



## SCSN BRIEFING

# Evidence of Home Adaptations When Is a Home Not A Home

This Briefing provides overview of the recently published [Evidence Review of Home Adaptations in the UK and other OECD Countries](#). The research was completed on behalf of the UK Collaborative for Housing Evidence. It is a welcome report, providing insights and research - by other professionals - into the effectiveness of adaptations for home safety. The research was conducted by Dr Yang Wang, University of Glasgow; Professor Kenneth Gibb, Director of the UK Collaborative Centre for Housing Evidence (CaCHE) and Professor at the University of Glasgow; and Dr Vikki McCall, University of Stirling. The research was supported by the Economic and Social Research Council (ESRC); Arts and Humanities Research Council (AHRC); the Joseph Rowntree Foundation; Age Scotland; the Housing Associations' Charitable Trust (HACT); and Horizon Housing Association.

### SCOPE

In May 2022, CaCHE published the first of three papers into housing adaptations policy and practice. The first paper focused on an international academic review, centred on a three part framework: client, process and outcomes.

The paper asks three key questions:

- Who needs home adaptations?
- Who provides adaptations and what are the examples of good practice?
- What are the main outcomes of such interventions?

The researchers also broke the project down into three specific areas:

- Client,
- Process
- Outcome

The client framework provided the researchers the foundation for a review of the users of the adaptations in their home.

The process framework provided researchers with a focus towards the process between service provider and service user. The authors recognise that there has been a move towards a more person-centred approach, matching the user's desire, and away from practicality.

Finally, the outcomes of the adaptations were broken down into three areas:

- Performance and Safety
- Health Gains
- Economic Benefits.

It is of note that the researchers found in-depth reviews of performance and safety. However, health gains and economic benefits are limited in scope, to the extent that 'health gains research' is referred to as one study from 2004 (Heywood, F. (2004a). *The health outcomes of housing adaptations. Disability and Society*), although economic benefits is an emerging research topic.

There were limitations to the review, highlighted as focusing only on English language written studies, and the weeding process of supported materials may have missed other reports. But the research is deep and does provide scope for further research. The academic review was thorough and focused on the UK, Europe and other "Anglosphere" states. The team researched 706 papers which were weeded to 153, due to duplication and a final 76 papers were used for the report.

The researchers conceded that there is scope for reviewing adaptations in the home for people of all ages and disabilities. However, the scope of this research focused on community dwelling older people.

## **WHAT ARE THE ISSUES?**

### **Client**

The report highlighted several key points for the service users. One key element was based on race, especially in the UK. Ewart & Harty (2015) discovered that non-white households were more than twice as likely to be in need of adaptations as white households, but significantly less likely to have what they needed. Other disparities included cultural bias from the service provider. One such cultural bias, from healthcare providers concluded that Asian families would have limited take-up of adaptations, given they have a strong family support network.

A key theme throughout the review was the client versus service provider paradigm. The research uncovered reported clashes, based on the concerns raised by the client for the aesthetics of the apparatus against practicality and costs for the service provider. The emotive topic of service provider assessed needs versus the desires of the client highlighted emotional requests being overlooked as a not a necessity. One example the academic review uncovered was a husband and wife requesting to share the same bed together being overlooked as a "desire" and not a necessity to assist the client (Sakellariou, 2015). Organisational ageism was also a failing for service providers, with a lack of empathy displayed towards the service user. Delays with the installation of the adaptations were recorded as having an impact on the service user, with a frustration of loss of independence and ability being impeded by the delays.

### **Processes**

Academic review found that the assessment form process was unsuitable, as it labelled people into certain categories, rather than focussing on the individual needs of the client. The process of the assessment was further compounded, depending on who was conducting the assessment. Social workers had a broader perspective on ageing at home, and Occupational Therapists often looked more closely at health and functional issues, whereas professions with a background in design emphasised

ageing and universal design. The conclusion offered was that more research was required to discover what works.

### **Outcome**

The outcomes of such adaptations was difficult to measure for the academics. There were a couple of core issues reported, including whether the outcomes should be health focused (less injuries) or a more wellbeing focussed approach (client satisfaction and safety). The researchers believed a person-centred approach was more likely to facilitate a successful outcome, especially if they are involved in the decision making process. This has been linked to power, psychology and the loss of control for the home owner, which are key factors as to whether the apparatus is likely to have success or not.

Other more challenging research focused on “fall prevention”. Some evidence proposed that the number/rate of falls might not be a reliable indicator of the effectiveness of home adaptations, and the indicator should be falls that required medical attention or hospital admission.

The researchers also reviewed the economic benefit with adaptations. The academic review revealed significant evidence that promotes the economic benefit, of adaptations based on cost / benefit analysis. While monetary outlay can be high for service providers, one review from Wales reported that installing adaptations reduced the risk of care home admissions, and hospital admissions reduced over a 1, 3 and 5 year period after installing the product.

The final point on outcomes was on ability to pay. This will probably be more challenging over the next few years, with less disposable income available for citizens and families. Those with ability to pay were also likely to access other services, to support their overall capacity to improve their quality of life. Whereas, those who were not in the same position had to accept the adaptations offered by the service provider. The research team recommended that this requires additional focus and further investigation.

### **OVERVIEW**

The use of the term “client” may sit uncomfortably. However, what the academic review demonstrates is that the emotional transaction - the personal empathy - has been removed from the installation of the adaptations in the home. What this can feel like for the service user is that their home becomes an extension of a workplace or system – an institutionalised vector - a lacking dignity and highlighting a loss of power, themes recognised within the research. It is significant that the lack of sensitivity or attention for client’s concerns for aesthetics was “striking”, especially so given clients demonstrated willingness to pay more for this.

There are gaps in available evidence. For example, a cost/benefit analysis for society, based on costs for hospital admissions following injury, compared with the costs of the adaptations. Further, the panel identified a lack of empirical evidence or research within the field for social inequality, across the themes of race, class and gender. There were a couple of noted examples, based on stereotyping the race and age of service providers.

Assessment forms to provide a framework for adaptations are led by clinical need, not by service user desire or an ability to pay. The evidence for this is from one source. However, an ability to pay or otherwise is an under-researched field that requires scrutiny, particularly when considering previous

findings pointing to institutionalisation, and loss of power within a world of finite public sector resources.

The panel made a total of 6 recommendations for policymakers and practitioners. These included identifying best practice for adaptations with follow-up visits; a more rounded approach to take into consideration the ageing process of the service user; providing more support to people living in the private rented sector to streamline the service; use of independent home assessments that can contribute to the creation of a national database for health and social care; promoting client engagement so that they feel empowered; and policymakers and adaptation professionals being more conscious and aware of ageist behaviours.

It will be interesting to see the next steps. However, this research is a welcome addition for the use of modifications within the home.

## References

Wang, Y. Gibb, K. & McCall, V. (2022) Evidence review of home adaptations in the UK and other OECD countries, [housingevidence.ac.uk](http://housingevidence.ac.uk)

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