

Support Notes on Commissioner's Advice Direction 4(a)(ii)

1. General principles for interpreting Direction 4(a)(ii)

No support notes.

2. The questions an Inspector needs to ask himself

No support notes.

3. The risk of entry into institutional or residential accommodation in which the applicant or other relevant person will receive care

The nature of the risk

Generally, the risk of entry into hospital for a short operation (even if involving an overnight stay), for example, a tonsillectomy, or the extraction of wisdom teeth, is unlikely to be a relevant risk for the purposes of Direction 4(a)(ii).

This is because the entry to hospital is unlikely to be occasioned by inability to function independently in the community (or danger to other members of the community). There are many conditions, which may cause significant problems, which can be corrected by a short operation, but which do not generally lead to inability to function independently in the community.

However, in some cases there may be a risk of entry into hospital, where any treatment is unlikely to last more than one or two days, but where the entry will have occurred because of an inability to function independently in the community. Such a risk would come within the scope of the direction. In some of these cases, in the continued absence of social fund assistance, there may be a reasonably foreseeable risk of repeated entries to hospital, and of hospital stays of increasing frequency and duration. Some medical events may seriously compromise the capacity for independent living, and even where potentially fatal, may not require extensive treatment as an in-patient. For example, some seizures, fits, asthmatic attacks, and hypoglycaemic crises may fall into this category.

In some instances an applicant or other relevant person may be at risk of losing his home, or of having to move to different accommodation. In many such cases there will not, however, be a risk of entry into institutional or residential accommodation.

The level of risk

See Examples 1 to 6, below.

The requirements in relation to risk as a whole

No support notes.

4. Will an award for the particular items requested help the applicant or other relevant person to remain in the community...rather than enter institutional or residential accommodation in which he will receive care.

Reducing the risk of entry

See Examples 3 to 6, below.

Where an applicant or other relevant person is going into hospital for routine or emergency treatment an award will not normally reduce the risk of entry into hospital. The entry will not usually be affected by an award; will usually occur irrespective of an award; and will often be necessary and desirable.

Considering items individually and holistically

See Examples 3 to 6, below.

5. Factors bearing on the assessment of risk and the potential effect of an award

A number of the factors having a bearing on the assessment of risk and the potential effect of an award are discussed below. The presence of any one of these factors does not, in itself, mean that Direction 4(a)(ii) will be met. For example, health, behavioural, and social problems will vary in severity. There are degrees of poverty in living conditions. In addition, the existence of any such problems must be considered in the context of the particular expenses that have been requested on an application.

The relative importance of the different factors will vary from case to case. In assessing the level of risk, one particular factor may be the overwhelming consideration. However, it will more often be the combination of a number of different factors that mean that there is a reasonably foreseeable risk of entry into institutional or residential accommodation in which care will be received.

Inspectors should be alert to the possibility of spiralling problems. Where there are cycles of substance misuse, homelessness, or offending, for example, there may be a greater risk of entry into institutional or residential accommodation in which care will be received.

Mental health problems or disability

Mental illness is very common. People diagnosed with a mental illness can have feelings or behave in ways that are unacceptable to themselves and others. The majority of people, who have a mental illness diagnosed, are treated with drugs such as tranquillisers or antidepressants. Some find them useful. Others do not. For some, the treatment is only part of what helps recovery, and not necessarily the main part. While in most areas, there are still in-patient places to help people through crises; the emphasis is increasingly on social solution, helping people with longer-term mental health

problems live day to day. This can include:

- Day centres
- Housing with care and support
- Help with employment skills
- Support groups
- Advocacy
- Social clubs
- Befriending schemes
- Welfare rights advice

However, if someone has access to this type of social support, it does not mean that they are not at risk on entry to institutional or residential accommodation.

If someone does not take medication, it does not necessarily mean their condition is minor, nor that they do not need/receive support. The drugs do not cure mental illness, at best they help to reduce the symptoms, at worst they can be addictive and cause permanent damage to the central nervous system.

People may experience mental illness at times throughout their lives. They can develop ways of coping as they learn what helps them to stay well or to come through the bad times. They may have long periods of feeling well and positive, and have no need for treatment or medication. Then, an event may trigger a recurrence of the symptoms.

Social and other problems

Alcohol dependency

Alcohol dependency is a reliance on alcohol intake such that its withdrawal leads to psychological discomfort and/or physical disorders. Two million people in the UK are estimated to have symptoms of alcohol dependence (Source: Medical Council on Alcoholism).

This can be caused by, among other things, psychological or social factors. It is a serious condition. Alcohol dependency has been linked with liver disease, cancer, cardiovascular and neurological disorders, premature mortality and suicide.

Drug dependency

Some applicants or members of their families are dependent on drugs of one sort or another. Some of these are dependent on heroin. Heroin is an illicit drug. Only people with a special licence are legally allowed to possess diamorphine, for example, research scientists, pharmacists and doctors.

Heroin use can result in a powerful physical addiction. Coming off the drug can be very difficult because withdrawal symptoms are fairly severe.

Abstinence can bring on symptoms such as chronic diarrhoea, muscle cramps, vomiting, insomnia, sweating, anxiety, and tremors.

Heroin use can also result in a powerful psychological addiction. Once the physical withdrawal is over, a craving for the drug may still persist for a long time and relapses are common. Generally speaking, a heroin user who wishes to stop using the drug completely needs a strong support network to help him overcome the craving for the drug.

Methadone is commonly used as part of a managed withdrawal programme. It does not / cannot treat heroin addiction. Many addicts have stated that it is physically more difficult for them to stop using methadone than it is to stop using heroin. Withdrawal symptoms are more prolonged and can be more unpleasant than the symptoms commonly found with heroin withdrawal. Tolerance, physical and psychological dependence on methadone can occur. Methadone is equally as addictive as heroin.

Living conditions

Poor living conditions, including the need for items, may have a bearing on someone's ability to remain in the community. The significance of poor living conditions will obviously depend upon the degree of the problem and the other circumstances of the case. For example, a very damp and dusty environment is likely to have increased significance for an asthmatic.

Level of ongoing care

A high level of care or support received is generally evidence of a person's vulnerability and will usually reinforce the fact that he needs help to remain in the community. Professional bodies, or family and friends may provide care or support.

However the fact that someone is not receiving care does not necessarily mean he is less vulnerable. The level of care services around the country varies, and many people do not have family or friends to support them. Some may not wish to receive support from others. The lack of support may mean that someone is at greater risk of entry to institutional or residential accommodation than someone who has a lot of support.

Previous entries into institutional or residential accommodation

Previous entries into institutional or residential accommodation may be relevant when considering Direction 4(a)(ii). Repeated entries into such accommodation may have a bearing on the level of risk of a further entry. The relevance of such entries will depend on all the circumstances of the case. For example, an applicant may have had a number of stays in hospital. However, these may have been part of a course of treatment that has ended successfully. In such cases Direction 4(a)(i) may, however, be a relevant consideration, depending on the circumstances of the case.

The lack of a previous entry to institutional or residential accommodation in which care has been received does not mean that the direction is not satisfied. There may be a reasonably foreseeable risk of entry into institutional or residential accommodation in which care will be received in cases where the applicant has so far managed to remain in the community.

Availability for work

Many people with illness or disability continue to sign as available for work. This may have some bearing on the extent of illness or disability, although it is a crude measure. The fact that someone has signed as available for work is not the best evidence about that person's health or ability to work. In addition, many illnesses and disabilities do not preclude a person from working, although their range of employment may be limited, either in type or duration.

The fact that someone is signing as available for work, or is in fact able to work, does not, in itself, indicate that his health problems do not place him at risk of entry into institutional or residential accommodation in which he will receive care. In addition, a person may be at risk of entry into such accommodation even though he has no health problems.

6. Priority under Direction 4(a)(ii)

No support Notes.

7. Examples

Example 1

Mr A is a single man aged 73. He is in good health but is slightly hard of hearing.

He suffered a chip-pan fire and this destroyed his cooker, microwave, kettle and kitchen curtains. Carpet in the hall, bathroom and toilet was blackened by soot and fire. It was thrown out.

The application is for a grant to replace these items. Mr A is eating sandwiches and other cold foods.

It is suggested that direction 4(a)(ii) is not met in this case.

Hearing loss aside, Mr A is in good health. There may be a remote risk of care, given Mr A's age and living conditions. However, there is not a present or reasonably foreseeable risk of Mr A entering institutional or residential accommodation in which he will receive care.

Example 2

Ms F has applied for a grant for a coat. Ms F signs sick with anxiety. She also has chronic bronchitis. She does not go out much because of panic attacks. She has warm jumpers and an umbrella, but needs a coat for extra protection from the elements. She lost her only coat some months previously.

It is suggested that in this case there is a remote risk of Ms F entering institutional or residential accommodation in which she will receive care, because of deterioration in her health, perhaps because of the lack of a coat. However, there is not, on the facts presented, a reasonably foreseeable risk of her entering such accommodation.

Example 3

Miss E has applied for a cooker and a vacuum cleaner. Her cooker and vacuum cleaner have both broken beyond repair. Miss E suffers from asthma. She uses a number of inhalers in order to manage the condition. Miss E has not been able to keep the dust down since her vacuum cleaner broke down. She has found the struggle to feed herself without a cooker stressful. The extra stress and the dust in the home have aggravated Miss E's asthma. She has been suffering increasingly frequent asthmatic attacks.

It is suggested that in this case there is a reasonably foreseeable risk of Miss E entering institutional accommodation in which she will receive care because of an inability to function independently in the community. An award for a cooker and a vacuum will help to reduce stress and dust, and will therefore reduce the risk of Miss E entering institutional accommodation in which she will receive care. Direction 4(a)(ii) is met in respect of both items.

Example 4

Mr G has applied for a grant for carpet and paint for his living room. He suffers from grand mal epileptic fits, and has sustained a number of injuries during the course of fits, because the concrete living floor is uncarpeted. The walls in the living room are beginning to look grubby, and Mr G would like to repaint them.

It is suggested that in this case there is a reasonably foreseeable risk of Mr G entering institutional accommodation in which he will receive care because of an inability to function independently in the community. An award for carpet will help to reduce the risk of injury and therefore of entry to institutional accommodation in which Mr G will receive care. An award for paint will not reduce the risk of entry into such accommodation. Direction 4(a)(ii) is met in respect of the carpet, but not the paint.

Example 5

Mrs J has been evicted from a private, partly furnished tenancy. She has moved to an unfurnished council property. She has only a bed, bedding, a cooker, and cooking utensils. Mrs J has applied for carpets, curtains, seating, towels, decorating expenses, a television, a dishwasher, and a fridge.

Mrs J suffers from angina, and had a minor heart attack 2 years ago. She suffers from moderate arthritis. She finds her home bare, scruffy, and depressing, and she finds the lack of household items stressful. Her attacks of angina have become stronger and more frequent. She has been feeling the cold, which has aggravated her arthritis.

It is suggested that in this case there is a reasonable foreseeable risk of the applicant entering institutional or residential accommodation in which she will receive care. The main risk stems from the applicant's heart condition. The facts suggest that this has been deteriorating because of the applicant's living conditions. There has been extra stress on Mrs J because of the lack of household items and the lack of comfort in the home. The aggravation of the applicant's arthritis is also likely to have an impact on her heart condition. All of the items requested will make life more comfortable and pleasant in the home. In addition, carpets, curtains, and towels will make it easier for Mrs J to stay warm, which will help to alleviate the problem of arthritis. This will have consequential benefits for Mrs J's heart condition. Direction 4(a)(ii) is met in respect of all the items requested.

Example 6

Mr W is 43. He has applied for a grant for 10 ornaments, pictures, decorating materials, carpet, and curtains, all for his lounge. The walls in the lounge are very grubby and unsightly, and the room is bare but for an armchair. Mr W suffers from severe depression. He spends much of his time in the lounge, and the state of the room has been aggravating his condition. He has been self-harming, and his thoughts have become increasingly suicidal.

It is suggested that in this case there is a reasonably foreseeable risk of the applicant entering institutional or residential accommodation in which he will receive care, for example, a psychiatric hospital. An Inspector, considering items on an individual basis, might not be able to find that all of the items requested, would reduce the risk. For example, a single ornament might not reduce the risk. Indeed, a single ornament, in the absence of any of the other items requested, might appear ridiculous, and might further depress the applicant. However, when the items are taken together, each item plays a part in making the lounge a more pleasant and comfortable room in which to spend time, and therefore reduces the risk of entry into institutional or residential accommodation.