

Delivering Housing Adaptations for Disabled People:

A Good Practice Guide

June 2006 Edition

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housing

*Delivering Housing Adaptations for
Disabled People*

A good practice guide

June 2006 Edition

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Product code: 04HC02624

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CHAPTER 1

Introduction

The purpose of this document

- 1.1 The primary purpose of this document is to advise local authorities on how they can establish a first class service which can deliver adaptations to the homes of disabled people in order to meet their needs and statutory entitlements.
- 1.2 The likely audience for the guide will be:
 - Senior managers in local authorities and other related service organisations responsible for organising the adaptations service.
 - Staff members who are responsible for:
 - identifying and assessing the needs of disabled people of all ages;
 - making recommendations about appropriate responses to meet the assessed needs;
 - preparing specifications and making the other practical arrangements to put those recommendations into practice; and
 - administering the systems for providing financial support, including Disabled Facilities Grant (DFG).
- 1.3 Whilst primarily intended to support the work of officers within housing and social service authorities it will provide useful information to their colleagues in related functions within health, housing and social service authorities. Disabled people, their families and carers, members of the general public and voluntary agencies with an interest in these matters will also find information about the rights of disabled people and the standards of service that it is reasonable for them to expect.
- 1.4 This document describes the various statutory duties laid upon both social services and housing authorities in relation to their adaptations service. It draws on identified good practice from local authorities across the country in advising on the key issues about how the service should be organised and the full process of delivery from first contact with a client to the completion of the adaptation. The text boxes illustrate a variety of good practice examples in the sample of local authority areas surveyed by the project's research team.

- 1.5 Annex A provides a checklist of the key features of an effective housing adaptations service. Annex B describes in detail the legislative provisions governing the disabled facilities grant programme which is the principle government support programme for delivering major housing adaptations for disabled people.

Key principles

- 1.6 The purpose of an adaptation is to modify disabling environments in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. It is therefore not primarily a matter of building work, the provision of equipment or otherwise modifying a dwelling, but providing an individualised solution to the problems of people experiencing a disabling environment. This approach is often referred to as reflecting the social model of disability, in contra-distinction to a model that focuses upon functional deficits in individuals. Whatever name is adopted to describe it this approach is the only sound foundation for work in this area.
- 1.7 A society that aspires to the social inclusion of all its citizens should recognise the need to design in access and accept a corporate responsibility for countering disabling environments. Thus whilst historically adaptation of dwellings has been seen as the province of housing and social services authorities, increasingly it is recognised as entering the domains of health, planning, architecture, education and leisure amongst others. A modern service for the provision of adaptations needs to embrace and utilise the skills and experience of a wide range of disciplines. However, the individual end user and his or her carers should experience a seamless, joined-up service. Lack of co-ordination between departments, interruption due to problems arising from the unavailability of staff or funding and poor standards of communication from officials characterise the experience of many service users.
- 1.8 The starting point and continuing focus of those seeking to provide an adaptation service should be the needs experienced and identified by the disabled person and his or her 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 of partnership in which the person and carers experiencing the disabling environment are the 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 In keeping with the spirit of Best Value and Modernising Government quality and choice should be the shared and corporate goals of all partners in the delivery of an adaptations service. There should be a corporate responsibility, binding on all partners, to ensure that the adaptation is delivered sensitively,

is fit for the purpose identified by the end user and within a time-frame that is made explicit at the outset.¹ 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, statutory requirements (the Chronically Sick and Disabled Persons Act 1970) to assess needs and to arrange for appropriate assistance to be provided. There are also statutory requirements on disabled persons' entitlements and the appropriate adaptation to be delivered to meet a particular need. Especially important are the rights and entitlements to a DFG. A first class adaptations service must take into account and fully reflect all these legislative requirements.

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 should not be taken for granted and requires the establishment and publication of joint agreements, protocols and where appropriate, service level agreements to ensure an effective system.
- 1.12 The situation in county authority areas is significantly different. Here the county council is usually 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 a larger number of Primary Care Trusts (PCTs), whilst district councils are more likely to relate to a single NHS Trust or PCT. 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, although the service delivery system is best managed from a district council location.
- 1.13 Where this guidance refers to local authority(ies) it means social services and housing (and other services where relevant) collectively. Otherwise the guidance will refer to social services or local housing authority where it specifically applies to that service.

¹ 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.

Related circulars, guidance and cancellations

- 1.14 This guidance replaces the advice about DFG contained in Annex I of *DOE circular 17/96*. Annex I is therefore now withdrawn. This guidance should be read in conjunction with *ODPM circular 05/2003* and, in particular, chapter 4 of that circular.

Status

- 1.15 This guidance is non-statutory.
- 1.16 The guidance 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 guidance applies to English local housing and social services authorities only. The National Assembly for Wales has issued separate advice for Welsh local authorities.

CHAPTER 2

Applying the Legislation

- 2.1 This section sets out the duties and responsibilities of local authorities to provide assistance to disabled people to enable them to move into and out of their homes, to utilise living and sleeping areas within the home and to access cooking, bathing and toilet facilities.

NHS & Community Care Act 1990

- 2.2 The *NHS and Community Care Act 1990* 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. This is the appropriate context within which to establish criteria for access to assessment, including an assessment that may identify needs that can be met by adaptations to property.
- 2.3 The Act 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. Where a needs assessment has been carried out, the authority shall then decide whether services should be provided. The Department of Health circular *LAC(2002)13* on fair access to care services describes the general processes of assessment that councils with social services responsibilities should follow.
- 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 Carers and Disabled Children Act 2000

- 2.5 *The Carers (Recognition and Services) Act 1995* extended the right of assessment to carers where the person cared for is eligible to receive an assessment (or re-assessment) under section 47 of the 1990 Act. 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 social services to provide any services which the local authority sees fit to provide and which will in the local authority's view help the carer care for the person cared for.

Chronically Sick and Disabled Persons Act 1970

- 2.6 *The Chronically Sick and Disabled Persons Act 1970*, as subsequently amended, places a duty on social service authorities to:

- 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).
- 2.7 Despite subsequent legislation, including the introduction of mandatory DFGs (see below), this duty remains. However, the *Chronically Sick and Disabled Persons Act 1970*, requires social service authorities to arrange assistance. Hence 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 Registered Social Landlord (RSL), may be involved.
- 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 *The Children Act 1989* requires local authorities to provide a range of family support services for children in need. The definition of children in need includes disabled children. Schedule 2 of this Act outlines the range of services which can be provided and paragraph 6 of this schedule requires that local authorities provide services to minimise the effect on disabled children of their disabilities and 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 *Assessment Framework for Children in Need and their Families* and pay particular attention to chapter 3 of the accompanying practice guidance entitled, *Assessing the Needs of Disabled Children and Their Families* (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*.

Disability Discrimination Act 1995

- 2.10 A definition of disability provided in recent legislation is to be found in the *Disability Discrimination Act 1995*: 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 his ability to carry out normal day to day activities².

2 Section 1 (1)

2.11 However, there may be persons 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 current legislative framework governing DFGs is provided by the *Housing Grants, Construction and Regeneration Act 1996*. 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 homes³.

2.13 The obligation to provide DFGs to eligible applicants for eligible work (subject to the test of the applicant's resources) is primary, absolute and remains irrespective of whether other assistance is provided by a social services authority or other body such as an RSL.

AMOUNT OF GRANT

2.14 The maximum amount of grant available for a mandatory DFG is currently subject to a limit of £25,000 in England⁴. 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 young person under the age of nineteen there is no means test.

2.15 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 service authority. The housing authority may also consider using its discretionary powers of assistance under housing legislation (see para. 2.22 below).

ELIGIBILITY

2.16 The Act provides definitions of those who qualify, by reason of disability, for assistance in carrying out adaptations through a DFG.

³ Section 23 (1)

⁴ Disabled Facilities Grant and Home Repairs Assistance (Maximum Amounts) Amendment Order 2001

2.17 For these purposes a person is disabled if:

- (a) his/her sight, hearing or speech is substantially impaired;
- (b) s/he has a mental disorder or impairment of any kind; or
- (c) s/he is physically substantially disabled by illness, injury, impairment present since birth, or otherwise.

2.18 A person aged eighteen or over shall be taken for these purposes to be disabled if:

- (a) s/he is registered in pursuance of any arrangements made under section 29(1) of the National Assistance Act 1948; or
- (b) s/he is a person for whose welfare arrangements have been made under that provision or, in the opinion of the social services authority, might be made under it.

2.19 A person under the age of eighteen shall be taken for these purposes to be disabled if:

- (a) s/he is registered in a register of disabled children maintained under paragraph 2 of Schedule 2 to the Children Act 1989; or
- (b) s/he is in the opinion of the social services authority a disabled child as defined for the purposes of Part III of the Children Act 1989 (local authority support for children and their families)⁵.

2.20 Owner-occupiers, tenants of local authorities, RSLs and private landlords, and private landlords themselves are all eligible to apply for DFG.

2.21 Further guidance on the legislative provisions governing mandatory DFG is set out in Annex B.

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. The financial assistance can also be provided indirectly to the disabled person through a third party.

⁵ Housing Grants, Construction and Regeneration Act, 1996, Section 100, 1-3.

2.23 There is no restriction on the amount of assistance that may be given. Discretionary assistance may be given in addition, or as an alternative to mandatory DFG. This power replaces the old powers to provide Home Repair Assistance which was used by some housing authorities to provide minor adaptations assistance.

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 new power is also set out in the *ODPM circular 05/2003*.

The Community Care (Delayed Discharges etc.) Act 2003

2.26 Part 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 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.

CHAPTER 3

Preparing to deliver the service

Service design

- 3.1 An adaptations service has important links to other key corporate objectives within the local authority such as Neighbourhood Renewal, Supporting People, Healthier Communities, the National Service Framework for Older People and the National Service Framework for Children, Young People and Maternity. It is therefore important that the policy formulation for the service brings together a wide partnership of all the key stakeholders.
- 3.2 This will comprise those with a principal role in service delivery, namely:
 - The housing authority.
 - The social services authority.
 - Primary Care Trusts.
 - Home Improvement Agencies (HIAs).
 - Registered Social Landlords (RSLs).
- 3.3 It is also very important to ensure that a wider range of key stakeholders are included as part of any steering group involved in designing and managing the adaptations service. Representatives from the following should be included wherever possible:
 - Environmental Health Officers.
 - Occupational Therapists.
 - Architects.
 - Planners.
 - Building Contractors including direct labour organisations.
 - Equipment suppliers.
 - Education authorities.
 - Local authority treasurers.

- Organisations of disabled people.
- Parents of disabled children.
- Organisations of older people.
- Organisations of carers.

3.4 Whilst the current system is highly dependent on individuals identifying need directly, or as part of an assessment for social care packages, there is greater scope for a more proactive community leadership approach by local authorities. Examples of such an approach include:

- surveying stock and consumer opinion;
- ensuring that all personnel who visit or otherwise inspect properties are aware of adaptations services locally;
- training all relevant staff so they are able to signpost families to appropriate facilities, or inform other agencies of the extent of needs; and
- wherever possible staff training should be carried out with the full involvement of disabled people and their carers, advocates and representatives.

3.5 Though a modern adaptation service is likely to be most effectively planned and delivered by a multiplicity of partners, it is essential that the disabled person experiences a seamless service. An important service delivery objective should therefore be to minimise the number of contacts with the disabled person, consistent with assessing and meeting their identified needs, appropriately and efficiently. A multiplicity of contacts from different agencies and professionals is frustrating and confusing to the end user. It is also likely to lead to unnecessary delay and costs to the system.

3.6 This can best be achieved by systems and protocols agreed between partner agencies prior to any transactions with the disabled person. Having regard to the relevant legislation and statutory guidance these should cover:

- the basis for planning, for example estimates of potential need;
- the organisation of the service, including clearly agreed divisions of responsibility and identification of key contacts;
- the budget provision for the service and pooling of funds where possible;
- the publication of information, in appropriate formats, on entitlement, service coverage and processes;
- the criteria and processes involved in accessing services;

- the arrangements and criteria in carrying out assessments;
- timescales for the provision of service;
- arrangements for the monitoring of service outcomes;
- the complaints procedure; and
- procedures for dispute resolution between partner agencies.

Putting partnership into practice

- 3.7 Those responsible for delivering the service need to be working well together. Such relationships cannot be left to emerge spontaneously. This can only be achieved through appropriate training, time spent in working collaboratively and access to common sources of information about demand, throughput and outcomes.
- 3.8 These outcomes may be achieved for example by an Occupational Therapist appointed to work within housing, or a technical officer with grants experience to work within the Community Occupational Therapy team.

In a county council, an Occupational Therapist with experience of adaptations is seconded to work within the housing department of one of the district councils. She provides advice to housing managers responsible for the letting and management of the councils own stock and acts as expert advisor to grant officers. She is frequently called upon to mediate between her colleagues in community or hospital occupational therapy teams and technical services in both private sector housing and local authority housing.

- 3.9 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 adjudicate on difficult cases, to review progress, to monitor budgets, to allocate discretionary funding, and so on. In addition to representatives of the statutory agencies, representatives of voluntary organisations, such as a Home Improvement Agency (HIA), and of disabled people may appropriately be involved.

In a unitary authority, senior officers from the adaptations service (a unit that organisationally stands between social services and housing and delivers adaptations in both private and public sector housing), the health trust (who employ the community occupational therapists), social services care management, housing advice and housing management meet on a regular basis. They review progress against targets, discuss individual cases where appropriate, allocate discretionary funding and monitor the spending of all relevant budgets. The operation of this regular meeting is credited by the participants with significant improvement in working relationships across disciplines.

- 3.10 Often the disabled person will be accessing both adaptation and equipment services, and the assessment for both services should, where possible be carried out by the same person⁶.
- 3.11 A common information system is a prerequisite for effective integrated working. This should allow all parties 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 all parties do not have direct access to the same IT system other arrangements are possible, as described opposite.

In a borough council a database of all cases registered for potential adaptations work is maintained by the grants section using a proprietary software package. Each week the senior occupational therapist responsible for that area within the county comes into the borough council office to enter updated information from occupational therapy work records. As all parties do not have direct access to each others IT systems the updated schedule is then sent as an attachment by e-mail to all the agencies involved, including the voluntary sector HIA working in the area.

Flexibility in responding

- 3.12 Procedures for dealing with requests for help need to be flexible and comprehensive. A formal application for assistance (for example an application for a DFG) will almost never be the first point of contact. Sometimes staff within other areas of the authority, for example a care manager or a housing management officer, may identify the potential need for equipment or adaptations. Sometimes a referral may be received from another agency such as a RSL or a health service professional. In some cases the approach may come directly from the disabled person or their family.

In a unitary authority, services to assess for and deliver both equipment and adaptations have already been integrated within a single management structure and with joint accountability to the health, housing and social care bodies that share statutory responsibility.

Planning resources and estimating need

- 3.13 The rights of disabled people to receive help for adaptations determines that this is a needs-led service. Local housing authorities have an obligation under legislation to make an estimate of the likely need for these services and to develop plans for delivering them at a level that will meet the needs identified. Such plans should go beyond calculations based upon the experience of previous years in responding to the demand that presents itself through applications for services. Those operating the services should review what

⁶ *Guide to Integrating Community Equipment Services*, DoH, March 2001

experience they may have of unmet need or need suppressed by past application of arbitrary eligibility criteria. They should also consult with colleagues in social care and primary health care services to draw upon their experience of potential need. Organisations of and for disabled people and carers will have information vital to building a picture of both need and effective responses. Colleagues in policy functions may also contribute information based on demographic 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.

In a unitary authority, a pilot project offered screening to the tenants of 26 sheltered housing schemes. 492 older people accepted the offer and of these 316 were assessed as needing at least one item of equipment, a minor adaptation or a major adaptation.

Ensuring equity

- 3.14 The delivery of an adaptation within an acceptable timescale should not depend upon the time of year in which the potential need is first identified. Budgets, cashflow and workload arrangements should ensure that there is equity in outcomes regardless of when in the year the first approach is made.

Providing information

- 3.15 Local authorities, health bodies and other relevant partner agencies including, where appropriate, RSLs and HIAs should jointly produce a pack of literature and ensure it is suitably disseminated. Its purpose will be to inform service users, their advocates, the wider public, other professions and agencies, of service availability and process. Transparency is essential, not only in the interests of service users and planners, but in terms of public accountability. This suite of literature should be in plain English, in formats accessible to those with sensory impairments and in additional languages appropriate to all communities within the locality.

In a unitary authority, a booklet is widely distributed that describes equipment and adaptation services and explains how to access them. In a county council, a booklet prepared jointly with district councils sets out the pathways into various categories of care and explains the system for setting priorities.

In a London Borough a pack of information is distributed through statutory and voluntary agencies and promoted through a programme of 'road-shows' and speaking engagements in lunch clubs and community groups.

3.16 Over reliance on written material should be avoided and consideration should be given to other information media such as videos and audiotapes. Service users can be an extremely useful resource in the design of this material in both increasing its intelligibility and accessibility. A good test of information intended for dissemination to the general public is whether it can be understood easily by someone with a learning disability.

3.17 Whilst an individual agency may lead on the production of particular materials they should always be screened by a panel comprising partner agencies, user representatives and issued in joint names.

3.18 The suite of information materials should include, as a minimum:

- examples that give details of personal needs or circumstances in which people may wish or need to access services;
- a clear statement of the rights of those who seek assistance and of the eligibility criteria for accessing services;
- a description of the constituent services that together make up the system available to respond to need. A single point of contact should be identified together with contact details of other relevant agencies;
- an explanation of priority systems and time targets for initial response and assessment, together with information on charging and test(s) of resources;
- an account of the processes through which applications need to pass and of the timescales involved;
- an account of the communication arrangements, appeal and complaints procedures;
- a leaflet providing a comprehensive summary of all relevant services is particularly useful and has been effectively employed by some best practice authorities. It can be separately distributed, as well as part of a wider suite of information; and
- fuller documentation, such as local protocols and inter-agency agreements should also be available on request.

3.19 In county council areas where district councils are likely to carry a higher responsibility for the delivery of an adaptation service it is particularly important that the respective responsibilities and communication arrangements of both county and district are clearly and unambiguously identified and published.

Keeping the disabled person informed

3.20 It is important to keep the disabled person and his or her carers informed about progress (and problems) at all stages in the provision of service. Lack of information is widely recognised as one of the main sources of client or customer dissatisfaction. People who are kept aware of the causes of delay are more likely to accept it and may have ways of circumventing problems. Some simple rules to follow are:

- Ensure that there is regular contact with the disabled person and their representative(s), rather than waiting to be approached.
- Give disabled people 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 topping up finance is required.
- Provide accurate and clear information on timescales, waiting lists, and other sources of help.

Tenure issues

3.21 Access to assistance in the provision of adaptations should not depend upon the tenure of the disabled person. A local authority may determine that it will fund adaptations in property within its own ownership other than through the DFG mechanism. However, this should not result in a worse service to their occupants than that received by applicants who live in other tenures. This applies both to the level of support received and the time taken to provide a service.

In a metropolitan borough council, all applications are 'tenure-blind' until costs are allocated to local authority budgets according to whether a Disabled Facilities Grant has been used or Housing Capital Budget for adaptations in its own stock.

3.22 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.

3.23 Where the local authority believes that RSLs should make a contribution to the costs of adaptations in their own properties this should be negotiated and established through formal agreement. Whilst there is no specific obligation on the RSL landlord to fund such work, and the Housing Corporation has no statutory duty to subsidise the costs involved, it may be considered good

practice for a responsible social landlord to respond to the needs of their disabled tenants. Good practice for RSLs in identifying need, liaising with statutory authorities and carrying out works of adaptation is set out in a good practice guide published by the Housing Corporation: *Carrying out Adaptations, A good practice guide for registered social landlords* by Nigel Appleton and Professor Philip Leather, 1998. Also see *Needs First: a good practice guide for RSLs to prioritising tenants' needs for adaptations*, HoDis 2001.

In a metropolitan borough council, one RSL meets the full cost of adaptations needed in their properties. Another funds adaptations in its own properties up to an agreed sum that is agreed annually. The authority engages in negotiation directly with the major RSLs in its area. As a matter of policy disabled people living in the property of RSLs are not referred back to their landlord unless an agreement to fund is already in place.

- 3.24 The level of funding that an individual RSL can commit to funding adaptations will vary and there is no obligation on the RSL to fund adaptations themselves. The Housing Corporation will not refund the costs of small works (below £500). The local Social Housing Forum may provide the mechanism through which local arrangements between the local housing authority and RSLs operating within its area can be agreed.
- 3.25 In the case of stock transfers from local authorities to housing associations, the new RSL tenants will remain eligible to apply to the housing authority for a DFG, and they will be assessed for needs on the same basis as private owners and tenants. As part of their contractual negotiations, the authority and the new landlord should therefore agree how the management of the needs of disabled tenants will be addressed and reflect this in clear public and management guidance.
- 3.26 Individual tenants of RSLs should not suffer detriment through the absence of such agreements nor be obstructed in seeking assistance from the local authority. It is not lawful for persons in any tenure to be obstructed in making an application for assistance through a DFG.

Clients from black and minority ethnic communities

- 3.27 Black and minority ethnic communities face a number of potential problems in accessing an adaptation service. Firstly the experience of a disabling environment; secondly the problems associated with communicating their needs or accessing service information in a language that is not their native tongue; and thirdly erroneous assumptions being made by those assessing or providing service as to their cultural or religious practice or needs. The diversity of ethnic minority communities makes this a complex issue for local authorities and other agencies to address. However, all authorities have a responsibility to consider how they can minimise these problems in both planning and delivering the adaptation service in their locality.

- 3.28 In localities with large volume minority ethnic community demand it is good practice to ensure that representatives of at least the most numerous minority ethnic communities are involved in the service planning and design process. This can be particularly helpful in making the system and processes sensitive to the specific cultural and religious needs of service users from minority ethnic communities.

RESEARCH INTO TAILOR MADE HOUSING SOLUTIONS

A prominent local BME housing association was finding that its accessible/adapted stock no longer seemed to be fulfilling the needs of some of its tenants, despite being only up to ten years old.

Research was commissioned by the HA, with joint funding from Social Services, to consider the needs of 150 BME families. The local Disabled Persons Housing Service (DPHS) was also a partner.

Research interviewers had to be multi-lingual and culturally sensitive. Drawing on the HAs own waiting list, the interviews were carried out in applicants own homes.

The research achieved two main objectives: (i) to influence the design of future accessible stock (ii) the clarification of reasons behind some applicants request to move (for example, living in substandard housing, dependant upon benefit, communication problems due to culture, stigma of disability within some of those communities).

Practically, the HAs new build and other accessible stock will in the future be let through the DPHS and the HA to produce tailor made housing solutions for disabled people in the BME community.

- 3.29 Any literature produced by local authorities should be made available in the appropriate minority ethnic languages. It should also be available in audio format to take cognisance of the fact that many older people from minority ethnic communities may not be functionally literate in their mother tongue.
- 3.30 Again wherever possible assessment should be undertaken by staff who speak the language of the service recipient. At the very least they should be suitably trained to recognise the cultural and religious diversity of minority ethnic communities in their locality. As a minimum an interpretation service should be available to service users from minority ethnic communities. However, care should always be taken to ensure that those in an interpreting role are aware of the technical terminology and concepts utilised in the assessment process.

CHAPTER 4

Dealing with initial requests for service

Registering and responding to enquiries and referrals

- 4.1 The initial contact or referral may come to social services staff, or in the case of local authority tenants, to housing management, or even technical staff. It may come to the department that administers DFGs, or private sector housing assistance, or to those working on Supporting People. Several departments, and sometimes more than one local authority, could be involved. But the aim should be to deal effectively and quickly with enquiries or referrals wherever they initially impact.

Access Team

Following consultation with service users and stakeholders, a local authority has replaced its bureaucratic and complex 'self referral system' for accessing occupational therapy services and established a new 'Access Team'. The team provides a 'telephone-based' focal point for all service users, carers, agencies and organisations through one 'easy to remember' phone number.

The team provides advice and information and is the access point for a range of services. Advice and Referral Officers based on the team provide a fast-track assessment for simple equipment and small adaptations, for example grab rails, commodes and helping hands. These are ordered on the same day as the fast-track assessment and then delivered as soon as possible. Fast track arrangements are also in place with contractors to provide small adaptations. Where a more focused assessment is required in the home, the Access Team make the necessary referral to other parts of the occupational therapy service, without the need for service users to complete any forms or paperwork.

- 4.2 A standard and jointly agreed initial enquiry form should be available in all likely points of initial enquiry, allowing basic information to be collected from the enquirer without the need for redirection. The form should clearly display the titles and corporate logos of all the partner organisations to demonstrate their ownership of the common process. Along with basic information to identify the enquirer and the nature of the enquiry, the form should indicate the medium preferred by the enquirer for future communication.

A unitary authority uses a standard form so that whichever part of the authority is initially approached basic referral details can be taken and passed to the single intake point.

- 4.3 Completed initial enquiry forms, which should record the date of the enquiry, should be passed to a single intake point within the same day. The enquirer should be informed of the intake arrangements, including when they should expect a response and contact details to follow up in the event of delay. The date on the initial enquiry form 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.

A county council passes all enquiries and referrals through a single in-take point. Some enquiries are immediately dealt with by the supply of information, others passed on for allocation.

- 4.4 Common training on an ongoing basis (taking account of staff turnover) should be provided for all those involved in dealing with enquiries or referrals to ensure a consistent and appropriate service is provided. This will include disability equality training for all staff who may be involved in contact with the public.

Use of a one-stop shop

- 4.5 It may be possible to channel the majority of enquiries or referrals to a preferred point of access (or points if dealt with by area teams). This will be facilitated through the provision of clear information, such as posters, leaflets, or web pages, for potential clients or relevant external organisations, and in briefings to staff involved in receiving enquiries. 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.

Providing an effective response

- 4.6 On receipt of the initial enquiry form at the single intake point, an initial screening process with agreed criteria, will determine whether the immediate involvement of other services is required. For example, whether an assessment is required for other forms of assistance and how this should be taken forward.

A county council adopts a screening process for all referrals and enquiries with published criteria and protocols for setting priorities and deciding upon allocation.

- 4.7 Department of Health Circular LAC (2002) 13, issued in May 2002, provided guidance to social services departments on achieving fair access to adult care services through reviewing and revising their eligibility criteria. Criteria based on this guidance came into use on 7 April 2003. Housing needs should be part of any assessment of overall needs of a disabled person. It should also be

recognised that people who do not qualify for social care services may nevertheless be entitled to advice about and/or assistance with the cost of housing adaptations and the mandatory nature of entitlement to disabled facilities grants must always be borne in mind.

- 4.8 Where a request or need for an adaptation is identified, the agreed criteria for assessing adaptation needs should be used. At this point a view will need to be taken of the priority to be attached to the case, this may be revised in the light of additional information or changes of personal circumstances. Most existing schemes for setting priorities depend upon assessment of medical risk, and need to be broadened to reflect the social model of disability.
- 4.9 A proportion of enquiries come from people who have previously had contact with social services and arrangements will 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 measurement of the target time for the completion of assessment begins from the point at which a priority is assigned or an alternative service response identified. This in turn should be within two working days of the receipt of an enquiry or referral.

Schemes for setting priorities are varied, the best being related to risk assessment. We give five illustrative examples within a framework that also recognises quality of life issues such as dignity and choice:

A county council, sets three levels of priority:

1. Prevent immediate risk of accident or hospital admission or to facilitate discharge.
2. Provision of independent safe access to facilities and to the dwelling.
3. Will improve long-term ability to stay at home.

A metropolitan borough council, also sets three levels:

1. Terminally ill, hospital discharge, living alone.
2. Access to facilities.
3. Bathing and lifestyle issues.

A district council, sets four levels:

1. Access to toilet.
2. Access in and out of property.
3. Kitchen adaptation.
4. Bathing.

A Housing Association sets the following priorities:

1. Activities performed more than once per day (e.g. toileting, access to property) where either life threatening or major health and safety issues are involved.
2. Activities performed daily/every other day to increase independence or to provide relief to carer.
3. Weekly or monthly occurrence to improve quality of life.

An alternative set of priorities might also include:

1. The ability of the disabled person to maintain their independence is compromised, the capacity of a carer to maintain support of the disabled person is under threat, the quality of family life is deteriorating.
2. Maximising the child's development and well being and avoiding any harm to parental health.
3. Full potential for independence and inclusion is not being realised, the needs of other members of the household are not being met.
4. Potential future needs are not provided for.

4.10 The service response may be:

- To authorise an immediate response of minor adaptations or equipment.
- To 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.
- To refer for consideration of an alternative service – for example home care or other community health or care assistance.
- To note that the need presented cannot be met by the service while notifying the enquirer of alternatives wherever possible.

4.11 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.

A unitary authority, if the required adaptation has not been carried out after six months the case is moved up to the next level of priority. Thus even those initially graded to have lowest priority do have some chance of coming to the front of the queue eventually.

4.12 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 RSLs may also have relevant experience, for example in dealing with enquiries on housing management matters. There are no perfect solutions to this problem, and many alternative approaches, but the following examples demonstrate approaches which have worked. The essential requirements are, among other things:

- a consistent system covering all access points so that clients 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 client, 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 client or the referral agency the information which has been logged to ensure that it is correct.

4.13 A written response, or response in another format as appropriate, should be made to every enquiry 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 (including the enquirer if more information is required) and should give a clear point of contact. A standard what happens next leaflet or letter may be of use here.

Preliminary test of resources for DFG

4.14 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. A preliminary enquiry about resources can short-circuit these delays and may encourage the disabled person to pursue other solutions. Such a preliminary enquiry can accompany the response to the initial enquiry.

A district authority uses the preliminary test of resources as an early indicator that help may be needed to secure the balance of funds or top-up funding may be needed.

A unitary authority issues a preliminary test of resources immediately on receiving an enquiry and gives an outline indication of the likely level of contribution.

The role of the key contact or progress chaser

4.15 The response to referrals or enquiries should identify a single point of contact, and nominate a contact person, who the client can contact for information about their case (and subsequently, application). This contact point should remain the same throughout the process, rather than being transferred, for example, from social service 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 example social services) for all clients. If a HIA is acting as advocate for the disabled person, (see section 4.16 below) it might be most appropriate for them to fulfil this role. The essential point is for the contact person to have, or have ready access to, details of current progress with any clients case.

A county council, has an Occupational Therapy Assistant who fulfils this role. This person maintains an overview of the progress of cases and will liase with colleagues in Community Occupational Therapy and in district council grant departments to resolve delays. This person is also the named contact for disabled people seeking information about the progress of their case.

Involving an agency service

- 4.16 Home Improvement Agencies (HIAs) offer practical help with building works to vulnerable homeowners. The service offered varies but normally covers help in diagnosing building problems, identifying solutions, assisting in raising money to cover the costs, selecting a builder, and ensuring that work is carried out properly. Some HIAs are independent non-profit organisations, some are run by RSLs, and others operate in-house within a local authority.
- 4.17 From an early stage, HIAs identified disabled people as a key group who would benefit from their assistance. Subsequently, it has become quite common for local housing authorities to refer people seeking help with adaptations to an HIA service, especially where DFG or Home Repair Assistance is likely to be involved.
- 4.18 Not all disabled people would wish for or need help of this kind, but where it is appropriate, the benefits are considerable. The agency can act as both an advocate for the client and as a progress chaser to identify and attempt to deal with problems as they arise. Through its special funding, and in some cases through fee charges, an agency is often able to devote more staff resources to an individual case than hard-pressed local authority staff. The agency will also build up specialist expertise, for example in securing access to charitable funding sources.
- 4.19 In many cases, HIAs go further and act as an advocate on behalf of their client in negotiations with the housing authority over grant aid and with social services over the assessment of need and access to other services (including care provision) or to welfare benefits. The additional resources which they can devote to working with clients may often give them a closer insight into the clients needs and expectations and the factors underlying these. Local voluntary bodies working with disabled people can fulfil a similar role. Housing and social services professionals can learn much from this experience about ways of more effectively meeting clients needs and securing higher levels of satisfaction with the help that they provide.

4.20 Further information on the role of HIAs in helping disabled people and on the local availability of HIAs can be obtained from *Foundations*⁷, the body funded by Government to support and regulate them.

4.21 In a few areas, more specialised services focusing exclusively on the provision of help to disabled people have been developed. These are known generally as Disabled Persons Housing Services. They may offer:

- help with the assessment of a clients need, using an holistic, person centred approach;
- information and advice on a wide range of solutions, including re-housing options;
- specialist knowledge to assist with more complex or extensive needs;
- maintenance of a disability housing register (that is, a database of accessible (purpose built adapted and adaptable housing), a register of disabled people in need and a service matching people to vacant property); and
- help in accessing specialised charitable sources.

4.22 Further information on the role of Disabled Persons Housing Services in helping disabled people and on the local availability of services can be obtained from HoDis⁸, (National Disabled Persons Housing Service Ltd) the UK body co-ordinating and promoting this style of service.

⁷ Foundations, Bleaklow House, Howard Town Mills, Glossop, SK13 8HT. Telephone 01457 891909, e-mail foundations@cel.co.uk

⁸ HoDis, 17 Priory Street, York, YO1 6ET. Telephone 01904 653888 e-mail info@hodis.org.uk

CHAPTER 5

Assessing the need for adaptations

- 5.1 Where the service response to the initial enquiry is a reference to an assessment for adaptations (see section 4.5 above), the enquirer should be notified by letter of the priority they have been assigned. They should be told the following key items of information:
- the criteria for setting priorities of assessment and service provision;
 - the timescale for completion of assessment;
 - the process of assessment and possible outcomes;
 - the process for administering a test of resources or charging if appropriate; and
 - the process for appeal or complaint.
- 5.2 The enquirer should also at this point be given the opportunity to provide further information that they believe to be relevant to their priority for assessment of service provision.

The approach to assessment

- 5.3 It has long been recognised as crucial to involve disabled people in the assessment of their own needs and today it is appropriate and consistent with the policy developments across the social care and health agenda to argue for the primacy of the disabled persons perspective above all others. This is because the disabled person is the expert on his/her needs and should be carefully listened to by the relevant professionals. The views of parents and carers are also important, especially if they live in the same household.
- 5.4 Any assessment should take the 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 also the needs of other children in the family.

- 5.5 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.
- 5.6 Equally important, 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.
- 5.7 For general principles of assessment for social care for adults see *LAC (2002)13 on Fair Access to Care Services* which was published in May 2002. 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

- 5.8 Assessment for adaptations will generally be carried out by a member of the Community Occupational Therapy Team. In some cases they will be directly employed by the social services department, in others they will be employed by a health trust providing the assessments on behalf of social services.
- 5.9 Occupational Therapy Assistants provide a valuable additional resource for carrying out assessments. The ratio of assistants to fully qualified Occupational Therapists varies from authority to authority. The deployment of Occupational Therapy Assistants to carry out assessments for smaller items of equipment is well established. 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 in para 4.15 above. The extension of the role of the Occupational Therapy Assistant must be matched by adequate provision for support and supervision by qualified and experienced Occupational Therapists.
- 5.10 The relationship between a paediatric occupational therapist and the disabled child may extend over a number of years, rather than being confined to discrete interventions. Paediatric occupational therapists may therefore be regularly involved in the provision of adaptations. Local arrangements will need to be in place to ensure that the assessment and recommendations for adaptations are undertaken using relevant expertise. 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. Assessment may involve other occupational therapists, particularly where major adaptations are required. Where possible training and exchange of skills and knowledge will take place to support a collaborative and seamless approach. This will need to be balanced with the current demands of their respective services and both need to be respected for their different contributions.

A local authority and a Primary Care Trust are developing integrated OT services including those for children's services. Minor adaptations are dealt with by paediatric occupational therapists who receive regular training on housing adaptations as part of continuing professional development (CPD). Where major adaptations are required an occupational therapist specialising in housing works with colleagues and the family to assess and meet the needs of the individual child.

The move to Children's Trusts and integrated health and social care services provides opportunity to promote greater sharing of skills in the future.

- 5.11 Other staff may be used to carry out assessments: Care Managers and those undertaking assessment for Home Care services may be well placed to carry out assessments for minor adaptations. There are already schemes in place that will allow such staff, after appropriate training and with proper arrangements for supervision and review, to assess need and access equipment. This should be extended to minor adaptations.

A county council uses care managers and other staff to assess for simple equipment and some minor adaptations.

- 5.12 The use of one person capable of assessing for minor adaptations and carrying out the work within the same visit offers a quick and flexible solution to modest needs. It is possible for the same person to be trained in the practical skills of fixing such minor items as second banisters, grab rails, and so on; and trained in the assessment techniques required to determine the need for such items.

A county council is piloting this service in two districts.

Self-assessment

- 5.13 It is good practice to use some form of self-assessment within the process of providing adaptations. Its straightforward meaning is to consult the disabled person in some way. In some cases adaptations may be needed which also benefit a carer. Generally, and invariably with children, self-assessment will mean involving the carer. Also, depending on the nature of the disability, 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.

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

- Self-assessment can be used as part of an initial filtering process.
- For minor adaptations it is possible to respond in the same way as for the provision of a responsive repairs service, that is on the basis of self-assessment.

- For major adaptations self-assessment should be part of the process of assessment and provide a balance to the assessment of professionals by giving a voice to disabled people and their carers and families.

A unitary authority will rely solely upon self-assessment if the case is not complex.

- 5.15 There is a need for a review process that picks up additional needs and adds professional experience and insight into the equation. This may be in 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.

A county council uses a self-assessment form to support the process of setting priorities.

- 5.16 Within the system a senior and experienced person, who will normally be an Occupational Therapy team leader, is needed to decide how assessment is to be provided in the particular circumstances of each case.

In a metropolitan borough council the team manager routinely screens all referrals for adaptations.

Dealing with complex cases

DISABLED CHILDREN

- 5.17 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 his or her 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. The Assessment Framework (DH, 2000) presents 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.
- 5.18 Children with a learning difficulty or with mental health needs often present particular problems in delivering an appropriate service response. Damage to equipment or adaptation may be more likely to occur and the dangers of self-harm and restriction of the amenity of other family members are more prevalent for some children.

- 5.19 Each local authority should 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.

CHILDREN IN FOSTER CARE

- 5.20 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

- 5.21 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.
- 5.22 Assessment and recommendation 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.
- 5.23 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

- 5.24 There will often be a fundamental mismatch in the timescale connected to discharge from hospital and that required for achieving an adaptation. Patients should not be discharged without either an adaptation in place or appropriate interim arrangements already in place.

- 5.25 Collaboration between hospital and community based professionals and consultation with the disabled person and carers are essential in ensuring satisfactory outcomes. This collaboration is more likely to be fruitful if professionals have already given some thought to the ways in which the difficulties inherent in this situation might be met.
- 5.26 Primary Care Trusts have powers under National Health Service Act 1977 and the Health Act 1999 to transfer funds to housing adaptation if that will release beds by expediting discharge.

PEOPLE WITH SENSORY IMPAIRMENT

- 5.27 The social service 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.
- 5.28 The staff involved in providing an adaptation for a disabled person who has a sensory 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 DISABILITIES

- 5.29 Many people with learning disabilities will already have contact with social services. If a care manager or other staff are already supporting the disabled person and their carers then their co-operation should be sought in carrying out the assessment and designing the adaptation.
- 5.30 In some circumstances the person with a learning disability 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 specifiers should be aware of these possibilities and rely upon the advice of specialist colleagues.
- 5.31 Wherever possible, the person with a learning disability, together with family and carers, should be involved in the assessment discussions and decision-making process.

PEOPLE WITH MENTAL HEALTH NEEDS

- 5.32 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.

- 5.33 There may be some circumstances in which it is the mental health problems themselves that can be addressed by an adaptation: this might involve works to protect the disabled person from harm or from intrusions that provoke their problems.
- 5.34 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 AUTISTIC SPECTRUM DISORDERS

- 5.35 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 (in this case builders) in the environment and to prolonged noise and movement and the use of unfamiliar equipment.
- 5.36 Adaptations may be required in ways suggested in paragraphs 5.17 to 5.34 above, especially where autism is associated with learning disability, challenging behaviour and/or mental health problems. As with people with mental health problems or other forms of disability, 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 IMPAIRMENT

- 5.37 The need to consult with the disabled person, with carers and with specialist colleagues is nowhere more pressing than in seeking to meet the needs of disabled people who experience multiple impairment. Response to different aspects of their needs may potentially conflict and sensitivity and flexibility are needed.
- 5.38 The circumstances should be monitored throughout the period in which the adaptation is proceeding and monitoring should continue after the work is complete.
- 5.39 The disabled person should be afforded the same opportunities to participate in the process as others in less complex circumstances.

Interim help

- 5.40 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

- 5.41 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.
- 5.42 The recommendations following assessment should be drawn up on the basis of standardised descriptions agreed in discussion between all agencies involved, capable of being modified to reflect individual circumstances. The use of such wordings wherever possible greatly reduces the possibility of miscommunication. The joint team of officers representing social services, housing and health should determine the appropriate service response to identified standard needs. This may be by jointly developed protocols that allow individual officers to proceed, or by regular standing meetings. Standing meetings are an expensive use of scarce resources and should not be used to either delay the process or introduce additional criteria for eligibility. They are, however, a useful tool in monitoring service performance, the need for service change and consistency of provision against assessed need.

A unitary authority has a schedule of standardised descriptions that assessors may use that have been agreed with those preparing specifications. This has been found to greatly reduce mis-communication and consequent delay.

Decant properties

- 5.43 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.
- 5.44 Where more prolonged disruption is unavoidable then a temporary move to other accommodation should be considered. An RSL or the local authority housing service may have appropriate stock 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. Most HIAs will have experience of arranging such temporary re-locations. Whilst the professionals involved will need to make an assessment of 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.

CHAPTER 6

Considering the funding options

Mandatory DFG: processing the application

- 6.1 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, should follow to deliver DFG support to eligible applicants.

CONFIRMING TITLE OR SECURING LANDLORD APPROVAL

- 6.2 Where an application for a DFG has been made by an owner-occupier the applicant must complete and provide a declaration stating that they are the owner of the property and confirmation of title secured from the Land Registry. An officer within the grant section will be designated to seek this confirmation and to deal with any queries that may need to be resolved.

A district council sends an enquiry concerning title to its legal section immediately on receipt of an application for grant.

- 6.3 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 landlords approval and in appropriate circumstances authorities should be prepared to assure the landlord that if requested by him they will 'make good' when a tenant no longer requires the adaptation.
- 6.4 In all these circumstances assistance should be offered to the disabled person in completing the required forms or in approaching the other parties that may be involved.

CONFIRMING RESIDENCE

- 6.5 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 is their main or normal place of residence.
- 6.6 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 qualifying as residence. Similarly the exchange of contracts to purchase with completion conditional upon the completion of adaptations that make residence viable should be regarded as residence.

- 6.7 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 TEST OF RESOURCES

- 6.8 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. The applicant will be required to provide information about all sources of income and all savings and produce documentary evidence to support the information given.
- 6.9 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, estimates secured and proof of title or landlords approval secured. This timing is to ensure that the information is current at the time the application is assessed.
- 6.10 Within the agreed procedures between the statutory agencies involved in the adaptation process the officer responsible for securing this information should be clearly identified. In some authorities the occupational therapist will see that the form is provided and explained, in others the grant officer will do this. In yet others it may be an officer from the revenues section of the authority. In a few cases it will be an officer specifically employed for the purpose. It is good practice for the applicant to be assisted in completing the form and assembling documentary evidence.

In a metropolitan borough council two part-time staff are employed solely to administer the Test of Resources. They will visit applicants and assist them in completing the form. They carry with them a portable photocopier to copy any supporting documents such as benefit books and bank books. On return to the office they will check and verify the information and calculate the amount of any contribution.

- 6.11 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.

In a district council the applicant is supported by a grant officer in completing the form and assisted in photocopying supporting documents. The officer inspects the original documents, normally in the applicants own home, and certifies that they correspond to the copies. The documents are then passed to the revenues section who check the information, verifying it with other agencies if necessary, clarify any anomalies with the applicant, calculate the amount of contribution if any and certify eligibility to the grant officer so that the grant may be approved.

- 6.12 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.
- 6.13 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.

Alternatives to DFG

- 6.14 It is important to bear in mind, when considering possible solutions for disabled clients, that there is a wide range of policy options which can be brought into play to meet the assessed need. Although a mandatory DFG will often be the preferred funding route for major adaptations, other policy solutions might be brought into play either as an alternative or as a top-up to the mandatory grant regime.

SUPPORT FOR MOVING TO ALTERNATIVE ACCOMMODATION

- 6.15 For example, in cases where major adaptations are required and it is difficult to provide a cost-effective solution in a client's existing home, then the possibility of moving elsewhere, either into a local authority or RSL dwelling, or a more suitable dwelling in the private sector should be considered. If the client is willing to consider this option, they will need considerable help and support through the re-housing process. Arrangements will be needed to demonstrate the kind of property and the kinds of facilities which might be available. This would require close liaison with local authority or RSL housing management staff. If a move to another private sector home is a possibility then the powers available under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) can be used for the purpose of helping with the purchase and adaptation of a new property either within or outside the authority's area.

A metropolitan borough council routinely discusses the possibility of a move with all disabled people being considered for a major adaptation. Within their integrated team a senior officer has direct access to the housing records of the local authority to identify suitable properties.

Another metropolitan borough council offers financial assistance to those considering a move. Within its own stock property that would be suitable to house a disabled person may be held on a non-management void, until an allocation has been made.

DISCRETIONARY HOUSING POWERS

- 6.16 The discretionary powers available under the RRO can also be used either as an alternative to a mandatory DFG or to supplement the resources available within the DFG statutory limits. In some cases it may be possible to tap into charitable sources, and all staff involved in the adaptations service need to have a basic knowledge of these alternatives.

A district council has routinely used Home Repair Assistance to deal with small to medium adaptations, especially where a degree of urgency is required. Although HRA no longer exists as a national scheme, equivalent schemes designed at local level can still be implemented as part of a published RRO policy.

- 6.17 Some authorities have set up handyman 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 client needs quickly and cost-effectively, irrespective of the mainstream framework of solutions.
- 6.18 The freedom of the RRO power also means that a local authority can design an adaptations policy to address its local needs and priorities. So it can provide additional resources:
- to fund larger schemes where the costs are in excess of the £25,000 limit for mandatory DFG;
 - to help individuals if it considers that the statutory means test is biting particularly harshly in a particular case; and
 - to fund particular types of adaptation not provided for within the DFG system.

SOCIAL SERVICES COMMUNITY CARE FUNDING

- 6.19 Social services funding streams can also be legitimately utilised to increase the overall resource to fund an adaptation in many cases. By definition, adaptations increase independence. Most prevent or at least slow down the rate of deterioration in health. Others promote rehabilitation and health gain.
- 6.20 A responsive adaptation service can effect savings in promoting hospital discharge or the reduction in costs of social care and those savings should be taken into account in the consideration of the most cost-effective way to proceed.
- 6.21 With the new powers under the Community Care (Delayed Discharges etc) Act 2003 it is likely that in practice minor adaptations (costing less than £1,000) will be provided free of charge using either this new legislation or the local authority discretionary housing powers.

LOANS AND EQUITY RELEASE

- 6.22 The greater funding flexibility now opened up by the new RRO powers is also encouraging local housing authorities to consider alternatives to supporting disabled persons through grant assistance. For example, Houseproud⁹ is a partnership between a number of local authorities and the Home Improvement Trust to provide advice and financial help to disabled people for housing adaptations and repairs. This is done by the provision of affordable loans and for those over 75 an equity release policy is available. Again such policies do not affect a persons right to mandatory DFG and a loan of this type can be used as an additional form of assistance if the applicant for a DFG is assessed as having to make a contribution towards the costs of the works.
- 6.23 More generally local authorities should consider whether any adaptations assistance provided under the RRO powers always needs to be in the form of grant. For example, assistance to fund works in excess of £25,000 or to help with the applicants assessed contribution could be met through some form of loan or equity release scheme.

Alternatives for self-funders

- 6.24 There may be cases where an enquirer is deemed to be ineligible for financial assistance from the local authority. 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. Other cases might arise where a thorough assessment had established that a specific adaptation requested by an enquirer was not needed. In such situations the enquirer should be offered advice and information on other such options. These might involve referral to a disabled living centre or HIA. Enquirers who wished to proceed with an adaptation at their expense could be offered access to lists of competent builders or to professionals whose expertise might be useful.

⁹ Houseproud freephone helpline 0800 783 7569

A district council provides a full range of advice and support to those who self-fund their adaptation. Advice on funding issues, specification of work and selection of builders, together with supervision is provided through the HIA.

A metropolitan borough council provides the same advice and support to those who self-fund as to grant recipients, believing this avoids waste of money and protects the disabled person and carers from inappropriate purchases.

Disability housing registers

6.25 Authorities may provide assistance to help 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). It is recommended that Disability Housing Registers are further developed by local authorities, RSLs, or other bodies such as Disabled Persons Housing Services. The principle of such a register is to establish:

- a database of property, recording details of properties which are purpose built or have been subject to significant adaptation works together with details of the works carried out;
- a register of disabled people who are seeking accessible accommodation and of their needs; and
- a service matching people to properties. 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. It should be noted that the property database and register of disabled people need not be physically separate from, say, the housing register or mainframe property database. IT software solutions are already being used to tag properties in appropriate ways and a software programme is in development to assist matches, irrespective of software systems used by the housing provider. Further general advice on disability housing registers can be obtained from HODIS (National Disabled Persons Housing Service Ltd), 17 Priory Street York YO1 6ET tel. 01904 653888.

6.26 In relation to registers for social rented housing, it is important to:

- reach agreement on standards/categories of property for matching purposes as early as possible;
- ensure that standards/adaptations to properties are described fully, accurately and consistently on the database;
- 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 matches; 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.

6.27 It must be recognised that whilst the re-use of adaptations can make a contribution to economy in the use of public resources, for many disabled people further adaptations or modifications will be required to meet their specific needs.

6.28 In the owner-occupied sector it is impractical to maintain a permanent register, but 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.

CHAPTER 7

Getting the work done

Translating recommendations into a specification

- 7.1 The recommendation received from the person carrying out the assessment will need to be translated into a specification for building work, with working drawings where appropriate. The specification must be prepared by a person with knowledge and experience of this specialised area of work. It may be that a HIA or Disabled Persons Housing Service will employ a person with the appropriate technical knowledge and expertise. Where neither of these is available then the local authority should consider whether it can provide the service.
- 7.2 Before the specification is sent out to tender it should be shared with the person who carried out the assessment and with the disabled person and their carer. Support may be required to ensure that the disabled person can interpret the specification and drawings so as to make an informed comment on the adequacy of what is proposed in meeting their needs and aspirations.

A local authority uses sketches prepared through Computer Aided Design to illustrate for the disabled person what the adaptation will look like. These sketches are used in a joint visit to confirm the plans before work proceeds to tender.

Joint visits, user involvement

- 7.3 The means by which assessed need is to be translated into service outcome also needs to be the focus of joint agency agreement. A joint site visit between Occupational Therapist and housing grant officer, or other appropriate professionals and the user may be required. Where this ideal can not be realised there should be clearly agreed protocols between all partner agencies as to the criteria for determining those cases where joint visits are essential. This is particularly important where the needs assessment personnel and grants officer are responsible to different tiers of local government.

A county council always arranges a joint visit involving the Occupational Therapist, grant officer and HIA to discuss with the disabled person the proposed plans and specification.

A London Borough will arrange a joint site visit between the contractor, grant officer and the disabled person to discuss the programme of works before they begin.

Standard specifications

- 7.4 The development of common specifications can save time and effort and there is considerable potential for its use in the process of delivering adaptations. 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, so the use of standard specifications must be tempered by the nature of the job.
- 7.5 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, but in more complex cases, an individual detailed specification with drawings will be necessary. 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. Standardisation can be encouraged by the development of forms for collecting data on dimensions and layouts. Standard line drawings showing common elements and layouts can assist during site visits. 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. Standardised materials should always be kept under review to ensure that they take into account changing information, practices and experience.

Contractor selection, priced schedules and procurement issues

- 7.6 Access to a list of builders approved by the local authority for carrying out adaptation works should be open to all contractors who meet a published set of criteria. These may include: production of appropriate insurance, 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 should also consider whether it is appropriate to ask for police checks, at least for the principals of contracting companies, but it is appreciated that the time delays involved in securing such checks may not make this practicable in relation to individual jobs.

A unitary authority has organised a forum to bring together contractors who work on adaptations. Another local authority holds a contractors open day bringing together those willing to undertake DFG works and helping small-scale builders to register on their contractors list.

- 7.7 It will 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.

- 7.8 As well as, or as an alternative to, local lists, authorities should consider the use of any recognised national schemes designed to give consumers greater confidence in choosing a building contractor. For example, where schemes such as Quality Mark are established locally, authorities could consider requiring applicants for assistance to use contractors within this scheme, but with the same care being required on clarifying contractual relationships, choice, and liabilities.
- 7.9 In maintaining an approved list officers should record the impressions and experience of the disabled person, their families and carer, and the results of their own inspection of works. Contractors who do not perform to an acceptable standard should be removed from the list.
- 7.10 Where the list is made available to a disabled person, it should be clearly stated in writing that the warranty given is limited to the fact that the eligibility criteria for admission to the list have been met, and no serious adverse comments have been entered on the record. Whilst a selection of contractors may be provided that match the particular needs of the work involved, officers should not recommend an individual contractor above others.

In a unitary authority a priced schedule of works has been in operation for some time. A priced schedule is prepared and offered to contractors who are taken in rotation from a list. They must indicate if they are willing to undertake the work for the calculated prices, raise any queries or variations and estimate a date for starting on site. In the meantime a grant approval and notice of any contribution can be sent to the applicant. The authority believes this represents a major saving in time and is also helpful in budget control and forecasting.

- 7.11 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.
- 7.12 Where the disabled person 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 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.
- 7.13 Local housing authorities should consider whether they wish to offer applicants access to contractors who have agreed a schedule of rates for carrying out adaptations work. Preparing a sufficiently comprehensive range of specification clauses is a major task. 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. The arrangement would need to be piloted to ensure that the specification will meet the great majority of circumstances. Once in place the benefits of such a system are considerable: costings can be calculated directly from the specification, a cost of works fixed and the level of grant assessed without waiting for tenders to be returned and evaluated.

- 7.14 The evaluation of contractors and agreement of schedules of prices must be undertaken separately from those dealing with individual grant cases. The order in which contractors are offered work should also be determined separately from those dealing with offering particular jobs. The system must be subject to rigorous monitoring to ensure probity.
- 7.15 Where agreement can be reached between those carrying out assessments and those specifying works on a range of frequently used equipment then considerable savings will be achievable through bulk purchase arrangements. 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, shower cubicles, and so on. Negotiation with manufacturers or suppliers can lead to a preferential price. Items can then be individually delivered but provided at a contract price. Access to such an arrangement can also be offered to those who are self-funding adaptations.

A metropolitan borough council has negotiated substantial savings through the purchase of a standard range of equipment.

A district council also has an agreed range of equipment for which contract prices have been negotiated.

Use of Modular Buildings

- 7.16 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 an extension of conventional construction or the loss of amenity caused by internal rearrangement. Experience of such provision is limited but increasing, and although the greater cost savings only come from using the unit more than once there are other factors to consider. Speed of installation does not significantly reduce the progress of the total time needed to progress an adaptation from enquiry to completion, but the reduction in disruption may be relevant where an occupier is to remain in residence during the work on site. Recent legislation has clarified the position with respect to ownership and the right of the local authority to recover the unit. Reservations about appearance and reinstatement when the unit is removed can be addressed by good design.

A local authority is committed to the use of 'removable buildings' and will complete 9 in 2003/04, with 6 planned for 2004/05. A number of the early units have been re-sited (3 times in one case) leading to considerable budget savings. The current product is used in all cases on public sector properties where feasible.

Early difficulties have been largely ironed out and one of the distinct advantages is that additional bedroom/bathroom facilities can be provided within 3-4 months of the recommendation of an Occupational Therapist.

Planning permission

7.17 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 should:

- 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 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 their 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, including the use of temporary planning permissions.

Site supervision and liaison

7.18 Adaptations will often involve complex works in which close supervision is needed. The purpose of supervision is to ensure that the works described in the specification are carried out, completed to an acceptable standard, in accordance with relevant regulations and undertaken in a way that respects the rights of the disabled person. The local authority should appoint a person to carry out supervision of the work, this will normally be a suitably qualified person within the grant section. They will work closely with the grant officer who is dealing with the approval of the grant and keep them informed of the progress of the work. In some arrangements this will be the same person.

7.19 All major adaptation work should be visited by a supervising officer at least once whilst they are in progress and where work continues beyond a week visits should be repeated on a weekly basis. The Occupational Therapist should also undertake a site visit to advise on the installation or arrangement of key elements of the adaptations 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 funding in the provision of adaptations that do not meet the disabled persons needs and lifestyle, and may be considered essential to securing Best Value outcomes.

7.20 If any doubt arises about the suitability of the works to meet the needs of the disabled person then the supervising officer should arrange a joint site meeting with the person who carried out the assessment, the disabled person and the contractor.

CHAPTER 8

Completion and aftercare

Service contracts

- 8.1 Some items installed as part of an adaptation, such as stair and through-floor lifts 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, should be included in the calculation of any grant payable.

A district council has rolled up the cost of a five-year warranty and service contract into the purchase price of stairlifts procured through a bulk purchase arrangement.

Provision of aftercare/customer support

- 8.2 The whole investment in an adaptation can be compromised for lack of appropriate arrangements to ensure that works are complete, the disabled person and carer are confident in the use of the adaptation and the assessed needs have been met.
- 8.3 On completion of an adaptation the person who carried out the assessment, the supervising officer and the grant officer should carry out a joint visit. 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; and
 - be satisfied that the adaptation is complete.
- 8.4 The key contact should ensure that all guarantees and other documentation has been provided and delivered to the disabled person, that any suggestions for further service have been appropriately dealt with and that the case may be closed.

Monitoring the system

- 8.5 As a minimum the agencies principally involved in delivery of adaptations should ensure that systems are in place to:

- inspect the completed adaptation or installation;
- instruct the user on optimising effectiveness of adaptation or equipment safely;
- routinely survey all service recipients as to their satisfaction with the process and outcome;
- sample survey after 6 months, 1 year and 3 years to review the adequacy of major adaptations provided; and
- consult with a standing group of service users and carers who will monitor the system, share in the review of survey responses and contribute to the design and evaluation of the whole adaptation service.

A metropolitan borough council carries out a satisfaction survey among all those for whom an adaptation is carried out. They have also involved service users in a recent major service review.

A London Borough carries out a telephone satisfaction survey every six months of all those for whom an adaptation has been completed.

Dealing with complaints

- 8.6 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 should be clearly set out in literature or other media made available to enquirers when they first make an enquiry or request for service. This information should 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. Authorities should also have a contingency fund to pay for remedies 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

- 8.7 Both professionals and those using services should 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 should 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 should be given to the disabled person and carers that the current intervention is at an end but that they should re-establish contact if there should be any change of circumstances or other difficulty in relation to the adaptation.

CHAPTER 9

Time targets

- 9.1 The setting of time targets to deal with requests for housing adaptations is difficult because of the variations in the complexity and urgency of cases coming forward to the authorities. The legislation governing the mandatory DFG system stipulates that, once a full application for a grant has been received by an authority, a decision on it must be given within six months. In relation to the payment of grant, the date when this will be paid can be specified in the decision letter but that date may not be more than 12 months after the date of application.
- 9.2 However, in practice, even if these statutory times are adhered to, the whole process can take much longer because a lot of the steps in the process take place before a formal application for DFG is made. Any targets should apply to the complete process rather than the statutory time limits although these too should, of course, be adhered to and monitored.
- 9.3 The table in this section illustrates a possible approach to time targeting, setting out possible target times for each stage from the initial enquiry about services, which may or may not result in a DFG, to completion of adaptations work.
- 9.4 The table also provides different times for varying degrees of case priority. In this example, high priority cases should be completed in 16 weeks (assuming 5 working days a week) with a maximum target time of 52 weeks for the least urgent cases.
- 9.5 The table assumes an average grant cost of £5,000. For smaller cases the time will be less and for complex cases with major building work several extra weeks work would be involved.

INDICATIVE TIME TARGETS (working days)	Priority ranking in assessment		
	High	Medium	Low
Referral to allocation/response (including screening, prioritisation and preliminary test of resources form issued)			
<i>(NB where complex needs are identified some time may elapse before the need for adaptation is clarified and the process proceeds)</i>	2	2	2
Assessment carried out within:	3	15	40
Recommendation and report prepared and forwarded	2	5	5
Notice to disabled person of recommendation and application form issued	2	2	2
Home visits to assist in completion of form, measure up and consult on proposals	5	15	30
Preparation of schedule and drawings	10	20	30
Second home visit to confirm proposals	5	15	30
Issue specification to contractors, concurrently seek confirmation of title, etc	3	5	5
Await return of tenders, concurrently seek completion of full test of resources	30	30	30
Evaluate tenders, calculate and check DFG, issue confirmation of DFG	3	5	5
Date to start not exceeding	10	30	60
Time on site will depend upon the size and complexity of works but allow 5 days per £5,000 value for general building work, less when value includes major items of equipment such as stairlifts:			
For average DFG of £5,000:	5	5	5
Inspection on completion	1	2	5
Secure guarantees and documentation, advise on repair and maintenance, consult disabled person on satisfaction, consider any remaining needs	2	5	10
TOTALS	83	151	259

ANNEX A

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?
 - Does that policy 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 with needs for which we do not provide a service?

B. Organisation

4. Are housing and social services working together to deliver an effective, timely and sensitive adaptation service to persons 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 entitlements; 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 for training, e.g. senior managers?
 - What provision have we made for joint training at all levels?
5. Is there a written policy in dealing with complex or very expensive adaptations?
6. 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?
7. What role do those with experience as end users of the adaptation process have in monitoring and evaluating our organisation and system design?
 - How can end users be used more effectively in the monitoring of our system, improving the system design and service delivery?
8. What scope exists for further integration?

C. Access to Service

9. Is access to the adaptations process clearly signposted? And information easily accessible?
10. Are details in plain English and available in appropriate languages and formats?
 - Is their penetration and effectiveness regularly reviewed?

11. Are staff at all access points supplied with appropriate information and supported/trained to handle enquiries sensitively and effectively?
 - Do they note communication needs?
12. Has a One-Stop Shop for channelling the majority of enquiries been considered?
13. 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?
14. Do initial screening mechanisms provide appropriate information and decisions enabling:
 - staff to fast track urgent need?
 - staff to refer appropriately for:
further assessment?
alternative service?
 - enquirers to be informed promptly of:
future service involvement including any charges or tests of resources?
timescales for further service and their priority in the system?
their rights of appeal or complaint?
15. Do we have a Home Improvement Agency or a Disabled Persons Housing Service within our area?
 - 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 encourage one?

D. Assessment

16. 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 it written down?

17. 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 there means by which decisions can be reviewed and cases passed to a higher level of assessment where this seems appropriate?
18. 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?
19. 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?
20. 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?
21. Does the assessment process maximise the opportunity for an assess and fix service for minor adaptations or equipment consistent with Best Value?
22. 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?

23. Is each client given a keyworker 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?
24. Is our service sufficiently sensitive to the needs of client groups with specific needs? In particular are there clearly defined policies for assisting:
- families with disabled children;
 - children cared for by the local authority;
 - persons with multiple impairments;
 - persons with sensory impairments;
 - persons with learning disabilities;
 - persons with mental health problems;
 - persons from minority ethnic communities;
 - persons with deteriorating illness;
 - persons discharged from hospital; and
 - households with two or more disabled people.

E. Post Assessment

25. Is the process clear to all who use it, including expected time scale for each stage?
26. What mechanisms exist for joint meetings of staff from health, housing and social care to determine:
- The best overall use of scarce resources?
 - The resolution of cases of complex adaptation and those with costs above the mandatory disabled facilities grant 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

27. Are there clear guidelines for deciding which funding source to use in particular cases? For example:
 - Disabled Facilities Grant.
 - Single Capital Pot.
 - Community Care Funding.
 - Other regeneration funds.
28. Do we have clear time targets for completion of each stage of our response to a need? For adaptation?
 - 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?
29. 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 his views?
30. Do we have a register of adapted properties?
 - Does it include properties in all tenures?
 - Are there mechanisms for ensuring the register is routinely kept up to date?
 - Have we considered the implications for housing management performance of matching disabled people to properties with existing adaptations?

31. What are our arrangements for administering the Test of Resources in relation to Disabled Facilities Grant 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 in a timely way 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?
32. 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?
33. 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?
34. Are joint site visits of Occupational Therapists and technical officers of the grant section the norm in our system?
 - 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?
35. 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?
36. 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 will 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?
37. 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?
38. 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?
39. Do we have a training and after-care service for the end users of an adaptation?
- How do we ensure that adaptations supplied continue to be safe and fit for purpose?

G. Monitoring the System

40. 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?
 - Consumer satisfaction?
 - Do these systems feed back into our planning and system design?
 - Are service users engaged and influential in these monitoring processes?
41. Have we benchmarked our services and systems?
- Who are our comparators?
42. Do we have effective feedback loops at all points in our system?

ANNEX B

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”).
2. From 18 July 2003, the RRO makes two principal changes to the DFG legislative provisions in the 1996 Act:
 - it extends mandatory DFG eligibility to those occupying park homes and houseboats; and
 - it removes the power to give discretionary DFG.

Limits on mandatory grant

MAXIMUM GRANT LIMIT

3. The Disabled Facilities Grants and Home Repair Assistance (Maximum Amounts) (amendment No. 2) Order 2001 (SI 2001 No 4036) places a limit of £25,000 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 annually by Statutory Instrument.
5. The test is only applied to the disabled occupant, their spouse or partner. Where the application is for a disabled child or young person under the age of nineteen there is no means test.

6. 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 or pension credit is deemed to be nil.
7. Expenditure needs are assessed by awarding allowances and premiums in respect of each person or couple and any dependent children.
8. 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 £25,000 the grant will be the cost of the works less the assessed contribution. Where the cost of the works exceeds £25,000 the grant will be the maximum grant limit less the assessed contribution.
9. The latest set of such allowances, premiums and other variables are available on the DCLG website.

Successive applications

10. 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 existing commitments in respect of previous applications are disregarded if the most recent application is made within the lifetime of the notional loan assumed for the purposes of the test (five or ten years depending on whether the applicant is a tenant or an owner). For example, if the applicant's contribution was £8,000 and the amount of grant was £10,000, any contribution in a subsequent application within the time limits of five or ten years, would be reduced by £8,000.
11. In these cases authorities should explain to applicants the merits of pursuing an application through to completion even where it is clear the assessed contribution exceeds the cost of the present works and therefore the outcome will be that a 'nil grant' is approved. In such cases, the current contribution will be reduced by an amount equivalent to the approved cost of works, 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

12. All owner-occupiers and tenants or licensees 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.
13. Where a disabled person is a council tenant residing 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.
14. Section 19(5) extends eligibility for a DFG to a range of licensees, for example, secure or introductory tenants who are licensees, agricultural workers, and service employees such as publicans.

Eligible works

15. The purposes for which mandatory disabled facilities grants may be given are set out in section 23(1) of the 1996 Act. They fall into a number of categories.

Facilitating Access and Provision

16. 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,
 - i. facilitating access to and from the dwelling or the building in which the dwelling or, as the case may be, flat is situated;
 - ii. facilitating access to a room used or usable as the principal family room;
 - iii. facilitating access to a room used or usable for sleeping, or alternatively providing such a room for the disabled occupant;
 - iv. 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; and
 - v. facilities for the preparation and cooking of food.
17. In considering applications for grant towards such works, the presumption should be that the occupant should have reasonable access into his home, 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

18. 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 residing with him. 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 him to act in a boisterous or violent manner damaging the house, himself and perhaps other people. Where such need has been identified, DFG is available to carry out appropriate adaptations to eliminate or minimise that risk.
19. For those with hearing difficulties, an enhanced alarm system, which 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 could also qualify for mandatory grant under subsection (1)(b).
20. It would be inappropriate to be prescriptive on the particular works covered under subsection (b) 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 prevent the disabled person harming himself. Sometimes reinforcement of floors, walls or ceilings may be needed, as may be cladding of exposed surfaces and corners to prevent self injury.

Room usable for sleeping

21. 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

22. 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 washhand 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.

Facilitating preparation and cooking of food

23. 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.
24. 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

25. Section 23(1)(I) 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.
26. 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.

Dependent residents

27. 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 resides there whether or not they are related to the disabled person. This may include spouse, partner or family member, another disabled person or a child. 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 therefore it is reasonable for such works to be carried out.
28. It is the Secretary of State's view that the provisions of Section 23(1)(a)-(k) 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 every day 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).

29. 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, then this should be taken into account when considering the eligible works.
30. Section 23(1)(l) enables the Secretary of State to specify other purposes for which mandatory grant is approved.

Common parts

31. Housing authorities should bear in mind that disabled facilities grant 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

32. 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 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 client's application will also be admissible expenses.
33. 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

34. 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 5 of the main body of this guidance also gives advice about the treatment of complex cases.

Determination of whether works are reasonable and practicable

35. 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.
36. Under section 24(4) the question of the property's fitness for human habitation is a matter the local housing authority must take into account in determining reasonableness and practicality. Where, on inspection of a property in connection with a DFG application, it is found to be unfit to the extent that it would clearly be unreasonable and impractical to proceed with the proposed adaptations, housing authorities should, in consultation with the social services authority, consider alternative solutions in deciding the most appropriate course of action. Such considerations might include:
- urging the disabled occupant to seek other assistance (if available) for renovation or repair works to make the property fit following which the proposed adaptations can proceed;
 - considering whether a reduced level of adaptations to the property, which would satisfy the needs of the disabled occupant and also satisfy the practicality considerations, would be appropriate; and
 - considering with the disabled person re-housing to other more suitably adapted accommodation in the locality especially if the disabled person expresses such a preference. This would make sense if major expenditure on adaptations could be avoided and a suitably adapted house was available.

Age and condition of property

37. There is no minimum age of a property which is the subject of a DFG application: section 4(1)(a). 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 practicalities 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

38. 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.

Applications after commencement or completion of works

39. 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.

40. 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.

Certificates and conditions of occupation

41. 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:

(A) OWNER-OCCUPIERS

42. 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 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 to confirm the intention on application, and does not require repayment of grant where there is a breach of condition.

(B) TENANTS

43. A 'tenant's certificate' certifies that the applicant is the tenant, and that he intends that the disabled occupant will 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. The certificate serves to confirm the intention on application, and does not require repayment of grant where there is a breach of condition.
44. 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, by the landlord or anyone else, of which he is the tenant. 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.

(C) OCCUPIERS (IN RELATION TO HOUSEBOAT AND PARK HOME APPLICATIONS)

45. An 'occupiers certificate' certifies that the applicant intends that the disabled occupant will live in the qualifying houseboat or park home 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 to confirm the intention on application, and does not require repayment of grant where there is a breach of condition.

46. 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 park home is stationed, or who owns the houseboat or park home (i.e. the landlord).
47. A tenant making an application for a disabled facilities grant 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.

Properties held in trust

48. 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 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.
49. 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 Custody Arrangements

50. 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 is only available at the address which is the main residence of the disabled occupant, as determined by the local authority.

Payment of DFG

51. 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. The date so specified must not be later than 12 months after the date of the application.

52. The purpose of the provision is to provide authorities with discretion to delay payment of mandatory DFG for up to twelve months from the date when a valid application was made in exceptional circumstances where, because there is a particularly heavy caseload of applications involving works which attract mandatory grant, the approval of applications within the statutory six months required by section 34 would present serious resource problems for the authority towards the end of the financial year.
53. Section 36 provides a power and authorities are not obliged to use it. It is provided to ensure that where problems arise, authorities have the flexibility to schedule mandatory grant payments, particularly between financial years.
54. 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 Secretary of State'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 of doing so would be disproportionate to the short-term savings.

The quality of grant aided work

55. 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. Authorities will also wish to ensure that applicants do not gain the impression that inspections carried out by staff of the authority are done on the applicant's behalf. Where an authority agrees to execute the works on behalf of the applicant, it would have to do so under arrangements made under section 57.

Payment of grant to contractors

56. 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 new measures have been introduced 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. 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. If they are content that this is the case the grant should be paid direct to the contractor notwithstanding the applicant's dissatisfaction.
57. There may be 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 paragraph 79 above.
58. 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

59. 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.
60. 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.

61. 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 person 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.
62. 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 and is provided at <http://www.communities.gov.uk/housingadaptations>
63. 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.
64. 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 decide to proceed in approving the application, details of the insurance payments should be included in the prescribed grant application form.

Recovery of equipment

65. 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. In practice social services are best placed to recover the equipment so that it can be re-assigned to another person in need of such equipment. 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.

ANNEX C

Useful Publications

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- Royal Commission on Long Term Care, 1999, *With Respect to Old Age Research Volumes I-III*, Stationery Office, London.
- Shaw V, (undated), *A Perfect Match? A good practice guide to disability housing registers*, National Disabled Persons Housing Service, York.

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Thorpe S, 1997, *Wheel-chair Housing Design* National Wheel-chair Housing Association Group, London.

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Further Information

Information on how and where you can obtain this document and other publications produced by the Department for Communities and Local Government is available from the DCLG publications home page www.communities.gov.uk

This Good Practice guide, originally published in November 2004, has been amended to include a change in the law relating to childrens' means testing which came into effect in December 2005.