

Disabled Facility Grant Policy

1. The Council's Strategies and Policies

- 1.1 The objectives, ambitions and targets of Cherwell District Council¹ (the Council) are set out in a hierarchy of related Strategies. The top-level, over-arching strategy for the Council and its partners is the *Sustainable Communities Strategy*; beneath it sits the Council's *Housing Strategy* and, building in more detail in relation to the private sector, its *Private Sector Housing Strategy*. These Strategies all reflect the Council's desire and commitment to tackle deprivation, assist older people, improve levels of health and to help people live independently.
- 1.2 The Council's Policies are documents which explain how things will be done and how decisions will be reached. They are essentially the rules the Council sets to ensure that its services are delivered fairly, consistently and clearly. Policies undergo a formal process of consultation and then checking and adoption by elected members.
- 1.3 Since 2003, when most prescriptive grant legislation was repealed, the Council has had to have in place a policy explaining how it will use the grant and assistance powers now available to it². The Council's current grant policy was produced in 2008. This *Disabled Facility Grant Policy* expands upon the Council's *Grants and Assistance Policy 2008* (which remains in force) and has been produced in response to a need to develop our Disabled Facilities Grant work that was recognised during production of our *Private Sector Housing Strategy 2010-14*.

2. Introduction to the policy

- 2.1 Perfectly good homes can be quite unsuitable for occupants with mobility needs, to the extent that they can actually be dangerous and isolating. Adaptations are needed by many disabled people so that they can remain safe and independent. They can be needed by people of all ages, but as our population ages and life-expectancy increases, the number of people needing assistance to adapt their homes is expected to grow.
- 2.2 Cherwell District Council is committed to helping disabled residents and will administer Disabled Facility Grants (DFGs) (and other forms of assistance, such as discretionary grants, where available) so as to help them achieve a home which meet their needs.
- 2.3 However, the Council knows that, in future, as the number of people seeking DFG's and the cost of providing adaptations grow, its finite resources are likely to mean it cannot provide immediate help to all those needing assistance.
- 2.4 This policy is intended to explain how the Council will use its resources to help those who need disabled adaptations and how (often difficult) decisions will be made about the help it can give, the circumstances in which people may need to wait for assistance, and how the Council will seek to make the best use of the

¹In this document all references to the Council mean Cherwell District Council, whose policy this is. References to Oxfordshire County Council will use either that full name or the abbreviation OCC.

² See the Regulatory Reform (Housing Assistance) Order 2002

resources available. It has been developed with input from, and through discussion with, our key service delivery partners, and has been subject to public consultation.

3. Summary of the legal framework

3.1 Disabled Facility Grants (DFGs) were introduced in 1990 but the principle legal provisions are now contained in the Housing Grants, Construction & Regeneration Act 1996 (HGCRA) and regulations made under it. The following is a summary of the key legal provisions³:

- DFGs are mandatory grants and are available to disabled people when works to adapt their home are judged *necessary and appropriate* to meet their needs, and when it is *reasonable and practicable* to carry them out having regard to the age and condition of the dwelling or building⁴.
- DFGs are also subject to a means-test (except in the case of children), which means that applicants' income and savings have to be assessed to determine the amount of any contribution they are required to make towards the cost of the required work, and hence the amount of grant available to them. The way in which the means-test is carried out is set by regulations and the Council does not have any discretion in applying it. Applicants in receipt of certain specified benefits are however exempted.
- Subject to all the eligibility criteria being met, the Council must 'determine' (ie approve) properly made applications '*as soon as reasonably practicable*', but no later than 6 months from the application date⁵ (see also 7.6 below).
- The maximum DFG is currently set at £30,000⁶.
- Grant can be recovered following sale of the property within 10 years of payment provided the Council '*is satisfied that it is reasonable in all the circumstances to require the repayment*'. Grants below £5,000 are however excluded and the maximum amount recoverable in any one case is limited to £10,000⁷.
- In the event of an applicant's death before works are complete, the Council has the discretion to pay grant towards any fees incurred, works already carried out or '*other relevant works*'.

These important factors and their implications are considered in more detail below:

4. Who is responsible for providing and processing DFGs?

4.1 The HGCRA makes the Council responsible for providing DFGs. The Council cannot, in law, refuse to process a properly made DFG application whether it is received from an owner-occupier or a tenant. If the eligibility criteria and proper process are satisfied the Council must approve the appropriate grant. This also

³ This is intended as a very brief overview. The legislation must be consulted for the full picture.

⁴ Section 24(3), HGCRA

⁵ Section 34, HGCRA.

⁶ Set by means of statute.

⁷ HGCRA 1996: DFG (Conditions relating to approval or payment of Grant) General Consent 2008

applies in the case of RSL tenants, whether or not the RSL in question has an obligation to provide a budget for the provision of DFGs, although there is a clear expectation on the part of the Government that all RSLs should be contributing to the cost of DFG work and authorities are *'strongly encouraged to enter into an agreement with the RSL which requires the latter to share a reasonable proportion of the future financial liabilities for the provision of adaptations under DFG'*⁸. The Council believes that this is the appropriate and responsible approach to helping meet the needs of RSL tenants.

(Note: adaptations delivered directly by RSLs are not strictly DFGs because they do not pass through the formal application process, although the result is essentially the same.)

- 4.2 Practice amongst local RSLs varies, with some providing significant funding and undertaking adaptation work for tenants and others doing neither. This means that the Council is dealing with adaptations for some social tenants but not others and that there is a degree of variation and potential inequity in the service they receive.
- 4.3 A second issue is that those RSL tenants who pass through the Council's DFG route are subject to means-testing. Although the majority are not required to make a financial contribution because they receive a means-tested benefit (such as Housing Benefit or Council Tax Benefit), some do; whereas tenants whose adaptations are funded directly by their RSL landlords are not currently means-tested. There is therefore a need to increase equity in the provision of adaptations in the district if we can, both in terms of waiting times and tenant contributions.

We shall therefore be seeking the support of all local RSLs for this policy, their commitment to making both a financial and practical contribution to the provision of adaptations for their tenants, and asking those which undertake adaptive works to carry out means-testing.

5. The grant process

- 5.1 The DFG process is not set out in any detail in this policy although some aspects will require explanation. A step-by-step guide: *Oxfordshire Grant Aided Home Adaptations* has been produced to explain how the grant process works and the respective roles of the Council and of Oxfordshire County Council⁹. That Guide explains our jointly agreed approach and how we will assist disabled service users to carry out adaptations to their homes. The awarding of a grant is however a legal process which means that there are certain formal steps which we have to take in order to make sure we comply with the law.

We shall be seeking to ensure that the determination of grant eligibility, the approval process and works of adaptation proceed as smoothly and efficiently as possible.

⁸ See: Disabled Facilities Grant – The Package of Change to Modernise the Programme, CLG, February 2008, Annex C, section 6.28

⁹ Specifically OCC's Social and Community Services which employs the Occupational Therapists (OTs) who undertake on-site assessment of clients' needs.

A further purpose of this policy is to provide an explanation of how and why waits can occur, to demonstrate that we are seeking to reduce them wherever we can, but also to show that we are dealing with waiting times as fairly and transparently possible.

The policy will also confirm the Council's proposals for recovering grant money in the event of property sale or transfer in appropriate circumstances.

6. Eligibility Criteria

6.1 Eligibility for a Disabled Facility Grant is set by legislation (see Summary of Legal Framework, section 3 above). The availability of a grant is dependant on all three of the following criteria being met:-

- the works being necessary and appropriate, and
- the works being reasonable and practicable , and
- the applicant's means-tested contribution being less than the approved value of the grant.

Necessary and Appropriate

6.2 In order that we can decide if adaptations are '*necessary and appropriate*' we need an assessment of the client and their home. This is usually carried out by an Occupational Therapist (OT) but may also involve the Council (see 7.1.2 below). The assessment focuses on the client's ability to continue living independently in a home of their own. Once an assessment has been carried out the OT makes a referral to the Council indicating both recommended works and an assessment of the priority for work which the client should be allocated. Judgements on both these issues have an important part to play in the proposals in this policy.

6.3 In reaching a decision as to whether works are '*necessary and appropriate*' the Council is required to '*consult the social services authority*'¹⁰. In a majority of cases our practice has been to accept the works recommended in the referral as those which are appropriate, and to use the broad priority specified by the OT. However, if we are to make best use of our resources we shall need to better identify and fully explore alternative solutions and differentiate more precisely between degrees of need. If we do not do so we are at risk of spending our budget on a smaller number of people than we could otherwise help; in effect meeting some clients' aspirational needs entirely at the expense of increased waiting time for others.

This policy will introduce new arrangements for determining what works are necessary and appropriate and what priority each case should be given.

Reasonable and Practicable

6.4 There are times when it is simply not reasonable and practicable to adapt a property (eg if there are multiple or excessive changes in level, if space is limited or where moving existing services would be prohibitively expensive). In cases where it is not possible to adapt a property to an appropriate standard or where the

¹⁰ Section 24(3), HGCR.

cost of works is considered excessive, the Council can properly take the view that the works are not *'reasonable and practicable'*.

This policy will introduce new arrangements for determining what works are reasonable and practicable.

7. Proposals

7.1 Investigation, information gathering and advice – all cases

7.1.1 We shall seek to ensure that advice provided to anyone making an enquiry about adaptations stresses the need for all of the available options to be carefully explored, rather than simply discussing 'how to get a DFG' ¹¹.

7.1.2 Any case which could require:

- multiple adaptations (eg a stairlift in addition to a shower) or
 - involve major building work (such as an extension or the demolition or building of a wall) or
 - which appears to have the potential to be complex
- will be flagged-up¹² and, wherever possible, the initial visit will be made jointly by the OT and an officer from the Council's Grants Team. If an initial OT visit is made before the need for a joint visit has been established, a joint visit will be then be arranged at the earliest opportunity. In other cases a Council officer will visit as soon as possible after receipt of an OT referral.

7.1.3 In order that the Council can make decisions about eligibility, about the help it can give and, if the client is eligible for a grant, about the works which are most appropriate, we need to gather and consider a range of information. In addition to the OTs recommendations (their 'referral') we shall to need to take account of the following:

- the client's financial circumstances
- the cost of works
- the time it is likely to take to deliver the adaptation(s) proposed
- the extent of any family or other practical support
- the suitability of the client's home for adaptation (including the extent of any under-occupation or over-occupation)
- the practicalities of adapting the client's home (taking into account both the site it sits on and its wider location)
- the length of time for which the client is likely to be able to take advantage of the adaptation(s)
- the likely need for future adaptations
- the availability of, and eligibility for, suitable alternative accommodation
- the extent to which the adaptation(s) make appropriate use of the funding available to the Council.

¹¹ First contact is typically via OCC's centralised Access Team.

¹² Cases which require consideration by an OT are passed from the Access Team to the relevant OCC Area Team and subject to further screening to determine what might be involved prior to a visit being arranged. As a result, flagging up will usually involve the OT service flagging up cases with CDC.

7.1.4 Case officers will ensure that all the information we need is gathered and collated using a suitable pro-forma checklist ¹³ and will complete this as soon as possible. Once we have the information we need, we will be in a position to make decisions that take into account all the relevant facts and circumstances. We also intend to develop an appraisal pro-forma to record decision making in relation to both eligibility and approved works.

7.1.5 We shall discuss clients' options with them as soon as we can and will deal with:

- financial issues (such as advice about contributions they may have to make and any additional funding which they may need to secure to cover a shortfall in the cost of works)¹⁴
- alternative accommodation, and
- the implications of decisions that will need to be made about how their needs can be met, including their assessed priority and likely waiting time. (See section 7.5 & 7.6)

7.1.6 We propose that clients who agree to move home will be offered a grant to cover their moving costs¹⁵, will be provided with practical assistance where possible (such as locating and securing a suitable alternative home through the Choice Based Lettings scheme¹⁶) and will be given priority for any necessary adaptations to their new home.¹⁷

7.1.7 Owner-occupiers who might otherwise be faced with waiting for an adaptation and who are eligible for a Flexible Home Improvement Loan will be helped to explore that option and make an application.

7.2 Decision making criteria

7.2.1 Cherwell District Council, in consultation with Oxfordshire County Council's Social and Community Services, has to determine in each case whether the proposed works are necessary and appropriate and if they are reasonable and practicable. The Council cannot approve a Disabled Facilities Grant unless it is satisfied that these criteria have been met ¹⁸.

7.2.2 The Council's decision making will take into account the following specific expectations and presumptions:

- Grant works should properly and fully meet the assessed needs of the client. Grants which only partially meet those needs will only be considered in exceptional cases.

¹³ A suitable form will be developed.

¹⁴ Final means-test results and precise cost of works may not be available initially, but realistic estimates can be provided at an early stage.

¹⁵ Moving-grants are likely to be restricted to a figure less than the estimated cost of adapting the existing home but will be subject to approval by the Head of Service on an individual basis.

¹⁶ Choice Based Letting is the system used to allocate social housing across the district.

¹⁷ Adaptations to the new home will be assessed in the usual manner and the client will still be subject to means-testing.

¹⁸ The Council also has to be satisfied, as a result of a formal means-test, that the client's financial contribution is less than the approved value of the grant.

- Works funded by means of DFG will be the simplest and most cost-effective adaptations that will meet the client's assessed needs.¹⁹
- Facilities will be provided on the ground floor unless the Council judges that to be impractical or more costly.
- Wherever the Council judges it to be a practicable and realistic option, the re-ordering and/or change of use of existing rooms will be the preferred solution and will take precedence over both the construction of extensions and the installation of equipment. This solution will also take precedence if it will result in a reduction in the requirement for, or cost of, equipment.
- There will be a presumption against provision of level-access showers on anything but the ground floor unless that is a cheaper and more practical option.
- There will be a presumption against approving a grant for adaptation of a new home if the client already occupies an adapted home.
- There will be a presumption against the refitting of any adaptations which have previously been removed by, or at the request of, the applicant²⁰.
- There will be a presumption against the adaptation of under-occupied homes, and of under-occupied social-rented houses in particular.
- There will be a presumption against the adaptation of overcrowded homes or homes which are likely to become overcrowded.

7.3 Decision making responsibility

7.3.1 In the following cases, grant eligibility will be determined directly by the Grants Team Leader for the Head of Housing Services:

- Cases involving only the provision of a simple, straight stairlift, which satisfy the decision-making criteria set out above and which the Grants Team Leader judges to require no further exploration or consideration.
- Cases involving adaptations to bungalows and to purpose-built older-peoples' accommodation and sheltered housing (provided this is ground floor or provided with a suitable lift).

7.3.2 In all other situations, case consideration by the Council will include information resulting from a Housing Needs Assessment. A Housing Register application will therefore be required. All such cases will be subject

¹⁹ In the event that the client wants to proceed with a more costly approach, the Council will consider providing grant funding to the value of the simpler option only. If we agree to this, our decision will be conditional upon the works meeting the assessed need and upon agreement that no future grant funding will be available towards works which become necessary as a consequence of the client's decision to proceed with their preferred works rather than those proposed by the Council.

²⁰ For example, an application to refit a shower in a home where a suitable shower used to exist but had been removed by the current applicant who, at that earlier time had preferred a bath, but now seeks a shower.

to review by an Assessment Panel which will comprise the Grants Team Leader (or appropriate deputy), the Assessment & Rehousing Team Leader (or appropriate deputy), the OT specifically allocated to work with the Council (or appropriate deputy) and others as judged appropriate by the Council on a case-by-case basis. Following review, and having considered the views of the Assessment Panel, the Grants Team Leader (for the Head of Housing Services) will again determine whether or not the Council is able to approve a grant and, if a grant is available, the relevant works.

7.3.3 The Council's Head of Housing Service will have the final responsibility for determining whether the works in any particular case are judged *necessary and appropriate* and are *reasonable and practicable*.

7.4 Referrals and applications received in relation to RSL tenants

7.4.1 These will be treated and processed in the same manner as all other referrals and applications (whether from owner-occupiers or private tenants) and, in particular, will be subject to the same assessment, means-testing, allocation of priority and placement on the waiting list (as to which, see below).

7.5 Priority

7.5.1 In order to make sure that we can deal with all grant cases²¹ in fair way, we shall in future use a waiting list system which reflects the priority awarded to each client on the basis of their assessed need only. Those with greatest need will be highest on the list. We are not intending to award additional priority on the basis of time on the waiting list. If a client's needs change, they must be reassessed by an OT and their priority re-determined.

7.5.2 The assessment process is intended to ensure that cases in which adaptation is judged appropriate and which demonstrate high risk are given high priority and will therefore receive attention at the earliest opportunity.

7.5.3 If the DFG process is unable to deliver assistance sufficiently quickly in cases requiring urgent action²², the Council will consider providing discretionary grant funding in accordance with its Private Sector Housing Grant and Assistance Policy 2008.

7.5.4 We shall use the assessment procedure set out in Appendix A to determine priority²³.

7.5.5 In the event that changes are required to the assessment procedure, they will be determined by the Head of Housing Services following consultation with the OT service.

7.5.6 No case will be placed on the waiting list until all of the necessary information has been gathered and considered and until all of the possible options for meeting the assessed need have been explored and considered to the Council's satisfaction.

(In Cherwell, because we operate an 'in-house' HIA, and because almost all clients choose to make use of the HIA service, we rarely receive complete grant

²¹ ie Cases where we have decided that approval of a grant is the appropriate course of action.

²² For example, cases involving discharge from hospital of a terminally-ill client.

²³ This assessment and scoring process has been agreed with the OT service and was proposed by them as the most likely to be suitable.

applications which simply require checking, means-testing and approval. Adaptation requests usually reach us as referrals. These have to be worked-up²⁴ before a formal application can be completed. For this reason when we talk about prioritizing, we are in most cases actually concerned with the order in which we start work on referrals rather than approval of applications (which, by the stage it is reached, is a short administrative exercise). If we receive any completed applications they will be assessed for priority in the same manner as referrals and placed on the waiting list accordingly.)

7.6 Waiting time

- 7.6.1 All appropriate steps will be taken to minimise the waiting time before a grant case can be worked on and approved. The waiting list mechanism will be kept under review to ensure it is operating as intended and as circumstances require.**
- 7.6.2 In the event that changes are required to the waiting list mechanism, they will be determined by the Head of Housing Services in consultation with the Portfolio Holder for Planning & Housing.**
- 7.6.2 Ultimately however, the length of time someone has to wait on the list will depend upon the size of the grant budget, other resources available, and the number of cases with a higher priority.**
- 7.6.3 The Council will however reserve the right to start processing some cases out of strict priority order in exceptional cases (as determined by the Head of Housing Services) and where the Grants Team Leader determines that it is necessary to ensure either efficient allocation of staff resources, or budget allocation and spend.²⁵ (see also 8.2)**

The issue of waiting time does however need some more explanation because waits can occur at several points in the process and for different reasons: The first part of the adaptations process is an assessment by an OT. The OCC's Social and Community Services aim to ensure that assessment and subsequent referral to the Council is made within 28 days, but in some cases clients face a wait at this point before the Council becomes involved.

Once a referral (or an application) reaches the Council, we carry out a preliminary means-test within 10 working days in order that we can determine the likely contribution a client will have to make towards the cost of the work. This provides a further opportunity for us to help them explore alternatives to waiting for a grant. It also means that unnecessary waiting can be avoided, if for example the client is unlikely to be awarded a grant or a grant of sufficient size to facilitate the works they require. We also send the client a grant pack within 5 working days. Once we have obtained the necessary information and have determined that a grant can be approved, the case will be placed on the waiting list for allocation to a case officer.

Once allocated to a Council officer for action, the time taken for a referral to reach the grant approval stage will vary according to the nature of the work involved. Cases requiring relatively straightforward fitting of equipment such as a stairlift are

²⁴ Which involves feasibility checking, tendering, and in some cases preparation of drawings, planning applications, building regulation applications, party-wall agreements etc)

²⁵ For example, it may be appropriate to start working up certain larger jobs in order that other necessary steps such as obtaining planning approval can be started and can run in parallel to grant approval work.

likely to take least time. Those involving extensions and re-ordering of space are likely to take considerably longer, particularly when planning and other consents are required.

Once a grant has been approved, works will commence on site at the earliest opportunity, but this is dependent upon the availability of suitable contractors and their work-programme. This is a factor which is taken into careful account as part of the tendering and appointment process undertaken by the in-house HIA, but is not under the direct control of the Council.

(Note: the legislation requires the checking and approval of a DFG application within 6 months (where eligibility criteria are met). As a result of the HIAs involvement, much of the work (and therefore most of the time taken) occurs before an application can be made, since an application has to include the detailed specification for the work and (usually) 2 prices. In cases which need planning consent the specification can only be produced once that permission has been given. Once the specification and prices are available, the approval process is a simple administrative one taking only a short time. We remain aware however that the total time taken from the point at which a client raises an adaptation need to the completion of their installation is what matters to them.)

8. Funding

8.1 Government and other external funding

8.1.1 The Council will make the case for the maximum government funding contribution at every opportunity.

8.1.2 We shall seek additional funding from other sources, agencies and partners wherever possible.

8.2 Council funding

8.2.1 In accordance with its various strategies the Council will continue to support and deliver disabled adaptations and will allocate resources to DFGs as one of its priorities.

8.2.2 In accordance with this policy, the Council will continue to deliver the available capital resource as efficiently and effectively as possible. In particular, whilst avoiding over-spend, the Council will permit such sufficient, carefully managed over-commitment of the DFG budget as is consistent with the likely future budget, is necessary to ensure effective budget spend, a consistent through-put of cases and appropriate allocation of the available staff resource²⁶.

8.2.3 In the event that a grant applicant dies before works have commenced the application will not be pursued and any grant that has already been approved will be cancelled. In the event that works have already commenced the Council will, in principle, and having regard to the facts of the case, provide grant funding towards those works it judges necessary to make-good. In the case of major building works such as extensions, any

²⁶ This approach has been carefully used to delivered effective spend for a number of years.

discretionary payment will be restricted to those works necessary to make the building safe, secure and water-tight and to provide a basic standard of internal finish only. The Council will however only contribute up to the level of the approved grant and to the cost of any relevant works which exceed the applicant's assessed grant contribution.

8.3 Our proposal for RSL funding

8.3.1 An entirely equitable and transparent scheme would see all adaptations in the district being assessed, prioritised, processed and funded in the same way regardless of tenure. However, although we do not believe this is achievable at present (not least because the Council's Grants Team is already fully committed and because it would necessitate RSL's transferring capital, and possibly allocating a staff resource to the Council), it is right that it should remain an ambition.

8.3.2 In order that resources can be enhanced and future waiting times kept as low as they can be, we propose to ask all RSLs to commit to funding and making appropriate arrangements for installing all minor adaptations and to contributing at least 50% of the cost of major adaptations provided to their tenants.

9. Repayment of Grant

9.1 In order to ensure its grant budget is used as effectively and as efficiently as possible, the Council will use the powers made available to it by the *Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008*, to recover grant in specified circumstances.

9.2 There will be a general presumption that grants should be repaid in those cases where a property adapted with grant assistance for an owner-occupier or their child is sold or transferred within 10 years of the certified date of grant completion. Each case will however be assessed to determine whether it is reasonable in all the circumstances to require the repayment. The Head of Housing Services will specifically approve an exemption if recovery is not to take place.

9.3 In accordance with the General Consent, no repayment will apply to grants of £5,000 or less and the maximum repayment will be £10,000.

9.4 The Council has determined that the first £5000 of all grants greater than £5000 will be exempt but every amount over £5,000 will be repayable up to the £10,000 limit. This is intended to ensure that no one has to repay a disproportionate amount. Table 1 below shows how this will work.

9.5 The Head of Housing Services will have discretion not to recover any very small sums where the administration costs would outweigh the value of the amount which could be recovered ²⁷.

²⁷ For example, the matter of a few pounds only.

Table 1

Grant	Recoverable sum	Comment
£4,999	No Charge	Recovery not permitted
£5,500	£500	Recovery limited to £500 rather than the £5,500 possible
£6,000	£1,000	Recovery limited to £1,000 rather than the £6,000 possible
£10,000	£5,000	Recovery limited to £5,000 rather than the £10,000 maximum
£15,000	£10,000	The maximum allowable £10,000 will be recovered
£30,000	£10,000	The maximum allowable £10,000 will be recovered

9.6 The amount of any grant which is repayable will be made a Land Charge against the property at the time of payment. The Charge will remain in place for the period of 10 years from the certified date of grant completion. This will allow the Council to recover its money at the point of any sale or transfer.

9.7 DFG capital which is repaid to the Council will be recycled, that is, credited to the DFG budget in order that it can be re-used for further DFGs.

Appendix A

Major Adaptation Assessment Criteria – Eligibility & Priority

1. The assessment process and criteria set out below will be used to assess both the Priority Need Band and Priority Score in all cases requiring major adaptations (ie cases requiring structural alterations or the provision of adaptations costing more than £1000). It will not be used for minor adaptations and such cases will not be referred to the Council.
2. Occupational Therapists will record their assessments on this basis in order that Priority can be assessed. Where an identified need does not fit exactly into a level of need, the level that fits most closely should be selected.
3. If a person has low need or the need is already being met by an adaptation or piece of equipment the Need level selected should be Band 1.
4. Only cases with a level of need identified as either Band 4 or Band 3 will be forwarded to the Council. (Those cases at Band 2 or Band 1 will be sign-posted elsewhere.) A copy of the completed Priority Assessment Summary sheet (see below) will be included as part of each referral.

1. ACCESS

1.1 Internal Access

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Totally unable to mobilise to essential facilities e.g. toilet, bedroom, or unable to access toilet in time even with assistance of carer</p> <p>AND all alternative long term measures have been considered and are inappropriate</p>	<p>Most of the time is unable to mobilize to essential facilities eg toilet, bedroom, or most of the time is unable to access toilet in time even with assistance of carer.</p> <p>AND all alternative long-term measures have been considered and are inappropriate.</p> <p>AND the medical condition is such that there is likely to be significant deterioration over the next 12 months.</p>	<p>Is able to access the majority of rooms within the home but with difficulty.</p> <p>AND there is potential risk to independence in the foreseeable future.</p>	<p>Has indoor access but difficulties are increasing</p> <p>AND limited risk to independence in future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

1.2 External Access

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to access the property even with carer assistance.</p> <p>AND there is essential need for access for health purposes.</p>	<p>Has great difficulty or is unable to access property even with carer assistance.</p> <p>AND needs access for leisure or social purposes.</p> <p>AND would be able to access community facilities/activities on a regular basis</p>	<p>Able to access the property with minimal carer assistance.</p> <p>AND would only need to go out very occasionally</p>	<p>Is able to access property but access in/out is becoming more difficult.</p> <p>AND limited risk to independence in future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

1.3 Negotiating Stairs

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to negotiate stairs</p> <p>AND has essential need to access essential upstairs facilities</p> <p>AND unable to make alternative arrangements to overcome difficulties</p>	<p>Unable to negotiate stairs without a high risk of injury to self and/or carer.</p> <p>AND essential needs to access upstairs facilities and alternative measures cannot reduce risk to independence.</p>	<p>Able to negotiate stairs with difficulty and/or some assistance from a carer.</p> <p>AND alternative measures can be made</p> <p>AND there is potential risk to independence in the foreseeable future.</p>	<p>Able to manage stairs but becoming more difficult.</p> <p>AND limited risk to independence in future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

2. TRANSFERS

2.1 Toilet

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to transfer on/off toilet.</p> <p>AND unable to weight bear</p> <p>AND unacceptable level of physical assistance given by carers, high risk of injury to self and/or carer.</p> <p>OR no care available.</p> <p>AND/OR a commode has been provided but an increased care package is required to empty it OR a commode is being used within a family/communal space.</p> <p>OR bowel management is taking place on the bed as access to a commode/WC is not possible</p>	<p>Able to carry out toilet transfers with great difficulty even with carer assistance.</p> <p>AND there is serious risk of injury to self and/or carer in near future.</p> <p>AND/OR use of a commode severely restricts room space available to the rest of the family.</p> <p>OR use of commode is possible with assistance from 2 carers and/or a hoist.</p>	<p>Able to carry out toilet transfers but with some difficulty.</p> <p>AND sometimes needs help from a carer.</p> <p>AND there is potential risk to self and/or carer in the foreseeable future.</p> <p>AND/OR a commode has been provided and can be used independently or with minimum assistance.</p> <p>OR a commode has been provided and is used in a private area e.g. bedroom or second sitting room.</p>	<p>Able to transfer on/off toilet.</p> <p>AND the transfer is becoming more difficult.</p> <p>AND limited risk to independence in future.</p> <p>AND a commode is not required at this time.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

2.2 Chair

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to transfer from a chair/wheelchair.</p> <p>AND unable to weight bear.</p> <p>AND unacceptable level of assistance provided by carer, high risk of injury to self and/or carer.</p> <p>OR no care available</p>	<p>Able to stand from sitting but with great difficulty even with carer assistance.</p> <p>AND there is potential risk of serious injury to self and/or carer in near future.</p>	<p>Able to transfer with some difficulty.</p> <p>AND sometimes needs assistance from carer.</p> <p>AND there is potential risk of injury to self and/or carer in the foreseeable future.</p>	<p>Able to transfer from chair/wheelchair.</p> <p>AND the transfer is becoming difficult.</p> <p>AND limited risk to independence in future</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

2.3 Bed

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to move around in bed or transfer on/off bed.</p> <p>AND unable to weight bear.</p> <p>AND unacceptable level of assistance provided by carer, high risk of injury to self and/or carer.</p> <p>OR no carer available</p>	<p>Able to alter position in bed, sit up in bed and transfer from the bed but with great difficulty even with carer assistance.</p> <p>AND there is potential risk of serious injury to self and/or carer in near future.</p>	<p>Able to carry out bed transfer with some difficulty.</p> <p>AND sometimes needs assistance from carer.</p> <p>AND there is potential risk of injury to self and/or carer in the foreseeable future.</p>	<p>Able to carry out bed transfer.</p> <p>AND the transfer is becoming difficult.</p> <p>AND limited risk to independence in future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

2.4 Bath / Shower

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to transfer into existing bath/shower.</p> <p>AND an unacceptable level of personal hygiene cannot be achieved by other means e.g. strip wash, bed bath</p> <p>AND there is risk of imminent breakdown of care situation resulting in admission to hospital or residential/nursing care.</p>	<p>Unable to transfer into existing bath/shower.</p> <p>AND unable to strip wash independently.</p> <p>AND carer experiences/will experience difficulty assisting to give strip wash and is at risk of injury OR carer has difficulty achieving an acceptable level of personal hygiene for the service user within existing arrangements OR it is not possible to provide a carer/assistance.</p>	<p>Unable to transfer into existing bath/shower independently.</p> <p>AND is unable to strip wash independently and requires assistance from carer to complete task.</p> <p>AND carers are able to help service user to achieve an acceptable level of personal hygiene.</p> <p>AND carers are at low risk of injury.</p>	<p>Experiences some difficulty or unable to transfer into existing bath/shower. May sometimes require carer assistance.</p> <p>AND able to strip wash independently to achieve an acceptable level of personal hygiene.</p> <p>AND limited risk to independence in the future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

3. FOOD AND DRINK PREPARATION

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to carry out essential tasks</p> <p>AND no carer assistance available.</p> <p>AND severe risk of self neglect and poor nutrition.</p> <p>AND imminent risk to independence.</p> <p>AND there are no other options available.</p>	<p>Unable to carry out essential tasks.</p> <p>AND no carer assistance available.</p> <p>AND risk to independence in near future.</p> <p>AND there are no other options available.</p>	<p>Limited ability but can complete tasks with some difficulty/assistance.</p> <p>AND no carer assistance available.</p> <p>AND risk to independence in foreseeable future.</p> <p>AND there are no other options available.</p>	<p>Can complete tasks but becoming more difficult.</p> <p>AND no carer assistance available.</p> <p>AND limited risk to independence.</p> <p>AND there are no other options available.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

4. COMMUNITY INVOLVEMENT

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>There is an urgent need to access essential health services as identified by GP/Consultant/other medical professional, or social care support services identified in current care plan, that cannot take place in the home</p> <p>AND there is an imminent risk to physical or mental health for self and/or carer.</p>	<p>There is a substantial risk to physical or mental health of self or carer if these services are not accessed.</p> <p>AND services can no longer take place with the home.</p>	<p>There is a potential risk to physical or mental health of self and/or carer if these services are not accessed.</p> <p>AND services cannot take place within the home.</p>	<p>Some difficulties accessing these services but low risk to physical or mental health of self and/or carer if services are not accessed.</p> <p>AND services could be received within the home.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

5. FAMILY ROLE

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to sustain family role.</p> <p>AND physical and/or mental health is imminent risk.</p> <p>AND family members are fully dependent on service user.</p> <p>AND immediate loss of independence.</p>	<p>Family role could be sustained with assistance.</p> <p>AND health at risk in near future.</p> <p>AND puts unacceptable strain on others.</p> <p>AND loss of independence in near future.</p>	<p>Family role could be sustained without assistance.</p> <p>AND health at limited risk in foreseeable future.</p> <p>AND some strain on others.</p> <p>AND loss of independence in foreseeable future.</p>	<p>Family role could be sustained without assistance.</p> <p>AND independence/health at low risk.</p> <p>AND limited strain on others.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

6. LIFESTYLE/CULTURE/RELIGION

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to carry out essential religious/cultural requirements.</p> <p>AND there is evidence that these are of crucial importance to the religion/culture.</p> <p>AND imminent risk to health due to loss of role.</p>	<p>Majority of needs not met.</p> <p>AND serious risk of loss of independence in near future.</p> <p>AND serious risk to physical/mental health in near future.</p>	<p>Some religious /cultural needs not met.</p> <p>AND may cause depression/isolation in foreseeable future.</p>	<p>One or two religious/cultural needs not met.</p> <p>AND there is evidence that these are not of critical importance to the religion/culture.</p> <p>AND health at low risk.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

7. ACCESS TO WORK/EDUCATION

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Unable to sustain vital involvement in work or education.</p> <p>AND physical and/or mental health is at risk.</p> <p>AND immediate loss of independence.</p>	<p>Involvement in vital work or education is at substantial risk of breakdown.</p> <p>AND physical and/or mental health at risk in near future.</p> <p>AND loss of independence in near future.</p>	<p>Difficulty in accessing maintaining principle daytime work or education activity.</p> <p>AND could be sustained with some support</p> <p>AND health and independence at limited risk in foreseeable future.</p>	<p>Would like to participate in educational or vocational activities as it would improve quality of life.</p> <p>AND some assistance is needed to access them.</p> <p>AND health at low risk.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

8. CARERS

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>Totally dependent on carer for all essential personal care activities.</p> <p>AND responsibility is too great for carer to manage and carer is at high risk of severe injury to self and/or service user.</p> <p>OR care situation has broken down or is at imminent risk of breakdown with potential for hospital/residential/nursing care being sought.</p> <p>AND provision of equipment will not alleviate the situation.</p>	<p>Reliant on carer for majority of activities of daily living.</p> <p>AND carer has significant disabilities and is at risk of injury in near future.</p> <p>OR care situation is at risk of breakdown in near future.</p> <p>AND carer has very low support networks.</p>	<p>Dependent on carer for assistance with many activities of daily living.</p> <p>AND carer manages with difficulty to provide assistance or is unable to provide some aspects of care.</p> <p>AND possibility of breakdown of care situation in foreseeable future.</p> <p>AND carer has limited support networks.</p>	<p>Very little reliance on carer for assistance with activities of daily living.</p> <p>AND no foreseeable risk of care situation breaking down.</p> <p>AND carer has good support networks.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

9. HEALTH AND SAFETY

BAND 4	BAND 3	BAND 2	BAND 1	NOT APPLICABLE
<p>No understanding of risk and constantly putting self at risk of accident/injury.</p> <p>AND total lack of independence due to unpredictable nature of behaviour.</p>	<p>Has limited understanding but still putting self at significant risk.</p> <p>AND at risk for majority of tasks.</p> <p>AND loss of independence now or in the near future.</p>	<p>Some understanding of risks with awareness causing occasional stress/anxiety now or in foreseeable future.</p> <p>AND significant loss of independence due to inability to carry out many tasks safely.</p>	<p>Cautious of risk.</p> <p>AND has clear understanding and will be able to contact appropriate services/professional staff when situation deteriorates.</p> <p>AND level of risk may cause occasional stress/anxiety in the near future.</p>	<p>This area is not being considered at this time as it has no impact on the adaptation being recommended.</p>

PRIORITY ASSESSMENT SUMMARY

SECTION 1		BAND				
		4	3	2	1	N/A
ACCESS	1.1. Internal Access	4	3	2	1	N/A
	1.2 External Access	4	3	2	1	N/A
	1.3 Negotiating Stairs	4	3	2	1	N/A
SECTION 2						
TRANSFERS	2.1 Toilet	4	3	2	1	N/A
	2.2 Chair	4	3	2	1	N/A
	2.3 Bed	4	3	2	1	N/A
	2.4 Bath/Shower	4	3	2	1	N/A
SECTION 3	Food and Drink Preparation	4	3	2	1	N/A
SECTION 4	Community Involvement	4	3	2	1	N/A
SECTION 5	Family Role	4	3	2	1	N/A
SECTION 6	Lifestyle/Culture/Religion	4	3	2	1	N/A
SECTION 7	Access to Work/Education	4	3	2	1	N/A
SECTION 8	Carers	4	3	2	1	N/A
SECTION 9	Health and Safety	4	3	2	1	N/A

PRIORITY NEED BANDING

Circle only the HIGHEST Need Banding as determined above

4 (High)	3 (Medium)	2 (Low)	1 (No need)
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PRIORITY SCORE CALCULATION

Insert total number for each level from summary table above, use multiplier to determine total for each level, add total for each level to give priority score.

No. of Band 4s	Multiplier	Total A	No. of Band 3s	Multiplier	Total B	No. of Band 2s	Multiplier	Total C	No. of Band 1s	Multiplier	Total D
	x4			x3			x2			x1	

PRIORITY SCORE:

(Sum of Totals A, B, C & D)