

<b>SUBJECT:</b>	<b>CAPITAL FUNDING - DISABLED FACILITIES &amp; SAFETY AT HOME GRANTS</b>
<b>MEETING:</b>	<b>ADULTS SELECT COMMITTEE</b>
<b>DATE:</b>	<b>21<sup>st</sup> January 2020</b>
<b>DIVISION/WARDS AFFECTED:</b>	<b>ALL</b>

**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 and Social Care. The report also seeks to assure members that the 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.
- 2.2 Continue to refine internal procedures and identify additional opportunities to speed up the delivery of DFG's.

**3. KEY ISSUES:**

- 3.1 The Council has a statutory duty to provide DFG's within six months of receiving an application. DFG's are subject to means testing to establish if the applicant needs to make a financial contribution towards their adaptation. All DFGs are capped at £36,000 and while the average adult award was £4812.95, 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 means tested as per the regulations. Nor are they capped as per the Council's policy.
- 3.3 The Council also provides discretionary SaH's, which are intended for smaller works such as handrails and other minor alterations. The average cost for 2018/19 was £205.33 and is a relatively small expenditure to 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. SaH are administered on behalf of the Council by Care & Repair alongside the Welsh Government funded Rapid Response Adaptations Programme. There is a budget in Monmouthshire for WG Rapid Response of £69,000 which to date has a commitment of £59,835.57 against it. This budget has been reduced by WG from £79,000.00 in 2018/19, which is believed to be contributing to the increased demand on the SaH programme.
- 3.4 In previous years a lack of capital funding has impacted upon the Council's ability to meet the annual demand for disabled adaptations resulting in a backlog at the end of financial years. This also impacted upon the time some clients have needed to wait for DFG's together with a need to prioritise individual SaH referrals. Increased funding by the Council since 2017/18 has significantly improved the situation. There is no backlog of disabled adaptations, it hasn't been necessary to prioritise SaH and timescales have improved.

- 3.5 The average time to complete a DFG has successfully reduced from 386 days in 2016/17 to 193 days in 2017/18 and 191 days in 2018/19. The Quarter 3 average completion time is 187 days against the target of 180 days, which at present projects an improvement on 2018/19 and 2019/20 turnaround.
- 3.6 In addition, the Council has delivered increased complexity of adaptations and, therefore, assisted the complex needs of applicants. Not only has this improved the quality of life for more applicants, carers and their families, it helps to deliver business efficiencies for Social Care. The success is also applicable to the SaH minor adaptation programme. 482 were completed in 2018/19 and due to increased demand in 2019/20, 525 SaH were completed by Quarter 3. A more detailed overview of service activity and performance is detailed in **Appendix 1**.
- 3.7 To facilitate improved completion times a number of changes to procedure and monitoring have been implemented, including changes to increasing the engagement with clients and contractors and the arrangements for acquiring contractor quotations. Also, from April 2019, the budget is also now managed on actual expenditure rather than committed expenditure.
- 3.8 For applicants in receipt of certain benefits, such as pension credit, if the value of their DFG is under £10,000 the Council will passport their application to also facilitate quicker completion. This is currently being reviewed to ensure the approach is offering good value for money and indeed contributes to quicker completion times.
- 3.9 Alternatives to DFGs and SAHs do exist, including annual ENABLE funding from Welsh Government, which offers a fully flexible option with simplified approval's which can be used for minor and major adaptations. The 2019/20 budget is £105,600 which is very much utilised in a partnership with Care & Repair, which is encouraged by Welsh Government. The Care & Repair Rapid Response Adaptation Programme is another option for minor adaptation. Other options to fund adaptations are available but are significantly less utilised, largely due to the attractiveness of DFG's from a financial perspective. Nevertheless, some potential applicants do opt to proceed with the necessary works at their own cost. Please see **Appendix 2** for other options.
- 3.10 Customer satisfaction is excellent and feedback from 31 applicants has provided a 97% satisfaction rate. There was one dissatisfied client, which related to the occupational health outcome and the adaptation prescribed,
- 3.11 A key challenge for the service is the operational staffing resource of two part-time staff available to deliver the service – a Grants Surveyor x 0.6 and a Business Support Officer x 0.6.
- 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 In 2017/18 the Council agreed to increase the budget to £900,000, which has been maintained since. The additional funding has mitigated against the

previous need to put some applications on hold due to lack of funding. There is currently no backlog of applications relating to the budget.

5.2 Broadly, the budget allocation is split £800,000 for DFGs and £100,000 for SaHs. Current forecasting predicts a £130,000 spend on SaH's due to an increased demand for preventative minor adaptations to date, although this will not impact on overall budget outturn position.

5.3 Historical budget spend since 2017/18 is:

	DFG Budget	DFG Slippage	Enabling Grant	Total Budget	Total Spend	Over/Under spend
2017-18	900,000		97,862	997,862	949,584	-48,278
2018-19	900,000	48,278		948,278	782,341	-165,937

The current year budget profile is:-

	DFG Budget	DFG Slippage	Enabling Grant	Total Budget
2019-20	900,000	165,937		1,065,937

- Actual expenditure to date is £602,000.
- Committed expenditure to date is £845,535.
- Estimated value of pending DFG's awaiting approval x 31: £155,000 (assuming an indicative value of £5000 each)

Therefore, using current available figures we have enough budget in 19/20 to cover actual and potential spend through to financial year end.

5.4 The Cabinet is in the process of considering the level of continued investment in relation to the Medium Term Financial Plan (it is currently reduced back to £600,000). The impending recommendation in respect of the budget for 2020/21 will be informed by an imminent review of service activity data.

## 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. **See Case Study in Appendix 4**.

7.2 It is a priority for the Council to DBS check contractors who are sign-posted to install DFG adaptations, in line with the Council's Safeguarding Policy, although clients can utilise any contractor of their choice in practice this does not really occur. In addition all of the current contractors that carry out DFG adaptations received MCC Safeguarding Level 1 training in December 2018 which also extended to some contractors used by Care & Repair.

**8. CONSULTEES:**

Cabinet Member for Enterprise; Cabinet Member for Social Care, Public Health & Safeguarding; Chief Officer Social Care; Head of Children's Services; Head of Adult Services; Head of Planning, Housing & Place Shaping; Chief Officer Enterprise

**9. BACKGROUND PAPERS:** None

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## Appendix 1

### Overview of Disabled Adaptation Service Activity & Case Studies

Activity	Target	2018/19	Q3 19/20	Projection 19/20
No. of DFG Referrals		142	106	142
No. of Children's Referrals		7	4	4
No. of DFG Approvals		113	78	104
No. of Children's Approvals		4	3	4
No. of DFG Completions		95	61	82
No. of Children's DFG Completions		5	4	4
No. of outstanding approved DFG's		23	26	26
No of outstanding approved Children DFG's		3	0	0
Average DFG Completion time*	180 days	191	187	187
Average Children's DFG Completion time*		284	240	240
No. of SaH grants		487	525 + MCC	700
No. of ENABLE Grants		67	8	
Client Satisfaction			97%	97%

\* 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 & 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 Planning Department, Building Control and possibly Welsh Water all of which add to the overall processing time. There are no issues, however, with this part of process and the associated timescales are in line with routine target times.

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

- Time with the OT for assessment. OT's consider all options for an applicant and a DFG is typically a last resort. Sometimes it is necessary for the Grant Surveyor and the OT to undertake joint visits.
- Time with the client while legal and financial information is acquired. Some applicants, due to their vulnerability, can have difficulty providing such information. The Council will provide support wherever possible.
- Illness or bereavement of clients or relatives/family.
- Time to process grants, such as undertake surveys, draft schedules of work, sign off works and arrange payment.
- Client choice for timing of works (any time within 12 months). Clients can sometimes request dates in the future eg after Christmas or after a holiday or a period of illness.
- Unexpected problems arising in relation to particular jobs
- The need for planning permission and building control consent

- The need for Welsh Water to give building over sewers permission
- Availability of bespoke equipment
- Availability of specialist contractors. Eg the specialist contractor currently recommended to clients batches jobs for completion. An alternative contractor has been investigated but it was concluded that a lower standard/quality of product.
- Contractor capacity
- Past lack of capital funding. This is not an issue at present

For completed DFG's up to Q3, the main reason for delay related to internal processing, which includes occupational therapist assessments. Other reasons for delay this year are large, complex adaptations; applicant health, bereavement and contractor related issues, applicants undertaking other structural works and the support needs of applicants resulting in paper-work not being returned in a timely manner.

## 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 of £500 per application
- **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.

## Appendix 4

### Case Study 1

<b>Case Study Child W</b>
<b>Background</b>
<p>Child W is 12 years old and lives with parents and siblings. Child W has a right side hemiplegia and has difficulty carrying out personal care tasks.</p>
<b>Involvement</b>
<p>Recommendation from the Children's Social Worker was to provide level access showering facilities in an existing ground floor shower room. Additional recommendations were to remove the existing WC and to replace with a self-cleaning WC. Previous Safety at Home Grants had provided stair rails in 2011.</p> <p>Child W has a diagnosis of cerebral palsy, a right sided hemiplegia, epilepsy and global developmental delay. The child was described as having some speech difficulties plus being able to walk slowly but not very far.</p> <p>Mum states that 'the home toilet is not really satisfactory and he can often require showering after using the toilet.' The Occupation Therapist wanted to work with the disabled facilities team to pursue options with regard to adaptations being carried out to maximise his independence.</p> <p>The OT visited with the Grants Surveyor to discuss options in June 2019 and the surveyor worked to write up a schedule to the specialist toilet provider and building contractors immediately and was able to prioritise to ensure the adaptation request was at formal approval stage in 17 days on the 16<sup>th</sup> July 2019.</p> <p>A local contractor was able to facilitate the work to fit in with the family's request and specialist equipment provision as soon as possible and the grant was certified as complete on the 30<sup>th</sup> October 2019 which equates to 130 calendar days from the initial visit of the Children's OT and Grant Surveyor.</p>
<b>Conclusion</b>
<p>The Grants Support Service Officer was able to complete a review with Child W mother regarding the outcomes experienced since the completed adaptation. She reported that she was very happy with the builder and would recommend him to anyone requiring work. On the questions of increased independence, quality of life and impact on family life she stated that all of the above had been improved with a response of very satisfied. The impact on her child being able to complete his own personal care is massively beneficial and he is now improving by showering and attempting to wash his hair, she went on to score the service as excellent.</p> <p>Social Worker SG also confirmed that she had spoken to his Mum and confirmed that the work has made an enormous difference to Child W's life in terms of independence and dignity.</p> <p>Children's with disabilities Occupational Therapist further added:</p>



'WOW! We have really helped to improve his independence on a massive scale! For a child of 12, not being able to use the toilet or shower himself independently has really impacted his self-esteem and confidence as well as being physically detrimental. Now Child W is doing that all for himself – he was very proud of it all when he showed me yesterday and his mum is so pleased. He can have friends around now and not have to worry about dealing with the toilet etc. Honestly it reminded me of what can be achieved and why I do this job – I wanted to share with you as obviously you were an integral part of this too so thank you!! Also mum was very impressed with the company that did the work so I felt that was also worth letting you know'

## Case Study 2

### Case Study Mrs A

#### Background

Mrs A has recently moved to the area to live with her daughter. Mrs A has a progressive neurological condition which impacts on mobility and her ability to independently maintain her hygiene. Her daughter is currently assisting with strip washing. Mrs A is currently housebound as she is wheelchair dependent. Mrs A's living accommodation will be on the ground floor of the property as the rest of the house is occupied by her daughter and her family.

#### Involvement

Recommendation from the Occupational Therapist was to provide level access showering facilities in an existing ground floor bedroom with ramped access to the rear of the property to enable wheelchair access/egress.

Mrs A has Multiple Sclerosis and Parkinson's Disease, since the move she had been low in mood due to the need to be dependent on her daughter and frustration at not being able to leave the property to engage in the community activities she enjoys. Due to the progressive nature of the conditions consideration needed to be given to the impact of further deterioration to ensure that the property not only meets Mrs A's current needs and wishes but also in the future.

OT visited with the Grants Surveyor to discuss options and the above recommendations were made. From date of initial assessment to completion of the works took approx. 12 weeks.

#### Conclusion

A review following the completion of the works with Mrs A identified that she was extremely happy with the works completed particularly the wet room facility. Mrs A advised that the completed works had achieved the following:

1. Mrs A able to shower herself independently resulting in reduced dependence on her family.
2. Mrs A could toilet in her new bathroom without having to use a commode which she felt was more dignified.
3. Mrs A has been able to access the community and her garden with her family and return to social activities.
4. Mrs A reports feeling less guilt in relation to the level of support her daughter no longer has to give.
5. Mrs A reports feeling better in mood and has a sense of hope for the future as she recognises her home will now meet her needs for the foreseeable future.

## Case Study Mr S

### Background

Mr S has COPD which impacts on his mobility and ability to manage stairs at home. He becomes very breathless on any physical exertion. He lives with his wife and grown up children in their own private house. The property has x3 bedrooms upstairs and kitchen/lounge downstairs. The bathroom/toilet is upstairs.

### Involvement

Recommendation from the Occupational Therapist was to provide a stairlift. Previously a Safety at Home Grants had provided Stair Rails a number of years ago but even with these in place due to his breathlessness and his general frailty he is unable to safely negotiate the stairs. The impact of doing so makes Mr S very fatigued which has a detrimental impact on him performing other activities during the day. A recommendation was made to fit straight stairlift to enable Mr S to access his bathroom/bedroom safely.

Mr S had a number of medical condition to include COPD, kidney disease and arthritis. He can mobilise with a zimmer frame short distances, currently negotiating the stairs with his wife physically assisting him and 'pushing' up the stairs. Due to fatigue his wife assists with meals and personal care.

Mr S advised he was unable to self-fund a stairlift due to limited finances.

OT referred to the housing department for a DFG. The stairlift was fitted in a timely manner. As a result, Mr S was able to access his bedroom and bathroom independently and provision of the stairlift reduced demands on his wife who prior to the fitting of the stairlift had to assist.

### Conclusion

Both Mr and Mrs S were very happy and satisfied with the new stairlift, they commented on how well organised and timely the process from assessment to provision/fitting of the stairlift had been. They advised the housing department where prompt and informative with sending correspondence and communicating the process. They feedback that the stairlift company were efficient and professional.

Mr S advised now the stairlift was in place he was able to access upstairs himself, increasing his independence and wellbeing. He was therefore able to choose when to go to bed and shower and did not have to rely on his wife. Mrs S advised this reduced the stress and demands on her.

It was noted that having had the stairlift fitted Mr S felt like he was less fatigued in the day, and having conserved his energy was able to engage more in occupations he enjoyed to include returning to his art work. As a consequence,

this had enhanced his self-esteem and wellbeing. Both Mr and Mrs complimented the service they received.

## **Case Study Mr T**

### **Background**

Mr T lives with his wife and was initially assessed as an inpatient following a second lower limb amputation. Mr T was a sociable man who enjoyed playing a part in his community where he had lived all his life.

### **Involvement**

Mr T was assessed by occupational therapy and recommendations made for ramping to his property to enable him to access the community using his powered wheelchair. The existing access comprised steps and therefore was not suitable. The internal layout of the property did not require adaptation via the DFG process.

Mr T had a history of vascular disease which resulted in his first amputation which was followed swiftly by his second amputation a few weeks later. The second amputation was not anticipated leaving Mr T low in mood and feeling he would never return to his previous level of social activity.

A referral was made for a DFG to provide PARS ramping to the front of the property to enable Mr T to access the community in his powered wheelchair and this was completed shortly after.

### **Conclusion**

The completion of the ramping enabled Mr T to leave his property in his powered wheelchair and return to the community independently but also with his wife and family. This ability to return to an activity that was so important to him gave him a sense of achievement and improved his self-esteem which in turn lifted his mood. Mr T felt that he was no longer dependent on others to get out into his garden and see his street.

Mrs T reported a feeling of some normality returning to their lives, which had been so dramatically changed following her husband's surgery.



