

# Home adaptations in ELSA

## Summary

**Home adaptations can support people to live longer in their own home. We used data from the English Longitudinal Study of Ageing (ELSA) to group adaptations by type. This method of categorisation allows us to examine specific groups of adaptations more closely and compare based on factors other than cost of installation. Bathroom adaptations were the most common, whereas active movement-based adaptations were found to be more accessible to those in lower socioeconomic positions.**

## Examining home adaptations in ELSA

Within ELSA respondents are asked about the presence of several home adaptations. We grouped the adaptations into three categories for analysis: passive property-based, active movement-based, and bathroom specific.

**Passive property-based** adaptations include modifications done to the home that involve more passive engagement, for example wide doorways or hallways, ramps or street level entrances, automatic or easy open doors, accessible parking or drop off sites, and kitchen modifications. **Active movement-based** adaptations are installations that individuals actively engage with to move around their home, including bed levers and rails, hoists, handrails, lifts, stairlifts or stair glides and alerting devices. Finally, **bathroom specific** adaptations are alterations made within the bathroom, such as installing toilet equipment and commodes; bath or shower seats; walk-in showers and over the bath showers. Bathroom adaptations were the most common across all three waves (Figure 1).

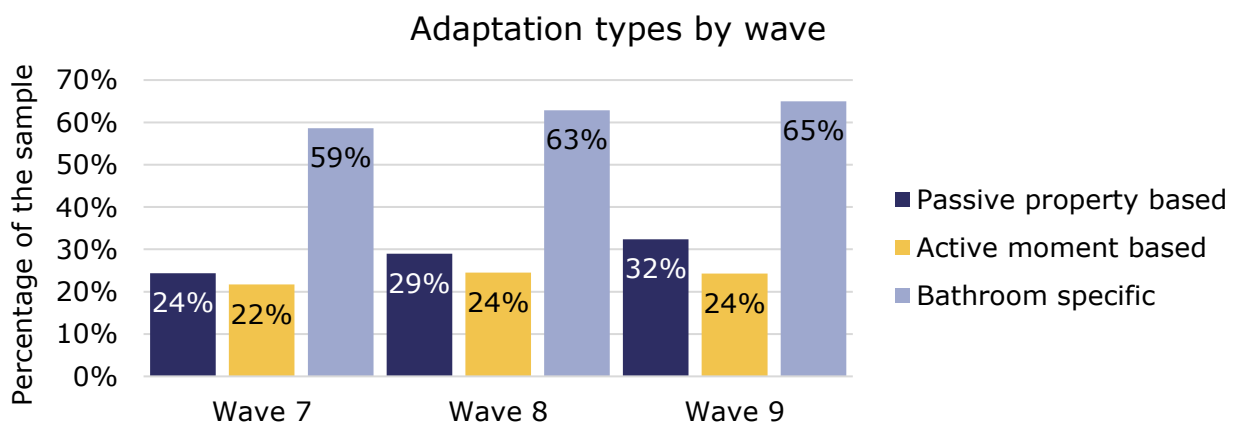


Figure 1: Bar chart showing types of adaptations reported in waves 7-9

Bathing disability is commonly one of the first difficulties with activities of daily living (ADL) experienced by individuals and has been shown to predict subsequent disability (Whitehead et al., 2018). Research also suggests that bathroom adaptations are among the easiest for individuals to acquire and install themselves (Davey, 2006), which may also contribute to the high prevalence among the ELSA sample.

Who installs adaptations?

Looking at waves 7-9 combined (N=10,957), 77% of the sample reported having bathroom adaptations, 43% passive property-based adaptations, and 32% active movement-based adaptations. All three types of adaptations were most commonly installed by homeowners, which is likely because homeowners have the most autonomy to change things about their homes compared to those renting. Active movement-based adaptations were the most common among renters, 25% of active adaptations were installed by those renting compared to 15% of passive and 14% of bathroom adaptations. An explanation for this could be due to cost and permanence; arguably the active adaptations such as handrails or stairlifts would be cheaper to install than the more structural passive adaptations such as widened doorways. Tenants may need to pay for these themselves and not be in a financial position to do so, or the landlord may be reluctant to install the more expensive, more permanent adaptations for individuals who could move out of the property. The active adaptations can also be uninstalled when the tenant moves out, whereas it would be more difficult to 'undo' a widened doorway.

This cost distribution is observed across the wealth quartiles of the respondents, 62% of individuals who install active adaptations are in the lower two wealth quartiles (Figure 2). Whereas passive adaptations are most commonly installed by those in the highest wealth quartile (30%).

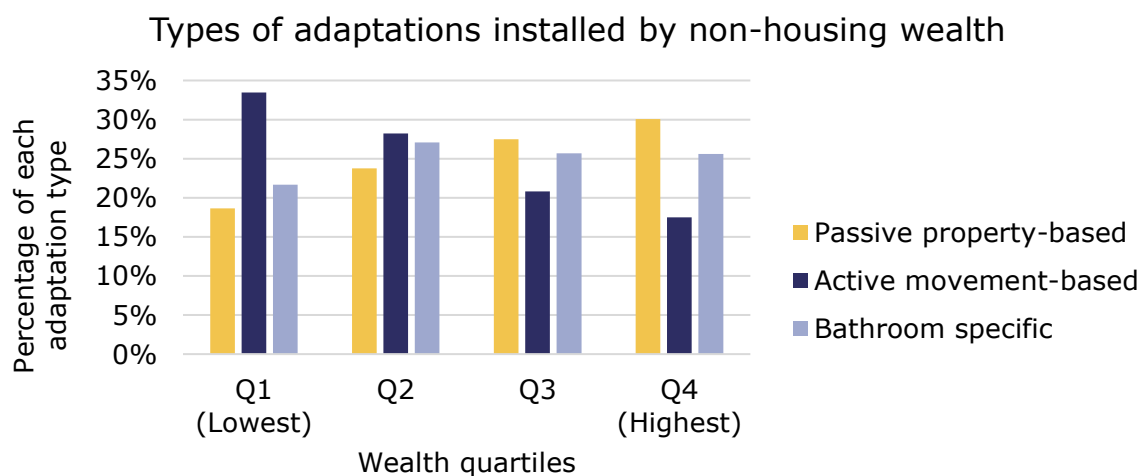


Figure 2: Bar chart showing types of adaptations by wealth quartiles.