



# A GUIDE TO ADAPTATIONS FOR CHILDREN AND YOUNG PEOPLE WITH BEHAVIOURS THAT CHALLENGE

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**Foundations**

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ENDORSED BY:

Royal College of  
Occupational  
Therapists



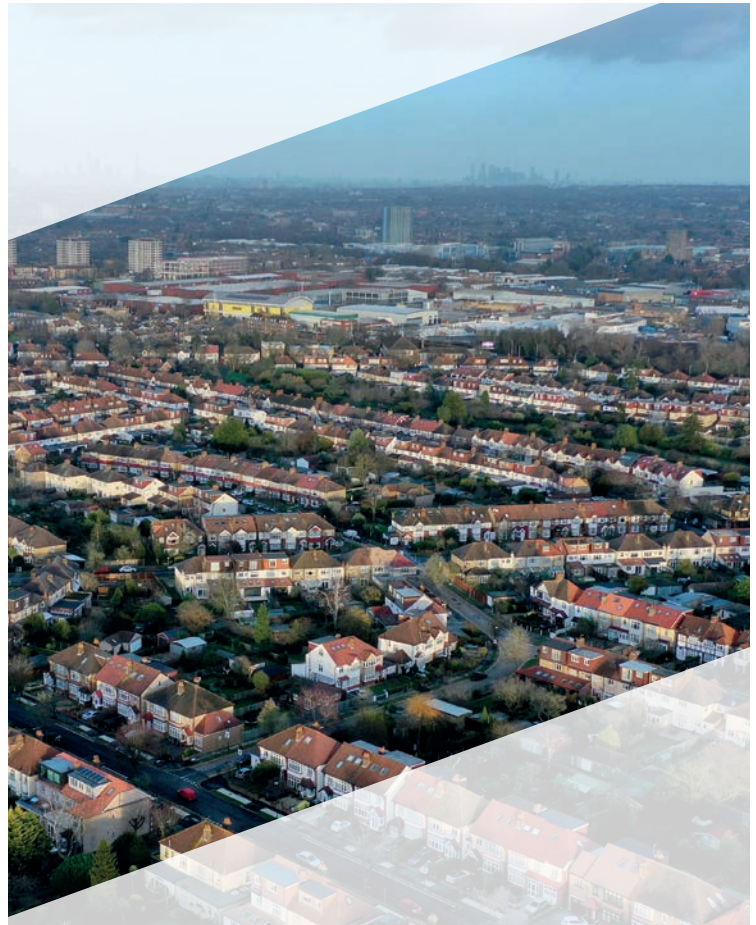


## About Us

**Foundations is the National Body for Home Improvement Agencies in England. This means that we're contracted to oversee a national network of nearly 200 Home Improvement Agencies (HIAs) and handy person providers across the country.**

It's a role we've held since 2000, and since 2015 we've also been supporting local authorities to improve how they deliver Disabled Facilities Grants (DFGs) - whether they use a HIA or not. Our vision is a thriving range of Home Improvement Agencies – supporting people to live safe, independent and happy lives in the home of their choice.

Foundations' role on informing policy and design is twofold. On the one hand we advise and support government in delivering on part of its commitments to vulnerable older and disabled people in their own home. At the same time, we help local authorities to adopt housing assistance policies and commission services sensitive to local priorities and needs.



- **Sharing the benefits that adaptations can bring to families is a core aim of our 2021 workplan.**
- **We want to see recognition of the role of using RRO flexibilities for children with complex needs and the cost benefit of large adaptations compared to the alternative - particularly on the wider system.**

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# INTRODUCTION

## Introduction

Everyone wants to be able to live safely, independently and well in a place they call home. However, for some people their home needs to be adapted to enable these aspirations to be met. Each local housing authority has a budget to help meet the cost of such adaptations.

This guide has been developed by Foundations, the national body for Home Improvement Agencies (HIAs), to provide advice and information for local authorities and Home Improvement Agencies dealing with requests for adaptations for people with behaviours which challenge by providing advice and guidance for staff carrying out assessments and for staff determining applications for funding. It will also be useful for occupational therapists and staff in other agencies working with children and young people with behaviours that challenge whose home may need to be adapted as well as their families and carers.

## Guide Aims

The aims of the Guide are:

- To provide some background and context to behaviours that challenge;
- To outline the rules and regulations relating to Disabled Facilities Grants (DFG) and discretionary housing assistance policies;

- To provide advice on how the funding can be used;
- To include case studies and examples of good practice in order to support the effective use of the DFG and discretionary housing assistance policies so that children and young people with behaviours that challenge are able to continue to live at home where that is in their best interests and the interests of their family.

*Note: Although the focus of this guide is on adaptations which might be needed for someone living with their family, it will also be relevant to people with autism and/or learning disabilities who are living in their own home (for example, in a supported living scheme or living independently with care and support provided). It should be noted that where an adaptation involves some degree of restriction of a person's independent movement, there may need to be consideration of the Deprivation of Liberty Safeguards (DoLs) and a necessary consideration in the person's best interest.*

*Note: It has been announced that DoLs will be replaced by Liberty Protection Safeguards in April 2022.*

## Guide endorsed by:

Royal College of  
Occupational  
Therapists



# EXECUTIVE SUMMARY

“Physical accessibility issues are easily understood in a way that autism-related needs are not.” (Mother of a 22-year-old with autistic spectrum disorder quoted in *Making Homes That Work*)<sup>1</sup>

## Executive Summary and Key Points

The definition of disability with regard to eligibility to apply for a Disabled Facilities Grant is drawn widely and clearly encompasses people with autism and/or learning disabilities. However, the vast majority (89%) of adaptations funded through a DFG are to meet the needs of people with a physical disability.

Many families of children and young people with autism and/or learning disabilities face significant difficulties in continuing to provide care and support to enable their family member to continue to live in the family home, particularly when the child or young person has behaviours that challenge. This may be because for a person with autism and/or with severe learning disabilities, living in a world designed for neurotypical people can be difficult and may cause them distress or

anxiety because their underlying sensory needs are not being addressed. Understanding the reason for the behaviours and how to create a safe sensory environment is key to responding to the needs of the individual and providing effective support. Research has highlighted the importance of an appropriate and safe environment at home for children with autism and their families. Whilst many people with autism and/or learning disabilities can live with their families independently or with support, some people, their families, and their caregivers may face profound challenges due to an inadequate or inappropriate home environment.

Disabled Facilities Grant funding can make a substantial difference in such circumstances. Funding can be used where the criteria for a mandatory disabled facilities grant are met. This may include 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. Other adaptations specifically mentioned in the current DFG guidance include ‘the provision of specialised lighting.... toughened or shatterproof glass..... or the installation of guards around certain facilities such as fires or radiators... as may be cladding of exposed surfaces and corners to prevent self-injury’.

<sup>1</sup> Braddock G, Rowell J (2011) *Making Homes that Work*, Creative Housing Solutions LLC and Rowell Brokaw Architects PC

# EXECUTIVE SUMMARY

Local authorities also have substantial discretion under the Regulatory Reform Order (RRO) to fund additional works which fall outside the mandatory purposes for which a statutory DFG can be given. Discretionary assistance can also be provided to meet the cost of works which exceed the current maximum DFG of £30,000. As the Guide notes, although in some situations the cost of necessary adaptations can be significantly above this limit, research by the School of Law at Leeds University and the children's neurological charity Cerebra has shown that the financial benefits for the wider health and social care system are substantial and can avoid the considerable cumulative costs of providing residential care where the person's parents can no longer provide care in the family home.

The Guide shows that effective and creative use of DFG budgets can make a significant impact on the lives of people with autism and/or learning disabilities as well as on the lives of their families and carers. Such an approach can also make sense financially. By helping to avoid unnecessary admissions to residential care, appropriate use of DFG budgets not only delivers better outcomes for people with autism and/or learning disabilities and their families but can do so whilst at the same time delivering better value for money for local authorities.

- Behaviours that challenge have a specific purpose or function, and it is important to focus on the underlying reasons rather than the behaviours themselves. Understanding the reason for the behaviours and how to create a safe sensory environment is key to responding to the needs of the individual and providing effective support.
- Multi-disciplinary/multi-agency assessment and intervention planning is essential to ensure that the needs and rights of children and young people with autism and/or learning disabilities are fully understood, and that any adaptations to their home are appropriate and proportionate to meeting their needs (and in particular their sensory needs).
- The purposes for which a mandatory DFG can be given cover a wide range of situations which may help to create a better environment for someone with autism and/or learning disabilities, in particular to make the environment safe for the person and those people who live with them.
- Flexible and creative use of the powers under the Regulatory Reform Order can enable local authorities to develop specific

# EXECUTIVE SUMMARY

discretionary grants to meet the needs of children and young people with autism and/or learning disabilities.

- It is essential to see DFG funding as part of an integrated approach to meeting the needs of children or young people with autism and/or learning disabilities. Although in some cases the cost of adaptations can be significant, by helping to avoid unnecessary admissions to residential care, appropriate use of DFG budgets not only delivers better outcomes for people with autism and/or learning disabilities and their families but can do so whilst at the same time delivering savings for health and social care budgets.

## Acknowledgements

With thanks to all those who have provided comments and suggestions during the writing of this Guide including colleagues in Ministry of Housing, Communities and Local Government, the Royal College of Occupational Therapists (including members of the Royal College of Occupational Therapists Specialist Section – Housing) and members of the Access Committee for Leeds.

“

*We've seen that very little of the Disabled Facilities Grant budget goes towards autism and behaviours that challenge - we wanted to shine a light and show what is possible.”*

**Paul Smith**

Director, Foundations





## 1. Behaviours That Challenge

One of the most widely used definitions of the term 'behaviours that challenge' is that of Emerson who defines it as 'culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.'<sup>2</sup> The term 'behaviours that challenge' describes the behaviour as challenging to services, rather than the problem being within the person' ("this person presents us with a challenge in how to support him/her" as opposed to "this person is being very difficult"). This encourages carers and professionals to find effective ways of understanding a person's

behaviour and its underlying causes. It should be noted that because such behaviour arises from a response to the world around them, rather than being intrinsic to either autism and/or learning disabilities, the alternative term 'distressed behaviour' is also sometimes used to describe such responses.

For people with autism and/or with learning disabilities, living in a world designed for neurotypical people can be difficult and may cause them distress or anxiety because their underlying sensory needs are not being addressed. It is these sensory issues which may sometimes result in people with autism and/or people with learning disabilities displaying behaviour which may challenge people who live with them or services which support them.

<sup>2</sup> <https://www.challengingbehaviour.org.uk/learning-disability-files/Formal-Definitions-of-Challenging-Behaviour-.pdf>



# 1

# BEHAVIOURS THAT CHALLENGE

Behaviours might include:

- Causing self-harm or self-injury (e.g., head banging, eye poking, hand biting).
- Causing harm to others (e.g., hair pulling, hitting, head-butting).
- Destructive behaviours (e.g., throwing things, breaking furniture, tearing things up, damaging the home).
- Eating inedible objects (e.g., pen lids, bedding).
- Flight behaviours (e.g., absconding, climbing, hiding, withdrawal).
- Distress behaviours (e.g., screaming, stripping, urinating, defecating, vomiting, spitting, repetitive behaviours).

It should be noted that there is no definitive list because it is any behaviour that is challenging to those around the person, or that has a negative impact for the person.

Behaviours that challenge have a specific purpose or function, and it is important to focus on the underlying reasons rather than the behaviours themselves. Understanding the reason for the behaviours and how to create a safe sensory environment is key to responding to the needs of the individual and providing effective support. In many cases, the behaviour provides a way for a person to control what is going on around them and to get their needs met. It may also be to block out pain or to communicate high levels of distress.

Common causes of behaviours that challenge 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 behaviours that challenge may be a good way of getting other people's attention, even if it is negative, e.g., being told off
- 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.
- A response to perceptions of sensory overload or sensory deprivation.

The nature of the home environment can have an adverse impact on people with behaviours that challenge. Research has highlighted the importance of an appropriate and safe environment at home for children with autism and their families.<sup>3</sup> An inadequate environment which doesn't provide this can directly influence the decision to place someone with autism and/or with learning disabilities in a care setting. As George Braddock of Creative Housing Solutions noted, 'you cannot fix a

3 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.

# 1 BEHAVIOURS THAT CHALLENGE

problem behaviour in a broken environment'.<sup>4</sup> Ensuring that the needs and rights of children and young people with autism or learning disabilities are fully understood, and that any adaptations to their home are appropriate and proportionate to meeting their needs (and in particular their sensory needs), usually requires multi-disciplinary/multi-agency assessment and intervention planning. Moreover, early intervention is paramount to ensure the environment is adapted before the child/young person or their family members are at significant risk of harm.

## 1.1 Autistic Spectrum Disorders

Autism is a spectrum condition. All people with autistic spectrum disorders (ASD) share certain difficulties but being autistic will affect them in different ways. People often struggle with sensory processing and integrating sensations, the neurological process of interpreting and managing the sensory input they receive, and it can be hard to make sense of sights, sounds, smells, tactile and other sensory information.

For some individuals with ASD sensory input can be 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.

Whilst many people with ASD can live with their families independently or with support, some people, their families, and their caregivers may face profound challenges due to an inadequate or inappropriate home environment.

## 1.2 Learning Disabilities

The term learning disability refers to a range of disabilities including mild, moderate, severe, and profound/multiple learning disabilities and, as with autistic spectrum disorders, learning disability affects people in different ways.

People with mild or moderate learning disabilities can often lead independent lives with low levels of support. However, someone who has a severe or profound/multiple 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;
- May also have physical disabilities.

<sup>4</sup> Braddock G, Rowell J, *ibid*

# 1 BEHAVIOURS THAT CHALLENGE

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 they present with behaviours that may challenge others and they are unlikely to “grow out” of those behaviours on their own and will need skilled support in order that their needs can be met in a different way.

## 1.3 Pica

Pica is a medical term which refers to the persistent eating of non-nutritive, or non-food, items. Cases of pica are reported in many different groups including in people with learning disabilities and/or who have autism, although pica is itself a separate diagnostic condition. Pica is reported to be often more severe in autistic people or people with a learning disability. Pica can be compulsive, very dangerous and preventing it can also be very difficult<sup>5</sup>.

## 1.4 The Autism Act

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’<sup>6</sup>, 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<sup>7</sup> 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<sup>8</sup> grouped the existing 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 people with autism will mean continuing to live in the family home. NICE guideline NG93<sup>9</sup> 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).

5 <https://network.autism.org.uk/knowledge/insight-opinion/james-frankish-and-pica>

6 <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

7 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422338/autism-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf)

8 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/696667/think-autism-strategy-governance-refresh.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696667/think-autism-strategy-governance-refresh.pdf)

9 <https://www.nice.org.uk/guidance/ng93>

# 2 METHODOLOGY

## 2. Methodology

This Guide is based on the mandatory framework for Disabled Facilities Grants set down in the Housing, Grants, Construction and Regeneration Act 1996 as subsequently amended through relevant Orders and General Consents. It also includes details of the Regulatory Reform Order 2002 which can be used to enhance the provisions of the HGCR 1996. Reference is also made to other legislation such as the Autism Act 2009. It has also drawn extensively on existing reports and studies all of which are referenced throughout the Guide.

Case studies from practitioners and organisations working with people with autism and /or learning disabilities and their families have been used to demonstrate how the legislation can be used to enable the funding

of adaptations for people with behaviours that challenge. Additional design guidance is based on advice from the Foundation for Challenging Behaviour and is drawn from Foundations' website. The cost benefits of adaptations for people with behaviours that challenge is based on a research report published by the School of Law at Leeds University and the children's neurological charity Cerebra.

The Guide has benefitted from comments and suggestions from families with a direct interest in adaptations for people with behaviours that challenge, and from professionals and organisations working with people with autism and/or learning disabilities and delivering adaptations to meet their needs.

### 3. DFG Legislation and Guidance

Local housing authorities have a statutory duty to provide a Disabled Facilities Grant (DFG) to disabled people to help meet the cost of a range of adaptations to their homes. The legislative framework for Disabled Facilities Grants is set down in the Housing, Grants, Construction and Regeneration Act (HGCRA) 1996. The purposes for which a DFG must be approved, subject to the eligibility of the applicant and to the test of resources, are defined in Section 23 of the HGCRA as amended. The basic legislation has been further expanded in a number of Orders and Consents.

Funding to meet the cost of DFGs is allocated by the Ministry of Housing, Communities and Local Government (MHCLG) according to a national formula. It should be noted that whilst

the legislation applies to adaptations in any tenure, the cost of adaptations to the homes of council tenants is met from the local housing authority's Housing Revenue Account and not from the DFG budget provided by MHCLG.

Detailed guidance about how the Act should be applied was published by the Home Adaptations Consortium (HAC) in 2013 and revised in 2015<sup>10</sup>.

The purpose of a DFG 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 disabled person for whose benefit it is proposed to carry out any relevant works'. The disabled person can be of any age.

The HAC Guide describes the key principles

10 Adams S (2013) Home Adaptations for Disabled People – A Good Practice Guide, *Home Adaptations Consortium*

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’<sup>11</sup>.

### 3.1 Definition of ‘Disabled’

The definition of disabled for the purposes

of a DFG is included in Section 100 (1) of the HGCRA 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.

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 [specifically referencing people with autism in Section 7.47/8] which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities’.

### 3.2 DFGs and Young People with Behaviours That Challenge

The Disabled Facilities Grant Review<sup>12</sup> carried out in 2018 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

<sup>11</sup> [https://dera.ioe.ac.uk/15599/1/assessing\\_children\\_in\\_need\\_and\\_their\\_families\\_practice\\_guidance\\_2000.pdf](https://dera.ioe.ac.uk/15599/1/assessing_children_in_need_and_their_families_practice_guidance_2000.pdf)

<sup>12</sup> 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*

# 3

## DFG LEGISLATION AND GUIDANCE

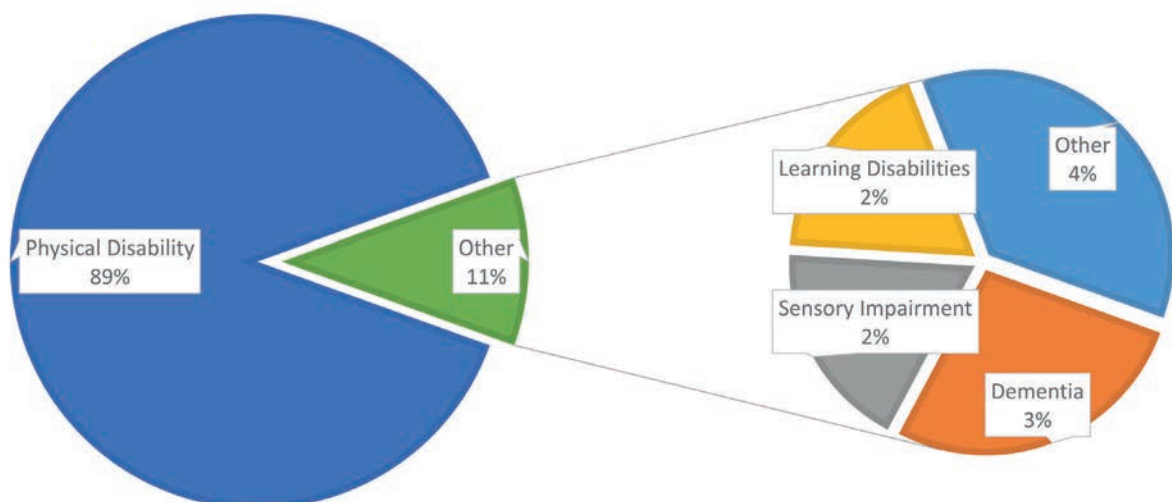
ranged between 6.6% and 8.5%. Whilst these trends reflect broader levels of disability in the UK, it is likely that within this age group the focus is predominantly on young people with physical disabilities since, as was also noted in the Review, the majority of DFGs (89%) have been awarded to people 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 issues' (p53). Whilst the number of adaptations for children and young people with behaviours that challenge 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.

■ Physical Disability ■ Dementia ■ Sensory Impairment ■ Learning Disabilities ■ Other



### 3.3 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 (Section 23) and which are deemed both ‘necessary and appropriate’ and ‘reasonable and practicable to carry out’.

The list of relevant purposes for which a DFG must be considered is included in Appendix B. Although typically these have focused on meeting the needs of people with physical disabilities, many of the purposes will also be relevant for people with behaviours which challenge. This may be particularly the case for adaptations which are identified that meet the purpose described in Section 23 (1)(b) of ‘making the dwelling.....safe for the disabled occupant and other persons residing with him[her]’. 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

Section 23(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’<sup>13</sup>.

It should also be noted that the HGCR 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. However, the HGCR states that ‘a local housing authority which is not itself a social services authority shall consult the social services authority’, S23 (3) to determine what works meet this criterion. The Housing Authority must also confirm that it is ‘reasonable and practicable’ to carry out the relevant works. As is described in the assessment framework in the Royal College of Occupational Therapist’s publication ‘Adaptations Without Delay’<sup>14</sup>, adaptations for young people with complex needs are likely to require specialist intervention

13 <https://wwwFOUNDATIONS.UK.COM/MEDIA/6350/CALDERDALE-APPEAL.PDF>

14 <https://WWW.RCOT.CO.UK/ADAPTATIONS-WITHOUT-DELAY>



with the support of a professional occupational therapist to identify the appropriate solution(s).

The HAC Guide states 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’ (Section 7.42 and 7.48) and should also involve the person needing the adaptation and their family and carers in the assessment discussions and the decision-making process (Section 7.47).

## 3.2 Assessments

Assessments for adaptations for a young person with behaviours that challenge should be holistic and involve multi-disciplinary professional input in addition to contributions from the young person wherever possible and those who know the young person best. Although the needs of a child may change as they grow early intervention is paramount to ensure the environment is adapted before the child/young person or their family members are at significant risk of harm, and there is no minimum age below which an adaptation cannot be considered.

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.<sup>15</sup> The occupational therapist’s assessment should include a broad consideration of all the options, working with the family to explore these in full. This may mean, for example, considering ways to make the home generally more accessible and safer in order to allow a young person to move around and explore safely rather than restricting adaptations to one area. Where a specialist sensory assessment is required it may be possible to fund this from the DFG so long as the assessment is being carried out by an occupational therapist with the necessary experience. Any DFG funding for such fees would not however be paid until after a DFG application had been approved.

An assessment of what work is both necessary and appropriate should also consider the needs of parents and any siblings living at home, as behaviours that challenge can have a significant impact on the ability of the whole family to continue to support a family member with behaviours that challenge. 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’ (Section 7.18).

15 <https://www.nice.org.uk/guidance/ng11/chapter/1-Recommendations>

## Creating A Safer Environment **Assessment**

### 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 behaviours that challenge. 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."*

After looking at a range of options, a Safespace was recommended for Thomas. The aim was 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 funded with a DFG, Thomas's 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 behaviours that challenge and improve the quality of life for the whole family. It also gave Thomas more independence as he transitioned into adulthood.



# 3

## DFG LEGISLATION AND GUIDANCE

### Reducing Risk

#### Background

The Abouzeid family were experiencing daily challenges with one of their children who had complex needs. His behaviour was generally destructive and he was also at risk of falls from escalating behaviour involving climbing on household objects. The family were concerned that their son's behaviour was becoming more difficult to manage and that the risks to him and other family members were likely to increase as he grew older and stronger.

#### Assessment

Following an assessment, the following works were recommended by the occupational therapist: upholstered washable walls; a secondary window; an upholstered and safe

bed; soft washable flooring; sensory lighting; radiator covers to prevent climbing and injury; enclosing the television; adapting all light switches and the fitting of a motion sensor.

The works were funded with a Disabled Facilities Grant and with funding for equipment from the Council's equipment budget.

#### Outcome

Following completion of the work Mrs Abouzeid said: "The works have made a real difference to our lives. It was important that our son was safe and the family were too, and the grant has now given him a safe space to go when he has a crisis. We thought it would be very clinical and like a hospital room, but it isn't, it's just like a normal bedroom and one that will carry him into adulthood safely, there's not a surface in there he could hurt himself on".



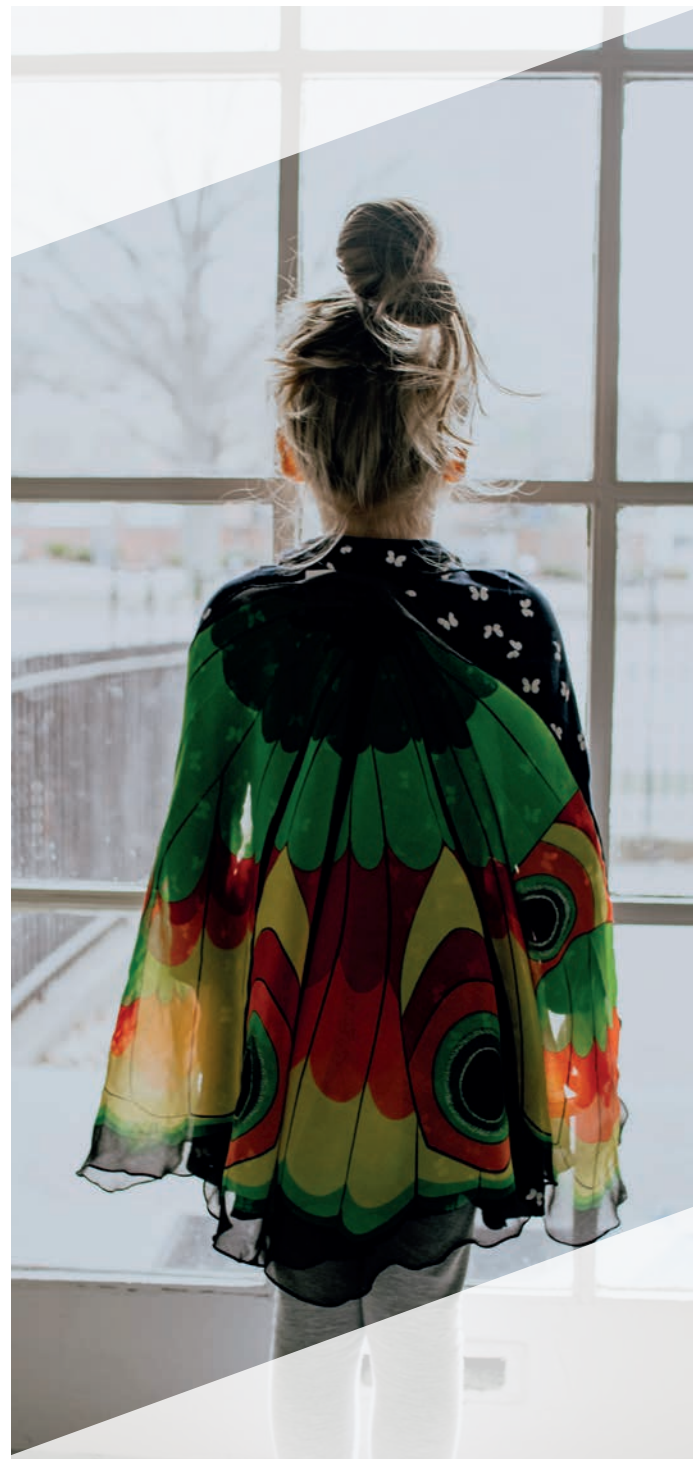
# 3

## DFG LEGISLATION AND GUIDANCE

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, Section 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... as may be cladding of exposed surfaces and corners to prevent self-injury’ (Annexe C, Section 21).

It should be noted that where an adaptation involves some degree of restriction of a person’s independent movement there may need to be consideration of the person’s best interest. This could be relevant where, for example, a young person is prone to climbing out of windows and it is proposed to change window (or door) locking mechanisms to ensure their safety. In such cases there may be a need to consider the balance of risks of the adaptations being carried out or not. It should be noted that where the person concerned is 16 or over and lacks the capacity to give informed consent, depending the nature of the

adaptation, there may need to be consideration of any requirements under the Deprivation of Liberty Safeguards (DoLs). Note it has been announced that DoLs will be replaced by Liberty Protection Safeguards in April 2022.



# 3

## DFG LEGISLATION AND GUIDANCE

### 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. 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 wanted to access the bathroom but could not because others were using it. The family applied for a DFG for a second bathroom.

#### Assessment

The Council's occupational therapist recommended a second bathroom to be funded from a DFG in order to make the property safe for other members of the family. 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 which could result in Christopher needing to move to a supported living arrangement with an increase in care costs, an outcome which neither Christopher nor the family 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.

## Adapting a Bathroom

### Background

Joe, a 17-year old with complex needs, lived with his mother in a 2-storey property. The referral had been to look at alternative ways of bathing as the bathroom was upstairs but when Joe had a bath his vigorous movements caused the bath to overflow. Moreover, Joe's mum was finding it difficult to get him in to the bath and she thought a level access shower would be more manageable for her and would also minimise the risk of flooding.

### Assessment

The occupational therapist's assessment identified 2 key points:

- a) Joe really like to have a bath as it was an activity that he enjoyed and it helped to improve his mood.
- b) Joe's mum was finding it increasingly difficult to guide him into the bathroom to carry out activities of personal care especially as he was becoming bigger and stronger.

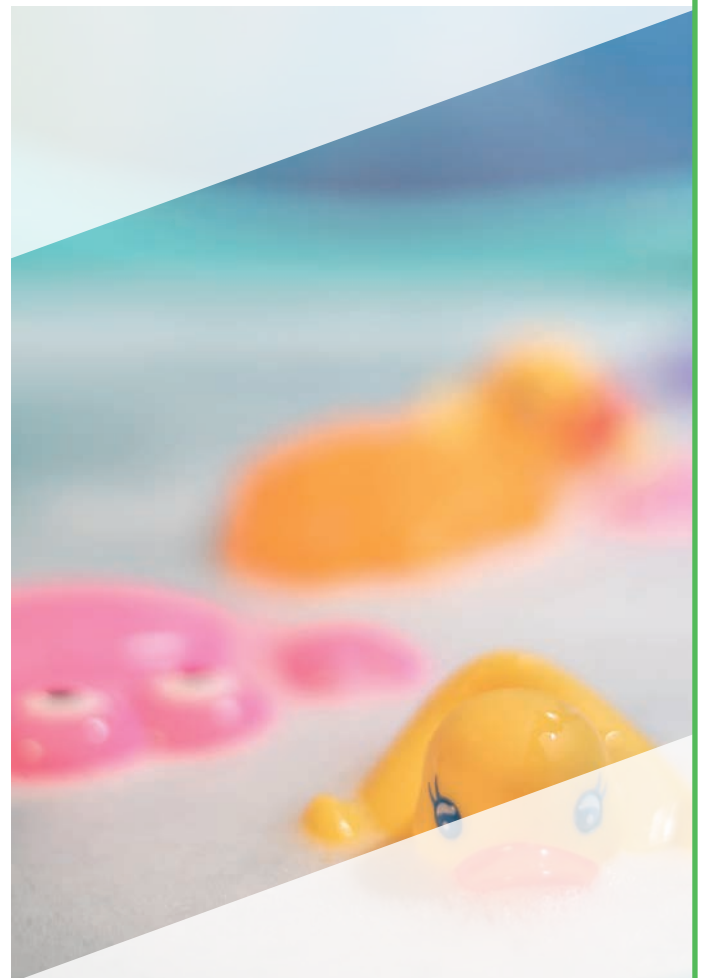
It was also observed that the frequent flooding of the bathroom floor was beginning to cause damage to the ceiling below.

The occupational therapist recommended the installation of a sealed floor and the provision

of a deep bath together with zonal lighting. One set was in the toilet area, the second over the wash basin and the third over the bath. Joe's mum purchased 3 sets of different coloured light bulbs to compartmentalise each area.

### Outcome

Following completion of the adaptations funded with a DFG Joe was able to continue to have a bath, and the use of the different lighting meant that mum could take more of a hands-off approach and let the environment guide the activity.



# 3

## DFG LEGISLATION AND GUIDANCE

### Multiple DFGs for the Same Household

#### Background

The family home is a very small 2-bedroomed 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. The family includes twins with different needs: the first has a lower limb amputation and has spinal rods, and the second has ASD.

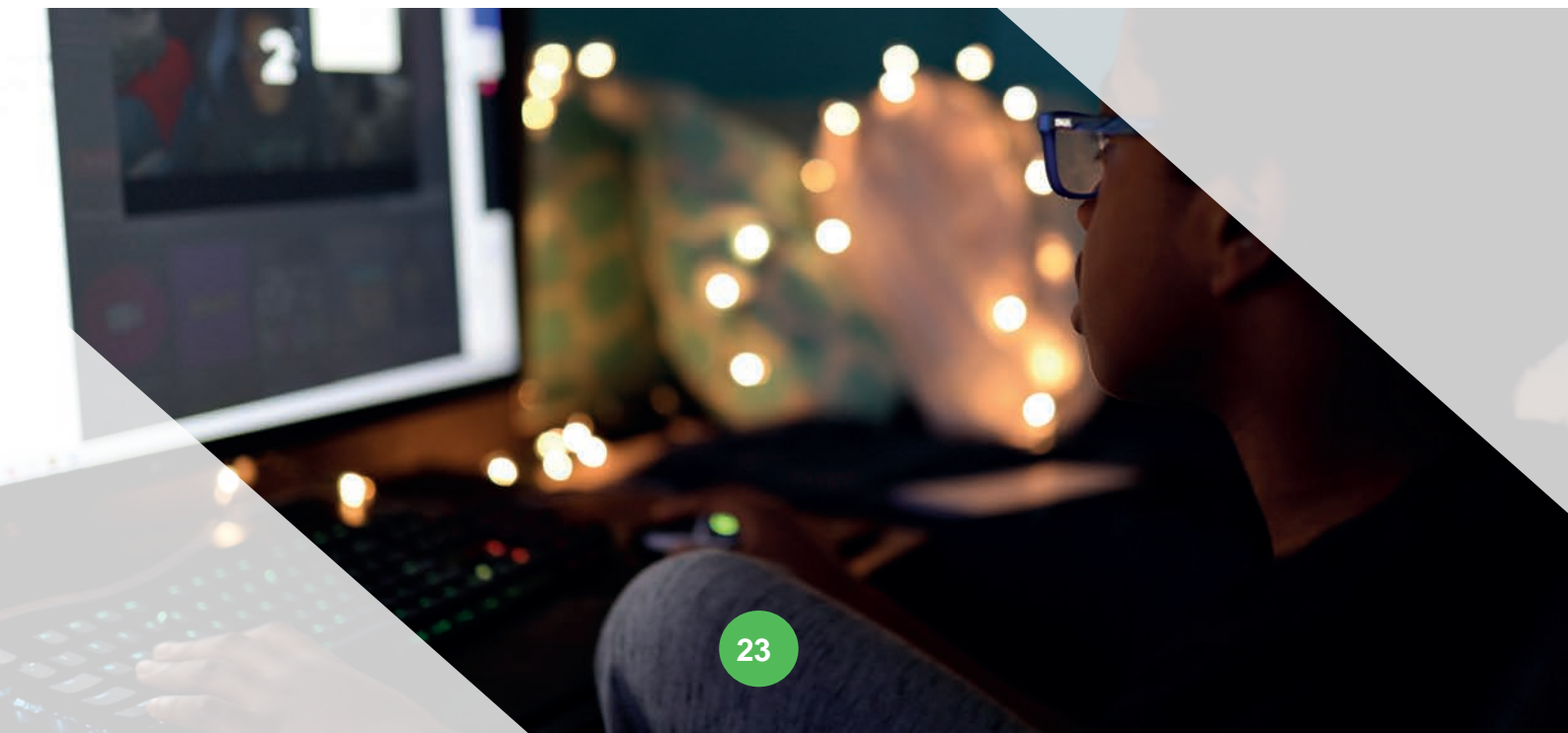
#### Assessment

The first 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 occupational therapist recommended a two-storey extension to provide a ground floor bathroom with an additional bedroom above. However, the grant surveyor initially 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 to £10k each.



### 3.3 Funding of Equipment

The provision of equipment is usually the responsibility of social services 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 funded by 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, provided the cost is £1,000, or less'. It is therefore sometimes assumed that equipment cannot be funded by a DFG since the DFG is a capital grant. 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' (Section 2.14).

Earlier guidance on the DFG (DOE Circular 17/96) advised that '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 does not 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.

### 3.4 Discretionary Housing Assistance Policies

The Regulatory Reform Order 2002 gives local authorities a general power to introduce policies 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, so long as the spending still meets the definition of capital expenditure. '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<sup>16</sup>. Over 90% of councils in England have now developed a discretionary housing assistance policy.

Such policies may include general provisions which will be of benefit to people with behaviours which challenge. 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, which is often the case for adaptations to meet the needs of people with complex needs. Discretionary grants can also be introduced to meet needs that are not included in the list of purposes for which a mandatory DFG can be given. 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 on page 27

illustrates the potential impact of such policies.

Discretionary housing assistance policies could also include other provisions which may meet the cost of adaptations for people with behaviours that challenge. For example, this could include financial assistance with sound-proofing or sensory calming measures. 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).

16 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>

### 3.5 Other Relevant Legislation

As a result of the Care Act 2014, Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) no longer applies to adults. It does, however, continue 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)<sup>17</sup>. 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'.<sup>18</sup>



<sup>17</sup> Delivering housing adaptations for disabled people: a good practise guide (2006), *Department of Communities and Local Government*

<sup>18</sup> Mandelstam, M (2016) Home Adaptations: The care Act 2014 and related provision across the United Kingdom, *College of Occupational Therapists Specialist Housing Section*

# 3

## DFG LEGISLATION AND GUIDANCE

### Provision of a Sensory Room

#### Background

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 behaviours that challenge including self-harming and hitting others, including his siblings. The family had requested additional space 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.

#### Assessment

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.

#### Outcome

The local authority 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 occupational therapist as no funding could be identified.

However, if the reason for the sensory room had been identified as making the home safer for

the disabled person or others living with them, then it would have met one of the purposes of the DFG and the cost could have been met by a mandatory DFG so long as it was deemed to be necessary and appropriate. Alternatively, this provision could have been funded from the DFG budget if it had been included in a discretionary assistance policy.



# 4 COST/BENEFIT

## 4. 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 benefit 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 for care placements 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.<sup>19</sup>

This reinforces the need to take a wider approach to identifying costs and the savings generated by expenditure on adaptations. Adaptations should be seen as one element of an integrated approach to the delivery of services supporting wellbeing and independent living, involving housing, health and social care services. Whilst the cost of adaptations may be substantial, as in the example cited on the following page, with potential costs of residential care exceeding £40,000 pa the alternative cost to the public purse of a care placement can be much more.

<sup>19</sup> 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*

# 4 COST/BENEFIT

Where adaptation costs are likely to be significant it may be appropriate to develop a whole systems business case demonstrating future health and social care cost savings as part of an approach to agree joint funding for the proposed adaptations.



Ian and Karen's son Joshua, aged 11, was awarded [statutory and discretionary funding totalling] £165,000. Significant adaptations included additional safe play space for their son, padding to prevent injuries and a big bedroom allowing someone to sleep next to Joshua, helping prevent self-harm. A safe outside play area was also provided. 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*

“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**

# 5

# GENERAL DESIGN GUIDANCE

## 5.1 General Design Guidance

The following elements, which particularly focus on sensory issues, may need to be considered when assessing adaptations required to meet the needs of someone with behaviours which challenge.

### Acoustics

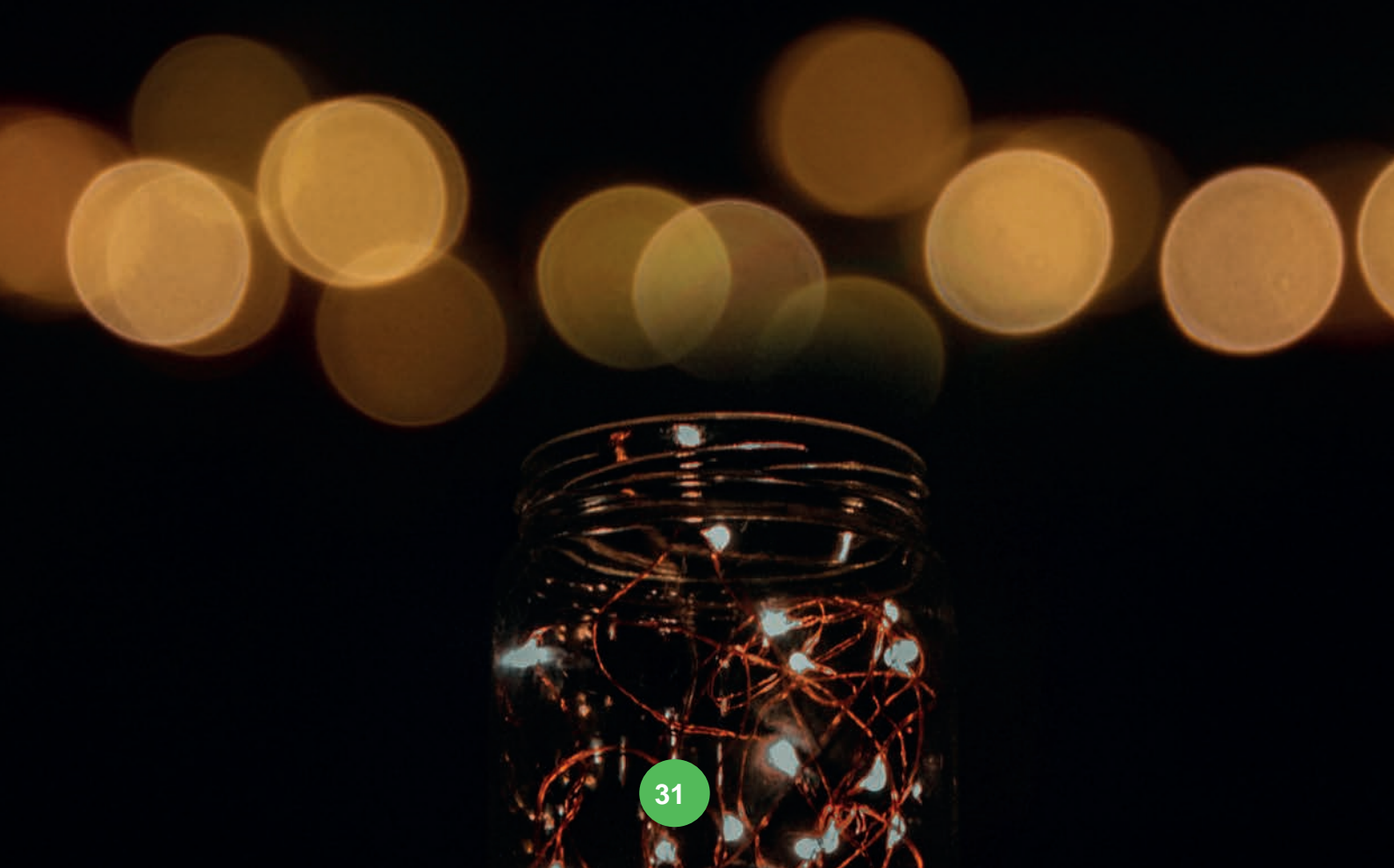
Control acoustics to minimise background noise, echo, and reverberation to suit the individual and level of focus required. Think about how to minimise the impact of the sound of repeated behaviours such as head-banging.

# 5

# GENERAL DESIGN GUIDANCE

## Lighting

Adjustable and appropriate light levels which can provide a more calming, relaxed environment e.g., ambient warm lighting which avoids harsh bright 'blue' light. Lighting may need to be robust and difficult to access (e.g., downlighters recessed into ceilings) and may need to be waterproof.



### Spacial 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.

### 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.

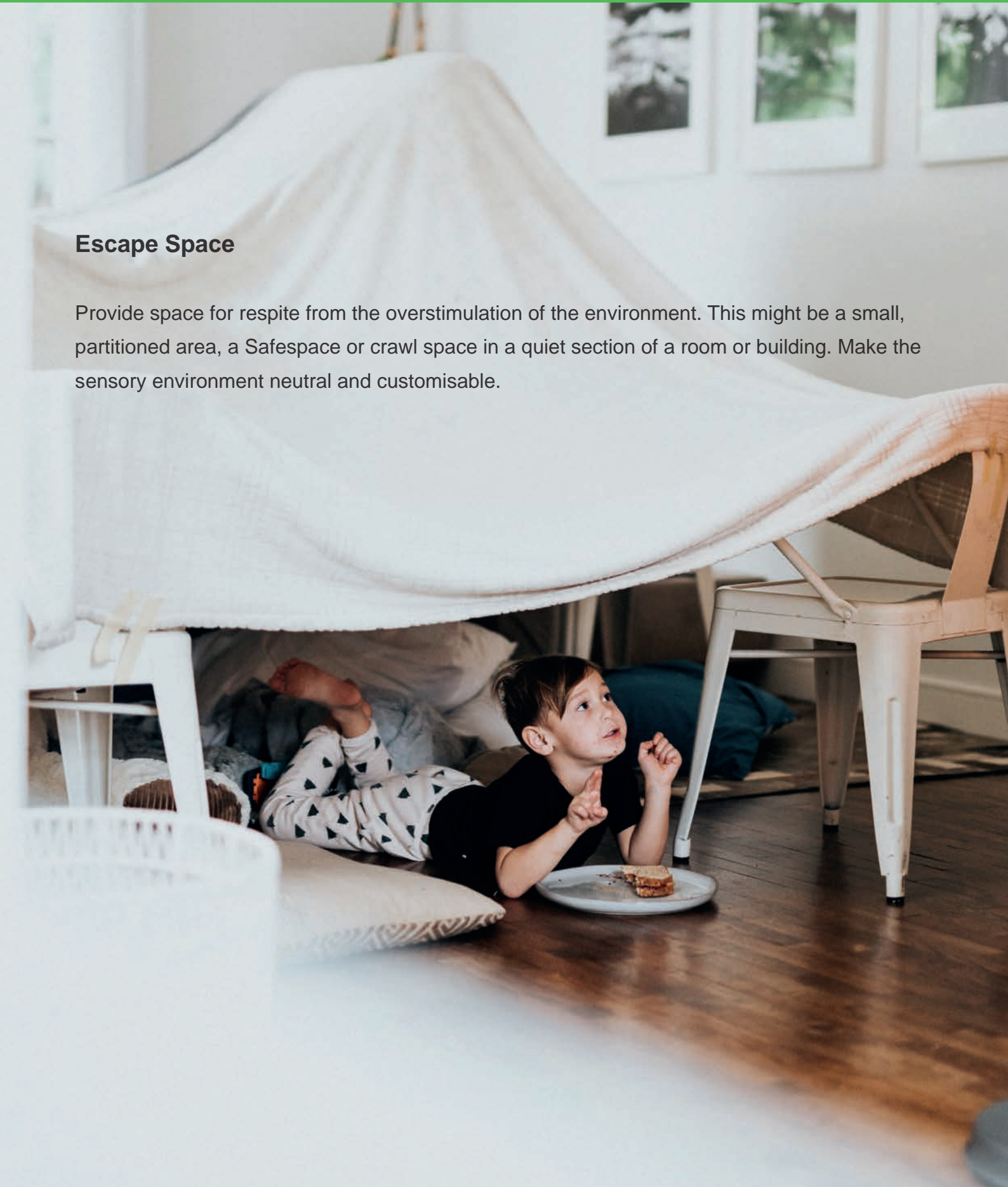


# 5

# GENERAL DESIGN GUIDANCE

## 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.



# 5

# GENERAL DESIGN GUIDANCE

## 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.

# 5

# GENERAL DESIGN GUIDANCE

## 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.

## Inclusive

Non-institutional design with consideration to colour schemes, patterns (or not), textures/ finishes and themes so as to create homely spaces that do not over stimulate and can provide differentiation between spaces if required (as above).

# 5

# GENERAL DESIGN GUIDANCE

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 behaviours that challenge.

It should also be noted that the Building Standards Institute (BSI) in its role as the UK National Standards Body is developing a new project to create the first set of guidance for the design of the built environment to include the needs of people who experience sensory and neurological processing difficulties and/or differences. This includes neurodivergent, neurodegenerative and other neurological conditions which may affect sensory processing and mental wellbeing.

The fast-tracked standard, PAS 6463 Design for the mind – Neurodiversity and the built environment – Guide, will provide information for designers, planners, specifiers, facilities managers, and decision-makers on particular design features which can make public places more inclusive for everyone, in particular by reducing the potential for sensory overload, anxiety or distress. It will address sensory design considerations including lighting, acoustics, flooring and décor. The standard will be developed by a steering group of experts in the built environment, transportation, planning

and neurodiversity fields. It is expected to be published in April 2021

Neurodiversity, a term which refers to variation in the human brain regarding sociability, learning, attention, mood and other mental functions and encompasses people with autism or learning disabilities, is currently referenced in the current BS8300 'Design of an accessible and inclusive built environment'.

# 6 CONCLUSION

## 6. Conclusion

As was stated at the beginning of this guide, everyone wants to be able to live safely, independently and well in their own home. However, for many people with autism and/or learning disabilities their home environment can be disabling and can present significant difficulties for a person with major sensory processing issues.

These challenges have been compounded by the additional pressures created by the covid pandemic when people are having to spend more time than previously at home. What this guide has shown is that effective and creative use of DFG budgets can make a significant impact on the lives of people with autism or learning disabilities as well as on the lives of their families and carers. Such an approach can

also make sense financially.

By helping to avoid unnecessary admissions to residential care, appropriate use of DFG budgets not only delivers better outcomes for people with autism and/or learning disabilities and their families but can do so whilst at the same time delivering better value for money for local authorities.

# 7 FURTHER INFORMATION

## 7. Further Information

### 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/>

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

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

### Useful Resources

*Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice* – Home Adaptations Consortium

*Adaptations without delay: A guide to planning and delivering home adaptations differently* – Royal College of Occupational Therapists

*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*

# 7

# FURTHER INFORMATION

*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

# 8 FURTHER CASE STUDIES

## Enabling Settled Sleep

### Background

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Peter and Paul are twins with autism who are non-verbal and presented with behaviours that challenge 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

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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 sleep safely within the bedroom. This would limit the risks of self-harm should they wake up in the night and also provide an environment which promotes 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 Occupational Therapist.

### Outcome

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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.





# 8 FURTHER CASE STUDIES

## Provision of Wet Floor Shower, Closomat and Air Cooler for Bedroom

### Background

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Oliver is a teenager with autism who lives with his mother and sister in a maisonette with no access to private, safe outdoor space. The maisonette had a small bathroom with a bath which they did not use as the room was so cold because the existing sash window would not close and the Housing Association would not replace fix it or replace it. His mother was struggling to wash him in a small, raised shower cubicle.

Oliver is non-verbal and can be extremely violent when he becomes anxious. He cannot manage PECS or any other communication system. His only interest at home was the iPad but when it ran out of power, he would get angry as he was unable to understand why. He had no other activity to participate in and would become anxious and lash out, smashing walls and occasionally injuring his mother. Lack of space and problems with regulating room temperatures exacerbated his anxiety. Previously a Safespace had been installed so that Oliver would have somewhere to go when he became agitated. This was partially successful and assisted him to go to sleep, although he often wakes after a few hours.

His mother and sister felt unable to cope with Oliver's outbursts as he has grown older and bigger but wanted him to remain at home if solutions could be found.

### Assessment

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A multi-disciplinary assessment took place at school with his mother, sister, teacher and staff from his respite placement to discuss how to meet his needs. It was observed that he enjoys playing in the wet room at his special school and they report it calms him and he would seek out time there when he was becoming dysregulated. His mother reported he dislikes being hot and becomes more agitated. He has recently had a residential placement where he continued to use the shower room to calm which in turn reduced his angry outbursts. An air cooler for his bedroom was also suggested as a way to calm him in his bedroom as the Safespace could be hot, especially in the summer.

### Outcome

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A wet floor shower room was provided so his mother could assist wash him with greater ease but also so he had a place to go when he felt agitated and dysregulated to play and calm himself. This has given him another activity at home and has significantly reduced his aggressive outbursts. Because the water

# 8 FURTHER CASE STUDIES

temperature is thermostatically controlled  
Oliver's mother did not have to worry about him scalding himself and the newly installed UPVC double glazed window was safe if he hit against it. A closomat was also provided to reduce the need for his mother to wash him after bowel movements. The adaptations have enabled him to remain at home and for his mother and sister to feel safer. The cost of the adaptations was £17,200.00 including fees. By contrast, the cost of a residential placement if Oliver had been unable to continue to live at home would have been at least £3,500.00 per week, meaning that the payback time for the adaptations was less than five weeks.

# 9 APPENDIX

## 9. Appendix

### 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 caravan or

(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;

# 9 APPENDIX

(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 caravan in 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.

## Images

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***Please note that all case studies have been anonymised and names have been changed. All photos have been used with permission.***



# Foundations

Trading as Foundations

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