

DRAFT

North Worcestershire  
Code of Practice  
For  
Home Adaptations for  
People with disabilities

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## 1 INTRODUCTION

Statutory Disabled Facility Adaptations are one of the more complex areas of housing and support. There are many people and agencies involved in the process, including:

- the person or family needing a service,
- Registered Social Landlords (RSLs),
- County Social Services (Social Care).
- National Health Service,
- the District Authorities,
- Home Improvement Agencies, and
- Voluntary groups, charities and trusts.

This code of practice aims to bring the people and agencies working together to achieve an efficient and high quality adaptations service.

Guidance from the Department of Health and the Office of the Deputy Prime Minister has been used in the development of this code.

This document defines roles and responsibilities and gives clear targets for how the agencies work together. Representatives from each of the relevant statutory agencies have contributed to this document, setting standards for their own sector and joint working arrangements. Each Statutory Agency has signed up to the code and, in addition, all non statutory local agencies within the area will be encouraged to sign up.

An information leaflet will be produced in appropriate formats alongside the Code for distribution to the public and the relevant organisations. This will provide a simple guide through the adaptations process and key information about local contacts.

The Statutory agencies will continue to develop effective procedures and joint working arrangements, maximising the use of Information Technology, and communications wherever possible. The whole process from the referral stage through to final completion will be rationalised, making use of the SAP contact sheet as the referral document for all agencies. The use of electronic storage and communication will be encouraged to improve time scales, efficiency and security, but supported by paper originals or surface mail where required.

Consultation with stakeholders, and information from interviews and questionnaire results from service users have contributed to the development of this Code of Practice. Consultation with relevant user groups and organisations will act as a multi-Agency review tool and will form an integral part of an ongoing review process.

## Positive outcomes and values from the Code of Practice approach to major adaptations

### Benefits to the Community

Accident prevention and prevention of hospital admission  
Prevention of admission to residential care  
Support to care providers  
Value for money

### Benefits for individuals and families

Dignity  
Confidence  
Independence  
Improved health and well-being  
Enhanced opportunities

The aim in developing this process is to target resources towards those with greater need. If resources are limited it may result in clients either being ineligible or having to wait longer for assistance.

## 2 VALUES

**‘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 a person experiencing a disabling environment’. (Department of Health 2003)**

This Code of Practice aims to provide:

- a more accessible service, with consistent eligibility criteria improving co-ordination and equitable service provision between partner agencies
- Maximising service efficiency using robust systems for speedy delivery.
- Deliver adaptations with minimum delay.
- Reduce admission to hospital or residential care and facilitate hospital/residential home discharge by meeting needs in a timely and responsive manner.

An annual review of the Code of Practice will take account of any changes required both in the levels of provision or legislation.

## Equalities

This document is intended to operate within the joint commitment to equalities and diversity including:

- Equal treatment regardless of race, gender, age, disability, sexual orientation, religion or belief, with reasonable adjustments where necessary in line with the Disability Discrimination Act.
- Working to eliminate unlawful discrimination.
- Promoting equal opportunities
- Promoting community cohesion, including good relations between people from different racial groups.
- Providing reasonable access to interpretation or support on request.
- Responding to the needs of all, and working to engage all sections of the community.

## Outcomes:

- Joint agency accountability for the entire adaptation process
- Improved service efficiency and effectiveness with the introduction of a single process
- Evidence of increased cost effectiveness across adaptation provision and re-use where applicable
- Shorter waiting times for users from assessment to adaptation completion
- Achievement of adaptations that are acceptable to users, carers and workers and have sustainable benefit
- Development of IT tracking to maximise reuse of adapted accommodation where possible
- Equitable service provision for all users throughout the County from partner agencies.
- Identify and implement additional Service Indicators to show quality improvements across the service.
- Implement a joint protocol for dealing with third party enquiries
- Implement a joint information sharing protocol

### 2.1 Philosophy Underpinning the single Code of Practice for all partners

This single Code of Practice aims to use a common eligibility criteria based on Fair Access to Care Services, embodying the principles outlined in the Department of Health guides on delivering adaptations,

and Circular 17/96 of the Housing Grants, Construction and Regeneration Act 1996 (as amended by the Housing Act 2004).

“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.”

ODPM (2004), Delivering adaptations for disabled people: a good practice guide, para 4.7

The White Paper ‘Modernising Social Service’ places an emphasis on helping people achieve and maintain independence wherever possible. The aim is that local authorities should establish an approach and target services to help people do things for themselves for as long as possible in their own home; and to help people with social care needs of working age take up, remain in, or return to work for as long as possible. In line with the spirit of the White paper, promoting independence has been identified as one of the priorities for both health and social service in the National Priorities Guidance issued in 1998.

In attempting to reduce the perceived level of unfairness in access to adult care services, central government has introduced national eligibility criteria to access services. Whilst it will not mean identical outcomes across the country (as available resources will vary) it should lead to a commonality of process.

Although the document, ‘Fair Access to Care Services’ is for adults, the principles can be applied to children, with some amendments, in liaison with the Children Service (Social Care) and Paediatric Occupational Therapy Services (Primary Care Trusts). In addition, The National Service Framework for Children 2004 includes the Disabled Child Standard that will be taken into account by the Children Teams within County Social Services.

Fair Access to Care Services involves a more holistic approach to assessment and decision making, taking into consideration;

- The assessed needs of the individual and carer/s
- Retaining independence and/or retaining function
- Health and Safety
- The ability to manage daily routines
- Involvement in family and wider community life (including employment and education)

The needs of different client groups will be assessed against a single framework, in an effort to ensure that particular client groups receive no preferential treatment in accessing services.

The Department of Health guidelines on delivering adaptations also provide a framework to assist partner agencies to work together to deliver an effective adaptation service.

This document also seeks to ensure that the adaptation is delivered sensitively, is fit for purpose identified by the end user and within a timeframe that is made explicit at the outset.

**The Code of Practice seeks to achieve certain values and positive outcomes in its approach to major adaptations – these are listed in appendix 5.**

### 3 ADAPTATIONS PROCESS

The Agencies aim to provide a seamless process for the client through effective working relationships between practitioners of the various agencies. The process can be divided into the following key stages:

#### 3.1 Enquiry/Referral

Enquiries can be made to any of the agencies. Each of the agencies would be expected to offer advice and refer to the appropriate agency for an 'assessment of need'. To help ensure the client is directed to the appropriate agency, referrals will be based on a single joint feedback, using a SAP (Single Assessment Process) contact sheet. Each agency shall keep a log of their calls to create an audit trail.

#### 3.2 Occupational Therapy

The assessment of need is undertaken by the Occupational Therapy service. The assessment will be undertaken by either an Occupational Therapist or a Technician under the guidance of an Occupational Therapist.

Referrals for adults shall be sent to the Community Occupational Therapy Teams in Redditch, Bromsgrove and Wyre Forest.

Referrals for children shall be sent to the Community Paediatric Occupational Therapy Team, who provide a service across Redditch, Bromsgrove and Wyre Forest.

The Occupational Therapist for the Community Neurological Team is based at the Princess of Wales Community Hospital.

#### 3.3 Screening and prioritisation of referrals to Occupational Therapy

Occupational Therapy shall screen all referrals in order to:

1. Determine if an Occupational Therapy Assessment is required.

Where appropriate, referrals can be passed onto other agencies, such as some requests for minor adaptations and repairs to the home. This enables the Occupational Therapy services to deal with more complex cases and facilitates earlier assessments for major adaptations, and

2. Assess each case on its priority for an Occupational Therapy assessment.

This is based on the level of each client's need in order to ensure that those referrals with a more urgent need are dealt with in a timely fashion.



### 3.4 Waiting List for Assessment

Clients will be visited and assessed according to their priority status.

Routine cases will be placed on a waiting list and visited in chronological date order. Where appropriate, if there is a change in circumstance, cases will be reviewed and may be re-prioritised. The Services work to a locally agreed priority criteria.

### 3.5 Assessment

The Occupational Therapist/Technician will undertake an holistic assessment of both the social and health needs of people with a disability or a medical condition. The aim of this assessment is to promote independence and maximise function in the home. The assessment takes into consideration the needs of carers, parents and guardians.

The outcome of the assessment shall be made in line with the Department of Health 'Fair Access to Care Services - Guidance on eligibility criteria for Adult Social Care', and the equivalent 'National Service Framework for Children-Disabled Child Standard'. Consideration should also be given to a persons' eligibility for "advice and/or assistance with the cost of housing adaptations, where they do not qualify for social care services" (ODPM 2004, Delivering adaptations for disabled people: a good practice guide, para 4.7) The scale and depth of the assessment shall be proportionate to the individual's presenting needs and circumstances.

**Priority rating of need is an agreed method of determining the outcome of an assessment to ensure priority is given to the most urgent cases.**

FACS prioritisation will be made under the following categories in accordance with an agreed implementation programme:

Critical	The risk of major harm/danger to a person or major risks to independence now or in the foreseeable future (typically within 2 weeks)
Substantial	The risk of significant impairment to the health and well being of a person or significant risk to independence now or in the foreseeable future (typically within 6 weeks)
Moderate	The risk of some impairment to the health and well being of a person or some risk to

independence now or in the foreseeable future (typically within 6 months)

Low

Promoting a Person's quality of life or low risk to Independence (typically within 12 months)

See Appendix 1 – Assessment Outcome Criteria

Following the Occupational Therapist's assessment the agreed recommendations for home adaptations will be sent to Social Care for endorsement as 'necessary and appropriate'.

### 3.6 Options for providing Assistance

There is a range of funding options that may be considered, depending on the client's tenure:

#### **Private sector**

- 1 Social Care will arrange for minor adaptations up to a value of £1000.
- 2 The District/Borough Council will provide funding for major adaptations up to the value of £25,000 in the form of a Disabled Facilities Grant (DFG). Under the Provisions of the Housing Grants, Construction and Regeneration Act 1996, the works required must be 'necessary and appropriate' to the clients needs.

The North Worcestershire Care & Repair Agency can support the client through the process, from the application for funding through to completion of the work on site. Social Care may provide top up funding, subject to a financial assessment.

- 3 Private landlords may provide qualifying minor adaptations up to an agreed level, depending on the individual organisation.

#### **Public sector housing**

- 4 Social landlords (Housing Associations or local authority) can provide both minor and major adaptations.

#### **3.6.1 Other sources of funding**

##### **Non Mandatory Assistance**

- 1 Following assessment, the Community OT, Social Care or the local authority, may decide not to provide help because an individual's needs are not eligible for support. In the event of any decision to refuse assistance (whether mandatory or otherwise) organisations shall document this and they will ensure that information about alternative support is provided to the client. This may include the Care and Repair Agency, Age Concern, etc. The Occupational Therapy Services shall maintain up to date details of the full range of their services, and appropriate contact details.
- 2 Voluntary and Charitable Organisations may provide top-ups or grants in some circumstances. The Care and Repair Agency can help clients apply to suitable organisations.
- 3 Where resources are insufficient to allow the works to be achieved, when taking into account the assessed priority, the

Care & Repair Agency will liaise with the appropriate funding agencies.

### **3.7 North Worcestershire Care & Repair Agency (C&R Agency)**

The C&R Agency will support the client through the grant process, and act on their behalf in arranging for the adaptation work to be carried out up to completion of the works. This route is the normal process, although the client is not obliged to use the C&R Agency.

On receipt of a referral from Social Care the C&R Agency will support the client in obtaining grant approval for adaptation work, arranging for any additional funding, scheduling the work required and ensuring that it is completed in accordance with the OT's assessment.

The Caseworker will act as the client's principle point of contact, and the Surveyor will be responsible for all technical matters relating to the work being carried out.

The C&R Agency will ensure that the OT is kept informed, as appropriate, at all stages of the work, with specific reference to suitability of the proposed work, the use of specialist equipment (e.g. hoists, step lifts), and potential impact on overall time scales. In any event the C&R Agency will report on the progress of the overall caseload at regular meetings with the OTs.

The C&R Agency will ensure that the client receives best value for money, within the funding that is available, follows local best practice in selection of contractors (e.g. through the use of a standard schedule of rates, Contractor Code of Conduct, etc.) ensure high standards in terms quality of work and in its execution, and keep the client informed at all of the key stages.

The C&R Agency will arrange for grant approval in accordance with the requirements of the respective local authority, and will provide, on behalf of the client:

- a completed grant application form,
- relevant plans as appropriate,
- quotations that demonstrate value for money,
- relevant financial details
- proof of ownership, and
- other ancillary information

### **3.8 Means test**

Except for paediatric cases, which are legally exempt, the Disabled Facilities Grant is subject to a formal means test. This can be carried out by the C&R Agency and verified by the District / Borough Council.

In cases of severe hardship, where the client is unable to meet any contribution, information on possible alternatives to meet the contribution will be given (by the C&R Agency).

### 3.9 Approval

Where Social Care top-up funding may be required, Social Care shall be advised of the outcome of means testing at the earliest opportunity.

When the Local Authority has approved the grant they shall issue a formal notice of approval. The C&R Agency, if the client has engaged their services, shall inform the applicant, contractor(s), Occupational Therapist and Social Care of the outcome of the grant application.

### 3.10 Appeals

When required an Adaptations Review Panel will meet, to which representatives of the PCT, Social Care, District/Borough Council, RSL, voluntary agencies and user groups will be invited. This will hear any Appeals brought by a client at any stage of the process that this Code of Practice covers. It will ensure;

- minimum client disruption
- a systematic review of the practicality of provision
- common agreement and solutions
- the opportunity for clients to question decisions made or provision proposed/refused

The appellant or their representative (i.e. a friend, legal representative, or family member) will be invited to attend.

When the panel has met and considered the appeal, the client and their advocate will have the opportunity to challenge a decision. The appeal panel may then make further proposals or refuse requests as they deem appropriate.

The partners to this Code of Practice shall, in consultation with relevant Agencies produce a formal document 'Appeal Procedure for Appellants' that will ensure fairness throughout the procedure.

### 3.11 Site visits

Grant officers may carry out site visits as they consider necessary according to the scale of the work.

### 3.12 Unforeseen works

If extra work is required, whilst the work on site is in progress, or at any other time, it shall be approved by the grants officer who may inspect the site to ensure the requested work is necessary. If the additional work affects the client's access or use of the adaptation, the

Occupational Therapist will also be involved to agree the proposed changes. A written quote shall be obtained for the work and agreed in writing by the Local Authority. If this increases the applicants' contribution, approval from the applicant shall also be sought.

### **3.11 Interim payments**

The local authority may make stage payments to the builder up to a maximum of 90% of the grant approval amount. The work must be verified by the Local Authority Officers, prior to stage payments being made.

### **3.12 Joint confirmation of suitability**

When the works are complete the client shall be asked to sign a completion slip, although the grant will not be paid until the statutory authorities are satisfied that the adaptation has met the identified needs. On rare occasions the grant can be paid where the client has refused to sign the completion slip for the works.

### **3.13 Customer Satisfaction Survey**

On completion of the works, the C&R Agency will give the client a questionnaire, evaluating the process and performance of the organisations involved. At present this is limited to the C&R Agency and the contractors used, but the partners to this document shall develop a joint process to include the performance of:

- the Occupational Therapy Service,
- Local Authority Grants Section (where relevant)
- Social Care,
- Private Architect/ and Contractor(s).

All customer feedback will be used to pinpoint areas where improvements can be made with services provided.

## **4 Roles and responsibilities of stakeholders**

### **4.1 The Applicant**

1. To make relevant and correct information available
2. To agree, before the work begins that the proposed works address the identified need at the time of the application
3. To ensure that there are arrangements in place for the maintenance and repair of the adaptation where required.
4. To notify the grant giving authority if the adaptation is no longer required

## **4.2 Occupational Therapist**

1. To ensure a client-centred approach
2. To determine that the service user is registerable as disabled.
3. To assess what is 'necessary and appropriate' with the aim of maximising the individual's function and/or meeting the assessed need
4. To consider both the long term and short term needs of the carer and service user, including the suitability of the property in meeting the longer term needs.
5. To advise on specialist equipment or suppliers e.g. lifts and hoists.
6. To advise the applicant on potential liabilities for equipment
7. To support service users through the initial decision making process relating to short and long term needs as a result of their disability
8. To ensure the proposed adaptation will meet the user's needs by agreeing specifications and plans.
9. To liaise with the C&R Agency, and/or other Agencies as required.
10. To ensure that the completed work meets the client's needs as identified at assessment

## **4.3 Social Care**

1. To ensure a client-centred approach (see section 6)
2. To assess what is 'necessary and appropriate' with the aim of meeting the assessed need and maximising independence.
3. To provide information about options and services locally and how to obtain specialist advice
4. To make referrals to the relevant specialist agencies
5. To co-work with the Occupational Therapists to ensure that personal care needs and adaptations are properly co-ordinated

## **4.4 North Worcestershire Care & Repair Agency**

1. To be the main point of contact for the service user throughout the adaptation process
2. To provide advice on eligibility for grants and other funding to cover the cost of works, and to advise Social Care of the outcome of the preliminary means test.
3. To provide advice in seeking alternative accommodation where considered appropriate by the OT

4. To prepare schedules, plans and specifications for work
5. To ensure regular and effective liaison between the service user, and all respective agencies, including: Occupational Therapist, Social Care, Landlord, architect, Contractor and District/Borough Council.
6. To assist with the completion of all documentation necessary for the grant application
7. To ensure the contractors' quotations offer value for money
8. To monitor the building works and liaise with appropriate agencies in the event of problems
9. To ensure that the applicant and all agencies are satisfied with the adequacy of the works upon completion
10. To feed back to the OT service, at all relevant stages on the design/specification, on-site changes, and completion of the work.

#### **4.5 District/Borough Council Grants Section**

1. To feed back to Social Care on matters relating to the client's financial assessment

At grant approval stage:

2. To determine whether the proposed works are 'reasonable and practicable' taking into account the age and condition of the property
3. To consult with other agencies as appropriate to establish the adaptation needs of the service user and be satisfied that the works are 'necessary and appropriate'
4. To determine whether the proposed works fall within the legislative mandatory or discretionary criteria and comply with local council policies
5. To calculate the service user's financial contribution to the cost of the works or audit the calculations of the Care and Repair Agency if they carry this out on behalf of the District/Borough Council.
6. To process the grant application to completion ensuring value for money
7. To ensure works have been completed in compliance with all recommendations and legal requirements

#### **4.6 Social Housing Providers (RSL, or Local Authority)**

1. To ensure a user centred approach throughout the whole adaptation process
2. To produce a written statement of how the adaptation may affect the service users tenancy agreement, including rent, making good, maintenance and servicing



3. To support their tenant in applying for the most appropriate grant aid throughout the adaptation process
4. To identify a co-ordinator who will be the link person for any enquiries or liaison with other organisations
5. To refer requests for adaptations to the Occupational Therapist for advice and guidance
6. To choose the most appropriate funding route for the work, having regard to the needs of their tenant: for instance own reserves, District/Borough Council, or client contribution
7. To agree prioritisation of work with the Occupational Therapists and ensure that cases are dealt with in accordance with the assessed priority
8. To ensure that the long-term interests of the tenant are considered both in terms of the works required and other options such as moving or transferring property
9. When considering the option of alternative accommodation, to ensure that any proposed work to that property (either directly or indirectly related to adaptation work) is structurally and financially viable and that it can be completed within a practical timescale, before any offer of tenancy is made to the client.
10. To ensure the requirements of the funders (e.g. the District/Borough Council) are complied with.
11. To clarify the ownership of the adaptation and responsibility for maintenance, servicing and insurance at an early stage
12. To ensure works achieve the standards detailed in the specification and meet the needs of tenants

## 5. Legislative Background

The background to this work is based on the following:

- The National Assistance Act 1948
- The Chronically Sick and Disabled Person Act 1970
- The Disabled Persons (Service, Consultation and Representation) Act 1986
- The Children Act 1989
- The NHS Community Care Act 1990
- The Housing Grants, Construction and Regeneration Act 1996
- Housing Act 2004
- The Carers Act
- Direct Payments Act

- Disability Discrimination Act
- Department of Health Circular LAC (2002) 13 (issued May 2002)
- Delivering Housing Adaptations for Disabled People : A Good Practice Guide Nov 2004 (ODPM)

For the Disabled Facilities Grant, the most significant of these are the Housing Grants, Construction and Regeneration Act 1996.

## 6 Definitions and Abbreviations

Applicant	person who has made an application for a grant or benefit for him or herself, a person they are a carer for, or for a tenant in the case of a landlord.
Client	person who is receiving services from any of the partners to this Code of Practice
Client-centred approach	An approach that places the needs of the client above other factors, such as other people's wishes or any personal views.
DFG	Disabled Facilities Grant
FACS	Fair Access to Care Services
OT	Occupational Therapist (Therapy)
PCT	Primary Care Trust
Proposed adaptation	refers to the proposal for an adaptation that is agreed by the grant-giving authority
RSL	Registered Social Landlord. Formerly known and are often still known as Housing Associations. They are non-profit making providers of Social Housing
SAP	Single assessment process
Social Care	Part of Worcestershire County Council, formerly known as Social Services
Statutory Agency	An organisation that is required, or entitled, to enact government legislation
Voluntary Agency	An organisation that is authorised to perform duties on behalf of a statutory agency
Stakeholder	An organisation or individual that provides or receives services
Multi-agency	Joint approach by all of the agencies involved in providing a service
Welfare Authority	Worcestershire County Council

## 7 Key agencies responsible for the development of this document

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### PRIMARY CARE TRUSTS

#### Redditch and Bromsgrove PCT

Crossgate House, Crossgate Road  
Park Farm Redditch B98 7SN

Therapy Lead  
Community Occupational Therapy Team  
Paediatric Occupational Therapy Team  
Community Neurological Team

#### Wyre Forest PCT

7<sup>th</sup> Floor, Brook House  
Kidderminster Hospital,  
Bewdley Road, Kidderminster DY11 6RJ

Community Occupational Therapy Team

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### NORTH WORCESTERSHIRE CARE AND REPAIR AGENCY

Redditch Borough Council,  
Town Hall, Walter Stranz Square,  
Redditch, B98 8AH

Head of Care & Repair and Community  
Transport

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### WORCESTERSHIRE COUNTY COUNCIL

Social Care, County Hall, Spetchley Road,  
Worcester, WR5 2NP

Locality Manager (North Worcs)  
Adaptations Service Advisor

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### GRANT FUNDING AUTHORITIES

#### Redditch Borough Council

Town Hall, Walter Stranz Square,  
Redditch, B98 8AH

Head of Environmental Services,

#### Bromsgrove District Council

The Council House, Burcot Lane,  
Bromsgrove B60 1AA

Private Sector Housing Team Leader

#### Wyre Forest District Council

Duke House, Clensmore Street,  
Kidderminster, DY10 2JX

Principal Environmental Health Officer  
(Housing)

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### SOCIAL HOUSING PROVIDERS

#### Redditch Borough Council

Town Hall, Walter Stranz Square,  
Redditch, B98 8AH

Head of Housing Services

#### Wyre Forest Community Housing

3 Foley Grove, Foley Business Park  
Kidderminster, DY11 7PT

Housing Needs Service

#### Bromsgrove District Housing Trust

Buntsford Court, Buntsford Gate,  
Bromsgrove, Worcestershire. B60 3DJ

Project Manager

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**APPENDIX 1**

**Fair Access to Care Services – Assessment and Provision of Adaptations**

<b>CRITICAL - Priority level 1</b>		
<b>The risk of major harm/danger to a person or major risks to independence now or in the foreseeable future (typically within 2 weeks)</b>		
<u>Elements</u>	<u>What this Means</u>	<u>Needs</u>
<ul style="list-style-type: none"> <li>Life is or will be threatened and/or</li> <li>Significant health problems have developed or will develop and/or</li> <li>There is, or will be, an inability to carry out vital personal care or domestic routines and/or</li> <li>There is little or no choice and control over vital aspects of the immediate environment and/or</li> <li>Serious abuse or neglect has occurred or will occur and/or</li> <li>Vital social support systems and relationships cannot or will not be sustained and/or</li> <li>Vital involvement in work, education or learning cannot or will not be sustained and/or</li> <li>Vital family and other social roles and responsibilities cannot be undertaken</li> </ul>	<p>Either now or in the foreseeable future (typically within 2 weeks) a person needs social care support and any one of the following applies:</p> <ul style="list-style-type: none"> <li>physically or mentally unable to care for themselves and/or</li> <li>unable to remain in, or return to, their own home without severe and immediate risk and/or</li> <li>unable to carry out essential life tasks and/or</li> <li>unable to maintain safety and security in their own home to avoid severe risk to self or others;</li> <li>unable to choose or control the way essential life tasks are met;</li> <li>there is acute mental breakdown or deterioration in enduring mental illness leading to severe and immediate risk to self or others and/or</li> <li>abuse or neglect which is potentially life-threatening and/or</li> <li>carer support network is non-existent or has broken down with the result that essential life tasks cannot be met and/or</li> <li>person is unable to access vital work, education or learning activities and this poses a severe and immediate risk to their ability to live in the community and/or</li> <li>person is unable to fulfil vital family roles, and this poses a severe and immediate risk to their ability to live in the community</li> </ul>	<p>Examples of essential life tasks: Person is unable to:</p> <ul style="list-style-type: none"> <li>use toilet;</li> <li>prepare meals and drinks;</li> <li>eat and drink;</li> <li>manage own medication;</li> <li>get in/out of bed/chair;</li> <li>maintain personal hygiene;</li> <li>access essential facilities in own home</li> </ul> <p>Other needs: Person is unable to: communicate needs; protect self from others;</p> <ul style="list-style-type: none"> <li>prevent severe risk of self neglect;</li> </ul> <p>attend vital education, work, learning opportunities; provide vital level of parenting or carer tasks;</p> <ul style="list-style-type: none"> <li>retain accommodation</li> </ul> <p>take bath/shower to prevent risk of actual harm or predictable severe deterioration in skin or health; *(see below)</p> <p>* medical conditions include:</p> <ul style="list-style-type: none"> <li>➤ long-term severe urine and/or bowel incontinence</li> <li>➤ permanent stoma</li> <li>➤ continuous peritoneal dialysis</li> <li>➤ long-term pressure ulcers</li> <li>➤ skin conditions (psoriasis, severe eczema)</li> <li>➤ epilepsy (potential risk of frequent fits)</li> <li>➤ exceptions – palliative care</li> <li>➤ progressive neurological condition</li> </ul>

**SUBSTANTIAL - Priority level 2**

**The risk of significant impairment to the health and well being of a person or significant risk to independence now or in the foreseeable future (typically within 6 weeks)**

<u>Elements</u>	<u>What this Means</u>	<u>Needs</u>
<ul style="list-style-type: none"> <li>• There is, or will be, only partial choice and control over the immediate environment and/or</li> <li>• There is, or will be, an inability to carry out the majority of personal care or domestic routines and/or</li> <li>• The majority of social support systems and relationships cannot or will not be sustained and/or</li> <li>• Abuse or neglect has occurred or will occur and/or</li> <li>• The majority of family and other social roles and responsibilities cannot or will not be undertaken and/or</li> <li>• Involvement in many aspects of work, education or learning cannot, or will not, be sustained</li> </ul>	<ul style="list-style-type: none"> <li>• Person has great difficulty physically or mentally in caring for themselves and/or</li> <li>• Person has great difficulty in carrying out essential life tasks and/or</li> <li>• Person has great difficulty remaining in, or returning to, their own home without significant risk and/or</li> <li>• Person has acute mental breakdown or deterioration in enduring mental illness leading to significant risk and/or</li> <li>• Carer support network is non-existent or has broken down with the result that many essential life tasks cannot be met and/or</li> <li>• Abuse or neglect has, or is likely to occur and/or</li> <li>• Person has great difficulty fulfilling many family roles and this poses significant risk and/or</li> <li>• Person has great difficulty accessing many aspects of work/education/learning activities and this poses significant risk</li> </ul>	<p>Examples of essential life tasks:</p> <p>Person has great difficulty to:</p> <ul style="list-style-type: none"> <li>• use toilet;</li> <li>• prepare meals and drinks;</li> <li>• eat and drink;</li> <li>• manage own medication;</li> <li>• get in/out of bed;</li> <li>• maintain personal hygiene;</li> <li>• access essential facilities in own home</li> </ul> <p>Other needs:</p> <p>Person has great difficulty to:</p> <ul style="list-style-type: none"> <li>communicate needs;</li> <li>protect self from others;</li> <li>• prevent severe risk of self neglect;</li> <li>take bath/shower to prevent risk of actual harm or predictable severe deterioration in skin or health;</li> <li>attend vital education, work, learning opportunities;</li> <li>provide vital level of parenting or carer tasks;</li> <li>retain accommodation</li> </ul>

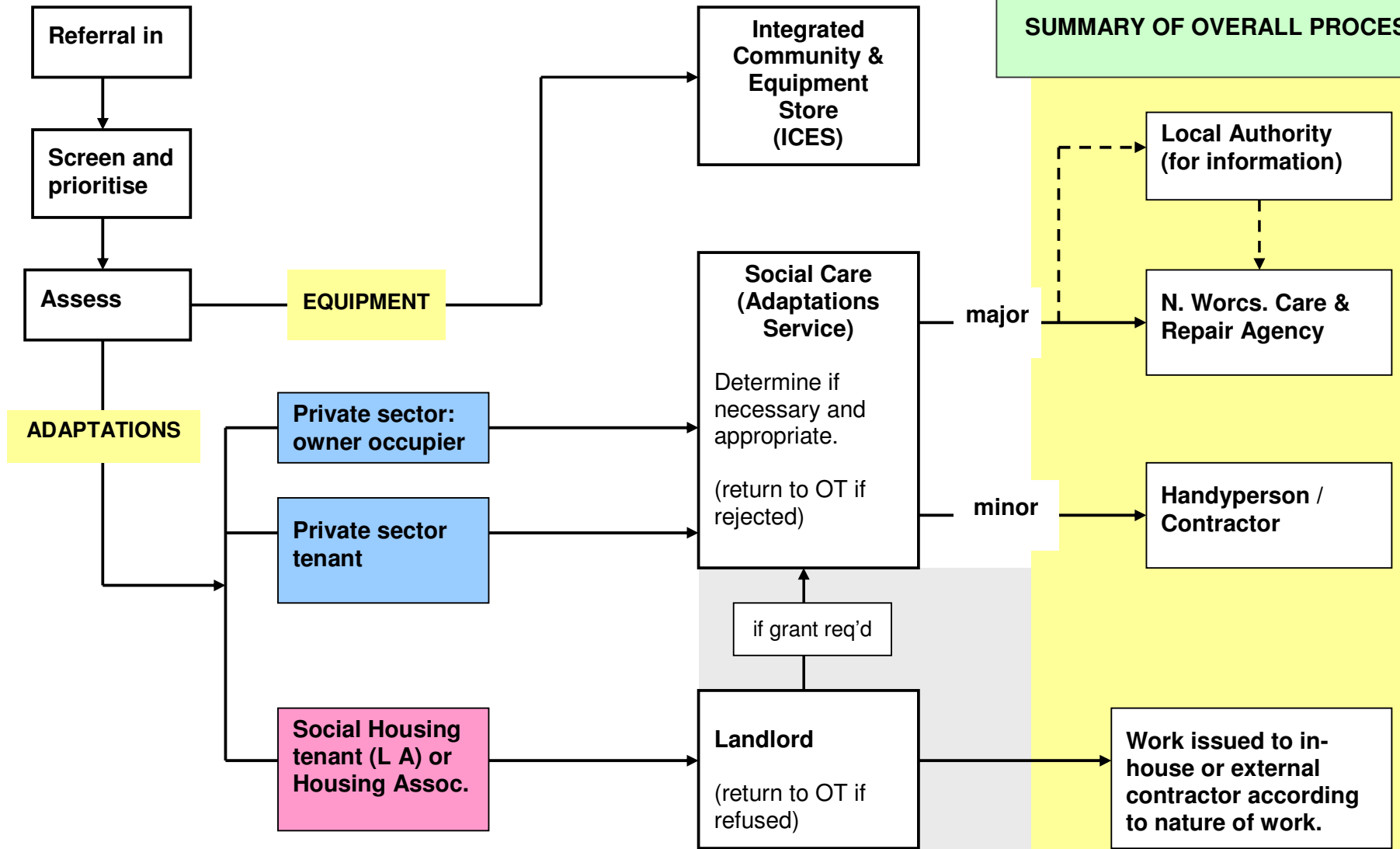
<b>MODERATE - Priority level 3</b>		
<b>The risk of some impairment to the health and well being of a person or some risk to independence now or in the foreseeable future (typically within 6 months)</b>		
<u>Elements</u>	<u>What this Means</u>	<u>Needs</u>
<ul style="list-style-type: none"> <li>• There is, or will be, an inability to carry out several personal or domestic routines and/or</li> <li>• Several social support systems and relationships cannot or will not be sustained and/or</li> <li>• Involvement in several aspects of work, education or learning cannot or will not be sustained and/or</li> <li>• Several family and other social roles and responsibilities cannot or will not be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>• Person is able to maintain essential life tasks, but has difficulties with other daily living tasks and domestic routines and/or</li> <li>• Person's family/friends can meet some but not all the necessary daily living needs and/or</li> <li>• Person has difficulties accessing some aspects of work/education/learning activities but this does not pose a significant risk and/or</li> <li>• Person has difficulties in fulfilling some family roles but this does not pose a significant risk</li> </ul>	<p>Able to maintain essential life tasks, though possibly only with time/effort, but difficulties with other daily living tasks and domestic routines e.g.</p> <ul style="list-style-type: none"> <li>• Housework</li> <li>• Laundry</li> <li>• Shopping</li> <li>• Bathing</li> <li>• Gardening etc</li> <li>• Social contact</li> </ul>

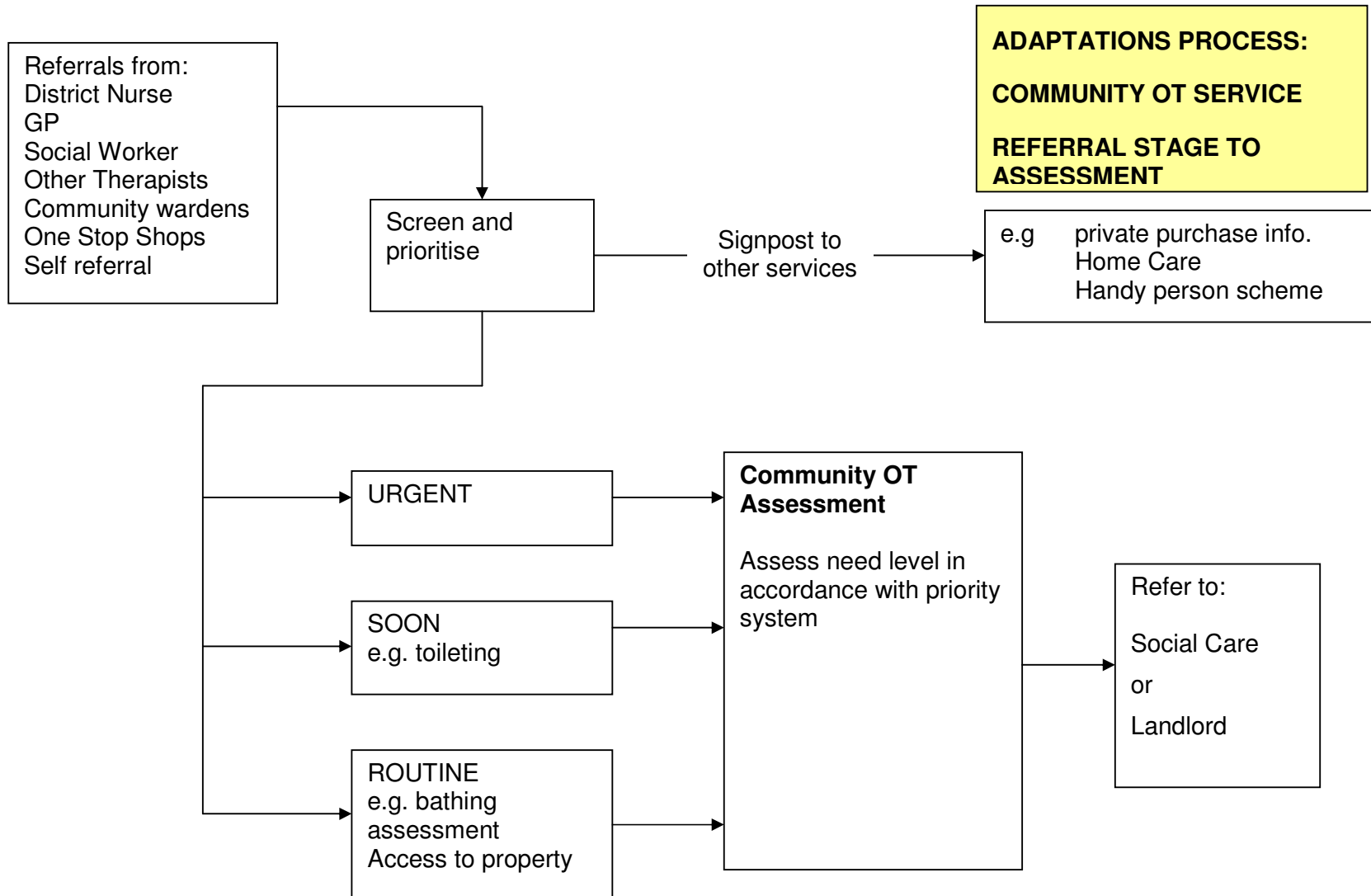


**LOW – priority level 4****Promoting a Person's quality of life or low risk to Independence (typically within 12 months)**

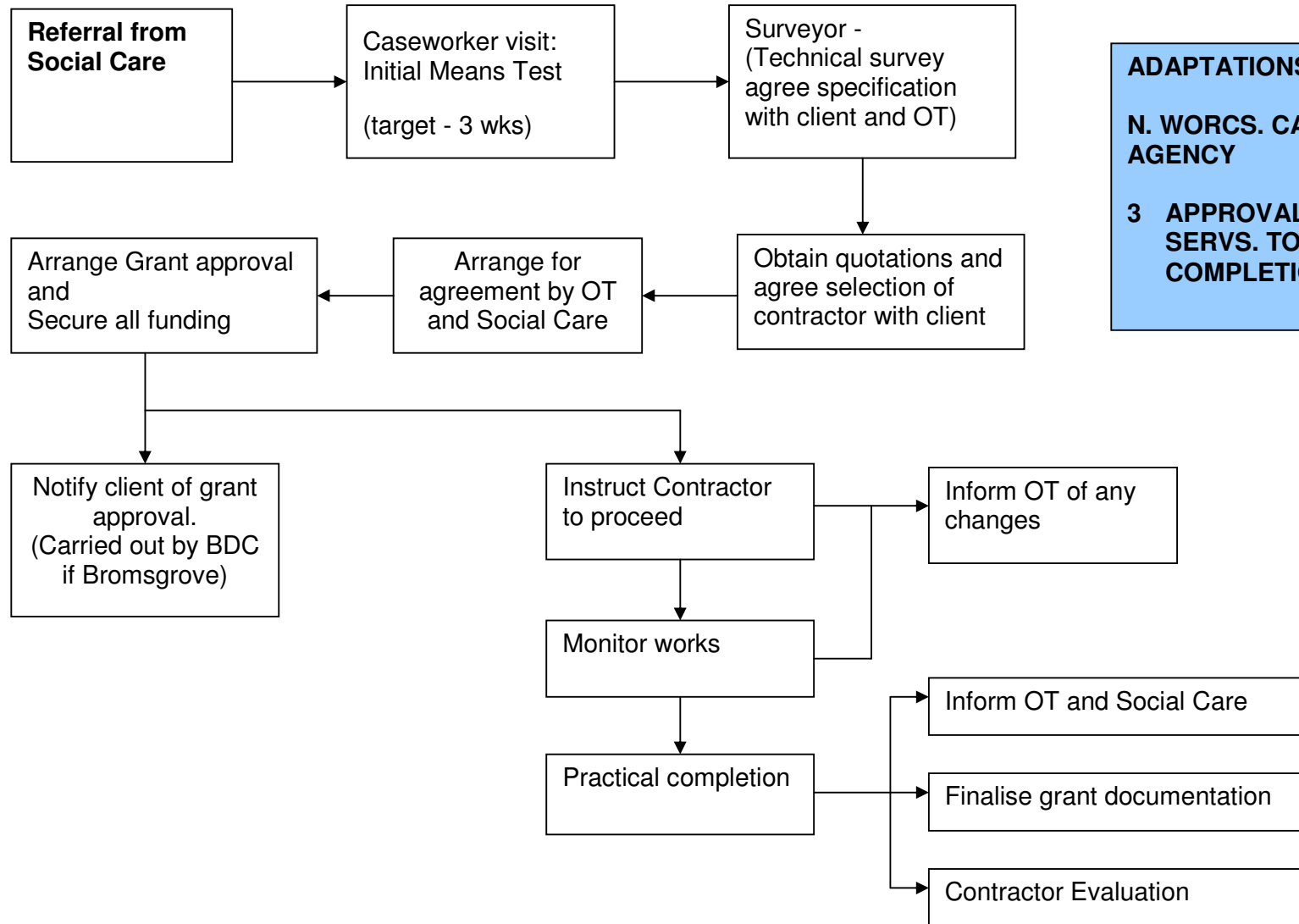
<u>Elements</u>	<u>What this Means</u>	<u>Needs</u>
<ul style="list-style-type: none"> <li>• There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or</li> <li>• Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or</li> <li>• One or two social support systems and relationships cannot or will not be sustained; and/or</li> <li>• One or two family and other social roles and responsibilities cannot or will not be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>• Person can manage most daily living tasks but needs some assistance</li> <li>• Person experiences some social isolation</li> <li>• Person has some limitations in their involvement in family or caring roles</li> <li>• Person's quality of life would be improved by some involvement in work/education/learning</li> </ul>	<p>Independent with essential life tasks, but may need some assistance with other daily living tasks and domestic routines e.g.</p> <ul style="list-style-type: none"> <li>• Housework</li> <li>• Laundry</li> <li>• Shopping</li> <li>• Bathing</li> <li>• Gardening etc</li> <li>• Social contact</li> </ul>

**ADAPTATIONS  
SUMMARY OF OVERALL PROCESS**





**APPENDIX 2.3**



**ADAPTATIONS PROCESS**  
**N. WORCS. CARE & REPAIR AGENCY**  
**3 APPROVAL BY SOC. SERVS. TO FINAL COMPLETION OF WORK**

**APPENDIX 3 – Anticipated Time Scales**

The respective Agencies (shown in bold) shall monitor the following stages in order to establish standard overall completion times. Agencies will report on the projected timescales (see below \*) at 3 month intervals. This will allow the Agencies to give realistic information to clients / applicants in respect of anticipated completion dates.

	From	to	Urgent		Non urgent	
1	Date of full assessment by <b>Occupational Therapist</b>	despatch of recommendation to Social Care (or landlord as appropriate)				
			<b>Critical</b> (level 1)	<b>Substantial</b> (level 2)	<b>Moderate</b> (level 3)	<b>Low</b> (level 4)
2	Receipt of recommendation by <b>Social Care</b>	despatch of recommendation to C&R Agency – 3a , or social landlord – 3b				
3a	Receipt of referral by <b>C&amp;R Agency</b>	first visit by Caseworker				
3b	Receipt of referral by <b>Social Housing</b>	Completion of Works *				
4	Receipt of <u>completed</u> Grant application by <b>Local Council</b>	issue of approval notice				
5	Receipt of referral by <b>C&amp;R Agency</b>	Completion of Works *				

\* Certain information will be dependent on the future availability of funds in order to process the grants.

### **Disabled Facility Grants – Guidance on the type of work eligible for mandatory Disabled Facility grants**

The following guidance has been drawn up by the steering group;

#### **Heating**

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. It may be that the provision of single electric heaters (such as a fan heater in a bathroom), would be acceptable as a top up to an existing system.

#### **Play Areas**

Funding for play areas will not be considered for mandatory disabled facility funding. These are the responsibility of the householder.

#### **Over bath Showers/Level access showers**

This comes under the heading 'facilitating access to amenities' by the disabled person. Wherever possible, it is preferable to install level access showers for safety and to provide a long-term solution. There are considerable implications in terms of safety surrounding the installation of over bath showers and whether they offer a long-term solution to bathing needs.

Where the existing bathing facilities and sleeping accommodation are located on the first floor, the provision of suitable access to these (for instance by the installation of a vertical or stair lift) should always be considered in preference to new provision by conversion of ground floor rooms or extension.

#### **Specialist Baths**

Baths such as 'Parka' baths and 'Aquanova' baths will only be considered where there is a specific justification in terms of bathing safely. They are extremely costly and bathroom adaptations are quite often required to fit them.

#### **Extensions**

The existing space must be considered first, by partitioning a large living room, for example, or converting a garage space to create a bedroom. Although through floor lifts can be disruptive, the cost of a new build extension is extremely expensive (in excess of £25,000 to

£45,000), it is preferable to seek alternative cost-effective solutions can be found.

Wherever practical, consideration shall be given to the use of Prefabricated Outdoor Structures (Pods).

There is no requirement to retain or provide a separate dining room so such rooms should be considered as an amenity for the disabled person.

Double bedrooms will be provided, where practicable, where two people are cohabiting.

### **Safety**

Safety equipment /adaptations will only be considered where there is a specialist need

The type of work that might be covered includes provision of safety glass in a bedroom / living room or the reinforcement of wall and floors where necessary. An appropriate risk assessment must be carried out and the need to eliminate or minimise that risk identified.

### **Access to and from a dwelling/Ramps**

A single access to and from the dwelling would be considered reasonable, unless there are justified reasons for needing more. Door entry systems to the main access and remote garage doors can be included but only usually where it is the main access for an unaccompanied wheelchair user-

A ramp is generally considered when the client is a full- time wheelchair user. Where the client is able to walk short distances and/or negotiate steps with the help of a carer or handrails, a ramp is not generally considered, although frequency of use and the ability of the carer to push an attendant-propelled wheelchair is taken into consideration. Ramps should generally be permanent constructions unless the assessed need indicates otherwise. Each situation will be assessed on an individual basis.

Possession of a powered scooter does not imply any obligation for the provision of level access.

A suitable level area may be considered to facilitate access by the disabled occupant to and from the dwelling.

### **Kitchens**

Detailed information on the client's requirements would be needed with a plan of the proposed kitchen layout. Specialist facilities such as cookers and sink units can be considered. The client would need to be

the main food provider for major adaptations. Minor adaptations for the disabled person to make drinks/light meals, if they are not the main food providers, can be considered.

### **Storage Needs for Specialist equipment**

(e.g. home dialysis equipment). The mandatory grant addresses issues over 'access to and from' rather than storage. However, it could be considered where other grant works were taking place for access reasons.

### **Access to bedroom, bathing and toilet facilities**

Where a stair lift is not viable, (e.g. recognised continence problems), a downstairs WC can be considered. If the client is physically unable to use the stairs a stair lift would enable independent access to bedrooms, bathrooms etc. The stair lift is a cost-effective solution, requiring minimum disruption to the occupier.

### **Gardens**

Work to gardens or access to gardens on its own will not be considered under the mandatory grants scheme, unless there are specific needs to address.

### **Hoist equipment**

Hoisting equipment will be provided, under private sector grant funding, if it forms part of a major adaptation

### **Eligible grant works**

The Local Authority will only pay a grant for what it considers to be a reasonable and suitable scheme. Owners who wish to provide larger schemes of work, for instance the provision of an extension as opposed to utilising an existing structure may do so by funding the cost of works over and above the eligible grant works.

### **Moving House**

Some houses are not suitable for adaptation and it may be better to advise alternatives, such as re-housing (in a RSL property), or buying a private property that could be adapted, if necessary, with the help of a grant. This is an area for development by all the organisations. Some Local Authorities offer a Moving Home Grant to facilitate this.

### **Appeals**

Where people feel aggrieved by schemes produced under these guidelines they may appeal in the first instance to the Adaptations Review Panel, described in para 3.10 of this document.