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| SUBJECT: | CAPITAL FUNDING - DISABLED FACILITIES & SAFETY AT HOME GRANTS |
| MEETING: | JOINT ADULTS AND CHILDRENS & YOUNG PEOPLE'S SELECT COMMITTEE |
| DATE: | 18th June 2018 |
| DIVISION/WARDS AFFECTED: | ALL |

1. PURPOSE:

- 1.1 To provide an update on the provision of disabled facilities grants (DFGs) and Safety at Home (SaH) grants and the outcomes achieved for both service users Social Care. The report also seeks to assure members that service is aligned with the Council's safeguarding policy.

2. RECOMMENDATIONS:

- 2.1 The Committee consider how the disabled adaptation programme is supporting residents to remain living safely and independently at home, reflect on performance and make recommendations as appropriate.

3. KEY ISSUES:

- 3.1 The Council has a statutory duty to provide DFG's within six months of receiving an application. Failure to do so lays it open to legal challenge. It also has discretion to provide SaHs. All DFGs are capped at £36,000 and while the average adult award is about £6,000 each year a number of larger, complex grants are provided to meet the needs of both adults and children with complex disabilities. Children's DFG's aren't capped and, therefore, can utilise a disproportionate amount of the budget.
- 3.3 SaHs are intended for smaller works such as handrails, half steps and minor alterations, often costing less than £250 but which make a dwelling safer for a disabled resident. SaH's often facilitate hospital discharge or reduce the risk of falls and injuries, which might necessitate hospitalisation and are administered on behalf of the Council by Care & Repair alongside Rapid Response Adaptations.
- 3.4 In recent years, an annual shortage of funding for adaptations has impacted upon the time some clients have needed to wait for DFG's. On occasions it has been necessary to prioritise SaH. The increased funding for 2017/18 significantly improved the situation.
- 3.5 The average time to complete a DFG was reduced from 386 days in 2016/17 to 193 days in 2017/18. In addition, the Council has delivered more adaptations and, therefore, assisted more applicants. Not only has this improved the quality of life for more applicants, carers and their families, it will have provided business benefits to Social Care. The success is also applicable to the SaH minor adaptation programme and it wasn't necessary to prioritise work towards the end of the financial year. The success was achieved through:
- The additional £300,000 capital funding for DFG's (but also SaH); reviewing contractor quotation arrangements; re-introducing 'lean' processing (which streamlines means-testing) and managing the budget based on actual expenditure rather than committed expenditure.

- 3.6 A more detailed overview of performance is detailed in **Appendix 1**.
- 3.7 Alternatives to DFGs and SAHs do exist, including annual ENABLE funding from Welsh Government, which offers a fully flexible option with simplified approvals (eg no means testing or necessity for an Occupational Therapist to assess). Welsh Government encourages use through a partnership approach. The Council, however, strictly can't replace DFG funding with ENABLE funding. Other options to fund adaptations are available but are significantly less utilised. Nevertheless some potential applicants do opt to proceed with the necessary works at their own cost. Please see **Appendix 2** for other options.
- 4. REASONS:**
- 4.1 The Council has a duty to consider all applications for Mandatory Disabled Facilities Grants (DFG) which are administered under the Housing Grants, Construction and Regeneration Act 1996 (as amended).
- 5. RESOURCE IMPLICATIONS:**
- 5.1. Until last year, the annual capital budget has been £600,000, but in 2017/18 the Council agreed to increase to £900,000. This has been maintained for 2018/19. Broadly, the budget is £800,000 for DFGs and £100,000 for SaHs.
- 6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**
- 6.1 DFG's and SAH grants are predominantly awarded to older people, who are a protected group under the Equalities legislation, as are disabled children. See **Appendix 3**.
- 7. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS**
- 7.1 While the majority of grant recipients are adults, a small number are children, often with profound and complex disabilities. The adaptations that are carried out not only improve the lives and wellbeing of the disabled child, they often make significant improvements to the wellbeing and safety of the whole family. However, prior to an adaptation being completed, Social Care ensure any risks to adults or children are managed and mitigated against through routine processes.
- 7.2 It is a priority for the Council to DBS check contractors who are sign-posted to install adaptations, in line with the Council's Safeguarding Policy, although clients can utilise any contractor of their choice. This is currently in progress.
- 8. CONSULTEES:**
Cabinet Member for Enterprise; Cabinet Member for Social Care, Public Health & Safeguarding; Chief Officer Social Care; Head of Childrens Services; Head of Adult Services; Head of Planning, Housing & Place Shaping; Chief Officer Enterprise; Monmouthshire CAIR.
- 9. BACKGROUND PAPERS:** None
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Appendix 1

Overview of Disabled Adaptation Service Activity & Case Studies

| Activity | Target | 2016/17 | 2017/18 |
|---|----------|---------------------------|----------|
| No. of DFG Referrals | | 137 | 170 |
| No. of Children's Referrals | | Not collected | 6 |
| No. of DFG Approvals | | 63 | 91 |
| No. of Children's Approvals | | Not collected | 5 |
| No. of DFG Completions | | 49 | 85 |
| No. of Childrens DFG Completions | | Not collected | 3 |
| No. of outstanding approved Adult DFG's | | Not collected – to follow | 12 |
| No of outstanding approved Children DFG's | | Not collected – to follow | 4 |
| Average DFG Completion time* | 180 days | 356 days | 193 days |
| Average Childrens DFG Completion time* | | 310 days | 258 days |
| No. of SaH grants | | 416 | 516 |
| No. of ENABLE Grants | | 23 | 19 |

* In order to produce a reportable Key Performance Indicator for the Welsh Government the time taken to process DFGs is recorded from the first point of contact a client has with the Occupational Therapy service within Social Care, to the certified date of completion of the works.

Housing and Community Services has direct control of the process for only a part of the overall time with the remainder being with the OT, the client and the contractor(s). In addition some of the more complex DFGs which involve building extensions requiring time with the Planning Department and Welsh Water all of which add to the overall processing time.

Several factors can cause the average processing time to increase and these include:-

- Time with the OT for assessment
- Time with the client while legal and financial information is produced. Other factors as illness of clients or relatives or bereavement of family.
- Time to undertake surveys and draft schedules of work
- Client choice for timing of works (any time within 12 months)
- The need for planning permission
- The need for Welsh Water to give building over sewers permission
- Availability of bespoke equipment
- Availability of specialist contractors
- Lack of capital funding

Case Study

Child A is a very independent 10 year old boy with significant physical and emotional challenges.

Child A was diagnosed with a degenerative condition at three months old and spent several weeks in intensive care. As a consequence of this, A suffered extensive damage to the growth plates in A's legs and arms. A had surgery in 2011, 2013 and more recently in August and October 2015. Following this A was wheelchair dependent and wearing an external fixator for approximately 9 months. A's consultant has confirmed that A will require several more

operations for complex limb reconstruction into adulthood. This will necessitate spending extended periods of time in a wheelchair or using a walking frame and long term physiotherapy. A is currently several months into a second operation to lengthen A's leg and is once again wheelchair dependent.

A lives with parents and brother in a three bedroom house. There is a living room and kitchen / diner on the ground floor, with bedrooms and family bathroom on the first floor. The property is small and it was extremely difficult for A and the family during the time when dependent on a wheelchair and a walker. Access to basic amenities was problematic (initially his father carried him up and down the stairs) and has placed considerable physical pressure on parents when assisting A. There were no ground floor toileting facilities but also no private space to use a commode which meant that everyone had to leave the living room so that A could use it.

Several joint visits by the OT, Grants Surveyor and architect for discussions with parents were necessary due to the complexity and extent of the proposal in order to reach a workable long term solution. The garage to the rear of the property was converted into a wheelchair accessible bedroom and ensuite bathroom. The building was extended to link it to the existing house – this created external wheelchair access and also allowed space for an internal wheelchair lift to accommodate the change in levels between the house and new bedroom.

The work was completed before the last surgery! A and the family are all amazed at the difference it has made to their everyday lives. A has privacy and dignity, is able to be as independent as possible – go to A's room when independently, access the bathroom without telling anyone or asking them to vacate the living room. Friends can easily come over and not be embarrassed about the help A has needed as this is massively reduced. This also extends to A's brother, who has also not wanted to have friends over due to the difficult and personal nature of A's difficulties. A's parents no longer have to lift A and only provide minimal assistance with transfers – mainly to access the shower / toilet. Mum has stated that she is now able to do this easily on her own whereas they used to have to wait for dad to come home from work. The physical and emotional stress of having to watch A go through these operations is significantly less now that the environment works for them all. Consequently, A is happier and finds it much easier to cope with the post op recovery.

Appendix 2

Alternative Options to Disabled Facilities Grants

Alternative options which can be pursued include:-

- **Interest free Home Improvement Loans** – a Welsh Government funded scheme is available through Housing & Communities. Although interest free, attracts an administrative fee.
- **Moving house to suitable accommodation** – an option which may in any case be necessary if a resident's present home is not suitable for adaptation. Moves can also be supported through DFG's. Experience is that most applicants are reluctant to move. In the case of private rented properties many landlords will not permit significant adaptations to be carried out as this may affect the value and marketability of the property.
- **Application for social housing** – this option is open to anyone but the shortage of RSL properties to rent, particularly bungalows and in the desired location, is a major obstacle.
- **Housing Options advice** - if in the absolute situation staying isn't an option the Council's Housing Options Service can consider an application under the homeless related duties to assist a resident to find more suitable accommodation. This, however, would be challenging and possible landlord resistance to adaptations can be problematic.
- **Equity release** – while the Council no longer offers such a scheme, various private sector providers are available. Experience is that this is regarded as a very unattractive option.
- **Care & Repair Monmouthshire** – may be able to assist in a number of ways including making an application for benevolent funding from various charities.
- **RSL purchase of existing home and subsequent adaptation** – in very limited circumstances privately owned properties may be purchased by RSLs to address a bespoke need. This option is reliant on the RSL being able to fund the purchase and/or the availability of Social Housing Grant.
- **Self or family funding** the most common way (other than DFG/SAH) of funding necessary adaptations, and, in the case of large projects exceeding £36,000 the resident would in any case have to fund the balance.
- **Different use of existing accommodation** – eg a ground floor living room being used as a bedroom.