



**ADULT SOCIAL CARE AND  
HOUSING  
DIRECTORATE**

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

<b>Author:</b>	<b>Alan Barnes, Martin Henson, and Alberto Ballester</b>
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Note: Several terms are used throughout this document to refer to service users who have applied for and who are the subject person in need of the adaptations for a disabled facilities grant: Client, person, individual, disabled customer, customer, disabled occupant, applicant and partner.

## **MINOR ADAPTATIONS CRITERIA**

Please visit <https://www.iow.gov.uk/housing-and-adult-social-care/adult-social-care/equipment-and-technology-to-live-independently/daily-living-aids/> to access the Community Equipment Service.

## MAJOR ADAPTATIONS CRITERIA

1. Major adaptations are regarded as those that provide a permanent and fixed addition and may be a piece of equipment or alteration to the property. They would typically cost over £1,000 however can be less. They are funded using disabled facilities grants (DFG). Provided by virtue of The Housing Grants Construction and Regeneration Act 1996
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. Works of a temporary nature or for items that are not affixed to the property or land will not be eligible for a grant but may be supported by any Minor Adaptations scheme provided by an alternative supplier, or other source of funding.
3. To be eligible for a DFG the individual:

Will have their sight, hearing or speech substantially impaired, or  
Will have a mental disorder or impairment of any kind, or  
will be physically substantially disabled by illness, injury, impairment present since birth, or otherwise.

*(Substantial is considered to mean having difficulties with two or more activities essential to daily living, and permanently disabled is considered to mean having a confirmed diagnosed condition which results in a recognised 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 disabling environment and enable disabled person's movement around the property and/or provide access to essential facilities/amenities within it. In particular the works should facilitate (or provide for) access for the disabled person:

To and from the 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.

To a garden.

To improve any heating system to meet the needs of the disabled occupant or, if there is no existing heating system or any such system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet their needs.

To facilitate use of power sources, light or heat by altering the position of one or more means of access to, or control, or providing a means of control.

To facilitate access and movement by the disabled occupant around the dwelling in order for them to care for a person who is normally resident in the dwelling and is in need of such care.

Or to make a dwelling or building safe for the disabled person and other persons residing with them.

4. The Housing Renewal Service must be satisfied that the proposed adaptation is **necessary and appropriate to meet the needs of the applicant, and that it is reasonable and practicable to carry out the work** as defined by part 1 of the Housing grants, construction and regeneration Act 1996.

**AND**

The adaptation should enable the individual to gain further independence.

5. Customers need to be able to demonstrate the difficulty they have in accessing their essential facilities for which a DFG can be awarded. This would be identified by a suitably medically trained person, usually an Occupational Therapist (OT), undertaking a suitable and satisfactory assessment.
6. It is considered that urgent/priority status is unlikely to be given to any applicant who has recently moved house, or is intending to move house, unless the applicant can prove that the facility required was not available at the previous property, and the applicant would have been an urgent/priority case at the previous property.
7. The planning of the adaptation shall take into consideration the customer's current and long-term needs.
8. Any carer views will be endeavoured to be sought and consideration of their role and needs as a carer will be important in that:
  - a) Provision of the adaptation will greatly improve or maintain the quality of care given to the customer, and
  - b) It would preferably alleviate the physical demands experienced by the carer, and certainly not increase them, or require extra care.
  - c) It must be remembered that grant eligibility is based on the disabled persons needs and not the carers needs.
  - d) A consensus over the provision should be sought with the customer/carers/other household members and appropriate agencies.
9. A DFG 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 a DFG and will require the customer to find funding elsewhere. Where it is deemed that a piece of equipment (that is not eligible for a DFG) can overcome the difficulty and meets the need, the customer must seek this from another source, such as a Minor Adaptations scheme, private funding or advice provision, rather than having an adaptation (for example bath equipment rather than remove the bath and replace with a shower).

10. Adaptations will not be considered to overcome overcrowding or social problems such as antisocial behaviour, neighbourhood parking problems.
11. Age and/or the prognosis of the customer should not itself be a barrier to the provision of major adaptations.
12. 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, or which may cause considerable and significant distress whilst works are undertaken (perhaps due to a customer's disability or illness). Where a DFG is not considered to be the best course of action in this case, the reasons shall be discussed with the customer and further advice given to assist the customer where practicable (which may include signposting the customer to other services who may be able to assist).
13. In some circumstances alternative housing may be the only viable or most reasonable solution for example if the existing property is overcrowded or not all barriers to essential amenities can be overcome. The customer may already be considering moving house and future housing plans of the family should be checked. If it is the intention for the applicant to move house, then grant assistance at the current property is very unlikely. If any applicant is on the Housing Register or any House Swap scheme with the Housing Associations this is allowable up to the point at which a full DFG application is made. The applicant must then either continue with the DFG and be removed from the register(s) or stay on the register and cancel the DFG. Should the applicant then move to a new property they can enquire about disabled adaptations at that time.
14. Where applicants are considering moving into a new home and are applying for adaptations in that new home, at an early stage, consideration needs to be given to the reasons for moving home, especially where the proposed adaptations are present in the current home. If the applicant is a tenant of a Housing Association, attempts should be made by the tenant to move to a property that is already adapted for disabled people within the Housing Associations stock (the Housing Association may help with this). This will improve the delivery of disabled adaptations to Island residents and makes good financial sense. Further to this it must be noted that any applicant for a DFG must have an interest in the property that is proposed for adaptations, i.e. they must either be a tenant or owner-occupier, however a landlord could apply for a grant. Therefore prior to obtaining an interest in the property the level of council/OT/medical professional work and input needs to be proportional to the likelihood of moving and gaining an interest.



15. When applicants have already recently moved to a new property, they need to be able to demonstrate that they considered the difficulty they have with accessing essential facilities and demonstrate what they did to overcome this. Consideration needs to be given to the reasons for moving home, especially where the proposed adaptations were present in the previous home. Further consideration should also be given where the applicant has received grant assistance for their needs at the previous property.
16. 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. The circumstances in each case should be carefully explored and expert opinion may be needed to support a case.
17. Equality rights. All protected equality rights matters of the household must be considered, including age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
18. The customer will be fully briefed (verbally and in writing) on the process including likely timescale.
19. Where an applicant is on the Housing Renewal DFG waiting list (should such a list be operated) but moves to another property, they shall keep their place on the waiting list, as long as a new OT assessment has been undertaken and the work required at the new property is equal or less in scope/value, is more reasonable and suitable for the applicant and the Council. If not they will be placed (if eligible) on the waiting list according to their most recent enquiry date for the new assessment
20. Should a waiting list be operated by The Housing Renewal Service applicants shall be allocated by sorting priority first and date of initial enquiry to the council second. Cases will be allocated to a grant officer when the council has sufficient funds to be able to deal with their full application. Applicants may have their priority increased if their condition has deteriorated or the circumstances have changed and increased the risk of harm. In these cases, applicants must liaise with their OT to seek a review of their case and may be required to provide evidence or supporting information from other agencies or professionals.
21. In some cases, alternative adaptations, provision or locations may be requested for an applicant due to the effects that the eligible work may have on another household member (typically where disabled children may be negatively affected). In these cases, an OT assessment of the other disabled occupant is required for the DFG Panel explaining the alternative recommendations.

## MAJOR ADAPTATIONS PROCEDURES

1. A customer shall be referred by an OT or other suitable qualified medical professional. Private OT's or medical professionals will have their credentials checked before acceptance of the referral by The Housing Renewal Service. All referrals must be discussed at the DFG Panel meeting.
2. An assessment shall be undertaken by the allocated Housing Renewal Officer in respect to the eligibility of the customer for a DFG. This would usually involve substantial information gathering at first contact in regard to the situation, and a visit to the disabled person to inspect the property and the circumstances. This may include examination of relevant documentation, benefits claims, medical diagnoses, and consultation with other agencies (such as OTs, or other medical professionals).
3. 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. The extension of the building will only be considered where the possible adaptations to the current internal areas will not fulfil the needs of the disabled occupant and it is established that it is impossible to move home. At enquiry stage to any referring agency (such as an OT) it may be necessary for the agency to ask the Housing Renewal Service to carry out a feasibility study if the circumstances of the adaptation are difficult or complex.
4. As part of the application process a tenant must provide written permission from their landlord to undertake the proposed adaptations. The Housing Renewal Service has a specific form that is provided within the application process. As a separate process other referring agencies may establish their own procedures in regard to consulting with landlords and may provide evidence of a landlord's agreement at referral stage. Indeed, some landlords desire the earliest possible notice if a DFG is going to be proposed to enable them to consider approving a tenant's application for consent.
5. The initial assessing officer (who may be a Housing Renewal Officer, OT or other medical professional) will identify if the customer does not receive any of the "passporting" financial benefits (e.g. income support, etc.) and whether a Preliminary Test of Resources (PTOR) is necessary before proceeding. If so the officer will inform the Housing Renewal Service to arrange for the appropriate forms to be sent to the applicant.
6. If being referred by the OT Service the OT will complete a major adaptations referral form. Prior to submission to the DFG Panel all referrals shall be reviewed by an OT senior to the assessing OT to ensure the assessment process and recommendations are necessary and appropriate. If the circumstances are straightforward and non-contentious the OT Service can submit a referral to the Housing Renewal Service via the Non-OT DFG Panel process. Where the circumstances are more complex a Standard Referral shall be made. (\*Note, OT

referral forms are subject to change within their own internal procedures). This will be presented at a DFG Panel meeting for discussion and a decision. To expedite the grant application process, the referring agency will preferably mark on the form whether the client would benefit from the help of an agent either because of the adaptation's complexity or the client's condition.

7. The DFG Panel meeting will endeavour to meet twice a month, the Non-OT Panel meeting once a month and include a "guidance" meeting that will allow fellow officers to share cases and experiences or seek technical advice in respect to DFGs. The OT Team Leader or a designated deputy will chair the meeting. Where possible, the Commissioner for Housing Renewal or a designated deputy will also attend to provide guidance and advice. Other appropriate staff will present for administration support and preferably another OT to ensure consistency.
8. Any referral shall state the priority of the case, emergency/priority waiting list or standard waiting list according to the guidelines. (Appendix 1).
9. It is desirable that no waiting list exists for enquiries, however, should demand far exceed ability to supply DFG's a waiting list strategy may be adopted. In which case, the enquiry will remain on a waiting list until sufficient funding is available to progress the grant application. The list will be date-ordered from initial enquiry to the Council, and priority cases will be taken before standard cases. Cases can be reassessed if the individual's circumstances change.

Any waiting list managed by the Housing Renewal Service is to be reviewed regularly to enable the OTs (or other referring agency) to track their cases.

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

10. The Commissioner for Housing Renewal may need to take certain cases out of date order and will inform the OT Team Leader (and any other established referring agency) as a courtesy, where necessary, for instance when it is necessary to achieve the annual spend.
11. If the OT has any specific requirement due to the medical need of the disabled occupant, this should preferably be stated in the recommendations attached to their referral (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. Alternatively, the specific information can be conveyed if there is a joint inspection with the OT and Housing Renewal Officer.

The Housing Renewal Officer shall consider the requests of the OT (or other medical professional), and wherever possible seek to incorporate them into the eligible works. Occasionally it may not be possible to achieve the requirements

requested, and in these cases the Housing Renewal Officer will contact the OT or medical professional to discuss the situation and establish the most reasonable and practicable course of action. In exceptional cases (for example where further consultation will cause undue delay, or where there is clearly only one reasonable course of action) the Housing Renewal Officer may not consult with the OT or medical professional and will seek the decision of the Commissioner for Housing Renewal on any point of disagreement/dispute with the referred specification. As a courtesy the Housing Renewal Officer will inform the medical professional or OT of the outcome.

12. The OT or other medical professional may undertake further individual visits to the applicant to ensure they agree with the customer on the adaptation and that future needs will be met.
13. In order that a full application for grant can proceed, the landlord's permission (if social or privately rented) must be obtained and proof of ownership provided if the applicant is an owner/occupier or rents privately.
14. The disabled person will need the services of a builder and may need the services of an architect or specialist contractor. OTs/Housing Renewal Officers must not recommend particular persons or companies, other than where specialist equipment is required and can only be supplied by certain people/companies. Where this is the case, please follow the procedures set out in Appendix 3. However, it may be necessary for the OT/Housing Renewal Officer to meet with contractors/suppliers on site to discuss plans and ensure the adaptation is suitable.
15. Once a FULL application is made The Housing Renewal Service has up to 6 months to decide to approve or refuse the grant application. Additionally the Council may decide to defer payment of a grant approval for up to 12 months from the date of full application. When a grant is approved the applicant has 1 year to complete the work from the date of approval or the applicant must apply for an extension. Where agreement to extend the period of the work completion has not been granted the Housing Renewal Officer assigned the case will write to the applicant to formally revoke the grant. This may incur the need to reclaim any payments already made and must be discussed with the Commissioner for Housing Renewal.
16. A full application is deemed to be a satisfactorily completed application form, a minimum of two satisfactory estimates with specification (and plans where indicated) for each element of the eligible list of work, and a satisfactory owner's or tenant's certificate. We will also require proof of ownership or landlords consent (as appropriate), proof of an income related benefit or confirmation of willingness to proceed following a means test, confirmation of willingness to accept the conditional charge on the property for owner occupiers. For some applications confirmation of satisfactory statutory consents are required, such as planning permission, or building regulation approval. This will always be the case for grant work involving the building of an extension, however this may also apply

to other types of work in which the Housing Renewal Officer will discuss with the applicant.

17. The customer should be asked to inform the Housing Renewal Officer and OT when the work is to start so that they can visit while the work is in progress where necessary. Housing Renewal Officers will inspect the work at various stages and always when any payment request is made. The OT may also visit on completion (or at other stages of work where requested) to ensure that the customer's identified needs are met.
18. OT's, or other medical professionals, should never order any work themselves on behalf of the client unless they have their own set budget and delegated power to do so. Where the OT requests a variation 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. Satisfactory variations may be incorporated into the existing list of eligible work by the Housing Renewal Officer, who will ensure appropriate quotations are gathered and written approval for the extra work is given prior to its undertaking and payment. Additional requests for work which could form the basis of grant application on their own must go through the normal enquiry process, (for example a DFG for a level access shower has been passed, and the OT identifies that a ramp is needed externally, then the normal assessment and referral process should be carried out for a DFG panel decision) 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. If funding permits, such enquiries should be dealt with as a high priority to endeavour to keep the any eligible adaptations within a single project.
19. The grant applicant is responsible for the supervision of the work and for monitoring the quality. Housing Renewal Officers must undertake an instalment or 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, be fit for purpose and in good working order, be compliant with any agreed specification and have in place any satisfactory certification such as for electrical safety).
20. During grant work, where a dispute has arisen between the applicant and their builder the Housing Renewal Officer will seek to find an amicable arrangement between both parties that results in a satisfactory solution for the major adaptations.

Attempts will be made to initially resolve the dispute with the original contractors, but where this becomes untenable alternative solutions will be discussed with the applicant.

Where an amount of grant is payable, but the works in question have not been executed to the satisfaction of the applicant, the Housing Renewal Service may at the applicant's request and if considered appropriate, withhold payment from

the contractor. Whilst it is technically allowable the Housing Renewal Service no longer makes any payment to the applicant in a form which is payable to the builder in these circumstances.

Ultimately, where the relationship between the builder and customer has broken down completely and the work has not been completed satisfactorily it is possible for the customer to obtain new quotations to finish the work. This has to be dealt with carefully and fairly to establish accurate and reasonable values of completed work; establishing whether some completed work is unviable as it may be connected with rectification works by any new builder; as well as providing a schedule of work needed to complete the project that needs new quotations for. The new quotations will be dealt with under the normal procedures for assessing grant eligibility, and when the Housing Renewal Officer considers there is a reasonable offer they should consult with the customer and the previous builder to try and reach agreement on the valuation of payments due to each party. If there is still further dispute the Commissioner for Housing Renewal will review the situation to make a decision in respect to the grant.

21. The amount of grant that may be awarded is the amount the council determine to be the estimated expense of the eligible work only, up to the statutory maximum which is currently £30,000.

If a means test is required and undertaken, where it results in a contribution, this amount is used as the “grant reduction amount”. Applicants are required to pay their contractors this contribution before the Council pay any grant funding.

If the statutory maximum grant amount is reached any “grant reduction amount” will reduce this accordingly. For example, if an applicant’s contribution is £5,000, not only will they be required to pay the first part of any eligible work, but the maximum grant they would be eligible for would be £25,000 in this situation.

Eligible work examples	Example 1- Shower costing £5,000	Example 2- Shower and Ramp costing £10,000	Example 3- Extension for bedroom and bathroom costing £50,000
Means test contribution	£5,000	£5,000	£5,000
Amount applicant pays builders / fees before any grant paid	£5,000	£5,000	£25,000
Amount of grant	£Nil	£5,000	£25,000

Grant cases of values over the statutory grant maximum (currently £30,000) may not be accepted by the DFG panel unless there is evidence that the applicant can pay the shortfall in funding.

Where the cost of the eligible works is at the statutory maximum or above, the applicant will be required to fund all fees and charges at the start, as may be necessary.

In maximum grant situations the council may require the applicant to have available an appropriate level of contingency funding for unforeseen work before formal approval stage.

## **GUIDANCE ON SPECIFIC TYPES OF ADAPTATION**

*(this is not an exhaustive list, but forms the majority of situations that are encountered. Omission from the list does not mean the situation/element is or is not eligible for a grant, and each case will be judged on its merits)*

**Note:** Customers with a current history of seizures should only be provided with an adaptation if a thorough risk assessment is completed to identify the best solution to meet the client's personal needs. Specialist advice may be necessary.

### **ACCESS**

#### **DISABLED PARKING BAYS (IWC HIGHWAYS SECTION CRITERIA AND PROCEDURE – OT OR HOUSING RENEWAL HAVE NO JURISDICTION IN THIS MATTER)**

##### **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.

OTs may be asked to provide assistance/advice to enable a customer to obtain a Disabled Parking Bay. The OT should signpost the customer to the relevant officers to facilitate an application i.e. Island Roads.

The client can contact Island Roads however they need to meet two elements:

- 1) need to have a car registered to that address
- 2) and blue badge.

There is an application form online to be completed.

Nb: Anybody can park in the bay it is not enforceable by law even without the blue badge.

#### **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 OT 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. Vehicle crossings (dropped kerbs) can be requested in conjunction with an existing suitable hardstanding which meets the needs and conditions as described above.

## **RAMPS**

### **Description**

- a) Basic Temporary/portable/removable (Minor Adaptations)

- b) Semi-permanent (Removable but robust and affixed to the ground)- (Major Adaptation) Usually constructed from prefabricated metal components, designed and installed by a specialist installer. These structures will be affixed to the ground and walls, with the ability to be recycled in future.
- c) Permanent (Major Adaptation – *note: possibly minor if extremely small*). Usually a concrete structure, built to building regulations (as a minimum) and may have added safety features such as kerbing, rails, guarding and electric lighting. This will include level resting, turning platforms as necessary, but would not include parking spaces or external charging point, storage units.

**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. **OR**

- 2. Self-propelling wheelchair users

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

- 3. Powered indoor-outdoor wheelchair users

- a. Where a person is eligible for provision of an electrically operated indoor-outdoor powered wheelchair.

**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.

If a customer has purchased their own “vehicle” then they must be eligible under either Point 1,2 or 4 to get a grant.

## **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. For permanent ramps 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. Temporary and semi-permanent ramps will aim to achieve Building Regulation gradients but allow some flexibility if deemed necessary and appropriate in the circumstances.
- 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. Ramps to gardens should be assessed in line with the Garden Access guidance, found later in this chapter.
- 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

**OR**

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

**OR**

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 or most reasonable entrance of the property or essential facilities (also refer to Ramps – considerations item “e”). Or is a path that could reasonably be used for access to the dwelling.
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 OT 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. **OR**
2. The customer has no upper limb function. **OR**
3. The client uses both hands for mobility (self-propelling wheelchair/ elbow crutches etc.) and will struggle with letting go of mobility aid causing risk of falling

### **Considerations**

Changing the style of door may also need to be considered in the depending on which way the door swings and potential access issues.

## **GARDEN ACCESS**

### **Description**

- Work that facilitates access to and from a garden by a disabled occupant or making existing access to a garden safe for a disabled occupant. Typical work could include:
- Adapting an existing doorway or provision of a new doorway (widening or level threshold) if more reasonable and practicable,
- Ensuring suitable floor/steps to the internal area behind the access door of the house,
- Provision, extending, or widening of a path/ramp/steps to the external areas to give satisfactory access. Surfaces of any access areas shall be slip resistant.
- If wheelchair access is being provided gradients of the access should be no greater than 1 in 12 (but ideally less than 1 in 15) with suitable level resting platforms no greater than 5m apart, and level turning platforms of 1.2m/sq.
- Suitable kerbs should be provided for wheelchair users, handrails ideally to both sides of the access, guarding where necessary, and lighting.
- To make the access safe work may include the removal or improvement of certain elements that cause a hazard should the main works not be able to manage to achieve this, e.g. removal or upgrading of glazed screens.

### **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 the existing access

**AND**

3. The existing access is unsuitable, is of unsound construction or there is no access

## **Considerations**

### **Necessary and Appropriate:**

1. The OT and Housing Renewal Officer have to be certain that the adaptation is necessary. There is a mandatory entitlement to this form of adaptation, however one must consider the benefits that will be gained from such a facility. The benefits of providing other types of adaptation such as bathing facilities, WC's, kitchen areas, or a room usable for sleeping are obvious for essential human activities. However it is not an essential human activity to gain access to a garden but, as with access to a family room, the health benefits can be very positive. Therefore the necessity of an apparent health benefit for the disabled occupant must be established. Further to this, for the adaptation to be appropriate the benefit should be prolonged and tangible.
2. Consideration needs to be given to the level at which the disabled occupant can recognise risk to one's self (i.e. due to diminished mental or physical capacity) should the access be proposed to be fully independent.
3. It will be a requirement that another suitable garden is not already accessible, for example to the front or the side of the property, or that suitable access via a path or other doorway is not already available, to a suitable garden or the garden for which access is required. (For this purpose "suitable" means that the existing facilities already satisfy the scope of Sections 3.(2)(3) and (4) of the Disabled Facilities Grants (Maximum Amounts and Additional Purposes)(England) Order 2008.
4. The garden or area to be given access to should not have any significant hazards that are out of the scope of the DFG, and/or the Authority consider it would be reckless and inappropriate to facilitate access to the garden under this scheme taking into account the disabled occupant, any other members of the household, any carer situation and the type of hazards.

### **Reasonable and Practicable:**

1. Consideration should be given to whether the provision of minor adaptations would reasonably satisfy the access issue, and thus make the application for a DFG unreasonable.

2. The OT must be sure that once access is given, that the disabled occupant would be able to satisfactorily enjoy the facility independently. If independent use is unachievable then consideration must be given to whether it is reasonable if the assistance of another person is required to enable facilitation of the access, and subsequent garden use, and to what extent this additional assistance will be available.
3. Consideration needs to be given to the likely use of the facility by the disabled occupant. For example will likely usage be frequent and regular? If infrequent could it be reasonable to enjoy fresh air and garden type environments during trips out with family and friends if appropriate?
4. The extent and cost of the proposed adaptation is an important factor. The purpose of a grant would only be to facilitate access to and from a garden, or making an existing access safe, and not provision of a garden / patio / decking / balcony or such like. Should the extent of the work be so great as to need any of the following it is likely to be considered unreasonable; planning permission, expensive electrically operated equipment, engineering work, retaining walls, extensive ramping / paths / steps. It is unlikely that more than approximately 10m of pathway or ramping would be considered reasonable.
5. Where an adaptation is feasible the most reasonable and practicable option will form the eligible work.
6. Where an applicant's proposals and wishes extend beyond the scope of the eligible work, that work will be allowed only if the applicant's proposals satisfy the eligible works, and the applicant pays any additional cost that is beyond the grant. For example if a front garden can be reasonably accessed by the provision of a ramp or set of steps this will form the eligible work (for the purposes of this example at a cost of £1,000). However if the applicant wishes to install a new doorway in a rear wall and then provide a ramp or steps to access a rear garden (say £2,500), the applicant would have to pay the difference in cost between the two different specifications (£2,500 less £1,000= £1,500) in addition to any notional loan.

## 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.

#### **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 pre-set so that it cannot exceed 43°C and shower has automatic overrun.

#### **Criteria**

1. Customer is able to lift their legs over the side of the bath using suitable equipment either with/without assistance, or able to step over safely and shower whilst standing. **AND**



2. Shower will be a long term solution. **AND**
3. no other equipment is suitable to gain safe access to use the bath (rather than a shower).

### **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 a current history of seizures should have a thorough risk assessment to identify the best solution to meet the client's personal healthcare needs. Specialist advice may be necessary.

### **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. Carer needs must be considered when 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 a current history of seizures should have a thorough risk assessment to identify the best solution to meet the client's personal healthcare needs. Specialist advice may be necessary.

## **BATHS**

### **REPLACEMENT OF BATH WITH STANDARD BATH**

#### **Description**

Removal of an 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. Evidence of other family members assessment of needs will be required for presentation to the DFG panel.
- d. Battery back-up should be considered.
- e. Baths for purely therapeutic, rather than access to bathing, purposes would not be eligible (such as alleviating pain for arthritis)

### **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. (including wash/dry toilet facility)
- iv. Combined W.C./ Shower

*GENERAL- all of the above can be assessed for height purposes and adjustments made as required.*

### **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. Note, non close-coupled toilets are more compatible with specialist toileting equipment.

#### **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. i.e stairlift is not feasible and toilet is upstairs.
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. (for example carers are required to empty it when there is no other need for carers)

#### **Considerations**

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

### **SPECIALIST W.C. (wash/dry toilet facility)**

#### **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, where reasonable, tried a specialist WC, or witnessed a demonstration model, 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. To assist the carer in providing comprehensive care for the customer.
6. The carer is unable to cleanse the customer on emotional, psychological or religious grounds.
7. Meets the general considerations.

### **Considerations**

1. The height of the toilet will need to be considered when the use of equipment is necessary or likely. E.g. glide about commode.
2. In regard to a wash/dry toilet seat (e.g. a Bio-bidet) the client's current and long term ability to appropriately transfer needs to be considered.
3. Wash/dry toilet seats are known to be incompatible with equipment, such as a glide about commodes.
4. Weight limit and body shape needs to be considered.

### **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 (need to meet all points 1 to 4)**

1. These are considered for people, who are unable to transfer manually or who would be at risk doing so.
  - i. To increase safety in transfers, **AND**
  - ii. To increase independence in transfers. **OR**
  - iii. 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. A manual hoist is not a suitable long term solution in the circumstances
4. The fixed hoist is a 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. Consideration needs to be given to the minimum reasonable number, and location, of tracks (even consideration to a single track covering multiple rooms if feasible and reasonable), allowing for adequate and safe transfer for all essential amenities/facilities.

Careful consideration should be given to the use of slings, and whether the slings provided by the hoist manufacturer are fully appropriate for the client., and compatible with the equipment.

Where a powered lateral movement is desired the OT needs to provide reasoning for this and has considered the risks involved.

Consideration for the height of hoisting needs to be considered (depending on the transfer) will need to be undertaken. E.g. when hoisting from a high chair will the ceiling rise be high enough for the client being hoisted to clear the chair?

Where the hoist is to serve a living room the following criteria must be met:

- i. The disabled customer must be able to access the living room satisfactorily, AND
- ii. The current wheelchair must be unsuitable, and cannot be made suitable to sit on for a prolonged period, and a suitable alternative is not reasonably available, AND
- iii. There must be a suitable seat to transfer to.

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

These generally are expensive adaptations, and although the criteria for sections below may be passed customers must consider moving house as an alternative, or adjusting the household's usage of the rooms available if appropriate and available.

Further to this should a DFG be eligible, customers may like more extensive work undertaken or would prefer the adaptation located in a different location than the OT (or other medical professional) and the Housing Renewal Officer has recommended.

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 the list of eligible work that is passed as satisfactory by the OT (or other medical professional) and Housing Renewal Officer. Costing for both the council's list of eligible work and their own proposals must be provided, 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 DFG 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.

### **AND**

4. It is not technically feasible 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.

### **OR**

5. It is technically feasible to install a lift but it would not meet the needs of the client AND The existing ground floor layout and facilities cannot be reasonably adapted to meet the needs of the disabled customer. In this case an extension may need to be considered to provide for the amenities which are missing/inaccessible



## **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.

A joint site visit with a housing renewal officer to consider feasibility of adapting existing facilities/ rooms prior to exploring extension options is necessary.

## **ADDITIONAL BEDROOM**

### **Description**

Additional bedroom/living space

The need is to provide a bedroom or bedsit unit for a household member who meets DFG criteria whose needs cannot be met within the existing environment using previous listed solutions.

A feasibility survey with a Housing Renewal Officer will always be required for this adaptation.

### **Criteria**

Applications for consideration of an extension will be supported in circumstances where:

6. It is not appropriate or possible to provide lift/stairlift access to the existing bedroom See criteria for lift provision, and:
7.
  - 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. (query), or
  - 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.
8. 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.

## **KITCHENS**

### **REDESIGN / REORGANISATION OF PART OR ALL OF EXISTING KITCHEN**

#### Description

It is based on functional necessity not a 'refurbishment' of existing kitchen. Adaptations must be considered essential and not desirable. OTs will review the viable cooking alternatives with clients where possible to avoid a major adaptation.

#### Criteria

1. The customer, due to their disability, has a limited range of movement and cannot access the current facilities to safely and adequately prepare and cook meals. This may or may not include wheelchair users.

#### **AND;**

2. The person with disabilities is able to prepare and/or cook food.

#### **OR;**

3. Alternative kitchen facilities must be provided because the existing kitchen space will be displaced due to the provision of any other element provided by way of a DFG – i.e. WC or shower room, bedroom
4. NB; Where there is another household member available to cook and prepare meals, it might be appropriate that more minor adaptations are carried out.

NB: it is expected that a reasoned assessment by the OT service is undertaken to establish the essential needs of the client. A joint site visit with a Housing Renewal Officer to consider feasibility of adapting existing facilities prior to exploring options is often helpful.

# LIFTS

## Description

- Internal or external straight or curved stair lift; for use standing/with seat for use sitting/for use with wheelchair.
- Vertical through floor home lift; with seat/standing/for wheelchair use
- Internal or external platform / step lift for use with a wheelchair.

## 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 criteria 2 to 4, above, may soon apply to the customer.
6. The DFG panel will not agree a referral if the disabled occupant is single, has no carer, and cannot get downstairs and out of the building independently in an emergency.

## **EXTERNAL LIFTS OF ANY TYPE**

These installations suffer far greater exposure to adverse weather conditions than internal lifts and are liable to component failure and/or general deterioration in a relatively short period of time. The council wish to avoid paying for these higher risk adaptations where possible, and customers need to be made aware of the likelihood of problems and breakdowns. It is likely that the DFG panel would recommend all other alternatives, including moving homes, rather than rely on an external lift. However, in cases where there is no alternative only lifts with a 2 year warranty and an option for the customer to extend that warranty for a longer period will be acceptable.

## **STAIR LIFTS**

### **a. Stair lift: for use standing**

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

**b. Stair lift: with seat**

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

**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. Stair lift: for use with wheelchair**

- Customer is unable to transfer to a stair lift 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

Client with a mobility aids will be expected to discuss arrangements for provision of mobility equipment on two different levels with their OT.

Height, weight and functional ability of the client will need to be considered in the therapists initial assessment.

Upper weight limits of the stair lifts, in conjunction with the current and likely weight of the client, will need to be considered

Contra-Indications for consideration of stair lifts:

- ◆ Progressive conditions which will affect transfer to stair lift, or ability to sit on stair lift.
- ◆ 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.
- ◆ Behavioural problems

## **VERTICAL LIFTS / THROUGH FLOOR LIFTS**

**NOTE:** All potential referrals for these lifts MUST have a feasibility survey with a Housing Officer prior to submission to panel.

- A. Vertical through floor home lift (seated & wheelchair types)
- When stair lifts are contra-indicated;
  - Structural restrictions make it impossible to fit stair lift.
  - Where the number of transfers to use a stair lift 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 / alarm pendant 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.
- Confusion or spatial orientation problems for example Dementia
- Epilepsy - where there is no warning of fits.
- Severe spasm or spasticity
- Behavioural problems

## **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.
- A fire risk assessment needs to be carried out as part of the OTs and Housing Officers considerations. See Appendix for further information.
- Battery powered winding gear.
- Battery operated options or battery back-up.
- Cases where a lift or hoist is broken down will only be considered with supporting evidence with the referral from the OT including an engineer's report with the cost of the repair, if possible, indicating if the lift is to be considered beyond economical repair.

The DFG panel will ultimately decide if the equipment is beyond economical repair and therefore eligible for a DFG based on the following;

The total cost of repair including taxes being greater than the % (following the date of original installation) of the current value of an equivalent piece of equipment-

Year 0 - 2	Covered under warranty
Year 2 – 5	50%
Year 5 – 10	25%
Year 10+	0% but the equipment MUST be broken and not working at all.

The cost of repair does not include any initial call out charge to assess and report the problem, No account to be taken of previous repairs history or cost.

# MAJOR HEATING PROVISION

## Description

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

Heating provision may be available under a different route than DFG, e.g. a landlord's statutory requirement, national Government schemes/grants, local authority grants, Social Housing heating upgrades and maintenance programmes.

## Criteria

In rented accommodation if the assessed heating need is equal or below which should be provided by statute and the Decent Homes Standard the Housing Renewal Service can advise in this respect and may consider their regulatory powers to resolve the matter.

OTs 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 could 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 (or a different type of heat such as no open flame for people with oxygen cylinders/ concentrator) 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

## ADAPTATIONS TO IMPROVE SAFETY

### **Description**

For many reasons people with physical and learning disabilities have difficulties in and around the home, and some of these environmental barriers cause considerable safety issues for those people and persons living with them.

Mandatory disabled facilities grant can be given for identified risks to safety, where this is supported by the Housing Renewal Service and relevant medical professional person.

It is of course challenging to measure however, to be eligible, the safety matter causing concern should be judged likely to happen, and/or deemed to have a reasonably serious outcome.

Some situations arise in the sphere of learning disability clients, such as children suffering with Autism Spectrum Disorder (ASD), and consideration needs to be made on whether the circumstances are relevant for a mandatory grant.

### **Relevant Factors to consider**

In determining whether situations are eligible for assistance, and what measures could be appropriate the following list (non exhaustive) of factors should be taken into account;

1. What are the physical disabilities and resultant risks associated with the property and/or which directly impact upon the safety of other occupiers due to the design, layout or construction of the property.
2. What are the learning disabilities and the resultant risks associated with the property and/or which directly impact upon the safety of other occupiers due to the design, layout or construction of the property.
3. How is the building making the situation unsafe.
4. What impacts have and/or are likely to happen to the disabled occupant and the other family members.
5. What is the likelihood and severity of these impacts.
6. Can a reasonable adjustment of living style or use of the dwelling reduce or remove the hazard.
7. Could the use of equipment or minor adaptations reduce or remove the hazard.
8. What are the desires of the household, are there any perceived solutions, what physical works can be undertaken that result in a major adaptation or fixture to the property.
9. What is the prognosis of the disabled occupants condition/situation.



10. Are the proposals appropriate, necessary, reasonable and practicable.
11. In regard to “appropriate” and “necessary” there will always be supporting medical evidence from a suitable qualified medical professional person involved in the disabled persons care/assessment.
12. Is it the disability that is causing the challenging/unsafe environment or would people without a disability also have that challenge/risk. And if so is there a responsible person who should remove that hazard.
13. Will the proposed adaptations reduce cost of other agency involvement, such as a care package, or reduce the risk of such occurrence
14. Will the adaptations improve the independence of the disabled occupant and improve family wellbeing.

## **CONSIDERATIONS**

Not limited to, but typical examples of proposed works that fall into currently not eligible category are where the reasons for the adaptation is for therapeutic reasons, for instance provision of room for a child with ASD to gain sensory affects. Note, however, that if that room were frequented by the child, and due to behavioural issues there needed to be safety measures installed (such as padding to sharp or hard edges, safety glass, etc.) then those items could be eligible for mandatory DFG.

On requests for provision of rooms or access to rooms for certain reasons which may be eligible causes, the Housing Authority will always seek the most reasonable and practicable route, and this may mean that other rooms which are currently used for another purpose can be deemed appropriate for the use, rather than the desired solution of the household. For example, if access to ground floor living is required and conversion of a dining room would meet this need rather than an extension to the property. The conversion of the dining room will be the recommendation of the housing officer. This will be assessed by a Housing Renewal Officer in consultation with the household and any other relevant medical professionals as appropriate.

It is difficult to be prescriptive on the particular works covered by this provision, but they might include;

- Specialised lighting, toughened or shatterproof glass in certain parts of the dwelling to which the disabled person has normal access to, guards around certain facilities such as fires or radiators to prevent the disabled person harming themselves, reinforcement of floors, walls or ceilings may be needed, as well as cladding of exposed surfaces and corners to prevent self-injury. Also included could be enhanced alarm systems for people with hearing disabilities, as well as improved fencing of a garden area where the disabled occupant may have behavioural problems and be unaware of the dangers should he or she climb out of the garden.

Works that are not likely to be eligible for mandatory grant include;

- Provision of, or access to a room usable as a sensory room,

- Protected environment to facilitate a therapeutic activity that improves wellbeing rather than safety.

## **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. The disabled person could not be safely contained in a garden without fencing AND has poor safety awareness.

## **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 NHS WHEELCHAIRS (Supplied by the Wheelchair Service – customers who have provided their own wheelchair must provide proof of eligibility for provision of a powered wheel chair from the NHS Wheelchair or trained OT)**

### **Description**

Storage for an indoor/outdoor electric wheelchair, 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 or a child with ASD that sensory seeks by bashing his hands or head on the glass.

## **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.

### **Warranty and maintenance paid for within the DFG;**

For all equipment the DFG will seek 2 years warranty / servicing / maintenance. Sometimes this is free, or built into the quote, other times the DFG 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.

Where companies can offer an extended warranty i.e. for stairlifts, Housing Renewal Officers will ensure a quote is obtained and provided to the applicant for assistance in accessing the additional warranty at their own cost.

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.

## **HOUSING TENURE AND FUNDING**

Disabled facilities grants are a means tested grant. A means test is carried out on **all** relevant disabled occupants, and their partners income and savings are included. Parental income (in the case of children) is not included within the means test. Children are independently financially assessed and rarely have a financial contribution.

### **Owner Occupied**

Major adaptations will be funded by a disabled facilities grant administered by the Housing Renewal Service. 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.

### **Tenant**

Major adaptations will be processed as owner occupied (above) but with the addition 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. a stair lift in a common stairway, or a ramp to a common pathway. 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 must be given to the safety of undertaking such adaptations , and the effects on any potential occupier or visitor (e.g. if one tenant owns a lift, can other tenants have use of it? If the lift is not suitable for another tenants needs has that tenant been excluded? Should the person responsible for the common areas consider undertaking an adaptation themselves for the general needs of all the tenants?), as well as ongoing maintenance and liability. Typically all of the latter are contra-indicators where these become a factor.

A HHSRS survey by the Housing Renewal Service and comments from the Building Control and Fire and Rescue section is often useful.

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

## **APPENDIX 1**

### **PRIORITY ORDER FOR DISABLED FACILITIES GRANTS (Emergency, Priority waiting list and Standard waiting list)**

Disabled people who have been assessed as requiring a major adaptation will be given a priority level based on the risks being encountered. Emergency cases will be allocated immediately, Priority and Standard will be placed on a waiting list if one exists at the time of the decision. The ordering of cases on a waiting list shall be managed in accordance with waiting list policy that is described earlier in the document.

#### **EMERGENCY**

The disabled occupant will have no care support and/or there are immediate and serious risks of harm to health.

#### **PRIORITY**

1. There is a higher risk of harm to the disabled person and/or carer due to the circumstances than would be expected in a "normal" DFG eligible situation. Or,
2. There is a higher risk of care breakdown and council/NHS/agencies resource input due to the circumstances than would be expected in a "normal" DFG eligible situation. Or,
3. There are good reasons to progress a case quicker than would be expected if placed on a waiting list which are agreed by ALL (at least 3) members of the DFG panel. The reasons may include, but are not limited to, financial, evidenced mental health difficulties which a wait for the DFG process is likely to impact on, sequencing of work, timing, medical (eg an operation pending).

#### **STANDARD**

All other cases.

Cases on a waiting list can be reviewed at any point when information is received at a DFG panel for a potential change in circumstances.

Waiting list chronology shall use the date the applicant/client first made contact with the OT Service for an assessment that resulted in the DFG referral.

## **APPENDIX 2**

### **ORDER OF CASE PRESENTATION AT DFG PANEL MEETINGS**

The order of priority of case discussion and processing will be:

1. Emergency cases,
2. Armed Forces covenant cases and SAAFA and other agencies seeking information re DFG eligibility to progress charitable funding cases. These will be screened at Panel in this order – but if approved OT Admin will keep documents until they would have been presented in date order as with other cases, to confirm fair treatment with other customers and ensure SAAFA type cases do not jump the list and subsequently SAAFA do not fund the case.
3. Resubmitted cases (perhaps following previous panel refusal or requirement for further information),
4. Priority cases.
5. Standard cases.



### **APPENDIX 3 - 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).

#### **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 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 case 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 system; in that they will quote, the Housing Renewal Service could approve the grant, they will supply the equipment to the applicant on proof of approval, and the Council 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, flo stair lifts, or external stair lifts 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.

## **APPENDIX 4**

### **Appeals Procedure**

Nothing in this appeals procedure affects an applicant's right to make a general complaint to the Local Authority via the normal complaints procedure.

1. Where an applicant is not happy with the decision of the DFG Panel, or Pre-Panel, they may appeal. Typically this appeal will be made to the OT involved in the case, and the OT will bring the appeal to a DFG Guidance meeting (a meeting where OT and the Housing Renewal Service have attendance to offer support and guidance on policy or particular cases. For the purposes of an appeal a suitably qualified manager, usually the OT Clinical Team Leader or the Commissioner for Housing Renewal must be present), and the appeal will be considered. The members of the meeting shall voice their opinions and a further decision will be made and recorded in the minutes. The applicant will be informed of the decision in writing as appropriate by a suitably qualified OT (typically the OT designated to deal with complaints).
2. If the applicant is still unhappy, they shall be entitled to appeal again, which should ideally be in writing to ensure a full understanding of the applicant's dissatisfaction or dispute. This appeal will be brought to and heard by a separate group of individuals of a suitable status (Senior Officers and Managers).
3. It is considered that the aim of the latter appeal (2) will deliver a final conclusion to the matter.
4. Should the client not be happy with the final decision they have the right to make a complaint to services separate to the Local Authority for example, Local Ombudsman and/ or court process etc.

## APPENDIX 5

### DISABLED FACILITIES GRANT LAND CHARGE AND REPAYMENT CONDITIONS FOR OWNER APPLICATIONS.

The Council will require a land charge to be put on a property where any disabled facilities grant (DFG) exceeds £6,000 and not the suggested £5,000 by the Government. It is considered that this higher threshold would reduce the administrative burden on the authority and avoid inappropriately small charges being processed (a charge amount cannot include the first £5,000 of the grant).

The amount of a charge placed on a property will be for the amount that is above the £5,000 Government threshold. Due to the trigger threshold being proposed at £6,000 the minimum charge will be £1,000.

The grant charge amount is required to be repaid if the applicant (owner-occupier or on occasion a private landlord if that is the applicant) disposes of the property within 10 years of the certified date of completion. The demand for any charge is capped at £10,000.

To allow for depreciation of the adaptation value, the Council shall only require repayment of a diminishing percentage per year from completion of the grant. Thus if the property is sold in year one of the grant conditions, this will be subject to a 100% repayment, if sold in year two, to a 90% repayment, year three 80%, and so on, until reaching year ten and having to repay 10%.

Example 1 - an applicant who is an owner-occupier receives a DFG for £14,000 and sells the property after 7 years. Due to the grant exceeding £6,000 (the local threshold) a property charge will be placed on the local land charges register and requiring repayment if sold within ten years. The applicable charge amount would be £14,000 less £5,000 = £9,000. Because of the Council's allowance for depreciation, the council will demand 30%, £2,700.

Example 2 – an applicant who is an owner-occupier receives a DFG for £20,000 and sells the property after 3 years. Due to the grant exceeding £6,000 (the local threshold) a land charge will be placed on the property requiring repayment if sold within ten years. The applicable charge amount would be £20,000 less £5,000 = £15,000. Because of the Council's allowance for depreciation, the council will demand 70%, £11,500, however because the Council is legally obliged to cap the maximum demand at £10,000, the applicant would only be asked to pay back £10,000.

Years passed between completion and disposal	0	1	2	3	4	5	6	7	8	9
% of charge to repay	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%

The officer procedure for registering the land charge shall be the same as for other discretionary grants, however, in addition to the land charge a record of the amount shall be made on the grant checklist and the DFG public register.

## APPENDIX 6

### Through Floor Lift Installations in Domestic Properties Including stairlifts and providing access to more remote areas of the house

#### FIRE SAFETY

##### Introduction

Through floor (or vertical lifts) are sometimes fitted in domestic properties to enable disabled persons (often wheelchair-bound) direct access from floor to floor.

Having required the assistance of a lift to reach the bedroom, it is likely that the occupant would be unable to escape unaided from the dwelling via the staircase in the event of a fire. In addition, the ceiling aperture created for the lift effectively removes the fire separation between the bedroom and lounge or other ground floor access point.

Accommodating the occupant wholly at ground floor level should be a first consideration whenever possible. This may not always be acceptable to the occupant, and if a through floor lift is to be installed consideration needs to be given as to how the potential dangers highlighted above can at least be partially mitigated.

This note provides guidance on some of the issues to consider in respect to fire safety in domestic premises with through floor lifts. General principles are out-lined, but as each situation is likely to be different, the guidance should be interpreted using sound professional judgement based on the particular circumstances.

The following recommendations set out the minimum general standards for through floor lift installations in domestic property based on the provision of a temporary refuge at the head of the lift, so that in the event that an occupant is unable to make their escape in the case of fire, they can remain in a place of relative safety until they are able to be rescued.

#### VERTICAL LIFTS

**NOTE: All potential referrals for these lifts MUST have a feasibility survey with a Housing Officer prior to submission to panel.**

##### Considerations:

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

- 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.

- That further fire precautions are necessary, such as fire doors etc (see below)
- That the disabled occupant could make their own escape without the lift in an emergency. If they cannot (or will unlikely be in a position to be able to escape independently for any reason in the future) what is the plan? Is that plan considered reasonable in the circumstances (e.g. it is for a child and the child is cared for at all times).
- it is considered that stairlift installations are generally made for people who have at least a moderate degree of movement. However, even in these cases the question needs to be asked whether there are any reasons why the person may not be able to react appropriately in case of a fire, and make their escape without the need of the stairlift. The issues that may arise are longer reaction time; longer escape time; risk of immobility due to injury or flare up of the disability; pain whilst escaping and using the stairs; need to raise the alarm (telephone- mobile, landline, wireless telephone possible cut off with power outage)

Q1- We are providing access to the first floor, or higher, for the disabled person- how mobile is the person? Moderate/can walk? Is the mobility irregular? Wheelchair users- can mobilise in emergency? Likely deterioration in health/mobility? Need for carers- availability?

Q2 Does the design and layout allow emergency egress down the stairs safely (including with fire precautions)- it is a requirement that the lift is not used in escape. It is assumed a minimum level of fire precautions

It is assumed there is No inner room situation for escape, but may be allowable as secondary route of escape if ALL options are suitable for the disabled person, and allowances made for the extra time to escape.

If answers to 1 and 2 are Negative, it is unlikely that a lift is to be considered suitable- look at options for ground floor living or moving home.

Possible “safe haven” situation request. Telecoms required, escape window, exceptional fire separation, suitable alarm system, fire suppression system.- But, these cases should be an exception where ground floor living is unfeasible and moving home unavailable- the person must have capacity (and will do for the foreseeable) to alert services of a fire, and/or there is 24/7 care provision and a suitable plan.

### **Recommendations**

- 1) The floor in which the lift aperture is created should have a minimum half hour standard of fire resistance. Where necessary, an existing floor can be upgraded to achieve that standard.
- 2) The fire resistance of the doors to the rooms connected by the lift should be a nominal half hour standard, and it is essential that the occupant ensures that these doors are not left open. \*Possible to leave the bedroom door as standard if the route beyond that is of suitable fire resistance; the fire risk is low; the

bedroom is not used as a safe haven; the disabled occupant frequently uses the door for access on the first floor- consider whether door release systems are appropriate.

- 3) The lift should provide a half hour fire resisting, smoke stopping seal to the lift aperture when the lift is stationed at the upper level.
- 4) A fire detection and alarm system of the appropriate grade and type (Likely Grade D LD2) should be provided throughout the dwelling, and the system must be mains powered with a battery back-up, with all alarms/detectors inter-linked. The alarm should be clearly audible in the bedroom and loud enough to arouse a sleeping occupant. If the occupant has impaired hearing, consideration should be given to the need for special vibratory or visual alarm devices.
- 5) The bedroom should have a window with an unobstructed opening that is at least 0.33m<sup>2</sup> and at least 450mm high and 450mm wide. The bottom of the window opening should be not more than 1100mm and not less than 900mm above the floor. It should be situated in a position suitable for rescue by ladder. (This needs to be carefully considered- will the person realistically be able to utilise this facility. If not and this facility forms an intrinsic fire precaution, then the adaptation should be reconsidered). The size of the aperture and the height from the floor also needs to be reviewed and should be appropriate to the circumstances, e.g. bariatric customers will obviously need larger sized escape windows/doors. Consider another room as the bedroom if such a room could be available at the property.
- 6) A telephone extension should be provided in the bedroom with a line direct from outside so that a fire elsewhere in the premises will not affect the bedroom telephone. Mobile telephone access.
- 7) The occupant should be advised to have a personal emergency plan to follow in case of fire. The plan should cover what to do if they discover a fire, action on hearing the fire alarm and arrangements for immediately calling the fire brigade (particularly important where they are unable to get out unaided\* this must be part of the initial considerations).
- 8) The installation of a residential sprinkler installation should be given serious consideration, as this would significantly increase the occupants safety in the event of a fire, as well as reducing damage to the property. To discuss with the occupiers/owner and see what the plan is and if appropriate. Risk assess.

Please note that the provision of a through floor lift will require the submission of an application under the Building Regulations, and Listed Building Consent will also be required if the property is on the Listed Building Register.

**Stairlifts**- consider all of the above- but it is likely that the risk is somewhat lower due to probable better mobility, and the ability to get down the stairs in emergency.

Note the extra time needed for warning and escape.

Minimum requirements- fire alarm Grade D LD 3- but consider LD2

Fire doors

Fire resisting construction where there is added risk of means of escape being compromised- (solid well-fitting doors could be appropriate)

Consider closers on doors and door release mechanisms.