

The Macfarlane Trust
National Support Services Committee
One-off grant policies

(Note: pages 1 to 4 of this discussion paper were sent in the last mailing)

5.2 Hospital fares

5.2a *MFT handbook* states: “Travel costs incurred during an acute phase of a person’s illness and travel costs of close family members visiting a member in hospital (where these cannot be paid through the hospital fare scheme).”

5.2b *Office guidelines*: These are very similar to what is shown in the handbook, with a maximum of £300 but no time period for this maximum.

5.2c *Actual practice*: as in the *MFT handbook* and *Office guidelines*, with the exception that fares are paid whether they are available through the hospital fare scheme or not.

5.2d Recommendation

That the current actual practice is continued, with the addition of “per period of hospitalisation” to “maximum of £300”.

5.3 Driving lessons

5.3a *MFT Handbook* states: “Course of driving lessons taken by the member or, where he/she is too ill to drive, spouse, parent or carer.”

5.3b *Office guidelines* state: “A one-off grant ... Grant for non-family carers and extra lessons must be referred to the trustees. Max £250.”

5.3c Recommendation

- i. If applicant is in receipt of higher rate DLA, refer them to Motability, who will fund up to 50 lessons where, having passed the test, the applicant intends to acquire a Motability car.
- ii. If applicant is not in receipt of higher rate DLA, increase the maximum to £350, as a once only grant. (Whilst the cost of lessons varies around the country, this is less than the cost of 30 lessons in the West Midlands, as advertised on the web by three national driving schools).

5.4 Christmas grants for children of deceased registrants

5.4a *MFT Handbook* and *Office guidelines* do not mention these.

5.4b *Actual practice*: £200 at Christmas to carers of children of deceased registrants, where these children are not living with a surviving parent. They appear to be a single payment of £200, however many children there are in the family. No such grants are made for children living with widows/partners of deceased registrants.

5.4c Recommendations

- i. That a Christmas grant of £200 be made in November each year for the first child under 18 of deceased registrants, whoever is caring for them.
- ii. That a further grant of £100 in made for each additional child under 18.

5.5 Computers

5.5a *MFT Handbook* and *Office guidelines* do not mention computers.

5.5b *Actual practice*: grants of £750 are being authorised by the office, with further applications being accepted after three years.

5.5c Recommendations:

- i. Policy to be extended to computer 'equipment' (eg to include printers etc), and otherwise remain as at present and be added to *MFT Handbook* and *Office guidelines*.
- ii. Maximum of one grant every five years.
- iii. Policy to include applications for computers for registrant's children, maximum of one computer per household.

6 Accommodation

6.1 House move

6.1a *MFT Handbook* states: "Incidental costs of house purchase (ie not towards purchase price) and removal costs, where move is related to health needs."

6.1b *Office guidelines* state: "A grant, up to the current maximum, is available to meet receipted expenses. The following limitations apply:

- i No previous grant for the purpose and either
- ii First move from parents home or
- iii Move related to health needs (description of these)
- iv Covers Surveyors fees, Solicitor's Fee and Removal.

If member makes requests for 'setting up home' and 'removal' grants simultaneously, one part of the application must be referred to Trustees.

Max £2,500 (A second grant will only be given if moving 7 years after the initial grant is given unless under medical grounds specified by centre)."

6.1c *Actual practice*: A registrant can make an application for a House Move grant and a Setting Up home grant a month or two apart and get both. (There is an example of this type of multiple application in the applications being considered at this meeting).

6.1d Recommendation

That the existing guidelines continue, with the addition of:

An application for a Moving Home grant will be referred to the NSSC if a grant for Setting up Home has been awarded within the last 2 years.

6.2 Setting up home

6.2a *MFT Handbook* states: "Furniture and equipment required by a member setting up home for the first time."

6.2b *Office guidelines* very similar, and include "Max £2,500 (a second grant will only be given at Trustees discretion)."

6.2c *Actual practice*: See 6.1c, above

6.2d Recommendation

That an application for a Setting up Home grant will be referred to the NSSC if a grant for Moving Home has been awarded within the last 2 years. (See 6.1c, above for rationale)

6.3 Special adaptations

6.3a *MFT Handbook* states: "Where the (L.A.) has approved a Disabled Facilities Grant and there will be significant delay in making payment or the payment may be less than the cost of work to be done, the Trust may make a contribution to allow the work to proceed. Where the (L.A.) have acknowledged that such a grant would be payable if funds permitted, Trustees may consider an application for help to allow work to take place."

6.3b *Office guidelines* make no mention of funding because of delays with LA funding. They state: “Where L.A. approves a grant of 75% and the balance is equal to the current maximum or less the office staff may authorise a grant to allow work to proceed. Where L.A. grant is less than 75% or the balance ... more than current maximum the application will be submitted to the Trustees for consideration. In all cases a copy of the response letter from L.A. is required. Max £2,500.

6.3c *Actual practice:*

- i. Applications are being accepted with medical recommendation but without any correspondence from the L.A.
- ii. Multiple applications are occurring, as with 6.1 and 6.2, above.

6.3d Recommendation

That the existing *MFT handbook* and *Office guidelines* be merged and enforced (regarding info from the L.A.) and the following added:

“NB Not allowed within five years of receiving a Moving Home grant or a Setting Up Home grant, as property should be purchased which will be appropriate for foreseeable needs.”

6.4 Central heating

6.4a *MFT Handbook* states: “Repairs to existing central heating systems and, under certain conditions, initial installation costs.”

6.4b *Office guidelines* state: “Grants to cover the cost of installing central heating and to replace boilers, which are beyond repair ... Max

Central heating installation	House £2,500	Flat £2,000
Boiler replacement	House £2,000	Flat £1,000

NB Not an addition to a moving home grant, property should be purchased with effective decent heating installed.

6.4c *Actual practice:* As with 6.1 and 6.2 above, multiple grants are being claimed.

6.4d Recommendation

That the existing guidelines be enforced, with the following amendment:

“NB Not allowed within five years of receiving a Moving Home grant or a Setting Up Home grant, as property should be purchased with effective and appropriate heating installed.”

6.5 Replacement windows

6.5a *MFT Handbook* states: “Replacement of window frames in essential rooms.”

6.5b *Office guidelines* state: “A grant, up to the current maximum may be paid to cover the cost of replacement windows in the essential rooms only (bedroom and living rooms) Clear evidence of disrepair must be provided together with two written quotations from reputable window companies. Registrant needs to have resided in property for a minimum of 10 years.” Max £2,500 (Not an addition to moving home grant, property should be purchased with good windows).

6.5c *Actual practice:*

- i. Awards have been made for replacement windows after a moving house grant has been awarded.
- ii. Applications are being approved towards replacement windows where the quote is for the entire house, not just the essential rooms.

6.5d Recommendation

That the existing guidelines be enforced, with the following amendment:

Max £2,500 (Not allowed within five years of receiving a Moving Home grant or a Setting Up home grant, property should be purchased with good windows).

7. Bereavement

7.1 Immediate payment

The current guidelines seem appropriate

7.2 Further payment

7.2a *MFT Handbook* states: “Where a person has been nursed at home during terminal stage of illness, a payment may be made towards the cost of replacement of damaged bedding, furnishings etc.

7.2b *Office guidelines* state: “...additional grants may be given to cover the cost of such items as new bedding, beds, travel to hospital etc” (No maximum is given).

7.2c Recommendation

That the current Office guidelines remain, subject to a maximum of £500.

8. Health

8.1 Nursing care

This is rarely requested, and the current guidelines seem appropriate.

8.2 Equipment for disability

This is rarely requested, and the current guidelines seem appropriate.

8.3 Complementary therapy

8.3a *MFT Handbook* states: “Trial sessions of complementary therapies provided by qualified and accredited therapists: available to a partner/carer as well as the member.

8.3b *Office guidelines* include: “Office staff should enquire about the credentials of the proposed therapist and his/her membership of an appropriate professional body. These details can be checked against those in NAM’s Complementary Therapy Manual. Whenever possible, feedback about the service provided by the therapist should be sought. Medical report from practitioner is required and an assessment of therapy and its benefits is required if therapy is to continue – helping to quit smoking is also included in this grant.”

8.3c Actual practice:

- i.** No enquiries are made into practitioners’ credentials. We do not seem to have the NAM Complementary Therapy Manual, it is definitely not checked.
- ii.** Grants are given for one-off ‘tasters’ – continuation applications are passed to trustees.

8.3d Recommendation

- i.** That the *MFT handbook* should refer registrants to the NAM website sections and publications on choosing appropriate complementary therapies and practitioners.
- ii.** That when grants are awarded the accompanying letter makes clear that grants are intended to cover a short course of treatment, with no implication that further grants will be approved.
- iii.** That grants awarded to partners/carers be for a maximum of £200 per grant and with no applications being accepted within 3 years of the last grant.
- iv.** That grants awarded to registrants under *Office guidelines* be for a maximum of £200 per grant and one award per year.

- iv. That registrants can apply to the NSSC for further funding of treatment, where this is supported by an independent medical report stating improvements have occurred as a result of the therapy (ie not from the person delivering the therapy).

8.4 Convalescence and respite

8.4a *MFT Handbook* states: “Convalescence breaks taken shortly after a hospital stay due to an HIV related illness. Respite breaks on medical recommendation only.

8.4b *Office guidelines* similar to handbook with more detail on medical recommendations, and state: “confinement to bed at home may qualify in lieu of stay in hospital. Payment is limited to the registrant and carer/companion...

Max £750 (2 p/yr – any more than this to be taken to Trustees)”

8.4c *Actual practice:*

- i. Respite break grants are being awarded following simple letter from doctor saying they think applicant would benefit from a break, (which, of course, virtually everyone would).
- ii. A number of registrants are receiving two respite grants a year.

8.4d **Recommendation:**

- i. That the conditions regarding hospitalisation or home-based bedrest are firmly adhered to, and medical evidence of this be provided.
- ii. That these breaks be limited to a maximum of one a year and £1,000.
- iii. That requests for respite breaks for other reasons be referred to NSSC.

8.5 Special chairs/beds

This is rarely requested, and the current guidelines seem appropriate.

8.6 Assisted Conception

8.6a *MFT Handbook* states: “The Trust will contribute towards ancillary costs of assisted conception such as overnight stays and travel but is unable to help with the cost of treatment.

8.6b *Office guidelines* do not cover this.

8.6c **Recommendation**

As this policy is currently being discussed, during the interim requests for assistance be referred to the NSSC.

9. Financial Advice/Wills

9.1 *MFT Handbook* does not mention this.

9.2 *Office guidelines* state: “A grant may be paid towards the fees charged for professional investment advice where this is arranged on the advice and introduction by Trust office. Max £250.

9.3 *Actual practice:* Applicants for Financial Advice are referred to SD, with no limit on the amount to be paid, which is usually far in excess of £250.

9.4 Note: It is assumed that, as is usual practice, SD also gains commission on any policies she sells or mortgages she arranges.

9.5 **Recommendation**

9.5a That the HSS investigate the ‘going rate’ for financial advice.

9.5b That the HSS attempt to negotiate with SD

- i. a lower rate for financial advice
- ii. a flat fee for financial advice
- ii. the re-allocation of commissions on policies and mortgages so advisor has no possible reason to recommend a particular policy and in order to reduce the payments.

9.5c That the HSS investigate the possibility of financial advisors based in other parts of the country providing a similar service to SD, to cut down on travelling time and expenses and capitalise upon their established relationships with local lenders.

10. Proof of proper use of grants awarded

10.1 Questions have been raised about whether applicants are actually using the grants they have been awarded for the purposes for which they were given.

10.2 This is not least because of repeat requests for grants for the same thing (eg two central heating boilers within six months of each other).

10.3 There are two main alternatives:

10.3a That receipts are insisted upon when grants are awarded, with recipients being warned that no further application will be considered if these are not received. (Receipts should be obtained, for audit purposes).

10.3b That grants are paid directly to the supplier, not to the applicant.

10.4 Some registrants have stated that they do not want supplier to know who is paying for the grant as it may reveal their HIV status. There are a number of ways around this:

10.4a The charity sets up an ‘anonymous’ bank account, ie “Support funds” (Charity Commission approval will be needed for this – it is not an uncommon practice).

10.4b The dormant MFT2 account is used for this purpose.

10.4c The bank giro payment system is used.

10.5 Recommendation

That 10.3a be adopted (as it seems the simplest to administer.)

11. Authorisation levels

11.1 Recommendations:

To ensure as smooth and speedy a response as possible to requests for assistance, the following staff grant authorisation levels be adopted.

11.1a *Regional Support Workers and Office Manager*

Where application is within office guidelines, £250

11.1b *Head of Support Services*

Where application is recommended by RSW or Office Manager and is within office guidelines, £2,500

11.1c *Chief Executive*

Where application is recommended by Head of Support Services and is within office guidelines, £5,000

11.1d All applications over £5,000 to be taken to trustees.

11.2 That, where the request is for a higher amount than the office guidelines, the applicant is asked if they will go ahead with the expenditure with the award of the lesser amount.

- i.** If yes, the payment be made.
- ii.** If no, the full request be put to the NSSC for consideration.

12. Recommendation on how to deal with appeals against grant decisions

12.1 Where an applicant is unhappy with a decision taken under *Office guidelines*, they be asked to explain why their case is exceptional and should be reconsidered. (This can be done verbally, if they prefer).

12.2 The appeal is considered by the next level up from the person making the decision, who will consider both parties explanations.

12.3 If the application is still rejected and the applicant requests it, the case is taken to the next meeting of the NSSC for consideration. Their decision is final.

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