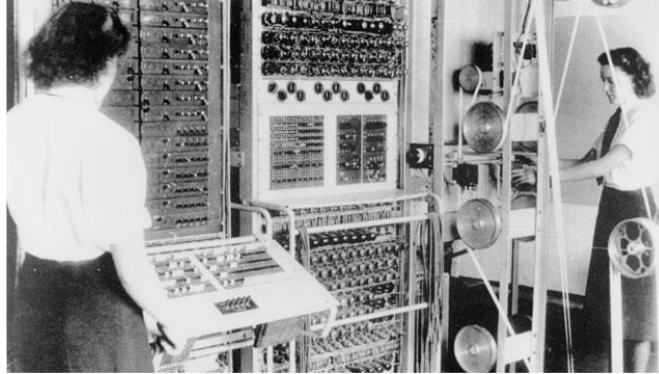


Bletchley Day Summary Report



On 12th May 2014 a group of leading academics and stakeholders met to address the 'Bletchley' question:

How can we demonstrate, through better evidence for policy makers and commissioners, that home adaptations & modifications are a good 'investment'?

This is a summary of the day, including details of the 'clusters' of interested parties who have identified a key research question to take forward.

The report is available to the wider network of academics & stakeholders who expressed an interest in this field but were unable to take part in the event.

What next?

The day was just the start of the process of developing improved evidence in this field. We strongly encourage people to use this information to forge new partnerships and take forward ideas/ proposals and bids for research.

A list of contacts is included in this report, (to be read alongside the detailed 'Expression of Interest' summary table which sets out in detail the research interests/ experience of all those involved in the new network).

Care & Repair England, who set up the network and event, will continue to maintain contact with the current three 'interest clusters', facilitate new groups and make representations to the major research council's concerning the importance of new research in this field.

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May 2014

Thanks are due to the Tudor Trust without whose support none of this work would have been possible.

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About Care & Repair England

Care & Repair England is an independent charitable organisation established in 1986, which aims to improve older people's housing. Its vision is that all older people have decent living conditions in a home of their own choosing (see short [Annual Review](#)).

It aims to innovate, develop, promote and support practical housing initiatives and the related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing.

Care & Repair England chairs and administers the [National Home Adaptations Consortium](#) which aims to champion quality provision of home adaptations for disabled people.

Background

At a time of unprecedented reductions in public expenditure, a higher standard of evidence is being demanded of the cost benefit of even established provision, without which growing numbers of services are being 'de-commissioned'.

Some of the areas at great risk are help with home adaptations and related practical housing services, such as handy person schemes and home improvement agencies.

See Appendix 1 for the Background Note - Home adaptations & modifications overview

Care & Repair England, organising a 'Bletchley Day', along the lines of a sandpit, with the aim of forging new partnerships and stimulating fresh research through bringing together leading researchers in the field of home adaptations/ housing interventions and key stakeholders (service providers and policy makers) (**See Appendix 2 for the Event Programme**).

The aim was to create clusters of researchers and stakeholders who have a common interest in this field, who will develop research proposals to fill a particular evidence gap and then work together to seek out funding opportunities to enable this research to take place.

Action to date

Over 100 researchers and stakeholders were invited to submit an Expressions of Interest, detailing their published research related to this field, their current interests and contact details.

A summary listing has been compiled and circulated to everyone who submitted an Eoi and this will continue to be developed and updated.

The Bletchley day brought together 24 people, c 50/50 academics and stakeholders, who together;

- identified some of the Issues/obstacles to research in field of housing adaptation/ modification and then,
- came up with long lists of possible research questions that it would be useful/ interesting to address, then started to prioritise and cluster these followed by,
- creation of three core clusters of interest/ groups to take issues forward.

The notes provided by each group for each task are listed in full below.

Next Steps

*It is now up to the members of those groups to take forward their ideas for research and collaboration. **It is very much up to individuals what happens next!***

Care & Repair has aimed to be the initial catalyst, but it is definitely not the manager of all work strands. It will continue to maintain the links with group leads and contribute to some of the research plans. It will also approach the research councils concerning the need for new work in this field.

Through this report and the contact list, it is also hoped that more partnerships and groups will form to take forward some of the other ideas on the list of possible research questions to be addressed.

Bletchley Day: Task 1 Record

Issues/obstacles to research in field of housing adaptation/modification

1. Research design - difficulty of designing research that will generate "evidence".
2. How to get the "balance" in mixed methods and capture "stories" and robust "impacts".
3. How to influence action - whilst generating the evidence. Timelines.
4. How to measure important variables and their associated costs.
5. What tools and evaluation frameworks should be used?
6. Cover behaviour change (prevention/re-education) and built environment.
7. Quality of life - what makes a good adaptation? Cross over of isolation and adaptations - falls links.
8. Parameters - of measuring benefit and potential contradictions; whose benefit? Data looking at survival in a box vs. wider quality of life, impact on mental health, loneliness, dementia, falls.
9. Obstacle - very wide range of potential impacts: Where do we draw the line? Lack of longitudinal studies. Scale of studies given wide variety of circumstances hence sampling technique issues.
10. Risk - could lose access to people being affected by lack of adaptations if we don't act fairly quickly.
11. Mismatch of language across health, housing and social care.
12. CLG not interested in evidence re shortcomings of present system: it's not just value for money - but question is who should pay? Is it public purse? Threat of bedroom tax - but they're hoping market will sort it by OP downsizing. CLG not wanting evidence re un-ring-fencing.
13. Funding for research.
14. Changing needs over time.
15. Clarifying objects - so complex.
16. Need to understand needs of those commissioning research.
17. Many funding sources have vested interest.
18. Dissemination - getting people to listen.
19. Priority given to quantitative evidence - also need qualitative.
20. Need for large scale.
21. Hard to study very old, frail people in sufficient numbers (ethics/ mortality issues).
22. SP: talking about kitchen projects. People coping/typing point to adaptations. People resist having to involve social services - "Assessment" is like a financial assessment - judging what they can afford. More interested in switch water/gas off than in is milk in the fridge off? 50 detailed studies in 21 locations.
23. SM: Work from many different angles. HAs - and private companies - who make kitchens - understanding markets - didn't!
24. DCLG contract for housing for OP - supply and demand re new build/adapt/moving - to keep balance.
25. Proving causality due to multifactoral interventions

Ideas to overcome issues/obstacles

1. Pooling routine data sources for use in research.
2. Good evidence that has longevity (eg. 2007 *Better Outcomes* report by Francis Heywood)
3. Big Data - using what we've got.
4. Focus on private sector.
5. Collaboration - academic and practice.

6. Pro-active approach to funders to provide funding in this field.
7. Care & Repair and other agencies - pro-active.
8. Take short, medium & long term approach eg.
 - Short term Action: Data compilation eg. refresh *Better Outcomes, Lower Costs*
 - Medium term: need to tightly define the question
 - Long term Action: need longitudinal studies tracking over time
11. Shortcomings of data collection eg hospital discharge have to be worked around.
12. Can't do everything so have to narrow down to what is measurable and manageable.
13. Maybe stuck in old paradigms - need to shift.
14. Social media - maybe a new way of collecting evidence.
15. Winning over older people to being involved in home adaptations eg. through West of England Care & Repair showroom showing highly desirable adaptations.
16. Manufacture responding to needs - have market intelligence (LAs and HIAs not able to go to Naidex to keep abreast of change?)

Miscellaneous Ideas/Opportunities

1. Opportunity - use Welsh data and studies.
2. Combine Risk modelling with counter factual case studies.
3. Outcomes frameworks - Peg research to common fields?
4. Home visits by professionals (though limitations) - potential data source available (lost in some places)
5. Greater use of technology & virtual assessment.
6. Clarity of priorities/realism re what can be achieved.
7. Use other sector's models for evidence based design and practice eg. Stirling Uni model for designing for dementia.

Bletchley: Task 2 Possible Research Questions

* = Indicates items which were 'starred' as Priorities by the groups

1. Where is the DFG money being spent now?
2. How much money is being spent on DFGs?
- 3.* Can we measure the value of this?
4. Can we measure outcomes?
- 5.* Impact of housing adaptations on occupational performance goals.
6. Improved use of outcome measures in practice and utilisation of the data collected.
7. Innovation - one-stop-shops. Integration - what's already working.
8. Demonstrating values of interventions.
9. AT - effectiveness of provision.
10. Links between adaptation and health outcomes (individual and others).
- 11.* Links between adaptations, housing stock and effectiveness - impact of eligibility criteria.
- 12.* How much time does an effective adaptation buy?
- 13.* Review of how adaptations are delivered nationally?
- 14.* What will make the public buy adaptations?
15. Need for training - OTs and construction industry.
- 16.* A way of involving the whole family in considering - is it worth doing? - Who will fund it?
Research users: Health focused. Research money - there is money in Dementia Research: timing is crucial for people with Dementia and home adaptations.
- 17.* Educating older people to make informed choices?
What are acceptable standards and quality? Flexibility in the system. Recognise changes to the home being a way of enabling a person to enhance the asset value of their home. So this becomes something the estate agent can sell.
There is so much data and yet why collect more - we could follow them and beyond.
Case Managers - CRM database for HIAs - OP first enters system - to end.
- 18.* Can we capture what the Case Manager data looked like in the last 2 years before DFGs move to LG/As and the look at the spend in the 1st 3 years and what this means on the ground?
19. Care & Repair and maintenance of housing at LA level - can we identify issues that bring regeneration/sustainability and public health together?
- 20.* Instead of propping up existing system can we offer a more comprehensive source to people who need adaptation - through a spectrum from handrails to wet rooms to kitchens?
Start the informing system much earlier.
21. Impact of adaptations and consequences of delay, including self delivered (temporary) adaptations.
22. Impact of unadapted homes on loneliness and social isolation - how effective are adaptations?
23. What is the prevalence, impact s and costs of home adaptations, unmet needs, on carers and families.
24. What are the key factors that will make self assessment of needs for equipment and adaptations most effective.
25. What is "effectiveness" - access to information about adaptations? Health outcomes? Influencing behaviour?
26. How to influence peoples own behaviour to make objective decisions about equipment and adaptations, housing needs in advance of crisis?
27. How to influence people's behaviour and investment decisions - (focus on cosmetic improvements can be challenged?).
28. How to help address psychology of aging in your own home - promoting self help.

29. How to "normalise" adaptations, assistive technology in mainstream to move away from "disabled labelling".
30. Evidence of use of adaptations - what has most impact/most likely to be used.
31. Evidence of injury prevention, including falls, mental health episodes - cost savings.
32. Evidence of enabling people to remain independent - reducing social care and health.
33. Evidence of impact of isolation on health.
34. Evidence of effective approaches to delivering equipment aids and adaptations.
35. Is there a correlation between the "success" of the adaptation and the "profession" doing it?
36. How successful is self-assessment for adaptation?
37. How does self-assessment for adaptation impact on - physical, cognitive, sensory capabilities, mental health eg. loneliness, mood, happiness.
38. Do you get better outcome when the patient gets rehab/reablement and adaptations?
39. How does (an adaptation)? [define type and scale] impact on:
 - i. physical capacity re: activities of daily living.
 - ii. cognitive, physical, mental, sensory and social function.
 - iii. mental health, eg. loneliness, mood, eg. happiness
 - iv. safety from injury eg. risk reduction eg. falls.
40. What is/are the most used/highly valued adaptation(s)?
42. What is the cost benefit [in terms of reduced risk of falls] of grab rails installations?
43. Are grab rails more cost effective if they are installed rapidly and "well" (need to define "well")?
44. Do home adaptations help carers to care?
45. One year on study of use of bathing adaptations which were meant to enable self care?
46. Does self-assessment for home adaptations work?
47. Comparison study of those who have self assessed for minor assistive devices.
48. Requirements/conditions for effective self-assessment - when is specialist assessment more appropriate?
49. How can specialist housing options advice make a difference?
50. What core information is required to give effective housing options advice?
51. How effective are existing arrangements re I&A?
52. Influence and impact of existing good practice evidence - how to improve impact.

Additional ideas note submitted by email

- RCTs or natural experiments with a control – this is the preference of the DH/health. It is crucial work but it is expensive and occurs over a long time scale
- Retrospective modelling – several studies have now drawn on Frances work to do this. The outcomes look impressive but will they convince commissioners?
- Qualitative studies – rich insights but even less likely to convince commissioners?
- Social Return on Investment (SROI)

Some of the questions being posed by commissioners/ policy makers re: available evidence include:

Where is the quantified evidence that home adaptations/ interventions:

- *Avoid temporary residential costs by enabling early return home from hospital*
- *Reduce bed blocking that arises from inappropriate housing*
- *Reduce social care costs by delaying long term need to move in to residential care accommodation*
- *Reduce cost of and need for care assistance in the home*
- *Reduce costs to the health service which result from unsuitable housing, including trips, falls, injury to carers etc*

Miscellaneous/Other Ideas

Develop "How to" guides to enable self help - checklist(s) for home modifications

Bletchley: Potential Research Cluster Group 1

Interested parties (name/organisation/email)

Elizabeth White - COT (Elizabeth.white@cot.co.uk)

Rachel Russell - SURFACE, School of Built Environment (r.russell@edu.salford.ac.uk)

Gill Leng - PHE (gill.leng@phe.gov.uk)

Anne Kane - Habinteg (akane@habinteg.org.uk)

Sue Adams - C&RE (sueadams@careandrepair-england.org.uk)

Initial idea(s) for research question to take forward

Wide study into benefits of home adaptations & DFG.

Agreed next step(s)

We will keep COT informed of progress and ask for their input on research questions and methodology.

We will also involve PHE - it will be important to look at the key areas which they have identified for research and look at their tools to include in the research methodology.

We will keep Habinteg informed of progress.

Initial group "lead" or primary (name/email)

Jane Powell - jane.Powell@uwe.ac.uk

Bletchley: Potential Research Cluster Group 2

Interested parties (name/organisation/email)

Simon Nicol - BRE (nicols@bre.co.uk)

David Herring - Papworth Trust (David.Herring@papworth.org.uk)

Anita Atwal - Brunel University (anita.atwal@brunel.ac.uk)

Anne Kane - Habinteg (akane@habinteg.org.uk)

Gill Leng - PHE (gill.leng@phe.gov.uk)

Karen Croucher - York University (Karen.croucher@york.ac.uk)

Shaun Robinson - Foundations (shaunr@foundations.uk.com)

Sheila Peace - OU (Sheila.peace@open.ac.uk)

Sue Adams - C&RE (sueadams@careandrepair-england.org.uk)

Ian Watson - BRE (WatsonI@bre.co.uk)

Initial idea(s) for research question to take forward:

Measuring the costs and benefits of disabled adaptations.

Agreed Next Step(s)

Simon to put together outline of scoping study.

Initial group "lead" or primary contact (name/email)

Simon Nicol - BRE (nicols@bre.co.uk)

Bletchley: Potential Research Cluster Group 3

Interested parties (name/organisation/email)

Sue Adams (sueadams@careandrepair-england.org.uk)

- potential link to Silverlinks project

Pat Strachan - Cambs HIA (Pat.strachan@cambshia.org)

Karen Croucher - University of York (Karen.croucher@york.ac.uk)

Sheila Peace - Open University (Sheila.peace@open.ac.uk)

Sheila Mackintosh - Mackintosh O'Connor Associates (Sheila@mackintoshoconnor.co.uk)

Caroline Holland - Open University (Caroline.holland@open.ac.uk)

Gill Leng - Public Health England (gill.leng@phe.gov.uk)

Initial idea(s) for research question to take forward

*Theme: "Beyond DIY - Adapting your Home for Life?"
"Forward Thinking"*

Consumer Survey: UK wide?

- *large scale market research*
- *diff income; MEG; family members*
- *health and social care needs*
- *questions concerning - what have you done? who does it? what would you do?*
- *tenure; housing types; SES; financial - low income/high income*

What could we put into - EHSA, ,BSAS.

Analyse the data.

Work Packages

- 1) **Business Sector:** *what is the sector's knowledge of the graying market; what info do they need - knowledge of consumers etc.*
- 2) *Being an informed consumer - education - what do you know? what do you need to know? where do you find out? Process of adaptation - for different routes - where/ways people access information.*
- 3) *Lighting as a specific feature - crucial issue - technological change.*
- 4) *Inclusive design - standards and quality; magazines - "how to normalise". Making self-assessment natural issue. "Young" old looking, "Old" old. Making places inaccessible.*

Adaptations to the BE being like adaptations in other.

Medium/long term study of benefits of Lifetime Homes Design vs retrospective adaptations.

Social return on investment.

Agreed Next Step(s)

Circulate notes around group and request suggestions for taking forward following reflection on discussions.

Initial group "lead" or primary contact (name/email)

Appendix 1: Background note produced for Bletchley Day participants by Care & Repair England

Home adaptations & modifications - brief overview

Home adaptations provision

Because disability and the need for the home adaptations that can enable people to manage the tasks of daily life (*washing/ dressing/ cooking/ eating/ sleeping etc*) often coincides with low or reduced income, many people are helped by the State when they face problems with day to day living at home. Two of the main sources of state help are Community Equipment Services and Disabled Facilities Grants (DFG).

- Community Equipment provides people with small items (eg. bath seat, walking frame) or some minor adaptations (eg. grab rail) under the value of £1,000 (no means test)
- For anything larger and more substantial (eg. level shower, stairlift) a mean tested grant, the DFG, can be applied for

There is currently a national legislative framework defining eligibility for help with adaptations, albeit that state assistance with home adaptations in many areas has failed to meet rising need. Around half of people who receive a DFG are assisted in the process (securing the grant, undertaking the building work etc) by a [home improvement agency](#) (HIA).

Risks

The law which currently gives people a right to Community Equipment will end when the new Care Bill (Act) comes into force. Subject to any last minute changes, provision will then become a matter for local discretion.

Whilst DFG law does not change, from 2015 the national funding will be provided by Dept of Health (DH) instead of Dept for Communities and Local Government (DCLG) and will become part of the new 'Better Care Fund' - an integrated Health/ Social Care funding source. Judgement as to whether to prioritise provision of adaptations will therefore become even more influenced by health - evidence of impact is already starting to be demanded by commissioners.

In the last two Government Spending Reviews DCLG have put together evidence which has so far convinced Treasury of the rationale for continued funding for DFG. The DWP / ODI funded report *Heywood, FS & Turner, L 2007, [Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment - a review of the evidence](#)* was key to this. In the next CSR it will be DH who have to both be convinced themselves and also minded to include adaptations provision in their spending priorities.

Where next?

In the debates about the future of the social care system fundamental questions are being posed, including the role of the state versus that of the individual, and national minimum provision versus locally determined variation.

Whilst extra years have been added to life these are not yet all healthy years, particularly for lower income groups. Not only is there a significant social inequality in life expectancy, but also in healthy life expectancy & onset of disability.

Older people are by far the main recipients of help with home adaptations. Thus population ageing, combined with the increase in lower income owner occupation, are two of the main social trends resulting in a rising need for adaptations assistance.

The main factors impacting on home adaptation demand are:

- **Demography** – *increasing life expectancy and the particularly large rise in the number of people aged over 80 years.*
- **Health and Disability** – *growth in the number of people living with a long term health condition and/ or disability.*
- **Housing tenure, condition and suitability** – *the condition and unsuitability of the housing stock, rising low income owner occupation (particularly during retirement) and growth in the number of older households.*
- **Income** – *the links between low income, age, disability and low levels of savings.*

Scale of the issue -

- It is estimated that the number of older, disabled people in England will double from 2.3m in 2002 to 4.6m by 2041.
- Increase in life expectancy is not yet being matched by an equivalent increase in healthy life expectancy and by 2025 almost 1.5 million people aged 75 or over will be unable to manage at least one mobility/ daily living activity on their own
- There are now as many low income home owners as low income tenants and the majority of the need for home adaptations is in the private sector.
- More than half of all pensioners receive 50 per cent or more of their income from state support. Disabled people (all ages) are twice as likely to live in poverty as non-disabled people. Receipt of Attendance Allowance is a potentially useful indicator of a need for home adaptations. Around 1.6 million older people are in receipt of AA in the UK.
- In 2006-7 1.4 million individuals reported having a medical condition or disability that resulted in them requiring specially adapted accommodation, of whom 22 per cent considered their current home unsuitable. By 2036 there will be 17 million people aged 65 or more. On current trends 33% (5.6 million) of people over 65 and 50 per cent (4.5 million) of people over 75 will experience a limiting long term illness.
- *Based on current population projections, this would mean in 2036, around 810,000 people aged 75 or more would be living in properties that they considered unsuitable for their needs. The vast majority (around 70 per cent) 567,000 would be living in owner-occupied properties.*

Source: [*Time to Adapt: Home adaptations for older people: The increase in need and future of state provision \(Care & Repair England 2009\)*](#)

Home modifications - repairs, handyperson services etc

Housing conditions, such as disrepair, cold & damp, have a direct impact on the health and well-being of the occupant(s). The Building Research Establishment (BRE) has led the way in quantifying impacts with its report *The Real Cost of Poor Housing* (2010) and [methodology](#).

The majority of housing disrepair ('non-decent homes') in terms of numbers of properties, is in the private sector - unsurprising considering that home ownership is still the majority tenure with 75% of older households now owner occupied and low income home owners now outnumbering low income tenants. The highest *proportion* of non-decent homes (whilst numerically considerably lower) is in the private rented sector.

Government policy solutions to tackle poor housing since the 1940s have ranged from major clearance programmes, regeneration, and renovation initiatives, to targeted help specifically for older people via home improvement agencies/ Care & Repair / Staying Put schemes since the 1980s and latterly ['handyperson' services](#) since the 1990s.¹

Following the cessation of national government funding to address private sector housing disrepair in 2010 there has been a decline in initiatives to address the poor housing conditions that give rise to / exacerbate many of the common long term health conditions eg. respiratory, heart disease, stroke, arthritis, COPD.

Risks

Home improvement agencies and handyperson services remain the only practical source of housing help for low income, disadvantaged (primarily older and disabled people) in private housing, alongside the handyperson services that are an integral part of many schemes.

However, with the demise of private sector housing funding, ending of Supporting People money and the focus on health/ social care integration, their future is at risk.

[An evaluation of handyperson services](#) was published by DCLG in 2012, as well as a [financial benefits toolkit](#)

However, more in depth (& cost benefit) studies of the wider services offered by HIAs to address housing disrepair have not been undertaken. A small trial to examine the potential cost benefits of taking HIAs/ practical housing help into a hospital setting to improve hospital discharge/ reduce readmissions was carried out by Care & Repair England and an evaluation published in 2012 ([If only I had known](#)) which includes a useful individual case methodology.

The shift of Public Health into local authorities, Health & Well Being Boards and the Better Care Fund potentially offer a fresh impetus to addressing poor housing conditions, but a stronger evidence base to drive this would be necessary.

Scale of the issue

Since the start of systematic data collection about housing conditions in the 1960s, older people

¹ *A Perfect Storm: An ageing population, low income home ownership, and decay of older housing (2010) Care & Repair England analyses key housing stock condition, demographic and tenure data & main housing policy responses* [full report](#)

have been consistently over-represented in poor housing, particularly the 'older old' (people over 75 years and over 85 years).

The (DCLG) English House Conditions Survey used to provide detailed analysis of stock condition and households, but the main source of data is now the Survey of English Housing which incorporated some (not all) of the EHCS data collection.

- 90% of older people live in mainstream housing stock (*5% sheltered/ retirement and 5% residential or nursing care or other*)
- 30% of all homes have a head of household of 65+ yrs
- Vulnerable householders aged 75 or more are most likely to live in non-decent homes (36.5%)
- Over 1 million (67%) vulnerable older and elderly householders in non-decent housing live in private sector housing.
- Non-vulnerable householders aged 75yrs + are the most prevalent occupants of cold homes.
- There has been a dramatic increase in the level of home ownership since the 1970s, rising from less than 50% in 1971 to 71% by 2007. Most of the increase occurred during the 1980s, partly as a result of the 'right to buy' policy combined with increased access to mortgages, particularly for lower income groups.
- Whilst home ownership amongst younger groups is falling dramatically, home ownership in older households is still around 75%. This is even higher in some rural areas and amongst those in the 65-75yr cohort, where home ownership is approaching 84%.
- The health and social care implications of rising home ownership amongst low income older people has received little academic research attention or well informed policy analysis.

Appendix 2: Programme for the Day

10.00am to 10.30am	ARRIVAL & NETWORKING
10.30	Welcome & introduction to the day Frances Heywood OBE, author of ' <i>Better Outcomes, Lower Costs</i> ', will set the scene for the event.
10.40	The national need for evidence about housing related interventions and health impact at a time of integration and spending constraints Gill Leng, Housing and Health lead, Health Equity & Impact Division, Public Health England
10.50	The Context- scale of the social changes and issues concerning housing interventions for an ageing population Sue Adams, CEO of Care & Repair England and Chair of the national Home Adaptations Consortium
11.00	Working together - speed-dating
11.30	Task 1 in Groups: Opportunities, priorities, obstacles and issues - pooling knowledge and experience in the fields
12.00	Task 2 in Groups: Generate the Research Questions
12.30 to 1.30	LUNCH
1.30	Topic Tables - self selecting sub groups discuss issues related to undertaking research in each field, start to hone research questions and share ideas about taking forward <i>(these will be clustered over lunch based on the Research Questions generated in Task 2)</i>
2.30	Smaller groups/ clusters self select to discuss interests/ ideas further and refine proposals
3.15	Smaller groups/ clusters devise action plan to take chosen issue forward
3.40	Pulling it all together: <i>Future networking, capturing outcomes re groups' activities to take forward research plans</i>
4pm	END

Appendix 3: Participants Contacts List

Name (A-Z)	ORGANISATION	EMAIL
Sue Adams	Care & Repair England	
Anita Atwal	Brunel University	
Paula Broadbent	Keepmoat	
Karen Croucher	Centre for Housing Policy	
David Herring	Papworth Trust	
Frances Heywood	Care & Repair Eng/ COTSS Housing	
Caroline Holland	The Open University	
Anne Kane	Habinteg	
Gill Leng	Public Health England	
Sheila Mackintosh	University of the West of England	
Deborah Morgan	Cardiff University	
Prof. Robin Means	University of the West of England	
Simon Nicol	Building Research Establishment	
Joe Oldman	Age UK Housing Policy	
A N Other	Age UK Research	-
Prof. Marcus Ormerod	University of Salford	
Prof. Sheila Peace	The Open University	
Prof. Jane Powell	University of the West of England	
Shaun Robinson	Foundations	
Rachel Russell	University of Salford/COTss Housing	
Dr Jill Stewart	University of Greenwich	
Pat Strachan	Cambs Home Improvement Agency	
Ian Watson	Building Research Establishment	
Dr Elizabeth White	College of Occupational Therapists	

Appendix 4: Misc Research Listings

EU funded MOPACT project

<https://webgate.ec.europa.eu/eipaha/news/index/show/id/561> & <http://mopact.group.shef.ac.uk/>

MOPACT project has just published its first report on ICT, housing and mobility. It includes some useful references to international studies related to housing.

<http://mopact.group.shef.ac.uk/wp-content/uploads/2013/11/Built-Tech-Env-Innovation-Prospect-Report.pdf>

EU Study SOPHIE

Aims to synthesize current knowledge on impact of housing, and related policies, on health inequalities and to generate new evidence on the impact of housing policies on health inequalities

http://www.sophie-project.eu/themes_housing.htm

BRE Report Quantifying the Health Benefit of the Decent Homes Programme

A new BRE (Building Research Establishment) Trust study quantifies the health benefits of the Government's 10 year investment in the Decent Homes Programme which provided funding for the upgrading of social housing stock across the UK. Purchase via BRE Bookshop

<http://www.brebookshop.com/details.jsp?id=327329>

Information from Gill Leng

New Economy, working with the Cabinet Office, has published these docs relevant to calculating cost benefit/savings

- There is guidance and a model for cost benefit analyses here

http://neweconomymanchester.com/stories/1855-cost_benefit_analysis_guidance_and_model

- There is a database of unit costs here which includes health, social care and housing (the latter is mainly homelessness) http://neweconomymanchester.com/stories/832-unit_cost_database

The Public Health Outcomes Framework indicators enable anyone to identify poor performance/areas for improvement in LAs <http://www.phoutcomes.info/>

There is a CCG outcomes tool that enables comparisons between CCGs on outcome indicators, and provides maps, charts etc. More info here <http://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/>, including links to tools (here's one <http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html>)

Cost of delayed discharge

- The average cost of an excess bed day is £273 – taken from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/261154/nhs_reference_costs_2012-13_acc.pdf

- Delayed transfers of care 2012/13 suggests 41,789 days delay waiting for community equipment/adaptations and also 53,584 days for other 'housing' reasons - found here

<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Annex-3-Annual-report-2012-13.pdf>

- Delayed transfer stats are reported on a monthly basis, and can be analysed by local authority eg, <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14>