

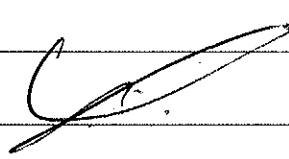


CASC

~~SAFEGUARDING DIRECTORATE~~

POLICY FOR DISABLED FACILITIES GRANT (DFG)

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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 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 Children and Adult Social Care Directorate and approval for funding is authorised by the DFG multi-agency panel, 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 £1000 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:

The Director of Children and Adult Social Care
Team manager of Adult Social Care
Team Manager of Children’s Social Care
Business Manager (CASC)
Occupational Therapist
Project Lead

(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 jointly with Social Care.

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.
- 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 the project manager oversees this area of work with the support of the occupational therapist.

The Occupational Therapist will determine the needs of a disabled person and the project manager will assess and cost each adaptation and manage the tender process, which will conform to procurement requirements. The tenders, assessments and any additional information will be presented to the panel for a multi-agency decision in terms of prioritisation

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 £1000.00 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 sells or gives their property within five years of the adaptation a charge will be placed upon the property with an expectation that the full cost of the adaptation will be recovered.
- 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.
- DFG does not apply to government landlord housing as all adaptations within these settings will be undertaken by this directorate to address this area of need.

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

- To ensure that the grant is applied fairly across the community of St Helena if the recommended adaptations are over the value of £1000 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) – benefits to be checked
- 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 be needed 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.

5.2 Applications

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

5.3 Process in chronological order

Stage	Action	What can be expected
Step 1	Assessment	Allocated social care officer and Occupational therapist will assess in terms of physical requirements alongside social requirements of all applicants.
Step 2	Site visit with project lead, OT and Social Care	<p>A site visit will be completed with the project lead, OT and SC to consider "only" the required works and not works considered preferable by the family or family members.</p> <p>This visit will inform the tender process and enable the project lead to begin the process fairly for all local businesses and builders to tender.</p> <p>Following the tender process the agreed provider will/contractor will be presented to panel for decision in relation to the costs and longer term impact upon the budget (this could be virtually or at the following panel</p>
Step 3	Panel	<p>The multi-agency panel will make a joint decision on all applications based upon the assessed needs and or make recommendations in relation to the needs for additional assessment of information for grants over £1000.00.</p> <p>The panel will meet monthly and progress all applications alongside any further financial commitment to ongoing adaptations.</p> <p>The panel will be minuted and an ongoing task log will be completed for all agencies, which will be sent out following the meeting. The Occupational Therapist</p>
Step 4	Decision and Feedback	All decisions will be fed back to the applicant by the allocated social care officer/ manager and OT.
Step 5	Project Management	The project lead will manage all adaptations in consultation with the OT ensure quality and timescales are adhered to. Any Additional financial requirements in relation to ongoing adaptations will have to return to panel either in person or virtually to gain a multi-agency decision to proceed.

		The project lead will manage the adaption to the point of completion and when content that all required works are completed to the required standards will payment be authorised.
Step 6	Warranty	<p>The project lead and the panel will maintain a record of all completed adaptations with a warranty requirement of 12-24 months post build.</p> <p>The project lead will ensure that this Warranty is upheld and this will form part of the contractual requirement and tender process. The project lead will manage all required work to be completed under the warranty.</p>

6. Confidentiality

The St Helena Government and the Children and Adult Social Care 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 Director of Social Care within 14 working days of the decision being made.

Applicants can expect a response from the Director of Social Care within 10 working days upon receipt of any written appeal (who does the appeal goes to?)

July 2020

Appendix 1:



Safeguarding Directorate
Government of St Helena

DISABILITIES FACILITIES GRANT (DFG) Application Form

(Social workers, OT and social care officers 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:

EMPLOYMENT STATUS	
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WEEKLY INCOME:	£
EARNINGS	
PENSION	
BETTER LIFE ALLOWANCE	
OCCUPATIONAL THERAPY ALLOWANCE	
UNEMPLOYMENT ALLOWANCE	
PROPERTY/ ASSETS:	
OTHER WEEKLY INCOME	
TOTAL	
BANK DETAILS	

I _____ OF _____ HEREBY APPLY FOR A DISABLED FACILITIES GRANT

DECLARATION

PLEASE READ THIS DECLARATION CAREFULLY BEFORE YOU SIGN AND DATE

- I HEREBY CERTIFY THE FOREGOING INFORMATION GIVEN BY ME TO BE FULL AND CORRECT.
- I UNDERSTAND THAT IT IS A CRIMINAL OFFENCE TO GIVE INCOMPLETE OR INACCURATE INFORMATION FOR THE PURPOSE OF RECEIVING FREE MEDICAL.

SIGNATURE _____

DATE _____

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: _____

For office use only

Recommendation for approval

Not approved

Signed: _____
(Chair of the Multi-Disciplinary Panel)

Date: _____



PERSONAL PROTECTIVE EQUIPMENT POLICY

This policy is for use throughout all services managed by the Children and Adults Social Care Directorate. This policy provides guidance to prevent the spread of infectious diseases amongst staff, residents, tenants and visitors.

All staff working for Children and Adults Social Care Directorate are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens which can be spread if staff do not take adequate precautions.

The Children and Adults Social Care Directorate believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both residents, tenants, staff and visitors. We also believe that good, basic hygiene is the most powerful weapon against infection, particularly with respect to cleaning, the wearing of protective clothing and hand washing.

Aim: The aim of the Children and Adults Social Care Directorate is to prevent the spread of infection amongst residents, tenants, staff, visitors and the wider community.

Goals: The goals of the Children and Adults Social Care Directorate are to ensure the following:

1. Residents, tenants, their families and staff are as safe as possible from acquiring infections from any of our services.
2. All staff regardless of their roles are aware of and put into practice the basic principles of infection control.
 - 2a. The manager or designated person is the infection control lead for the home or service.
 - 2b. The manager or designated person(s) are responsible for infection control, risk assessment and staff training
 - 2c. Contracted domestic, care and catering staff are responsible for the cleaning and hygiene of the home or service.

The Children and Adults Social Care Directorate will be guided by legal requirements and local law in enforcing and minimising the spread of infectious diseases including: The Health and Safety at Work Act 1974, the Public Health Infectious Diseases Regulations 1988 which place a duty on our services to prevent the spread of infection, The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) which places a duty on our services to report outbreaks of certain diseases as well as accidents, The Control of Substances Hazardous to Health Regulations 1999 (COSHH) which places a duty on our services to ensure that potentially infectious materials within the home or service are identified as hazards and dealt with accordingly, The Environmental Protection Act 1990 which makes it the responsibility of our homes and services to dispose of clinical waste safely, and the use of Personal Protective Equipment (PPE) in consultation with staff.

The manager for each of our homes and services will, as part of good risk assessment management, identify the need for any PPE (including enhanced PPE in the event of

a known case whereby a resident or tenant is diagnosed with an infectious disease such as Coronavirus (COVID-19). In such circumstances, immediate reporting and decision making will be made with health and social care professionals to maximise safety and protection.

In all of our homes and services, and where appropriate, all staff will be required to use PPE in the form of disposal gloves and aprons. Face masks will be considered on a case-by-case basis. Managers will ensure that staff are trained to use PPE correctly. The hands of staff are likely to be the most common means of transmission of infection from one service user to another unless basic precautions are taken, such as careful hand washing between contacts and the correct use of protective clothing such as disposable gloves (sterile and non-sterile) and disposable aprons. Disposable gloves and disposable aprons are provided for staff who are at risk of coming into direct contact with body fluids.

Hand cleansing must be done as follows:

- When staff arrive at work
- Before preparing, handling or eating food
- After using the toilet
- Whenever hands are visibly dirty
- Immediately before giving personal care to a resident or tenant
- Between giving care to different residents or tenants
- After bed making
- Before putting on gloves
- After removing protective clothing, e.g., gloves
- After any activity which may result in contamination of the hands
- Before preparing/giving medication
- After any situation that involves direct contact with resident or tenant e.g. bathing, assisting to move, toileting
- After handling blood or other body fluids
- Before and after emptying urine drainage bags
- After handling laundry and waste
- Before leaving work

Disposable gloves:

Sterile gloves are used for clinical procedures such as the following (only when previously agreed by specialist and training has been given): a. applying dressings b. wound care c. catheterization d. suturing. *These gloves will be used mainly by trained health care professionals.*

Non-sterile gloves (more commonly used throughout our social care settings) are provided for non-clinical procedures such as the following: assistance with personal care, bed changing, washing dirty or used appliances, clearing up blood or bodily fluids or spillages, handling disinfectants, emptying catheter bags or performing mouth care. Gloves should be worn at all times during these procedures and disposed of immediately after the procedure or contact is finished. Gloves should always be changed between service users. On no account should staff attempt to wash and reuse gloves.

Removing gloves:

The wrist end of the glove should be held and the glove pulled down gently over the hand, turning it inside out whilst doing so. Dispose of the gloves immediately into a pedal operated disposal bin. Wash hands immediately.

Plastic aprons:

Plastic disposable aprons are provided for use by care staff and domestic staff. Aprons should be used in all of the above procedures and should be changed between contacts with individual residents or tenants, especially where residents or tenants are known to have, or at risk of an infectious illness.

Removal of aprons:

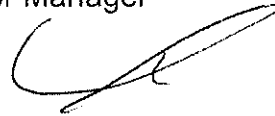
Remove apron promptly after use by turning the outer contaminated side inward and rolling into a ball. Dispose of immediately into a pedal operated bin. Wash hands.

Training:

All new staff will be encouraged to read all relevant health and safety policies as part of their induction process. Where new and existing staff are required to use specific items of PPE they should be trained in all aspects of its use.

Generated by: Gavin (Jack) Thomas, Senior Manager

Approved by: Tracy Poole-Nandy, Director



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