deal with one person.

In terms of the process, NPT Initially mapped 291 steps in the existing process. Only 20 of these were of any value to the customer. They have now got this down to 34 steps, with 8 of these of value to the customer. A key aspect of the lean systems approach is looking at where and why contact with the customer arises, and trying to eliminate those contacts which don’t add value. NPT initially found a very high level of “preventable demand” – 71% of all contacts were because the customer was chasing to find what was happening, or didn’t understand something that had been sent to them. They have now reduced this to 40% preventable demand, which is a more significant reduction than it sounds as the number of times a customer has to contact the service has also reduced. The average cost of work has dropped £400 and the average cost of delivery reduced from £499 to £319. There are also fewer drop-outs under the new system. Those that drop out tend to go back to adult care services, so they are now looking for a way to flag up when someone is self-referring to a different service. Customer satisfaction at the moment is 100%. They feel that the whole customer experience is very different.

A key element of the work NPT has undertaken is detailed evidence-gathering about demand, not just for adaptations but for other services which are used by the same customers.

The lean systems approach is evidence-based and requires significant data. NPT were keen to think about where demand is coming from. The analysis suggested that demand was around 25% per month higher than had previously been thought, due to a high number of drop-outs. Some of these may have been for good reason but others simply didn’t progress. There is a need to understand why people drop out, as many of these could then result in calls on other services. They also analysed the types of work they were doing - 80% of work was for level access showers, so they have focused on streamlining this work.

They also mapped the number of times that people had contact with adult social care prior to applying for a DFG. The majority of people had 5 or 6 different contacts with adult social care, which suggests that people are not being considered for, or coming forward for, a DFG sufficiently quickly. DFG doesn’t seem to be on the radar for many care workers, or is seen as a last resort. There was also concern that people are getting a different service depending on which part of the service they first come into contact with.

NPT were keen to explore the relationship between DFG and other services. They looked at people going into residential care over a 5 year period, of these 244 had been referred for DFG. Of these, 85 had received a DFG, 159 had dropped out or not progressed. Those who had received a DFG had on average gone into residential care 4 years later than those who had not received a DFG. So if the 159 who had not progressed had received a DFG, it would have cost £2m but they would have saved £12m on residential care. DFG was being introduced too far down the process.

Of those who dropped out of the DFG process, 135 progressed to home care.

NPT then looked at 160 people who had DFG. After 5 years, only 14 were receiving home care; 6 had been in receipt of home care before they had DFG; 5 had increased their support. Only 3 were new recipients of home care. So there is no evidence that DFG acts as a passport to home care.

Of those on the waiting list for DFG, 25% had received a home care package while waiting, so if the DFG had been delivered more quickly it might have reduced the call on home care.

They also went to visit those who had received a DFG previously and found that some were not using the equipment. Some of these preferred to receive homecare. Others were not confident in their use of the equipment or didn't understand how to use it. They now take people to see examples of the kinds of work they are considering so that they will have a better idea of what the end product will be: if this is not possible they will show photos/DVDs.

They found that those who dropped out following the means test still wanted some assistance, to ensure that the solutions they put into place were appropriate. They can recommend an experienced builder, contact benefits and do follow-up work on this. They can also arrange for repairs to be carried out, through the minor works budgets or whatever else is appropriate.

They have analysed demand for home-care services and found that a lot of time is spent cleaning commodes and lighting fires. They are now focusing on these cases to see if installation of a bathroom and/or heating as appropriate might reduce the need for homecare. They provided examples of two cases, one where someone was able to leave residential care and return home with a DFG, and one where someone who was being discharged from hospital but thought they would have to go into nursing care was enabled to return home.

### ***Case Study: Conwy County Borough Council***

Conwy has achieved a remarkable reduction in the number of days to process a DFG application, from 905 days in 2006/7 to 237 days in 2009/10, a reduction of 668 days.

Prior to 2004, all DFG-funded work in Conwy was carried out by the Care and Repair Agency but there were problems with the Agency and Conwy took the DFG-funded work in-house. The Care and Repair Agency is now working well again, carrying out privately-funded work, home

safety checks and RRAP. When Conwy initially took the work in-house there continued to be long delays in delivering adaptations, partly because of the existing back-log and partly because they had to design new work processes and put into place new contracts from scratch.

Conwy attribute their remarkable improvement to a number of key decisions and activities:

- Aids and adaptations are seen as a corporate priority;
- When the service was brought in-house a review of all processes were carried out and the team structured to deliver an efficient service. More recently, a lean systems approach has been taken with the number of steps in the process reduced
- Close working with OTs, including a joint visit involving the OT and the technical officer at the beginning of the process
- Use of preferred contractors panel including tight timescales for delivery
- Working with others to review and introduce good practice; Conwy facilitates a lot of cross-authority working with other local authorities in North Wales, and OTs also participate in local and national networks
- A dedicated officer to support applicants through the means-test and to act as a liaison point and progress-chaser as work progresses.

Conwy achieves very good customer feedback (97% year to date). The customer feedback questionnaire is very detailed. Satisfaction rates are analysed by officer, by OT and by contractor so that any patterns can be identified.

The budget for DFGs has fallen since the peak of £3.5m in 2007/8, with last years budget set at just under £2m and this years at £1.5m. The number of grants approved has also fallen slightly, from over 200 in that peak year to 167 last year, however, average costs of works are also reducing, from over £500 in 2006/7 to under £150 last year. In part this reflects changes in demand and solutions identified, but it also reflects considerable work to reduce the cost through tighter specification and effective procurement.

## CLIENT CASE STUDIES

*Family X had a child who became a paraplegic. The family lived in a building which it was not possible to adapt. The family even employed their own engineer to try to come up with solutions but nothing appropriate could be done. This house was then repossessed and the family ended up in private rented accommodation. This was still unsuitable to adapt (not very difficult to adapt), and the Council were struggling to come up with a solution because of the make up of the family. At the same time, the OT visited an elderly couple who were looking to transfer out of an RSL property which she immediately recognised would be suitable for the family with the disabled child. So they were able to prioritise a move to council sheltered accommodation for the older couple and then work with the RSL to move the family to the vacated home. Work was then undertaken in conjunction with the RSL to fine tune the property to fully meet the needs of the family.*

*Mrs X had a new bathroom installed including a level access shower. She is in her 90's and suffers from dementia; her daughters are very keen to keep her in her own home as they feel the dementia would progress more quickly if she were taken away from everything that is familiar. They had put in a new shower themselves but there was no room for the carers to help her to shower and therefore she couldn't use it. The carers helped them to contact the OT who came out and did the assessment. They had to wait about six months for the work to be carried out; the council arranged this for a time when Mrs X was in respite care. The workmen did a great job and they are very happy with the outcome.*

*Mrs X was finding it increasingly difficult to manage the stairs or getting into and out of the bath. She had fallen down the stairs a couple of times and had to wait for someone to walk behind her up the stairs in case she fell again. A family member who works as a district nurse suggested she contact the council. She had to wait 4 months for an OT assessment, then a temporary stair-lift was put in very quickly. It took 10 months for the permanent stair-lift to be built and installed. She is very happy with the stair-lift. The council contacted her again a year after the stair-lift had been installed to check that everything was OK and to see if she needed any further help.*

*A mother was on the waiting list for residential care, by putting in ramps and arranging for her to go to day care they made it possible for her to remain at home with the support of the daughter.*

*One complex case involved someone who had multiple sclerosis. They already had limited mobility and this was likely to get worse. The design of the house meant that installation of either a stair-lift or a through lift was not possible. The OT then looked at other options and eventually recommended converting the garage into living accommodation. Even this was not straightforward as there were problems with access and an external stair-lift was needed. In all it took six months for the specification for the work to be agreed, and a further six months with the builders on site completing the work.*

## FEEDBACK FROM CUSTOMER CONSULTATION

As part of this work, we carried out interviews with around 20 customers. Some of these were carried out in the customer's home, and some over the telephone. Where interviews were carried out in people's homes, the customers were selected by the local authority. For the telephone interviews, letters were sent to a random selection of customers, who then self-selected to be included by telephoning the number given. We included customers where the work had been completed in the past two years, to try to ensure the best spread of responses.

We asked initially about the type of work that had been carried out, and overall satisfaction. As may be expected, the type of work carried out varied hugely, from simple stair-lifts to complex extensions. We found that overall there were very high satisfaction rates from customers, indeed most customers could not praise the local authority or the contractors enough. Typical comments included:

"Contractors were excellent. Lovely job!".

"Service was very good. They let me pay the contractor for some additional work, it was much easier getting it all done at once. I can now get into and out of the house and move around the ground floor very easily".

"They arranged to have the work carried out when mum was in respite care, this made a big difference",

"It's the best thing that could have happened. I'm in a wheelchair and my husband is blind and they designed the kitchen so that I can use one side and he can use the other. We thought we would have to move but now we can stay in our own house".

On a number of jobs, things were not as straightforward as might have been hoped. For example, one customer said that when the contractor started work on the bathroom, the ceiling plaster came down. This had not been anticipated and replacing the ceiling was not in the contractors brief, but they contacted the local authority who came out straight away and agreed that it needed doing. She was impressed by the contractor's attitude and the way they cleaned up after themselves each day. This customer also commented that the new bathroom was a pleasure for everyone to use – they had been concerned that it might feel a bit institutionalised but this was not the case.

Other customers said that they would have liked more information about what was happening during the times they were waiting. Almost all customers said that the contractors turned up on the day they were expected, and that they had a clear idea of what the contractor was going to do. Several customers mentioned going to see equipment installed somewhere else, or having equipment to trial before they made a decision. Only one person said that the contractors did not turn up on the day expected, they did turn up the following day but they

made no attempt to contact her to explain the delay and she had had to contact the council to find out what was happening.

More than half the customers we interviewed had had more than one piece of work carried out. This number seems very high, and our sample was not representative of all customers. Nevertheless it may reflect a trend that customers come to the local authority at a relatively early stage for a more straightforward piece of work, but may come back 5 – 10 years later as their mobility deteriorates.

A significant proportion of customers – almost a quarter – had also undertaken work at their own expense prior to seeking assistance from the local authority. In one case the customer had had a Jacuzzi bath installed which they were able to use for 5 or 6 years so even though this had to be taken out when the bathroom was remodelled, they felt that they had made good use of it in the meantime. In the other cases, however, the work undertaken had not properly met the need – and in some cases it had put the customer at greater risk (inappropriate stair-lift, a shower installation that could not be used as the carer could not fit in to support the person in the shower). In at least one case, the customer had also taken out a loan to have the work completed, which then put them at risk of getting into debt. Many customers had not been aware that local authorities could carry out adaptations work, until referred to the local authority by a health-care professional.

Most customers were relaxed about the amount of time the work had taken. Any criticism was more about not being kept informed during that time. This appeared to be true regardless of whether the wait had been very short or very long. One woman had waited four years before the work was finally completed, although she was quick to point out that this was largely because she kept changing her mind about what she wanted. She felt that the council had been very patient, visiting her numerous times to talk through the options and not putting her under pressure to make up her mind.

Many customers appreciated the time spent with them explaining the work in detail. About a quarter of those interviewed had been to see similar work carried out elsewhere – either in a re-ablement unit or in another customer's home. One woman had concerns about the installation of a through-lift in her property, but having been able to talk to other customers about the practicalities, had gone ahead with the work and never regretted it.

Of all the interviews carried out, only one person was not highly satisfied with the service. This customer seemed to have had a very bad experience and the local authority confirmed that they no longer used the contractor who had carried out this work. The problems included poor fitting of replacement doors, taking short-cuts on the work (eg trying to replace a broken floor-board with cement) and not taking appropriate care of the customers belongings (eg breaking the vacuum cleaner by using it to clear wet plaster, leaving concrete splashes on the customers car).

We also asked whether customers would approach the local authority again if they had other needs in the future. All said yes – even the customer who had had a bad experience felt that this was really down to the contractor and that the local authority had done its best to put things right.

### **FEEDBACK FROM WORKSHOP WITH EOC WORKING GROUP AND WIDER STAKEHOLDERS**

A workshop was held to consider the interim findings of this work. The workshop was attended by those on the EOC working group and by representatives from a range of interested organisations. During the workshop, some specific questions were considered by those attending, responses are set out below:

#### **How do we ensure that all those needing adaptations know where to go to access the service?**

- Clear and consistent sign-posting. Once we've identified who is doing sign-posting ensure they have sufficient information to ensure customer can properly access the system. Regular training and updates are essential.
- Provide information in a variety of different formats eg web-based, booklets, etc. Important thing is simplicity, nothing complicated. Should be one stop shop approach.
- Also make sure support groups and third sector organisations know who to contact.
- Use available media eg GP surgeries, post offices. Consider having one telephone number for all of Wales that would take you to a local office.
- However we do it we must ensure that something happens as a result!

#### **How do we make best use of adapted housing registers? Should a customer have a right to an adaptation when a move may provide a better outcome?**

- Needs to be a proper choice in every area of Wales whether to stay in current property and have adaptation or whether to move to somewhere more suitable. Not all local authorities have effective registers.
- Adaptations should only be carried out where they offer a reasonable and practical solution, otherwise other options must be explored.
- For owner-occupiers should be choice of moving to another owned property, with grant aid for relocation.
- Many older people don't want to move from what they planned to be their children's inheritance.
- Limited availability of suitable housing stock, particularly social housing.

**How do we ensure effective outcomes for the customer? What is the right balance between speed, cost and quality?**

- Need to have clear definition of customers, are we talking about people in the system or those who need adaptations but don't know where to start.
- Examples of planning services by mapping population needs, not other way round.
- Should be about meeting people's need, not just monitoring the PI.
- How to measure quality and outcomes and not simply quantity and speed.
- Use of self-assessments?
- Provide advice to people prepared to do things for themselves.
- Increase awareness of range of services available so that people can opt in to what they require.
- Ensure services work for people with complex needs.
- Current complexity of system limits amount of information until late in process when you know which route people are taking.
- Making system clearer and communicating even where people need bespoke solutions.
- Not getting housebuilding standards right, despite lifetime homes.
- How do we improve access to the system?
- Cost of administering means-test may not be effective.
- Speed cost and quality have to be equally balanced.
- Progress chasers, people to monitor progress and make sure things are happening.
- Issues of quality often relate to competencies, whether people doing work install the right equipment.

## **Guideline for semi-structured interviews**

Below is the guideline questionnaire that was used for the semi-structured interviews with key stakeholders, including those on the Equality of Opportunity Committee working group. A similar questionnaire was used with local authorities.

### **Introduction**

*On behalf of the Welsh Assembly Government CEL Transform are conducting a thorough, evidence-based review of what has been done to implement the recommendations of the 2005 review of Disabled Facilities Grants (DFGs) and what progress has been made. As a key member of the Equality of Opportunity Committee (EOC) Working Group we would like to ask you some questions to gain your opinions on DFGs in Wales since 2005. The interview will last for approximately one hour. Thank you for your participation.*

### **Questions for Stakeholders**

#### **General**

- What impact do you think the 2005 report has had?
  - Can you identify specific improvements which have come out of the report's recommendations?
- What have been the main changes in the external operating environment since the 2005 report?
  - What has been the impact of these on DFG administration?

#### **Legislation**

- The 2005 report was critical of the information on DFGs given to service users; do you think this has improved in the last 5 years?
  - Are there any really good examples of information to service users that we should be looking at?
  - Should the Welsh Assembly take a more active role in providing written information for service users?
- The report also recommended that streamlined procedures were introduced for DFGs under £3,000. This does not appear to have happened. Why do you think this is?
  - Are there lessons learnt from streamlining PAG which could be applied to DFGs? What are they?
  - What else needs to happen to speed up the delivery of DFGs?
- On the whole, the 2005 report felt that the legislative context for DFGs was adequate. Do you think this is still the case?
  - Should DFGs continue to be mandatory?
  - Local authorities now have the power to place charges on properties where DFGs with a cost of more than £5,000 have been carried out. Is this sufficient?
  - Do you know of any local authorities who are using this?

- Is the legislation sufficiently clear on responsibilities to maintain equipment that has been installed?
- Should any additional powers be introduced?
- A recommendation from the 2005 report was to introduce legislation allowing fast-track applications for planning consent where DFG-funded adaptations are taking place. To what extent is this a cause of delays in completing DFG works?

### Funding

- The 2005 report recommended that funding for DFGs should be more closely linked to overall need. Has this recommendation been taken forward, either for Wales as a whole or for individual local authorities?
  - What benefits do you feel this recommendation would deliver?
  - What are the barriers to implementing it?

### Delays

- The 2005 report made a number of recommendations around performance reporting for DFGs; there have since been a number of attempts to clarify and improve the indicators. What have been the main problems in getting useful information on DFG performance?
  - How useful are the current PIs?
  - What information is needed?

### Council tenants

- The 2005 report recommended that a clear definition be introduced for minor adaptations and that these be delivered outside the DFG system. Is there a clear definition? What is it?
  - Do you believe that most local authorities have implemented this recommendation?
  - What benefits should this bring?
  - Do you have a view as to why these benefits do not appear to be being achieved by some authorities?
  - What do you believe are the barriers to some local authorities learning from good practice in other local authorities?

### RSL Tenants

- Streamlined procedures for some works carried out using Physical Adaptations Grant for housing associations were introduced in 2008. Do you think these have had a beneficial impact? How might we evidence this?
- A consultation paper has recently been issued proposing changes to the Physical Adaptations Grant for housing associations.
  - Do you think the proposed changes will speed up delivery of adaptations to RSL tenants? What other benefits could be delivered through these changes?
  - What other changes are needed to speed up adaptations delivered by housing associations?

### Adapted Housing Registers for Social Housing

- One of the recommendations in the report was that local authorities should introduce accessible housing registers, allowing properties which have already been adapted to be matched with those who need the adaptations. What have been the main difficulties in implementing this recommendation?
  - Do you think it is feasible to have an accessible housing register that covers Wales as a whole?
  - What would be the benefits of this? If not, why not?

### Minor Adaptations

- The 2005 report recommended funding work under £1,000 outside the DFG system. What benefits do you feel this would bring?
  - The proposal was that work would be funded by the local authority through the general capital fund, housing revenue account, or through social services or by housing associations, depending on the tenure of the applicant. What do you see as the main barriers to introducing this?
  - Would it not reinforce the problem of different levels of service for different applicants? How might this be overcome?
- Are non-OTs being used for minor works?
  - Do you believe that the number of OTs working in social services departments has gone up since the 2005 report? (General OTs)
  - Is a shortage of OTs a material issue for speeding up delivery of DFGs? How might we evidence this? If not, why not? (General OTs)

### Rapid Response Adaptations Programme

- What have been the main benefits of The Rapid Response Adaptations Programme (RRAP)?
  - How might we evidence these?
  - Has RRAP had any impact on levels of demand for DFGs?
  - Are there ways in which RRAP and DFGs might work together better?
  - Are the boundaries right between the two programmes?

### Disabled children

- Since the 2005 report, means testing for families of disabled children has been abolished. What benefits would you expect to see from this, and how might we evidence these?

*Thank interviewee and conclude interview.*