

**Disabled Facilities Grant Programme:  
The Government's proposals to improve programme delivery**

**Aspire's response to the consultation document**

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Aspire welcomes this opportunity to comment on the Disabled Facilities Grant (DFG) Programme – for far too long this system that was designed to assist disabled people with living in their own homes has been failing in its intentions. The premise for the Grants, though, is sound and Aspire hopes that, following this consultation, the government will increase their commitment to ensuring that disabled people have full opportunities to live independently.

Aspire's response is based on our direct experience of working with Local Authorities' Housing Teams and Housing Associations to provide Aspire Supported Housing, as well as our vast experience of advising and supporting thousands of people with Spinal Cord Injuries who have applied for grants. The views of many of these individuals have fed directly into this response.

**In Summary**

- Many of the proposals contained in the consultation document are, if overdue, very welcome
- Committing to Lifetime Homes is a positive step, but still a long way short of what is needed by wheelchair users
- Aspire welcomes the increase in the grant limit
- Those who privately rent need increased support from the grants
- Aspire would like to see the widening of the remit to include temporary housing
- Individual's own Occupational Therapists should be more readily utilised during the DFG process
- Disability Housing Registers and Choice Based Lettings are welcome in principle, but frequently cause problems in practice

## **Section 1**

6. Joint working between the housing, health and social care sectors is something that has been proposed many times before. The biggest problem, though, is the massive inertia that exists; all parties can see why they should be working together but when it comes to delivery it rarely seems to happen.
  
8. Committing to Lifetime Homes is an extremely welcome move. However, committing to Lifetime Homes falls a long way short of what is needed by the 300,000 wheelchair users who need a fully accessible property now. Although adapting a Lifetime Home is relatively cheap and easy, even when adapted they are merely – as described by a wheelchair user to our Housing Manager – “great places to visit, but you wouldn’t want to live there”. In other words, they are accessible, but not to the point where access is easy and without restriction for day to day use. If there really is commitment to supply housing that meets the demands of society then a percentage of all new properties must comply with full wheelchair accessible standard.
  
9. The Individual Budgets pilots are, of course, concerned with disabled people as much as they are with elderly people. Aspire is delighted that DFG payments have been included in the Individual Budgets programme and looks forward to the results of the pilot schemes.
  
10. The Department of Health is indeed reviewing the provision of community equipment, including wheelchairs. This only emphasises the need for vastly improved housing stock since a condition that most Wheelchair Services place on the provision of Electrically Powered Indoor and Outdoor Chairs (EPIOC’s) is that the user must be able to readily use them in their property. If the user does not live in a fully accessible property it is highly likely that they will be refused this piece of mobility equipment that would have given them independence.
  
- 24 - 26. Aspire recognises the problems and challenges that have been identified, although we are certain that many of them were identified long before the official review was commissioned in 2004. Indeed, Northern Ireland removed the means test for families with disabled children long before the “immediate” lifting of the means test in England in December 2005, giving a clear indication that this commitment to improving the DFG Programme in England is also overdue. However, now that the commitment is here the objectives of modernisation and simplification are to be praised.

26. Aspire agrees that the use of the applicant as an expert in terms of their needs is a positive step and welcomes this proposal.

As has been recognised, there is undoubtedly going to be increasing demand on the DFG Programme across the country and it would be naive to suggest that there should not be pressure on resources. However, the suggestion that the grants should satisfy “increasing need as far as possible given the pressure on resources” sounds worrying like a get out clause for those authorities that do not do enough to meet the genuine needs of applicants. This cannot be allowed to happen.

If the DFG Programme is updated so that it is streamlined and the process speeded up, there should be little need to prioritise cases in terms of need; instead, all applicants should receive the help they need, when they need it.

Integration with other aspects of social care should be a positive step. However, Aspire has already seen concerning aspects of such ‘integration’ with spinally injured people in need of extensive housing adaptations being encouraged to turn to care homes. Such integration fails to follow the principal of independent living or meet the wishes of the individual and is not acceptable.

31. Obviously, any increase in the limits is a welcome move. Also, Aspire does not disagree, in principle, with Local Authorities being able to reclaim grants in certain circumstances. Our concerns are covered below in relation to paragraphs 84 - 88.

Aspire welcomes the proposed guidance for Housing Associations; we already work closely with a number of Housing Associations to jointly provide our temporary supported housing programme. This offers newly injured patients an accessible home while they are carrying out adaptations to their own property or seeking new accommodation. Our model proves that Housing Associations and Local Authorities – and indeed third sector organisations – can work together to share costs and provide major housing adaptations and we would be delighted to share our expertise.

## **Section 2**

- 43 - 49. Recognition of the failings of the current means test is very welcome, and long overdue. However, Aspire would also like to see further recognition of the specific expenditure that those in need of adaptations already have – or will have – and, therefore, for them to be able to maintain a higher level of savings. Those that are newly spinally injured particularly face unforeseen expenses and currently frequently lack the ability to pay for essential equipment or services because their savings have been obliterated by housing adaptations

### **Section 3**

54, 58. Currently, the grants can only be used for costs incurred by owner occupiers and private renters. This prevents the grants being used for temporary housing schemes that do much to relieve the immediate burden on both the NHS and the Local Authorities' housing teams. Aspire would like to see the restrictions widened to cover such accommodation, allowing more disabled people to live independently. These temporary housing schemes should also be part of the strategic role that will be developed by the Local Authorities.

59. As has already been mentioned, Lifetime Homes do not go far enough towards ensuring that the housing needs of all of society is met and a commitment to more wheelchair accessible homes needs to be made.

Disability housing registers and choice based lettings are, in principle, beneficial systems. However, Aspire has major reservations about their practical application which are dealt with in reference to paragraphs 76 and 77 below.

64-73. The widening of the uses of the DFG to include Housing Associations does make sense. However, it needs to be carefully monitored and assurance given that budgets will not be swallowed up by Housing Association adaptations; grants for private homeowners form the basis of the grant and it is vital that this essential function is not restricted by the merger with the Social Housing Grant. If need be, there should be ring fencing within the single Accessible Homes Grant to ensure that monies paid to private applicants does not decrease after the merger.

76-77. Aspire believes in the need for disability housing registers, although we are also aware that they, and choice based letting systems, bring with them a number of concerns. In practice, we have seen that they can have the effect of drastically limiting the choice of disabled tenants since they are effectively forced into taking the one 'registered accessible' property that comes up, regardless of where it is and where they actually want, or need, to be. This is clearly in contradiction to the – all too inappropriately named – 'choice' based system. Furthermore, the disability housing registers that we have seen are crude systems that simply fail to work in any practical sense. They seem to register housing that has been made 'accessible' but without registering what sort of adaptations have been carried out. Thus we recently had a case where a lady we have been working with was sent to view a property that had been listed on the register as adapted. As a full time wheelchair user, however, she couldn't get up the four steps to the front door – the house was listed because it had had grab rails added. Until registers are used to track

the nature of the adaptations that are carried out, and the level of accessibility that the property has, these systems will prove to be little more than a waste of time for both the tenants and the housing teams.

#### **Section 4**

79. The DFG is available to those in all housing tenures but those who privately rent are at a disadvantage. Currently, those who carry out essential adaptations to rented property must, if requested to do so by the landlord, return the accommodation to its original 'un-adapted' state when their tenancy is over. The grant is not available to help cover this cost. Unless this issue is addressed, the greater fairness and flexibility envisaged in this review will not apply to those in the private rent sector.

84-88. In principle, the idea of the repayment is sound. In practice, Aspire has a number of concerns and would want to see further safeguards and exemptions added, in addition to those already mentioned in the consultation document.

It is important to recognise that adaptations to allow independent living frequently lower the value of the property. Where this is the case, no repayment should be enforced. Of course, should the adaptations actually substantially increase the value of the property then the Local Authority would perhaps be entitled to more of a return than considered in the options listed.

If a grant is repaid, or partially repaid, then the individual concerned should be eligible to apply for another grant for their new property, regardless of whether this new application falls within the five years exclusion period that is usually employed.

Aspire also believes that, for those individuals that have an outstanding insurance claim, the adaptation costs could be included in the claim. When the compensation is paid, repayment to the Local Authority could then be made.

92. Aspire agrees that access to the garden should be included under the widening of the DFG and welcomes the government's commitment to ensuring this happens. However, we have some concerns that this could be misused to prevent costly adaptations – such as an extension – that would effectively mean the loss of the garden. Clearly, this isn't the intention but careful attention will need to be paid to the wording and its implementation to ensure that this doesn't happen in practice.

## **Section 5**

103. Aspire regularly works with individuals who are approaching discharge from hospital and whose housing adaptations have been held up by the need for a local authority OT. In many cases, the Spinal Unit's own OT's have been willing to assist – and would be doing so with their specialist expertise – but have been prevented from doing so. Local Authorities must therefore accept and pay for the assistance of these OT's where it will speed up the process. This would also help prevent the all too regular occurrence of delayed discharge that is faced by many patients.

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