

# Recommendation 2: Impact of Disabled Facilities Grants

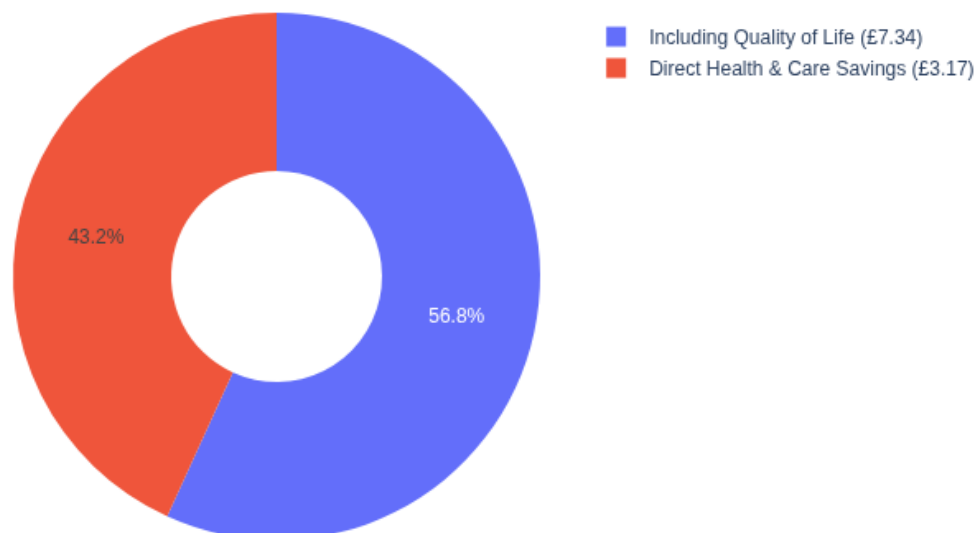
## People Scrutiny Review Report

3 November 2025

### DFG Impact on Health & Social Care

- Studies suggest that home adaptations delay entry to residential care for at least four years.
- Delaying residential care by four years can save the public purse over £220,000 per person, based on average annual residential care costs of £55,952. These savings demonstrate the cost-effectiveness of investing in DFG adaptations.
- If DFG resources double, it is estimated that 8,500 fewer people will need residential care per year.
- A package of minor adaptations results in a 26% reduction in injuries from falls which could save £500m nationally for health and social care services in the UK.
- According to Public Health England's falls prevention toolkit, every £1 invested in home assessment and modification saves £3.17 in health and care costs. When quality-of-life improvements are included, the savings increase to £7.34 per £1 spent.

Return on Investment per £1 Spent on DFG Adaptations



### Worked Example

- The average cost of a low-level DFG is £6,500 because this would improve a client's quality of life this would be a saving of £47,710 for health and social care costs.
- The maximum DFG available for high level DFG's £30,000 this would be a saving of £220,200 for health and social care costs

## **Breakdown of Cost Avoidance**

- Average residential care in Stockton-on-Tees: £55,952 per year - £1076 per week. Adaptations can delay or prevent the need for residential care.
- Average daily home care (2 hours/day) in Stockton-on-Tees: £19.34 per hour, £38.68 per day, £270.76 per week or £14,052,20 per year. Adaptations reduce the need for intensive home care.
- Average national Emergency hospital admissions due to falls: £2,000–£5,000 per incident. Adaptations such as grab rails and stairlifts help prevent falls.
- Average national Hospital bed days: Older adults use 65% more bed days than average. Safer home environments reduce this burden.

## **System Wide Benefits**

- DFG adaptations contribute to system-wide efficiencies by:
  - enabling faster hospital discharge,
  - reducing delayed transfers of care,
  - and lowering demand on social care services.
  - Prevent deterioration in health, aligning with the Care Act 2014's emphasis on prevention and wellbeing.

## **Strategic Efficiency**

- DFGs are more cost-effective than building new accessible homes.
- They leverage existing housing stock, reduce housing churn, and help individuals remain in their communities and preserving social ties.
- However we are currently dealing with a housing crisis and therefore more adaptable new homes also need to be built.

## **End Note**

- Is this level of detail adequate for Recommendation 2 or would Committee like more localised evidence?

**Information from Centre for Ageing Better, University of Bristol, [which.co.uk](http://which.co.uk) and Public Health England.**