

# Delivering Housing Adaptations for Disabled People

**A DETAILED GUIDE TO RELATED LEGISLATION, GUIDANCE AND GOOD PRACTICE**



**Home Adaptations Consortium**

The Home Adaptations Consortium is made up of a broad spectrum of national organisations working together to champion quality provision of home adaptations for disabled people



College of Occupational Therapists



# **Home Adaptations for Disabled People**

## **A Good Practice Guide**

## Acknowledgements

This guide was originally commissioned by the Department for Communities & Local Government in 2010 and drafted by The Housing Consultancy Partnership in 2011. It was subsequently amended by the members of the Consortium. The group wishes to thank all who contributed, particularly the providers of good practice examples and Mike Ellison for his expert legal advice.

The Consortium is very grateful to the College of Occupational Therapists for assisting in the production of the guide.

## Disclaimers

*With regard to the practice examples, whilst every effort was been made to ensure accuracy at the time of writing the guide, due to the delays in publication noted below, and at a time of major policy and practice change at a local level it should be noted that these may become out of date over a relatively short timeframe.*

*Every effort has been made to ensure the information in this report is correct. The members of the Home Adaptations Consortium do accept any responsibility for errors or omissions.*

## About the Home Adaptations Consortium

The Home Adaptations Consortium is made up of a broad spectrum of national organisations working together with a single aim: *'To champion quality provision of home adaptations for disabled people'*. It was established in 2008 and members include: AgeUK, Association of Charity Officers, BHTA, Care & Repair England, College of Occupational Therapists, Chartered Institute of Environmental Health, Chartered Institute of Housing, Foundations, Hanover, Habinteg, Mencap, MS Society, The Papworth Trust, RL Glasspool Charity Trust & the Royal British Legion.

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## ABOUT THIS GUIDE

A suitable, well adapted home can be the defining factor in enabling a disabled person to live well and independently. At a time of financial constraints and policy change, delivering help with home adaptations in the most efficient and effective ways and making best use of scarce resources is more important than ever.

A vision of integration across housing, social care and health, combined with localism, aims to empower local councils to be more flexible in the ways in which they undertake their local duties. Clarity of purpose combined with the sharing of knowledge and innovation can help to underpin this transition.

This '*Good Practice Guide*' aims to provide authorities and those charged with service planning and provision with clear and comprehensive information about the legal position concerning home adaptations and specifically Disabled Facilities Grant (DFG) alongside examples<sup>1</sup> and ideas for service delivery.

The Guide was originally drafted by the Housing Consultancy Partnership as an update to the Department for Communities and Local Government's (DCLG) earlier Guidance to DFG delivery.

The government's strategy *Laying the Foundations: A Housing Strategy for England*, published Nov 2011, stated that it supported industry-led good practice and had invited the Home Adaptations Consortium to take the lead in publishing a good practice report. The original draft was subsequently edited and revised by the members of the Consortium during 2012 and presented to DCLG.

The Home Adaptations Consortium is now making the Guide publicly available as it is concerned at the current lack of definitive information about law and practice for practitioners and disabled people. It should also be noted that because of these time lags some of the good practice examples may be out of date, but many remain useful even if no longer operational.

With radical policy changes taking place and new legislation in the pipeline in the fields of health, social care, welfare and planning there will undoubtedly be significant changes ahead which will impact on the provision of adaptations. These will provide authorities with even more stimulus to look afresh at local systems and to utilise some of the following information in order to improve the lives of disabled people.

Sue Adams OBE  
*Chair of the Home Adaptations Consortium*

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<sup>1</sup> Note Disclaimer on Page 1 concerning rapidity of change.

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# 1 Introduction

This section outlines the purpose of this good practice guide which is to provide local authorities and partner agencies with information about how to provide an excellent service to disabled people, their families and carers in enabling adaptations to their homes to help them live more independently. The guide is based on the social model of disability, in that it encourages authorities to start by understanding the experience of the disabled person and helping to identify an individualised solution rather than proposing standardised approaches.

## The purpose of this document

**1.1** The primary purpose of this guide is to provide local authorities and partner agencies with the information that they need to establish a first class service for the delivery of adaptations to the homes of disabled people in order to improve their quality of life. The main focus of this document is on assisting people to carry out adaptations to aid independent living with the help of a Disabled Facilities Grant (DFG). Where such a grant is not appropriate or may be insufficient, this guide points to other possible ways of getting the work done. Although the guide does not attempt to cover all possible routes for undertaking adaptations, it emphasises the need for service providers to work in partnership and focus on the individual needs of disabled people, finding solutions rather than erecting artificial barriers to adaptation.

**1.2** The guide will be useful to:

- Senior managers in local authorities and other related service organisations responsible for organising the adaptations service.
- Staff members responsible for:
  - identifying and assessing the needs of disabled people of all ages;
  - making recommendations about solutions to the needs identified;
  - preparing specifications and making practical arrangements to put those recommendations into practice; and
  - administering the systems for providing financial support, including DFG;
- Housing associations delivering adaptations in the homes of their residents.

**1.3** Whilst the guide is mainly intended to support the work of officers within housing and colleagues in social care and health organisations, it will also provide useful information to their colleagues in other social care teams and health. Disabled people, their families and carers, members of the general public and voluntary agencies with an interest in these matters may also find the information about the rights of disabled people and the standards of service that it is reasonable for them to expect useful.

- 1.4** This guide describes the various statutory duties laid upon both social services and housing authorities in relation to their adaptations services and the emerging policy agenda within which adaptations services sit. It draws upon good practice from local authorities and other agencies across the country in advising service providers on how to organise and deliver an adaptations service from first contact with a customer to the completion of the adaptation and associated after care. The means by which adaptations can be funded are considered and performance indicators suggested. These will enable service providers to monitor success and to benchmark with each other to assess the quality and timeliness of the service provided and the value for money of the service. The text boxes illustrate a variety of good practice examples which readers may find helpful in designing and delivering their own services.
- 1.5** Annex A outlines useful performance indicators that authorities could use to measure outcomes for service users. Annex B provides a checklist of the key features of an effective housing adaptations service that can assist authorities in assessing the quality of local services. Annex C describes in detail the legislative provisions governing the DFG programme which is the principal government support programme for delivering major housing adaptations for disabled people. Other relevant publications are listed in Annex D.

### **Key principles**

- 1.6** The purpose of an adaptation is to modify the home environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. The focus is therefore on identifying and implementing an *individualised solution* to enable a person living within a disabling home environment to use their home more effectively rather than on the physical adaptation itself. This reflects the social model of disability which views disability as arising from the barriers presented by society and the built environment rather than being inherent in the person themselves. The model recognises that whilst people have physical, sensory, learning ability and psychological differences, these do not have to result in disability unless society fails to take account of these, and makes the necessary adjustments to ensure the inclusion of the individual, regardless of those differences.
- 1.7** A society that aspires to social inclusion recognises accessibility as a fundamental design principle and accepts a corporate responsibility for preventing and changing disabling environments. Historically the adaptation of buildings has been seen as the province of housing and social services authorities, increasingly it is also recognised as the responsibility of health, planning, architectural, education and leisure services amongst others. A modern adaptations service embraces and uses the skills and experience of a wide range of disciplines. The individual end user and his or her carers should experience a seamless, joined-up service. Lack of coordination between agencies, problems arising from the unavailability of staff or funding and poor standards of

communication characterise the experience of many service users. The driver for greater personalisation of services should assist in the delivery of a seamless service regardless of the different budgets required.

- 1.8** The starting point, and continuing focus, of those seeking to provide a high quality adaptation service will be the experience of the disabled person and their carers. Adaptation is rarely an end but most often a means, or part, of a process that seeks to counter the disabling environment experienced by the disabled person. The process that delivers an adaptation should be one in which the person and carers experiencing the disabling environment are key partners. The appropriateness and acceptability of the adaptation outcome should be measured by the extent to which it meets the needs identified by that disabled person sensitively, efficiently and cost-effectively.
- 1.9** Quality and choice should be the shared and corporate goals of all partners in the delivery of an adaptations service. A corporate responsibility, binding on all partners, will ensure that the adaptation is delivered sensitively, is fit for the purpose identified by the end user and within a specified time-frame<sup>2</sup> that is made explicit at the outset and is minimised as far as possible. Best value will not always be achieved by choosing the cheapest option which may not fully satisfy the present or anticipated needs of the disabled person and thus become wasted expenditure. Local authorities will therefore need to make appropriate provision to use their discretionary spending powers (particularly those contained in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002), to top up their budgets allocated to meet mandatory duties.
- 1.10** Legislation in relation to the delivery of adaptations is complex. It includes, for example, Social Services statutory requirements under the Chronically Sick and Disabled Persons Act 1970 to assess needs and to arrange for appropriate assistance to be provided, operating alongside housing legislation which defines DFG provision. Especially important are the rights and entitlements to community equipment, minor adaptations and DFGs. A first class adaptations service has to take into account and fully reflect all of these legislative requirements which are summarised in Chapter 2.

### **Different local government structures**

- 1.11** In Metropolitan Boroughs, London Boroughs and Unitary Authorities, social services and housing authorities operate within the same tier of local government. Theoretically this makes joint planning, the operation of an integrated service and joint working between departments and with health planners and providers easier. However, this

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<sup>2</sup> Sections 34 & 35 of the Housing Grants, Construction and Regeneration Act 1996 already make relevant stipulations but the principle should cover the whole process, from initial enquiry to completion of the case, not simply the element concerned with grant approval.



should not be taken for granted and requires the establishment and publication of joint agreements, protocols and where appropriate, physically integrated services to ensure an effective system.

**1.12** The situation in two-tier administration areas is significantly different. Here the county council is the social services authority, whilst housing and environmental health are the province of district councils. The county council may relate to a range of NHS Trusts and GP Practices, whilst district councils are more likely to relate to a single NHS Trust and group of GP Practices. In these circumstances jointly agreed policies, systems and procedures for an adaptation service are probably best co-ordinated at the level of the county council, with the service delivery system managed from a district council location.

**1.13** Where this guide refers to local authority/ies it means social services and housing (and other services where relevant) collectively. Otherwise the guide will refer to social services or the local housing authority where it specifically applies to that service.

#### **Related circulars, guidance and cancellations**

**1.14** This good practice guide should be read in conjunction with *ODPM circular 05/2003, Housing Renewal*, and in particular chapter 4 which relates to the requirement for a local housing authority to have an adopted and publicised policy for providing renewal assistance.

#### **Status**

**1.15** This guide is non-statutory, meaning that the guide does not constitute law. It is a sector led guide, supported by DCLG and DH, which believes that local authorities are best placed to make decisions about the detail of implementation. It is hoped that local authorities use the good practice in this guide to ensure they provide an adaptations service of the quality, choice and timeliness that meets the needs of disabled people, accords with the social model of disability and fulfils their legal requirements.

**1.16** The guide does not represent a definitive interpretation of the law; only the Courts are empowered to provide that. In cases of doubt local authorities are strongly advised to seek their own legal advice.

#### **Territorial extent**

**1.17** This guide applies only to England. The National Assembly for Wales has issued separate advice for Welsh local authorities and the legislative framework is different for adaptations in Scotland and Northern Ireland.

## 2 Applying the legislation

The legislative context, setting out the duties, responsibilities and powers of local authorities to provide assistance for disabled people, is summarised in this chapter. Broader health and social care legislation provides the context for DFGs and social services authorities are directly responsible for providing minor adaptations themselves. However, it is the Housing Grants, Construction and Regeneration Act, 1996, that provides the framework for provision of DFGs. The relevant legislation is outlined further in Annex C. *It should be noted that a number of areas of related legislation are currently (late 2011) under review, particularly concerning adult social care, which may impact on the legislative framework for adaptations in the medium to longer term.*

### NHS & Community Care Act 1990

- 2.1 The *NHS and Community Care Act 1990*<sup>3</sup> provides the context for the assessment of and response to potential needs including the adaptation of properties. The Act establishes a requirement that a needs assessment must be carried out where it appears to the social services authority that any person for whom they may provide or arrange community care services, may be in need of such services.
- 2.2 The policy guidance issued with Department of Health LAC (2002) 13<sup>4</sup> on fair access to care services (FACS – Guidance on Eligibility Criteria for Adult Social Care) describes how councils should carry out such assessments. It should be noted however, that the right to an assessment for a DFG is absolute and it is unlawful to refuse an assessment for a DFG using the FACS criteria. This is explained further in Annex C.
- 2.3 Where a needs assessment has been carried out, the Act requires the authority to consider whether the needs identified call for the provision of services and further provides that where services of the health or housing bodies may be needed, the social services authority should notify them and invite their assistance.
- 2.4 In urgent cases care may be provided before a needs assessment, with assessment carried out as soon as practicable thereafter.

### Carers (Recognition and Services) Act 1995<sup>5</sup> and Carers and Disabled Children Act 2000

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<sup>3</sup> [http://www.opsi.gov.uk/acts/acts1990/ukpga\\_19900019\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1990/ukpga_19900019_en_1.htm)

<sup>4</sup> [http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4012716.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012716.pdf)

<sup>5</sup> [http://www.opsi.gov.uk/ACTS/acts1995/pdf/ukpga\\_19950012\\_en.pdf](http://www.opsi.gov.uk/ACTS/acts1995/pdf/ukpga_19950012_en.pdf)

- 2.5** *The 1995 Carers (Recognition and Services) Act* puts a duty on the local social services authority to carry out a carer's assessment if requested. This is to identify the ability of the carer to provide, and continue to provide, care for the person cared for where the carer "provides or intends to provide a substantial amount of care on a regular basis". The local authority must take this assessment into account when deciding on the services to be offered for the cared-for person.
- 2.6** The references in the Act to the needs of carers of disabled children are further expanded in *The Carers and Disabled Children Act 2000*. This provides powers for the authority to provide any services which it sees fit to provide and which will, in its' view, help the carer look after the disabled child.

### **Chronically Sick and Disabled Persons Act 1970<sup>6</sup>**

- 2.7** *The Chronically Sick and Disabled Persons Act 1970*, as subsequently amended, places a duty on social service authorities to, (amongst other things):
- identify the numbers of disabled people in their area, and publish the help available to them (Section 1); and
  - arrange practical assistance in the home, and any works of adaptation or the provision of additional facilities designed to secure greater safety, comfort or convenience (Section 2).

The Act requires social service authorities to arrange assistance rather than solely deliver it themselves. Other organisations, such as a local housing authority providing DFGs or another form of assistance, or acting as landlord in relation to its own stock, or a housing association (HA), may therefore be involved in the provision of services.

- 2.8** Social service authorities may discharge their duties by the direct provision of equipment or adaptations, by providing loan finance to a disabled person to enable them to purchase these facilities, or by providing a grant to cover or contribute to the costs of provision. They may make charges for their services, where appropriate, using their powers under section 17 of the *Health and Social Services and Social Security Adjudications Act 1983*. They have a duty to ensure that the assistance required by disabled people is secured. This includes those cases where the help needed goes beyond what is available through DFG, or where a DFG is not available for any reason, or where a disabled person cannot raise their assessed contribution.

### **Children Act 1989**

- 2.9** This wide ranging Act<sup>7</sup> provides a comprehensive framework for the care and protection of children and includes provision of local authority services for children in

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<sup>6</sup> [http://www.opsi.gov.uk/acts/acts1970/pdf/ukpga\\_19700044\\_en.pdf](http://www.opsi.gov.uk/acts/acts1970/pdf/ukpga_19700044_en.pdf)

need. The definition of need includes disability which is specifically defined in section 17. Schedule 2 of the Act outlines the range of services which can be provided as well as requiring local authorities to maintain a register of disabled children in their area. Paragraph 6 of this schedule requires that local authorities provide services to;

- a) minimise the effect on disabled children of their disabilities and
- b) give such children the opportunity to lead lives which are as normal as possible.

Assessments of children in need should follow the guidance in the *Framework for Children in Need and their Families (DH 2000)* and pay particular attention to chapter 3, the assessment framework, of the accompanying practice guidance (*Assessing children in need and their families; Practice guidance – DH 2000*). Assessments under the *Children Act* should be undertaken at the same time as an assessment under the *Chronically Sick and Disabled Person's Act*.

## Equality Act 2010

**2.10** The Equality Act 2010 abolished the earlier Disability Discrimination Act 1995 and hence the current definition of disability is provided in the most recent legislation. A person has a disability for the purposes of this Act if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. Schedule 1 to the Act expands on this definition including further definition of “long term effects”, “normal day to day activities” and “substantial adverse effects”.

**2.11** However, there may be people who, whilst not meeting the substantial and long-term test, will have had needs identified and assessed under the *NHS & Community Care Act 1990*, *The Carers (Recognition and Services) Act 1995*, or *The Carers and Disabled Children Act 2000*, for whom an adaptation will form part of an appropriate service response by the welfare authority.

## Housing Grants, Construction and Regeneration Act 1996: Mandatory Disabled Facilities Grant

**2.12** The legislative framework governing DFGs is provided by the *Housing Grants, Construction and Regeneration Act 1996*<sup>8</sup>. Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes<sup>9</sup>.

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<sup>7</sup> [www.opsi.gov.uk/acts/acts1989/ukpga\\_19890041\\_en\\_1](http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1)

<sup>8</sup> [http://www.opsi.gov.uk/acts/acts1996/ukpga\\_19960053\\_en\\_1](http://www.opsi.gov.uk/acts/acts1996/ukpga_19960053_en_1)

<sup>9</sup> Section 23 (1)

- 2.13** The purposes for which such a grant must be approved, subject to the eligibility of the applicant and to the test of resources, are specifically defined in section 23 of the Act as amended. These criteria are largely around facilitating access, including to a garden. Other specified purposes relate to making the dwelling/building safe, providing or improving heating systems, facilitating the preparation and cooking of food, facilitating the use of a source of power, light or heat and facilitating caring responsibilities of the disabled person.
- 2.14** The provision of some equipment will clearly contribute to these purposes, commonly the use of stair lifts. Other equipment, particularly in the context of assistive technology and monitoring equipment may form part of a wider package of care contributed to by health and social care services. The removal of the DFG 'ring fence' creates greater flexibility for the content of schemes of adaptation. A useful, although dated, definition of community equipment is contained within LAC (2001)13: Community Equipment Services<sup>10</sup>.
- 2.15** Whilst any individual, regardless of their tenure, is entitled to apply for a DFG in the case of housing associations tenants, good practice points towards the development of an adaptations agreement with the local housing authority (LHA) in order to plan and deliver adaptations effectively for tenants. This would not affect a tenant's statutory right to apply to the local authority for a DFG. Such agreements would be integral to the LHA's housing strategy. It would be advisable for housing associations to build the provision of adaptations into their business plans as part of their core activities, including strategies for making best use of adapted properties through allocations practice & policy. This issue is considered further in Chapter 8

### **Amount of Grant**

- 2.16** The maximum amount of a mandatory DFG is £30,000 in England<sup>11</sup>. The amount payable may also be subject to a deduction derived from a test of the financial resources of the disabled person and their partner. Where the application is for a disabled child or qualifying young person [see annex C] there is no means test.
- 2.17** A local housing authority does not have a duty to assist an applicant for DFG in meeting any share of the costs which the applicant is assessed to be responsible for under the test of resources. The housing authority may however refer cases of hardship to the social service authority or to a joint panel that allocates funding on behalf of the social

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<sup>10</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4012607.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012607.pdf)

<sup>11</sup> Disabled Facilities Grant and Home Repairs Assistance (Maximum Amounts and Additional Purposes)(England) Order 2008 ([http://www.opsi.gov.uk/si/si2008/pdf/uksi\\_20081189\\_en.pdf](http://www.opsi.gov.uk/si/si2008/pdf/uksi_20081189_en.pdf))

service authority. The housing authority may also consider using its discretionary powers of assistance under housing legislation (see paragraph 2.23 below).

## Eligibility

**2.18** The Act provides definitions (Section 100) of those who qualify, by reason of disability, for assistance in carrying out adaptations through a DFG.

**2.19** For these purposes a person is disabled if:

- their sight, hearing or speech is substantially impaired;
- they have a mental disorder or impairment of any kind; or
- they are physically substantially disabled by illness, injury, impairment present since birth, or otherwise.

**2.20** Owner-occupiers, tenants of local authorities, housing associations and private tenants and landlords and licensees (as defined in para 14 App C) are all eligible for DFG.

**2.21** Further guidance and recent changes to the legislative provisions governing mandatory DFG are set out in Annex C.

## Local authorities' discretionary powers to provide financial assistance for housing adaptations

**2.22** The general power under Article 3 of the *Regulatory Reform (Housing Assistance) (England and Wales) Order 2002* enables housing authorities to give discretionary assistance, in any form, (e.g. grant, loan or equity release) for adaptations;

**2.23** There is no restriction on the amount of assistance that a local authority may provide for housing adaptations; discretionary assistance may be given in addition, or as an alternative to, mandatory DFG.

**2.24** Assistance can be given under Article 3 for a wide range of purposes for example:

- to provide small-scale adaptations to either fulfil needs not covered by mandatory DFGs or, by avoiding the procedural complexities of mandatory DFGs, to deliver a much quicker remedy for urgent adaptations;
- to provide top-up assistance to mandatory DFG where the local authority takes the view that the amount of assistance available under DFG is insufficient to meet the needs of the disabled person and their family; and
- to assist with the acquisition of other accommodation (whether within or outside the authority's area) where the authority is satisfied that this will benefit the occupant at least as much as improving or adapting his existing accommodation.

**2.25** The Article 3 power may not be used unless the authority has published a policy setting out what use it intends to make of the power. As the mandatory DFG will not be

adequate to deal with all likely requests for assistance, it is very important for an authority to include in its published policy what form of additional help it will offer in relation to adaptations for disabled people. More information on the use of this power is also set out in the *ODPM circular 05/2003 Housing Renewal*<sup>12</sup>.

## **The relationship between grant aid and the government's wider social care agenda**

**2.26** Direct payments, personal budgets and individual budgets are central to successive Governments' aims of personalising adult social care services around the needs of users. The Individual Budgets pilot schemes identified that while it was possible in principle to include DFGs in the integrated approach, in practice it was not felt that DFG was always a suitable or legitimate funding stream to align with Individual Budgets due to it being capital expenditure, requiring specialist assessment, usually on a 'one-off' basis, and the perception that few individuals would gain from taking responsibility for a DFG. However, following the implementation of new powers within the *Welfare Reform Act (2009)* pilots based around the *Right to Control* (known as 'trailblazer sites'), included DFG as one of the funding streams and further developments may follow on from this.

## **The Community Care (Delayed Discharges etc.) Act 2003**<sup>13</sup>

**2.27** Regulation 2 of the *Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003* provides that any community care equipment and minor adaptations for 'the purposes of assisting with nursing at home or aiding daily living which a person has been assessed to need, and for which he or she is eligible, should be provided free of charge by the social services authority, provided the cost is £1,000 or less'. For adaptations the cost limit applies to the purchase and fitting of the adaptation. Social services authorities retain the discretion to charge for adaptations costing over £1,000 where those adaptations are made by the authority under its powers to provide community care services.

**2.28** It should be noted that this regulation requires social services authorities to pay for minor adaptations costing up to £1,000 if they are for '*the purposes of assisting with nursing at home or aiding daily living*'. The authority may not apply any test of resources but may apply local criteria regarding priority for assessment under 'Fair Access to Care Services' (FACS). Experience shows that the boundaries between community equipment/minor adaptations and adaptations generally are sometimes confused and in these situations, funding from the housing authority may be used to address a welfare authority responsibility.

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<sup>12</sup> <http://www.communities.gov.uk/documents/corporate/pdf/145088.pdf>

<sup>13</sup> [http://www.opsi.gov.uk/acts/acts2003/pdf/ukpga\\_20030005\\_en.pdf](http://www.opsi.gov.uk/acts/acts2003/pdf/ukpga_20030005_en.pdf)

## 3 The national policy framework

In this chapter we set out the wider demographic, economic and policy context within which adaptations sit. The national forecast for an increasing population of older people, together with improved longevity for disabled children, will increase the demand for DFGs. Timely adaptations can have a dramatic impact on admissions to hospital and residential care and some authorities are starting to embrace joint working and shared investment in preventative services.

### Demand for adaptations

- 3.1** In recent years both national and local government have increasingly come to recognise the importance and implications of the growth in the population aged over 65. Forecasts suggest that the number of people aged 65 or over will increase by 23% by 2019, growing to 56% by 2031. The number of people aged 75 and over will see an increase of 70% by 2031<sup>14</sup>, compared with an overall population growth of only 16%. The number of older people with disabilities is also predicted to rise, and this is likely to increase the proportion which will need work carried out to their homes to enable them to continue living independently.
- 3.2** Demand for adaptations has also been accelerated by changes in social policy and medical advances which have allowed people of all ages, with varying levels of disabilities and complex needs, to lead more independent lives in the community. Many children with serious genetic medical conditions are being treated more effectively and are therefore living longer into adulthood, which can mean that families need to adapt their homes more than once as the child becomes an adult and their requirements change.

### Economic impact

- 3.3** Ongoing funding pressures make the need to demonstrate the benefits of adaptations to other public services much more acute. However, the 'one-off' nature of much adaptations work makes the tracking of longer-term outcomes less easy to achieve. Although there is a well-researched evidence base supporting the belief that adaptations can reduce the need for more costly interventions, there are no established structural links between DFG budgets and the statutory beneficiaries of their preventative outcomes: acute health service and social care budget holders.

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<sup>14</sup> 2006-based Sub-national Population Projections (SNPP) for England, ONS, 2008



## National policy

**3.4** Lifetime Homes, Lifetime Neighbourhoods<sup>15</sup>, heralded an approach to housing in an ageing society centred on two clear principles - being able to make choices that reflect lifestyle and circumstances and being able to remain living safely in our own homes for as long as we wish to. The strategy has impacted on the delivery of DFGs with

- the removal of the requirement for local authorities to commit resources to obtain central Government funding;
- the increase in the maximum grant level to £30,000;
- the ability for local authorities to recoup some of the cost of adaptations where homes are sold within 10 years;
- subsequent removal of the DFG ring fence enabling local authorities to pool budgets and provide services more suited to local need and
- moved towards funding allocation to authorities on a needs-based approach

**3.5** The publication of the *Government's Vision for Adult Social Care* confirms the Government's commitment to ensuring that personalisation will be at the centre of independent living for older and disabled people and the development of social care.

**3.6** A suitably adapted home, and hence the efficiency with which adaptations are delivered impact on the health and well-being of the disabled person and their carers. Therefore the current focus on closer working arrangements between health and social care, creation of local authority based Health and Well-being Boards and changes to the funding of adult social care are all highly relevant to home adaptations provision.

## Response from the sector

**3.7** Across the country health and social care partnerships are responding to the challenges that face them in terms of providing more personalised services that offer better value for money, eg. the initiative *'Think Local, Act Personal'*. A greater focus on enabling people to take more control and responsibility for the help they need to remain living independently is emerging.

**3.8** Better information and advice, self assessment and direct access to services can put the individual in full control where they are able to pay for services themselves. Where professional social care assessments are necessary these need to be focussed on personal outcomes, better co-ordinated between agencies and aiming to enable greater

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<sup>15</sup> "Lifetime Homes, Lifetime Neighbourhoods, National Strategy for Housing in an Ageing Society," Communities and Local Government, February 2008

<sup>18</sup> "A vision for adult social care: Capable communities and active citizens Dept of Health 2010

independence, recovery and re-ablement for the majority of people and improvements in the support available to carers.

**3.9** Adaptations services, particularly where delivered by home improvement agencies (HIAs), are supporting the changes by adopting a more personalised approach to service delivery and seeking to reduce the time taken to adapt as well as reduce costs through smarter procurement to help meet the rising demand.

**3.10** There is scope to move further along this path through closer working between agencies, improving systems and procedures, more flexible use of local authority powers and more radical use of funding and procurement methods. This guide suggests ways in which this can be achieved and points to existing models of good practice adopted by local authorities across the country.

## 4 Ensuring equality of service

Local authorities and other service providers need to ensure that adaptations services are equally accessible to all in line with the Equality Act 2010. Assessment under the Equality Framework for Local Government will provide a general indication of the approach a local authority should take to ensure equality in service provision

### Context and general principles

**4.1** The Equality Act 2010<sup>16</sup> draws together the legislation aimed at ensuring equality of opportunity and freedom from discrimination for all. The Act defines nine protected characteristics and outlines what constitutes discrimination on the basis of these characteristics. The protected characteristics are:

- Age,
- Disability,
- Gender reassignment,
- Marriage and civil partnership,
- Pregnancy and maternity,
- Race,
- Religion or belief,
- Sex and
- Sexual orientation.

**4.2** In essence the Act and all preceding legislation relating to equalities make it unlawful to discriminate against anyone because of a protected characteristic. The performance of local authorities in ensuring equality, through improved outcomes in employment and service delivery, is measured against the Equality Framework for Local Government<sup>17</sup>. The Framework provides a way of working in local authorities to mainstream equality into service delivery across all aspects of a local authority's work. Local authorities are able to identify disadvantage associated with the nine protected characteristics and set targets to eliminate the barriers that create that disadvantage.

**4.3** As the fundamental principle of adaptations services is to redress the inequality introduced by society through the disabling design of many buildings, providers might expect their approach to equalities to be generally positive. However they need to ensure that their policies and practices do not introduce new inequalities, for example,

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<sup>16</sup> [www.homeoffice.gov.uk/equalities/equality-act](http://www.homeoffice.gov.uk/equalities/equality-act)

<sup>17</sup> <http://www.idea.gov.uk/idk/core/page.do?pageld=9491107>

by providing information in a format that cannot be accessed or readily understood by a service user or by providing standard solutions that are not culturally acceptable.

### **An equality focussed approach for adaptations services**

**4.4** A good starting point for all service providers would be to self assess the service using the framework previously developed by the Audit Commission, which contains questions against which to assess organisations' delivery, including:

- Is communication with service users conducted in a manner that meets their needs, and can all service users access all relevant services?
- Is there up-to-date information on the needs of different service users which is easily available and used to provide an appropriate service?
- Are the needs of vulnerable service users, or people with disabilities, monitored to ensure that they are getting the right amount of support?
- Is there the facility to bring in more support for service users where this is needed?
- Are the views of specific and minority groups and the diverse needs of service users encouraged and taken into account when developing and improving the service?
- How does the organisation ensure that it understands the cultural requirements of service users?
- How does the organisation ensure that its contractors and consultants are committed to diversity in service provision?

**4.5** An excellent service knows the breakdown of local residents and its customers by age, ethnicity, disability, gender, sexual orientation and faith. Resources are prioritised accordingly and services are adapted appropriately. The service should seek equalities information at the first point of contact or at the first visit as well as asking the service user's preferred method of communication. This will address issues of language, literacy, hearing and visual impairment and other forms of support needed in communication. This information can be highlighted on computer systems for the benefit of all staff and provided to contractors where appropriate.

**4.6** Translation and interpretation facilities need to be readily available with guidelines for staff on when and how to use them. Where there is a high level of need within a community, any general information should be translated, readily available and appropriately advertised. In all situations the availability of translated documents and other formats should be well publicised, perhaps by a series of language strap-lines on the front of all leaflets or through posters or other information provided to community groups.

**4.7** Although adaptations services are normally delivered through home visits, all customer access points should be fully wheelchair accessible, take into account the needs of people with sensory and cognitive impairments and should comply with the

requirements of the Equality Act 2010. The service should have equipment for use on home visits, such as mobile induction loops, to ensure accessibility and the use of portable IT can assist in making information easily understood through use of CDs and web-based communication.

- 4.8** All staff employed within the service need to be skilled and confident with a variety of communication techniques to support service users in form filling and understanding information about the solutions available. Staff must also be aware of cultural and other issues around language and literacy and be able to respond accordingly. Within adaptations services this will best be achieved through regular multi-agency training using real examples of situations where staff have enabled a personalised approach to a disabled persons needs.
- 4.9** Many HIAs provide good quality support for service users alongside the adaptation service. In these situations the support available will enable service users to access all aspects of the service in an equitable way. However, where such support is not directly available, staff will need to be aware of other support services and ensure that these are promoted to service users.
- 4.10** An excellent service ensures that service users are actively engaged in reviewing and determining how services are prioritised and delivered. Surveys, and other forms of consultation, should be designed with relevant service users and the information from them regularly monitored in conjunction with users. This in turn should be used to inform service provision. Specifically the service should seek to ensure that potentially marginalised groups are able to express their views and are influential in informing and monitoring service provision.

**Knightstone Housing Association** was commended by the Audit Commission following a short notice inspection of tenant involvement and aids and adaptations in 2009. The Commission said:

“New policies, procedures and service standards were approved by the Knightstone Housing Association Board in March 2009 for the aids and adaptations service. A Disability Equality Scrutiny Group was established to help the association develop its policies. The group is influencing policy and has been tasked with monitoring the implementation of the new policy for a trial period of 12 months.”

- 4.11** Whilst service users have free choice of contractors to carry out adaptations many authorities are now procuring equipment, and sometimes level access showers, using framework contracts to achieve economies of scale savings. In these situations and wherever authorities provide a list of accredited contractors, they must have a well-

developed procurement policy that does not limit choice and that requires consultants and contractors to demonstrate good practice and sign up to the organisation's policies. Contractors should be encouraged to write their own policy and to develop this for other service users. The performance of contractors and consultants should be monitored, in conjunction with service users, and the results used to improve services.

## 5 Preparing to deliver the service

Identifying the need for adaptations is the starting point for all authorities and this involves securing the knowledge of all relevant agencies and groups. Appraisal of the resources required and clear communication with budget holders and elected members is vital to ensuring that the service can meet needs. This chapter describes how a partnership approach to service planning and delivery and which involves service users is important to success. Equity in service provision, ease of access and good communication with service users are also highlighted as key factors for a successful service.

### Estimating need and planning resources

- 5.1** Local housing authorities have a statutory duty<sup>18</sup> to estimate the likely need for adaptations and to develop plans for delivering them at a level that will meet the needs identified. Estimation of needs should not merely be based upon trends in demand for adaptations services. Service providers may have knowledge of unmet need or need suppressed by restrictive eligibility criteria, such as that which existed prior to the removal of means testing for adaptations for children. They should also consult with colleagues in social care, public and primary health care services, as well as HIAs, to draw upon their experience of potential need.
- 5.2** Organisations representing disabled people and carers will have information that can support a better understanding of both need and effective responses. Colleagues in policy functions, including public health, planning and social services, may also contribute information based on demographic, health and other projections. This will be particularly important in meeting the rising demands likely to be generated by an ageing population and by changes in the profile of the population of disabled children, for example increases in children diagnosed with autistic spectrum disorder and children surviving with high levels of need. All of these factors should be considered in the development of Joint Strategic Needs Assessments<sup>19</sup> and these should form the basis of resource planning.
- 5.3** Authorities need to plan to ensure that the necessary resources are made available for the provision of this mandatory service. This will involve clear briefing about estimated need and the likely budgetary requirements for finance managers and elected members at an early stage within the budget setting process and whenever forecasts of demand

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<sup>18</sup> Housing Act 2004 Section 3 (2) (d)

<sup>19</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_081267.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf)

are altered due to changes in legislation or demographic trends. It should be noted that expenditure on 'mandatory services' will always take priority over those services which are only of a discretionary nature.

### **Putting partnership into practice**

**5.4** A successful adaptations service contributes to and links to the key objectives of many other services across the local authority and partner organisations, for example the prevention of slips, trips and falls and improving the ability of people to live independently in the context of reducing admissions to hospital and residential care. It is therefore important that the policy framework for the service is developed in partnership with all the key stakeholders, including:

- The housing authority;
- The adult social services authority;
- The children and young people service;
- Public Health & Well Being Boards;
- GPs and hospitals
- Home Improvement Agencies (HIAs);
- Housing Associations and other landlords;
- Voluntary agencies providing support and advocacy services to older and disabled people and their carers; and
- Any relevant service user groups or forums.

**5.5** In developing the service it is also important to ensure that a wider range of stakeholders are involved and consulted to ensure that the approach taken is practical and understood by all. This should include:

- Environmental Health Officers
- Occupational Therapists
- Architects
- Planners
- Building Contractors including direct labour organisations
- Equipment suppliers
- Education authorities
- Local authority treasurers.

**5.6** Adaptations services traditionally depend on individuals identifying a need for adaptation directly to the authority, or being identified as part of an assessment for wider social care packages. However there is scope for greater promotion of the service to ensure that people who need adaptations are able to access the help they require. Potential service users can be reached through:



- Housing stock surveys, particularly in areas with high deprivation, poor health indicators and low take up of adaptations;
- Staff who visit people in their homes being trained to raise awareness of the adaptations services;
- Providing information about the service to community groups in contact with older and disabled people and
- Publicising the service in newsletters, through relevant websites and posters and leaflets displayed in community service locations such as health centres.

**5.7** Although the adaptation service involves a number of partner agencies, these need to work together to provide a seamless service. Having a number of contacts from different agencies and professions and having to repeat the same information, is frustrating and confusing to service users and can lead to unnecessary delays and higher administrative costs. Some of the best adaptations services are provided through “one-stop-shops” where health, social care, support and housing work together to provide a fully joined up service. At the very least partner agencies must have clear protocols for joint working to ensure a high quality, seamless service. These partnerships need to agree and share responsibility for:

- The basis for planning, including how to measure need;
- How the service will be organised and which agency will be responsible for each stage of the process;
- The budget provision for the service and pooling of funds where possible;
- The publication of information, in appropriate formats, promoting the service and outlining how it works;
- The criteria and arrangements for assessing need and accessing the service;
- Service standards;
- Arrangements for the monitoring of service outcomes;
- The complaints procedure; and
- Procedures for dispute resolution between partner agencies.

**5.8** Improved outcomes can also be achieved by co-locating staff from different agencies to improve communication, for example, seconding Occupational Therapists to work within the housing adaptations service or HIA, or a technical officer with grants experience to work within the Community Occupational Therapy team. In these situations it is good practice for senior officers from the main agencies involved in the delivery of adaptations to meet on a regular basis. Such a group may serve as a panel to make decisions in complex cases, to review performance, to monitor budgets and to allocate discretionary funding. In addition to representatives of the statutory agencies, voluntary organisations, such as the HIA, and groups of disabled people may also be represented.

Since attaining unitary status in 1996 **South Gloucestershire Council** has worked collaboratively across departments and with the health service to improve the way in which adaptations are delivered. Multi agency panels were established to discuss complex cases and schemes exceeding the grant limit. Joint training takes place regularly with private sector housing staff and occupational therapists. The procedure avoids duplication with joint visits only taking place where technical solutions are unclear, usually around 10% of cases.

A senior occupational therapist has been seconded to the Private Sector Housing Team since 2003 and has direct responsibility for managing the technicians providing small adaptations, supporting customers requiring complex adaptations, advising the multi agency panels and advising the Housing Partnership on new affordable housing schemes. Merlin Housing Society, the LSVT association, also benefits from having an occupational therapist seconded by the Council to inform the association's major works programme.

Through closer working the Council has achieved significant reductions in the time taken for standard adaptations and has smoothed the process for more complex cases. The service can evidence urgent schemes involving straight track stair lifts, automatic toilets and even, in one case where a customer was confined to the first floor of their home, a through-floor lift being installed within one week of the need being identified.

**Sandwell MBC** has recently seconded a small team of occupational therapists from Adult Services team into the Housing Service in an attempt to break down some barriers and speed up processes. There have been challenges, mainly around getting the balance of the team right and the interface with staff remaining at Adult Services, but Sandwell is now seeing improvements in delivery times and, equally importantly, a greatly improved relationship between the OT occupational therapist and technical staff. Time scales have been reduced considerably as a result of these changes. All adaptations in the public and private sector are dealt with through the Adaptations Team creating a seamless service where delivery is based on the level of need rather than the tenure of the property.

- 5.9** Housing associations can be encouraged to enter into partnership arrangements with local authorities to ensure the joint planning and provision of adaptations to tenants. Adaptation agreements between associations and authorities are recommended by a report, "*Housing Associations and Home Adaptations: Making it Work Smoothly*"<sup>20</sup> commissioned by three associations. The report demonstrates how such agreements are of most use where they cover: cover:

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<sup>20</sup> "Housing Associations and Home Adaptations: Making it Work Smoothly", Habinteg Housing Association, Servite Homes and Hanover Housing Association, 2008.

- Developing communication mechanisms between partners and with tenants;
- Funding contributions for the delivery of adaptations by the partners;
- purchase, maintenance and recycling of equipment and monitoring and review of systems.

In other parts of the country clear agreements for joint funding and providing adaptations have been made between associations and authorities and these are explored further in Chapter 8. However, the benefit of local agreements extends beyond that of funding adaptations. Many associations are providing enhanced accessibility standards, including Lifetime Homes Standards and beyond, in new affordable homes and working with authorities to ensure that disabled people are able to access suitable properties through choice based lettings schemes and specialist housing registers.

In **South Gloucestershire** partnership working with Merlin Housing Society, the association set up to receive the Council housing stock in 2007, has been positive. Although the transfer agreement only required the association to carry out adaptations up to the value of £1,000, good value for money has been achieved by adapting properties during the Decent Homes programme with the association contributing the cost of a standard bathroom replacement, typically around £1,700, and the Council topping up the budget to provide a level access shower. The association also provides two intermediate care units for use where a customer is unable to live in their home during adaptation works, usually to enable discharge from hospital where major adaptations are needed before they return home.

The South Gloucestershire Housing Partnership has been supportive of the need to find solutions to meet the adaptation needs of potential tenants. Where the design of new affordable housing is within the control of associations they have worked with the Senior Occupational Therapist to ensure new homes are suitable for a range of possible needs. These are then advertised through HomeChoice (the CBL service) seeking a household with a need for an adapted home. In one case where no suitable tenant was identified through HomeChoice the Occupational Therapy Team was able to identify an existing housing association tenant who was considering move-on for the new property and in doing so released a larger property.

**5.10** A common information system is important for effective integrated working. This should allow all partners ready access to information about those who have made an enquiry and for whom adaptations are a possible service response, and the stage to which their case has progressed, set alongside targets for the progress of cases. Where partners do not have direct access to the same IT system other arrangements could be

put in place. The FEMIS system introduced by Foundations<sup>21</sup> is web-based and can be accessed by all relevant staff enabling on-line case management and monitoring. This means staff from any partner agency can provide updates to service users about progress with their adaptation. Although initially intended for use by HIAs, the system is now licensed to many local authorities.

**Westminster City Council** purchased a licence for the FEMIS IT system from Foundations in 2009 and tailored it to suit its needs. The outsourced Occupational Therapist Service can add service user details directly into the system and caseworkers are able to update the system easily. The system is used to monitor progress of individual cases during performance reviews with staff, and action points are entered directly onto the system. Staff within the Home Improvement Agency and occupational therapist teams are able to interrogate the system when communicating with customers to present a unified approach and advise on progress. The system can also generate reports providing information on caseloads and a number of outcomes.

## Promoting the service

- 5.11** Local authorities, health services and other relevant partner agencies, such as housing associations and HIAs, could jointly promote the service to ensure a consistent message to potential service users. Leaflets and information packs are still the most commonly used methods for publicising the availability of the service. These should be readily accessible from all customer service points and also distributed through other relevant community locations, for example health centres and libraries. Stocks of leaflets should be regularly reviewed to ensure that they are sufficient and up to date.
- 5.12** Raising awareness of adaptations amongst community groups can assist in getting the message out to individuals. Staff from statutory agencies and HIAs attending meetings and giving presentations about their work, and also training staff at customer service centres can help to promote the adaptations service to people approaching agencies for other reasons.
- 5.13** The internet is increasingly becoming the most useful tool for providing information, although its use is more limited amongst some groups, particularly those in older age groups and lower income groups. Other technology can also be used to promote the service. Whilst potential service users may not always have access to the internet, most households now have CD and DVD players and these represent a cheaper and often more accessible way to present information. Staff from many local authorities are now

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<sup>21</sup> [www.foundations.uk.com](http://www.foundations.uk.com)

using tablet computers on site and these can be used to show service users how different adaptations work, either using the internet or CDs.

**5.14** Whatever form of communication is used to promote the service it is essential that the information is in plain English, in formats accessible to those with sensory impairments and in additional languages appropriate to all communities within the locality. Transparency is also essential, not only in the interests of service users and service planners, but in terms of public accountability. Involving service users in the design of any promotion material can help to ensure it is understandable and accessible to everyone.

**5.15** Good publicity information includes, as a minimum:

- a clear statement of service users right to adaptation and DFG and the eligibility criteria for accessing services;
- a description of the services that work together to help service users. A single point of contact should be identified together with contact details of other relevant agencies;
- an explanation of any prioritisation systems and service standards including time targets for the service;
- information on charging and test(s) of resources;
- an account of the processes through which applications need to pass and of the likely timescales involved; and
- an outline of the communication arrangements, appeal and complaints procedures.

More detailed information, such as local protocols and inter-agency agreements should also be available on request.

### **Ensuring ease of access to the service**

**5.16** Service users will find it easier to access adaptations services where:

- A one-stop-shop is available involving all relevant agencies
- The service is clearly branded and well promoted and
- Other agencies provide effective signposting

Clear information and effective protocols can help to ensure that potential service users are routed quickly to the agency responsible for responding to initial enquiries about adaptations. Sometimes staff within other departments or agencies, for example a care manager, district nurse or housing management officer, may identify the potential need for equipment or adaptations. In some cases the approach may come directly from the disabled person or their family.

**Knowsley Centre for Independent Living** provides the opportunity for members of the public to try out, buy or rent equipment, small aids and adaptations. In the same building are Care and Repair, Council OTs and technical staff who can advise and assist people with all aspects of adaptations, including DFG. The Centre is jointly funded by the Council and the PCT who have worked in partnership with Knowsley Housing Trust, Knowsley Pensioners Advocacy & Information and Care & Repair. All partners have staff and volunteers based at the centre, so even if someone comes for a specific assessment, such as bathing, they can be seen and assisted by any of the services available on site. The Centre is building up a retail model for selling and renting equipment, have maintenance services and a large equipment sterilising unit on site (to enable re-cycling). They also have training rooms where they will offer training to carers, both family and paid, to improve the care that local people receive.

**5.17** As outlined in paragraph 5.9 a shared IT system which tracks progress with each case can help to ensure that service requests are not lost between agencies. This also enables transfer of information between agencies and avoids the need for repeated provision of personal information.

**5.18** To ensure that adaptation services are properly promoted, it is important that health workers and carers are fully aware of adaptations generally and what services are available locally. Agencies such as Foundations and Care & Repair England<sup>22</sup> run related courses.

### **Keeping service users informed of progress**

**5.19** It is important to keep service users and their carers informed about progress, including any problems arising, at all stages in the provision of service. Lack of information is widely recognised as one of the main sources of service user or customer dissatisfaction. People who are kept aware of the causes of delay are more likely to accept it and may have ways of resolving problems. Some simple rules to follow are:

- Ensure that there is regular contact with the service user and their representative(s), rather than waiting to be approached.
- Give service users early warning of approaching problems, for example an early informal application of the test of resources for a DFG will identify any potential applicant contribution and warning can be given of this and other possible sources of help suggested. At the same time as this is carried out, information could be collected to enable social services to determine the help that they could offer in the event that additional finance is required.

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<sup>22</sup> [www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)

- Provide accurate and clear information on timescales, waiting lists, and other sources of help.

**Poole Housing Partnership** ALMO was awarded the highest score by the Audit Commission following inspection in 2008 – excellent service and excellent prospects for improvement. The report published in September 2008 said:

“Disabled people are well represented in all working parties and have a disability forum looking after their interests. A special edition of 'At Home' is targeted at disabled tenants and their carers. PHP offices are accessible, welcome attendance dogs, have accessible toilets, a hearing loop and parking spaces for disabled people adjacent to the entrance. The planned maintenance, repairs and lettings services identify tenants and prospective tenants with disabilities and any improvement and void repair work is tailored to their needs, with the benefit of in-house OTs. This means that access to adaptations is easy for tenants who might not otherwise know of or approach the service. 300 tenants a year have accessed the service in this way in the past two years and benefit from an exceptionally speedy response to both minor and major adaptations.”

## Ensuring equity

**5.20** The delivery of an adaptation service must be equally available to all potential service users, regardless of age, gender, ethnicity, disability, sexuality or faith. Ensuring that a service is available to people within these equalities groups is addressed in more detail in Chapter 4. However, inequity can be introduced through different approaches to service provision between other groupings of service users, for example, between people in different tenures, living in different geographic locations and applying for service at different times of the budgetary year.

**5.21** Access to adaptations should not depend upon tenure. A local authority may decide that it will fund adaptations in its own properties by an alternative route to DFGs. Likewise some housing associations provide funding and carry out adaptations to assist their tenants. However, this should not result in a worse service to their social tenants than that received by applicants who live in other tenures, or vice versa. This applies to the level of support received, the type of adaptation provided and the time taken to provide a service. As mentioned in paragraph 5.8 agreements between local authorities and housing associations can play a useful role.

**5.22** It is for the local authority to decide whether they will apply a test of resources to those whose adaptations are funded by means other than DFG. In achieving equity it may be regarded as good practice that all recipients of assistance from public funds should be assessed in a comparable fashion. This however does not alter the mandatory entitlement of tenants of social landlords to a DFG in the same way that private

landlord might apply for an adaptation from the main DFG programme for their tenant. Authorities and associations are encouraged to work closely to identify the likely need for adaptations by tenants and to agree how these will be delivered. Housing associations may, subject to financial and legal constraints, build the funding of adaptations into their business plans as part of their core activities. These arrangements should be well publicised in order that tenants can easily access the service.

**5.23** The issue of targeted promotion of an adaptations service is addressed in paragraph 5.5 and is particularly relevant where it is believed that people in need of adaptations living in a particular area are unlikely to be aware of the service, perhaps through isolation or lack of capacity to find the information for themselves. Except where an authority identifies a need for targeted promotion within a geographic area, steps should be taken to ensure that inequity is not allowed to occur between different geographic areas. This could arise, for example, where the location of local authority offices or those of disability charities mean that the service is more visible to people living within such neighbourhoods.

**5.24** Finally, potential service users should not be disadvantaged because of the time of year at which they first enquire about the service. Although it is likely that authorities will have spent their DFG budget towards the end of a financial year, they should not refuse or defer a service. The DFG is mandatory and the local housing authority is obliged to work within the timescales laid down in the Housing Grants Construction and Regeneration Act 1996.



## 6 The role of home improvement agencies

This chapter outlines the importance of the role that Home Improvement Agencies (HIAs) play in supporting disabled and older people to enable independent living. Foundations is the national body for HIAs and their “*Future HIA*” programme and Quality Mark help HIAs to identify where improvements are needed. Commissioners of HIA services will also find these tools helpful in specifying services and evaluating potential providers.

- 6.1** Home improvement agencies (HIAs) are locally based, predominantly not-for-profit organisations run by voluntary agencies, housing associations, local authorities and in some instances, private companies. They help older, disabled and vulnerable people to achieve or maintain independent living and prevent falls and accidents in the home. They do this by supporting people to repair, improve, maintain or adapt their home through minor or major building schemes, handyperson services and installation of assistive technology. Where staying put is not the best option, some HIAs provide housing options advice and support, help with finding a more suitable property and in some cases help the disabled person through the process of purchasing/ renting a more accessible property, sometimes through relocation grants and loans. HIA services therefore support national policies to increase choice, empower individuals and address inequalities in care and support services.
- 6.2** HIA services started to evolve over 25 years ago and the sector has grown to become a significant provider of services for older, disabled and vulnerable households. HIA services operate in around 90% of local authority areas, mainly helped by investment through the Supporting People programme. Collectively HIAs now deliver in excess of 250,000 repairs and adaptations each year. The contribution made by HIAs to enabling DFGs specifically has also risen, as a percentage of the total central Government spend from under 35% in 2006/07 to just under 50% by 2007/08 and 2008/09. HIA services are also funded by fee income generated through charging a percentage of the value of capital works; contributions from local authority, health and other statutory agencies and by applying for charitable funding.
- 6.3** Foundations<sup>23</sup> is the National Body for HIAs across England, appointed by the Department for Communities and Local Government (DCLG) to:
- Develop and expand HIA services,
  - Provide advice, training and support to HIA staff and

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**23** [www-foundations-uk-com](http://www-foundations-uk-com)

- Represent the sector in discussions with Government and other stakeholders.

**6.4** In January 2010 Foundations completed a major project, “The Future HIA”, which sets out what service users and commissioners can expect of HIA services in the future, and indicates how HIAs should respond to the changing environment. Separate reports focus on:

- funding for repairs and adaptations (“Lending some comfort”)
- advice, information, signposting and advocacy (“Support for choice”)
- connecting with health and care
- handyperson services, and
- major adaptations (“Adapting for a lifetime”)

**6.5** Each report provides examples of good practice from within and beyond the sector and considers how the sector can achieve real growth and development. The final report, “Adapting for a Lifetime”<sup>24</sup>, explores the role of HIAs in delivering major adaptations. The report:

- examines the effect of recent changes to the DFG programme, drawing on research carried out within the HIA sector;
- looks at the challenges presented by the complexity of the process, the funding pressures and the lack of partnership working;
- asks why HIAs are needed to deliver adaptations;
- sets out examples of innovation and good practice in delivering major adaptations;
- spells out how adaptations can move from a provider-led to a service user-led process; and
- makes recommendations for the future development of HIAs in relation to delivering major adaptations.

**6.6** The overall performance of agencies in delivering adaptations varies. There are many examples of good practice, with agencies using innovative ideas to improve processes and deliver improved value for money, as well as various forms of recycling. Foundations recommends that agencies need to work well with other professionals, demonstrate that what they are adding is of value and drive improvements in efficiency. HIAs need to engage further with the opportunities arising from the DFG modernisation programme, including the greater flexibility for use of the DFG grant and local authority contributions. Agencies can play a strategic part in transforming adaptations services from the current focus on a single grant process to one that is integrated into a range of options for independent living.

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<sup>24</sup> “Adapting for a Lifetime”, Foundations, January 2010

**Sunderland Home Improvement Agency** won the 2009 Foundations award for Excellence in Delivering Major Adaptations. The agency has modernised their approach to the adaptations process, for example, negotiating adaptations agreements and recycling equipment. As an in-house agency based within the Health, Housing and Adult Services Directorate it has a very close working relationship with the OT service within adult services and strong links to social care agenda.

Innovative approaches to delivering major adaptations include contracts for the provision of straight and curved stairlifts, enabling savings through economies of scale as well as reduced timescales as the contract eliminates the need to go out to tender on individual items. Contracts in place for the provision of vertical lifts and hoists are also achieving similar benefits for service users and the agency actively ensures that equipment is recycled where appropriate.

The agency also acts flexibly in supporting adaptations and other works to help disabled people remain living independently or to return home from hospital quickly. An environmental inspection is carried out in all homes where an adaptation is required. The inspection helps to identify risks and services that a service user may require but have not been identified and may also highlight the need for further adaptations or home improvements. In cases of palliative care a minor adaptations grant is available up to a maximum of £6000 with no financial test of resources, thus speeding up the process. Discretionary grants are available in cases where the customer is a child and the parents separated but have joint custody arrangements to provide adaptations in the secondary home. Discretionary loans or grants may also be available to cover the cost of the works above the statutory grant limit.

**6.7** Foundations cite service user-centred support provided in a person's own home and expertise in making changes to the physical fabric of the home as the key facets of successful HIAs. A briefing to Housing Quality Network<sup>25</sup> members in July 2009 expands on this and suggests that the characteristics of an excellent HIA service are as follows:

- Clear branding and good promotion of the service on a general and targeted basis to enable those who need support to take up the service.
- Easy access to the service with good quality, consistent information provided at the first point of contact to ensure that potential service users are encouraged to proceed to a home visit by a case worker.
- Engagement with other agencies, such as health, the police and fire and rescue to provide a holistic service and enable greater innovation through joint working and sharing resources.
- Access to a broad range of opportunities for raising finance in order to maximise the potential for improving and adapting the homes of individual service users, and for stretching the impact on the community as a whole.

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<sup>25</sup> "Home Improvement Agencies – The Future", Housing Quality Network, September 2009.

- Consistency and equality in service availability and provision to ensure that service users have the same experience of the service wherever they live and whatever their gender, age, race, disability, sexuality or faith.
- Ensuring that the service represents good value for money, i.e. that the quality and cost of the service are optimised, so that the HIA remains viable and competitive.
- Clear outcome based targets, set with commissioners and, most importantly, service users to enable all stakeholders to measure the effectiveness of the HIA.
- Engagement of service users in monitoring performance and governance.
- Finally HIAs should continue to strive for excellence, demonstrated by ongoing service development, innovation and a keen response to the social care and health change agenda.

**6.8** As commissioners of HIA services, local authorities need to be alert to the changing expectations and aspirations of older and disabled people and the progress of the integration agenda. Self assessment against the model of excellence promoted by Foundations will be a good starting point for many local authority and HIA partnerships. Commissioners also need to consider the potential for increasing value for money and enhancing services through joint working across administrative boundaries. Broadening the scope of HIA services to provide a more holistic approach to meeting the needs of individual service users and joint procurement of services can bring benefits of better outcomes and economies of scale which allow more people to access services in future.

The **Lincolnshire Home Improvement Agency (LHIA)** has demonstrated how strong partnership working can help service users with a wide variety of needs. For example, in the area of DFGs the LHIA works closely with the district councils. The partnership comprises of both a formal Service Level Agreement and operational protocols. The SLA sets out clear and mutually agreed quantitative and qualitative targets whilst the protocol details how the organisations work together without duplicating tasks. Monthly, tripartite meetings are held between the LHIA, council grant officers and Occupational Therapists. These meetings determine case priority and resolve any individual case issues. They are a successful forum for the LHIA (representing the service user's preferred solution including additional options), the grant officer (representing work eligible for a DFG payment) and the OT (representing the suitability of adaptation) to discuss and mutually agree the optimum solution. Ad hoc meetings are also held to agree how to progress urgent cases. Each party supports the other, for example the LHIA's Building Surveyors will provide OTs with feasibility studies to see if required adaptations are possible within the particular property prior to the OT issuing a formal recommendation.

The LHIA also utilises links with third sector agencies in order to obtain additional funding or secure additional services for the service users (such as access to luncheon clubs, women's aid and Age Concern support). The key to strong partnerships is that the referral agency (as in the case of the LHIA) has ownership for each case through a dedicated caseworker who doesn't leave the service user until both are fully confident that the support required is in place and working well.

**6.9** Good management of HIA service quality is also facilitated by Foundations through the Quality Mark launched in 2009. The Quality Mark is a comprehensive service assessment process. At its heart it has a core module which mirrors the Supporting People Quality Assessment Framework service objectives for HIAs. To gain the Quality Mark, HIAs must reach the minimum standard for the core module, plus at least one of five optional modules.

- Funding for repairs and adaptations
- Support for choice
- Connecting with health and care
- Handyman services
- Major adaptations

The Quality Mark is comprehensive and flexible, and is awarded for three years. It has three levels of pass (A to C) and is based on the HIA self assessment, which must be evidenced by Foundations during a validation visit.

**6.10** The major adaptations module<sup>26</sup> is particularly relevant to this guide and provides descriptors of an adequate, good and excellent service in relation to the service user journey, technical issues, strategic engagement and managing performance. The module is not only useful to HIAs wishing to self-assess against the standards or apply for the Quality Mark but also to commissioners of HIA services and local authority and housing association adaptations services.

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**26** "Quality Assessment Framework for Home Improvement Agencies – Major Adaptations Objectives", Foundations, 2009.

## 7 Responding to requests for service, assessing need and processing the application

Ease of access and a consistent response at the first point of contact is crucial and in some places this is facilitated through a one-stop-shop approach. Many assessments and minor adaptations are now carried out by trusted assessors, technicians or handypersons, reducing the need for involvement of an Occupational Therapist thereby making better use of OT time to focus on the larger adaptations. This section highlights prioritisation systems and provides information about the approach to involving service users in the assessment of their personal needs, particularly where those needs are complex. A preliminary test of resources at an early stage enables service users to plan for their financial contribution and to consider other options that may address their needs, thereby making better use of OT time to focus on the larger adaptations. Good communication between agencies and with the service user is crucial.

### Registering and responding to enquiries and referrals

- 7.1** Clear information and advice at the first point of contact is crucial in the delivery of a high quality adaptations service. The initial point of contact with an authority delivering the adaptations service could be through many different routes eg. hospital, GP, social worker, housing officer or HIA. Where potential service users are already known to the authority and its partners, staff from other departments and agencies may identify a need and make a referral. Whichever route is taken the aim should be to deal effectively and quickly with enquiries or referrals. It needs to be made clear to the enquirer exactly when an enquiry becomes an application for the purposes of meeting defined legislative timeframes. The Ombudsman ruling No 97/B/0524 gives further information relevant to this issue.
- 7.2** It is good practice to operate a standard approach to all initial enquiries, wherever these arise, allowing basic information to be collected from the enquirer without the need for redirection. This can be achieved using a single form or through a shared IT system. Users of the FEMIS system, a web-based IT tool for managing adaptations introduced by Foundations referred to in Chapter 5, can grant access to a range of partner agencies to input initial cases. Other IT solutions have been developed and some are accessible by service users which enable them to track progress with their own case on-line. Whichever format is used, along with basic information needed to initiate the service, the service users preferred method of communication should be recorded.

Cumbria was a pilot area for utilising the new DFG flexibilities announced by DCLG in 2008. Through use of these new powers to change processing systems, by April 2010 the average time from referral to DFG approval had been reduced to 10 weeks. However, reductions in capital funding in April 2011 have put the waiting times under pressure, coupled with more people being treated at home under the health initiative '*Closer to Home*'.

Cumbria's Health Service is now undergoing a significant transformation. From April 2011 the Health Budget has been transferred to six GP Consortia located in the six District Council areas of Cumbria. All agencies and authorities understand that providing adaptations as soon as possible is key to reducing pressures in Health and Social Care. To address this, during 11-12 a new delivery model that integrates more closely the provision of major adaptations with Health and Social Care is being developed. This will help to ensure sustainability of the service, in recognition that it will prevent costs in Health and Social Care and keep people at home living as independently as possible, which is what they want to do in most cases.

- 7.3** Good practice in the sector involves arrangements that immediately (same day) acknowledge receipt of the enquiry and give clear information about how that enquiry will be acted upon, including timeframe for a response and contact details to follow up in the event any delay. The date of the initial enquiry should be regarded as the starting point for a request for assistance and in relation to measuring any target times set for completion of the service set by the local authority.
- 7.4** Joint training for all relevant staff in partner agencies, or at the very least training with common content, needs to be provided regularly to take account of staff turnover. This should include all staff involved in dealing with enquiries or referrals, including social care, support provider and housing association staff, to ensure consistency and the content should include raising awareness and understanding of disability equality issues, so that staff provide an appropriate response.

### **Adopting a one-stop shop approach**

- 7.5** In many areas it may be possible to channel all enquiries or referrals through a single point of access. This will often be the case where a HIA has been given the role of leading delivery of adaptations, but it may also be relevant within a local authority. This requires the provision of good quality information about the service for potential service users and relevant agencies as outlined in Chapter 5 and clear briefing of multi-agency staff involved in receiving enquiries or visiting people in their homes. Local radio and community television stations are also useful in promoting awareness of the best routes to the service. Clearly material will need to be tailored to the audience with differences between that aimed at referring organisations and that aimed directly at



disabled people, their families and carers, families with disabled children and the general public.

In **St Helens** the occupational therapy services are based in the same location and under the same management as the Home Improvement Agency and technical services, thereby providing a 'one stop shop' for service users. This ensures a co-ordinated approach to service delivery and maximises service user access to a range of additional support and preventative services.

### **Providing an effective response**

- 7.6** On receipt of an initial enquiry, an initial screening process, with agreed criteria, will identify whether other services may be required. This may include a need for a care or support service, a referral for health services or even benefit and energy efficiency advice. In many areas the first visit may be made by a handyman or another member of HIA staff who have achieved Trusted Technician<sup>27</sup> status. This enables them to assess the needs of service users as well as carrying out work in their homes to achieve immediate improvement in their quality of life. The role also frees up OT resources to deal with more complex enquiries and to be able to respond more quickly.
- 7.7** There is now widespread provision to respond to the need for minor works and small adaptations. The services are available from a wide range of agencies including local authorities, housing associations, HIAs and integrated community equipment stores. Data from FEMIS shows that nearly 50 per cent of referrals to such schemes come from Occupational Therapist indicating the capacity for other agencies to free up occupational therapy skills for more major work. The College of Occupational Therapists and the former Housing Corporation published a useful guide<sup>28</sup> as to the kind of works that can easily be undertaken without the need to involve an Occupational Therapist. While this is focussed on a housing association audience the advice is applicable across tenures.
- 7.8** Where a request or need for an adaptation is identified, the agreed criteria for assessing adaptation needs should be used as outlined below. At this point a view will need to be taken of the likely cost of the work, i.e. whether it falls beneath the £1,000 threshold for social care assistance, and the level of priority of the service users needs, albeit that this may need to be reassessed and revised in the light of additional information or changes of personal circumstances. Most existing schemes for setting

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<sup>27</sup> [www-foundations.uk.com/training/trusted\\_technician\\_qualification](http://www-foundations.uk.com/training/trusted_technician_qualification)

<sup>28</sup> "Minor adaptations without delay: part 1- A practical guide for housing associations", College of Occupational Therapists and the Housing Corporation, 2006.

priorities depend upon assessment of medical risk, and need to be broadened to reflect the social model of disability. The approach recommended in this guide is for two categories of need to be applied - urgent (eg. where a service user is unable to return home from hospital or utilise essential facilities within the home without the adaptation) and non-urgent (where a service user is unable to utilise the home fully but is able to use toilet and personal hygiene facilities within the home). However it should be noted that if a priority system is used this does not effect the mandatory nature of the DFG and applications must still be processed in accordance with the statutory timescales.

St. Helens MBC is an IDeA Beacon Council under the “Homes for the Future” category and has been commended for their DFG process. The Council uses a four-level method of assessment which enables fast track provision of minor adaptations through handyperson services. St Helens has a high level of disability among older people, partly due to its history of heavy industry.

Each of the 4 assessment levels is broken down into very specific tasks and timescales, with targets established for key tasks. The assessment process works as follows:

- Level 1 – All initial contacts and referrals are handled through customer service officers. These are passed on to the assessment officer who makes contact with the service user and establishes the nature, priority and urgency of each referral. Cases which require no further action or simple adaptations such as grab rails or the allocation of minor equipment can be authorised. Level 1 amounts to some 10% of all referrals. All other referrals go forward for a more detailed assessment.
- Level 2 is defined as where the applicant has no difficulties other than need for equipment. A mobile assessment unit (MAU), which is a van loaded with a range of equipment that can be tried in an individual service user’s home, visits the applicant. Many service users find they can adequately cope with equipment rather than being referred for a more complex (and costly) intervention such as a level access shower. Targets established for Level 2 mean that all referrals are contacted within 3 working days and the ‘MAU’ will visit within 5 weeks. This response is far faster than waiting for an adaptation and accounts for 11% of all referrals.
- Level 3 is defined as where the service user is experiencing difficulties in more than one area, but these are likely to result in provision of non-complex adaptations such as ramps or straightforward level access showers. The majority of referrals are dealt with at this level and Occupational Therapy Assistants oversee most assessments. At this level, referrals are contacted within 3 working days and the assessment is completed within 10 weeks. However, high priority assessments can be completed within 48 hours.
- Finally, Level 4 represents the most complex situations, and assessments are completed by qualified Occupational Therapists. Although OTs oversee all levels and can advise on any assessment, the allocation of less complex work to other staff with very specific training to undertake their task has resulted in improved timescales for assessment and completion at every level.

Since the Government's General Consent in 2008, St Helens Council has used the increased flexibility in relation to DFG funding to provide a flexible 'fast track' DFG through its Housing Assistance Policy. The fast track grant is available to all service users who have an OT assessed need for mandatory DFG but where the total cost of works is less than £2,000. The 'fast track' process eliminates the need for applicant means testing and provides a timely, less bureaucratic process to enable low cost adaptations. The 'fast track' DFG is also available for tenants of Registered Providers within the Borough whose landlords entered into a partnership arrangement with the Council and who provide 50% funding towards the cost of adaptations to their stock. This approach has led to a significant reduction in the time taken to grant approval across all DFG applications due to the release of staff resources (a reduction of more than half in less than three years) and resulted in a higher level of customer care and satisfaction.

**7.9** A proportion of enquiries come from people who have previously had contact with social services and arrangements should be in place to re-open their cases. Many new enquiries will relate to relatively minor needs that can be dealt with without recourse to DFG. Where a potential DFG is involved, notification should be passed on to the local housing authority as soon as possible. The new target timescales suggested in this guide rely on speedy referral between agencies at all stages of the process. Agencies should aim to refer on or update common IT systems within two working days.

**7.10** The service response may be to:

- Authorise an immediate response of minor adaptations or equipment.
- Refer for prioritisation for a full assessment of the need for adaptations – whether the initial information indicates that the individual is likely to qualify for DFG assistance or not.
- Refer for consideration of an alternative service – for example home care or other community health or care assistance.
- Note that the need presented cannot be met by the service while notifying the enquirer of alternatives wherever possible.

**7.11** The effective prioritisation of enquiries requires systems to ensure that the information needed to make a decision is collected in a consistent way, irrespective of the initial approach. In some cases, referrals will come from other organisations which are aware of the information needed to assess priority, but in others this information will not be provided. Procedures are also needed to ensure that the required information can be obtained from the enquirer or their representatives (friends, relatives, carers) to assist in the prioritisation of potential cases.

**7.12** Social services authorities have considerable experience of operating systems for dealing with a large volume of enquiries and of obtaining the information needed to make a rapid assessment of the most appropriate action. This might be the provision of advice, an immediate assessment visit or a service where the need is judged to be less urgent. Local authority housing management departments and housing associations may also have relevant experience, for example in dealing with enquiries on housing management matters. The essential requirements are:

- a consistent system covering all access points so that service users are not disadvantaged by their entry point to the system;
- a means of identifying and prioritising urgent cases;
- other criteria that may assist in setting a priority, based on the needs of the service user, not on arbitrary criteria. [An example of arbitrary criteria would be a decision to give low priority to people seeking help with bathing problems]; and

- a system for checking that a correct decision has been made, for example by feeding back to the service user or the referral agency the information which has been logged to ensure that it is correct.

**7.13** A written response, or response in a more appropriate format as identified at the point of initial enquiry, should be made to everyone enquiring about the service providing an explanation of the action which is to be taken and the expected time scale. It should make clear who is responsible for each action and should give a clear point of contact. A standard “what happens next” leaflet or letter may be of use here but it is essential that timescales are specified and describe how to take the request further if the person making the enquiry is not happy with the local authority or HIA response.

### **Assessing the need for an adaptation**

**7.14** The Housing Grants, Construction and Regeneration Act 1996 makes no reference to assessment of need for an adaptation, only places a duty on housing authorities who are not themselves a social services authority to consult the social services authority on the judgement of whether the works are necessary and appropriate to meet the needs of the disabled occupant (Section 24). In *Disabled Facilities Grant Programme: The Government’s proposals to improve programme delivery, 2007*, the Department for Communities and Local Government made it clear that an occupational therapy assessment is not a legislative requirement, at paragraph 103 c) it states: *“The DFG legislation does not specify that an occupational therapist needs to be used in every case to assess needs. Recent advice from the College of Occupational Therapists (Minor adaptations without delay: A practical guide and technical specifications for housing associations) has emphasised this point. Private occupational therapists can be used and the cost of their services be charged to grant, or specialists can be recruited directly by the housing authority. Whichever route is chosen the Government does not accept that a shortage of occupational therapists within a LA’s social services department is a valid reason for any delay in delivering housing adaptations.*

The *NHS and Community Care Act 1990* provides the context of assessment. Many authorities are confused about the relationship between the housing legislation and Fair Access to Care Services (FACS). FACS guidance sets out the framework for determining individual eligibility for social care and was introduced in 2003 to provide councils with a mechanism for allocating limited resources as fairly and consistently as possible. The FACS arrangements are not linked to the housing legislation and do not provide the basis for a refusal to carry out an assessment required for DFG purposes as outlined at Annex C, paragraph 74. Local priority systems should not be used to manage demand and create waiting times beyond the statutory timescales.

**7.15** Assessments, particularly for complex cases, will normally be carried out by Occupational Therapists (and their assistants. The first judgement a local authority

officer may make is whether a formal assessment is necessary. As mentioned above there are many small aids and adaptations that may resolve the difficulties experienced without the need for a high level assessment. The aim should always be to resolve the issue in the most timely and appropriate way.

**7.16** It has long been recognised as crucial to involve disabled people in the assessment of their own needs. This is appropriate and consistent with the policy developments across the social care and health agenda to argue for the primacy of a disabled persons' perspective above all others. This is because the disabled person is the expert on their needs and should be listened to carefully by the relevant professionals. The views of parents and carers are also important, especially if they live in the same household.

**7.17** Any assessment should take account of the views of disabled children and young people and their parents. Disabled children and their families will have clear and often practical views about any adaptations. Assessments of disabled children should take into account the developmental needs of the child, the needs of their parents as carers and the needs of other children in the family.

**7.18** The experience and expertise of professionals is clearly also of great importance but combining these with the views of the disabled person should enable an inclusive and sustainable solution to be developed within the constraints of time, funding and other resources. Equally importantly, the disabled person must be provided with clear, comprehensive information and kept fully informed about the outcome of an assessment and progress of the adaptation.

**7.19** General principles for the assessment of social care needs of adults are contained in *LAC (2002)13 on Fair Access to Care Services* which was published in May 2002 and reissued in February 2010. For the single assessment process for older people see *HSC 2002/001; LAC (2002)1* which was published in January 2002. For the assessment of disabled children, see the *Framework for the Assessment of Children in Need and their Families* (DH, 2000).

### **Selecting an assessor**

**7.20** Assessment for complex adaptations will generally be undertaken by occupational therapists using their expertise in enabling people to carry out valued activities in specific social and physical environments. Assessing OTs may be employed directly by local authorities or by the health service as well as by other agencies e.g. housing associations and HIAs. Some organisations use private OT services to provide an assessment of DFG applicants' needs. While this may speed up the process of assessment, for example where there is a shortage of OTs, it is for the housing authority to decide whether to accept recommendations from a private OT.

**7.21** Occupational Therapy Assistants (OTAs) (supervised by a qualified OT) can provide a valuable additional resource for carrying out assessments. The ratio of assistants to fully qualified OTs varies from authority to authority. The deployment of an OTA to carry out assessments for smaller items of equipment is well established and represents an efficient approach. They should be used more consistently for assessing for minor adaptations. They can also have a role in initial screening and in progress chasing and will generally have the right skills to enable them to act as the key contact described above. The extension of the role of the OTA must be matched by adequate provision for support and supervision by qualified and experienced OT.

**7.22** The relationship between a paediatric OT and a disabled child may extend over a number of years, rather than being confined to discrete interventions. Paediatric OTs may therefore be involved in the provision of adaptations, particularly with respect to any equipment to be used in or be part of the adaptation. Specialist paediatric housing OTs are available, either through housing or children's services in some areas and are best placed for assessment purposes. Disabled children will often have been assessed within their educational setting and this information, with the consent of the family, may be useful in assessments for adaptations at home.

### **Self-assessment**

**7.23** It is established practice to use some form of self-assessment of the need for adaptation by the disabled person. In some cases adaptations may be needed which also benefit a carer and this is generally the case with disabled children. Also, depending on the nature of their disability or age, some people may only be able to participate in this process with the help of the carer or independent advocate and this should be provided for.

**7.24** Self-assessment may be used in a number of ways:

- As part of an initial filtering process;
- As a basis for direct instruction to a handyperson or contractors for minor adaptations and;
- For major adaptations by providing a broader base to the assessment of professionals through adding the experience and knowledge of the disabled person, their carers and family.

**7.25** There is a need for a review process of self assessments that picks up additional needs and adds professional experience and insight into the equation. This may be an awareness of problems that can arise in use of particular equipment or arrangements of facilities, or of the likely progress of a condition that is beyond the disabled persons immediate horizon.

**7.26** Within the service a senior and experienced person, who will normally be the manager of the Occupational Therapy team, is needed to decide how assessment is to be provided in the particular circumstances of each case.

### **Dealing with complex cases**

#### ***Disabled children***

**7.27** The provision of adaptations to the family home where there is a disabled child or young person can be a complex process. There is clear evidence that key workers can have a vital role in liaising with social workers, occupational and physiotherapists, education and other staff to ensure that assessments and services meet the family's needs as far as possible. Any assessment or review of need should include the views of the child or young person and their parents. Reviews should take account of the high levels of stress experienced by parents with disabled children and take account of the needs of any non disabled children in the family.

**7.28** The Common Assessment Framework provided a holistic model for assessment of children in need which takes account of the child's developmental needs, the needs of parents and features of the child's environment which impact on his or her development. It is important that any assessment should recognise the child's changing developmental need and his or her progress towards maximum independence. It is also important that the assessment considers the need for the disabled child to be able to participate in all aspects of family life, for example, in ensuring that dining space is available to enable all members of the family to eat together.

**7.29** Every local authority needs to have jointly agreed policies involving housing, social services, education and health to assess and meet the needs of children with physical, sensory and cognitive impairments in their locality. The child should also be able to make their own contribution to this process and that contribution should develop as they grow older.

**7.30** The legislation requires the provision of DFG where a disabled applicant intends to use the property as their only or main residence. This can discriminate against meeting the needs of disabled children whose parents have separated and joint custody has been awarded. It can also cause discrimination for disabled children who spend more than half of their time at residential schools and colleges but who wish to return to a family home during the holidays. Authorities can use their discretionary powers in considering multiple applications to adapt the homes of disabled children in these situations to ensure that the service is equally available to all.



### ***Children in foster care***

**7.31** Children and young people who are placed in foster care have a wide range of needs and are in different kinds of placement ranging from short-term breaks to a long-term foster placement intended to last until adulthood. The Social Services Department is responsible for assessing the child's needs and providing appropriate services to meet those needs, which include services to meet needs arising from disability. Foster carers are eligible for DFGs on behalf of a foster child but provision may depend on the type and length of placement. The Social Services Department should establish local agreements and protocols with housing and health partners to ensure that the welfare of children and young people in foster care is actively promoted and that adapted property is available to meet the needs of disabled children.

### ***People with deteriorating illness or conditions***

**7.32** The needs of people with deteriorating illnesses present a particular challenge for those responsible for providing adaptations. Response should be as fast as possible and consideration given to expedited procedures and interim solutions where some measure of delay is inevitable.

**7.33** Services should seek sensitively to provide for the progress of the illness which may be difficult to predict. A relatively limited period in which a particular adaptation is appropriate should not be regarded as a sufficient reason for delaying or withholding its provision.

**7.34** Specialist organisations that have expertise in meeting the needs of disabled people with particular diagnoses can be helpful in ensuring that the needs and wishes of the disabled person and carers are fully taken into account and reflected in the process of adaptation. Staff should be encouraged to contact and work with such specialists and to make use of their particular knowledge to produce really effective adaptations.

### ***People discharged from hospital***

**7.35** There can often be a fundamental mismatch in the timescale connected to discharge from hospital and that required for achieving an adaptation. Patients who need an adaptation to enable them to return to their home safely should not be discharged without either the necessary adaptation or appropriate interim arrangements already in place. Incorporation of re-ablement into this process is also good practice.

**7.36** Close collaboration between hospital and community based professionals and consultation with the disabled person and carers are essential to avoid unnecessary delays to transfer of care or inappropriate discharge that may result in re-admission or hardship to patients and carers.

**7.37** The National Health Service Act 1977 and the Health Act 1999 gave health bodies the powers to fund housing adaptations if that funding releases beds by expediting discharge. Changes are underway with regard to the legislative framework for health funding, but it is likely that considerable flexibilities will be included. Some health and social care partnerships provide intermediate care accommodation, normally procured from a housing association, which provides an accessible, temporary home where disabled people discharged from hospital can live whilst adaptations are made to their primary home.

#### ***People with sensory impairment***

**7.38** The social services authority will have arrangements in place to provide services for people who have a sensory impairment. Some services may be provided through voluntary organisations, there are also likely to be specialist care managers available.

**7.39** Staff involved in providing an adaptation for a disabled person who has a sensory or cognitive impairment should consult with such appropriate specialist colleagues to facilitate communication with the disabled person and in particular to help with the assessment process.

#### ***People with learning difficulties***

**7.40** Many people with learning difficulties will already have contact with social services. If the disabled person is already receiving care or support, their carers should be consulted in carrying out the assessment and designing the adaptation.

**7.41** In some circumstances the person with a learning difficulty will have problems that indicate that, for their protection and the protection of those who share their home with them particular materials should be used, or avoided, in carrying out the adaptation. Assessors and staff developing specifications should be aware of these possibilities and rely upon the advice of specialist colleagues.

**7.42** Wherever possible, people with learning difficulties, together with their family and carers, should be involved in the assessment discussions and decision making process.

#### ***People with mental health needs***

**7.43** The circumstances in which a disabled person who has mental health needs might require an adaptation are extremely varied. Often the adaptation will be intended to meet other difficulties that are not directly related to their mental health needs but their participation in consultation and the processes of assessment, administration, specification and building work may provide unhelpful stimulus to mental health problems. The advice of specialist colleagues from health and social service agencies should be sought in managing these situations.

**7.44** There may be circumstances in which the mental health problem can be addressed by an adaptation; for example, modifications that protect the disabled person from harm or from intrusions that can exacerbate their problems.

**7.45** The disabled person with mental health needs should be encouraged to play as full a part as possible in the process of achieving the adaptation they need.

### ***People with autism***

**7.46** Housing arrangements for people with autism need to take account of the social isolation inherent in their condition. Additional quiet private space may be needed, particularly for someone with autism in a shared tenancy, where disputes about TV and music channels are frequent, sometimes with serious adverse consequences. Services should be sensitive to the difficulties of children who have an autistic sibling. Access to the internet may also help people on the autistic spectrum to cope with their communication problems. The speed and timing of building work need a negotiated approach with users and carers as people with autism are sensitive to strangers, such as builders, being in their home environment and to prolonged noise and movement and the use of unfamiliar equipment.

**7.47** Adaptations services need to be flexible and to deliver adaptations sensitively, especially where autism is associated with learning disability, challenging behaviour and/or mental health problems. Every effort should be made to involve people with autism as fully as possible in the process of meeting their housing needs. The sensitivity of the key worker to the specific needs of someone with autism will be very important, drawing on expert advice as and when required.

### ***People with multiple impairments***

**7.48** The need to consult the disabled person, their carers and specialist colleagues is especially important when meeting the needs of disabled people who experience multiple impairments. Response to different aspects of their needs may potentially conflict and sensitivity and flexibility are needed.

**7.49** The circumstances should be monitored throughout the period in which the adaptation is proceeding and monitoring should continue after the work is complete.

**7.50** The disabled person should be afforded the same opportunities to participate in the process as others in less complex circumstances.

### ***People with spinal cord injuries***

**7.51** Anyone who sustains a spinal cord injury is likely to remain in hospital for up to 18 months whilst they go through a rehabilitation process. Although the level of their rehabilitation and a definite date for discharge will not be known at an early stage in

their hospitalisation, authorities should start to consider the need for adaptation of their home as soon as possible.

- 7.52** Patients in hospital could, in agreement with the local authority, submit a preliminary application that deals with essential accessibility works such as access ramps, door widening and grab-rails. Unlike complex changes to kitchens and bathrooms, for example, the need for these changes can be determined almost immediately after the patient has been admitted to hospital. Such simple works can also be acted on quickly and do not require complex planning.
- 7.53** Providing early access to a patients' home through this preliminary application may enable them to spend time there during the rehabilitation process. This has been shown to have a positive effect on the individual's mental health and provides increased motivation during occupational therapy and physiotherapy.
- 7.54** An assessment of the need for more major adaptation work should be made as soon as possible within the rehabilitation process. Ideally this should be planned to enable the works to be completed prior to discharge from hospital.
- 7.55** It may assist the rehabilitation of a person with spinal cord injuries to move to an accessible home within the community whilst adaptations are being made to their main home and to avoid an unnecessarily extended stay in hospital. However this should only be considered where a suitable home can be provided within a setting acceptable to the disabled person. It would not be acceptable to place a young person, for example, in an intermediate care flat based within an Extra Care Housing setting intended for older people.

### **Interim help**

- 7.56** In all cases, where the processes needed to secure a long-term solution to the problems being experienced by a disabled person are likely to be lengthy or delays are foreseen then it is appropriate for interim help to be provided. This may be through the provision of equipment or temporary works. It is not acceptable that the disabled person and carers should be left for a period of weeks or months without such interim help when the timescale for the provision of an adaptation is foreseen to be lengthy. In addition to the problems an absence of interim measures may cause for the disabled person and for carers, it may result in additional costs for health and social care authorities.

### **Post assessment**

- 7.57** The statement of needs identified by the assessment should be the determinant of the service response and the basis on which the service outcome is evaluated. Whilst the assessment is essentially an individualised and personal transaction, the effective

service outcome may depend on the responses of a variety of agencies and professionals. It is important, therefore, in the interests of transparency, equity and best utilisation of resources that an agreement is reached between partner agencies on appropriate service responses to identified need. Whereas the service to an individual end user should not be standardised there is scope for standardising the process.

**7.58** The recommendations following assessment are best drawn up on the basis of a format for descriptions agreed in discussion between all agencies involved, capable of being modified to reflect individual circumstances. This can reduce the possibility of miscommunication. The joint team of officers representing social services, housing and health need to agree the appropriate service response to identified standard needs. This may be by jointly developed protocols that allow individual officers to proceed, or by regular meetings. Meetings can be an expensive use of scarce time resources and are best used to resolve problems that cannot be dealt with any other way. They can, however, be a useful part of monitoring service performance, the need for service change and consistency of provision against assessed need.

**7.59** In some circumstances the nature or extent of works involved in an adaptation will be such as to make the property unsafe or unfit for the disabled person to continue living there whilst the work progresses. The person responsible for the assessment and the person providing building advice should consult with the disabled person and their carer about the best means of dealing with these circumstances. In some cases the desire of the disabled person to stay put will be sufficiently strong to consider whether the works can be phased, or part of the property sealed off from the works so they can continue in occupation. In others, especially where the period of significant disruption is expected to be only a few days then the disabled person may be able to stay with friends or family, or take a holiday. The social services and the housing authority should consider meeting all or part of the costs arising from such arrangements.

**7.60** Where more prolonged disruption is unavoidable then a temporary move to alternative accommodation should be considered. A housing association or the local authority housing service may have an appropriate home available. Arranging such a temporary move is a complex and difficult business in which practical and financial support should be available where the disabled person requests it. This may include payment of rent on the temporary home where no eligibility for dual housing benefit exists. Most HIAs will have experience of arranging such temporary re-locations. Whilst the professionals involved will need to assess the risks involved in each case, the wishes of the disabled person should be the final determining factor in all cases except those involving the most extreme risks.

## **Preliminary test of resources for DFG**

**7.61** Under the current system all DFGs, apart from those where the disabled person is a child or qualifying young person, are subject to means testing. However, since 2003 local authorities have had the power to apply a much simplified system for provision of adaptations which do not follow all DFG conditions such as waiving means testing for certain types of works or works costing less than a specified amount (eg. £5,000). The rationale is that the related administrative process of means testing can cost more than the value of a grant for smaller works and result in a significant slowing of the delivery process. This issue is discussed in detail in the DCLG 2011 report, *Disabled Facilities Grant allocation methodology and means test*.

**7.62** Disabled people, their families and carers can suffer considerable unnecessary delay. Having waited for assessment and then for recommendations to be translated into a specification and estimates of cost secured, it is frustrating and stressful for them to discover that the DFG test of resources indicates they will receive little or no financial assistance. Most authorities now use a preliminary enquiry about resources which can short-circuit these delays and may encourage the disabled person to pursue other solutions. This can be achieved through an on-line self assessment tool or through a simple form completed on-site by the first person to visit a potential service user. Authorities using tablet computers and other portable IT solutions will be able to calculate the customer's likely contribution on-site at the first visit. It should be remembered that even if the person making the enquiry is not entitled to a DFG by reason of their income, they are still entitled to assistance. Many people will still choose to proceed on the basis of a 'nil' grant and to employ the services of an HIA to carry out the adaptation on their behalf.

## **Mandatory DFG: processing the application**

**7.63** This section sets out the initial steps that the local housing authority, in conjunction with social services and other partners involved in the adaptations delivery process, needs to follow to deliver DFG support to eligible applicants. The application process is quite complicated and where appropriate the DFG applicant should be advised to seek help from a home improvement agency or the authority should provide support directly. However, it should be noted that individuals are legally entitled to complete a DFG application form and submit this along with the other required documentation directly to their local housing authority. In such cases where the information required for a valid application, under Section 2, has been received, the housing authority must process the application in line with the statutory timescales.

## **Confirming title or securing landlord approval**

**7.64** Where an application for a DFG has been made by an owner-occupier the applicant must provide proof of ownership defined in the 1996 legislation as 'An *owner's*

*certificate' certifies that the applicant has, or proposes to acquire, an owner's interest (as defined in section 21(2)) in the dwelling, and that he intends that the disabled occupant will live in the dwelling as his only or main residence. Applications can therefore be made by prospective purchasers and there is no specific requirement to provide Land Registry proof.*

**7.65** Where the applicant is a tenant then the consent of the landlord for adaptation works to be carried out will be needed and may be secured in a standard form. Every attempt should be made to secure the landlord's approval and in appropriate circumstances authorities should be prepared to assure the landlord that if requested, they will 'make good' when a tenant no longer requires the adaptation. In all circumstances assistance should be offered to the disabled person in completing the required forms or in approaching the other parties that may be involved. Some authorities are now using mobile IT to capture all necessary evidence and complete application forms in the applicants home rather than using paper forms.

Experience in recent years has shown that some housing associations and local authority landlords are withholding their approval on the basis that the dwelling is "inappropriate" for adaptation, even when there is no physical reason why the property cannot be adapted. Tenants have been asked to move to alternative property where the DFG applicant is judged by the landlord to be under-occupying the dwelling or where the landlord has decided they do not allow adaptations in certain types of property, ie level access showers in accommodation above ground floor level. In such circumstances landlords should be reminded that they '*may not unreasonably withhold their consent*' to the adaptation being undertaken.

### **Confirming residence**

**7.66** The applicant will need to confirm, either within the application form or through an accompanying certificate, that the property at which it is intended the adaptation should be carried out will be the disabled person's main or normal place of residence.

**7.67** Where occupation has not yet commenced, the offer of a tenancy and acceptance in principle, subject to a condition such as the completion of adaptations to make the property capable of being occupied, should be treated as indications that the intention is that the property will be the disabled person's sole or main residence.

**7.68** Where it appears to the person carrying out the assessment, or the person evaluating the application for grant, that the applicant may not continue to occupy the adapted property for a period of five years or more they should consider the circumstances. If the reason for suspecting this is a prognosis of a deteriorating condition or possible imminent death of the applicant, this should not be a reason for withholding or delaying grant approval. This is the case whether or not the prognosis is known to the disabled

person, their family or carer. The critical issue in this case is the intention (see Annex C for more detail).

### **The test of resources**

**7.69** As part of an application for a mandatory DFG, a test of resources must be carried out in order to assess the amount, if any, that the applicant must contribute to cost of the works. If the applicant is not in receipt of a passporting benefit they will have to provide details of income and capital.

**7.70** The collection of this information and scrutiny of the supporting documentation will normally be undertaken as near as possible to the point of formal application: that is when the application form has been completed and estimates secured. This timing is to ensure that the financial resources information is current at the time the application is assessed.

**7.71** Within the agreed procedures between the statutory agencies involved in the adaptation process, the officer responsible for securing this information should be clearly identified. This may be OT, the grant officer, a finance officer from the revenues section or an officer specifically employed for the purpose. Regardless of the role, it is good practice for the applicant to be assisted in completing the form and assembling documentary evidence.

**7.72** The cross-checking of the information provided, clarification of any apparent anomalies and calculation of the applicants contribution, if any, should be undertaken by a member of staff within the grant section who has experience in this work. Alternatively this task could be done by a designated member of staff within the finance function of the authority.

**7.73** The timing of enquiries in connection with the test of resources should be designed to coincide with the completion of the application form and provision of estimates for the cost of works. The process of approval should not be delayed by seeking this information only when the other documents have been secured.

**7.74** All requests for financial information, the clarification of any anomalies and the communication of the outcome of assessment should be treated sensitively and with the highest level of confidentiality.

### **The role of the key contact or progress chaser**

**7.75** The initial response to referrals or enquiries should identify the name and contact details of the person who the service user can contact for information about their adaptation. This contact point should remain the same throughout the process, rather than being transferred, for example, from social services to housing if a DFG has been identified as the appropriate solution. The single point of contact need not be within



the same department for all service users and if a HIA is involved, the HIA caseworker will normally fulfil this role. The essential point is for the contact person to have, or have ready access to, details of current progress with any service user's case.

## 8 Funding adaptations and alternative options

The flexibilities introduced through the Regulatory Reform Order and the removal of the DFG ring fence enable authorities to think more innovatively about the funding and delivery of adaptations, working with local partners such as social care and health, as well as housing providers, to use the Disabled Facilities Grant as efficiently as possible. The role of social care, health services and housing associations as key partners in maximising the funding pot for adaptations is highlighted in this section.

### Considering the funding options

- 8.1** This section considers what options are available for funding adaptation works, including the role of housing associations in adaptations and alternatives to DFG .
- 8.2** Within the historical funding arrangements there has been considerable innovation in dealing with the needs of disabled people. Although a mandatory DFG has often been the preferred funding route for major adaptations, other solutions have been used either as an alternative to or as a top-up to the mandatory grant regime.
- 8.3** The flexibility of the powers of the Regulatory Reform Order (RRO) has allowed the creation of adaptations policies that best meet local needs and priorities and be more responsive to the needs of individuals. These have included funding arrangements in excess of the mandatory grant limit, and funding adaptations outside of the DFG system.
- 8.4** Some authorities have set up handyperson services, or contracted with an independent service, to carry out small scale adaptation works or the fitting of minor equipment quickly and cheaply, either to provide a temporary solution to a particular need when a long delay is likely, or frequently to provide a quick and permanent solution. In other cases authorities have contracted with equipment suppliers or installers to offer an accelerated service at relatively low cost, again avoiding the delays associated with DFG. What is important is to seek solutions which meet service user needs quickly and cost-effectively.
- 8.5** Social services funding streams have also been used to increase the overall resource to fund an adaptation in many cases. By definition, adaptations increase independence and can reduce social care costs. Most prevent or at least slow down the rate of deterioration in health, others promote rehabilitation and health gain. There are significant potential savings to health eg. faster hospital discharge and reductions in the cost of GP visits, factors that are relevant in deciding the most effective way to pool resources to achieve cost benefits.

**Hertfordshire County Council's** Children, Schools and Families have a joint Housing Adaptation Panel. Cases are presented by occupational therapists when users are unable to fund adaptations beyond the amount of the DFG. The County Council offers interest free legal charges to owner occupier users where the cost of adaptations is greater than the DFG available. Also Children's Services & Health & Community Services offer a non-refundable grant of up to £5,000 for either DFG contributions or minor works more than £1,000.

- 8.6** In many cases the powers under the Community Care (Delayed Discharges etc) Act 2003 have been used to carry out minor adaptations (costing less than £1,000) free of charge and the freedoms of the RRO have been used to provide responsive services to those in need of assistance quickly.

Wolverhampton City Council introduced a Small Adaptations Grant (SAG) under the 2002 Regulatory Reform Order. The SAG is used for installation of stairlifts and ramps and uses a simplified and streamlined application process. In 2008/2009 - 70 SAGs were awarded with average time from receipt of referral to completion of works of 8 weeks. The numbers of SAG's in 2009/10 and 2010/11 have remained similar; however timescales have since increased slightly due to financial constraints.

### **Changes to the DFG funding regime**

- 8.7** Historically, one of the main criticisms of the DFG programme has been the lack of flexibility within the system. From 2008/09 the scope of DFG funding widened to support any local authority expenditure under the RRO. This enabled local authorities to use specific Government support for DFG funding for wider purposes which may be more appropriate for individuals. This is allowing DFG to be used for associated purposes such as moving home, as a pooled funding resource to purchase re-usable portable extensions and potentially to set up a loan and recycling arrangement for stair lifts. This also allows for a more strategic approach that might include the development of responsive arrangements that can deal quickly with the need for small scale adaptations, enables DFG funding to be pooled with other larger funding sources including social care, telecare and community equipment and/or with handyperson services. The increased flexibility allows local authorities greater freedom to design services that fit with local delivery arrangements and pool funds to best meet the needs of individuals.
- 8.8** These changes have been followed by complete removal of the ring fence. This has the impact that DFG can be pooled with resources from a number of other programmes with local authorities free to determine how best to use the funds.

**8.9** Changes to the funding arrangements do not affect the mandatory nature of the DFG.

### **The new flexibilities**

**8.10** The removal of the ring fence around DFG funding brings with it much greater flexibility in the use of resources. These include the opportunity to pool resources with other funding streams to most effectively deal with adaptations in a holistic way. Local authorities are developing responses to these freedoms.

**8.11** It is important in establishing pooled budgets to ensure that there are clear protocols in place to clarify a range of factors. For example, the source of the various budgetary inputs lose their identity and it needs to be clear at the outset who is contributing what, how funds are to be expended and the understanding of what partners to the pooling arrangement expect to be the outcomes. Local authorities, through their social services activities with Primary Care Trusts, have experience of establishing joint budgets, for example, joint equipment stores and integration of social care and NHS budgets; this experience should be used to inform the new arrangements.

**8.12** The current arrangements provide an enabling framework that underlines the need for funding streams not to be seen in isolation but as elements in meeting the needs of disabled people. Much good practice has been developed during the life of the DFG programme that has seen increasing joint working and integration particularly between social care and housing agencies but also with NHS bodies and the home improvement agency network. What has been important in these collaborations has been the development of cost effective, speedy and effective solutions to needs that cross the boundaries of agencies and budgets, an approach which is reflected in the new regime outlined in Chapter 3.

### **Providing support other than through DFG**

#### ***Support for moving to alternative accommodation***

**8.13** In cases where major adaptations are required and it is difficult to provide a cost-effective solution in a service user's existing home, particularly in the context of the 'reasonable and practicable' judgements, then the possibility of moving elsewhere should be considered. This could be either into a local authority or housing association dwelling, or a more suitable dwelling in the private sector. If the service user is willing to consider this option, they may need considerable help and support through the re-housing process. A "Housing Options" advice, information and practical help service can play a useful role in enabling a disabled person to make an informed decision about their future housing. The website of the DCLG supported national information service, FirstStop, offers useful information about housing and care options in later life which can compliment local face to face provision ([www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk))

**8.14** This approach needs to be handled with considerable care and sensitivity. The needs of the disabled person, their carers and family should be considered so as to ensure that the outcome does not create difficulties, for example, with schooling and potential interruption of support networks.

**Middlesbrough** provides an integrated approach of Housing and Social Care staff to offer a one stop service for the provision of adaptations. This has grown in strength with the development of a Disabled Persons Re-housing Assistance Scheme which offers the service user the alternative of being re-housed to a more suitable property where it is the most cost effective solution as opposed to, for example, the building of an extension.

Significant improvements have been made around the waiting times for adaptations with the introduction of mobile working, for example, referrals can be made from the service user's home for a more speedy response particularly if around hospital discharge. In addition the procurement of showers has been examined with the introduction of a new system that allows more flexibility and value for money.

For a less complex adaptation the Agency also have a Handyperson service which is nationally recognised and supports strong evidence about the impact of handyperson type interventions on improved wellbeing, independent living and easier access to appropriate services.

Bristol City Council offers 'move on' financial assistance to enable owner occupiers to sell their current home and purchase another which better meets the needs of the disabled person, rather than adapting the original property. If there are issues with regard to affordability of home ownership, help with moving to social housing is provided. The Council also funds Bristol Care & Repair to provide independent 'housing options' advice and practical support to help older people who are finding living in their existing home difficult.

### ***Working with housing associations***

**8.15** Some housing associations have made their own arrangements for assisting people with disabilities. Their policies and the extent to which housing associations deliver and fund adaptation services vary widely through the sector. Some have in house Occupational Therapists, specific budgets and speedy arrangements to deliver minor adaptations. Others may only inform tenants of local authority arrangements duty to provide DFGs and on the welfare authority to assist with minor works. In yet others there are arrangements with individual authorities as to how responsibility should be divided between them, sometimes on the basis of the cost of the works. There is no

national pattern to these arrangements. However, such local agreements do not remove the legal responsibilities of the housing authority for the provision of DFG.<sup>29</sup>

**Oldham Housing Investment Partnership** has developed a protocol for Delivering Equipment and Adaptations between the major registered housing providers and Oldham Council. The protocol includes the following:

- Agreed process and procedure for dealing with adaptations;
- An agreed set of measurable standards of performance;
- Agreement as to sources of funding for major and minor adaptations;
- Clarity over maintenance procedures, responsibilities and contractor standards; and
- The delivery of the agreed Housing Adaptations Work plan.

The registered housing providers have agreed to finance:

- Minor adaptations up to £1000 – Housing organisation;
- Major adaptations £1000 - £8000 – costs shared equally; and
- Complex adaptations over £8000 – will be agreed through discussions between the council and the housing organisation.

In addition, an Accessible Housing Co-ordinator has been appointed to

- Develop and co-ordinate a register/database of adapted properties and a register of disabled people who require rehousing.
- Ensure a common process is implemented by housing providers for assessing requests and the letting of adapted properties
- Co-ordinate protocols and common policy to ensure a range of options are considered prior to investing in existing social housing

**8.16** Amongst stock transfer associations there is generally a formal agreement established at the time the housing stock was transferred. Where formal arrangements exist, there are considerable benefits both for tenants and the housing provider. Housing association contributions to adaptations are often a reflection of the policies of the local authorities where they own stock and these policies are themselves affected by demand and the available resources.

**8.17** There is an expectation that housing associations will follow current best practice including work with local authorities to establish agreements as to how they will work together to meet the needs of disabled tenants and the financial arrangements around that.

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<sup>29</sup> Local Government Ombudsman Report into Complaint No 10 008 979

Work commissioned by three Housing Associations provides useful information for both housing associations and local authorities around setting up joint agreements. (*Housing Associations and Home Adaptations: Making it Work Smoothly 2008, School of Policy Studies, University of Bristol Commissioned by Habinteg Housing Association, Servite Homes and Hanover Housing Association*). The report examines in detail existing partnerships and lays out an example of a potential adaptation agreement for discussion and negotiation between associations and councils. It identifies good practice around such agreements and in brief, lists these to be; clear objectives, offering benefits for all parties; respect and the sharing of knowledge; monitoring to demonstrate achievements; transparency (at least between the local authority and each association; fairness between associations; and flexibility when circumstances change). Communication must be good and sustainable through rapid staff turnover. There needs to be agreed resources to sustain the partnership and practical tools and forms to streamline the service. For local authorities considering such an approach there is a useful section on the barriers to partnership.

**8.18** In planning such agreements local authorities need to take account of the diversity of housing associations and of the differing levels of resources available to them. Different approaches have been developed across the country including a standard tariff arrangement for the contribution of associations and local authorities. In other places a standard approach is taken to all adaptations above £1,000 and housing associations contribute a fixed percentage of the cost of adaptations (for example, 50% in the case of Halton, Oldham and others). Some landlords, notably those in receipt of ex-Council housing stock following transfer or establishment of an Arms Length Management Organisation such as Teign Housing and Poole Housing Partnership, fund the full cost of adaptations. Some, such as Oldham, cover maintenance. Local authorities and their partner housing associations need to consider the most appropriate approach for their circumstances and these examples might usefully contribute the basis for discussion.

#### **Local Partnerships**

An example of wider partnership working exists in **South East London** where a protocol on adaptations was adopted in 2008 covering 5 boroughs and some 20 housing associations. A sub-regional housing co-ordinator brought people together to formulate the agreement and continues to work with the partnership boroughs and associations

**8.19** Local authorities may wish to consider the fact that some adaptations may not be of use for more than the current tenancy when developing their funding arrangements with housing associations. In the absence of an effective accessible housing register properly linked to any choice based lettings arrangements, adaptations carried out in

some housing association properties may be wasted in the longer term. Larger associations, particularly those with a focus on housing provision for older people, may have no difficulty re-letting adapted properties. Smaller associations may find difficulty where the previous adaptation is not seen as an asset by potential tenants, with the danger that the adaptation is removed or that the association may have to bear substantial rent loss while an alternative tenant is sought. In developing agreements with associations about the approach to short term adaptations, authorities should also be mindful about the potential for recycling equipment as described in chapter 9.

**8.20** Accessible Housing Registers (AHR) and improved lettings systems can help to ensure best use of accessible and adapted homes more generally, across all tenure types. For information about the London AHR see [www.london.gov.uk/priorities/housing/housing-need/lahr](http://www.london.gov.uk/priorities/housing/housing-need/lahr)

## Loans

**8.21** Within the context of assessed need there is a limited role for loans. These are more likely to be applicable in circumstances where the cost of works for a mandatory DFG is in excess of the maximum amount or where the test of resources requires an applicant to contribute to the cost of the works. Use of loans is also limited by property values, outstanding mortgages and equity levels.

**8.22** Local authorities need to be cautious in their approach to giving advice about loan finance. In general, applicants should be referred to independent financial advisors. In particular areas HIA schemes may be able to offer general information but in many applicants, particularly where more substantial loans are concerned, should take the advice of independent financial advisors and a solicitor in these matters. Some equity release products may appear attractive but not all those who offer home reversion products, for example, are regulated by the Financial Services Authority. Some local authorities and HIAs have working relationships with a particular loan scheme.

## Funding adaptations to local authority dwellings

**8.23** It remains the case that while the DFG framework and mandatory aspect of the grant applies across all tenures, the DFG budget cannot be used for funding adaptations to local authority dwellings. The removal of the ring fence would have the impact of creating a level playing field in the funding of DFGs for all tenures. However, as part of the review of the Housing Revenue Account (HRA) subsidy system the provision of adaptations to local authority tenants will be examined. Until this review is complete, local authorities should continue to fund adaptations to their properties through the borrowing arrangements within the HRA system.



## Charitable funding

**8.24** Certain charities provide funding to assist disabled people in adapting their home.

However there are examples where charitable sources of funding are promoted by local authorities as an alternative to providing DFG, usually because of delays in the current system or expenditure of the DFG budget.

**8.25** While the role of charities in providing financial support to those who may not be eligible for statutory funding is welcome, charitable grants should not be expected to substitute the funding provided by Government for the provision of DFG. Most charitable organisations will only contribute towards the cost of an adaptation in very specific circumstances for particular groups of beneficiaries. Examples of circumstances where charitable funding might be particularly useful include where the test of resources or the upper threshold of grant eligibility result in a assessed financial contribution by the applicant that they cannot afford.

## Alternatives for self-funders

**8.26** There may be cases where financial assistance is not available from the council or its partners. Under the mandatory DFG system this would be so where the test of resources indicated that the enquirer's contribution was greater than the cost of works. In these circumstances it is important to consider the potential for the need for successive applications and the option to approve a `nil grant` that would have the effect of reducing the applicants contribution to any subsequent application. This is covered specifically in paragraphs 12 and 13 in Annex C.

**8.27** Other cases might arise where a thorough assessment had established that a specific adaptation requested was not needed. In such situations the enquirer should be offered advice and information on other options which should include referral to a disabled living centre or HIA. Those who wished to proceed with an adaptation at their own expense without using a home improvement agency should still be offered access to lists of competent builders or to professionals whose expertise might be useful.

## Support to move home

**8.28** Authorities may provide assistance to enable disabled people meet their housing and social needs by helping them to move to more suitable living accommodation (which may or may not require further adaptation). Some local authorities are enabling disabled people who are seeking alternative accommodation to find properties that are already suitably designed/adapted or can be more easily adapted to meet their needs.

**8.29** The aim is to ensure that when an adapted property becomes vacant it is subsequently occupied by a disabled person who can receive the benefit of the standard of access and/or adaptations which have been carried out. However it must be recognised that

whilst the re-use of adaptations can make some savings in the use of public resources, further adaptations or modifications may be required to meet the new occupant's specific needs.

**8.30** Where specific accessible housing registers exist it is important to:

- reach agreement on accessibility standards/categories of property as early as possible;
- ensure that standards/adaptations to properties are described fully, accurately and consistently on the database and in any adverts or information about properties;
- incorporate information on the quality and lifetime of the adaptations;
- where a register involves more than one social landlord, ensure that arrangements for consistency in recording and exchange of information are in place;
- ensure that an equivalent record of the needs of potential new tenants or transfers is kept in order to facilitate potential links; and
- develop lettings procedures for adapted properties so that when they become vacant, they are extracted from the general lettings pool; that deadlines for mainstream lettings are set aside (although other appropriate targets could be set); and that procedures for offering properties to potential tenants, and carrying out further modifications or adaptations (if required) can be implemented quickly.

Walsall Adapted Housing Service (WAHS) is a voluntary sector project working with social landlords and the Council to link already adapted properties with disabled people needing accommodation with the same adaptations. Social landlords advise WAHS when an adapted property becomes vacant, the service then matches the property with prospective service users from its register. In 4 years the service has enabled 145 adapted property re-lets, saving the partners an estimated £2 million in recycled adaptations, reduced DFG waiting lists, faster hospital discharge etc.

**8.31** Where a Choice Based Lettings scheme is operational there is a need to ensure that adapted properties are effectively ring fenced in the first instance to those who would benefit from the adaptations, that there are processes to ensure that disabled people on the register know about the availability of adapted property and that the adaptations are clearly identified so that the applicant can make an informed judgement. It is lawful to restrict access to adapted homes to disabled people since the law provides that people who need to move on “medical and welfare grounds” (defined to include disability) must be given reasonable preference for an application.

**8.32** In the owner-occupied sector it is useful to secure the co-operation of estate agents in including details in property particulars to assist disabled people who are seeking to buy. These could include information on access to facilities such as shops and public transport; levels between street and garden/garage; ease of access to front and rear

doors including lifts in flats; presence of internal steps or stairs; accessibility of main facilities and presence of other adaptations or equipment. Advice and support is likely to be necessary to assist estate agents in operating such a scheme whilst meeting their obligations under the Property Misdescriptions Act 1991.

**8.33** Some local authorities are also broadening the scope of Choice Based Lettings schemes to include the marketing of private rented housing and some homes for sale. Where this is the case, authorities could consider providing a free service to landlords or vendors of adapted properties to enable effective marketing to households on the register. There are several web-based estate agents advertising adapted and accessible properties of varying tenure, whilst in London the AHR Categories are used to advertise accessible properties for both social rent and intermediate home ownership options e.g. part rent/part buy on the First Steps website [www.firststepslondon.org](http://www.firststepslondon.org) .

## 9 Getting the work done

This chapter outlines the process of moving from an assessment of needs to carrying out the necessary building works. It notes the importance of involving the service user in specifying the works and maintaining communication throughout the process. The use of standard specifications and schedules of rates is highlighted as a way to avoid the delays resulting from tendering and providing clarity to contractors. Innovative procurement methods are outlined resulting in savings through economies of scale, as well as providing certainty about the cost of the work and reducing waiting times for delivery. The chapter also considers support for those who choose to organise the works themselves.

### Ensuring value for money

- 9.1 A central issue in getting the building work done is to ensure that the processes adopted are fit for purpose. Minimising the timescales in the interests of the disabled person whilst ensuring that probity is maintained and value for money maximised, are core objectives.
- 9.2 In this regard, local authorities need to question which activities need to be carried out by themselves, whether there are gains to be had from working more closely with other agencies and whether different approaches could minimise the administration and process. The focus needs to be taking a fresh look at how to deliver an effective service.
- 9.3 The powers under the RRO give considerable flexibility for authorities to design responses to need that may not require the more complex assessment, application, approval and specification processes for major DFG works. There are potentially substantial efficiency gains from such an approach which would be well suited to low cost, routine works. Authorities, housing associations and HIAs, sometimes in collaboration with NHS bodies, have developed a wide range of quick responses to minor and medium scale works and there is considerable scope for this approach to be replicated.

### Translating recommendations into a specification of works

- 9.4 While the assessment of needs for DFG will be in writing and will have been shared with the disabled person and their carers, there needs to be clarity between the assessor and technical staff as to what this means in practice. Close collaboration between staff in the grants and occupational therapy services from the earliest stages will help to ensure that there is a shared view of the adaptation work needed. This may or may not involve joint visits to the property. In an increasing number of cases, this collaboration

is being assisted by co-location of staff that allows closer working and develops mutual understanding as outlined in Chapter 5.

- 9.5** In complex cases particularly, the preparation of the specification and the associated plans will often be undertaken by a member of the grants team, the HIA or the housing association. Where individuals are pursuing their own work an architect or surveyor may be involved. The level of specification should be appropriate to the job. For simple jobs, a basic standard instruction to the contractor will be all that is required.

**Leeds City Council** brought in a range of measures to reduce DFG bureaucracy which resulted in a greatly speeded up service including:

- Reduction and simplification of paperwork and use of e mail for standard letters, schedules; approvals and receipt of final documentation with contractors;
- Fixed scheme costs for a range of standard adaptations such as wet floor showers. This has removed the need for quotes and assessments by using standard specifications;
- Scanned drawings act as schedules;
- A contractors “fining system” which sees a reduction (£300) off the standard price for defects that stop use of facilities at final inspection and/or for late final paperwork; and
- Professional close working relationship with a small group of selected contractors and internal partners has led to major resource savings.

- 9.6** In simpler cases, there are opportunities to adopt more streamlined processes.

The **Poole Housing Partnership** (an ALMO) has carried out a thorough review of systems and procedures. Savings were identified as well as procedural changes to reduce the time taken to adapt residents’ homes. For example, for many schemes the Occupational Therapist now instructs the contractor directly rather than via a technical officer reducing the time for this stage of the process to around 5 days, a quarter of the time taken previously.

- 9.7** Having specified the work and produced any necessary drawings it is important that the disabled person, their carers and other family members are helped to understand precisely what is going to be done. Experience shows that satisfaction with the outcome of adaptations is linked with the degree of involvement in its specification. Many people will not be familiar with interpreting drawings and the technical language of specifications, and authorities should be careful to ensure that there is a real understanding. The use of sketches prepared through computer aided design, portable IT and web based presentations may be of help, but the key issue here is around

ensuring good communication with the applicant, particularly having regard to the cultural and language background of the individual.

- 9.8** It is necessary to keep the applicant informed during the progress of the case. This will particularly be the case for complex schemes where an individual tender is needed for the work that will protract timescales. At the point where the contractor is identified it will be necessary to arrange a joint visit to discuss the way and sequence in which the works are to be done, how to minimise the impact of the works on the disabled person and the rest of the household and the need for, and siting of any temporary facilities required.

**South Staffordshire Council** have worked with **Spirita Care & Repair** to reduce dramatically adaptation processing times and costs, resulting in just 20 days from referral to finished installation for stairlifts and 8 weeks for a level access shower. Measures include: A block of funding for adaptations allocated to Spirita; no means test or tenure condition for simple single items (stairlift, level access shower, ramp or special WC); one joint visit made by OT (who is co-located in Spirita office) and caseworker at which a simple 2 side application form and electronic drawing is processed on site, application emailed and approval given or refused within 24hrs; rolling contractor list working to a schedule of rates.

### **Standard specifications**

- 9.9** The development of common specifications can save time and effort and there is considerable potential for its use in the process of delivering adaptations for example, analysis of DFG work carried out in private sector housing shows that a high proportion was for stair lifts and level access showers. However, it is also important to bear in mind that personal needs differ as do the characteristics of the properties to which adaptations are made.
- 9.10** Suppliers of certain types of equipment may provide detailed specifications for installation or the provision of associated services, and if these are found to be satisfactory, they should be used wherever possible. Standard clauses for use in specifications or contracts should also be adopted wherever possible. It is worth investing in the development of these mechanisms in order to save time and effort in the longer term. Care should be taken to ensure that equipment supplied meets requisite manufacturing standards and is CE marked in accordance with any relevant EU directives.

### **Procuring adaptations**

- 9.11** Historically, guidance on this issue was predicated on the fact that most procurement was undertaken by local authorities. While this remains a significant route there have been many developments in this area as new models have been developed. Many of

these offer economies of scale, separation of the procurement of equipment from general building works and different responsibilities for establishing lists of builders, contracting and the supervision of works.

**9.12** As mentioned in Chapter 6 around 90% of the country is now served by a HIA and nearly 50 per cent of DFGs are delivered through them. Many agencies have their own procurement arrangements although others still follow local authorities' systems in this respect. Local authorities will usually seek assurances from agencies around the probity of their procurement arrangements and around issues of service user feedback influencing the arrangements.

**9.13** Although some housing associations fund the delivery of adaptations without grant aid others may support tenants through the DFG process. Housing associations may have their own well developed arrangements for procuring building works and there is no reason, particularly where it could offer better value for money, why they should not apply these to DFG aided works.

**9.14** Where a local authority proposes to establish or review an approved list of builders for adaptation works, it should be open to all contractors who meet a published set of criteria. These typically should include:

- production of appropriate insurance documentation;
- production of evidence of financial standing; and
- evidence of competence in carrying out building work of the categories involved in adaptations. This evidence should be by production of references and provision of access to past work that may be inspected by officers.

Authorities may also consider whether it is appropriate to require contractors to obtain and produce Criminal Records Bureau checks for their staff to reflect the fact that many disabled people will be vulnerable adults. This may not be feasible for one-off contracts but, if a contractor and his employees spend a significant amount of their time involved in DFG work, such checks are recommended.

**9.15** It would be appropriate to include in the list both contractors capable of undertaking the general building works that may be involved in adaptations and specialists, such as suppliers and installers of lifts. In including plumbing companies in the list, account should be taken of the particular expertise that may be needed in satisfactorily installing level access showers and similar adaptations. Local authorities may decide that it would be an added protection for consumers if suppliers and contractors were signed up to an appropriate Code of Practice eg. the OFT approved Consumer Code of Practice operated by the British Healthcare Trades Association for equipment suppliers, or the *Code of Practice for Community Equipment* (Donnelly B. 2011) or similar local schemes.

**9.16** Authorities need to also consider the capacity of the builders who wish to be considered for inclusion on the list and this may be judged by their annual turnover. It is good practice to rotate the offer of work to builders in order to be able to demonstrate that there is fairness and probity in the arrangements. Capacity may be taken into account in setting the rotational period and this has the added advantage that small local contractors can be recruited to the list.

**9.17** Rotational arrangements can work well in conjunction with priced schedules of work. Builders are asked if they are prepared to accept a priced comprehensive schedule of works that is drawn up, usually annually, to cover the majority of the elements of work that are likely to be encountered in delivering adaptations. In some authorities this allows for the contractor to indicate a discount or increase to the rates. This allows value for money to be achieved but needs to be done in the context that the overall capacity of the list must be sufficient to deliver the anticipated volume of work. Work is then offered to the accepted builder on a rotational basis which generally avoids the need for tendering for individual schemes with consequent time saving. Rigorous record keeping is necessary. The process of establishing and using lists in this way is time consuming and is best suited to large authorities with substantial programmes of work or consortia of authorities.

In the **West of England** a sub-regional Framework Contract has been established for common types of adaptation work. This allows both neighbouring authorities and housing associations to access the procured rates should they wish to do so. It also gives contractors some certainty about future work which enables them to plan time for urgent situations. The average time from a job being allocated to a contractor to approval is now only 10 working days and works are completed within 4 weeks.

**9.18** An important part of maintaining a list is ensuring that it reflects feedback from people who have had adaptation work done by the contractor. To do this it is necessary to have a process that will collect a range of judgements that cover the contractor's performance and behaviours. This should be done independently from the contractor and form part of the judgement as to whether to retain the builder on the list.

**9.19** Where individuals are proposing to organise the works for themselves and appoint a contractor, the authority needs to exercise caution in offering advice about this, whilst seeking to be helpful. It may choose to make available its own list on the basis that these are contractors who are known to undertake this kind of work, but without offering any kind of endorsement, or it could alternatively offer the list indicating in writing what checks had been made and when. It would not be acceptable to endorse any particular contractor, although this question is often posed by applicants.



**9.20** It is good practice for the local housing authority to maintain a record of the contracts funded by grant that are awarded to each firm on its approved list and to review any patterns that may emerge.

**9.21** Where the applicant decides to use a contractor that is not on the local authority approved list they should be provided with the list of criteria used to vet contractors for admission to the council's approved list and advised to apply these same tests to their chosen contractor. Their application should not be treated in any way less favourably than if they had used a contractor from the approved list.

**9.22** Local housing authorities may consider whether they wish to offer applicants access to contractors who have agreed a schedule of rates for carrying out adaptations work as outlined above. Contractors may be selected for invitation to tender prices against the specification using the same criteria as would be used for admission to an approved contractor list. Once in place the benefits of such a system are potentially considerable for straightforward schemes: costs can be calculated directly from the specification, an overall price for the works fixed and the level of grant assessed without waiting for tenders to be returned and evaluated. However, no schedule of works will prove to cover all eventualities and an element of specific pricing will still be needed on some schemes.

### **Bulk purchasing and recycling equipment**

**9.23** A realisation amongst authorities about the potential cost savings through bulk purchasing the most frequent kinds of adaptations has led to a range of initiatives being developed. Although there must be some scope for ordering outside the standard range there is a strong case for agreeing a limited range of models of stair lift, level access showers and other items. Some bulk purchase arrangements allow considerable choice. Negotiation with manufacturers or suppliers can lead to a contract price. Access to such an arrangement can also be offered to those who are self-funding adaptations. Due regard should be given to using local, small and medium enterprises wherever possible and to the need for arrangements to be in place for a swift response in an emergency (eg with stairlifts).

**Bristol City Council** bulk purchase straight track stairlifts in advance and store these to enable fast tracking of urgent applications as they arrive. Where stairlifts are no longer required these are removed, reconditioned and put into store for reuse where appropriate. These initiatives reduce the cost of stairlift schemes as well as cutting waiting times.

Some authorities have joined together to develop a framework agreement with a social economy business formed by a group of large social landlords, **Fusion 21**, to procure equipment collectively, in particular stairlifts. As a result, partners have achieved significant quality improvements and purchasing savings of up to 30%. Partner authorities pay a fee to the group enabling them to negotiate better procurement terms on their behalf. When equipment is required, each partner authority can approach a number of possible suppliers. By quoting a reference number, they know they will be guaranteed delivery at a set price and within a set timescale preferential to that available to other customers.

**9.24** There is also considerable scope for recycling equipment, generating cost savings and preventing the potential scrapping of equipment no longer needed by households. Careful planning is necessary to set up such a scheme to avoid storing unusable equipment, ensuring proper maintenance, overhaul and re-upholstery. Significant space is required and the costs of this need to be carefully factored into a business case. Local authorities are increasingly building the requirement to recycle equipment into their grant conditions using their power under Section 52 (detailed Para 72, App C). Housing associations may consider a partnership approach with other associations and local authorities to recycle equipment. This ensures the adaptations service is cost effective and environmentally sound.

**Somerset and Bath and NE Somerset Care and Repair** have set up an award-winning service to recycle stair lifts. The agency put together a funding package using lottery money earmarked for recycling, along with money from other charitable sources. They have a storage facility and workshop in an industrial unit near their office. They obtained technical training from the leading manufacturers and are now registered as dealers and re-sellers for 3 manufacturers. All the returned lifts, some of which are quite new, are serviced, steam cleaned and disinfected and the fabric and foam on seat covers are replaced. They offer services for private sector service users, local authorities and local housing associations. They can offer a recycled lift at half the cost of a new one. They provide a rapid turnaround and also offer a warranty scheme and a breakdown service. The facility is advertised on their website and they get donations of lifts from a wide area.

The scheme has developed so that the agency can now offer a full stair lift service, providing both new and reconditioned, straight run and curved rail lifts. A Consumer Credit Licence has also been obtained which allows the Agency to offer both lease and hire purchase options. The lease option is of particular use for short term or end of life situations.

## Modern methods of construction

**9.25** Where access to washing and/or sleeping accommodation is to be improved it may be appropriate to consider the use of a prefabricated unit, rather than building an extension of conventional construction or losing space or amenity caused by internal rearrangement. Access difficulties can prevent a full pre-fabricated extension being delivered to the position needed and component sections joined together on site provide an alternative option, albeit slightly longer to install. Speed of installation does not necessarily result in a significant reduction in the total time needed to progress an adaptation from enquiry to completion, but the reduction in disruption where an occupier is to remain in residence during the work on site is a factor to consider. There are also potential cost savings to the DFG programme if the unit can be used more than once. The flexibilities of the RRO facilitate the provision of such arrangements. Reservations about appearance and reinstatement when the unit is removed can be addressed by good design.

## Planning permission

**9.26** It is important to ensure that planning approval procedures do not add unnecessary delays during the process of consideration of an adaptation. Local housing authorities need to:

- liaise with the local planning department (which will normally be within the same authority) to determine the scope of matters which would typically require planning permission, the content of any local design and development guidelines and the scope of exceptional circumstances (for example when a property lies within a conservation area);
- develop procedures to assist applicants to obtain planning permission quickly, using the planning authority's knowledge and experience. Authorities should accept that whereas the onus is normally on an applicant to satisfy planning requirements (for example in the completion of forms and assembly of the required material to accompany an application), applicants for adaptations should receive as much practical help as is necessary to avoid delay in meeting their needs; and
- develop procedures to resolve problems with planning permission where these arise.

## Site supervision and liaison

**9.27** Adaptations will often involve complex works which require close supervision. The details of such supervision will need to be locally determined and depend to a significant degree on the involvement of an HIA or other agency arrangement. The purpose of local authority supervision is to ensure that the works described in the specification are carried out and completed to an acceptable standard, in accordance

with relevant regulations and undertaken in a way that respects the rights of the disabled person.

**9.28** All major adaptation work needs to be visited by a supervising officer at least once whilst they are in progress and where work continues beyond a week, more often. The Occupational Therapist would also undertake a site visit to advise on the installation or arrangement of key elements of a major adaptation before that work is undertaken. In all visits the disabled person and carer should be involved and given an opportunity to comment on the progress of the work and raise any difficulties or queries. Such involvement can prevent wasted time and may identify issues of appropriateness or suitability that had not been identified earlier that would need to be considered with occupational therapy staff.

## 10 Completion and aftercare

This chapter introduces the importance of good aftercare particularly in ensuring that the service user can use the adaptation provided and that it meets the needs they identified at the outset. Some equipment requires regular servicing and many authorities have included the cost of servicing or insurance within DFG schemes. The section also considers how authorities can monitor performance, particularly satisfaction with the service, and deal with complaints.

### Service contracts

#### *Warranty*

**10.1** Some items installed as part of an adaptation, such as stair and through-floor lifts, automated toilets and ceiling hoists, will need regular servicing and provision made for repair in cases of failure. It is good practice for these arrangements, covering the likely service life of the equipment, to be secured by the local authority at the time of installation. The cost of securing services by way of extended guarantee or service contract, when met by a single payment on commissioning, needs to be included in the calculation of any grant payable.

**Wolverhampton City Council** has established a contractual arrangement for the supply and installation of lifts that provides a ten year warranty. This was achieved through competitive tendering and provides for annual servicing and a full parts and labour warranty. Where the lift is no longer required, the supplier will remove and store the lift free of charge and refit it in another property with any required refurbishment and with the remainder of the warranty remaining in place. In 2010/11 13% of installations were of recycled lifts. This arrangement replaces a stairlift maintenance scheme that provided help to recipients of DFGs but was administratively relatively costly.

#### *Provision of aftercare/customer support*

**10.2** The whole investment in an adaptation can be compromised by a lack of appropriate arrangements to ensure that works are properly complete, the disabled person and carer are confident in the use of the adaptation and that the assessed needs have been met.

**10.3** On completion of an adaptation the key contact should decide who is most appropriate to visit the applicant to evaluate the effectiveness of the scheme, including whether the disabled person is able to use the adaptation. This may be the person who carried out the assessment, the supervising officer, the grant officer or a combination of these, at a

joint visit. Where a HIA has been involved this visit will almost certainly need to involve the caseworker. In the course of this visit they should consult with the disabled person and their carer or family on:

- the appropriateness of the adaptation and whether it meets the agreed needs of the disabled person and any other recommendations identified;
- the way in which the work was carried out;
- whether all the required work is fully completed to the standard specified; and
- in the case of equipment, that it is fully operational and the disabled person is able to use it.

The visit may also be used to gather feedback on the service to contribute to assessment of performance against the satisfaction indicator suggested in Chapter 11. Staff need to be wary of influencing the customer in seeking feedback about the service and enabling the person to provide feedback information in a more anonymous way may provide a more useful check.

**10.4** The key contact needs to ensure that all guarantees and other documentation have been provided to the disabled person or their carer, that any suggestions for further service have been appropriately dealt with and confirm with them that the case may be closed.

### ***Monitoring the system***

**10.5** As a minimum, the agencies principally involved in delivery of adaptations need to ensure that systems are in place to:

- record the progress of cases through the relevant stages to enable comparison with the target times suggested in Annex A;
- inspect the completed adaptation or installation for quality purposes (or sample survey minor works);
- advise the user on optimising the effectiveness of the adaptation or equipment safely;
- routinely survey all service users as to their satisfaction with the process and outcome, either at the end or throughout the process;
- sample survey customers after 6 months, 1 year and 3 years to review whether adaptation solutions continue to be appropriate and useful over time and whether different equipment represents ongoing value for money to inform future assessments of need and commissioning decisions; and
- involve a standing group of service users and carers in monitoring the system, sharing in the review of survey responses and contributing to the design and evaluation of the whole adaptation service.

### **Monitoring Service User Experience**

Experience shows that simple satisfaction monitoring of DFG work will often demonstrate high levels of satisfaction – often in excess of 90 per cent. While this can show the positive impact of the work, many organisations have now moved towards a more comprehensive approach that provides better feedback to inform service improvement.

For example, the questionnaires adopted by **Middlesbrough Council, Westminster City Council** and **Bristol City Council** include questions about involvement in the assessment process, whether the applicant knew how to comment or complain, whether a principal named contact and telephone number was identified, the quality and format of communication available, the positive impact of the work on other household members as well as satisfaction with service, staff and contractors involved across a range of measures. Significant space is set aside for open comment.

Middlesbrough’s questionnaire now includes information relating to service users health and well being, information from which will be used to contribute to the preventative agenda set by health.

**10.6** Chapter 11 suggests that overall satisfaction with the service continues to be measured but that service user feedback is sought on different aspects of the service and whether their personally defined outcomes have been achieved. The questions outlined in Annex A, or similar questions designed by an authority, can be used in satisfaction questionnaires to provide a better overview of customer satisfaction. Standardised use of these questions will also enable authorities to benchmark against each other and identify practice improvements that will improve their performance.

### ***Dealing with complaints***

**10.7** Systems and processes need to be so designed to ensure that the disabled person, their carers and relatives, have the opportunity to be involved and contribute at all stages from inception to completion. The maintenance of this dialogue is an important aspect of the work. However, complaints may still arise.

**10.8** The rights of disabled people and carers to complain about the service they have received are the same as for any other citizen in similar circumstances. These rights need to be clearly set out in literature or other media made available to people when they first make an enquiry or request for service and reiterated in key documents subsequently. This information needs to also indicate the processes and timescales involved and the contact details for those to whom complaints should be addressed, and include the channels through which an appeal or request for review may be pursued if the complainant is not satisfied with the initial response and should include

details of the Local Government Ombudsman. It is worth noting that the reports of the LGO concerning DFG contain a useful body of evidence for local authorities.

**10.9** Authorities need to have a contingency fund to pay for remedial works to be swiftly carried out when adaptations have gone awry. People in these circumstances should not be put in a queue to wait for a reassessment.

***Advice on where the process ends***

**10.10** Both professionals and those using services need to have a clear understanding about the point at which a particular intervention may be regarded as complete. Whilst the case should remain open to all professionals or agencies involved from the point of enquiry to the satisfactory completion of the adaptation, or other outcome, it should reach a point at which it is considered to be closed. This will be after the adequacy and appropriateness of the outcome has been reviewed, the views of the disabled person and carers sought, and any related needs referred to appropriate agencies. A clear indication needs to be given to the disabled person and carers that the current intervention is at an end but that they can re-establish contact if there is any change of circumstances or other difficulty in relation to the adaptation.



## 11 Performance monitoring and benchmarking

There are no longer any national performance indicators for adaptations. However, most authorities will wish to monitor performance and report this to stakeholders, particularly to elected members and health and social care partners, in order to demonstrate wider benefits and benchmark their service to ensure quality and value for money.

### Performance indicators

**11.1** The 2006 guidance provided detailed targets for completion of the various stages in delivery of adaptations broken down by the level of priority of the disabled persons needs.

**11.2** Subsequently, the National Indicator Set for Local Authorities and Local Authority Partnerships<sup>30</sup>, the outcomes framework for Supporting People and Department of Health (DH) health and social care indicators all provided a broader framework for monitoring the impact of adaptations. This approach is supported by the Audit Commission which seeks a more customer focussed approach to performance measurement.

**11.3** Although collection and analysis of outcomes information is not mandatory, HIAs and administering authorities alike may find it helpful to be able to monitor and demonstrate the broader value of the service. Data from the FEMIS database held by Foundations, which records home improvement agency activity in 219 local authority areas (approximately two thirds of the sector), shows that from April to November 2009, outcomes for 9,239 service users were recorded by 150 home improvement agencies. Major adaptations are recorded under the 'be healthy' high-level outcome, within the indicator "*Did the service user need help to better manage their physical health or mental health?*" Around one third of service users (3,044) were recorded in this category and, of those, 701 needed a major adaptation. This outcome was achieved for 540 of these 701 service users.

**11.4** Many local authorities monitor outcomes from DFG services through post-service satisfaction surveys as outlined in Chapter 10. However, as these have been developed individually no comparison is able to be made with other providers. Adoption of a standardised approach would therefore benefit authorities in being able to demonstrate value for money from their adaptations service.

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<sup>30</sup> <http://www.communities.gov.uk/publications/localgovernment/nationalindicator>  
& <http://www.communities.gov.uk/publications/localgovernment/updatednidefinitions>

**11.5** Four local performance measures are suggested:

- % of service users who identify an improvement in the five outcome categories<sup>31</sup> as a result of adaptation;
- % of service users satisfied with the adaptations service;
- % of residents potentially in need of an adaptation whose home is adapted; and
- % of adaptations completed within the target timescales for each stage of the adaptation process by priority category.

When setting targets for timescales authorities should note that DFG legislation requires a decision on an application to be issued as soon as reasonably practicable and, in any event, not later than six months after the date of application.

**11.6** Full definitions are provided in Annex A, including suggested questions for authorities to use in monitoring achievement of personal outcomes and satisfaction with various aspects of the adaptations service.

**11.7** The level to which an authority is meeting needs locally can be measured by the third indicator. This is difficult to assess as authorities measure need for adaptations in many different ways as evidenced by a review of several Joint Strategic Needs Assessments. The National Family Resource Survey<sup>32</sup> assesses the number of people identified as having a longstanding illness, disability or infirmity, and who have significant difficulty with day-to-day activities. Although this is a sample survey and the question is a crude measure of the need for adaptations it does provide a method for consistent provision of the denominator for the indicator.

**11.8** Finally, the target timescales for completion of urgent and non-urgent adaptations have been broken down into three stages:

- Initial enquiry to referral of the proposed scheme to the adaptation service;
- Receipt of referral by adaptation service to approval of scheme/DFG; and
- Approval of scheme to completion of work.

The timescales included in this guide have been developed using information from local authorities and in consultation with the Audit Commission. Whilst it is accepted that some grants take longer to approve and works take longer to complete due to service user delays, authorities are generally able to demonstrate that the majority of adaptations can be completed within these timescales.

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<sup>31</sup> The five outcomes are outlined in Annex A.

<sup>32</sup> <http://www.odi.gov.uk/docs/res/factsheets/disability-prevalence.pdf>

**11.9** While these measures may not be wholly relevant to service users' perception of the service, they are useful to adaptation service providers in order to compare systems and procedures with others. To respond to the need for a customer view of the service the total time taken would also need to be monitored and reported more widely.

**11.10** Authorities faced with difficulties in managing budgets may seek to defer payment of grant. The current legislation specifies a maximum of six months between application and approval. Provision exists to, in exceptional cases, delay payment for up to twelve months from the date of application. These need to be viewed as the maximum times allowed for these processes rather than the norm; such delays are contrary to the intention of the DFG programme which is to assist disabled people in achieving a better quality of life through adaptation to their home as quickly as possible.

### **Performance monitoring and reporting**

**11.11** Many authorities utilise database software designed for environmental health or housing services to manage adaptations services. These are generally useful for case management and reports can be generated showing numbers of cases, grant values and time taken for different stages in the process. As mentioned in previous chapters some authorities now use the FEMIS system, introduced by Foundations to monitor HIA performance for both quantitative and qualitative measures. Whatever system is used by an authority it will need to be able to generate reports on outcomes, satisfaction and timescales for the three different stages in the adaptations process if they opt to measure their performance against the indicators described in Annex A.

**11.12** Local authority elected members will wish to understand the value of the adaptations service provided by the authority, particularly in terms of the outcomes achieved for service users. Accurate and detailed impact measures are central to helping members make informed decisions about resource allocation.

**11.13** Adaptations services also need to report performance to service users and the wider community. This can be achieved through readily accessible information on the websites of the authority, the HIA and other local agencies concerned about disabled people and carers. Articles in newsletters, either designed specifically for service users or for the local community generally, can also help to raise awareness of the success of the service.

Following concerns raised about long waiting times for adaptations, Poole Housing Partnership (ALMO) undertook to review the service. Focus groups were held with residents and external agencies, including high performing services from elsewhere, were invited to a challenge day. The priorities identified through these forums were to reduce the waiting list and to maintain better communication with residents waiting for adaptations.

The ALMO developed a quarterly newsletter for people on the waiting list to update them on improvements to the service. This is no longer necessary as waiting times have significantly reduced. However the ALMO maintains communication about the adaptations service with residents through the general newsletter. This also has the effect of promoting the service

## **Benchmarking**

**11.14** Local authorities need to demonstrate that their services represent good value for money and this is often achieved through benchmarking their services against others. Where the authority can easily identify other areas with similar attributes, in terms of demographics, demand and budget, benchmarking clubs can be a useful forum for comparison of costs and performance as well as processes and the sharing of good practice.

## **ANNEX A Local Performance Indicators**

**Indicator 1: proportion of service users who identify an improvement in the five outcome categories as a result of adaptation**

### ***Definition***

Proportion expressed as a percentage of all recipients of DFG (or adaptation through a different funding route e.g. through Regulatory Reform Order policies or request to a housing association landlord), the number of service users who can identify an improvement in the following categories arising directly from the adaptation:

- Ability to enjoy and achieve;
- Ability to be healthy;
- Improved safety and security;
- Improved economic well being; and
- Ability to make a positive contribution.

### ***Method for measuring performance***

Satisfaction questionnaires provided to service users following completion of the adaptation work to include the following questions:

How well has the adaptation to your home improved your quality of life? For example:

- Are you more able to have contact with family and friends or take part in activities or groups within your community?
- Are you more able to take care of your physical or mental health?
- Do you feel safer from risk of fire, intrusion or accidents in your home?
- Has your financial situation improved through increasing your benefit or being able to gain paid employment?
- Do you feel more confident and able to control or be involved in getting the services you need in future?
- Has the quality of life of other members of your immediate family improved?
- Has your quality of life improved generally?

Questionnaires to provide 5 options, either 1-5 where 1 is highest and 5 is lowest with 1-3 graded as positive or “very”, “quite”, “a little”, “not very”, “not at all” where the first three options are graded as positive.

### ***Target***

95% positive responses to the final question about quality of life generally for the disabled person.

## **Indicator 2: proportion of service users satisfied with the adaptations service**

### ***Definition***

Proportion expressed as a percentage of all recipients of DFG (or adaptation through a different funding route, e.g. through Regulatory Reform Order policies or request to a housing association landlord), the number of service users who were satisfied with the service in general and with the aspects of the service listed in the proposed questions.

### ***Method for measuring performance***

Satisfaction questionnaires provided to service users following completion of the adaptation work to include the following questions:

How satisfied were you with the:

- Information you were given about the options available to you?
- Way in which the information was provided (was it translated into another language, recorded onto audio tape or other means to help you understand it)?
- Level of choice you had in the type and design of your adaptation?
- Explanation about the work needed and the impact on your home life?
- Information you were given about progress with your adaptation?
- Quality of work and materials used in your adaptation?
- Advice you were given on using your adaptation?
- Improvement in your ability to live independently or general quality of life as a result of your adaptation?
- Service you received from the (Occupational Therapy Service)?
- Service and support you received from the (HIA) (where applicable)?
- Service you received from the (Grant provider)?
- Way the different services worked together to help you?
- Time taken from initial enquiry to completion of adaptation?
- Adaptations service as a whole?

Questionnaires to provide 5 options, either 1-5 where 1 is highest and 5 is lowest with 1-3 graded as positive or “very satisfied”, “quite satisfied”, “fairly satisfied”, “unsatisfied”, “very unsatisfied” where the first three options are graded as positive satisfaction.

### ***Target***

95% satisfaction with the adaptations service as a whole.

### **Indicator 3: proportion of residents potentially in need of an adaptation whose home is adapted**

#### **Definition**

The number of adaptations carried out during a year expressed as a percentage of the number of people identified as having a longstanding illness, disability or infirmity, and who have significant difficulty with day-to-day activities through the National Family Resource Survey (<http://www.odi.gov.uk/docs/res/factsheets/disability-prevalence.pdf> and [http://statistics.dwp.gov.uk/asd/frs/2007\\_08/index.asp](http://statistics.dwp.gov.uk/asd/frs/2007_08/index.asp))

The numerator is the number of adaptations carried out (including minor adaptations, DFGs and housing association adaptations).

The denominator is calculated by applying the percentage of people identified as having a longstanding illness, disability or infirmity, and who have a significant difficulty with day-to-day activities within the relevant region applied to the population within the local authority area.

#### **Target**

Baseline to be established before target set.

### **Indicator 4: proportion of adaptations completed within the target timescales for each stage of the adaptation process by priority category**

#### **Definition**

Proportion expressed as a percentage of adaptations completed within the defined target timescales in working days below for each of the following three stages in the adaptation process, broken down into urgent (where a service user is unable to return home from hospital or access essential facilities within the home without the adaptation) and non-urgent situations (where a service user is unable to utilise the home fully but is able to use lavatory and bathing facilities within the home):

- Stage 1 – initial enquiry at first point of contact to OT recommendation provided to adaptation service (landlord, HIA or grant provider);
  - Stage 2 – OT recommendation to approval of scheme (grant approval or issue of works contract/order) and
  - Stage 3 – approval of scheme to completion of works.
- Total time taken – sum of above 3 stages.

The time recorded should reflect the total time and not exclude any delays incurred by the service user, for example through holiday, time in hospital or failure to respond to requests

for information. Delays caused by internal procedures, for example consultation with Social Services, should be included in the total.

### ***Method for measuring performance***

Agencies to work together to record the date of enquiry at first point of contact, the referral to the adaptation service by the OT, the approval of the scheme and the completion of the works. The time in working days for each stage and the total enquiry to completion time to be recorded for urgent and non-urgent situations as defined above. The number of cases completed within the target timescales expressed as a percentage of the total cases within each category.

### ***Targets***

95% of adaptations carried out within target timescales for each stage and total time between enquiry and completion as outlined in following table:

Stage	Urgent (working days)	Non-urgent (working days)
1	5	20
2	30	50
3	20	80
Total time	55	150



## **ANNEX B Delivering adaptations: a good practice system review checklist**

This checklist is provided to assist partner agencies in a locality working together to deliver an effective adaptation service. It is aimed both at those responsible for planning and designing the system and those responsible for service delivery. It will also be helpful to service users and their advocates in shaping their expectations of the service they receive.

### **A. Values and general approach**

- 1.** Are there agreed and written procedures for dealing with requests for housing adaptations?
- 2.** Do we have a clear statement of our values in relation to meeting the needs of disabled people and their carers and do our policies and practices reflect this?
  - Do our values and policies reflect the social, rather than medical model of disability?
  - Have we provided adequate training for staff in disability awareness, disability equality and the influence of the social model upon the delivery of service?
- 3.** Do we have the ability to gauge the level and nature of need for adaptations in the area for which we are responsible?
  - Have we carried out surveys of need?
  - Are there opportunities to include questions about need in routine surveys carried out by the local authority?
  - Have we consulted with organisations of disabled people and with partner organisations that provide services to disabled people in our area?
  - Do we record the needs of those who approach us but for whom we do not provide a service?
- 4.** Have local authorities developed adaptation agreements with all the relevant housing associations?

### **B. Organisation**

- 5.** Are housing and social services working together to deliver an effective, timely and sensitive adaptation service to people in need in our area?
  - Are there any other potential partners in the locality who could add value to our service system?
  - Are the roles of partners clearly defined and understood by all?
  - Are there clearly agreed policies and protocols between partner agencies that specify service entitlement, service coverage and service process?

- Have we optimised staff co-location?
  - Have we optimised pooled budgeting?
  - How effective are our information exchanges?
  - Have we provided training for all relevant staff, e.g. senior managers?
  - What provision have we made for multi agency training at all levels?
- 6.** Is there a written policy in dealing with complex or very expensive adaptations?
- 7.** Do we have common recording systems between partner agencies that ensure the information required to meet the needs of applicants for adaptations speedily and sensitively can be transferred or shared on a need to know basis?
- 8.** What role do service users of the adaptation process have in monitoring and evaluating our organisation and system design?
- How can service users be used more effectively in the monitoring of our system?
  - Do we engage with service users in developing policy?
  - Do we obtain feedback from service users about the information we provide and the way the service works?
- 9.** What scope exists for further integration of partner agencies?

### **C. Access to service**

- 10.** Is information and access to the adaptations process clearly accessible? Do other agencies find it easy to signpost potential service users?
- 11.** Is information in plain English and available in appropriate languages and formats, e.g. audio, pictorial and large font? Is their availability and effectiveness regularly reviewed?
- 12.** Are staff at all access points supplied with appropriate information and supported/trained to handle enquiries sensitively and effectively? Do they note communication needs and log these for all agencies to view?
- 13.** Has a One-Stop Shop for channelling the majority of enquiries been considered?
- 14.** Do all agencies use a jointly agreed initial enquiry form that allows basic information to be collected without re-directing the enquirer? Are these processed/ screened at a single intake point?
- 15.** Do initial screening mechanisms provide appropriate information and decisions enabling:
- staff to fast track urgent need?
  - staff to refer appropriately for further assessment or an alternative service?

- enquirers to be informed promptly of future service involvement including any charges or tests of resources, timescales for further service, their priority in the system and their rights of appeal or complaint?

**16.** Do we have a Home Improvement Agency or a Disabled Persons Housing Service within our area?

- Does it provide a holistic service including support for people to move if they choose?
- Have we recently reviewed the role it can play in delivering an adaptations service?
- Does the agency have the appropriate mix of skills, staff and resources to help the delivery of adaptations?
- If there is no such service what can we do to commission one?
- If one already exists, when and how will we approach re-commissioning the service?

#### **D. Assessment**

**17.** Is there joint agreement between agencies on minimising the number of professionals engaged in the assessment process consistent with best service to the end user?

- Is this written down?
- Are all relevant staff aware of this?

**18.** Do we have clear criteria for deciding who should carry out an assessment in each case?

- Are those criteria set down in a working document jointly endorsed by all partner organisations?
- Who has responsibility for applying the criteria and ensuring that they are accurately applied?
- Are staff with appropriate skills in place to carry out assessments of need in non-complex cases to enable minor adaptations to be installed quickly?
- Are there means by which decisions can be reviewed and cases passed to a higher level of assessment where this seems appropriate?

**19.** Have we considered the role of self-assessment in our procedures (A crucial element of a needs led approach)?

- As a means of direct access to service in the case of requests for minor adaptations where the risk arising from inappropriate provision is small?
- As a means of strengthening the voice of the disabled person and carer in the assessment process?
- As a test of appropriateness and accuracy in gauging the quality of professional assessments?

- 20.** Are the roles of those engaged in assessment clearly defined?
- Are these clearly understood by the service user?
  - What are the mechanisms for conflict resolution in the event of difference of opinion on assessment?
- 21.** Is the assessment documentation designed to capture the identified need including the aspirations of the user, and where appropriate those of the carer, on the desired service outcome?
- 22.** Does the assessment process maximise the opportunity for early “assessment and fix” service for minor adaptations or equipment?
- 23.** Is the disabled person being kept informed of progress with the assessment?
- Do we make contact regularly and unprompted to update them?
  - Do we warn them of impending problems before they arise?
  - Are we realistic in the information we give, especially in relation to timescales and possible amounts of grant and contributions?
- 24.** Is each service user told who their main point of contact is, a member of staff who has oversight of the process for them?
- Is that person clearly identified?
  - Do all those engaged in delivering the service understand the role of this person?
  - Have we ensured that disabled people, their carers and advocates understand this persons’ role and how they can be contacted?
- 25.** Is our service sufficiently sensitive to the needs of service user groups with specific needs? In particular are there clearly defined policies for assisting:
- families with disabled children;
  - children cared for by the local authority;
  - people with multiple impairments;
  - people with sensory impairments;
  - people with learning disabilities;
  - people with mental health problems;
  - people from black and minority ethnic groups;
  - people from different faith groups;
  - people with deteriorating illness or condition;
  - people discharged from hospital;
  - people in hospital waiting for discharge and
  - households with two or more disabled people?

## **E. Post assessment**

**26.** Is the process clear to all who use it, including expected time scale for each stage?

**27.** What mechanisms exist for joint meetings of staff from health, housing and social care to determine:

- The best overall use of scarce resources?
- Solutions where complex adaptations are recommended and where costs are above the mandatory DFG ceiling?
- A consistency of service response?
- Are these the best use of scarce staff resources?
- How often do we review their effectiveness?

## **F. Process to outcome**

**28.** Are there clear guidelines for deciding which funding source to use in particular cases? For example:

- Disabled Facilities Grant;
- Community Care Funding;
- Health & Social Care funds and
- Housing provider funding (where available)

**29.** Do we have clear time targets for completion of each stage of our response to a need for adaptation?

- Are these in line with the targets in this guide?
- Do they reflect clear criteria for setting priorities?
- Have we published these targets in an accessible form?
- Do we receive reports on performance against the targets?

**30.** At what stage in the service response are alternatives to adaptation considered?

- Who makes the decision?
- Have we examined the scope for increasing service outputs by using pooled resources?
- Has this been discussed with the service user and what weight is given to their views?

**31.** Do we have a register of adapted properties or an accessible housing register and if so, are these highlighted through our Choice Based Lettings scheme?

- Does it include properties in all tenures?

- Are there mechanisms for ensuring the register (or property database) is routinely kept up to date?
  - Have we considered the implications for housing management performance of disabled people bidding for, or being offered specific adapted properties linked to advice from appropriate professionals eg. OT, to make sure these are appropriate?
  - How do we ensure that disabled applicants have the relevant information to bid for, or are offered appropriate accessible and adapted properties?
- 32.** What are our arrangements for administering the Test of Resources in relation to DFG and other funding from statutory sources?
- Do we use a preliminary test of resources and have we considered where it should come in the process?
  - Do we have an efficient means of collecting and validating the information needed to carry out the Test of Resources?
  - Do we ensure that grant applicants are advised early in the process of the likely level of contribution they will be required to make?
  - Where other funds, such as social service funding, is likely to be accessed have we integrated our collection of financial information to avoid duplication of assessment?
- 33.** Does our system allow service users, who are able and willing to self-fund, to access technical advice on the selection and engagement of contractors and equipment supply?
- 34.** Do we have arrangements in place to assist disabled people in finding alternative or additional funding?
- Who has the information?
  - Whose responsibility would it be?
  - Does the service recommend people seek advice from an independent financial adviser regulated by the Financial Services Authority?
- 35.** Where Occupational Therapists and technical officers of the grant section both need to visit an applicant, are joint site visits the norm?
- Where this is not possible is there a jointly agreed system to determine when joint site visits are essential?
  - Is the current system of joint site visits the most effective use of resources?
  - Do we have written protocols on the level of staff required throughout the process?
- 36.** Is our commissioning process efficient?
- Is there further scope for bulk purchasing using pooled resources and joint commissioning systems?
  - Do we optimise the use of schedules of rates?

- Do we use contracts that include removal, reconditioning and reuse of equipment where appropriate?

**37.** Do we have clear procedures for ensuring adequate site liaison and supervision?

- Is the required frequency of site visits by technical staff clearly set out?
- Are the circumstances under which technical officers and Occupational Therapists undertake joint visits whilst work is progressing clearly set out?
- Are the means of ensuring that the disabled person and their carer are fully consulted in place?
- Do we seek feedback about the service throughout the process?

**38.** What scope exists within our system for making an interim response in the interests of the service user in advance of a full service response against assessed need?

- What time limit is put on those arrangements?
- Do we have systems to meet urgent need effectively, flexibly and sensitively?

**39.** What are the emergency breakdown and maintenance arrangements for equipment installed as part of an adaptation?

- Have we considered how the cost of these may be rolled up in initial funding?
- Do we understand where responsibility will lie when the initial agreement has expired and have we made this plain to the disabled person and carers?

**40.** Do we have a training and after-care service for the service users of an adaptation?

- Do we ensure that the disabled person is able to use the adaptation after completion of the work?
- How do we ensure that adaptations supplied continue to be safe and fit for purpose?
- Do we provide a service contract for equipment as part of the grant funded work?

**G. Monitoring the system**

**41.** Do we have systems in place that allow us to monitor:

- The performance of partner agencies?
- The effectiveness of joint agreements and protocols?
- The measurement of outcomes against assessed need?
- Customer satisfaction?
- Do these systems feed back into our planning and system design?
- Are service users engaged and influential in these monitoring processes?

**42.** Have we benchmarked our services and systems?

- Do we know the cost of providing the service?

- Who are our comparators?
- How do we compare in terms of efficiency and effectiveness?

**43.** Do we have effective feedback loops at all points in our system?



## ANNEX C Mandatory disabled facilities grant: the legislative provisions explained

### Introduction

1. This annex describes in more detail than in the main text, the provisions governing mandatory Disabled Facilities Grant (DFG) in the *Housing Grants, Construction and Regeneration Act 1996* (“the 1996 Act”), as amended by the *Regulatory Reform (Housing Assistance) (England and Wales) Order 2002* (“the RRO”) and subsequent legislation and general consents as indicated in the text.
2. As indicated in section 2 - ‘Applying the Legislation’, (2.22 – 2.25) the RRO made three principal changes to the DFG legislative provisions in the 1996 Act: the provision of an enabling framework for discretionary assistance beyond mandatory DFG alongside the removal of the power to give discretionary DFG and extension of the mandatory DFG to those occupying park homes and houseboats.

### Maximum grant limit

3. The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008 (SI 2008 No 1189) places a limit of £30,000 on the amount of mandatory DFG which may be given.

### Test of resources

4. The Housing Renewal Grants Regulations 1996 set out the basis for the DFG test of resources but the details of allowances, premiums and other factors are updated periodically by Statutory Instrument.
5. The test is only applied to the disabled occupant, their spouse or partner. Where the disabled occupant is a child or qualifying young person there is no means test.
6. A young person is defined (by The Housing Renewal Grants (Amendment) (England) Regulations 2009)<sup>33</sup> as someone:
  - who is over 16;
  - who is NOT receiving income support;
  - who is NOT receiving any type of jobseekers allowance within the meaning of the Jobseekers Act 1995 (i.e. jobseeker’s allowance which includes the particular type known as income-based jobseeker’s allowance);

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<sup>33</sup> [http://www.opsi.gov.uk/si/si2009/pdf/uksi\\_20091807\\_en.pdf](http://www.opsi.gov.uk/si/si2009/pdf/uksi_20091807_en.pdf)

- who is NOT receiving any type of incapacity benefit within the meaning of Part II of the Social Security Contributions And Benefits Act 1992 (i.e. incapacity benefit generally, which included income-based incapacity benefit);
- Who is NOT receiving any form of employment and support allowance (including income-related ESA);
- Who IS receiving “relevant” education within the meaning of regulation 12(2) of the Income Support (General) Regulations 1987. The term “advanced education” is not in regulation 12(2) but there are a number of types of advanced education that are defined elsewhere. In regulation 12(2) “a person is treated as receiving relevant education if he is a qualifying young person within the meaning of section 142 of the Contributions and Benefits Act 1992 (child and qualifying young person). Section 142 defines qualifying young person as means a person, other than a child, who:
  - has not attained such age (greater than 16) as is prescribed by regulations made by the Treasury; and
  - satisfies conditions so prescribed.

Therefore, a person aged 16 but not yet 20 years old and in full-time, non-advanced education (i.e. more than 12 hours a week at school or college) or approved unwaged training can be a qualifying young person subject to the definition above.

7. The test calculates the average weekly income of the means tested person(s) taking account of any savings above a certain level (which are converted into a tariff income equivalent). Some types of income are disregarded including housing and council tax benefit, disability living allowance and attendance allowance. The income of those on income support, income-based jobseeker’s allowance/joint jobseeker’s allowance, pension credit guarantee element, housing benefit, council tax benefit, working tax credit with an income below £15,050 or child tax credit with an income below £15,050 is deemed to be nil.
8. Since December 2009 service personnel in receipt of War Pensions Scheme for disablement of 80 per cent or higher and a Constant Attendance Allowance and capital lump sums through the Armed Forces Compensation Scheme and Guaranteed Income Payment (tariff level 1-6) will have these payments disregarded from the DFG means test. This will assist the most seriously injured service personnel.
9. Expenditure needs are assessed by awarding allowances and premiums in respect of each person or couple and any dependent children.
10. Where the total income of those means-tested exceeds the total expenditure allowances, this surplus amount is used to calculate a notional loan (by applying loan generation factors) which the applicant could afford to raise. This will determine the applicant’s contribution to any grant supported works. Where the cost of the works is less than the maximum grant limit of £30,000 the grant will be the cost of the works less

the assessed contribution. Where the cost of the works exceeds £30,000 the grant will be the maximum grant limit less the assessed contribution. The allowances, premiums and other variables are available on the DCLG Archived information.

### **Making an application**

**11.** The legislation makes it quite clear that an individual is entitled to complete and lodge a formal application on their own behalf or with the assistance of a third party. Some local authorities prefer to complete applications on the disabled person's behalf or with the assistance of a HIA. However any applicant that wishes to complete their own application should be assisted to do so. This should include the provision of application forms, owners/tenants certificates and all relevant information. Local authorities should not in any way attempt to create obstacles to such a process. Once a formal application has been validly made, authorities are under a duty to consider it. An authority could be open to challenge if they were to refuse to entertain a valid application, or to comply with any reasonable request by a potential applicant to be furnished with the necessary application forms.

### **Successive applications**

**12.** For those disabled people whose conditions are degenerative, further adaptations to their home to cater for their deteriorating condition may become necessary at a later date. Chapter I, Part I of the 1996 Act places no express restriction on successive applications for DFG on the same property. In such cases, and depending on the time lapse between the successive applications, provision is made in the Housing Renewal Grants Regulations 1996 to reduce the amount of an applicant's current contribution. The contribution will be reduced by any previously assessed contribution if the applicant went ahead with the previous adaptations. This means that if a new application is made within five or ten years (depending on whether the applicant is a tenant or owner) of the previous application for which works were completed and grant paid, the contribution calculated will be reduced by the amount that they contributed to the previous grant. For example if the applicant paid a £7000 contribution to the previous grant and the current test of resources shows the contribution to be £8000, this is reduced to £1000.

**13.** This provision means that it may be in the interest of applicants to proceed with an application even where it is clear that their contribution will exceed the costs of the work. Although this will lead to the approval of a `nil grant` applicants should be advised that in any subsequent application the contribution will be reduced by an amount equivalent to the approved cost of works of the earlier grant, not the assessed contribution which may have been greater. Where a local authority intends to approve a grant in such cases they should ensure that the works for which the original application was submitted were completed to a satisfactory standard.

## Eligible applicants

- 14.** All owner-occupiers, tenants or licensees and some occupiers of houseboats and caravans who are able to satisfy the criteria in sections 19 to 22 of the 1996 Act are eligible for DFG. Council tenants and housing association tenants are eligible to apply for DFG and should be assessed for needs on the same basis as private owners and tenants. Occasionally it might be possible for a dwelling to be subject to either an owner's application or a tenant's application. In such cases it is the prospective applicant's choice about which application, if any, to submit and the local authority must process any valid application received under the terms of the legislation. Prospective applicants in this position may need advice on the differences in the test of resources and the general consent to recharges in relation to tenant's applications.
- 15.** Where a disabled person is a council tenant living in an overspill estate, it should be borne in mind that an application for DFG can only be made to the local authority in whose area the dwelling, which is the subject of the application, is situated and not to the particular council whose tenant the applicant is.

## Eligible works

- 16.** The purposes for which mandatory DFGs may be given are set out in section 23(1) of the 1996 Act and have subsequently been added to by The Disabled Facilities Grants (Maximum Amounts and Additional Purposes)(England)Order 2008 as allowed for by section 23(1)(l) of the Act. They fall into a number of categories.

## Facilitating access and provision

- 17.** These include works to remove or help overcome any obstacles which prevent the disabled person from moving freely into and around the dwelling and enjoying the use of the dwelling and the facilities or amenities within it. In particular:
- facilitating access to and from the dwelling or the building in which the dwelling or, as the case may be, flat is situated;
  - facilitating access to a room used or usable as the principal family room;
  - facilitating access to a room used or usable for sleeping, or alternatively providing such a room for the disabled occupant;
  - facilitating access to a room in which there is a lavatory, a bath or shower (or both) and a wash basin or providing a room in which there is such a facility or facilities;
  - facilities for the preparation and cooking of food; and
  - facilitating access to and from the garden and make access safe.

"Dwelling" means a building or part of a building occupied or intended to be occupied as a separate dwelling, together with any yard, garden, outhouses and appurtenances belonging to it or usually enjoyed with it.

**18.** In considering applications for grant towards such works, the presumption should be that the occupant should have reasonable access into his home, garden and to the main habitable rooms within the home – namely the living room and bedroom, and to a bathroom or shower room in which there are suitable facilities for washing and/or showering.

### **Making a dwelling or building safe for the disabled occupant and others living with them**

**19.** Section 23(1)(b) allows grant to be given for certain adaptations to the dwelling or building to make it safe for the disabled person and other persons living with them. This may be the provision of lighting where safety is an issue or for adaptations designed to minimise the risk of danger where a disabled person has behavioural problems which causes them to act in a boisterous or violent manner damaging the house, themselves and perhaps other people. Where such need has been identified, DFG is available to carry out appropriate adaptations to eliminate or minimise that risk.

**20.** For those with hearing difficulties, an enhanced alarm system could also qualify for grant under this provision. This may be required in the dwelling to provide improved safety for the disabled occupant in connection with the use of cooking facilities or works to provide means of escape from fire.

**21.** It would be inappropriate to be prescriptive on the scope of works covered under this subsection, but they might include the provision of specialised lighting (or measures such as special blinds to reduce lighting where the disabled person has sensitivity to light), toughened or shatterproof glass in certain parts of the dwelling to which the disabled person has normal access or the installation of guards around certain facilities such as fires or radiators to floors, walls or ceilings may be needed, as may be cladding of exposed surfaces and corners to prevent self injury.

### **Housing Health and Safety Rating System (HHSRS)**

**22.** More general provision for safety in dwellings is provided for through The Housing Health and Safety Rating System (HHSRS). This is the risk assessment procedure for residential properties. It replaced the Housing Fitness Regime on 6 April 2006 in England and in Wales later that year. HHSRS also replaced the Fitness Standard as an element of the Decent Homes Standard. Its underlying principle is that *“Any residential premises should provide a safe and healthy environment for any potential occupier or visitor”*. HHSRS is a risk based evaluation tool to help local authorities identify and protect against potential risks and hazards, such as damp and excess cold, to health and safety from any deficiencies identified in dwellings. Local authorities are responsible for the local implementation and enforcement of it. They can consider financial, practical or other non-enforcement procedures to help owners deal with hazards and this should be set out in local authorities’ private sector housing policy.

## Room usable for sleeping

**23.** While in some cases a living room may be large enough to enable a second room for sleeping to be created, in smaller homes this will not be possible. The provision of a room usable for sleeping under section 23(1)(d) should therefore only be undertaken if the housing authority are satisfied that the adaptation of an existing room in the dwelling (upstairs or downstairs) or the access to that room is unsuitable in the particular circumstances. Where the disabled occupant shares a bedroom with another person, mandatory grant may be given to provide a room of sufficient size so that the normal sleeping arrangements can be maintained.

## Bathroom

**24.** The provisions in section 23(1) relating to the provision of a lavatory and washing, bathing and showering facilities have been separated to clarify that a disabled person should have access to a wash hand basin, a WC and a shower or bath (or if more appropriate, both a shower and a bath). Therefore subsections (e) to (g), provide that mandatory grant should be given to provide a disabled person with each of these facilities.

**25.** The legislation is plain that a DFG must be approved to ensure access to a room with accessible washing facilities. The argument that `strip washing` is sufficient to satisfy these criteria is without justification. The provision of facilities for `Strip washing` is not an acceptable alternative to an appropriate bathroom. It may be appropriate in some cases to resort to this as a short term interim solution, and service users may exercise the choice to strip wash rather than use an accessible bath or shower provision, but it is not an acceptable response to the mandatory requirement.

**26.** As mentioned in Chapter 2 and paragraph 74 below, FACS provides councils with a means for determining eligibility for adult social care. Guidance and case law make it clear that eligibility for housing adaptations should be considered separately to FACS, it should not be assumed that because someone fails to qualify for assistance through FACS that they would not qualify under the DFG test of resources for housing adaptations. This is particularly important for bathroom adaptations.

## Facilitating preparation and cooking of food

**27.** The provision in section 23(1)(h) covers a wide range of works to enable a disabled person to cater independently. Eligible works include the rearrangement or enlargement of a kitchen to ease manoeuvrability of a wheelchair and specially modified or designed storage units, gas, electricity and plumbing installations to enable the disabled person to use these facilities independently.

**28.** Where most of the cooking and preparation of meals is done by another household member, it would not normally be appropriate to carry out full adaptations to the kitchen. However, it might be appropriate that certain adaptations be carried out to enable the disabled person to perform certain functions in the kitchen, such as preparing light meals or hot drinks.

### **Heating, lighting and power**

**29.** Section 23(1)(l) provides for the improvement of an existing heating system in the dwelling to meet the disabled occupant's needs. Where there is no heating system or where the existing heating arrangements are unsuitable to meet his needs, a heating system may be provided. A DFG should not be given to adapt or install heating in rooms which are not normally used by the disabled person. The installation of central heating to the dwelling should only be considered where the wellbeing and mobility of the disabled person would otherwise be adversely affected.

**30.** Section 23(1)(j) provides for works to enable a disabled person to have full use of heating, lighting and power controls in the dwelling. Such work includes the relocation of power points to make them more accessible, the provision of suitably adapted controls where a disabled person has difficulty in using normal types of controls and the installation of additional controls.

### **Garden access**

**31.** Recent legislative changes now separately specify facilitating safe access to and from a garden by a disabled occupant as a mandatory provision. The term garden means a garden belonging to, or usually enjoyed with, a dwelling<sup>34</sup>, caravan<sup>35</sup> or flat<sup>36</sup> occupied by a disabled occupant and includes:

- (i) a balcony adjoining the dwelling of a disabled occupant;
- (ii) a yard, outhouse or other appurtenance within the boundaries of the land in which the dwelling or caravan of a disabled occupant is situated and belonging to it or usually enjoyed with it;
- (iii) a yard, outhouse or other appurtenance within the boundaries of the land in which is situated the building in which the dwelling or, as the case may be, flat, of a disabled occupant is situated and belonging to it or usually enjoyed with it; and
- (iv) the land adjacent to the mooring of a disabled occupant's qualifying houseboat<sup>37</sup>.

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(34) For the meaning of "dwelling" see section 101 of the Act.

(35) For the meaning of "caravan" see section 58 of the Act.

(36) For the meaning of "flat" see section 58 of the Act.

(37) For the meaning of "qualifying houseboat" see section 58 of the Act.

**32.** The legislation is broadly framed and the Department would expect that authorities would respond positively to enabling disabled people to access some or all of their garden for the purposes of drying clothes, playing or supervising play and gardening.

### **Dependent residents**

**33.** Section 23(1)(k) provides for works to a dwelling required to enable a disabled occupant better access and movement around the dwelling in order to care for another person who normally lives there whether or not they are related to the disabled person. Importantly the dependent being cared for need not be disabled. Such works could include adaptations to a part of the dwelling to which the disabled person would not normally need access but which is used by a person to whom they are providing care and it is therefore reasonable for such works to be carried out.

**34.** It is the Department's view that the provisions of Section 23(1), (a)-(k) and the provision with respect to gardens, provide the flexibility to enable authorities to give help for the full range of adaptations to cover all the circumstances which may arise. These provisions enable authorities to provide mandatory grant to meet the adaptation needs of disabled people whose needs are less obvious, such as those with sight or hearing impairment. For instance, partially sighted people may require an enhanced form of lighting of a particular kind in the dwelling to enable them to carry out everyday tasks and activities in the home. Such works may be required to facilitate access into and around the home and for such purposes as the preparation and cooking of food, to improve the ability to use sources of power or to provide greater safety of the disabled occupant. Works for these purposes qualify for mandatory grant under section 23(1). Where safety is an issue, the works could qualify under subsection (1) (b).

**35.** However, decisions on whether such works are needed and if mandatory grant should be awarded in such cases, are matters for the housing authority in consultation with social services in accordance with the provisions in Part I of the 1996 Act and will be based on individual circumstances. Where an applicant's prognosis implies that degeneration in the short term will occur, this should be taken into account when considering the eligible works.

### **Common parts**

**36.** Housing authorities should bear in mind that DFG is intended to assist towards works not only to dwellings but also to the common parts of buildings containing flats, where the disabled person is the occupant of one of the flats. The purposes for which grant is available for works to the common parts of such buildings are, in practice, limited to works to facilitate access to the dwelling through the common parts, or facilitating the use by the disabled person of a source of power, lighting or heating in the common parts.



## **Fees and other ancillary costs**

- 37.** In addition to the actual costs of carrying out works of improvement or repair, other charges necessarily incurred in undertaking grant-aided works are also eligible for grant. These preliminary or ancillary services or charges are specified in the Housing Renewal Grants (Services and Charges) Order 1996 made under section 2(3) of the 1996 Act. It includes costs such as architects' and surveyors' fees and charges for planning permission or building regulations approvals. Fees for the professional services of an Occupational Therapist engaged by the applicant to advise on what works are required are also specifically defined as eligible. This does not include the costs of an Occupational Therapist acting on behalf of the social services authority in the discharge of their responsibilities under section 24(3)(a) of the 1996 Act (or any other enactment). Charges made by agency services for advising on or assisting with a service user's application will also be admissible expenses.
- 38.** Particulars of the fees towards which grant is sought are required in an application and authorities must determine which of these are eligible for grant in the same way as they assess the eligible works. In doing so they should consider the reasonableness of the fees and whether they are properly incurred. As with the works themselves, the payment of grant in respect of these fees is dependent on the provision of a satisfactory receipt or invoice.

## **Determination of whether works are necessary and appropriate to meet the needs of the disabled occupant**

- 39.** Section 24 of the Housing Grants, Construction and Regeneration Act 1996 places a duty on housing authorities who are not themselves a social services authority, to consult the relevant social services authority on the adaptation needs of disabled people seeking help through DFGs. Housing authorities themselves must decide what action to take on the basis of that advice and therefore the type of adaptations, if any, for which grant is approved. These decisions should be taken in the light of the statutory provisions regarding the facilities to be provided with DFG support as set out in section 23(1) and which are described above in this Annex. Chapter 7 of the main body of this guidance also gives advice about the treatment of complex cases

## **Determination of whether works are reasonable and practicable**

- 40.** Section 24(3)(b) requires housing authorities to satisfy themselves whether it is reasonable and practicable to carry out the relevant works having regard to the age and condition of the dwelling or building. The words `reasonable` and `practicable` are not defined within the legislation and need to be considered in the light of all of the circumstances of the case.

## **Age and condition of property**

**41.** There is no minimum age of a property which is the subject of a DFG application: section 4(1)(a) of the 1996 Act. Nevertheless, housing authorities need to have regard to a number of factors in deciding whether it is reasonable and practicable to carry out the relevant adaptation works. Each case will present its own problems which need to be resolved in reaching decisions on grant approval but the following are issues which commonly arise in the processing of grant applications:

- (a) the architectural and structural characteristics of the dwelling may render certain types of adaptation inappropriate;
- (b) the feasibility of carrying out adaptations to properties with narrow doorways, halls, stairways and passages which might make wheelchair use in and around the dwelling difficult; or with difficult or limited access e.g. steep flights of steps making access for wheelchair use difficult and therefore making continued occupation of the dwelling open to question;
- (c) conservation considerations and planning constraints may prevent certain types of adaptation being carried out; and
- (d) the impact on other occupants of proposed works which will reduce or limit the existing facilities or amenities in the dwelling.

## **Applications by prospective purchasers**

**42.** Authorities do not have to be satisfied that a grant applicant has the requisite interest in the property until they are actually approving the grant. This means that an application for a grant may be submitted at any time from the point at which the applicant identifies a property as one which he proposes to acquire. Authorities may give any indication they wish about grant availability when entertaining such an application but it may not be approved until the applicant has the necessary interest. An application which has been validly made must be refused if the applicant has not obtained the necessary interest after six months. The legislation allows for authorities to make a realistic interpretation of the commitment and progress of the applicant to secure ownership of the property. For further clarification see *R v Tower Hamlets London Borough Council, ex parte Von Emily Goetz* [1998] CA, TLR 09/10/1998

## **Applications after commencement or completion of works**

**43.** Under the provisions of section 29(1) a local authority shall not approve an application for grant if the relevant works have begun before the application is approved. Where the works are commenced but not completed before the application is determined, a local authority may approve an application where there were good reasons for commencing the work. However in doing so the Secretary of State would normally expect the

authority to seek to vary the application, with the consent of the applicant, in accordance with the provisions of section 29(3) and (4) so as to exclude from the application any works which have already been completed.

44. Local authorities should ensure that their grants literature carries clear warnings of the consequences for grant if applicants commence works prior to receiving written approval of their application, particularly where the works are required urgently, perhaps to enable a disabled person to be discharged from hospital.

#### **More than one disabled occupant at the same address**

45. How to respond to this situation will depend on the particular circumstances of the case. The local authority may be best advised to use its wide discretionary powers to ensure integration of the necessary works, having regard to the impacts on the disabled persons.

#### **Certificates and conditions of occupation**

46. All applications for DFG must be accompanied by a certificate relating to the future occupation of the property, and the local authority may not entertain an application unless such a certificate is provided. There are three different types of certificate:
47. An **'owner's certificate'** certifies that the applicant has, or proposes to acquire, an owner's interest (as defined in section 21(2)) in the dwelling, and that they intend to live in the dwelling as their only or main residence from the certified date throughout the grant condition period or for such shorter period as his health and other relevant circumstances permit. The certificate confirms the intention of the applicant at the time of the application and so long as that was genuinely their intention, no repayment of grant is required if circumstances change and they can no longer occupy it as intended
48. A **'tenant's certificate'** certifies that the applicant is the tenant, and that they intend to live in the dwelling as his only or main residence from the certified date throughout the grant condition period or for such shorter period as his health and other relevant circumstances permit.
49. There are no conditions as to future occupation attached to the tenant's certificate, nor would a tenant be liable for repayment of any grant in the event of a disposal of the dwelling of which he is the tenant, by the landlord or anyone else. A tenant's application should, however, normally be accompanied by an owner's certificate from the landlord, unless the authority consider it unreasonable in the circumstances to require it.
50. A tenant making an application for a DFG also must have the landlord's consent before adaptation works can be carried out to his property, and local authorities should ensure that written permission has been obtained before approving grant, especially in any cases where they have used their discretion not to require an owner's certificate from

the landlord. Such discretion may be used where the authority consider the landlord is unreasonably withholding an owner's certificate. Where a landlord withholds his permission for the works to be undertaken a grant cannot be given.

51. For occupiers of houseboats and park homes an '**occupiers certificate**' certifies that the applicant intends that the disabled occupant will live in the qualifying houseboat or caravan as his only or main residence from the certified date throughout the grant condition period or for such shorter period as his health and other relevant circumstances permit. The certificate serves the same purpose as for owner occupiers.
52. An 'occupier's application' must, however, normally be accompanied by a consent certificate from each person who owns the mooring or land on which the houseboat or caravan is stationed, or who owns the houseboat or park home (i.e. the landlord)..

### **Charges on properties**

53. *Disabled Facilities Grant (Condition relating to approval or payment of grant) General Consent 2008* has provided local authorities with the discretion to impose a limited charge on the property, if it is sold or otherwise disposed of within ten years. The general consent will enable local authorities to place limited charges on approvals of owner's interest applications, where the value of the DFG exceeds £5,000, limited to a maximum charge of £10,000. Before determining whether or not it is reasonable to require repayment or part repayment on disposal of the property the local authority must consider:

- (i) the extent to which the recipient of the grant would suffer financial hardship were he be required to repay all or any of the grant;
  - (ii) whether the disposal of the premises is to enable the recipient of the grant to take up employment, or to change the location of his employment;
  - (iii) whether the disposal is made for reasons connected with the physical or mental health or well being of the recipient of the grant or of a disabled occupant of the premises; and
  - (iv) whether the disposal is made to enable the recipient of the grant to live with, or near, any person who is disabled or infirm and in need of care, which the recipient of the grant is intending to provide, or who is intending to provide care of which the recipient of the grant is in need by reason of disability or infirmity.
54. When appropriate a local authority may decide to place a limited charge against an adapted property, the placement of charges is at the discretion of each local authority and should be determined on a case by case basis reflecting the individual circumstances of each applicant. Local authorities are best placed to determine, where the placement of a charge may cause hardship or where, due to the sensitivities of a case, the charge should be waived.

**55.** It is expected that through the introduction of charges local authorities will be able to recycle these funds in the DFG programme when the adapted property is sold (providing this occurs within ten years).

### **Properties held in trust**

**56.** There are no specific provisions governing grant applications in respect of dwellings owned by trusts and such applications are, therefore, subject to the conditions applying to applications by owner-occupiers, tenants or occupiers. Eligibility for grant is likely to depend on the terms of the individual trust and authorities must consider any such application on its merits based, as necessary, on their own legal advice.

**57.** A trustee or beneficiary applying for a grant must be able to fulfil all the normal grant conditions. So, for example, the applicant must be able to demonstrate a relevant interest in the property, either as an owner or a tenant, and to meet the conditions associated with either interest, including providing the appropriate certificate of future occupation.

### **Children living in joint residency arrangements**

**58.** As mentioned in chapter 7 (paragraph 7.30), where a disabled child has parents who are separated and the child lives for part of the time with both parents, arrangements may need to be made to provide for adaptations at both locations. Mandatory DFG however, is only available at the address which is the main residence of the disabled occupant, as determined by the local authority Housing policies, around both DFG and allocations are often framed to support the parent in receipt of Child Benefit getting the service. Residency arrangements (previously known as custody) can be a complicated issue. Joint residency arrangements ordered by the courts in divorce cases amount to approximately one fifth of cases. Among the papers normally presented to the court in divorce proceedings is a statement of arrangements which proposes where the children will live. Where a separation takes place between an unmarried couple then the mother has sole rights to look after her child. Since 2002, an unmarried father can also acquire parental responsibility if he jointly registers the child's birth with the mother or if both partners sign a Parental Responsibility Agreement. This can be done at any time during the relationship or separation and can also be ordered by a court during or after the separation process. The options open to the local authority where there are joint residency arrangements are limited and given the restriction on mandatory DFG as above, will largely revolve around the authority's discretionary powers.

### **Payment of DFG**

**59.** Section 34 requires that the authority notifies an applicant as soon as reasonably practicable and not later than six months after the date of the application, whether the DFG application is approved or refused. However, under section 36 the local authority

may approve an application for mandatory grant on the basis that the grant, or part of the grant, will not be paid before a date specified in the notification of their decision. This date must not be later than 12 months after the date of the application.

- 60.** The purpose of the provision is to provide authorities with discretion, in exceptional circumstances, to delay payment of mandatory DFG for up to twelve months from the date when a valid application was made. This might arise, for example, because there is a particularly heavy caseload of applications involving works which attract mandatory grant and the approval of applications within the statutory six months required by section 34 would present serious resource problems for the authority that could be alleviated by scheduling grant payments between financial years.
- 61.** An authority wishing to use the section 36 power may consider that it would be appropriate to defer payment of a mandatory DFG where, for example, particular adaptations are required for someone moving to a dwelling at a later date and therefore the works and payment can both be deferred to a later date without hardship to the applicant. However, it is the Department's view that the section 36 power should be used sparingly and not where it would cause hardship or suffering to an applicant whose adaptation needs have been assessed as urgent, for example where a disabled person will be leaving hospital or residential care to return home or to move into a new dwelling. It is also likely to be inappropriate to use the section 36 power where the long term costs to the applicant of doing so would be disproportionate to the short-term savings.

### **The quality of grant aided work**

- 62.** The effectiveness of adaptation policies depends crucially on the quality of work carried out on the properties concerned. Authorities are reminded that the payment of all or part of a grant is conditional upon the works being executed to their satisfaction (section 37(4)(a)). Their procedures should ensure that payment including interim payments cannot take place until they are so satisfied. A local authority should not certify as satisfactorily completed any works displaying an unacceptable quality of workmanship, or where the objectives of the grant are not met. These matters are not always fully appreciated by applicants. Authorities might therefore consider this when preparing the information and guidance provided by them to ensure that it sets out clearly the respective responsibilities of authority and applicant. It should be made plain, for example, that the inspections it carries out to discharge its responsibilities do not amount to supervising the works on behalf of the applicant.
- 63.** Chapter 6 considers the benefits of using an agency arrangement, either a Home Improvement Agency, a disabled persons housing service or a formal agency provided by the local authority, to deal with applications from an early stage. Benefits include greater clarity as to who is providing the service to the individual as opposed to delivering local authority functions.

## Payment of grant to contractors

- 64.** In order to reduce the possibility of abuses of the grant system by applicants not passing the grant money they receive on to the contractor or seeking to secure additional works within the same contract price, two measures are included in section 39. The first of these allows authorities to make payment direct to the contractor. If authorities wish to reserve the right to pay the contractor direct, then they are required to make this clear to the applicant prior to the grant being approved. Therefore the authority must inform the applicant that this will, or may, be the manner of payment before the application is approved. Where both the local authority and the applicant are satisfied with the works there should be no problem with this option. By contrast there will be difficulties where there is a difference of view. If the applicant is satisfied but the local authority is not, the grant must not be paid until the defects are remedied to the local authority's satisfaction. If the local authority is satisfied under section 37(4)(a) but the applicant is not, the authority should take particular care – in the light of the applicant's expressed concerns – that they have arrived properly at their section 37(4)(a) judgement as to the satisfactory execution of works.
- 65.** In situations where the eligible works are completed to the satisfaction of the authority but the applicant is not fully satisfied with those works, authorities have the power under section 39(2) to withhold payment to the contractor at the applicant's request, should they consider it appropriate. In these circumstances they may make payment to the applicant instead. Care needs to be exercised when paying contractors direct where a local authority is not meeting all the cost of the works. Further information on the quality of grant aided works is contained in Chapter 9.
- 66.** Authorities also have the option under section 39(1) of making payments to the applicant in the form of an instrument (a cheque) made payable to the contractor. Once again the authority must inform applicants that this will, or may, be the method of payment prior to the application being approved.

## Insurance and legal claims

- 67.** Section 51 of the 1996 Act provides that a local housing authority, in approving an application may, with the Secretary of State's consent impose a condition requiring the applicant to take reasonable steps to pursue a legal claim for damages in which the cost of the works to premises to which the grant relates is part of the claim.
- 68.** Authorities should consider imposing such conditions where the applicant has made or could make an insurance claim or a legal claim against another person for damages to the property, or (in the case of a legal claim) for damages where the costs of the works to the property was part of the claim.

- 69.** Section 51 addresses those cases where there are likely to be insurance payments in respect of works for which grant applications have been submitted. The Department accepts that there may be cases where there could be an urgent need for works to be undertaken to a property, to meet the needs of a disabled persons and that grant assistance could be sought. However in some cases the cost of the works may be covered either by an insurance payment or a claim against a third party. The Department believes that it may be appropriate for the authority to give grant aid to ensure the works are completed at the earliest opportunity. However where subsequently the grant applicant receives a payment on an insurance or damages claim in respect of the grant aided works then he should repay to the authority the grant, so far as is appropriate, out of the proceeds of any claim.
- 70** The Secretary of State has agreed to conditions under section 51 being imposed, in relation to claims for personal injuries in respect of works required under a mandatory DFG. A general consent covering these circumstances has been issued.
- 71.** Claims in such cases can be protracted and therefore there is no time limit attached to the provision covering the recovery of grant where compensation has subsequently been paid. A local authority has the discretion in section 51(4) not to demand repayment or to demand a lesser amount where this is appropriate. In operating this discretion a local authority should take full consideration of the terms of any settlement received by the grant applicant.
- 72.** Where insurance claims have been made and payment received in advance of grant applications a local authority will need to take a view as to whether it would be an appropriate use of resources to give grant aid. If the local authority decides to proceed in approving the application, details of the insurance payments should be included in the grant application form.

### **Recovery of equipment**

- 73.** Section 52 allows local authorities with the consent of the Secretary of State to impose additional conditions on the approval of grant. Breach of any such condition will enable the local authority to demand repayment of the grant. Such conditions as authorities may impose may now cover matters occurring both before and after the certified date. There is a general consent which provides for the inclusion of a condition that specialised equipment, such as a stairlift, may be recovered by the local authority where it is no longer required. Where it is clear that the equipment will not be reused because of age or condition a local authority may decide to waive their right to recovery. The practical issues around the recovery of specialist equipment are covered in Chapter 9.



## Fair access to the service

- 74.** The Fair Access to Care Guidance was reissued by the Department of Health in February 2010. It applies to adult social care (not children’s social care) and it is statutory guidance made under s.7 of the Local Authority Social Services Act 1970. That is, it covers the community care legislation, the NHS and Community Care Act 1990, National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970 etc. It does not apply to housing legislation, such as the Housing Grants, Construction and Regeneration Act 1996. Therefore collapsing social services decision making under FACS, with decision making about DFGs, would be legally suspect.
- 75.** The courts have confirmed that the approach to eligibility thresholds under FACs, taken by social services, is not applicable to DFG decisions. This was in the case of *R v Birmingham City Council, ex parte Taj Mohammed* (High Court, Administrative Division, 12<sup>th</sup> June 1998). The court confirmed that LAs could apply resource driven eligibility criteria to decisions under the CSDPA 1970. But LAs could not apply such an approach to DFGs. Instead the decision about whether a DFG was needed, including whether it was “necessary and appropriate”, was a “technical question” to be determined “objectively”. In No: 99/B/0012, 15th May 2000 the Local Government Ombudsman 'The Ombudsman' concluded that the authority took into account irrelevant considerations in deciding not to fund the adaptations that were needed. The Council's budgetary allocation was irrelevant to its mandatory duty to fund the works. And in Report on an investigation into complaint nos 07/C/01269 and 07/C/09724, 14 October 2009 The Ombudsman concluded that the District Council had not allocated enough funding to meet the demand for DFGs and made a finding that it was slow to identify that it had allocated insufficient funds for DFGs, and delayed transferring funds into that budget.

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