

# CARE ACT 2014

## Guidance for Occupational Therapists



## DISABLED FACILITIES GRANTS

Endorsed by  
directors of  
**adass**  
adult social services

College of  
Occupational  
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# Foreword

By The Rt Hon Alistair Burt MP

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In the last year, we have witnessed a fundamental shift in the system of health and care in England – a shift which has placed carers and the cared for at the heart of decision-making about the support they need and deserve.

The *Care Act 2014* has been the catalyst for this change in emphasis, but the approach is arguably nothing new. Occupational therapy was founded on similar person-centred principles and remains so to this day. Therapists have long taken the holistic approach with their clients, seeking to understand their health and care needs in the context of their environment and life goals.

I am therefore very pleased to introduce this suite of four publications from the College of Occupational Therapists focusing on the *Care Act* and how it affects the work you do to enhance the wellbeing of people and communities.

This particular publication focuses on Disabled Facilities Grant provision and explains how the duties of the *Care Act* should be used in combination with your skills and experience to enable people to have appropriate, accessible housing, addressing their needs, and enabling them to meet their chosen outcomes.

In the relatively short time that I've been Minister for Community and Social Care, I've quickly learned that occupational therapists are natural integrators across health and social care. Combined with the profession's commitment to promoting independence through occupation, they are central to enabling people to make the most of their lives.

I applaud the College of Occupational Therapists' continued efforts to raise the profile of your highly valued profession and believe this series of publications can only reinforce your vital role within the health and care sector. I believe their existence will reassure and encourage commissioners, directors of adult social care and leaders throughout the system to embrace and empower occupational therapists as they lead the way in prevention.

It is only by working alongside health and other social care colleagues that your distinctive client-centred approach can make a truly positive difference to people's lives.

A handwritten signature in black ink that reads "Alistair Burt." The signature is written in a cursive style and is underlined with a single horizontal stroke.

***The Rt Hon Alistair Burt MP***  
*Minister of State for Community and Social Care*  
*Department of Health*

## Introduction

This is one of a series of guides to the *Care Act 2014* (the Act) (Great Britain. Parliament 2014) that has been developed by the College of Occupational Therapists (the College), funded by the Department of Health (DH). They will assist you, as occupational therapy practitioners, to understand and deliver some of the key concepts and duties within the Act. They may also be useful to commissioners and others within the health and social care workforce.

The topics currently covered within this series are:

- Wellbeing
- Prevention
- Disabled Facilities Grants
- Transitions; custodial settings; employment; training and education.

Within each topic, the guides look at selected areas which potentially have the most implications for the work of occupational therapists.

The *Care Act 2014* ensures that the focus of the provision of care and support starts with the individual and their needs, and their chosen goals or outcomes. Its underpinning precept is that 'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life' (DH 2016, section 1.1).

The Act gives adults and their carers a legal entitlement to care and support to meet their eligible needs, recognising that these are different and personal to each individual.

Local authorities must consider how to meet each person's specific needs. This requirement is reinforced by a number of principles which must also be incorporated into the care and support activities that are carried out by the local authority. Implementation of the Act will require a significant change in practice for many involved in health and social care services, including occupational therapists.

The College recommends that you read through the relevant sections of the *Care and support statutory guidance* (DH 2016).

## Occupational therapy philosophy and skills

An occupational therapist's core professional reasoning skills are based upon an understanding of the inter-relationship between occupation and health and wellbeing: identifying and assessing occupational needs; analysing and prioritising these with the service user; facilitating occupational performance; and evaluating, reflecting and acting on occupational outcomes (Adapted from COT 2014, p5).

The World Federation of Occupational Therapists (WFOT) describes occupational therapy as:

*... a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability*



*to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.*  
(WFOT 2010)

There is a close correlation between the philosophy, skills and practice of occupational therapists and the underpinning principle of the Act, that *'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life'* (DH 2016, section 1.1), enabling them to live as independently as possible for as long as possible. In effect the Act gives occupational therapists more freedom to practise, utilising the full range of professional reasoning and skills.

The statutory guidance recognises that occupational therapists, along with registered social workers:

*are considered to be two of the key professions in adult care and support. Local authorities should consider how adults who need care, carers, and assessors have access to registered social care practitioners, such as social workers or occupational therapists.*

(DH 2016, section 6.82)

## The Disabled Facilities Grant (DFG)

The link between housing and wellbeing is increasingly acknowledged. *'The right home environment is essential to health and wellbeing, throughout life'* (Association of Directors of Adult Social Services 2014, p3). *'Adaptations produce improved quality of life for 90 per cent of recipients*

*and also improve the quality of life of carers and of other family members'* (Heywood and Turner 2007, p14).

In its report, *Urgent care: the value of occupational therapy*, the College highlights the vital role that housing and adaptations play in helping people to live as independently as possible. The report provides examples of the significant cost savings that can be made by getting a property adapted to meet a person's specific needs and the impact this has on reducing unplanned hospital admissions or the need for urgent care (COT 2015a, p17).

The bringing together of health, social care and housing is intrinsic to the *Care Act 2014* and its guidance. The appropriate use of the Disabled Facilities Grant (DFG) is part of this. The DFG currently offers service users the opportunity to have adaptations which allow them fuller access around their home.

*Mandatory Disabled Facilities Grants (DFGs) are available from local authorities in England and Wales and the Housing Executive in Northern Ireland. They are issued subject to a means test and are available for essential adaptations to give disabled people better freedom of movement into and around their homes, and to give access to essential facilities within the home.*  
(Wilson 2013, p1)

Disabled Facilities Grants were introduced by the *Local Government and Housing Act 1989 (Section 114)* (Great Britain. Parliament 1989) and then updated in the *Housing Grants, Construction and*

*Regeneration Act (HGCR) 1996* (Great Britain. Parliament 1996). The funding is designed to help meet the costs of adaptations to a property for disabled occupants, both adults and children. It is means tested for adults but not for children. In order to qualify for a DFG the required adaptations need to be *necessary and appropriate* (as determined by social services) to meet the needs of the disabled person. It must also be *reasonable and practicable* (determined by the housing department) for the relevant works to be carried out.

*The maximum mandatory award for a DFG is £30,000 in England. As this grant is means tested, some people may have to pay a contribution towards the required work themselves.*

(Adapted from Disability Law Service 2009)

In 2002 the government brought in the *Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO)* (Great Britain. Parliament 2002) which allowed local authorities greater freedom and opportunities when addressing housing issues. The order was extended in 2008–9 to include use of the DFG money, creating greater flexibility within the fund and allowing an authority to address issues on a wider preventative basis. Authorities were given the ability to offer alternatives such as a loan that does not involve a means test or help towards buying a more suitable property. The Order also allowed the use of discretionary top-up loans (see below).

Examples of where this legislation has been used to support practice can be found in the *Report on the DFG summit hosted by the College of Occupational*

*Therapists and Foundations in December 2015* (Foundations and College of Occupational Therapists 2016).

Prior to 2015, DFG funding came from the government to each local housing authority. The allocation is now paid through the Better Care Fund (BCF), managed by the top tier local authority, but the legal responsibility for provision of DFG remains with the housing authority (District/Boroughs). This allows the housing authorities to meet their statutory duty to provide adaptations to the homes of disabled people, including for people aged 17 and under. Access to the BCF is dependent upon local council and clinical commissioning groups having jointly agreed spending plans based on an assessment of local needs and a number of pre-set government service requirements.

The Better Care Fund, of which the DFG funding is only a small part, is in effect a single pooled budget for health and social care services. It was set up in 2013 with the intention of better integrating health and social care services. It also gives more flexibility in the use of funding. There is a commitment from the government to increase DFG funding each year until 2020. It is expected that health priorities will become a larger factor in deciding how the DFG is spent (Foundations 2015).

The College of Occupational Therapists Specialist Section – Housing commissioned Michael Mandelstam to write a briefing on the *Care Act* which sets out the legal framework and provides legal pointers for occupational therapy practitioners. Entitled *Home adaptations: the Care Act 2014 and related provision*

across the United Kingdom (Mandelstam 2016), it is available to download from the College website.

## The use of DFGs

Under the *Care Act 2014*, your practice and rationale will need to be defined and guided by wellbeing and prevention principles.

*It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.*

(DH 2016, section 2.1)

The statutory guidance states that *'at every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising'* (DH 2016, section 1.14c). This means that you must consider the principle of prevention from the first point of contact and throughout your ongoing involvement.

*In many cases, the best way to promote someone's wellbeing will be through preventative measures that allow people to live as independently as possible for as long as possible.*

(DH 2016, section 15.60)

*A local authority must provide or arrange for the provision of services that contribute towards preventing, reducing or delaying the needs for care and support. Housing and housing related support can be a way to prevent needs for care and support, or to delay deterioration over time.*  
(DH 2016, section 15.61)

Appropriate, accessible housing is important in addressing people's needs, and enabling them to meet their chosen outcomes. The right housing can improve wellbeing, enable safe access, prevent falls, enable greater independence and prevent, delay or reduce care needs.

For this reason, the College of Occupational Therapists would suggest that DFGs can be seen as preventative, supportive of improved wellbeing and thus pre-eligibility.

It is recognised that following a *Care Act* assessment the need for a DFG may also be identified, enabling the individual to make use of the home safely (DH 2016, section 6.104e). The requirements for awarding a DFG is that it is deemed *necessary and appropriate* and *reasonable and practicable*. Eligibility criteria from the *Care Act* or any other piece of legislation should not be applied, however the principle of wellbeing should be considered.

## Practice example

*In many local authorities the DFG is seen as a preventative measure and is accessed pre-eligibility.*

- ▶ *For example, in one setting once a request is received for an assessment concerning difficulties in the home or for housing adaptations, the referral is screened by an occupational therapist. If the needs appear straightforward and the person has not been assessed for support in an identified area before, the assessment is completed by support staff. If the needs appear complex they are assessed by an occupational therapist. If equipment would meet the need and clearly prevent a requirement for other services and/or reduce risk, it would be provided as a preventative service. Also, if a major adaptation via a DFG is required, the need will be assessed for by an occupational therapist and a recommendation sent, still within the pre-eligibility stage.*

## Integration of services

The DH guidance emphasises the importance of the integration of services, joined up around the individual (DH 2016, section 2.34). Housing departments and services are specified in the statutory guidance, ensuring that they are part of this integration of care and support services.

### Practice example

*One local authority has five occupational therapists working with housing teams across the five local district councils, with common policies and procedures. They also have two occupational therapists who are working in two social housing providers. This ensures joined-up working and the*

- ▶ *providers recognise the importance of occupational therapists in assessing for DFGs.*

*Regular meetings occur to discuss joint working issues and to ensure they are developing opportunities across housing and social care. This includes Extra Care Housing, home improvement agencies and children's services.*

*In another authority all the housing adaptation services have been brought together into one contract, so that the same service will be available across the county.*

In December 2015, the College and Foundations, a government appointed body to oversee a national network of nearly 200 home improvement agencies (HIAs) and handyman providers across England, held a summit to discuss good practice in the delivery of the DFG. It brought together occupational therapists, managers of home improvement agencies, grant officers, government officers and leading policy people. The ensuing report makes a number of recommendations to support collaborative working, including the creation of co-located teams of HIA staff and occupational therapists to ensure better communication and create a seamless service for clients around DFG work. It also recommends improved recording and sharing of service user information, along with better monitoring of effectiveness (Foundations and College of Occupational Therapists 2016, p17).

Motivated by the requirement for more integration, a Health and Housing Memorandum of Understanding



between multiple agencies was published by the Association of Directors of Adult Social Services (ADASS) in 2014, setting out a number of shared principles, aims and actions.

The memorandum details areas of improvement and the action plan that will ensure organisations work together to:

- *establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors;*
- *coordinate health, social care, and housing policy;*
- *enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services;*
- *promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and;*
- *develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.*

(ADASS 2014, p3)

As a practitioner at any level, you need to be familiar with both these documents and understand how they might impact upon your work, for example in record

keeping and information sharing, the service user experience and outcomes. More fundamentally, you need to consider how housing and health are intrinsically linked and how your intervention in one area can have an impact in another.

## Information for service users

*Clear and accessible information and advice is necessary to enable service users to make informed and appropriate choices. 'The offer of possible funding needs to be universal, whether or not they are self-funders or funded' (Foundations and College of Occupational Therapists 2016, p17).*

### Practice example

*One county has information about the DFG process widely available on its website and provided by its social services 'intake team'. The option for means testing is given early so that individuals can decide if they wish to continue with a full means test assessment, or progress independently. The majority of people chose to continue because of the extra advice and guidance available even if they were not eventually financially eligible for a DFG.*

## Funding gaps and top-up funding

Following a means test an adult service user may be required to make a contribution towards the cost of the adaptation. If the service user cannot afford this, or if the proposed adaptation cost is greater than the

£30,000 DFG limit, the local authority can use its discretionary spending powers to offer top-up, but this is not universal practice. The College would encourage authorities to look imaginatively at their discretionary funding and top-up options, including the options available in the use of the Better Care Fund and under the *Regulatory Reform Order 2002* (Great Britain. Parliament 2002).

In answer to a parliamentary question tabled on 5 May 2016, Brandon Lewis, Minister of State for Communities and Local Government, re-affirmed that, '*Local authorities can provide additional top-up funding which can be used to fund adaptations where the cost exceeds the grant limit per applicant*' (Lewis 2016).

### Practice examples

- *In a number of local authorities the home improvement agency is commissioned to support people with the DFG process, helping them to secure charitable funding if they cannot afford the contribution.*
- *One local authority occasionally approaches the housing provider and uses part of someone's personal budget to assist in the overall adaptation costs.*
- *In other local authorities a range of loan options are available. For example:  
Where a DFG applicant finds they are either assessed as requiring to make a contribution which they feel they cannot afford, or they have proposed and agreed*

▶ *adaptations which take them beyond the mandatory £30,000 limit, but the additional costed works are deemed necessary and appropriate to meet identified needs by the occupational therapist, social care has a top-up facility which is accessible to all.*

- *In some areas an applicant has to make an approach to the allocated occupational therapist or occupational therapy service stating their case and their financial circumstances which they feel make them eligible. Proof of inability to meet the financial proposal has to be submitted, often in the form of a declined loan from a high street provider. Once this information is received, along with covering information regarding income/outgoings for the applicant, a request for top-up is made to senior management for consideration, including information surrounding the wider social care circumstances. Relevant information is also included regarding care needs, for example: family roles; outline of how the proposed adaptation will assist with promoting independence and wellbeing of the applicant.*
- *In some areas, the top-up loan is secured on the property itself, repayable in instalments, or on an ad-hoc basis as the person is able, or upon sale of the house (a charge is put against the property so that the council can recover the money).*

It appears to be increasingly difficult to achieve the required adaptations for adults within the current limit of £30,000 DFG grant funding, potentially preventing a number of applications from progressing.

In children's services, where there is no means testing, the underlying challenge of fulfilling the adaptation needs for the child within the £30,000 limit is the same. Where additional top-up funding is required, charity funding or a loan are options. There are examples of additional funds held by the local authority to assist with top-ups (see example below).

### Practice example

*One children's service has a top-up fund of £75,000 per annum. Any application for top-up has to be approved by the local DFG panel. Generally the major adaptations consist of ground floor wheelchair accessible bedroom and bathrooms. Overhead hoist systems are included when needed as a matter of good practice and so are specialist hillo baths with an integral changing bench.*

*Further information is available from the report from the DFG summit hosted by the College of Occupational Therapists and Foundations in December 2015 (Foundations and College of Occupational Therapists 2016).*

The College recognises the difficulty with limited funding, but would encourage practitioners and local authorities to look at all the options in the longer

term. Would cost savings be made by funding appropriate adaptations in the present which would enable a service user to remain more independent, to achieve their objectives, to reduce the current or potential needs for care in the longer term? This is applicable to both adults and children.

The College and Foundations has recommended that there is an increase in the maximum grant of £30,000 to take account of inflation (Foundations and College of Occupational Therapists 2016, p17).

## Response times

Some circumstances will require a faster response in terms of the delivery of DFGs:

### ■ *Life limiting conditions and end of life care*

A system that will allow a rapid application, assessment and response is necessary for people with life limiting conditions or requiring end of life care. It is not usually appropriate to consider the upheaval of moving, but a suitable adaptation may enable an individual and their carer/s to remain safe in their own home, maintaining a quality of life in the time available.

### ■ *Safeguarding welfare*

This also applies where there are concerns over an individual's welfare which could be resolved by an adaptation to the home. The local authority has a duty to ensure a person can live safely, free from abuse and neglect. Suitable housing which supports appropriate access and care for an individual can be a part of this.

## ■ *Moving and handling equipment*

Where a moving and handling need has arisen and an assessment requested, this falls under different legislation and the remit of the Health and Safety Executive (HSE). As such, the assessment is defined as a risk assessment. Risks are identified and a plan is developed to mitigate these risks, often involving the provision of equipment such as hoists or other similar items. In these circumstances the equipment must be provided as soon as possible and to not do so could result in an HSE investigation. Requests for assessments to resolve a moving and handling assessment should be seen as soon as possible.

The possible use of DFG money for moving and handling equipment, for example a ceiling track hoist, must not cause a delay in the provision of the equipment.

## The best use of staff

Appropriately trained support staff can be used to fast-track straightforward adaptations through the system, allowing occupational therapists to employ their skills with more complex cases.

The degree of complexity and/or risk of each case must be judged in order for it to be allocated and managed by a suitably trained and experienced member of staff. No practitioner should be expected to carry out work for which they are not qualified by education, training and/or experience (COT 2015b, section 5.1).

## Implications for occupational therapists

The *Care Act* provides more opportunities for you as occupational therapists to re-establish many of the central tenets of the profession: the wholeness of the individual; being led by their chosen goals; the use of their strengths to achieve their goals; and the centrality of occupation to wellbeing. Its implementation may require you to alter the way you work and change the priorities of your intervention with those whom you support.

- Your practice and rationale will need to be defined and guided by wellbeing principles.
- The provision of DFGs can be offered on a preventative basis. Investment of resources earlier, e.g. maintaining people in their own homes or preventing falls, reducing the need for care, can make better long-term value.
- Where possible, it may be beneficial to collect and collate outcome data to evidence the effectiveness of your early interventions, both short and long term.
- You must consider the current and/or possible future needs of any carers and how they may be prevented, reduced or delayed. A carer's assessment must be offered.
- You will need to have a flexible approach to the provision of DFGs which is timely and effective.
- As a practitioner you should be innovative and flexible in your approach when seeking funding. You may be able to influence how the Better Care



- Fund can be used more imaginatively and flexibly to meet funding gaps when providing DFG grants.
- Consider how service users and their carers may benefit from the use of DFG funding when considering areas such as wellbeing, prevention of increasing needs, achieving goals, access, safeguarding and moving and handling.
  - Your work or role may be integrated into a larger cross-agency service. You may need to adapt your working, learn new skills and share those you have. Working closely with your colleagues can enable a more comprehensive and efficient service.
  - If a service lead or a commissioner, you may need to consider how the skills of occupational therapists and assistants can best be used; resources made available or more flexible; and services designed to meet the requirements of the Act.
  - You must be aware of and be ready to provide or direct people to suitable and accessible information.

## Conclusion

The link between housing, health and wellbeing is increasingly acknowledged by the government and DFGs are key within this. The College of Occupational Therapists believes that all DFGs may be seen as a key preventative measure at any stage of intervention, supporting independent living and reducing the impact of age, illness or disability.

There is an ongoing commitment from the government to increase financial resources over the coming years and greater potential for flexible use of DFG funds, with policy and legislation developments that haven't been fully realised by some local authorities. Given that occupational therapists have the unique theoretical and practical skills, and work closely with housing organisations, the profession is in an ideal position to influence further DFG practice on a local and national level ensuring that DFG funding reaches those in genuine need and in the most timely way.

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## Resources

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Association of Directors of Adult Social Services (2014) *A memorandum of understanding (MoU) to support joint action on improving health through the home*. London: ADASS. Available at: [https://www.adass.org.uk/uploadedFiles/adass\\_content/policy\\_lead/housing/Health%20and%20Housing%20MoU%20final%20Dec%202014.pdf](https://www.adass.org.uk/uploadedFiles/adass_content/policy_lead/housing/Health%20and%20Housing%20MoU%20final%20Dec%202014.pdf)

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College of Occupational Therapists Specialist Section – Housing (COTSS – Housing)

The COT Specialist Section – Housing provides a forum for occupational therapists and occupational therapy staff that have an interest in housing, inclusive design and accessible home environments. College of Occupational Therapists [ca.2016] *COT SS Housing*. London: COT. Available at: <https://www.cot.co.uk/cotss-housing/cot-ss-housing>

College of Occupational Therapists Social Care Email Network

The College's social care email network is a means of sharing information, knowledge, good practice, implications of legislation, and to assist you with any queries you may have in relation to practice.

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Foundations DFG resources webpage

This webpage includes news on latest developments, research outcomes, a DFG means test calculator and more.

Foundations [ca. 2016] *DFG resources*. Glossop: Foundations. Available at: [www.foundations.uk.com/resources/home-adaptations/dfg-resources](http://www.foundations.uk.com/resources/home-adaptations/dfg-resources)

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# CARE ACT 2014

## Guidance for Occupational Therapists

### DISABLED FACILITIES GRANTS (DFGS)

This is one of a series of guides to the *Care Act 2014* that has been developed by the College of Occupational Therapists. They will assist occupational therapy practitioners to understand and deliver some of the key concepts and duties within the Act.

The topics covered within this series are:

- Wellbeing
- Prevention
- Disabled Facilities Grants (DFGs)
- Transitions; custodial settings; employment, training and education

\*At the time of publication (2016).

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