



The Healthcare Professional's
Definitive Guide to **Disabled Facilities
Grants** for Homelifts

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Homelifts





Disabled Facilities Grant Legislation

A handy guide for healthcare professionals

This guide details:

- Your client's rights to a Disabled Facilities Grant (DFG)
- Clinical justification for a homelift
- How homelifts reduce pressure on the NHS
- Why a homelift could be more beneficial than a stairlift
- How and when to apply
- The legislation you need to be aware of to support your client's application



Disabled Facilities Grants

If your client's disability compromises their occupational performance, they may be entitled to a DFG. A DFG is provided by the local authority to install homelifts, stairlifts, ramps, accessible baths/showers and other accessible adaptations in the home.

These are provided with the aim of enabling disabled adults and children to lead more independent lives whilst supporting families and carers. Part of the Better Care Fund (BCF), a DFG is available in England, Wales and Northern Ireland, (in Scotland its equivalent is an equipment and adaptations grant).

What is the Better Care Fund (BCF)? The BCF represents a unique collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and the Local Government Association.

The four partners work closely together to help local areas plan and implement integrated health and social care services across England. More information can be found here: www.england.nhs.uk

DFG – key facts

- A DFG is part of the Housing Grants, Construction and Regeneration Act 1996 (and amendments)
- DFG is a mandatory grant i.e. people have nationally defined legal rights concerning its provision
- DFG's are means-tested. This does not affect any other benefits your client receives and does not apply to disabled children under 18. More information is here: www.gov.uk/disabled-facilities-grants/what-youll-get
- Your client must own the property or be a tenant with the intention to stay there at least five years
- Grants can amount to a maximum of £30,000 (2019-2020) however, the average grant amount received is currently £6,500
- Payment is made when councils approve the adaptation work and are in receipt of an invoice from the contractor. No work should commence before the grant has been approved as this can affect the application

Clinical justification for a homelift

- This solution can enable older or disabled people to improve their occupational performance
- A reduced need for care or independent living can be facilitated
- The risk of injury from falls can be reduced
- Self-confidence and self-esteem can be improved
- Anxiety and depression can be reduced with better mental health
- Greater control can be provided to everyday life
- Clients can remain in their 2-storey home as opposed to relocating to a ground floor flat, bungalow or high-rise property with a lift
- The potential stigmatisation of a stairlift is eliminated by a contemporary homelift
- A more cost-effective option than building adaptations

Reducing pressure on the NHS

- Homelifts reduce pressure on the NHS, particularly A&E, as injuries on the stairs are eliminated
- DFG provision benefits the state by significantly improving quality of life and reducing NHS and social care costs
- Homelifts benefit carers by removing the need to physically lift or carry clients up and down stairs – avoiding risk of musculoskeletal injury and stress to both
- Homelifts can prolong older people's ability to live safely in their homes, reducing the need for social or residential care



Homelift versus stairlift – meeting your client’s changing needs

Due to stairlifts being a more well-known, traditional solution, you may find that grant applications and opinions veer in that direction. This viewpoint may be based on price i.e. that a stairlift is perceived to be a more cost-effective solution. This may be appropriate in the short term, however if your client’s requirements change and condition worsens, this may result in the stairlift becoming redundant.

To clinically justify why a homelift may be more suitable than a stairlift, consider the following points:

- Is your client’s condition likely to change? Assess if a stairlift will be suitable if there is potential for increased balance, co-ordination or mobility issues
- Evaluate other members of the household who need to use the stairs, especially children – a stairlift might encroach on the space and cause a safety risk
- Review postural strength and co-ordination in terms of sit-to-stand / side transfers
- How important are product aesthetics in relation to possible embarrassment factors?

Wheelchair/powerchair users

- With a stairlift, your client will need to feel confident about transferring independently from wheelchair to stairlift seat. Consider the transfer at the top of the stairs which could have added safety risks
- With a stairlift your client will require two wheelchairs, one at the top and one at the bottom of the stairs. Is there adequate space at the top and bottom of the stairs to position the wheelchair for a safe transfer?
- Homelifts are more suitable for wheelchair users if transferring independently is difficult or not possible



How and when to apply

- Your client owns the property or is a tenant with the intention of staying for five years
 - If a tenant, you need permission from the landlord, or they can apply on your client's behalf. More information is available here: www.gov.uk/disabled-facilities-grants/how-to-claim
 - You can refer your client to their local council where applications are usually handled by the Local Housing Authority
 - Specialist homelift manufacturers, such as Stiltz, can provide advice and guidance. Stiltz works closely with Healthcare Professionals to ensure positive outcomes for all. Its expertise is enhanced by a partnership with respected Occupational Therapist Stuart Barrow
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FAQs

Who will undertake the work?

An outside organisation such as Care and Repair may be appointed to project manage the work. They will be responsible for obtaining quotations and liaison between the client and the contractors.

What should I do if my client's application is rejected?

Find out the exact reason why the application was not successful.

Make sure you go back to the relevant party with all the evidence to support your appeal. Cite the legislation and remember a DFG is a mandatory grant. If rejected, social services or the NHS may also be liable to assist with funding the adaptation. Your clients have nationally defined legal rights concerning adaptation provision.

How long will the grant take?

Under the Housing Grants, Construction and Regeneration Act 1996, Local Authorities should provide an answer to an application for a DFG as soon as is reasonably practicable, and no later than six months after the application is made.

Are there any other grants available in addition to DFG?

There are various charities which may help with funding for equipment, especially for children and teenagers 18 or under. Charities such as [Caudwell Children](#), [Children Today](#), [Boparan Charitable Trust](#) and [Newlife](#) may be able to assist.

Legislation to support your client's application

Gaining an understanding of current UK legislation is essential to ensure you can fully support client applications and back up your clinical reasoning. Adaptations can fall under Housing (DFG), NHS or Social Services due to the legislation governing these statutory bodies.

Key terms

Mandatory - The DFG is a mandatory grant, which means the Local Authority is required by law to provide the funding for the adaptations subject to the assessment.

Necessary and Appropriate - The applicant **MUST** be assessed as requiring the works, often referred to as being 'necessary and appropriate', usually this assessment is carried out by an Occupational Therapist.

Reasonable and Practicable - The works **MUST** be deemed 'reasonable and practicable' by the Housing Authority who administers the grant. More information can be found here: www-foundations.uk.com

Means Test - Parents or guardians of applicants aged 18 or under will not be financially tested and income is disregarded for the purpose of adaptations. 19 and above, the applicant will be means tested based upon income they receive. (Certain benefits are disregarded in the calculation).

Tenure (No Restriction) - No restriction regardless of tenure means regardless of what type of property you reside in, you or your landlord if applicable can apply for a DFG. If you do not own the property, you will need to apply for landlord permission.



Legislation by country

England

Eligibility under the Care Act

The Care Act is outcome centric and the outcomes considered for a homelift could be:

1. Maintaining personal hygiene
2. Managing toilet needs
3. Being able to make use of the adult's home safely
4. Carrying out any caring responsibilities the adult has for a child (accessing child's bedroom / first floor of the property).

Section 23 of the Care Act states that social services is not allowed to do anything that is legally required to be done under the Housing Act 1996. This prohibition does not extend to the Housing Grants, Construction and Regeneration Act 1996, which covers major adaptations in the form of Disabled Facilities Grants.

In addition to the 1996 Act there is a further piece of housing legislation – the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO).

This gives a wide discretion to assist with housing locally, including with home adaptations. Individual housing authorities can write their own RRO policy which could mean they can fund without means test or provide for free certain adaptations.

KEY TIP: *It is worth asking your local housing authority what their RRO policy is?*

Scotland

In Scotland, adult social care provision comes under the Social Work (Scotland) Act 1968, and the Chronically Sick and Disabled Person (Scotland) Act 1972.

Housing legislation should be seen in the context of wider local authority duties under welfare legislation, such as the Chronically Sick and Disabled Persons Act 1970. Local authorities have an overall duty to meet eligible assessed needs.

The housing grants system falls under the Housing (Scotland) Act 2006. Section 73 provides for mandatory grants to cover essential standard amenities. Section 71 refers to a discretion to assist with other adaptations relating to the accommodation, welfare, or employment of the disabled person.

Wales

In April 2016, adult social care in Wales came under the Social Services and Well-being (Wales) Act 2014. This superseded existing legislation, including section 47 of the NHS and Community Care Act 1990, and section 2 of the Chronically Sick and Disabled Persons Act 1970. For instance, unlike the Care Act, it contains provisions relating directly to children, as well as to adults.

Section 15 of the Social Services and Wellbeing (Wales) Act imposes a general duty to arrange preventative services. Section 34 of the Social Services and Wellbeing (Wales) Act refers specifically to services, goods and facilities, aids, and adaptations.

Northern Ireland

In Northern Ireland, adult social care provision comes generally under articles 4 and 15 of the Health and Personal Social Services (Northern Ireland) Order 1972. Article 15 of the Order sets out a general duty to make available advice, guidance, assistance, and facilities, by way of providing social services. A more specific duty arises under section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978. That is to assist with adaptations, where the local authority judges that this is necessary.

In Northern Ireland, DFG come under the Housing (Northern Ireland) Order 2003.



NHS and home adaptations

If a person has been awarded Continuing Healthcare (NHS Funded Care).

England

Regulations state that if a person's needs amount to a 'primary health need', and thus constitute a continuing healthcare need. Section 22 of the Care Act 2014 legally prohibits social services from doing anything which the NHS is required to do.

Therefore, if a person is in his or her own home, adaptations which would normally fall to social services to provide, would be an NHS responsibility.

Wales

For Wales, NHS provision generally is made under section 3 of the NHS (Wales) Act 2006. As in England, this duty is probably broad enough to encompass adaptations, though does not explicitly refer to them.

More specifically, Welsh guidance on NHS continuing healthcare does not refer to home adaptations, merely, that adaptations, which would normally fall to social services, would be an NHS responsibility in the case of a person with NHS CHC status. The prohibition on social services doing what the NHS is required to do, is contained in section 47 of the Social Services and Wellbeing (Wales) Act 2014.

Scotland

NHS provision generally is made under sections 36 and 37 of the NHS (Scotland) Act 1978. As in England, this duty is probably broad enough to encompass adaptations in principle, though does not refer to them.

The position in relation to NHS continuing healthcare in Scotland differs to that in England. In Scotland, NHS continuing healthcare status applies to hospital stays only, thus adaptations are not included the guidance would suggest.

Northern Ireland

In Northern Ireland, health provision generally is made under article 5 of the Health and Personal Social Services (Northern Ireland) Order 1972.

As in England, Wales and Scotland, this duty is probably broad enough to encompass adaptations. There appears to be no specific guidance in Northern Ireland for NHS funded adaptations.

Adaptations for children (Social Care)

England

Legislative provisions for children are distinct from adult provisions in social care legislation, but the same in housing and NHS legislation. The Care Act 2014 is about adult social care. It does contain provisions about transition from childhood to adulthood, at age 18. But its rules do not otherwise apply to children. This means that section 2 of the Chronically Sick and Disabled Persons Act 1970 continues to apply to children, despite no longer applying to adults.

Wales

In Wales, from April 2016, local authorities have a duty to meet the needs of children under section 37 of the Social Services and Well-being (Wales) Act 2014. This care and support can include home adaptations, as is made explicitly clear in section 34 of the act.

Scotland

In Scotland, provision for children comes under section 22 of the Children (Scotland) Act 1995 and section 2 of the Chronically Sick and Disabled Persons (Scotland) Act 1972. This legislation includes assistance with major adaptations, over and above the housing grants system under the Housing (Scotland) Act 2006.

Northern Ireland

In Northern Ireland, provision for children comes under article 18 of the Children (Northern Ireland) Order 1995, and section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978. This legislation helps cover assistance with major adaptations, over and above the housing grants system under the Housing (Northern Ireland) Order 2003.

Further reading regarding the importance of good practice in administering grants that maintain independence in the home, can be found in the report 'Adapting for Ageing Good Practice'. 'The Centre for Ageing Better commissioned Care & Repair England to carry out a 'call for practice' to identify practical examples of local areas that are organising and delivering adaptations effectively. This report identifies the elements of high-quality and innovative practice in the provision of home adaptations for older people.'

For more information call **0330 222 0334** or
visit: www.stiltzhealthcare.com

Produced in association with Stuart Barrow, Occupational Therapist, Promoting Independence Limited.



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