



**ADULT AND COMMUNITY SERVICES
DIRECTORATE**

**POLICY AND PROCEDURES FOR
THE PROVISION OF ADAPTATIONS
FOR DISABLED PEOPLE**

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INDEX

	Page
Minor Adaptations Criteria	4
Major Adaptations Criteria	6
Major Adaptations Procedures	9
Guidance on specific types of adaptation:	
Access	12
Disabled parking Bays	12
Hardstanding/Transfer Area	12
Ramps	13
Paths	15
Door Entry Phones	15
Remote Control Door Openers	16
Bathroom Adaptations	
Floor-fixed Bath Hoist	17
Showers	17
Over-bath Shower	17
Level Access/Low Access Shower	18
Baths	19
Replacement of bath with Standard Bath	19
Specialist Bath	20
W.C.	20
Replacement W.C.	21
Additional (Standard) W.C.	21
Specialist W.C.	21

Combined W.C./Shower Unit	22
Hoists	23
Fixed Hoists	23
General Alterations or Extensions to Living Space	24
Provision of Ground Floor Shower/Bath and Toileting Facilities	24
Kitchens	25
Redesign/Reorganisation of Part or All of Existing Kitchen	25
Additional Bedroom	25
Lifts	27
Stairlifts	27
Vertical Lifts	28
Short-rise Lifts	29
General considerations for all lifts	29
Major Heating Provision	31
Miscellaneous	
Fencing	33
Sheds for Privately Purchased Outdoor Powered Wheelchairs, Scooters and Buggies	33
Sheds/Power Supply for Indoor/Outdoor powered wheelchairs(Supplied by Wheelchair Service)	33
Strengthened Glass	34
Extra Locks	34
Lighting and Power	34

Ventilation/Windows	35
Customer Responsibility for Maintenance, Servicing and Warranties	36
Housing Tenure and Funding (Owners, Tenants, Common Areas)	37
Appendix 1 Priority Order for Disabled Facilities Grants	
Appendix 2 Ramp Gradients	
Appendix 3 Bath Lift substitution	
APPENDIX 4 POLICY for DFG's where equipment is involved	

Note: Several terms are used throughout this document to refer to service users who have applied for a disabled facilities grant: Client, person, individual, disabled customer, customer and applicant.

MINOR ADAPTATIONS CRITERIA

1. Adaptations are only provided to people who are permanently and substantially disabled.
Substantial means –
The extent to which your disability (caused by your medical condition) causes you to have considerable difficulties in carrying out your normal activities in your home, for example, this difficulty may be due to:
 - Loss of an arm/leg
 - Severe heart condition
 - Lung disorder
Permanent means –
Your disability is considered likely to last all your life and is unlikely to improve. Sometimes your condition may also get worse, or possibly be terminal.
2. For minor adaptations see Community Equipment Eligibility Guidelines by Island Community Equipment Services (ICES).
3. When the individual lives in rented accommodation, the occupational therapist must obtain written permission from the landlord for any proposed adaptation in a rented property. Our expectation is that the landlord or the tenant, with the permission of the landlord, will carry out minor adaptations. If this is not possible, then a referral will be made to the Island Community Equipment Service.
4. Care homes should finance their own minor adaptations. The occupational therapist's role is to assess and make recommendations only.
5. Adaptations should only be supplied after a full functional assessment and only if they are essential. Where it is deemed that a piece of equipment can overcome the difficulty and meets the need, this will be provided or advised on rather an adaptation (for example bath equipment rather than remove the bath and replace with a shower).
6. The adaptation should enable the individual to gain further independence.
7. Minor adaptations will normally be carried out by the occupational therapy technician service and are to be requested by forwarding a completed job request form to the technicians.
8. Minor adaptations would include tasks such as building small ramps, putting up handrails and other work that would not normally take the technicians any more than one days work and would cost less than £1,000.
9. Health trust occupational therapists can assess for minor adaptations and complete job request forms for the technicians. They will take responsibility

for obtaining landlord's permission, the customer's commitment to pay for the work, and assessing that the adaptations are suitable on completion.

10. In normal circumstances adult and community services do not remove adaptations and customers should be made aware of this before the work is undertaken.
12. Every effort should be made to include all the items on one job request. If a complete assessment cannot be made in one visit the request should be held until the second part of the assessment has been completed.

MAJOR ADAPTATIONS CRITERIA

1. Major adaptations are regarded as those that cost over £1,000. They are funded using disabled facilities grants (DFG) and Minor Repair Grants (MRG) under exceptional circumstances.
2. A Major Adaptation will not be considered if the work required is maintenance of an existing building element, or a matter that falls under the landlord's responsibility.
3. To be eligible for a DFG the individual must:

Be substantially (i.e.: have difficulties with two or more activities essential to daily living) and permanently disabled (i.e.: have confirmed diagnosed condition which results in a recognized and substantial deterioration of all functional ability over and above that which is associated with ageing, which is not an illness but a progressive decline in function).

AND

Require works to improve the disabled person's movement around the dwelling and the essential facilities/amenities within it. In particular the works should facilitate (or provide for) access for the disabled person:

To and from dwelling or building.

To a room used or usable as a principal family room.

To a room used or usable for sleeping or alternatively providing such a room for the disabled occupant.

To a room with a WC and bathing amenities, or providing such a room where these facilities can be sited.

To prepare and cook food.

Or to make a dwelling or building safe for the disabled person.

4. The occupational therapist must be able to demonstrate that the proposed adaptation is **necessary** and **appropriate** as defined by part 1 of the Housing grants, construction and regeneration Act 1996.

AND

Has had regard to item 6 under the Minor Adaptations procedures.

5. Customers need to be able to demonstrate the difficulty they have in accessing their essential facilities for which a DFG can be awarded. When people move to a new property, they need to be able to demonstrate that they took into account the difficulty they have with accessing essential facilities and demonstrate what

they did to overcome this.

6. The planning of the adaptation shall take into consideration the customer's current and long term needs.
7. Consideration of the role and needs of the carer will be of equal importance in that:
 - a) Provision will greatly improve or maintain the quality of care given to the customer, and
 - b) It will alleviate the physical demands experienced by the carer.
8. The adult and community services directorate will only support the adaptations that are essential, by reason of the customer's disability. Additional items which may be desirable are outside the remit of the adult and community services and will require customer to find funding elsewhere. Where it is deemed that a piece of equipment can overcome the difficulty and meets the need, this will be provided or advised on rather an adaptation (for example bath equipment rather than remove the bath and replace with a shower).
9. Adaptations will not be considered to overcome social problems or overcrowding.
10. Age and/or the prognosis should not of itself be a barrier to the provision of major adaptations.
11. Careful consideration of the circumstances will be essential e.g. it would be unrealistic and bad practice to embark on major adaptation which the customer will not be able to use.
12. In some circumstances alternative housing may be the only viable solution, and the customer may already be considering moving house. Future housing plans of the family should be checked; and if it is the intention for the applicant to move house, then grant assistance is very unlikely.
13. In general only children aged over five years will be considered for an adaptation. This is because children under this age could normally and reasonably be expected to receive a high level of care from a parent or guardian. Beyond the age of five development occurs at a fast pace and it would be more reasonable to address their needs when they are more established. Long-term prognosis will be taken into consideration in all cases.
14. A consensus over the provision should be sought with the customer/carers/other household members and appropriate agencies.
15. Equal opportunities. Ethnic and cultural aspects of the household must be considered.

16. The customer will be fully briefed (verbally and in writing) on the process including likely timescale.

MAJOR ADAPTATIONS PROCEDURES

1. The occupational therapist will visit the disabled person and undertake a thorough assessment. The major adaptation process should only be started if there is an identified need which cannot be met by a minor adaptation or equipment and the eligibility criteria are fully met. Wherever possible a property must be adapted within the internal structure and building on can only be considered where the existing facility has become impossible for the disabled person to use. At this stage it may be necessary for the occupational therapist to ask the housing renewal manager to carry out a feasibility study if the circumstances of the adaptation are difficult or complex.
2. If applicable, the occupational therapist will seek agreement from the landlord, or the tenant will provide some evidence of this; verbal evidence is acceptable at this point.
3. The occupational therapist will identify if a Preliminary Test of Resources (PTOR) is necessary before proceeding.
4. The occupational therapist will complete the major adaptations form and present this at the adaptations meeting where all requests will be discussed. Note: This authority has commissioned a home improvement agency (HIA), which is part-funded by revenue gained from fees on disabled facilities grants. To facilitate this process the occupational therapist will mark on the form whether the client would benefit from the help of the HIA either because of the adaptations complexity or the client's condition.
5. The major adaptations meeting will meet monthly and all occupational therapists presenting a case should attend. The joint occupational therapy manager or a designated deputy will chair the meeting and all applications will be considered before any application for funding is made. Where possible, the housing renewal manager or a designated deputy will also attend to provide guidance and advice.
6. If the major adaptations meeting agrees that a case meets the criteria then a DFG application can be pursued. The meeting will decide if any particular cases should be given priority according to the guidelines. (See appendix 1).
7. Once it is agreed a DFG should be sought, the occupational therapist will write to the Housing Renewal Section (and landlord where the individual is a tenant) recommending the person for a grant. The enquiry will remain on a waiting list until sufficient funding is available to progress the grant application. The list is date-ordered from referral, and urgent cases will be taken before standard cases. Cases can be reassessed if the individual's circumstances change.

The waiting list is managed by the Housing Renewal section, and is reviewed, at least, monthly at panel meetings, information is provided to the Divisional Management Team.

The Housing Renewal Manager also reviews the list on an ongoing basis in respect to grant management with the aim to spend 100% of the DFG budget.

Once a FULL application is made The Housing Renewal Section has up to 6 months to decide to approve or refuse the grant application. When a grant is approved the applicant has 1 year to complete the work.

8. The housing renewal manager may need to take certain cases out of order in consultation with the occupational therapy manager, where necessary. For instance when it is necessary to achieve the annual spend.
9. Where appropriate the occupational therapist can arrange to visit the disabled person's home with a housing renewal officer. If the occupational therapist has any specific requirement due to the medical need of the disabled occupant, this should be stated to the housing renewal officer at the time of the first joint inspection, or as soon as reasonably practical. (e.g., shower tray to be level with the floor, minimum area for showering, type and location of grab rails...), the housing renewal officer can then include these in the list of works as necessary.
10. The occupational therapist may undertake further visits to the house to ensure they are in agreement with the customer on the adaptation and that future needs will be met.
11. In order that a full application for grant can proceed, the landlord's permission (if privately rented) must be obtained and proof of ownership provided if the applicant is an owner/occupier or rents privately.
12. The disabled person will need the services of a builder and may need the services of an architect or specialist contractor. Occupational therapists/housing renewal officers must not recommend particular persons or companies, other than where specialist equipment is required. Where this is the case please follow the procedures set out in the appendix. However, it may be necessary for the occupational therapist/housing renewal officer to meet with these people on site to discuss plans and ensure the adaptation is suitable.
13. The customer should be asked to inform the occupational therapist when the work is to start so that they can visit while the work is in progress where necessary. The occupational therapist should also visit on completion of the work to ensure that the customer's identified needs are met. Where the occupational therapist requests a deviation from the grant-eligible work the housing renewal officer must be informed to ensure it is reasonable and practicable and that sufficient resources are available. Additional requests for work which could form the basis of grant application on their own must go through the normal enquiry process and be approved by the grant panel, and because of this any new enquiries may possibly not be undertaken at the same time as other work which could have already been approved.
14. Where a disabled person is assessed under the DFG procedure as being able to

make a financial contribution (and they meet the criteria detailed in appendix 1 for being given priority) but they state they cannot afford to make that contribution and have tried and failed to obtain a loan from at least two mainstream sources (for example banks and building societies), then a request for “topping up” can be made.

15. Any request for topping up will have to be agreed by the grant panel. Then a financial statement will need to be completed by the applicant and sent to adult and community services for a financial assessment to be completed.
16. The limit for any adult and community services topping up will be £10,000 on any particular adaptation, but is dependent on the availability of resources from either the Occupational Therapy or Housing Renewal section. There will also be a requirement for a legal charge to be taken out on the property if the amount granted is over £1,800.
17. The grant applicant is responsible for the supervision of the work and for monitoring the quality. However, the housing renewal officer must undertake a completion inspection to check that eligible work is satisfactorily completed (to be satisfactorily completed, all the items which make up the list of work must have been installed and in good working order, be compliant with any agreed specification and have in place any satisfactory certification such as for electrical safety).

GUIDANCE ON SPECIFIC TYPES OF ADAPTATION

ACCESS

DISABLED PARKING BAYS (IWC HIGHWAYS SECTION CRITERIA AND PROCEDURE)

Description (Minor Adaptation)

A disabled parking bay is a bay with the word “DISABLED” painted on the road outside, or as near as possible to a customer’s home.

Occupational therapists may be asked to provide assistance to enable a customer to obtain a Disabled Parking Bay. The OT should consult with the Highways section and ideally put the customer in touch with the relevant officers to facilitate an application. The OT may be required to submit a report to the Highways section supporting, or otherwise, the application.

Criteria

1. Please refer to the IWC Highways section for procedure and eligible criteria.

Considerations

- a. The bays are marked by the traffic section, county hall.
- b. The council responds to personal applications for bays. The bay provided is advisory only and does not entitle the applicant to exclusive use.
- c. Following receipt of a request for a bay, a form will be sent by the highways section to the applicant.

HARDSTANDING / TRANSFER AREA

It is not essential to daily living to have a car or access to a car; therefore, hard standings are not usually considered for Disabled Facilities Grants.

This work will only be considered for a grant under the mandatory provision to make access to building or dwelling safe for the occupant.

Description

A hardstanding for a car, which is usually in the customer's front garden, or a wheelchair transfer area adjacent to the road.

Criteria

1. Where there is no footpath directly outside the boundary for access and transfer and it is unsafe for transfer to be carried out in the street,

OR

2. A disabled customer is experiencing severe mobility difficulties, and there are serious and frequent problems parking near their home. A parking bay has been considered and is not suitable for technical reasons.

AND

3. Applicants for children under 6 years of age must be receiving the higher mobility component of the disability living allowance.

OR

4. Drivers who are blue badge holders will only be considered, except in exceptional circumstances.

The exceptional circumstance is:-

The passenger is a blue badge holder and the refusal of the application would put the carer or the disabled person at risk of injury.

Example: Frequent use of the car by the disabled person is needed and the driver cannot push a wheelchair, or assist the customer from the nearest available parking area, and it would be unsafe to set down the disabled person, and then park the car.

Considerations

- a. The occupational therapy service can assess customers for the provision of these facilities, but the highways department should be contacted by the applicant for details of the specifications for vehicular footway crossings and the appropriate forms. If the property is situated on a classified road planning permission will be required.
- b. Dropped kerbs can be requested in conjunction with a hardstanding. The housing renewal Officer sends a memo to highways department to confirm this.

RAMPS

Description

- i. Portable (equipment provision) (Minor Adaptation)
- ii. Removable (Minor Adaptation)
- iii. Permanent (Minor or Major Adaptation)

Criteria

1. Attendant pushed wheelchair users

Where the customer is unable to walk short distances and negotiate steps with the assistance of a helper, a ramp may be provided. However, frequency of use

will be taken into account.

2. Self propelling wheelchair users

Where the customer is a full time wheelchair user and it is feasible, provision will be made.

3. Powered outdoor vehicle users

a. Where a person is in receipt of an electrically operated indoor-outdoor powered wheelchair supplied by the health service.

AND

b. Where it is not possible for the customer to provide a parking site for the vehicle with suitable access to the pavement

OR

c. The customer is unable to walk to the parking site and has to store the vehicle in the house.

NOTE: Customers who do not meet the criteria for the provision of a wheelchair from the IW Wheelchair service will be expected to provide their own access and storage as part of the purchase of the chair.

4. When the ramp is the most practicable and reasonable option for an ambulant client where all the other access alternatives have been eliminated.

Considerations

a. Gradient, width and surface etc.

b. Particular care must be taken concerning structure and location of the ramp to ensure its safe use, not only by the disabled person, but also by other members of the public.

c. The standards for design of housing for the convenience of disabled people for this policy are set out in the Building Regulations 2000 and must be adhered to as a minimum standard. (See Appendix)

d. It is reasonable to expect owners of a privately purchased outdoor powered wheelchair, scooter or buggy to also provide a power supply, and storage/cover- this is therefore not eligible work.

e. Access to gardens should only be provided if there is an essential reason to do so for example access dustbin or washing line, and the disabled occupant lives alone, and there is no other reasonable solution.

f. That provision of more suitable steps/lifts (of any description) or alternative access is neither appropriate nor reasonable.

PATHS

Description

Provision of a path or resurfacing an existing path to facilitate access by the disabled occupant to and from the dwelling or the building in which the home is situated.

Criteria

1. The general considerations prefacing this document are met

AND

2. The disabled person has difficulty walking with equipment and/or rails, and is at risk from stumbling on a path

AND

3. The existing path has an uneven surface, is of unsound construction or there is no path

AND

4. The client or carer has difficulty moving the wheelchair due to the existing path

AND

5. The path is one used by the user for access to the main entrance of the property or essential facilities (also refer to Ramps –considerations -e).

6. Where the client has visual impairment it is important that the paths have an even surface of sound construction. (Some textured surface may be appropriate).

Considerations

If the user uses the path while walking a galvanised rail may need to be installed at the same time as the path is being constructed.

DOOR ENTRY PHONES

Door Entry Phones have handsets similar to telephones and enable the customer to open the door from where they are sitting as well as find out who is at the door.

Criteria

1. To be provided if the customer is unable to reach the door or only able to do so

with considerable difficulty (e.g. bed bound or has severely restricted mobility)

OR

2. Where a disabled customer is living above the ground floor and cannot reach the front door without great difficulty or in a reasonable time.

OR

3. Where it is medically inadvisable to encourage mobility between the access door and the room

AND

4. Is in need of essential services to maintain them living in the community (for example meals on wheels or community nurses).

Special Considerations

The occupational therapist must determine that the customer will be able to hear who is at the door and that they have the cognitive ability to be selective as to whom to let in.

REMOTE CONTROL DOOR OPENERS

Description

A door activated by a sensor or remote control.

Criteria

1. The customer uses a powered wheelchair, and has severely reduced upper limb movement.
2. The customer has no upper limb function.

BATHROOM ADAPTATIONS

FLOOR-FIXED BATH HOIST (Please see Minor Adaptations Policy if considered separately)

Description

Floor mounted pole with a locking integral seat, which can be raised by a winding mechanism, and rotated over the bath. (For example Autolift, Mermaid, F1). Electrically operated models are available.

Customers who are eligible for a disabled facilities grant shower adaptation, but wish to utilise the services of a bath lift are able to be fast tracked for this equipment via the Island Community Equipment Store whilst stocks and resources last (Items of equipment available for this route have been funded by the Housing Renewal Section). The occupational therapist will undertake the normal procedure of presenting a customers case to the grant panel for a decision.

Criteria

1. Customer is not able to use shower board or swivel bather.
2. Customer/carer is able to use winder mechanism. The customer can be rotated over the bath either with or without assistance.
3. It is expected that this will be a long term solution.

Considerations

A floor fixed bath hoist may not fit into all bathrooms.

SHOWERS

General Consideration

It is assumed that if an applicant is within a reasonable distance of a communal shower, and the access is on the same floor level, and there are no other significant physical or mental impairments to using the shower, that the applicant will be non-eligible.

OVER-BATH SHOWER

Description

The provision and installation of a thermostatically controlled over bath shower unit with

a temperature lock preset so that it cannot exceed 43°C and shower has automatic overrun.

Criteria

1. Basic bath equipment (e.g. board and seat) has been considered/tried and is inappropriate due to the customer's degree of functional loss.
2. Customer is able to lift their legs over the side of the bath using suitable equipment either with/without assistance.
3. Shower will be a long term solution.
4. Customer does not meet the criteria for a powered bath lift.

Considerations

- a. It is unnecessary to remove the bath for the shower to make the customer independent or relieve carer of difficulties.
- b. Customers with epilepsy should only be provided with an over-bath shower if they have "warnings" of a fit and there is someone else present in the house.

LEVEL ACCESS/LOW ACCESS SHOWER

Description

Provision and installation of level access shower. For example:

- i. Specialist shower cubicle with integral level or low access and with essential fixtures such as shower seat, doors etc.
- ii. Shower area with laid to fall, slip resistant floor with essential fixtures.
- iii. Level, low access, or ramped shower tray with essential fixtures.

Criteria

1. Over-bath showers, bath hoists or other equipment have been considered and are inappropriate due to the customer's degree of functional loss.
2. The provision will enable the customer to remain independent in personal care, or assist the carer.

Considerations

- a. In most circumstances people will need to sit while showering. Consideration must therefore be given to the provision of adequate space and provision of a specialist shower tray.
- b. In many circumstances there are disadvantages for the carer in assisting the customer using a shower.
- c. A standard commercial shower cubicle may be appropriate occasionally, usually as a compromise solution to overcome a technical/environmental problem.
- d. Note: Use of the existing bathroom will be considered first and may necessitate the removal of the bath.
- e. Customers with epilepsy should only have a level access shower area, or tray with full-length curtain.

BATHS

REPLACEMENT OF BATH WITH STANDARD BATH

Description

Removal of existing bath and replace with an alternative standard bath of appropriate dimensions.

Criteria

1. Bath equipment has been tried and is appropriate but will not fit the bath.

OR

2. Bath is exceptionally high, low or short.
3. Established medical condition necessitates total immersion in water.
4. Meets general considerations.

Considerations

In general, bathing problems can be solved by alternative solutions given previously and therefore the provision of a replacement bath is likely to be considered "desirable" rather than essential.

SPECIALIST BATH

Description

Removal of existing bath and replacement by a specialist bath:

- i. Side-opening bath
- ii. Bath with integral lifting seat
- iii. Height adjustable bath
- iv. Tilting bath

Criteria

1. There is an essential medical need to bathe due to medical factors such as skin conditions, colostomy, ileostomy or incontinence.
2. Bath equipment and shower provision has been considered and are inappropriate.
3. Meets general considerations.

Considerations

- a. In general bathing problems can be solved by the alternative solutions given previously and therefore the provision of a specialist bath is likely to be considered "desirable" rather than "essential".
- b. Due to the size of the equipment the provision may not be a practical solution where available space is lacking
- c. Family needs may have to be taken in consideration for example young children requiring a bath to be retained in the house.
- d. Battery back-up should be considered.

W.C.

Description

There are four types of W.C. that can be provided:

- i. Replacement W.C.

- ii. Additional Standard W.C.
- iii. Specialist W.C.
- iv. Combined W.C./ Shower

REPLACEMENT W.C.

For example replacing a close coupled W.C. with a non-close coupled W.C.

Criteria

- 1. It is necessary to enable the use of a self-propelling commode/shower chair over the toilet.

ADDITIONAL (STANDARD) WC

For example provision of a non-close coupled WC on ground floor

Criteria

- 1. The customer's functional ability to reach the existing WC is severely restricted due to the nature of their disability.
- 2. Access to existing amenities cannot be provided.
- 3. There is a permanent medical condition affecting frequency/urgency of micturition and/or bowels.
- 4. A chemical WC and specialist commodes have been considered and are inappropriate in the long term.

Considerations

- a. Meets the general considerations.
- b. Functional limitation of care: to assist person in reaching existing facilities.
- c. Family considerations

SPECIALIST W.C.

Description

An automatic WC that provides flushing, warm washing and drying functions from one operation, for example it combines the functions of a WC and a bidet with an additional

drying facility.

Criteria

1. The customer is unable to maintain proper hygiene after toileting due to degree of their functional loss.
2. The provision would give the customer an appreciable degree of independence in toileting.
3. The customer has tried a specialist WC and finds it an acceptable solution.
4. To assist the carer if there are physical or medical problems with cleansing for example if the carer has back pain.
5. The carer is unable to cleanse the customer on emotional, psychological or religious grounds.
6. Meets the general considerations.

COMBINED WC/SHOWER UNIT

Description

Wheel-in/walk-in shower area and toilet in a combined area. Either a shower over an existing conventional W.C. or a cubicle such as a Chiltern.

Criteria

The customer meets the criteria for an additional WC and for a shower, however limitations of the accommodation and/or family considerations preclude the provision of each as a separate facility.

Considerations

No other reasonable solution is available.

HOISTS

FIXED HOISTS

Description

Fixed hoist - a power driven tracking hoist which is fixed to the ceiling or to supporting frames, used in conjunction with appropriate slings.

Criteria

1. These are considered for people, who are unable to transfer manually or who would be at risk doing so.
 - i. To increase independence in transfers.

OR

- ii. To support the carer by reducing the physical exertion of transferring the customer.
2. Provision is dependent on technical feasibility for example sufficient ceiling strength, room space, and floor to ceiling height.
3. Long term solution

Considerations

- a. Weight of customer.
- b. Length of track (avoid long lengths where possible).
- c. Electricity - battery back-up needed (for example power cut).
- d. Availability of swivel-bar.
- e. Consider use of a mobile hoist.
- f. Consider use of a manual traverse unit which can be used on several tracks.
- g. Careful consideration should be given to the use of slings.

GENERAL ALTERATIONS OR EXTENSIONS TO LIVING SPACE

These generally are expensive adaptations, and customers must consider moving. Customers may like more extensive work undertaken or would prefer the adaptation located in a different location than the occupational therapist and the housing renewal officer recommendation. The Isle of Wight Council would like to take a flexible approach and in these situations the customer must provide a scheme which offers all the elements of list of eligible work, costings for both the housing renewal officer's proposals and their own proposals and the customer would be expected to pay any difference between the two schemes – on top of any deductions made by the housing renewal officer.

PROVISION OF GROUND FLOOR SHOWER/BATH AND TOILETING FACILITIES

Criteria

1. The customer meets the criteria for the facility (see criteria for SPECIALIST WC and COMBINED WC/SHOWER), but combined shower/W.C. will not meet long term needs.
2. The customer is completely unable to climb stairs or:
3. The customer has extreme difficulty in climbing stairs and the prognosis indicates that there will be deterioration of functioning in the future.
4. It is not technically feasible to install, or functionally possible to install, a stairlift or vertical lift, or there are young children or other persons in the household who would be at risk with such equipment.
5. The existing ground floor facilities are not accessible and cannot be reasonably adapted to make them suitable for the disabled person.
6. There is adequate space for the customer to sleep downstairs.

Considerations

Adaptation and upgrading of existing internal space in a suitable location, to provide the necessary facilities will generally take precedence over the provision of an external addition, unless it is unreasonable or less practicable to do so.

KITCHENS

REDESIGN / REORGANISATION OF PART OR ALL OF EXISTING KITCHEN

Criteria

1. The customer is dependent on a wheelchair, or has such a reduced range of movement that they are unable to use necessary current facilities.
2. The person with disabilities is able to prepare and/or cook food.
3. Alternative kitchen facilities must be provided because the existing kitchen space is commended on technical grounds for conversion to WC/shower room for the person with disabilities.
4. Where there is another household member available to cook and prepare meals, it might be appropriate that more minor adaptations are carried out.

ADDITIONAL BEDROOM

Description

Additional bedroom/living space. The need is to provide a bedsit unit for a household member with multiple disabilities whose needs cannot be met within the existing environment using previous listed solutions.

Criteria

Applications will be supported in circumstances where:

1. It is not appropriate or possible to provide lift/stairlift access to the existing bedroom See criteria for lift provision, and:
2.
 - a) There is only one reception room on the ground floor which is not large enough to divide and there is more than one person in the household.
 - b) Where there have previously been two separate rooms which have been converted into a through room, the expectation would be that the room would be restored to its previous condition (as part of the adaptation), thus providing two rooms again, one of which would be used as a bedroom for the person with disabilities, if appropriate.
3. Where there are two reception rooms, but if one of these is used as a bedroom, the remaining reception room cannot reasonably be expected to be used as a dining/living room, because of the size of the household including the person with disabilities.

Considerations

These criteria are based on the assumption that there will be accessible toilet/bathing facilities.

LIFTS

Description

- Stairlift: for use standing
- Stairlift: with seat for use sitting
- Stairlift: for use with wheelchair
- Vertical through floor home lift: with seat/standing
- Vertical through floor home lift: for wheelchair use
- Vertical through floor home lift: external
- ◆ Short rise lift: internal
- ◆ Short rise lift: external - see under Access

General Criteria

1. The purpose of the provision is to allow access to an essential facility which is not accessible on the ground floor.
2. Customer cannot manage stairs.
3. It is contra-indicated that customer climbs the stairs for example falls, heart condition.
4. Customer is in too much pain to climb the stairs.
5. Or that 2) - 4) may soon apply to the customer.

STAIR LIFTS

a. **Stairlift: for use standing**

Those with conditions severely affecting sitting abilities, for example some ankylosing spondylitis, joint arthrodesis.

b. **Stairlift: with seat**

Those people who meet the general considerations, and can safely transfer on/off a seated stairlift.

Considerations

People who use a wheelchair may prefer another solution. They will be expected to make arrangements for provision of mobility equipment on two different levels.

c. **Stairlift: for use with wheelchair**

- Customer is unable to transfer to a stairlift with a seat;
- Progressive disability makes future transfer difficulties likely;
- Environmental conditions (i.e. insufficient space for vertical lift)

Considerations

Balustrades may need boxing in see general considerations for all lifts. Page 21

Contra-Indications for stairlifts:

- ◆ Progressive conditions which will affect transfer to stairlift, or ability to sit on stairlift.
- ◆ Poor sitting/standing balance (due to medical reasons);
- ◆ Rapidly deteriorating conditions, for example MND, CA & other terminal illnesses;
- ◆ Confusion or spatial orientation problems.
- ◆ Epilepsy - where there is no warning of fits.
- ◆ Severe spasm or spasticity.

VERTICAL LIFTS

A. Vertical through floor home lift (seated & wheelchair types)

- When stairlifts are contra-indicated;
- Structural restrictions make it impossible to fit stairlift.
- Where the number of transfers to use a stairlift would make it an inappropriate choice.

B. Vertical through floor home lift: external shaft

As for internal vertical home lift, but internal lift precluded due to:

- Loss of essential space in family unit;
- Layout of building and position of rooms
- Or, extension considered, but not possible due to planning considerations
- Re-housing is not appropriate.

Considerations:

A phone within the lift may be appropriate for those living alone with no other means of communication.

See general considerations for all lifts below.

Contra-Indications for Vertical Lift

- People with epilepsy will need to consider what will happen if they have a fit in the lift.

SHORT-RISE LIFTS

- a. Short rise lift: Internal use
 - Where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home. For example W.C./kitchen,
- b. Short rise lift: external use
 - The access and pavements.

Considerations: See general considerations for all lifts below

GENERAL CONSIDERATIONS FOR ALL LIFTS

- Where young children are in the household, their safety should be considered;
- Where a customer's anxiety cannot be alleviated, another adaptation may be needed.
- Battery powered winding gear.
- Battery operated options or battery back-up.

- If the lift is on a route of escape from fire (like a communal stairwell), or if a through-floor lift increases the hazard of fire (fire travel between higher-risk rooms to lower-risk rooms)
- That a fire detection and alarm system is in place and can alert the disabled occupant whilst asleep.

MAJOR HEATING PROVISION

Description

Either central heating, or another form of safe heating. Heating is only to be provided in the rooms used by customers.

Heating provision can be recommended for people with disabilities under the following legislation:

a. Private Sector Housing

Chronically sick and disabled persons Act 1970,
Part VIII 1989 local government & Housing Act using disabled facilities grant.

b. Social Housing

Housing associations may be able to fund through the following methods: -

b.1. Package modernisation - part of the modernisation package includes the installation of central heating.

b.2. Renewal programme - central heating may be given as an option when heating systems are renewed.

b.3. Central heating in old peoples properties (CHOPPS programme) one-bedroom designated old people's properties. Option given of-

a. Gas Central Heating

ii. Electric Central Heating

b.4. Flats on designated estates with condensation problems.

b.5. Major adaptation using disabled facilities for disabled residents; only on the occupational therapist's recommendation, using the guidelines.

Criteria

In rented accommodation the heating need must be assessed by the occupational therapist as that over and above which should be provided by statute and the Decent Homes Standard.

Adult and Community Services occupational therapists will assess only where the need is essential on grounds of permanent and substantial disability and clear medical opinion has been received from the hospital consultant stating that the application is essential in regard to the customer's medical diagnosis. If the customer does not have

a consultant a general practitioner's opinion should be sought.

This would include:

- A specific medical condition, severely and appreciably affecting the person's ability to keep warm for example circulatory disorder or extremely limited indoor mobility:
- A medical condition requiring uniform heat in the area/rooms/parts of the home occupied by the disabled person (for example respiratory disease)
- Disabled children or adults where the existing heating puts them/others at risk for example disabled hyperactive child/dementia leaving the gas on.
- Those at high degree of risk medically/physically if heating provision is insufficient for example respiratory disorders where dry heat may be essential;
- Customer's whose functional ability in using the existing heating method is severely restricted or dangerous with no alternative source of heating supply for example Parkinson's disease advanced MS/RA etc.

MISCELLANEOUS

FENCING

Criteria

1. Provision can only be considered where the customer's vulnerability is due to a permanent and substantial disability, and it would not be a normal provision for their age group.
2. Should only be supplied where normal fencing is not adequate, for example not high enough or strong enough to protect a vulnerable person with a permanent and substantial disability.
3. Customer could not be safely contained in a garden without fencing

SHEDS FOR PRIVATELY PURCHASED OUTDOOR POWERED WHEELCHAIRS, SCOOTERS AND BUGGIES

Customers are expected to provide this facility themselves.

SHEDS / POWER SUPPLY FOR INDOOR/OUTDOOR POWERED WHEELCHAIRS (Supplied by the Wheelchair Service)

Description

Storage for an outdoor electric wheelchair or 4 MPH pavement vehicles which require undercover, secure storage and batteries to be powered nightly. The storage must have level access and adequate turning space. A power supply is also necessary at a suitable height.

Criteria

1. The general considerations prefacing this document are met

AND

2. Appropriate storage facilities and power supply for battery charging are inadequate within the existing accommodation

AND

3. Appropriate storage facilities and power supply for battery charging outside the existing accommodation are unavailable or unsuitable for adaptation

AND

4. The user has the ability to use a powered vehicle.

Considerations

There should be enough room to allow independent transfer from indoor to outdoor wheelchair in the storage area.

STRENGTHENED GLASS

Criteria

Customer is a danger to self or others due to regular breaking of ordinary window/door glass for example hyperactive child.

EXTRA LOCKS

Criteria

To be provided where there is a need which is not in line with development age.

LIGHTING AND POWER

Description

Adaptations to enable a disabled person to have reasonable control over the use of lighting facilities. This may mean the relocation of lighting or power controls to accessible positions, or providing additional means of control. This may include relocation of pre-payment meters if they are situated in inaccessible positions.

The work may be required in the common parts of the building in which the disabled person occupies a flat.

Criteria

1. The general conditions prefacing this document are met

AND

2. The user is unable to operate existing facilities and has to rely on others to operate them

AND

3. The user has the ability to use adapted or re-sited controls.

Considerations

- a. Extra lighting may be necessary to enhance residual vision of a person with a visual impairment as confirmed by eligibility to be on register of partially sighted people.
- b. If new lighting controls are being installed, consideration should be given to the height and position.

VENTILATION / WINDOWS

Description

A manual or mechanical extractor or method of ventilation or alternative type of window.

Criteria

1. The general considerations prefacing this document are met

AND

2. When client is unable to open one existing window in each room (with external wall) and windows cannot be reasonably adapted by provision of winders etc.

Consideration

- a. Grants would not be considered to solve situations caused by poor maintenance.
- b. An extractor is usually the most cost effective and easily operated method of providing the required ventilation.
- c. Health and safety and building / fire and gas regulations.

CUSTOMER RESPONSIBILITIES FOR MAINTENANCE, SERVICING AND WARRANTIES

It is essential that clients be given clear information as to who is responsible for maintenance, services and warranties of any adaptation particularly where electrical equipment is involved. This will vary depending on:

- Type of adaptation
- Property type and how the works were funded.

In general, if something is funded by a disabled facilities grant the client will assume full responsibility for maintenance, repair and removal (if necessary).

Tenants must consult with the landlord as to who will take on the responsibility for repair, maintenance and removal. Housing Associations will often take on the responsibility of a facility, such as a shower, if it is replacing the only bathing facility within the property. A landlord's consent must always be provided.

Suitable warranties and safety checks should be obtained by the customer for the work as appropriate, e.g.: electrical completion certificate. Also, if the work is grant-aided, a completion payment is not normally made until the correct certification is in place.

HOUSING TENURE AND FUNDING

Owner Occupied

Major adaptations will be funded by a disabled facilities grant administered by the housing renewal section. If the property is leasehold (e.g. a flat) then permission may need to be sought from the owner of the freehold and / or other leaseholders under the terms of the lease.

Disabled facilities grants are means tested.

Tenant

Major adaptations will be funded as owner occupied. It is essential that the landlord gives written permission for any proposed adaptations as well as provides proof of ownership (for private tenants only).

Adaptations in Common Areas

Major adaptations will be considered in common areas, e.g. stairlift in common hallway, ramp to common pathway, and will be funded as owner occupied. It is essential that all interested parties give permission (in owner occupier situations ownership may actually be long leasehold and all other leaseholders and head leaseholders (including freeholder) must agree, in tenant situations the leaseholder situation applies, also the landlord should also seek the views of the other tenants using the common area (typically in a Housing Association situation).

Works are in practice limited to facilitate access to the dwelling through the common parts, or facilitating the use by the disabled occupant of a source of power, lighting or heating in the common parts.

Consideration will be given to the reasonableness of any proposed adaptation, and to the extent of the Authorities remit against that of the person(s) responsible for the provision and maintenance of the common area.

APPENDIX 1

PRIORITY ORDER FOR DISABLED FACILITIES GRANTS (Urgency Criteria)

Disabled people who have been assessed as requiring a major adaptation can be given a higher priority for a disabled facility grant

1. When all other alternatives have been eliminated

AND

2. Where arrangements cannot be made to relieve the situation temporarily

AND

3. The occupational therapist has identified that the adaptation must be processed quickly because without the adaptation there is serious risk of breakdown of the existing system of caring, e.g. residential care will be needed or an increased care package or the immediate family is on the verge of breakdown.

AND

At least two of the following apply

- I. Without the adaptation there is serious risk of physical injury to the disabled person and/or their carer.
- II. The adaptation will significantly lessen the physical and/or mental pain or deterioration of the disabled person.
- III. The adaptation will potentially result in a reduced package of care and therefore will release resources for others.

APPENDIX 2

Ramp gradients

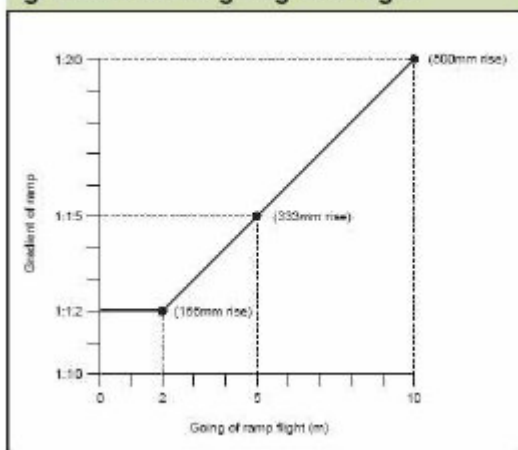
Table 1 Limits for ramp gradients

Going of a flight	Maximum gradient	Maximum rise
10 m	1:20	500mm
5 m	1:15	333mm
2 m	1:12	166mm

Notes:

For goings between 2m and 10m, it is acceptable to interpolate between the maximum gradients, i.e. 1:14 for a 4m going or 1:19 for a 9m going (see Diagram 3).

Diagram 3 Relationship of ramp gradient to the going of a flight



Stepped access

Note: Where there appears to be a conflict between the guidance in Part M and Part K, Part M takes precedence; see the Notes to the Requirements.

Design considerations

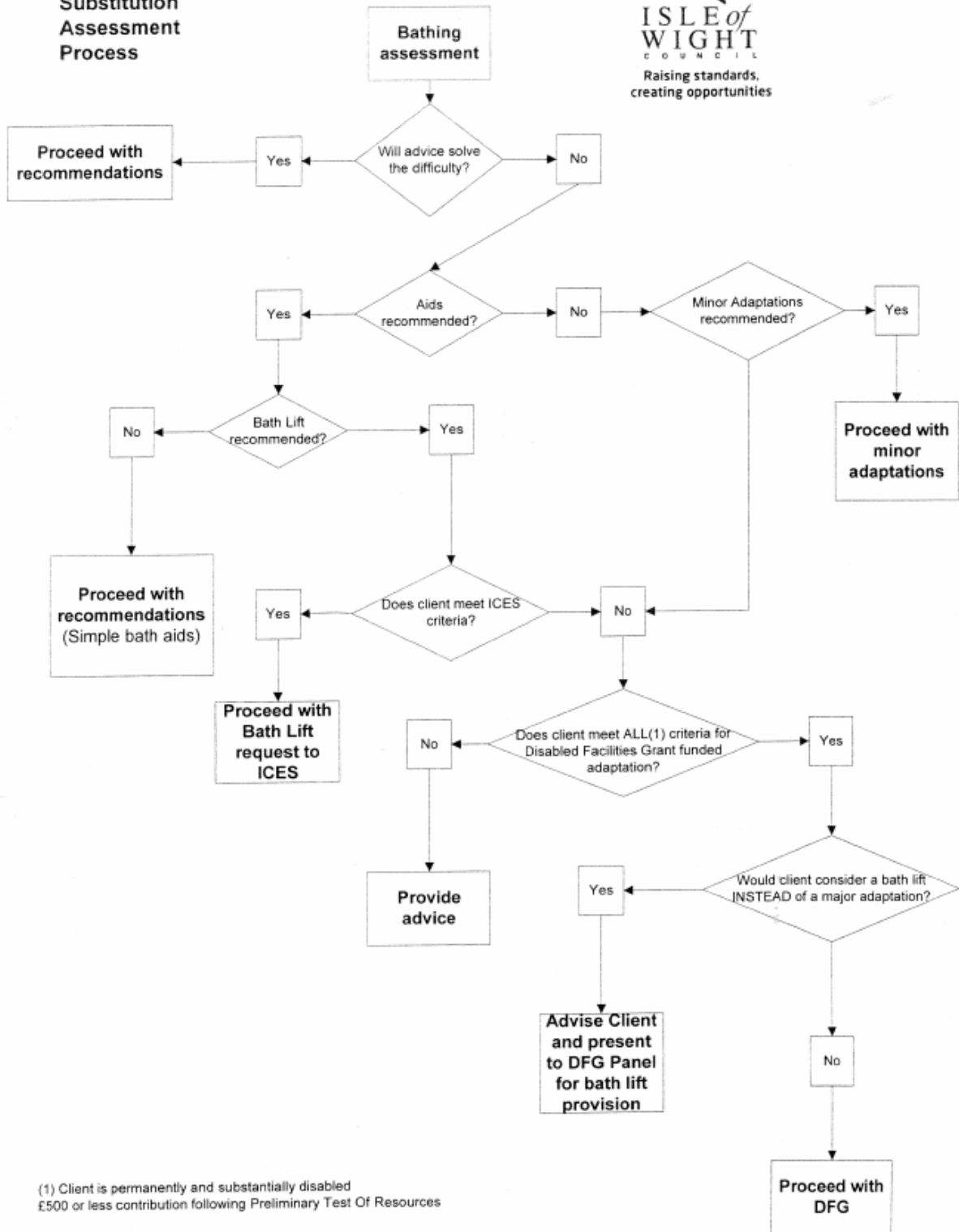
1.27 People with impaired sight risk tripping or losing their balance if there is no warning that steps provide a change in level. The risk is most hazardous at the head of a flight of steps when a person is descending.

1.28 The warning should be placed sufficiently in advance of the hazard to allow time to stop and not be so narrow that it might be missed in a single stride.

APPENDIX 3

Disabled Facilities Grant (D.F.G.) Bath Lift Substitution Assessment Process

Occupational Therapy Department



(1) Client is permanently and substantially disabled
 £500 or less contribution following Preliminary Test Of Resources

APPENDIX 4 - POLICY for DFG's where equipment is involved;

Equipment eligible for DFG should be affixed to the premises on completion, and not be freestanding (this equipment may be supplied by the OT).

Eligibility of replacement equipment;

Replacement of existing equipment, e.g. a stairlift or hoist, may be eligible in the following situations:

Replacement of the WHOLE piece of equipment is necessary (replacement of a part is seen as ongoing maintenance), and is eligible where it has not been purposely damaged by the applicant, or not used or not maintained in a reasonable way, AND

- a) It does not, and will not, meet the needs of the disabled occupant and cannot be altered reasonably to suit, OR
- b) It is broken / defective and cannot be reasonably fixed, OR
- c) It is hazardous for some reason, e.g. due to electrical defect, and it cannot be reasonably fixed.

Note; proof will be required from a specialist engineer that an alteration to the existing equipment cannot be reasonably made, or a defect cannot be reasonably fixed, and that the whole piece of equipment must be replaced.

The whole piece of equipment may be defined as all of the items that are essential to the facility, but not any associated items which may be added or taken away. For example. A whole hoist is the lifting equipment attached to a track, but any slings are subsidiary to this, or a whole stairlift is the chair and the track, but not the electrical supply to it.

In assessing *reasonable* the Grant Panel will take into account whether annual maintenance or regular servicing has been undertaken, any financial restrictions on the applicant to undertake maintenance of the equipment, the availability of parts, the age of the equipment, the likelihood of further problems, and the cost of the proposed work.

Number of quotations;

In normal circumstances we need a minimum of two quotes for all DFG work.

However in the following circumstances fewer quotations may be allowable:

1. If the equipment is being supplied only by a specialist company and then fitted by a different contractor, it will be allowable for a single specialist supplier (such as PM Supplies, or Island Mobility) to quote for 2 different pieces of equipment, e.g. Closomat WC versus Gerberit WC. But we still need two quotes for the installation. In this Housing Officers should pay extra attention to the supply price and compare it to previous grants as appropriate. It is also preferable to utilise a company that are supportive of the DFG systems; in that they will quote, the Housing Renewal section could approve the grant, they will supply the equipment to the applicant on proof of approval, and we can pay the supplier direct through the normal payment route (this way we also save the VAT by the customer purchasing it direct from the supplier). Some suppliers require payment up front, and this would require the applicant or contractor installing the equipment to purchase the equipment. The Council could then pay them back on

production of a receipt as long as a grant is approved.

2. Where there is a specific medical need and only one piece of specialist equipment is available from an individual company that will solve the need, then only one quotation will be required, if the company will supply and install it. If the company will supply only, the applicant must get two quotes for its installation. In these cases, which will be rare, could officers please analyse the quotes carefully to ensure best value, possibly comparing to similar quotes on previous jobs.
3. Where the equipment is only supplied by one supplier, or it is extremely difficult to obtain two quotations, causing unreasonable delay to the applicants adaptation, due to the suppliers either not stocking it and having to search other suppliers for it, or if the supplier has been asked for a quotation and has been reminded several times and has not provided a quote, only one quote will be allowable. Typically these situations arise where through floor lifts, step lifts, or external stairlifts are being installed, as the companies who operate in this line of supply are very specialised. Also, commonly, in these types of situations the contractor is supplying and installing the equipment. This will be allowable, but Housing Officers should be especially analytical of the costs, possibly comparing the prices to other previous grant jobs and questioning the contractors on their submissions.

Warranty and maintenance paid for within the DFG;

For all equipment we will seek 2 years warranty / servicing / maintenance. Sometimes this is free, or built into the quote, other times we may have to pay an extra fee, e.g. £150 for 1 year w/c extended maintenance agreement on top of the first year which is covered.

Customers should be made aware of the allowance made for warranty and maintenance, and most importantly when they will be expected to maintain the equipment after the warranties run out.