



**WOKINGHAM
BOROUGH COUNCIL**

Housing Adaptation Team
Housing Services
PO Box 154
Shute End
Wokingham
RG40 1WN

**DISABLED FACILITIES GRANT
REFERRAL FORM (V20)**

Client Name	Ms Levi Organ	Client DOB	19 th March 1988
Client Address Inc. Postcode	371 Wokingham Road, Earley, Reading RG6 7EH	Client Contact Details	Mobile: 07472888166 / 07570075080
Applicant Name/Address/Contact details (if different from client)	Norlan E. Madria Shute End Mob: 07871735983	Initial Inquiry/Contact Date	15/09/23
Tenure (please tick)		Owner Occupier	
	☒	Housing Association (Sovereign Housing)	
		WBC Tenant	
		RBC Tenant	
		Private Tenant/Landlord contact details: Mr Jim Dance (Landlord) - 07786056392	
Household Members (Name, Relationship)	Mr Lee (partner) and 4 Children Fraya 14y/o, Alfie 12 y/o, Freddie 11 y/o and Arthur 4 years old		

Disability/Conditions & Prognosis	MHx: Agoraphobia 2013, OCD, Body Dysmorphia, PTSD, Hemiplegic Migraine 2015, Personality disorder, Fibromyalgia, Insomnia, Tourette's, Chronic fatigue, Functional Neurologic Disorder, Obesity, Pre-Diabetes, Left Nostalgia paraesthesia (shoulder blade Dysesthesia). She's been poorly for the last 9 years as per Ms Organ. Ms Organ reported the following: Ms Organ medical conditions affects her motor skills; coordination and balance, meaning that her mobility deteriorates and has become slower accompanied by pain in her upper and lower limbs, resulting to increase risk of falls during transfers (bath, stairs, toilet, and accesses). She stated that due to her multiple comorbidities most of her time she's just sitting on the sofa in the living room, unable to sit up unaided, unable to stand or walk, could not talk properly. She reported that her health is deteriorating as she is now full-time wheelchair user outside the house. The last 2 years have been difficult for her. Any kind of mobility is extremely painful and exhausting, unstable on her feet, weakness in the arms and legs, temporary paralysis on a daily basis as climbing up the stairs is getting difficult and she also experiencing temporary paralysis as her whole body will freeze on a daily basis.
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**Client Needs
to be addressed**

Ms Organ is only 35 years old, 5'5" feet tall and weighs 15 stone. She reported that washing facilities upstairs is another major difficulty for her to accomplished. She is currently strip washing due to difficulty and struggling to get in and out of the bath (shower over the bath). She was provided with different equipment such as bath board, bath lift and bath step to be able to assist her getting in and out of the bath safely. Ms Organ struggle to lift her leg up to get into to the bathtub using that equipment provided. Reported will run out of breath due to exhaustion when exerting effort lifting her leg and accompanied by leg pain, that also is an aggregating factor during the transfers. All the interventions tried and put in place are unfortunately didn't work, safety wise.

Furthermore, she mentioned that Lee her partner will stand behind her when ascending the stairs to assist or support her back and it's not very safe for Lee as Levi said that she's heavier than him. Most days she's experiencing fatigue and will be stuck in bed, sometimes for days. There are times she will manage to go down the stairs but not been able to go back up again resulting for her sleeping in the living room sofa days at a time as per Mrs Organ.

Ms Organ bedroom upstairs is too small for the power chair to get in and out and the power chair is extremely heavy.

Her partner Lee is the one supporting her with her needs and at the same time he looks after their 4 children.

Following observations, assessment and analysis by the OT assessor. There are objective needs for Ms Organ to be considered a wet-room facilities, to enable her to safely maintain her personal care, allowing her the opportunity to be as independent as possible and to minimise or reduce the support given to her by her partner Lee.

1. Ms Organ has difficulty accessing the shower due to unable to get in and out of the bathtub (shower over the bath) and the comorbidities she is experiencing.
2. Ms Organ is settled within her home environment. It is within the best interest of her to remain in the current environment and adapt the property to meet her needs. Also, she doesn't want to

	lose their family house. They live there for 9 years. All her children go to local schools and walk each day as they don't have a car. 3. If she has suitable shower facilities then she will be able to continue completing her personal care independently. More important, she will not require formal care support to help lift her legs into the bath. 4. Her preference is to shower, rather than strip wash it is the norm for her age group. Completing a strip washing is not something that she would usually feel comfortable doing and this affecting her mental health as per Ms Organ. She mentioned, it will be great to keep the bathtub in place for her kids and if possible, to install a level access shower cubicle in the bathroom as it is quite spacious. 5. Ms Organ stated that her mobility might get worse and, in the future, she might not be able to access the upstairs bedroom and bathroom facility. She mentioned about their garage to be considered as another option, if possible, to be converted to a bedroom/ wet room facility.
Suggested Adaptions	1) Wet-room facility or level access shower cubicle 2) Stair lift – feasibility needs to be assessed – Ms Organ states that she would not be able to mobilise at the top of the stairs from stairlift to bedroom and would need a powered wheelchair. **Ms Organ states that her preference would be to have a downstairs bedroom and wetroom. Further assessment from Housing OT and medical evidence required.
Alternative Options Considered	At present Ms Organ is strip washing, however this leaves her frustrated and low in mood. She reports that she is unable to properly clean and wash herself on a daily basis. This is impacting on her mental health. Equipment to access the bath has already been trialled unsuccessfully.



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How is the client currently managing?	Presently, Ms Organ strip washes at the sink. Relying mostly with the support from her Partner Lee. She advised on a bad day she stays upstairs and is isolated from her husband and the rest of the family.	
Any other information	DFG process has been explained to Ms Organ. Advised that further assessment required by Housing OT re. access to washing and bedroom facilities.	
RISK (Do Not Complete if case is being passed to Housing OT)		
What is the risk of injury to client and/or carer as a consequence of the DFG not being completed?		
RISK		LOW(1) Client can manage whilst waiting for DFG but a DFG will enable them to be independent and / or will reduce / eliminate the need for care.
	X	MEDIUM(2) There is a risk but this risk has been made safe by temporary measures or advice has been given that task / action is avoided until DFG has been completed.
		HIGH(3) There is a significant risk that cannot be made safe by any other means other than a DFG.

Referrer's Name, Team & Position : Norlan E. Madria – Occupational Therapy Assessor WISH Therapy Team	Date: 15/09/2022
Contact details: 07871735983	E-Mail: norlan.madria@wokingham.gov.uk

Authorised by:

Kara Grace

Authorization Date:

24/9/23

FOR OT USE ONLY

Why is this work required? *(Please give clinical reason including medical conditions)*