**Adaptations for autistic children and young adults with behaviours that challenge**

*‘Physical accessibility issues are easily understood in a way that autism-relates needs are not.’ (Mother of a 22-year-old with autistic spectrum disorder quoted in Making Homes that Work[[1]](#footnote-1))*

**Introduction**

The 2009 Autism Act places a duty on the government to produce and regularly review an autism strategy with an associated duty to provide statutory guidance to local authorities to implement the autism strategy locally. The first autism strategy, ‘Fulfilling and Rewarding Lives’, was published in 2010 and a new strategy, ‘Think Autism’[[2]](#footnote-2), was published in 2014. In 2018 the government announced that the autism strategy was to be extended to include children.

Statutory guidance published in 2015[[3]](#footnote-3) stated that ‘people should live in their own homes with support to live independently if that is the right model for them’ (Section 7.3). The Think Autism governance refresh published in 2018[[4]](#footnote-4) grouped the nineteen strategic objectives into five domains. Domain 5, ‘Participation in Local Community’, includes ‘access to an appropriate range of accommodation options’, which for many young autistic people will mean continuing to live in the family home. NICE guideline NG93[[5]](#footnote-5) published in 2018 recommends support in the community for children and young people with behaviours that challenge as an alternative to residential placements away from home and to reduce the potential need for such placements (Section 1.6.2).

As the national body for Home Improvement Agencies (HIAs), Foundations has produced this guide to support the use of Disabled Facilities Grant (DFG) funding, both through mandatory DFGs and discretionary local housing assistance policies, to support these aims.

**Learning Disability**

The term learning disability refers to a range including mild, moderate, severe, and profound/multiple learning disabilities.

Someone who has a severe learning disability may:

* have little or no speech
* find it very difficult to learn new skills
* need support with daily activities such as dressing, washing, eating, and keeping safe
* have difficulties with social skills
* need life-long support

It is harder for children with learning disabilities to develop the communication and social skills which other children use to get what they need or want. This may mean that their behaviours are much more challenging and they are unlikely to “grow out” of those behaviours on their own and will need skilled support to get their needs met in a different way.

Behaviours might include:

* Self-injury (e.g. head banging, eye poking, hand biting)
* Hurting others (e.g. hair pulling, hitting, head-butting)
* Destructive behaviours (e.g. throwing things, breaking furniture, tearing things up)
* Eating inedible objects (e.g. cigarette butts, pen lids, bedding)
* Other behaviours (e.g. spitting, smearing, repetitive rocking, stripping off, running away)

Understanding the reason for the behaviours is key. Behaviour may have a specific purpose or function. Common causes of challenging behaviours include:

* Pain or health reasons: a reaction to something that hurts e.g. banging head on wall may be expressing that the person has earache
* Social attention: everyone needs attention and challenging behaviour may be a good way of getting other people’s attention, even if it is negative, e.g. being scolded
* To get something: a child may learn behaviours that get them things they want, e.g. food, objects etc
* Escape: a child may seek to avoid things they don’t like e.g. seeing the dentist
* Sensory: sometimes people enjoy the feeling that certain behaviours give them, i.e. rocking, humming, etc

Some children and young people with a learning disability also have autistic spectrum disorders (ASD).

**Autistic spectrum disorders**

Autism is a spectrum condition. All autistic people share certain difficulties but being autistic will affect them in different ways. People with autistic spectrum disorders (ASD) often struggle with sensory integration, the neurobiological process of interpreting and managing the sensory input they receive. It can be hard for them to make sense of sights, sounds, smells, and other sensory information. About 60-70% of people with ASD also have a learning disability.

Whilst many people with ASD can live with their families independently or with support, and do well in conventional housing, for people with significant ASD and additional medical or behavioural challenges, most conventional housing does not meet their specific needs. These individuals, their families and their caregivers often face profound challenges due to an inadequate or inappropriate home environment.

For some individuals on the autism spectrum, sensory input is completely overwhelming. They have difficulties dealing with noisy environments. This is often described as ‘sensory sensitivity’ or ‘sensory avoiding’ and refers to those people with ASD who are prone to sensory overload, which can result in confusion, anxiety, and withdrawal. For others, sensory input is hardly felt, leading them to crave additional input. ‘Sensory seeking’ refers to those people with autism who crave additional sensory input. This might involve sensory seeking behaviours such as head banging against hard surfaces.

For people with ASD or with severe learning disabilities, living in a world designed for neurotypical people can be challenging. An inadequate environment can directly influence the decision to place an individual with ASD or severe learning disabilities in a care setting. Research has highlighted the importance of adequate safe space at home for children with ASD and their families.[[6]](#footnote-6) As George Braddock of Creative Housing Solutions noted, ‘you cannot fix a problem behaviour in a broken environment’[[7]](#footnote-7).

**DFG legislation and guidance**

The legislative framework for Disabled Facilities Grants is set down in the Housing, Grants, Construction and Regeneration (HGCR) Act 1996. The basic legislation has been further expanded in a number of Order and Consents. In addition, detailed guidance about how the Act should be applied was published by the Housing Adaptations Consortium (HAC) in 2013[[8]](#footnote-8).

The purpose of a Disabled Facilities Grant is to enable disabled people to continue to live independently, safely, and well in their own home. DFG legislation distinguishes between the applicant, who is the person who has a legal interest in the property to be adapted, and the ‘relevant person’ who is the disabled person or persons who will benefit from the adaptation. The relevant person is described in the legislation (Section 20) as the ‘disabled occupant’ meaning ‘the disabled person for whose benefit it is proposed to carry out any relevant works’. The relevant person can be of any age.

The HAC Guide describes the key principles underpinning the DFG legislation and states that ‘the focus is….on identifying and implementing an individualised solution to enable a person living within a disabling home environment to use their home more effectively *rather than on the physical adaptation itself*’……….The [social model of disability] recognises that whilst people have physical, sensory, learning ability and psychological differences, these do not have to result in disability unless society fails to take account of these, and makes the necessary adjustments to ensure the inclusion of the individual, regardless of those difficulties’ (Section 1.6). This is further elaborated in Section 1.8: ‘The starting point, and continuing focus, of those seeking to provide a high quality adaptations service will be the experience of the disabled person and their carers…The appropriateness and acceptability of the adaptation outcome should be measured by the extent to which it meets the needs identified by that disabled person sensitively, efficiently and cost-effectively’.

As the practice guidance issued in 2000 to the Children Act 1989 noted ‘when houses are well adapted for a particular child, the family’s life can be transformed’.

**Definition of ‘disabled’**

The definition of disabled is included in Section 100 (1) of the HGCR Act and states that a person is disabled if:

* their sight hearing or speech is substantially impaired;
* they have a mental disorder or impairment of any kind;
* they are physically substantially disabled by illness, injury, impairment present since birth, or otherwise.

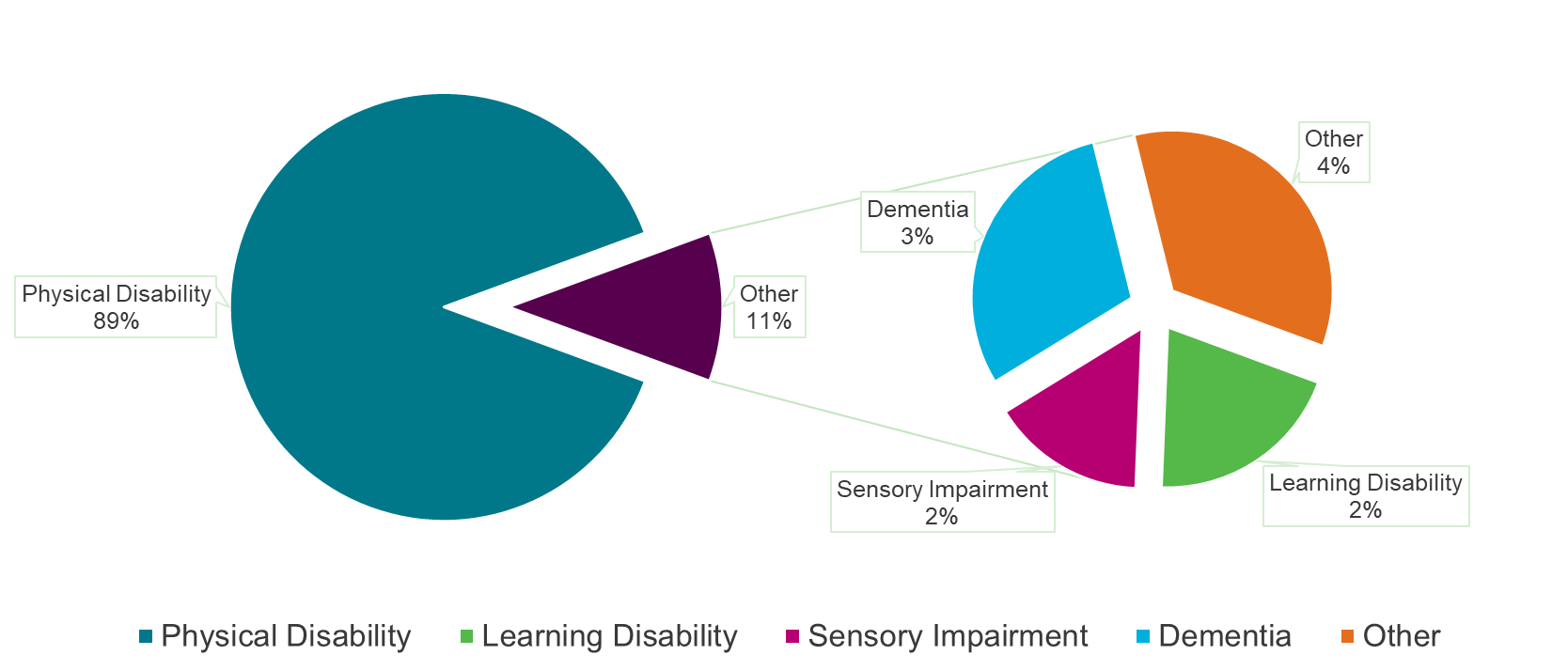
S100(2) also states that a person aged eighteen or over shall be considered disabled if they are registerable as disabled under the Care Act 2014 S77. With regard to people under the age of eighteen the definition of disability includes someone defined under Part III of the Children Act 1989 or registered as disabled under Schedule 2 of the Children Act 1989.

The HAC Guide contains further guidance about the definition of disabled and refers to the definition in the Equality Act 2010 which states that ‘a person has a disability for the purposes of this Act if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities’.

**DFGs and young people with autism**

The Disabled Facilities Grant Review carried out in 2018[[9]](#footnote-9) noted that the number of grants going to young people under the age of 20 is relatively small. Over the last 10 years the percentage of grants for this age group has ranged between 6.6% and 8.5%. Whilst these trends reflect broader levels of disability in the UK, it is likely that within this age group the focus is predominantly on young people with physical disabilities since, as was also noted in the Review, the majority of DFGs (89%) have been awarded to people with physical disabilities.

The only information about the nature of impairments comes from a Freedom of Information request in 2017. It is simply a snapshot in time and does not provide much detail. It shows that most grant recipients were identified as having a physical disability as their primary impairment, and only 11% were recorded as having another principal impairment. Of that ‘other’ group, dementia, sensory impairment, and learning disability were the main issues identified. The number of grant recipients who had multiple conditions and mental health issues was not recorded.



As the DFG Review notes ‘the DFG was originally devised to solve physical impairment problems. There needs to be better guidance about the use of the DFG for mental health issues. Better guidance is also needed for children’s cases, which are increasingly likely to be about learning disability, autism spectrum disorders or behavioural issue’ (p53).

Whilst the number of adaptations for children and young people with challenging behaviour is still relatively small, anecdotal evidence from occupational therapists indicates that the number of such referrals is growing. Such cases are also likely to be complex and the needs of the young person will change and develop over time. Teenage years and the transition to adulthood may present additional challenges.

**What work can be funded with a mandatory DFG?**

A mandatory DFG must be awarded (subject to a test of resources which does not apply to applications for children and young people aged 19 or under who are in ‘ordinary, non-advanced, full-time education’) for any ‘relevant works’ which meet one of the purposes laid down in the HGCR Act 1996 (Section 23) and which are deemed both ‘necessary and appropriate’ and ‘reasonable and practical’.

The list of relevant purposes for which a must be considered is included in Appendix A. Although typically these have tended to be interpreted to meet the needs of someone with physical disabilities, many of the purposes will also be relevant for people with ASD. This may be particularly the case for adaptations which are identified which meet the purpose described in Section 23 (1)(b) of ‘making the dwelling……safe for the disabled occupant and other persons residing with him’. For example, the provision of an additional bedroom where a sibling may be at risk from the behaviour of another sibling with behaviours which challenge may be considered necessary and appropriate and therefore eligible for DFG funding. A legal case involving Calderdale council helped to clarify the relevance of S23(1)(b) in such circumstances, when on appeal the court found that ‘the purpose of providing a separate bedroom for D was to make the dwelling as safe as was reasonably practicable’ was a ‘relevant purpose’[[10]](#footnote-10).

It should also be noted that the HGCR Act Section 23(30) states that ‘if in the opinion of the local housing authority the relevant works are more or less extensive than is necessary to achieve any of the purposes set out in subsection (1) they may, with the consent of the applicant, treat the application as varied so that the relevant works are limited to or, as the case may be, include such works as seem to the authority to be necessary for that purpose’.

It is the responsibility of the Housing Authority to decide if the relevant works are ‘necessary and appropriate’ to meet the needs of the disabled occupant and that it is ‘reasonable and practicable’ to carry out the relevant works. The Act also notes that ‘a local housing authority which is not itself a social services authority shall consult the social services authority’, S23 (3). Assessments are usually carried out by an occupational therapist but can be carried out by a suitably trained and experienced trusted assessor. However, adaptations for a young person with autism or challenging behaviour would normally be carried out by a professional occupational therapist.

As is described in the assessment framework in RCOT’s publication ‘Adaptations Without Delay’[[11]](#footnote-11), adaptations for young people with complex needs are likely to require specialist intervention with the support of a professional occupational therapist to identify the appropriate solution. The HAC Guide notes that when carrying out assessments for people with learning disabilities or people with ASD that ‘assessors and staff developing specifications should…rely upon the advice of specialist colleagues’ (7.42 and 7.48) and should also involve people with learning difficulties or autism and their family and carers in the assessment discussions and the decision-making process (7.43 and 7.48).

The Guide notes that factors which may need to be considered include the need for particular materials to either be used or avoided, and the need for additional quiet space. The Guide also notes the need to ‘be sensitive to the difficulties of children who have an autistic sibling’ (7.47).

Assessments for adaptations for a young person with ASD, particularly those with challenging behaviour, will usually be based on behavioural principles and a functional assessment of behaviour and will be part of a comprehensive approach to behaviour modification to enable the person to continue to live safely and well at home with their family. NICE Guideline NG 11 notes that when assessing the need for adaptations the assessment will consider the person, their environment and the interaction between the two.[[12]](#footnote-12) An assessment should also consider the needs of parents and any siblings living at home, as challenging behaviour can have a significant impact on the ability of the whole family to continue to support a family member with challenging behaviour. This may be particularly relevant with regard to adaptations which support someone with disruptive sleep patterns as this can and frequently does affect the whole family. As the HAC Guide notes, ‘assessment of disabled children should take into account the developmental needs of the child, the needs of their parents as carers and the needs of other children in the family’ (para 7.18).

Further advice about relevant works which may be eligible for DFG funding is provided in the HAC Guide Annexe C. This includes ‘adaptations designed to minimise the risk of danger where a disabled person has behavioural problems which causes them to act in a boisterous or violent manner damaging the house, themselves and perhaps other people. Where such a need has been identified, the DFG is available to carry out appropriate adaptations to eliminate or minimise that risk’ (Annexe C, para 19). Other adaptations specifically mentioned include ‘the provision of specialised lighting….toughened or shatterproof glass…….or the installation of guards around certain facilities such as fires or radiators to floors, walls or ceilings may be needed, as may be cladding of exposed surfaces and corners to prevent self-injury’ (Annexe C, para 20)

ADD EXAMPLES OF ADAPTATIONS RELEVANT TO ASD/CB ELIGIBLE FOR DFG FUNDING

Garden access/safety

Additional bedroom

|  |
| --- |
| **Creating a safer environment**  **Background**  Thomas lives with his mum Moira and his older sister in their family home. Throughout his childhood, Thomas experienced difficulty sleeping and as he entered puberty this became more problematic. At the age of 13 Thomas, who has autism, began to express increased anxiety and present challenging behaviours These included self-injurious behaviours, such as banging hard surfaces with his hands. This meant he was no longer safe in an ordinary room. Thomas was prescribed Melatonin to help him settle at night and his family tried a range of techniques to help him. Despite this, he continued to struggle. Thomas and his family were all suffering from sleep deprivation and there was an increased risk of self-harm as Thomas entered his teenage years. Moira Thomas’s mum explained, *“Thomas would bang on the walls and the neighbours would just bang back.”*  **Solution**  After looking at a range of options, a Safespace multi-purpose room was recommended for Thomas. This would help to reduce the risk of injury and promote good sleep hygiene by providing a safe, calming low sensory environment. The flexible sides of the Safespace meant that Thomas would be safe from hard surfaces and reduce the risk of injury.  **Outcome**  Following the installation of the Safespace Thomas’ sleep pattern significantly improved as he felt much more relaxed and was able to focus on going to sleep without any distractions. During the day he was also able to use the space to de-escalate and self-calm if he felt overwhelmed. The Safespace helped both Thomas and his family to effectively manage challenging behaviours and improve the quality of life for the whole family. It also gave Thomas more independence as he transitioned into adulthood. |

**Funding of equipment**

It is sometimes assumed that equipment cannot be funded by a DFG, and in some areas it is common practice that the cost of equipment which can be installed and removed fairly easily with little or no structural modification is the responsibility of the social services authority. It is also the case that Regulation 2 of the Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003 provides that any community care equipment and minor adaptations for ‘the purposes of assisting with nursing at home or aiding daily living which a person has been assessed to need, and for which he or she is eligible, should be provided free of charge by the social services authority, provide the cost of £1,000, or less’. However, the HAC Guide states that ‘the provision of some equipment will clearly contribute to [the purposes for which a DFG can be given], commonly the use of stairlifts. Other equipment, particularly in the context of assistive technology and monitoring equipment may form part of a wider package of care contributed to by health and social care services’ (para 2.14)

As earlier guidance on the DFG noted (DOE Circular 17/96), ‘ultimately it is for housing authorities and social services authorities between them to decide how particular adaptations should be funded’. As the Circular went on to note, the key aspect is that there is an agreement between the respective authorities ‘to ensure that such adaptations are progressed quickly’, and to ensure that the needs of the disabled person is the overriding factor. It should also be noted that the legislation doesn’t set out a minimum value for a DFG and there is no reason why a mandatory DFG for less than £1,000 should not be approved, especially where, as is the case for an adaptation for a disabled child or young person, no test of resources is applied.

**Discretionary Housing Assistance Policies**

The Regulatory Reform Order 2002 gives local authorities a general power to introduce polices for assisting individuals with renewals, repairs, and adaptations to their homes through grants or loans. In 2008 the government made a number of changes to the way the DFG was administered and the ways in which it could be used. These changes included the relaxation and removal of the ring-fence (in 2010), allowing DFG monies to be used more flexibly and as part of wider strategic projects to keep people safe and well at home. ‘From 2008-09 the scope for use of DFG funding will be widened ... to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This will enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow’[[13]](#footnote-13). 86% of councils have now developed a discretionary housing assistance policy.

Such policies may include general provisions which may benefit people with ASD. A typical element in such policies is the option to approve discretionary assistance in excess of the statutory maximum of £30,000 (in England) for a mandatory DFG. This can be of considerable benefit in considering adaptations where the cost of the relevant works is likely to exceed £30,000. For example, the provision of a sensory room may have a substantial impact on supporting the self-management of the behaviour of a young person with ASD but is not a ‘relevant purpose’ for which a mandatory grant can be given. However, such provision could be included in a discretionary assistance policy. The case study below illustrates the potential impact of such policies.

**Provision of a sensory room**

A local authority was asked to support the cost of adaptations for a child with a diagnosis of autism. The child had a poor sleep pattern and had challenging behaviours including self-harming and hitting others including his siblings. The family had requested a safe area for the child for a sensory room as the bedroom was too small for additional equipment and there were no other rooms which could be used for this.

An assessment had been completed by the Council’s Behavioural Advisory Team and Children and Young People Support Team who supported the need for additional space, but it was decided that a mandatory DFG could not be awarded because a sensory room was not included in the mandatory DFG provision. The case was subsequently closed by the OT as no funding could be identified.

This provision could have been funded from the DFG budget if it had been included in a discretionary assistance policy.

Discretionary housing assistance policies could also include other provisions which may meet the cost of adaptations for autistic people.

ADD EXAMPLE OF DISCRETIONARY ADAPTATIONS

Soundproofing

Sensory calming e.g. lighting

As with all discretionary powers, housing authorities must exercise their power to fund additional adaptations rationally and reasonably. It is unlawful for an authority to operate a blanket policy of refusing to make any discretionary payments to fund adaptations; each individual case must be considered on its merits. DOE Circular 05/2003 states that ‘Authorities must also avoid fettering their discretion to provide assistance’ noting that whilst they can refuse an application for assistance which falls outside their agreed policy they ‘cannot refuse an application that is outside policy without there being a mechanism in place to determine such cases. The mechanism should ensure that exceptional cases that fall outside policy are individually considered on a sound and informed basis and approved where appropriate’ (section 4.5).

**Other relevant legislation**

Although the Care Act 2014 means that section 2 of the Chronically Sick and Disabled Persons Act no longer applies to adults it continues to apply to children. This requires local authorities to arrange practical assistance in the home, and any works of adaptation or the provision of additional facilities designed to secure greater safety, comfort, or convenience for a disabled person. Guidance issued by the Department for Communities and Local Government in 2006 states that local authorities ‘have a duty to ensure that the assistance required by disabled people is secured. This includes those cases where the help needed goes beyond what is available through DFG, or where a DFG is not available for any reason, or where a disabled person cannot raise their assessed contribution’ (para 2.8) [[14]](#footnote-14). The RCOT guide to home adaptations and the Care Act notes that Section 2 of the CSDPA ‘is capable of covering the provision of major adaptations’[[15]](#footnote-15)

**Cost/benefit**

In 2017, the School of Law at Leeds University and the children’s neurological charity Cerebra studied the cost-effectiveness of home adaptations (averaging £60,000 each) for six disabled children. The adaptations were primarily designed to provide additional safe space (including safe garden space). The principal cost impact was that the adaptations had avoided the need for the young people to be taken into care. It was calculated that up to 14 years of local authority funds had been saved due to the adaptations. The adaptations also reduced the pressure of caring on parents and had a significant impact on the well-being of the young people’s siblings. The report also noted that whilst the cost of the adaptations was met from housing budgets (primarily the DFG budget with additional discretionary funding) the consequent significant savings benefited health and social care budgets.[[16]](#footnote-16)

Ian and Karen’s son Joshua, aged 11, was awarded a £165,000 DFG. Significant adaptations include additional safe play space for their son, padding to prevent injuries and a big bedroom that allows someone to sleep next to Joshua, helping prevent self-harm. There is also a safe outside play area. Ian, who left his job to look after his son, said: “Joshua’s school visits would include some costly overnight stays if we didn’t have adaptations. It is exhausting caring for Joshua. We are struggling now with his behaviour and he will get bigger. We look after Joshua because we love him but doing so reduces public spending and it’s a strong argument for more families with autistic children to have funds to adapt their homes accordingly”.

*From the Cerebra/Leeds University research study*

**General Design Guidance**

The following elements may need to be considered when assessing adaptations required to meet the needs of someone with ASD.

* Acoustics - control acoustics to minimise background noise, echo, and reverberation to suit the individual and level of focus required. Think about how to minimise the impact of the sound of repeated behaviours such as head-banging.
* Spatial Sequencing - design spaces in a logical order based on use to support routine and predictability. Use one-way circulation so people can move between activities as seamlessly as possible with minimal distraction.
* Escape Space - provide space for respite from the overstimulation of the environment. This might be a small, partitioned area, a Safespace or crawl space in a quiet section of a room or building. Make the sensory environment neutral and customisable.
* Compartmentalisation - organise a space or building into compartments with clear functions and sensory qualities which help define the use. Separate spaces using furniture, floor covering, floor level or lighting.
* Transitions - using transition zones helps the individual recalibrate their senses as they move from one level of stimulus to the next. These spaces may be anything from a distinct node that indicates a shift, to a full sensory room.
* Sensory Zoning - organise spaces according to their sensory quality. This means grouping spaces into ‘high-stimulus’ and ‘low-stimulus’ areas with transition zones aiding the shift from one zone to the next.
* Safety - safety is especially key for people who may have an altered sense of their environment. Alterations might include using hot water safety fittings and avoiding sharp edges and corners.

**Aspects of the property which may need to be considered**

* Access arrangements
* Bathroom
* Doors
* Flooring
* Radiators and heating systems
* Wall coverings
* Windows
* Garden space

Foundations’ website (<https://www.foundations.uk.com/dfg-adaptations/adaptation-design-guides/by-disability/challenging-behaviour/>) includes advice from the Challenging Behaviour Foundation with design considerations for adaptations for people with ASD and challenging behaviour.

**Good practise policies and procedures**

TB ADDED IF AVAILABLE

**Additional Case studies**

**Enabling settled sleep**

Background

Peter and Paul are twins with autism who are non-verbal and presented with extremely challenging behaviours including aggressive tendencies towards each other, anxiety, and an inability to cope with sensory over-stimulation. Their primary carer was their mother, a single parent with two other children who also lived in the family home. All were suffering from extreme sleep deprivation and there was a serious risk of family breakdown, putting the caring arrangement at risk.

Assessment

The twins were assessed as needing a bedroom adaptation involving the provision of two Safespace-type products within the bedroom for each boy. The purpose was to enable both boys to have separate spaces to safely sleep within the bedroom (eventually without mum). This would limit the risks of self-harm should they wake up in the night and also provide an environment which encourages calmness, minimising stimulation, and noise to support self- soothing. The assessment and subsequent recommendations took into consideration not only the observable needs of the boys during the assessment visit and information gathered from their mother but also the wider multi-disciplinary information and support from other agencies including a specialist health visitor, a paediatrician, an educational psychologist and a paediatric OT.

Outcome

Following provision of the Safespace equipment funded with a DFG the twins developed much better sleep patterns, their aggressive tendencies were reduced and their sensory anxieties were able to be effectively managed. Social care was able to reduce costly specialist child-minder provision and their mother and their siblings experienced a significantly improved quality of life.

*“I don't think I had any sleep for about two years because I was having to come into Hannah’s bedroom and stop her harming herself from banging against the walls and furniture so I was like a zombie during the day...Since having a Safespace, I’ve been able to get two part-time jobs. They are totally flexible so if Hannah isn’t well I don’t have to go to work but I could have never of taken those on if I was feeling before like it did before the Safespace.”* ***Colin, Sheffield***

**Provision of wet room and wash/dry toilet**

Background

Harry, aged 14, was referred for an Occupational Therapy assessment as his family were supporting him with showering and toileting but it was becoming increasingly challenging. He had a diagnosis of global developmental delay, learning disability and Osgood-Sclatters (Osteochondrosis of the Tibial Tuberosity) which causes rapid growth and immature bone maturation in early teens which caused painful inflammation around his knee joints. Due to his mood changes and size there was an identified risk that he could become challenging and even overpowering when upset. Harry’s condition also meant he was regularly constipated and would need to sit on the toilet for very long periods of time. He usually took his iPad with him to keep himself entertained.

Assessment

A level access wet room was recommended to reduce strain on Harry’s joints, to allow carers more space to safely deliver personal care when needed and to encourage Harry’s personal independence. A wash/dry toilet was also recommended to enable Harry to engage in toileting activity independently to reduce both physical and emotional strain on his mother when supporting him with personal care and to reduce any challenging behaviours prompted by toileting and personal care issues.

Outcome

The wet room and wash/dry toilet were both funded from a DFG. Harry was also able to use a free app available to download onto his iPad to enable him to control the toilet himself. This form of technology was deemed appropriate as it was familiar to him and his family as it was something he regularly used whilst toileting.

**Provision of additional bathroom/toilet facilities**

Background

Christopher, aged 19, lived with his parents and two siblings. Christopher’s parents provided significant levels of care and support to enable him to continue to live in the family home. Christopher was autistic and his behaviours could sometimes be challenging, including being physically aggressive towards other members of the family. Christopher used to spend lengthy periods in the bathroom, which could last for up to three hours and says this was a point of tension and stress as other members of the family could not always access the bathroom. On occasions Christopher would physically assault other members of the family when he wants to access the bathroom but cannot because others are using it. The family applied for a DFG for a second bathroom.

Assessment

The Council’s occupational therapist recommended a second bathroom was funded from a DFG. The reason for this was to make the property safe for the members of the family living in the family home with Christopher. It was also noted that the stress that Christopher’s parents and siblings were experiencing, together with occasional violent confrontations meant there was a risk that the caring arrangement might breakdown. This might result in Christopher needing to move to a supported living arrangement with an increase in care costs. It was also not what either the family or Christopher wanted.

Outcome

A DFG for a second bathroom was agreed. This has enabled all members of the family to have safe access to bathroom and toilet facilities and reduced the risk of a breakdown of the caring arrangement.

**Multiple DFGs for the same household**

Background

An assessment was completed for twins with different needs, an amputee with spinal rods, and the other with ASD. The home is a very small 2-bed shared ownership property. The family cannot afford to move to a more suitable property and the local Council will not permit the family to apply for social housing waiting list as they have too much equity.

Assessment

The amputee twin was assessed as needing a downstairs toilet and shower. The sibling with ASD was assessed as needing his own bedroom as he attacks his twin. Swapping or dividing bedrooms was not an option as the property is too small. The OT recommended a two-storey extension to provide ground floor bathroom with an additional bedroom above. However, the grant surveyor advised that the Council could only consider a single DFG which would leave a significant shortfall in costs which the family were unable to meet.

Outcome

Each child was assessed separately for a DFG, as the assessments are made on the need of each individual, not the household as a whole. The statutory maximum grant is £30,000 per application, so two separate recommendations can lead to two applications and two grants of up to £30k.It should also be noted that land charges under the General Consent are also per application so this approach could result in two separate land charges of up £10k each.

**Appendix A**

**Housing Grants, Construction and Regeneration Act 1996 Section 23**

**Disabled facilities grants: purposes for which grant must or may be given**

(1) The purposes for which an application for a grant must be approved, subject to the provisions of this Chapter, are the following—

(a) facilitating access by the disabled occupant to and from

(i) the dwelling, qualifying houseboat or caravanor

(ii) the building in which the dwelling or, as the case may be, flat is situated;

(b) making

(i) the dwelling, qualifying houseboat or, or

(ii) the building,

safe for the disabled occupant and other persons residing with him;

(c) facilitating access by the disabled occupant to a room used or usable as the principal family room;

(d) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room used or usable for sleeping;

(e) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, or facilitating the use by the disabled occupant of such a facility;

(f) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a bath or shower (or both), or facilitating the use by the disabled occupant of such a facility;

(g) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a wash-hand basin, or facilitating the use by the disabled occupant of such a facility;

(h) facilitating the preparation and cooking of food by the disabled occupant;

(i) improving any heating system in the dwelling qualifying houseboat or caravan to meet the needs of the disabled occupant or, if there is no existing heating system there or any such system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet his needs;

(j) facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or by providing additional means of control;

(k) facilitating access and movement by the disabled occupant around the dwelling, qualifying houseboat or caravanin order to enable him to care for a person who is normally resident there and is in need of such care;

**The following purposes were added in the Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008**

**3.**(1) Subject to the provisions of Chapter 1 of Part 1 of the Act, an application for a disabled facilities grant must be approved where the application is for the purpose specified in paragraph (2).

(2) The purposes are––

(a) facilitating access to and from a garden by a disabled occupant; or

(b) making access to a garden safe for a disabled occupant.

**Appendix B**

**Useful websites**

Newlife Foundation - <https://newlifecharity.co.uk/>

Safespaces - <https://www.safespaces.co.uk/>

Contact a Family - <https://www.contact.org.uk/>

Fledglings - <https://fledglings.org.uk/>

Disabled Living Foundation - <https://www.dlf.org.uk/>

Challenging Behaviour Foundation - <https://www.challengingbehaviour.org.uk/>

National Autistic Society - <https://www.autism.org.uk/>

**Useful resources**

Making Homes That Work - A Resource Guide for Families Living with Autism Spectrum Disorder + Co-occurring Behaviours - George Braddock, Creative Housing Solutions LLC & John Rowell, Rowell Brokaw Architects, PC 2011

Autism-Friendly Design - National Autistic Society

Managing Behaviour that Challenges and Creating Safe Environments – Heather Scott & Anne Eddison, Presentation to the RCOT Specialist Housing Section, February 2016

Living in the Community - Housing Design for Adults with Autism - Helen Hamlyn Centre, Royal College of Arts 2010

Adaptations without delay – Royal College of Occupational Therapy

1. Braddock G, Rowell J (2011) Making Homes that Work, *Creative Housing Solutions LLC and Rowell Brokaw Architects PC* [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy> [↑](#footnote-ref-2)
3. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf> [↑](#footnote-ref-3)
4. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696667/think-autism-strategy-governance-refresh.pdf> [↑](#footnote-ref-4)
5. <https://www.nice.org.uk/guidance/ng93> [↑](#footnote-ref-5)
6. Pengelly S, Rogers P, Evans K (2009) Space at home for families with children with autistic spectrum disorders, *British Journal of Occupational Therapy 72(9*), 378-383. [↑](#footnote-ref-6)
7. Braddock G, Rowell J, ibid [↑](#footnote-ref-7)
8. Adams S (2013) Home Adaptations for Disabled People – A Good Practice Guide, *Home Adaptations Consortium* [↑](#footnote-ref-8)
9. Mackintosh S, Smith P, Garret H, Davidson M, Morgan G, Russell R (2018) Disabled Facilities Grant (DFG) and Other Adaptations – External Review, *University of the West of England* [↑](#footnote-ref-9)
10. <https://www.foundations.uk.com/media/6350/calderdale-appeal.pdf> [↑](#footnote-ref-10)
11. <https://www.rcot.co.uk/adaptations-without-delay> [↑](#footnote-ref-11)
12. <https://www.nice.org.uk/guidance/ng11/chapter/1-Recommendations> [↑](#footnote-ref-12)
13. Disabled Facilities Grants – The Package of Changes to Modernise the Programme <https://webarchive.nationalarchives.gov.uk/20080305201417/http://www.communities.gov.uk/documents/housing/pdf/dfgpackagechange> [↑](#footnote-ref-13)
14. Delivering housing adaptations for disabled people: a good practise guide (2006), *Department of Communities and Local Government* [↑](#footnote-ref-14)
15. Mandelstam, M (2016) Home Adaptations: The care Act 2014 and related provision across the United Kingdom, *College of Occupational Therapists Specialist Housing Section* [↑](#footnote-ref-15)
16. Clements, L and McCormack, S (2017), Disabled Children and the Cost Effectiveness of Home Adaptations and Disabled Facilities Grants: A Small-Scale Pilot Study, *Cerebra and the School of Law, Leeds University* [↑](#footnote-ref-16)