



Promoting the Safety, Independence and Wellbeing of Older Residents in Social Housing

Learning from HACT's Age Friendly Social
Housing Programme (2022-2024)

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1. Introduction

As practitioners in social housing, we work to improve the lives of our residents and create inclusive communities. To thrive at home and in the community, some of our older residents require additional advice and support. Given the growing mismatch between the supply of specialist housing for older people and the demand for it, we should anticipate increased need for support and advice in general needs housing. We must plan how to identify which residents need additional advice and support, what assistance they need and how their needs can be addressed.

The Foundations report [Housing Associations and Home Adaptations: Finding Ways to Say Yes](#) found that over half (54%) of housing association tenants have a long-term illness or disability, and almost a fifth (18%) of new lettings are to households with specific disability needs. Considering the majority of social housing is for general needs and much of the specialist stock is old, an increasing number of homes need to be adapted for inclusivity.

In September 2024, the safety of social housing residents with disabilities was again thrown into the spotlight in the Phase Two report of the Grenfell Tower Inquiry. Forty percent of the disabled residents living in the block died in the fire.



2. Age Friendly Social Housing Project Southwark

The Age Friendly social housing project in Southwark

Between 2022 and 2024, HACT's Age Friendly Social Housing Project in Southwark explored ways in which housing associations could collaborate with partners in the local Council, community and voluntary sector, and the NHS to develop a more integrated response to the needs of older residents. We worked closely with Southwark Council who, in 2015, became one of the World Health Organisation's age friendly cities.

Southwark's journey towards becoming an Age Friendly borough

As part of this process of change, the Council carried out a consultation with older people and staff supporting them in 2023. This exercise, and a further consultation in 2024, led to the formulation of suggested priorities across the Age Friendly domains (housing, outdoor spaces and public buildings and so on). Based on this work, an action plan is being developed. The Council and its wider stakeholders are exploring how to improve access to appropriate housing for older people and the timeliness and accessibility of support to stay safe and independent at home for longer.



3. Aging well challenges in Southwark

Southwark's Joint Health and Wellbeing Strategy 2022 to 2027 highlights that in Southwark:

“Falls are the largest cause of emergency hospital admissions among older people and can significantly affect longer term outcomes. Emergency hospital admissions for injuries due to falls in older people in Southwark are consistently above national and regional levels. Admission rates also increase significantly with age, mirroring the national pattern. Rates among those aged 80 and over are more than four times those under 80.”

Southwark's Joint Strategic Needs Assessment 2023 highlights that:

“In 2019/20 there were over 1,620 emergency hospital admissions by Southwark residents with a diagnosis of dementia. The borough has the highest rate of emergency hospital admission for dementia in the capital with rates significantly above both London and England.”

Public Health England published a report on falls prevention in 2018 which found that home adaptations resulted in a 23 per cent reduction in hospital admissions and a financial return of investment of £3.17 for every pound spent. They estimated a social return on investment (including the impact of the adaptation on wellbeing) of £7.23 for every £1 spent.

The 2022 report [Home Adaptations and Housing Associations: Finding Ways to Say Yes](#) highlights the effect on mental wellbeing for disabled people living in unsuitable accommodation.

“By restoring dignity and enabling more independence, adaptations reduce depressive symptoms. Helping people manage in their home and allowing access to the outside world helps to prevent loneliness and isolation in both disabled people and their carers.”

Improvements to the delivery of aids and adaptations services can result in a range of benefits including improved resident satisfaction, safety, physical and mental health and wellbeing, and futureproofing of stock for an ageing population.

4. Issues highlighted with the delivery of aids and adaptations services

One project undertaken as part of the Age Friendly Social Housing Programme was to explore how housing associations could improve their aids and adaptations services. This service is particularly key in realising the ambition that people will be able to stay safe and independent in their homes. Timeliness of delivery and accessibility are key challenges, given the complex nature of aids and adaptations processes and the fact that handovers often occur between organisations.

Issues with delivery of aids and adaptations services were first raised by an NHS Social Prescriber who specialises in housing at a Southwark Health Housing and Ageing Well (SHHAW) meeting. SHHAW is a partnership group comprised of twelve social housing providers operating in Southwark, Southwark Public Health and community and voluntary sector organisations working with older people. At a later meeting, the group heard from dementia advisers about challenges experienced by residents with dementia in accessing housing services, including aids and adaptations and re-housing. Issues raised included:

- long waits for occupational therapy assessments
- residents unsure about who was currently dealing with their case and who to ask about progress
- residents unaware of what stage they were at in a complex process and how long it would take
- some residents were accessing the service at the point of crisis and finding the process was an additional source of stress
- residents had to explain their situation repeatedly to different staff on telephone lines and their needs were not always understood
- some people with dementia did not recall the information that had been given on the phone (to their housing provider) and did not have a written record of it
- residents unaware of what their responsibilities were in the process
- at times, breakdowns in communication occurred between housing associations and adult social care teams

As a first step in improving the service in Southwark, I, in my Age Friendly Co-ordinator role, consulted with the occupational therapy team in adult social care. They described the difficulty in maintaining channels of communication with the relevant teams in housing associations, partly due to restructures and mergers. In response, I updated their housing association contact list for aids and adaptations teams, ensuring that their assessment reports were being sent to the correct inbox and/or address.

5. Co-creating aids and adaptations service improvement

To understand more from the perspective of residents, I carried out a project with the co-creation team at one housing association that was undergoing a merger process. At the time, they were working with two sets of aids and adaptations policies and procedures and were keen to incorporate the best of both and any other learning into their new joint ones.

The project focussed on how to improve their aids and adaptations service and comprised in-depth interviews with nine residents at various stages of the delivery process, two workshops with staff from various teams and a feedback session with the responsible director. We visited residents in their homes and had two online workshops with staff.

Many of those interviewed spoke of the challenges associated with a long and complicated process and the negative impact on their health and wellbeing of waiting. Common themes were that residents did not know where they were in the process, how long they would have to wait or who to contact for information.

One resident in her 60s had experienced a deterioration in her health and had requested a handrail on her stairs. She already had a wooden one which fitted well with her décor. Having recently experienced a series of falls, she realised that she required a handrail on the other side of the stairs. The handrail offered was clinical looking and did not match the other one. She had refused it and asked for one that matched the other side. She had not received any response to her request and did not know who to communicate with about it. In the meantime, she felt very unsafe using the stairs. She described how she was struggling to come to terms with her deteriorating physical health and the impact it was having on her mental health. When I visited her a few weeks later, she had fallen, broken her nose and needed dental surgery.

Another resident had started the process of requesting a level access shower over four years previously. The process had initially started when her husband was in hospital, and he was unable to use the bath. Her husband had died but now, due to her health conditions, she could not use the bath either. At many points in the process, she did not understand what was happening, what the timescales were or what her responsibilities were. Being unable to wash for a prolonged period of time, except using a basin, she had approached her GP for advice. She was referred to a NHS social prescriber to support her with the aids and adaptations process. At the point of interviewing her, she had received the OT report recommending a level access shower.

Even though the co-creation project had completed, I was still in touch with the social prescriber. Five months later, he contacted me to ask if I could find out where she was in the process. From reports provided by Adult Social Care, we realised that she was expected to submit a Disabled Facilities Grant application but had not been aware of this. She was digitally excluded and did not have family or friends who

could support her with making an application. She lived on the first floor of a block without a lift and was unable to go out except with family support. We attempted to get the process back on track. One month after that, I was given the news that she had been approached to discuss the installation of a level access shower but that, due to her declined health, she felt she would not be able to tolerate the disruption the work would involve.



One resident in mid-life who suffered from a degenerative illness, had requested a grab rail and had waited for over a year for an assessment by an occupational therapist. She was at the stage of waiting for the works. During the period of waiting, her physical health had deteriorated, and her mental health was also being affected. She shared a story about trying to see her consultant as she had not been seen since 2019. After being given an appointment, her family made the effort to get her out of the flat and to the hospital. On arrival, she was told that the appointment was not in person but by telephone (though the letter did not state this).

When her daughter walked me to the door, she told me that the family members who care for her need a ramp to make it easier to get the wheelchair over the raised door threshold. She was unsure whether it was a good idea to make this request, thinking it may further delay the grab rail. Long waits, frustration and difficulty with aids and adaptations services is experienced in the context of similar experiences in accessing other services.

Two of the residents we interviewed described how they had reached a realisation that, due to deteriorating health, their homes were no longer suitable for them. They had both previously requested a move. One had viewed a property that had just become voided and was in a state of disrepair. Although she was assured that the property would be in a fit state for moving in, the state of disrepair was enough to dissuade her from accepting the flat. The process of moving house, especially for

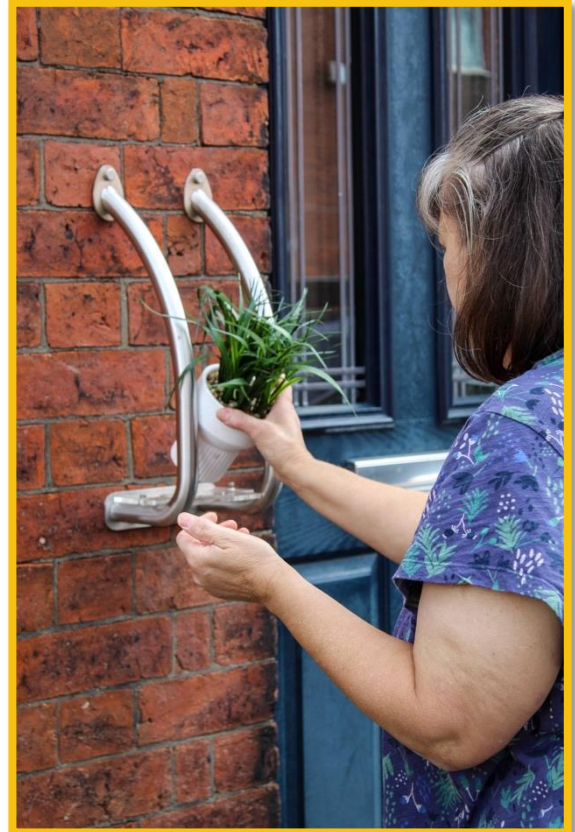
those without the support of family and friends, can be a daunting one with many barriers attached. This move would have freed up a three-bed flat, saved the resident the bedroom tax and ensured a safer living situation.

Another resident had requested a move after experiencing a deterioration in her degenerative condition. Her elderly mum, who provided much of her care, helped her to navigate stairs to the bathroom but this presented risks to both of them. On requesting a move to a more suitable property, she had been offered a one-bed. She felt a one-bed was inadequate as she sometimes needed family to stay overnight and had a wheelchair and other equipment that required more space. Looking to the future, she knew she would need a two-bed property and did not want to move twice.

During staff workshops, there was frustration expressed by those installing fire doors about a lack of information about the needs of residents. After installing new, heavier doors, complaints had been directed to the team from disabled residents who were unable to open them. This had required some retrofitting of the new doors, adding cost and time to the works. The request made by staff was for better information that could have prevented this situation.

Another member of staff had worked for a long period of time on delivery of aids and adaptations but a restructure had led to her moving to another role. Her experience and good working relations with the local authorities in her region had been partly lost due to her redeployment. She was frustrated not to be working in her specialism and expressed the importance of stability for the delivery of this complex service.

We met with the director responsible for the aids and adaptations service in our co-creation project, outlined the issues our interviews and workshops had highlighted and made some recommendations.



6. Taking a different approach

There has been much research carried out into how to improve aids and adaptations services such as the 2022 Foundations report *Housing Associations and Home Adaptations: Finding Ways to Say Yes*. There are a number of recommendations that could be considered to address issues highlighted and additional ones that act as barriers to effective service delivery.

Raising awareness

One barrier to accessing aids and adaptations services is a lack of awareness of how to request them or even that social landlords provide them. Often information about aids and adaptations services is only available on housing association websites and a significant proportion of the older residents requiring them are digitally excluded. At the launch of the Fit For Our Future campaign, Dr Rachel Russell, Senior Regional Advisor at Foundations made these comments:

“Often, by the time we recommend adaptations, the process has taken so long that we don’t achieve the outcomes we’d hoped for as some people need adaptations and a care package to support them to use what has been installed. What the evidence shows us – is that when we install adaptations early, people get into the habit and routine of using the adaptations, building confidence and resilience and delaying the need for home care support.”

There is a need to take every opportunity to communicate with residents as early as possible about how to remain safe and independent at home, ensuring that they are aware of the benefits of adapting their homes as they age and as their needs change.

There is evidence that ethnic minority groups have fewer adaptations than white households and are twice as likely to have no adaptations at all. They may find it harder to know what services available and/or perceived shame about disability may make them less willing to seek help. Communication with people from BAME communities may need to be considered and delivered in partnership with cultural and religious groups in the community and voluntary sector.

Addressing service delays

One way to address service delays, particularly transforming delivery time for minor aids, is to adopt the [Adaptations Without Delay](#) approach, published by the Royal College of Occupational Therapists (RCOT) in 2019. Fundamental to this approach is referral for OT assessment only when necessary. This could save a current wait of around a year for an OT assessment in London. The RCOT approach advocates the upskilling of housing staff to assess for and prescribe aids and adaptations in-house and to refer to Adult Social Care only when needed.

In our Age Friendly Social Partnership in Southwark, the training provider, Trusted Assessing and Care Training (TACT), offered us two free places for their [Trusted Assessor: Assessing for Minor Adaptations](#) course. One place was taken up by a housing association and the other by Age UK Lewisham and Southwark resulting in their handyperson being able to assess for and install minor aids. There are a range of providers offering short courses and bespoke courses such as those offered by [Disabled Living](#) and [Living Made Easy](#).

Combatting stigma through inclusive design

Often, people wait until a crisis point before they acknowledge the need for aids and adaptations in their home. One barrier to earlier access is stigma – aids and adaptations are often viewed as clinical and detracting from the look of the home. [Foundations](#) (the National Body for Disabled Facilities Grants and Home Improvement Agencies in England) has teamed up with [Invisible Creations](#) (a company founded to produce attractive aids and adaptations) to run the [Fit For Our Future](#) campaign. The campaign urges a move away from a reactive mindset to a proactive and preventative one and a move to providing aids and adaptations that are 'invisible' and attractive.



Aids and adaptations do not need to be stigmatising

The need for joined-up working

There are opportunities to future-proof stock – when delivering stock improvement projects like new bathrooms and kitchens or building new homes. Accessibility and adaptability can be built in at these points, recognising that those who live in the homes will age and may develop health conditions.

Breakdowns in delivery

Given the current complexity and length of the process, it would be beneficial for those requesting aids and adaptations (and those supporting them) to have a named contact in the housing association. Without this, there are risks in the process breaking down. Ideally, that officer should manage the whole process for the resident.

Another possible point of the process breaking down is having a requirement for the resident to apply for a DFG grant for major adaptations. One key recommendation of the [Fit For Our Future](#) campaign is that housing providers apply for Disabled Facilities Grants on behalf of their residents (a landlord application for a DFG) rather than asking residents to submit applications themselves. There are examples of housing associations collaborating with local authorities to develop landlord DFG application forms and processes.

Response to co-creation recommendations

A few months after completing the co-creation project, I met the responsible director again, who updated on progress. He reported that, until a joint policy has been developed, a joint procedure is in place. He fed back that some of the recommendations had been taken on board and changes made. These include:

- Promoting Trusted Assessor training to contractors and its direct labour organisation (DLO) to avoid sending residents to OT waiting lists for minor, non-complex cases. Two contractors and the DLO have decided to upskill their staff.
- Agreeing a threshold for minor works at £2,000 (raising the £1,500 threshold of one to meet the higher one of the other organisations).
- Encouraging the use of staff discretion to identify cases in which need is high and an additional sum from the landlord could quickly deliver the required adaptation.
- Liaising with colleagues delivering planned maintenance projects (bathrooms and kitchens) to provide adapted ones as part of the contract for those who have requested adaptations, providing funding to enable this.

The Director also mentioned the situation in which adaptations in voided properties have been removed rather than the property re-used as adapted. He was interested in exploring the idea of creating a local register of adapted properties with other social housing providers, preserving adaptations and making adapted properties available to a wider pool of residents. As a second phase of the co-creation project, the co-creation team at the housing association plans to consider the Disabled Facilities Grant and how it can be used more effectively to improve customer experience and outcomes.



7. Conclusion & recommendations

In a situation of extreme pressure on health, social care and housing, there is more need than ever to deliver an efficient and effective aids and adaptations service. A holistic and coordinated approach to understanding residents' needs and ensuring their safety, independence and wellbeing is needed. This will require an upskilling of staff, a change of mindset from a reactive to a proactive and preventative one and partnership working with all those who have an interest in maintaining and improving residents' lives. Residents who need this service cope with daily challenges such as chronic pain, disability, social isolation and poverty. We need to ensure that the service that aims to support them to live safely and independently is fit for purpose.

Recommendations

There are a variety of practical steps that can be taken to move towards improving outcomes for older residents in our housing.

1. Focus on prevention

- Routine tenancy reviews with older and disabled people could include discussions about housing options and aids and adaptations services.
- When preparing the Residential PEEPS (personal emergency evacuation plans)¹ with disabled residents, use this intervention to offer other holistic assessments of need such as Independent Living Assessments (see appendix).
- Offer attractive aids and adaptations to minimise stigma and promote uptake at an earlier stage.

2. Upskill staff

- Train relevant staff as Trusted Assessors (level 3 and 4) so that more assessments for aids and adaptations can be made in-house and referrals to OTs only made when necessary – use the [Adaptations Without Delay](#) approach.
- Ensure that residents have appropriate channels to report vulnerabilities or changes in health needs through provision of specialists in Customer Services or trained staff on the ground. Training can be provided through courses such as [Trusted Assessor: Triaging and Advising on Independent Living](#).

3. Improve communication

- Aids and adaptations dealt with by named officers so that residents (and those advocating for them) can communicate easily about their case.
- Communicate about the aids and adaptations service in ways other than online only (leaflets, posters).
- Build closer relationships with Adult Social Care teams to improve joint working over aids and adaptations.

¹ [Introduction of Residential Personal Emergency Evacuation Plans \(PEEPS\) for disabled residents of high-rise blocks](#)

4. Improve efficiency

- Disabled Facilities Grant (DFG) applications made by the landlord rather than the tenant.
- Review thresholds for minor works and ensure they rise in line with cost increases so that more work can be delivered without the need for the DFG process.
- Form agreements with local authorities to deliver more aids and adaptations in-house.
- Use a handyperson service to carry out minor works.

5. Cocreate continuous improvement

- Use cocreation with older and disabled residents to improve services such as aids and adaptations, including monitoring of user satisfaction.
- Ensure older and disabled people are represented as staff and as strategic decision-makers.

6. Plan for the future by assessing the needs of older residents

- Devise tools for the collection of data about the vulnerabilities of older residents in General Needs properties (e.g. Home MOTs, Independent Living Assessments or Welfare Checks). Pilot this with a target group such as over 80s. See appendix 1 for an example of a Home MOT Service/Independent Living Assessment.
- Collate data on the holistic needs of older residents to create a needs assessment. For example, identify inequalities in health, income or digital use that may hamper inclusivity.

7. Work in place-based partnerships to ensure services are in place to meet needs

- Identify which responses can be delivered most effectively in-house, for example, a handyperson service for safety-related issues.
- For responses that cannot be delivered in-house, explore opportunities to work closely with partners in the NHS, Council and CVS to ensure that a holistic, joined-up service is in place. For example, work with the local authority and other housing associations to create a joint register of accessible properties, testing and reconditioning adaptations in voided properties, rather than removing them. Another example could be to pool resources to offer practical support and advice to those who need to move home.

Statement from Foundations:

The findings of this paper align with the growing body of national evidence emphasising the critical importance of timely home adaptations. Specifically, it supports recommendations for access to help with adapting your home regardless of

tenure, while also advocating for the reduction of stigma through inclusive and accessible design. Foundations endorses landlord applications as a proactive approach to ensuring that adaptation services are delivered in a consistent, fair, timely, efficient, and customer-focused manner. These recommendations will assist social landlords in meeting the obligations outlined in the Social Housing (Regulation) Act 2023 and the Consumer Standards Code of Practice. Additionally, the implementation of the trusted assessor model is a promising step toward expediting the Disabled Facilities Grant process, ensuring the delivery of adaptations without delay. Taken together, these recommendations represent a significant move toward enhancing the independence and quality of life for older and disabled individuals.

Foundations

The National Body for Disabled Facilities Grants and Home Improvement Agencies in England

Learn more

Delivered by HACT in partnership with The National Lottery Community Fund, Fusion 21, Clarion, South Yorkshire Housing and a number of innovative social landlords, the Age Friendly Social Housing Programme supported social landlords, local agencies, and communities to work together to improve opportunities and outcomes for people aged over 50 living in three places (initially Bradford, LB Southwark, and the combined authority of Bournemouth, Christchurch and Poole). It ran from 2022 to 2024.

Over 55s are an 'at risk' group for experiencing isolation, and organisations like Age UK warn that the UK is facing a 'loneliness crisis'. As established landlords, local anchor organisations and placemakers, housing associations can and do play a significant role in creating age friendly communities, providing homes and a range of services that can support people to age well in the places and communities they call home.

Our networks facilitate joined-up thinking and working between social landlords and their partners around their activities and services for over 50s in the three localities, allowing us to pool resources and move from individual to collective action.

To find out more about the Age Friendly Social Housing Programme, please visit our website [here](#).

8. Appendix: Example Independent Living Assessments/Home MOT Template

Independent Living Assessments/Home MOT Service – Longhurst Group

Longhurst Group provides a range of housing in the Midlands and East of England. It provides an Independent Living Service for its own residents and is commissioned to deliver a similar (though differently named) Housing MOT Service for all residents in the county of Rutland. The services are available to residents in general needs, sheltered/extra care and supported housing.

Their service is designed to be preventative and aims to promote health and wellbeing aligned with Longhurst Group's Improving Lives 2025 strategy. By providing this preventative support, they aim to reduce the need for more intensive health and social care provision and potentially reduce hospital admissions.

The aim of the Independent Living Service is to provide information, advice and support to customers to help them to maintain their independence and live safely and well in their home. The Independent Living Advisors (ILA's) complete holistic, person-centred assessments in residents' homes in order to identify appropriate adaptations and also to recommend targeted support via a number of partner agencies or services (internal and external) that can deliver relevant outcomes for the client.

The Independent Living Service takes referrals from residents, their families and carers, colleagues within the organisations, partner organisations and other professionals. Referrals are made by calling their customer services line. Contact is then made to arrange a home visit.

The MOT/ILA visit comprises a holistic person-centred assessment. During the visit, specialist advisors can provide information, advice, referrals and offer support with:

1. **General wellbeing** – information and referrals to services offering emotional support such as carer support. Staff seek to tackle loneliness and social isolation by connecting people to befriending services and local social activities.
2. **Practical support** - information and referrals to services providing practical support such as personal care, domestic help, meals/shopping and other relevant services that are delivered by both Longhurst Group and organisations in the statutory and voluntary sector.
3. **Minor aids and adaptations** – provide advice on small aids/minor adaptations that will help them to remain safe and independent at home. This includes advice on freestanding equipment that can be self-purchased or obtained via health and social care services. They also recommend fixed minor aids which are completed in-house.
4. **Major adaptations such as stairlifts, level access showers, kitchen adaptations** – where more major adaptations are required, Independent

Living Advisors can provide advice and information on accessing Disabled Facilities Grants via the local authority's adult social care team. Part of the ILA/MOT Service includes checking financial eligibility for Disabled Facility Grants. The ILAs also work with the team responsible for stock improvement to assess for the need for level access shower adaptation where a bathroom refurbishment is being offered.

5. **Lifeline and assistive technology** – advice on the use of Lifeline and other appropriate technology (in partnership with our Assistive Technology colleagues, where the services are available).
6. **Housing advice** – general advice and support to ensure that the home meets the individuals needs and maximises independence. The ILA's are also working with the Lettings Team and Housing Officers to advise (where appropriate) on the suitability of property for new customers where potential adaptations may be required.
7. **Safety and energy efficiency** – information and referrals to services offering advice on falls prevention, general fire safety, home security and small energy efficiency measures.
8. **Eligibility for benefits** – information on possible eligibility for welfare/disability benefits and making referrals to relevant agencies for support where appropriate.

The assessment form used is included below.



ILA Assessment

CE Case Ref No		Date Received	
ILA No (MOT No if applicable)		First Contact	
Type of Assessment		Visit Date	
District & County Council		Tenancy Start Date	
Client			
Address			
Telephone			
Email			
Alternate Contact Details	Name		
	Relationship		

	Contact No	
Date of Birth		Age
Retired: No/Yes	Employed: No/Yes	Armed Forces: No/Yes
Medical Conditions:		
Drs Surgery:		
NHS No:		
Slips/Trips/Falls:		
Mobility Equipment:		
Medication:		
Memory Loss:		
Hearing/Sight Impairment		

Partners Name		
Date of Birth		
Retired: No/Yes	Employed: No/Yes	Armed Forces: No/Yes
Medical Conditions:		
NHS No:		
Slips/Trips/Falls:		
Mobility Equipment:		
Medication:		
Memory Loss:		
Hearing/Sight Impairment		

Monitoring Information (as defined by the customer)

Ethnic Origin			
White: English/British		Chinese	
White: Welsh		Asian / Asian British: Other	
White: Scottish		Mixed: White & Black Caribbean	
White: Northern Irish		Mixed: White & Black African	
White: Other		Mixed: White & Asian	
Gypsy/Traveller		Mixed: Other	
White: Other		Black / Black British: Caribbean	
Asian / Asian British: Indian		Black / Black British: African	
Asian / Asian British: Pakistani		Black / Black British: Other	
Asian / Asian British: Bangladeshi		Do not wish to disclose	
Disability			
Mental Health		Learning, concentrating, remembering	
Mobility/Dexterity Impairment		Vision Impairment	
Stamina or breathing difficulty		Hearing Impairment	
Social or behavioural issues		Other impairment	
Marital Status			
Married		Separated / Divorced	
Single		Co-habiting	
Widowed		Do not wish to Disclose/Unknown	

Benefits Check (a or r and rate/type if applicable)			
AA NA	PIP ESA	Blue Badge	DLA
Referral required for application (please state which benefit)			
List of DFG Passporting Benefits		Universal Credit Housing Benefit Income Support ESA – not contribution based Guaranteed Pension Credit Working Tax Credit and or Child Tax Credit (provided that the annual income for the purposes of assessing entitlement to the tax credit is less than £15,050)	

Property Details/Housing Options:			
House		Bungalow	

Flat		Mobile Home	
Listed Building/Conservation Area		No of Bedrooms	
Age of Property	Pre 1900 / Pre 1930 / Pre1970 / Pre 2000 / Post 2000		
Tenure/Owner Details	Longhurst Group		
Others Living in the Property (include relationship and age) NA			
Would like to stay in own home			

Home Energy	Comment
Boiler/Heating: Type? Working OK?	
Insulation & Draught Proofing	
Affordability – Bills, Tariffs, Energy Supplier	
Fire Safety	

Personal Needs	Comment
Assistive Technology/ Lifeline:	Has: no
	Requires
Personal Care: Managing Independently or Receiving Help?	Has:
	Requires:
Domestic Help: Managing Independently or Receiving Help?	Has:
	Requires:
Befriending: Socially Isolated?	.
Managing Shopping and Meal Prep:	

Travel/Car Services: Access to transport?	
Carer/Family needs: Is support needed?	

<ul style="list-style-type: none"> • Pre-Visit Information: • 	
Has In-Situ:	Needs:

Property Area	Comment

Additional Relevant Information

Assessment Completed By: **Date:**

Actions Agreed with Customer

I confirm that I am in agreement for Longhurst Group to carry out the actions agreed above.

Signed: Date:
Service User