

**Agenda Item No:** 8  
**Report To:** Cabinet  
**Date of Meeting:** 12 July 2018  
**Report Title:** Disabled Facility Grants (DFG)  
**Report Author & Job Title:** Julian Watts Senior EHO  
**Portfolio Holder** Cllr. Gerald White  
**Portfolio Holder for:** Housing



**Summary:** In October 2017 the Cabinet approved measures to tackle the waiting times for Disabled Facilities Grants. This action has been successful and this report seeks to build on that success, setting out a number of proposals to improve our services in regards to the overall grant assistance we provide for those who are disabled and vulnerable in our borough.

The grants set out in this report will not only focus on those who are disabled , but will also address certain health priorities, such as tackling bed blocking, which is costing our NHS millions of pounds a year.

**Key Decision:** YES

**Significantly Affected Wards:** Improving the recommendations will apply to all wards in the borough.

**Recommendations:** **The Cabinet is recommended to:-**

- I. Amend the types of assistance available in order to utilise the additional funding provided through the Better Care Fund for Disabled Facilities Grants to respond to the needs of the community as set out in paragraph 19 to 44
- II. Approve funding for an additional 12 months secondment of an OT from KCC.

**Policy Overview:**

The report will recommend a number of discretionary grants, to be adopted by the council to address health priorities in our borough, such as preventing bed blocking or supporting people move back home after treatment in hospital. These proposed grants can be withdrawn at any time subject to funding and certain conditions

Approving the proposals set out in this report will assist in the Council's Five Year Corporate Plan by improving the quality of housing and homes for all ( Priority 2)

**Financial Implications:**

The costs of extending the placement of an Occupational Therapist (OT) for an additional 12 months would be split between the HRA and DFG funding with the remaining 50% funded by KCC.

The Council will fund 50% of the costs of the OT placement with the remaining 50% funded by KCC.

The Councils contribution will be part funded from the Housing Revenue Account (HRA) and the DFG budget provision.

No financial implications for introducing discretionary grants as it would be funded out of existing DFG funding.

**Legal Implications**

Approving to offer discretionary grants and funding a full time OT for 12 months will allow us to offer an enhanced service, which will continue to assist residents in our community.

The Council has a duty to provide mandatory DFGs. However, under the Regulatory Reform (Housing assistance) (England and Wales) Order 2002 provides a power for the local authority to provide discretionary assistance.

The council only has a mandatory duty to provide DFGs, whereas discretionary grants are at our discretion. If approved the council would be able to cancel at any time such grants if demand becomes too high, or there is insufficient funding.

**Equalities Impact Assessment**

**See Attached Appendix 1** – There are no adverse implications as a result of these proposals.

**Other Material Implications:**

No material implications.

**Exempt from Publication:**

**NO**

**Background Papers:**

**None**

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**Report Title:** Disabled Facility Grants

**Introduction and Background**

1. In October 2017 the Council's Housing Department submitted a report to members titled "Reducing waiting times for Disabled Facility Grants" (DFG). The report sets out a proposal to address the Council's aspirations to level the playing field for disabled adaptations regardless of tenure and recommended approving a one-off additional capital funding contribution of £200,000 for the financial year 2018/19. Also, a proposal to support the provisions of a dedicated occupational therapist (OT) for Ashford in partnership with KCC for an initial 6 months, subject to review with the expectations of extending the placement up to 18 months. The cost of the post to be shared equally with KCC. The recommendation approved in October 2017 were focused towards achieving reduced waiting times resulting in a better service for residents in the Borough, which was approved by members.
2. Following the implementation of the above recommendation waiting time for assistance with DFG's has significantly reduced and at the time of writing the waiting list has been reduced from approximately 80 cases to a position where no one is waiting to be assessed.
3. The Council has a statutory duty in relation to mandatory DFGs for essential adaptations to allow disabled people to continue to live within their own homes. The maximum mandatory grant is set at £30,000, which is decided by a means test, based on income and capital. This means that some applicants may have to pay a contribution towards their grant. Children under the age of 19 are not subject to a means test. The Occupational Therapist decides whether adaptations are necessary and appropriate to meet the disabled person's need.
4. There are about 10 million disabled people in England. More than 1 in 10 adults have a mobility problem and about 1.25 million live with significant sight loss. Although most people maintain their health and fitness for much of their later years, disability and frailty increase with age. Most live in ordinary housing and three quarters are homeowners. The greatest increase in disability is in the older age groups and 71% of DFGs go to people over 60 years of age.
5. Traditionally a DFG is provided to adapt the home of a disabled person to meet their needs and allow them to achieve as independent a life as possible.

**The Council's DFG process**

6. The Council's role is to administer the grant, ensuring that the applicant qualifies for assistance and that the scheme of the works is reasonable and practical. An integral part of the process is the assessment of the applicant's needs for adaptations undertaken by an OT. The Council, by law, is required to consult with an OT on how to best meet the needs of the applicant.

7. The DFG process is supported by the Home Improvement Agency (HIA), which in Ashford is provided by the Peabody Group. The HIA act as an agent for the applicant in offering a service to draw up detailed specifications and obtain estimates via a tendering process in return for a fee, which is grant aided. An applicant is entitled to use an alternative agent if they choose to.

### **Summary of last year's DFG spend 2017/18**

8. The DFG budget for 2017/18 total was £752,000 of which £662,000 came from the Better Care Fund and £90,000 contributed from the Council. The following sets out our current position was:
  - Since the OT post was seconded in December 2017 there is no longer a waiting list for people requiring an OT Assessment for major adaptations. Prior to December 2017 there was approximately 80 people awaiting an OT assessment.
  - 56 mandatory DFG's during 2017/18 were completed
  - During the year the value of Mandatory DFGs approved was £822,504 and of these completed grants spend was £651,621.
  - There was an underspend of £108,653, which has been carried over to the 18/19 budget.
  - The average duration time from referral to was significantly reduced from 18-24 months to 6-12 months depending on the complexity of the case.
  - ABC now has no waiting list, everyone is within the DFG process, either waiting for a means test or waiting for works to start or be completed.
  - 48 new referrals for Disabled Facilities Grants have been made since December 2017.
  - 95 referrals for Disabled Facilities Grants were made from April 2017 – April 2018 and these are now fast tracked over to the HIA to ensure that there are no unnecessary delays.
9. The performance has been unprecedented and within a relatively short period, there has been a massive turn around in waiting times and in predicted spends.
10. The 2017/18 DFG budget ended with an underspend of £108,653, whereas the previous year we had an overspend of over £40,000. The following sets out some of the reasons for this underspend -
  - The average grant spend has dropped significantly from previous years where our average spend was around £12,000, whereas this financial year the average has been £6,000.
  - £43,000 was repaid from previous recipients. A certain amount of DFGs relating to owner occupied properties has to be paid back if the property is sold or changes hand within a 10 year period from the completion of works. The maximum grant which has to be paid back is £10,000. Whereas if the cost of the DFG is under £5,000 they are not recoverable.

- A dropout rate of 58 cases since the beginning of the financial year. Many cases being referred to the HIA did not proceed. Applicants who do not have a passporting benefit such as Housing Benefit are referred to the HIA to undertake a means test. Many applicants were failing the means test, which meant they would need to make a contribution or may not be entitled to a grant.

The Council in most cases will refer an applicant to the HIA who will usually act as the applicant's agent and manage contractors to ensure work is carried out satisfactorily. However, an applicant can use the funding offered by the Council to fund their own preferred scheme (referred to as offset grants). In most cases, this would relate to child cases for funding towards major works such as extensions. The offsets for 2017/18 totalled over £190,000. Such cases are often complicated and do not run smoothly due to issues with designs and clients' expectations. This impacted on our overall underspend.

- The provision of bath-lifts by Social Services has increased significantly in recent years to address bathing difficulties quickly because of the delay in the provision of Disabled Facilities Grants. However, for many people, portable bathing aids only provide a temporary short-term solution as medical conditions deteriorate. A more major adaptation is then urgently required to meet the need and, in these cases, it would be more sensible to provide the major adaptation in the first instance rather than wait until there is a crisis in equipment use.

### Break down of grant spend 2017-18

Month	Total Spend	Approvals	Cost of Approvals	OT Referrals	Completions	Through Floor lift	Straight Stairlift	Curved Stairlift	FF Shower	Ramping	Conversion	extension	Toilet	Heating
April	£0.00	2	£34,306.97	4	0									
May	£28,968.97	9	£67,530.69	4	6				3		3		1	
June	£28,574.63	6	£57,147.05	4	4		1		3					1
July	£24,538.24	3	£39,737.16	4	2			1	1					
Aug	£12,855.26	2	£18,859.16	8	1		1							
Sep	£46,429.36	7	£79,046.04	9	6		2	1	4					
Oct	£60,153.27	3	£42,395.32	9	3				2	1				
Nov	£39,223.46	6	£79,204.93	5	2	1			1					
Dec	£53,734.61	7	£55,929.59	12	5				4				1	
Jan	£45,221.30	12	£117,378.73	10	2						1	1		
Feb	£38,446.72	5	£70,717.54	13	4	1	1		2					
Mar	£116,598.00	6	£103,369.27	13	10	1	5		8					
<b>Total:</b>	<b>£494,743.82</b>	<b>68</b>	<b>£765,622.45</b>	<b>95</b>	<b>45</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>28</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>

11. The table above shows an increase in referrals starting from December 2017 when the OT was employed.

### Current funding

12. Since April 2015, central Government funding for DFGs has been provided through the Better Care Fund (BCF). This funding is allocated to upper-tier authorities with part of the allocation being ring-fenced for the provisions of DFGs which in turn is passed on to District and Borough Councils.

One of the primary aims of the funding is to ensure that disabled people can live independently in their own homes for longer. However, more innovative use of the funding is encouraged. The main objectives set out in the BCF include not only addressing disabled persons needs but also using the funding to assist with reductions in delay transfer of care from hospitals (commonly known as bed blocking). Today people are living longer often with highly complex needs and multiple conditions.

13. For 2017/18 Ashford was allocated £775,304 up £67,000 from the previous year. Part of this allocated funding is top sliced by KCC to replace the Social Care Capital Grant, which ceased in 2016. For Ashford this funding equates to £113,304, which will be used to provide equipment, hoisting and minor adaptations to assist residents of Kent.
14. Currently DFGs are governed by the Housing Grants, Construction and Regeneration Act 1996. In 2002 the government brought in the Regulatory Reform (Housing assistance) (England and Wales) Order 2002, which allows local authorities to address housing issues. This Act enables the Council to address issues that can't be covered under mandatory basis. The government has been increasing amounts given to local authorities and powers given under the RRO can be used to provide more flexibility in how they can use their budget to address health priorities, such as preventing bed blocking in hospitals or supporting people to move back home after treatment in hospital.
15. Funding could be used to put in place preventable measures to reduce accidents such as slips, trips and falls within the homes of vulnerable and elderly people. This would assist in reducing the number being admitted to hospital for accidents from such hazards.
16. Under the Better Care Fund the government is looking for local authorities to be offering discretionary grants to deal with health issues. Ashford has for a long time only been able to offer mandatory grants however the improvements discussed above now provide an opportunity to reconsider this. It is time to consider offering alternative and more creative grants as our DFG service improves.
17. The Housing Service is proposing that in the next few months the Council adopts a number of discretionary grants. If such grants are approved the budget would have to be closely monitored to ensure that core service provision is maintained and mandatory grants are prioritised.

### **This year's Expenditure**

18. This year's budget (2018/19) will be above one £million, which will include a £290,000 contribution from the Council. The Councils contribution includes a one off allocation of £200,000 for 18/19 only which was approved in order to respond to the demand. However, a fair proportion of this funding will be set aside for mandatory DFGs, leaving around £90,000, which could be used to offer discretionary grants. The tables below set out the budget for this year and predicted spend and funding for discretionary grants.

<b>DFG Budget 2018-19</b>	
Better care fund	£729,000
LA contribution	£290,000
Underspend carried over	£108,653
Government additional funding December 2017	£76,000
Repayments	£46,000
	<b>£1,249,000</b>

<b>Predicted DFG spend 2018-19 (Based on previous trends)</b>	
Approved cases	£345,641
54 cases to be assessed and approved	£478,500
40 additional cases	£320,000
Cost of OT	£12,000
	<b>£1,155,000</b>

<b>Potential Discretionary Grant</b>	
£1,249,000 - £1,155,000	<b>Total: £94K</b>

### **Proposed Discretionary Grants**

The chart below sets out proposals for additional discretionary grants to support disabled and vulnerable people.

<b>Proposed Discretionary Grants</b>	
£10,000 provision of a top up on existing mandatory limit of £30,000. Maximum top up to be £10,000. Total amount not to exceed £40,000	Approx.: £30,000 per year <b>See para 19 -23</b>
Provide boiler replacements – able to assist 6 applicants per year.	Approx.: £20,000 per year <b>See para 32-37</b>
Disregard of first £10,000 for calculation of means test. Contribution to assist those in need who fall outside the mandatory DFG means test. Would apply to an additional nine applicants.	Approx.: £80,000 per year <b>See para 24-29</b>
Funding a Care Coordinator and Handyman scheme based at the William Harvey Hospital, in partnership with Dover and Shepway Council.	Approx.: £25,000 per year <b>See para 38-43</b>
Small budget for undertaking works as part of the discharge process	Approx.: £3,000 <b>See para 44</b>
Hospital discharge scheme, providing no means test for grants for stair lifts up to £5,000	Approx.: £20,000 per year <b>See para 30-31</b>
	<b>Total £178,000</b>

## **Grant top ups**

19. Occasionally a property will require extensive adaptations far exceeding the mandatory limit. Such adaptations usually involve extending the property and/or installation of specialist lifts or highly technical bathing equipment.
20. It is recommended that the Council introduces discretionary loans for those in extreme need and experiencing hardship. It is recommended that a loan of up to £10,000 to fund the cost of eligible works, which exceed the maximum mandatory grant of £30,000. The Council will consult with Kent County Council Occupational Therapists to determine if works above £30,000 are reasonable.
21. The top up loan above the mandatory limit of £30,000, will be interest free, secured by a legal charge at land registry, and will be repayable upon sale or change of ownership of the property. This charge last for 10 years, after which the loan is written off.
22. Where a top-up is required because of extensive works and if the DFG has already been subject to a financial test of resources, no further means test will be made.
23. It is predicted that the uptake for this assistance will be low, however there have previously been cases in extreme need who have not been able to benefit from an adaptation as they have been unable to afford the top up.

## **Changing the means test and helping more disabled people**

24. The mandatory part of the DFG is means tested, which means that some applicants may have to pay a contribution towards their grant. Means testing is used to calculate a relevant person's weekly expenses, taking into account any saving above a certain limit (certain state benefits are ignored). If a disabled person is in receipt of certain benefits they would not normally have to make a contribution. If the relevant person's resources are more than the assessment then a contribution will be required, which can in some cases be deducted from the DFG. The means testing calculations are nationally defined amounts, which are the same across the country.
25. The financial test of resources (means test) prescribed by government is outdated. For example the means testing does not take into account inflation and since its introduction 22 years ago, the set of allowances have never changed. Therefore, each year more and more applicants have to contribute towards the DFG works, reducing the amount of assistance they receive.
26. Since 1<sup>st</sup> April 2018, six people have already been turned away from applying for a grant due to being unable to afford a contribution; therefore more flexibility is needed in this approach.
27. There are cases where applicants who are in need fail the government means test by a relatively small margin. It is therefore, recommended that the council approve a more generous means test where £10,000 is disregarded before a person's income and savings are calculated through the means testing system. This amount would allow us to offer assistance to those whose income would just take them over the limit for assistance, but still ensuring those who are better off still have to contribute.

28. The figure of £10,000 was determined as a level that would have allowed the council to assist those who in the past had been refused a grant, which had left the applicant struggling or going without the adaptation. This amount would be discretionary and therefore can be withdrawn at any time if demand became unrealistic and affected our overall DFG budget.
29. Based on last year's DFGs out of the 15 that were turned down, 12 would have gone ahead if we had disregarded the first £10,000 of their income, of which five would have still had to make a contribution ( under £2,000)

### **Emergency stair lifts**

30. To offer discretionary grants of up to £5,000 to install an urgent stair lift in a disabled person's home in cases of delayed discharge from hospital or where a person is liable to become disabled following an operation (such as leg amputation) and a stair lift is required before the person can be discharged.
31. These grants will have no conditions and no means test will be applied. Owner-occupiers can access the grant and private tenants (with property owner's permission). The request for a stair lift will be assessed by a suitably qualified person, such as an OT. The responsibility for its maintenance and servicing would be with the grant recipient. The council have the right to choose a preferred contractor to supply and install the lift.

### **Winter Warmth Loans**

32. The BCF guidance has widened the scope of DFG funding and suggest that council's consider funding energy efficiency measures (heating and insulation) in the homes of the elderly, disabled and chronically sick residents to help them to maintain independence in the home for longer and prevent hospital admissions through suffering from cold and falls in the home.
33. The eligibility criteria for the Winter Warm Loans are that the applicant must be a home owner who is over 65 years and suffer with a long-term illness or have a disability and be receipt of benefits. In certain circumstances, applications from people under 65 will be considered. A care navigator or health care professional, general practitioner or OT must sign off the health element of the criteria.
34. The funding is provided in the form of a repayable grant (with conditions). If the property is either sold or changes are made to the existing title ownership, the grant will have to be repaid. This condition remains in place for 10 years after the completion of the works and registered as a local land charge. This condition is applied to standard disabled facilities grants.
35. These loans will help more Ashford residents to remain independent in their own homes and will help in reducing fuel poverty and improving energy efficiency of properties in the district.
36. It is intended that the Private Sector Housing within the council will administer the scheme, which would entail undertaking visits and organising the works on behalf of the applicant. It is estimated that there should not be much take up on this grant.

37. The council under its DFGs can consider heating and a number of applicants have had heating installed as part of their grant application. However, the Winter Warm funding would be used for vulnerable and elderly people who are not eligible for a DFG, but do require help. It would be estimated that approximately £20,000 in funding would be required to offer such assistance. Each case would be assessed on its merits and would be subject to funds available.

### **Hospital discharge service**

38. Hospital stays impact on people's ability to remain independent. So, speeding up discharges help independence. Often people just need a little help to get them home and this is where an HHC can assist.
39. Tonbridge Wells, Tonbridge & Malling and Sevenoaks Councils in partnership have been providing this service at Pembury Hospital for over a year to great success – 188 patients have benefited from the scheme saving the NHS £85,000 from freeing up beds. There are plans to introduce the scheme at Maidstone Hospital as well.
40. It is recommended that we contribute to the provision of a hospital discharge service at the William Harvey Hospital in partnership with Dover and Folkestone and Hythe District Council. Under this scheme we would contribute to the provision of a Health and Housing Co-ordinator (HHC) who is based at William Harvey Hospital sitting alongside the hospital discharge team. This role supports safe and timely discharge from the hospital and prevents future admissions by dealing with issues around housing which can delay someone's return home.
41. A HHC has just taken up post at the William Harvey Hospital, this post is currently funded by Dover and Shepway Council. If we sign up to the scheme, we are likely to benefit the most as the hospital is in our borough and therefore a higher proportion of Ashford residents are likely to benefit from the scheme.
42. It is also recommended for the overall success of the above scheme that a Handyperson service is provided which would work in conjunction with the HHC. The handyperson service will be able to offer discharge support for patients living in Ashford.
- The cost to fund the Health and Housing Coordinator post from July to end of March 2019 would be £13,531.09.
  - Costs to fund the Handyperson Service from July to end of March 2019 would be £11,473.25.
43. The scheme will be monitored and will be reviewed on its success at the end of March 2019 to determine whether it offers value for money and whether to continue with the scheme.
44. The above scheme would benefit by having access to a small budget to fund certain works to assist with hospital discharge. It is recommended that approval be given to set aside £3,000 from existing DFG allocations to fund small works and items that may need to be purchased as part of the discharge process. Examples of some of the types of works that could be undertaken include: a patients living in a filthy property that requires a deep clean before they can go home; we could arrange a clean to the main principle living space and maybe a toilet/bathroom. The cost of the clean £150 - £200 depending on scope of works. Providing and supplying key safes and grab rails.

## **Funding an OT for 12 months**

45. The council's role is to administer the grant, ensuring that the applicant qualifies for assistance, that the scheme of the work is reasonable and practical and that the works are both necessary and appropriate. An integral part of this process is the assessment of the applicants needs for adaptations, the council by law is required to consult with an Occupational Therapist (situated within KCC)
46. The OT carries out a joint visit with a contractor, surveyor and the authorities grant officer when the DFG is ready to proceed. This visit confirms the technical feasibility of the OT recommendations, whether adjustments are required to the original referral. A technical drawing and detailed specifications will then be completed by the surveyor with the final submission being agreed by the OT and the grants officer. The OT will also carry out a post inspection of the works.
47. In 2017 members approved a contribution to provide an in house Occupational Therapist within the housing department dedicated to Ashford cases only, for an initial 6 months. This post would be reviewed with the view of extending the placement for another 12 months. The aim of the OT was to help reduce waiting times. This has been a great success.
48. It is proposed that the council extends the funding of a full time OT on a 50:50 basis with KCC for 12 months. The proposal supports both the HRA tenants and DFG applicants it is proposed that this is jointly funded the HRA and from the Better Care Fund.
49. The funding for a full time OT, based on the cost of the post to be equally shared with KCC. This would equate to £23,500, which would be split between the HRA and Better Care Fund contributing £11,750 each.

### ***Future role***

50. In addition to their DFG role, the ABC OT will -
  - Continue to liaise with ABC and their architects to ensure that the specification for mobility housing within new build schemes meets the long-term needs of occupants who are full time wheelchair users.
  - Continue to complete prompt site visits on the request of the Housing Dept. (and where Adult Social Care OTs are unable to meet the target time frame) to ensure that void properties are allocated appropriately and as soon as possible.
  - Work towards a comparable Private Sector and Public-Sector adaptation processes - in order to achieve the best outcomes for all vulnerable adults in the Borough.
  - Provide recommendations on discretionary grant applications.

## **Implications and Risk Assessment**

51. The recommended proposals set out in this report are not considered to pose any risks or adverse implications.

52. Funding for seconding an OT and providing discretionary grants will be financed from our existing DFG budget.
53. The discretionary grants can be stopped at any time if there is insufficient funding to meet demand. The DFG budget will be monitored to ensure funding for mandatory grants will always be available.

### **Equalities Impact Assessment**

54. Members are referred to the attached Assessment. Impact attached Appendix 1. No significant issues have been identified.

### **Consultation Planned or Undertaken**

55. The recommendations set out in this report have been, discussed, and agreed by the Portfolio Holder, Head of Housing, Home Improvement Agency and our current OT before submitting to Members for approval.

### **Other Options Considered**

56. Only to offer mandatory grants. However, since the introduction of the Better Care Fund, councils are encouraged to come up with more innovative use of DFG funding.

### **Reasons for Supporting Options Recommended**

57. The council has a mandatory duty to provide DFGs to disabled residents in our borough. Providing discretionary grants in conjunction with our mandatory duties will ensure we provide a fairer and improved service for vulnerable and disabled people in our district.
58. Overall, such additional grants will improve the client's experience, whilst also working towards a more holistic approach to the adaptations we can offer and help to reduce hospital admissions facing our elderly and vulnerable residents.
59. Approving the funding for another 12 months of a secondment of an OT will ensure we continue to provide an enhanced service for those needing adaptations to be able to continue to live in their homes.

### **Next Steps in Process**

60. If these proposals are approved our currently funded OT will be able to continue assisting with DFGs for an additional 12 months
61. The Home Improvement Agency will need to be informed of the discretionary grants available.
62. To start implementing discretionary grants, but closely monitoring uptake to ensure that sufficient funding is available to offer mandatory grants. If demand exceeds funding the mandatory grant will be placed on hold until sufficient resources are found.

## Conclusion

63. There are about 10 million disabled people, not including vulnerable and elderly people in England. People are living longer of which there is a drive to sustain independence in peoples' homes for as long as possible. DFGs are provided to adapt people's homes to meet their needs and to allow them to achieve as independent a life as possible. Providing mandatory grants does ensure those in most need in society are looked after. However, outdated means testing is reducing the net for those who in some cases are just as deserving.
64. The discretionary grants will ensure a fairer system, whilst ensuring the better off in society still contribute the most.
65. Funding from Government has been increasing and powers under the Regulatory Reform (Housing assistance) (England and Wales) Order 2002 can allow the council to address health priorities, such as preventing bed blocking.
66. The council has significantly increased its contribution to the DFG budget for this financial year, which was to support the provisions of reducing our overall waiting times for a DFG.
67. Continuing to fund the OT placement for an extra 12 months will also provide an opportunity to continue a more holistic approach to managing and supporting adaptations and complex needs. The first six months have been a success, to continue with the placement will continue to see more improvements in the service we provide. The placement is an example of what the Government is encouraging councils to do with their DFG budgets.

## Portfolio Holder's Views

68. I am very pleased to see the significant improvements in waiting times over the past year brought about by the Private Sector Housing Team joint work with the Occupational Health Team. The co-location of an OT within the housing service has proved to be invaluable. It is important that we ensure that disabled residents in our borough are provided with adaptations they need to be able to remain at home. Offering discretionary grants and funding an OT will seek to use existing funding more effectively by ensuring a fairer system and help reduce hospital admissions, such as bed blocking.

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# Equality Impact Assessment

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1. An Equality Impact Assessment (EIA) is a document that summarises how the council has had due regard to the public sector equality duty (Equality Act 2010) in its decision-making. Although there is no legal duty to produce an EIA, the Council must have **due regard** to the equality duty and an EIA is recognised as the best method of fulfilling that duty. It can assist the Council in making a judgment as to whether a policy or other decision will have unintended negative consequences for certain people and help maximise the positive impacts of policy change. An EIA can lead to one of four consequences:

- (a) No major change – the policy or other decision is robust with no potential for discrimination or adverse impact. Opportunities to promote equality have been taken;
- (b) Adjust the policy or decision to remove barriers or better promote equality as identified in the EIA;
- (c) Continue the policy – if the EIA identifies potential for adverse impact, set out compelling justification for continuing;
- (d) Stop and remove the policy where actual or potential unlawful discrimination is identified.

## Public sector equality duty

2. The Equality Act 2010 places a duty on the council, when exercising public functions, to have due regard to the need to:

- (a) Eliminate discrimination, harassment and victimisation;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it (ie tackling prejudice and promoting understanding between people from different groups).

3. These are known as the three aims of the general equality duty.

## Protected characteristics

4. The Equality Act 2010 sets out nine protected characteristics for the purpose of the equality duty:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership\*
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

\*For marriage and civil partnership, only the first aim of the duty applies in relation to employment.

## Due regard

5. Having 'due regard' is about using good equality information and analysis at the right time as part of decision-making procedures.

6. To 'have due regard' means that in making decisions and in its other day-to-day activities the council must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations. This can involve:

- removing or minimising disadvantages suffered by people due to their protected characteristics.
- taking steps to meet the needs of people with certain protected characteristics when these are different from the needs of other people.
- encouraging people with certain protected characteristics to participate in public life or in other activities where it is disproportionately low.

7. How much regard is 'due' will depend on the circumstances. The greater the potential impact, the higher the regard required by the duty. Examples of functions and decisions likely to engage the duty include: policy decisions, budget decisions, public appointments, service provision, statutory discretion, decisions on individuals, employing staff and procurement of goods and services.
  8. In terms of timing:
    - Having 'due regard' should be considered at the inception of any decision or proposed policy or service development or change.
    - Due regard should be considered throughout development of a decision. Notes shall be taken and kept on file as to how due regard has been had to the equality duty in research, meetings, project teams, consultations etc.
    - The completion of the EIA is a way of effectively summarising this and it should inform final decision-making.
- The duty is a non-delegable one. The duty will always remain the responsibility of the public authority.
  - The duty is a continuing one so that it needs to be considered not only when a policy, for example, is being developed and agreed but also when it is implemented.
  - It is good practice for those exercising public functions to keep an accurate record showing that they have actually considered the general duty and pondered relevant questions. Proper record keeping encourages transparency and will discipline those carrying out the relevant function to undertake the duty conscientiously.
  - A public authority will need to consider whether it has sufficient information to assess the effects of the policy, or the way a function is being carried out, on the aims set out in the general equality duty.
  - A public authority cannot avoid complying with the duty by claiming that it does not have enough resources to do so.

### Case law principles

9. A number of principles have been established by the courts in relation to the equality duty and due regard:
  - Decision-makers in public authorities must be aware of their duty to have 'due regard' to the equality duty and so EIA's must be attached to any relevant committee reports.
  - Due regard is fulfilled before and at the time a particular policy is under consideration as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- A public authority cannot satisfy the duty by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.

The Equality and Human Rights Commission has produced helpful guidance on "Meeting the Equality Duty in Policy and Decision-Making" (October 2014). It is available on the following link and report authors should read and follow this when developing or reporting on proposals for policy or service development or change and other decisions likely to engage the equality duty. [Equality Duty in decision-making](#)

<b>Lead officer:</b>	Julian Watts Senior EHO
<b>Decision maker:</b>	Cabinet
<b>Decision:</b> <ul style="list-style-type: none"> <li>• Policy, project, service, contract</li> <li>• Review, change, new, stop</li> </ul>	<ul style="list-style-type: none"> <li>• Amend the types of assistance available in order to spend the additional funding provided through the Better Care Fund for Disabled Facilities Grants</li> <li>• Approve funding for an additional 12 months secondment of an OT from KCC.</li> </ul>
<b>Date of decision:</b> The date when the final decision is made. The EIA must be complete before this point and inform the final decision.	12 June 2018
<b>Summary of the proposed decision:</b> <ul style="list-style-type: none"> <li>• Aims and objectives</li> <li>• Key actions</li> <li>• Expected outcomes</li> <li>• Who will be affected and how?</li> <li>• How many people will be affected?</li> </ul>	<p>The council has a mandatory duty to provide DFGs to disabled residents in our borough. Providing discretionary grants in conjunction with our mandatory duties will ensure we provide a fairer and improved service for vulnerable and disabled people in our district. Overall, such additional grants will improve the client's experience, whilst also working towards a more holistic approach to the adaptations we can offer and help to reduce hospital admissions facing our elderly and vulnerable residents. Approving the funding for another 12 months of a secondment of an OT will ensure we continue to provide an enhanced service for those needing adaptations to be able to continue to live in their homes.</p> <p>The report will recommend a number of discretionary grants, to be adopted by the council to address health priorities in our borough, such as preventing bed blocking or supporting people move back home after treatment in hospital. These proposed grants can be withdrawn at any time subject to funding and certain conditions</p>
<b>Information and research:</b> <ul style="list-style-type: none"> <li>• Outline the information and research that has informed the decision.</li> <li>• Include sources and key findings.</li> </ul>	Back ground research included the following legislation: <ul style="list-style-type: none"> <li>• The Regulatory Reform ( Housing Assistance) ( England and Wales) Order 2002</li> <li>• Department of Health - Integration and Better Care Fund Planning Requirements for 2017-19</li> <li>• House of Commons Briefing Paper – Disabled Facilities Grants for home adaptations:</li> </ul>
<b>Consultation:</b> <ul style="list-style-type: none"> <li>• What specific consultation has occurred on this decision?</li> </ul>	Consultation process included relevant Managers within Housing ,Home Improvement Agency , In house Occupational Therapist (OT) and including the Portfolio Holder for Housing ( Cllr. White) Those who were consulted were in agreement that the

<ul style="list-style-type: none"> <li>• What were the results of the consultation?</li> <li>• Did the consultation analysis reveal any difference in views across the protected characteristics?</li> <li>• What conclusions can be drawn from the analysis on how the decision will affect people with different protected characteristics?</li> </ul>	proposals set out in the report should be adopted and were long overdue.
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**Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics.**

When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.

<b>Protected characteristic</b>	<b>Relevance to Decision</b> High/Medium/Low/None	<b>Impact of Decision</b> <b>Positive</b> (Major/Minor) <b>Negative</b> (Major/Minor) <b>Neutral</b>
<u>AGE</u> Elderly	Medium	Positive ( Minor)
Middle age	Medium	Positive (Minor)
Young adult	Low	Positive (Minor)
Children	Medium	Positive ( Minor)
<u>DISABILITY</u> Physical	Medium	Positive ( Minor)
Mental	Low	Neutral
Sensory	Low	Neutral
<u>GENDER RE-ASSIGNMENT</u>	None	Neutral
<u>MARRIAGE/CIVIL PARTNERSHIP</u>	None	Neutral
<u>PREGNANCY/MATERNITY</u>	None	Neutral
<u>RACE</u>	None	Neutral
<u>RELIGION OR BELIEF</u>	None	Neutral
<u>SEX</u> Men	None	Neutral

Women	None	Neutral
<b><u>SEXUAL ORIENTATION</u></b>	None	Neutral

<b>Mitigating negative impact:</b> Where any negative impact has been identified, outline the measures taken to mitigate against it.	
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<b>Is the decision relevant to the aims of the equality duty?</b>	
Guidance on the aims can be found in the EHRC's <a href="#">Essential Guide</a> , alongside fuller <a href="#">PSED Technical Guidance</a> .	
<b>Aim</b>	<b>Yes / No / N/A</b>
1) Eliminate discrimination, harassment and victimisation	N/A
2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	N/A
3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	N/A

<b>Conclusion:</b>	
<ul style="list-style-type: none"> <li>Consider how due regard has been had to the equality duty, from start to finish.</li> <li>There should be no unlawful discrimination arising from the decision (see guidance above).</li> <li>Advise on whether the proposal meets the aims of the equality duty or whether adjustments have been made or need to be made or whether any residual impacts are justified.</li> <li>How will monitoring of the policy, procedure or decision and its implementation be undertaken and reported?</li> </ul>	<p>Approving discretionary and funding an OT for 12 months will not have any potential for discrimination or adverse impact for people living within the borough.</p> <p>No unlawful discrimination will result from implementing both the grants and seconding and OT from KCC for a further 12 months</p> <p>Both proposals meet the aims of the equality duty and no adjustments were required.</p> <p>Monitoring of the grants will be undertaken to ensure funding is available. If funds are not available, the proposed discretionary grants will be stopped until further funding can be resourced.</p>

**EIA completion date:**

12/6/18