



## **SAFEGUARDING DIRECTORATE**

### **POLICY FOR DISABLED FACILITIES GRANT (DFG)**

#### **DOCUMENT CONTROL FORM**

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## **1. Introduction**

For the purpose of this policy the definition of disability will be taken from the World Health Organisation (WHO) and is as follows:

*“Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations” WHO 2016*

The Disability Facilities Grant (DFG) is a grant up to the value of £3000 to help disabled adults and children with the cost of providing adaptations and facilities to enable the disabled person to continue to live in their own homes for as long as possible. The DFG is provided via the St Helena Safe Guarding Directorate and approval for funding is authorised by the Director following relevant assessments. Provision of the grant is based on assessed need and set criteria outlined within this policy.

For any works assessed as essential by the Occupational Therapist over the value of £3000 there will be a need to complete a means test of the financial situation of the individual / household which will assess what (if any) contribution is required to be made from the individual / household for any essential works.

The means test with the assessment will be submitted to a Multi-Disciplinary Panel (MDP) to make a final decision on what contribution should be provided, this panel will consist of:

Director of Safeguarding  
Representation from Corporate Finance  
Representation from an Elected Members of the Social and Community Development Board  
Representation from an Assistant Chief Secretary  
Clinical expertise (Occupational Therapist)  
Representation from ENRD for Construction / Technical expertise

(see section 7 for the Appeals process)

## **2. Purpose of the DFG**

The main purpose of disabled facilities grants is to provide essential adaptations to allow children and adults with disabilities better and safer freedom of movement into and around their home and to access essential facilities within it. This may mean enabling disabled people to be more able to care for themselves or making it easier for carers to look after a disabled adult or child. The aim being to improve the overall quality of life for the disabled adult or child and avoid/reduce admissions to hospital and/or social care facilities.

In many circumstances an Occupational Therapist Assessment will be completed and identify that support and advice can be provided to improve the standard of living without the need for adaptations to the property.

### **Types of work could include:**

- to make it easier to get into and out of the dwelling by, for example, widening doors and installing ramps;
- ensuring the safety of the disabled person and other occupants by, for example, providing a specially adapted room in which it would be safe to leave a disabled person unattended or improved lighting to ensure better visibility;

- by providing or improving access to the bedroom, and kitchen, toilet, washbasin and bath (and/or shower) facilities; for example, installing hand rails, providing slip mats or by making minor alterations.
- to adapt heating or lighting controls to make them easier to use;
- to improve access and movement around the home to enable the disabled person to care for another person who lives in the property, such as a spouse, child or another person for whom the disabled person cares;

#### **Types of work not included in this policy:**

- Any maintenance to the property that is deemed to be a health and safety risk i.e. Leaking roof, weatherproofing etc; this is the responsibility of either the home owner or if a rental property the landlord.
- Any improvement to the property where it is deemed to be a health and safety risk due to the condition of the property i.e. unsanitary; this is the responsibility of either the home owner or if a rental property the landlord.
- Any structural works that are required; this is the responsibility of either the home owner or if a rental property the landlord.
- Installing of an electric shower where there is no identified Occupational Therapy need
- Purchasing/Installing/setting up of electrical appliances i.e. washing machines, cookers etc. There may be an identified OT need once the equipment has been installed, this will be assessed separately.

Initial contact should be made through the Occupational Therapy Department (**Saint Helena Hospital, St John's Villa; 22500**) who will arrange for an assessment to ensure that any proposed adaptations will meet required needs.

### **3. Eligibility**

- have received an assessment by an Occupational Therapist and have been identified as requiring the proposed adaptation in line with Occupational Therapy assessment criteria (**APPENDIX 2**)
- unable to be supported by family or any other relevant charity or non-government organisation such as the Disabled Persons Aid Society;
- meet the financial criteria
- has not been diagnosed with a terminal illness by a medical professional with less than 1 years life expectancy

In all cases it is necessary that the works specified in the disabled facilities grant scheme will meet the needs of the disabled person. For this reason it is essential that close liaison is maintained with the Occupational Therapy Service and the approved contractor(s).

The Occupational Therapist will determine the needs of a disabled person and the approved contractor(s) will determine whether it is reasonable and practicable to carry out the proposed works. Before the grant is approved and any works started the property must be passed as being in a reasonable standard to allow for the adaptations to be made safely and in line with the Occupational Therapists recommendations. ***This grant does not cover any remedial works to the property that may need to be carried out prior to the proposed adaptations.***

## Owner-occupiers

- may apply for disabled facilities grants subject to a test of financial resources if works are estimated to be over the value of £3000. Proof of tenure must be provided by the owner.
- The owner of the property must agree to sign a contract which specifies that they will remain in the property for up to 5 years once the works are completed.
- If the owner of the property is not the client, the owner must agree to allow the client to remain in the property for up to 5 years upon completion of any works.

**Tenants** – may also apply for disabled facilities grants subject to the conditions above and the provision of a 'tenant's certificate' or 'tenancy agreement'. In addition the landlord of the dwelling should provide proof of ownership unless it is considered to be unreasonable to require him/her to do so. In the case of informal family arrangements where there may not be any formal tenancy agreement in place written proof of ownership will be required.

Written permission will need to be sought from both "formal" landlords and "informal" landlords i.e. family members before any works proceed.

## 4. How the DFG is calculated

- The maximum grant that can be paid without any financial assessment of the family circumstances is up to £3,000 per application.
- To ensure that the grant is applied fairly across the community of St Helena if the recommended adaptations are over the value of £3000 there will be a need to complete a means test of the financial situation of the individual / household which will assess what (if any) contribution is required to be made from the individual / household for any essential works. The amount of grant offered to support the completion of works will be decided by the means test. The Means Test considers weekly income, unemployment benefit, disability pension, carer's allowance, child maintenance, student allowance, pensions, banked amount (including savings), assets (property, shares, land and trust funds). (St Helena Social Security Ordinance)
- Where the application is for a disabled child or young person under the age of nineteen there is **no** means test.
- The applicant will be asked to declare whether their average weekly income and savings including the income and savings of their relevant person is above the Household poverty line (as outlined within the St Helena Social Security Ordinance).

Depending on the outcome of the financial assessment and the cost of the proposed works the applicant may be asked to make a percentage contribution which will be decided on an individual basis. If there is doubt that the applicant has not been truthful in their financial declaration then a formal financial assessment would need to be completed by the Finance Officer in the safeguarding directorate. If the applicant refuses then the grant will be denied.

## 5. Procedure

### 5.1 Referral

Referrals can be made for an assessment for a DFG by the individual themselves or anyone acting on their behalf, this could be a family member, friend, health and social care professional or counsellor. ***This referral is for an assessment by the Occupational Therapist to identify need and not a prescription of what is wanted i.e. level access shower.***

The Occupational Therapist will complete their assessment and make recommendations in relation to need alone. Occupational Therapy equipment adaptations and equipment provisions criteria will be followed when making the recommendations. See **Appendix 2** for criteria policy.

## 5.2 Applications

Applications for a DFG can only be made by an Occupational Therapist following a needs led assessment and incorporating the eligibility criteria 2.1. Applications will not be accepted without the assessment.

## 5.3 Process in chronological order

Stage	Action	What can be expected
Step 1	Assessment	Once the assessment has been completed and the need identified the Occupational Therapist will discuss with the client/client's family and explain the process of the DFG. If the client wishes to proceed with the application the Occupational Therapist will support them in completing the financial declaration and advise them on providing proof of ownership of property depending on their status i.e. owner, formal tenant or informal tenant.
Step 2	Referral to approved contractor	<p>The Occupational Therapist will submit an electronic referral to the approved contractor via email outlining the proposed works. See Appendix 3 for copy of referral form.</p> <ul style="list-style-type: none"><li>a. Referral for major works i.e. level access showers, extensions, ramps will be sent to PRO ARC</li><li>b. Referrals for minor works i.e. external hand rails, small ramps, half steps, internal/external stair rails and grab rails can be sent to any of the approved contractors.</li></ul> <p>ALL applications for work under the DFG will be sent to the approved contractor regardless of what they are or cost. A DFG will not be provided for family members to carry out the work themselves as adherence to plans and quality of the work cannot then be guaranteed.</p>
Step 3	Site visit with approved contractor	A site visit will be carried out with the Occupational Therapist and the approved contractor to discuss requirements. The client and anyone they would like to be involved i.e. family member will also be involved in the discussion. The approved contractor will then re-visit alone to carry out a more detailed site assessment. This will be arranged by the contractor directly with the client
Step 4	Discussion of plans with approved contractor	The Occupational Therapist will meet up with the contractor to discuss the plans. This may happen several times until the Occupational Therapist is happy with the final plans and signs them off.
Step 5	Discussion of plans with client	The Occupational Therapist will show the plans to the client and family if appropriate and obtain approval to proceed. If any changes are required to the plans the Occupational Therapist will return to the contractor and discuss the proposed changes. The contractor will then make the necessary alterations/amendments. If the client is not the owner of the property then written approval to go ahead with the proposed works will need to be sought however it is not required at this stage as the DFG has not yet been approved by the panel.

<b>Step 6</b>	<b>Obtaining Quotes</b>	<p>For major works (over £3000) PROARC will obtain 3 quotes and decide on the contractor based on cost and skill to carry out the works.</p> <p>For Minor works (costed under £3000) The approved contractor will provide a quote which will be approved by the Director of Safeguarding.</p>
<b>Step 7</b>	<b>Submission of application</b>	<p>If the recommended works are over £3000 once the quote (to include project management fees if applicable) has been received by the Occupational Therapist an application using the designated referral form (<b>Appendix 1</b>) will be submitted to the chair of the MDP by the Occupational Therapist on the client's behalf.</p>
<b>Step 8</b>	<b>Approval of application</b>	<p>The MDP panel will discuss the application consideration needs to give to the need of the client but also to the expiry date of the quote and availability of the chosen contractor. The applicant will be notified of the grant, the amount and when work is expected to be completed in writing by the Chair of the Panel and signed by the Director.</p> <p>Applicants that are unsuccessful will also be informed in writing. Their application will be retained on file. They have a right to appeal and if they so wish to should be informed of the appeals process. (see section 7)</p> <p>In circumstances where the panel approves the required work, however there is no current finances to undertake works the client will be informed in writing and their application placed on hold until the following financial year.</p>
<b>Step 9</b>	<b>Project Management</b>	<p>The contractor(s) will be responsible for full project management and will keep the Occupational Therapist up to date with progress and any issues that may require the Occupational Therapist's advice. Once the work has been completed the contractor will inform the Occupational Therapist who will then carry out a site visit with them to inspect the final product. Once both the Occupational Therapist and ProArc (as technical oversight and project managers) are happy that the work has been carried out to the specification provided and quality expected then the Occupational Therapist will sign the work off and inform the Safeguarding finance office that payment can be authorised.</p>
<b>Step 10</b>	<b>Payment</b>	<p>The Finance Manager of the Safeguarding Directorate will be responsible for financial transactions. The contractor will submit their invoices for payment to the Finance Manager.</p> <p>Cash will not be exchanged. Labour charges will not be paid until the job is completed. Invoices will be approved for payment by the Finance Manager.</p>

## **6. Confidentiality**

The St Helena Government and the Safeguarding Directorate's policy on confidentiality applies. The application process deals with sensitive information and will involve visiting clients' homes.

## **7. Appeal Process**

If the applicant is unhappy or not satisfied with the decision made with regards to works being completed and or the financial contribution being recommended then they should make any appeal in writing to the Chief Secretary within 14 working days of the decision being made.

Applicants can expect a response from the Chief Secretary office within 10 working days upon receipt of any written appeal.



**Appendix 1:**



Safeguarding Directorate  
Government of St Helena

**DISABILITIES FACILITIES GRANT (DFG) Application Form**

*(Social workers can provide assistance to complete application form)*

Name of person with disability	
DoB	
Address of property requiring renovation/repairs	
Name of Home owner	
Relationship with person with disability	
Person to contact an details	

If not included above, permission for Safeguarding Directorate to check the Tenure of the property?

Yes ☐ No ☐ *(Tick ☐ as appropriate)*

**Declaration of earnings/funds:**

<i>Include weekly/monthly earnings, receipt of IRB, BIP and any other Pensions local and abroad, savings in Bank of St Helena and any other Banks and any other income, earnings and funds.</i>	
Income	Amount

Consent from to have my earnings/funds check if required. Yes ☐ No ☐ (Tick ☐ as appropriate)

### Repairs or renovations required

**How would the maintenance or alterations described above aid independent living?**

**Risks to health, safety and well-being if repairs or adaptations are not completed?**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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**For office use only**

*Recommendation for approval* ☐

*Not approved* ☐

*Signed:* \_\_\_\_\_  
*(Chair of the Multi-Disciplinary Panel)*

*Date:* \_\_\_\_\_

## **APPENDIX 2**

### **St Helena Occupational Therapy Criteria for the Provision of Equipment/Adaptations in the Homes of People with Disabilities**

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- 12.2 Paths
- 12.3 Driveways
- 12.4 Power Supply

These criteria are intended to be used as a guideline and will not cover every eventuality. The Occupational Therapist will assess each case on an individual basis using the below criteria as a guideline however exceptions will be made based on the individual's need and circumstance.

The Occupational Therapy Service has duties under Section 2 of the Chronically Sick and Disabled Persons Act, 1970, to provide help to disabled people in relation to equipment and adaptation provision.

### **Criteria for Occupational Therapy assessment**

- Any person, child or adult who has a permanent and/or significant disability resulting in the inability to perform normal every day activities.

A person who indicates that their level of disability meets this criteria will, under the agreed priorities of the service, receive a full assessment to identify their needs. In identifying needs it may be possible to meet needs in more than one manner, and differentiation should be made between what is desirable and what is essential need.

The Assessment must include the following:-

- Functional Ability
- Range of Movement
- Degree of Effort
- Degree of Discomfort
- Safety Aspect
- Prognosis/Long-Term Need
- Relevant Medical Factors
- Availability of Main Carer and/or Others

- Psychological Factors
- Frequency of Need
- Family Considerations
- Physical Characteristics, i.e. Height/Weight
- Cultural Needs/Ethnicity

Also for each individual area of need the additional criteria listed below must be met.

## **1. Access**

### **1.1 External Handrails**

- (a) Privately Owned Properties
- (b) Government Owned Properties

#### **Criteria:**

Tubular steel handrails will only be recommended if the path to the property is sloping, has Steps or is uneven/in a poor condition to cause a safety hazard. See Policy OTHRP1

### **1.2 Half steps**

Description: **Deep steps more than 8" high made into 2 steps halving the size of the original step using concrete to make a permanent fixture or wood for a temporary fixture.**

#### **Criteria:**

- (a) **The step is more than 8" high and the service user is unable to climb using hand rails with reasonable exertion in line with their health condition/disability**

### **1.3 Ramps**

#### **Description:**

- Portable
- Removable
- Permanent

#### **Criteria:**

##### **(a) Non-Self Propelling Wheelchair Users**

Where the service user is able to walk short distances and negotiate steps with assistance of a helper, a ramp will not necessarily be provided. Where the service user is unable to walk short distances and negotiate steps with the assistance of a carer, a ramp will be considered.

##### **(b) Self-Propelling Wheelchair Users**

Where the service user is a full-time wheelchair user and where it is feasible, provision will be made. However, frequency of use will be taken into account.

### **(c) Provision of Ramps for Wheelchairs/Powered Vehicles Purchased by the Service user**

Where the service user is eligible for provision of a Health Authority wheelchair and fulfils criteria 1.3 (a) or (b) provision of a ramp will be considered.

**Considerations:** Gradient, Width and Surface etc.

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

The British Standard Code of Practice for 'Design of Housing for the Convenience of Disabled People', B.S. 5619: 1978 should be adhered to as a minimum standard where possible.

### **1.4 Lowered Kerbs for Self-Propelled Wheelchairs and Powered Vehicles**

**Description:** This is a lowered kerb outside the service user's house, which provides a road crossing point for a self-propelled wheelchair or gives access to the road with a road worthy powered vehicle.

#### **Criteria:**

- (a) Where a self-propelled wheelchair is in use, a lowered kerb at the opposite side of the road must be available.
- (b) Construction of a lowered kerb will not be considered if there is already one within a reasonable and negotiable distance from the service user's house.

## **2. BATHROOM EQUIPMENT & ADAPTATIONS**

### **2.1 Bath Boards/Seats**

**Description:** A board or seat made to fit across the top of a bath or secure to the bottom of the bath with suckers (dependent on model) to enable the service user to enter/exit the bath without having to step over the side. Will also assist the service user to get up from the bottom of the bath.

#### **Criteria:**

- (a) Service user is not able to lift their legs high enough whilst standing to clear the bath side
- (b) Service user is unable to balance on one leg safely whilst stepping over the bath side
- (c) Service user does not have the strength in their upper body to get out from bottom of bath
- (d) Service user is not safe transferring in/out of bath due to either physical or cognitive ability
- (e) Service user has had hip/knee operation or amputation and is unable to get in/out of bath

#### **Considerations:**

- (a) Service users medical condition/disability and cognitive ability

- (b) Service users sitting balance and agility
- (c) Width, length and depth of bath
- (d) Width of edge of bath, must be at least 2" when fitting bath board
- (e) Whether there is a shower screen or curtain which will interfere with fitting of board
- (f) Other family members using the bath, will it be removed and re-fitted frequently. Training on how to do this will be required

## **2.2 Swivel Bather**

**Description:** A swivel bather is a chair that sits on a base across the top of a bath to enable the service user to sit whilst showering using an over bath shower or jug/strip wash.

### **Criteria:**

- (a) Service user is unable to use a bathboard/seat due to poor sitting balance and/or involuntary movements effecting balance and requires more support
- (b) Service user is able to transfer on/off safely with/without assistance and correctly operate the brake mechanism

**Considerations: as per 2.1**

## **2.3 Bath Hand Rail**

**Description:** Hand rail that fixes to side of bath by way of clamping. Assists service user in stepping over bath side. Can be fitted in conjunction with bath seat (NOT board)

### **Criteria:**

- (a) Service user is unable to set over side of bath and requires rail for balance

## **3. Showers**

### **3.1 Over-bath Shower**

**Description:** The provision and installation of an over the bath shower that meets British Standard Institution recommendations. For example, thermostatically controlled over bath shower unit.

### **Criteria:**

Over bath shower will only be recommended where a service user has one or more of the following problems:-

- (a) Double incontinence.
- (b) Uncontrollable epilepsy.
- (c) Confirmed medical condition where bathing is contra-indicated.

### **3.2 Level Access Shower**

**Description:** Provision and installation of level access shower. For example



- (a) Specialist shower cubicle with integral level access and with relevant accessories available such as chair, doors etc.
- (b) Shower room with graded non-slip floor, with appropriate accessories.
- (c) Shower trays with level/ramped access.

**Criteria:**

- (a) This will only be recommended when the disabled person fulfils the criteria for an over bath shower but is unable to lift legs over the bathside even with assistance; or
- (b) Single incontinence and inability to use equipment independently.
- (c) The disabled person is a permanent and essential wheelchair user who is unable to transfer onto bath equipment even with assistance.

### **3.3 Shower stool**

**Description**

- (a) A freestanding standard height adjustable stool without back and arms
- (b) A freestanding standard height adjustable stool with back and arms
- (c) A free standing height adjustable corner stool without back

Shower stools are used in shower cubicles or level access shower rooms to enable the user to sit down whilst showering

**Criteria:**

- (a) Service user is unable to stand for long periods of time
- (b) Service user has poor balance
- (c) Service user is prone to dizzy spells when under hot water
- (d) Service user has poor balance and requires both hands free to be able to wash self

### **3.4 Wall mounted Shower Stool**

Description: Shower stool that attaches to the wall and folds up when not in use. Can have legs for extra support

Criteria: Same as 3.3 and;

- (a) Not enough space for freestanding shower stool
- (b) Floor uneven
- (c) Service user requires seat to be fixed

## **4. Toileting**

### **4.1 Additional Toilet**

**Description:** There are two types of Toilet facilities that can be provided.

1. Additional (standard) Toilet.
2. Combined Toilet/Shower Unit

#### **(a) Additional (Standard) Toilet**

Provision of a toilet on ground floor. This will only be considered where commodes are inappropriate because there is only one ground floor room plus kitchen and the service user lives with other family members.

Upstairs toilets will only be considered when commodes are not appropriate because there is no one to empty them or there is only one room which the service user shares with family members

##### **Criteria:**

- (a) There is a permanent medical condition affecting frequency/urgency of micturition and/or Bowel movement.
- (b) The service user's functional ability to reach the existing toilet is severely restricted due to the nature of their disability.
- (c) Where access to existing amenities cannot be provided.
- (d) A commode has been considered and deemed as inappropriate.

#### **(b) Combined W.C./Shower Unit**

**Description:** Additional room with toilet and shower unit

##### **Criteria:**

- (a) The service user meets the criteria for an additional W.C. and for a shower.
- (b) No alternative is available.

Consideration will be made for long term users i.e it is acceptable that a client basin wash for short periods of time

#### **4.2 Raised Toilet Seats**

**Description:** Raised toilet seats fix on the toilet pan to raise the height of the toilet. They are available in three heights 2" 4" and 6" and come with or without lids.

##### **Criteria:**

- (a) Service user is unable to get up from the toilet with reasonable effort in line with medical condition/disability after being shown different techniques i.e hands on knees, one hand on front of toilet seat and one behind
- (b) Service user is unable to get up from toilet using a hand rail and reasonable amount of effort in line with medical condition/disability
- (c) There is nowhere to secure a hand rail or the toilet is too close to the wall to consider a frame
- (d) Service user has an uncontrolled decent onto the toilet risking injury
- (e) Service user has had a hip replacement and is adhering to precautions

**Considerations:**

- (a) May not be suitable for service users that suffer from regular constipation
- (b) Other family members using the toilet
- (c) Cleaning
- (d) Shape of toilet, will not fit to square toilet pans
- (e) Reducing use of thigh muscles

**4.3 Toilet Frames**

**Description:** A frame that stands freely around the toilet to provide arms on both side like a chair to enable the service user to lower themselves in a controlled manner onto the toilet and push themselves up. There are two types of toilet frame

1. Free standing
2. Free standing with built in toilet seat

Both of the above frames can also be fixed to the floor. Amputee and CVA service users would require frames floor fixing.

**Criteria:** As 4.2 (a)-(d) with the addition of:

- (a) The service user requires more support than a hand rail or toilet seat.

**Considerations:**

- (a) There needs to be enough space around the toilet to ensure that the frame is placed centrally i.e the same amount of space at each side
- (b) The floor must be even so that the frame does not rock
- (c) The frame must be used by pushing on both sides at same time otherwise it will tip if it has not been floor fixed
- (d) Ensure that the height of the arms are set correctly for the service user
- (e) Do not issue to a confused person

**4.4 Commode**

- (a) Static
- (b) Mobile

**Description:**

- (a) Static Commodes are used as an alternative to a toilet
- (b) Mobile commodes can be used either statically when locked or to transfer the service user over a toilet

**Criteria:**

Static Commodes:

- (a) If the service user has poor mobility/risk of falls and has to walk a reasonable distance to the toilet
- (b) If the service user has stairs and is unable to ascend/descend them safely and in a timely manner
- (c) If the service users only toilet is outside
- (d) If the service user has a medical condition that involves frequent urination/bowel movements

Mobile Commodes: All of the above plus requires assistance from a carer

**Considerations:** The service user must have a carer to qualify for a mobile commode

## **5. CHAIR AND BED**

### **5.1 Chair/Bed raising**

**Description:**

- (a) Chair Raiser-There are 3 main types ones that are used for chairs with castors, ones that are used for chairs with legs and ones for armchairs
- (b) There are 2 types of bed raisers, ones for beds with castors and ones for beds with legs

They are both used to raise the height of the chair/bed to the correct height for the service user to be able to get in/out of independently or with the minimal amount of assistance

**Criteria:**

- (a) Service user is struggling to stand up from chair/bed due to height
- (b) Service user has uncontrolled decent into chair due to height
- (c) Service user has had hip replacement and following precautions

### **Bed Lever/stick**

**Description:** A lever/stick that slots under the mattress to form a handle on which the service user can use to assist them to turn over and get in/out of bed

**Criteria:**

- (a) Service user is unable to get out of bed from a laying position and/or..
- (b) Service user is unable to turn over in bed

### **Bed Ladder**

**Description:** A ladder made out of rope with a wooden end which is secured to the bottom of the service users bed creating a device on which they are able to pull themselves up into a sitting position

**Criteria:**

- (a) Service user is unable to sit up in bed and the bed lever is not suitable

## **6. HOISTS**

### **6.1 Mobile**

**Description:** A hydraulic or electric hoist that is used to transfer people that are unable to weight bear from one place to another i.e bed to chair

**Criteria:**

- (a) The service user is unable to weight bear

- (b) The service user is unable to use a transfer board due to limited/lack of trunk stability and sitting balance

## 6.2 Fixed Track Hoist

**Description:** A hoist, usually electric, that is suspended from a length of overhead tracking fitted in one of three ways:-

- Ceiling fixed.
- Wall fixed.
- Gantry fixed between A frames.

The hoist assists with bed, chair, bath, commode and W.C. transfers.

### Criteria:

- (a) The service user is confined to a wheelchair or bedridden and has severely limited function in arms and legs making transfers a problem.
- (b) Mobile hoists have been considered/tried and are inappropriate due to the degree of service user's function loss, capacity of carer, or lack of space.
- (c) The provision will increase the service user's independence in transfer.
- (d) The provision will support the carer by reducing the physical exertion of transferring the service user.

## 7. LIFTS

### Description:

- 7.1 Stairlift: For use standing.**  
Stairlift: With seat for use sitting.  
Stairlift: For wheelchair use.  
Vertical through-floor home lift: With seat.  
Vertical through-floor home lift: For wheelchair use.  
Vertical through-floor home lift: External.  
Shortrise lift: Internal.  
Shortrise lift: External.

**N.B.:** Each specific model proposed for use must comply with the relevant British Standard Institution document.

Stairlifts will not usually be recommended where the disabled person has access to a downstairs bathroom and toilet and where there is adequate room for a bed downstairs, i.e. where there is more than one ground floor room plus kitchen downstairs for service user living with family.

Where service user lives alone, one room plus kitchen and toilet/bathroom is considered

adequate.

Where a person has a downstairs toilet and is able to negotiate the stairs safely once in the morning and once at night, a stairlift will not normally be recommended.

**Criteria:**

- (a) It is medically contra-indicated for the service user to climb stairs, even with additional stair rails.
- (b) The prognosis is static/deteriorating.

**7.2 (a) Vertical Through-Floor Home Lift (Seated and Wheelchair Types)**

- For those for whom stairlifts are contra-indicated.
- Carer needs to accompany.
- Where there is an essential need for access to more than two floors and fire/safety consideration precludes use of wheelchair stairlift.

**(b) Vertical Through-Floor Home Lift: External Shaft**

As for internal 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.
- Or, concrete floors.

**7.3 (a) Shortrise Lift: Internal Use**

- Where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home, e.g. W.C.

**(b) Shortrise Lift: External Use**

- Where service user is eligible for a permanent ramp, but there is inadequate space.

**Considerations:**

- (a) Health and Safety/Building/Fire regulations affecting the proposed installation, e.g. minimum stair widths.
- (b) Existence of more than one living room and bathroom facilities downstairs. It may be effective to provide a shower/W.C. downstairs if there are bedroom but no bathroom facilities there.
- (c) Where service user lives alone, or is alone for long periods, the installation of an alarm/telephone to summon help in an emergency should be considered.
- (d) Where the installation will be on a party wall of a semi-detached or terraced house, neighbours should be consulted owing to possible noise factors.
- (e) Contra-indications for stairlifts:-
  - Progressive conditions which will affect transfer to stairlift.
  - Poor sitting/standing balance due to medical reason.
  - Fast deteriorating conditions.

- Service user is confused, or spatial orientation problems are present.
- Severe epilepsy.
- Multiply handicapped children.
- Anxiety factor unresolved by trial use.

## **8 MISCELLANIES EQUIPMENT**

### **8.1 Perching Stool**

**Description:** A stool with or without back and arms that is used to enable the service user to take the weight of their legs when standing for periods of time to carry out tasks such as getting washed, washing pots etc

**Criteria:** The service user is unable to stand to carry out tasks and does not have a suitable stool/chair

### **8.2. Kitchen Trolley**

**Description:** A trolley with 4 wheels and usually 2 tiers that is used to enable the service user to transfer items i.e. drinks to the desired destination

**Criteria:** Service user is unable to carry items safely and does not have a table and chairs in their kitchen

## **9. Safety**

### **9.1 Emergency Call Systems**

**Description:** An alarm system that links the service user to a monitoring service where help can be activated.

**Criteria:**

- (a) The General Considerations prefacing this document are met.
- (b) The service user is seriously at risk, causing inability to reach the telephone to summon help in an emergency. Examples:-
  - Is subject to frequent falls.
  - Has a severe medical condition.
  - Poor mobility and lives alone.
- (c) The service user is able to understand and operate the proposed alarm system and can appreciate that its use is for an emergency only.
- (d) The service user lives alone, or is left alone for considerable periods of time, or lives with someone who would not be able to act in emergency.
- (e) The service user has one (but preferably more) proposed key holders who the service user agrees may have access in an emergency. The key holder(s) must live within reasonable travelling distance.

**Considerations:**

- (a) Depending on the type of alarm system in operation, it may be required that the service user has a telephone/line/power socket installed, or is willing to get one.
- (b) Contra-indication. Service users suffering from confusion, severe perceptual problems or short-term memory loss.
- (c) The service user is prepared to pay rental once installed.

## **10 GENERAL ALTERATIONS OR EXTENSIONS TO LIVING SPACE**

### **10.1 Washing and Toileting Facilities**

#### **Criteria**

- (a) The service user meets the criteria for the facility (see criteria for W.C. and showers), and the service user is unable to negotiate stairs.
- (b) The service user has extreme difficulty in negotiating stairs and the prognosis indicates that there will be deterioration of function in the future, and stairlift/vertical lift is not appropriate.
- (c) It is not technically feasible to install, or service user functionally unable to use a stairlift or vertical lift.
- (d) The existing facilities are not accessible and cannot be reasonably adapted to make them suitable for the disabled person.

### **10.2 Kitchens**

#### **10.2.1 Additional Space in Kitchens**

##### **Criteria:**

- (a) The service user is a wheelchair user.
- (b) The person with disabilities is the predominant user of the kitchen, and is responsible for preparation and cooking of food for self or family.

#### **10.2.2 Redesign/Reorganisation of Facilities of Existing Kitchen**

##### **Criteria:**

The extent of the adaptation will be dependent on whether the person with disabilities is the predominant kitchen user or not. Where light use only is envisaged, the provision might be no more than access and a lower/higher work surface. The adaptation will take into account the use of the kitchen by other members of the household.

### **10.3 Additional Bedroom**

#### **Criteria:**

- (a) It is not appropriate to provide lift/stairlift access to the existing bedroom. See criteria for lift provision, and



- (b) There is only one reception room (living room or dining room) on the ground floor, and there is more than one person in the household.
- (c) 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.
- (d) (b) applies, but 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.
- (e) Additional bedroom/living space. The need is to provide additional space for a person with multiple handicaps and management problems, e.g. disruptive behavioural problems.

## **11.CHANGE/ADDITIONAL HEATING**

This could involve installation or upgrading of a heating system, additional heating or a change to the type of heating.

### **Criteria:**

A heating adaptation will only be recommended by the occupational therapist where the need is essential on grounds of permanent and substantial disability.

Provision will be considered in any one of the following circumstances:

- Where a person is unable to manage their existing heating system and there is no carer (family, friend or home carer) available to assist, or
- where a person requires additional heating because of specific medical condition which causes an inability to keep warm using the existing heating system, or
- Where there is medical evidence that hospital admissions are clearly related to the form of heating in the service user's home, or
- Where a person has a condition which causes them to be a danger to themselves or others because of the existing heating, e.g. hyperactivity, severe sensory impairment, severe learning disability.

### **Considerations:**

- Consideration should be given to reasonable alternative ways of managing the existing system. The amount of support required and already provided during the day should be taken into account when deciding whether an alternative is reasonable. For example, where a service user requires assistance to light and maintain the fire, a change of heating may be more appropriate than home care provision where care is not already being provided for other activities.
- Heating will only be provided in rooms used by the service user for a substantial amount of time e.g. sitting room, bathroom, bedroom. Heating will not generally be recommended in hallways, etc.

- Unless the service users requires specific type of heating due to their disability, the actual form of heating need not be specified on the H61's to Housing and Environmental Health Services in order to give them flexibility and therefore reduce costs.

## **12. EXTERNAL ADAPTATIONS**

### **12.1 Lighting**

E.g. to enhance residual vision of service user with visual impairment as confirmed by eligibility to be on Register of Partially Sighted People.

### **12.2 Paths around the Property**

Where a service user has difficulty in walking, has visual impairment or is at risk of stumbling.

Where the service user uses walking equipment or a wheelchair, the path should be sufficiently wide and of sound condition to allow easy and safe access, for example, to the gate of the property and such outbuildings as are used regularly by the service user.

### **12.3 Driveways (resurfacing)**

Where the driveway is unsafe to access via foot even with a hand rail in situ or by car due to uneven surface and there is no safe vehicle access to the entrance of the property or the service user does not have access to a suitable vehicle

### **12.4 Power Supply for Powered Prescribed Wheelchair**

- Appropriate storage facilities and power supply for battery charging are inadequate within the existing accommodation, and
- Appropriate storage facilities and power supply for battery charging outside the accommodation are unavailable, i.e. in garage, shed, porchway, outbuilding etc. and
- Service user's mobility is so restricted as to make the use of a powered wheelchair essential.

## **Consideration Of Individual Circumstances**

If the person that has been assessed or their carer/family member disagrees with the assessment and recommendations to meet needs, the following procedures should be made available to them:-

- Reassessment by a Senior Occupational Therapist.
- Discussion (by assessing Occupational Therapist) with Line Manager Senior
- The Health & Social Welfare Area Complaints Procedure.