

Place, Home and Housing

Adapting for Change Module 3

Housing Solutions and the
Provision of Moderate & Major
(non-complex) Adaptations

Training Handout Pack
July 2019

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Section 1: Background information

This training has been developed in the context of the **Adapting for Change** programme, initiated to identify and deliver improvements to the provision of Adaptations for people living across all tenures in our communities. The 2012 report from the independent Adaptations Working Group, highlighted a number of opportunities to improve housing adaptations but concluded that a more fundamental review was needed. Scottish Government, and the iHub (Healthcare Improvement Scotland), are working together to support the testing of innovative approaches to the challenging issues. The programme has been ongoing across 5 sites to test out potential service improvements and concludes at the end of March 2017. Recommendations from the evaluation of the programme, and the ongoing outputs from the test sites will help to inform effective service improvement.

- ❖ As the responsibility for the delivery of functions relating to housing adaptations now lies with the Health and Social Care partnerships, this work has developed within the context of the emerging Health & Social care Integration arrangements.

The key principles and themes of the Adapting for Change programme include:

Streamlining processes; evidencing effective Outcomes for people; tenure neutral approaches; one-stop shop/integrated approaches; a wider focus on all housing solutions including rehousing, and an emphasis on prevention and early intervention.

The ‘Housing Solutions’ change programme has been developed to apply the principles of Adapting for Change. Encouraging wider responsibility across our housing, health and social care services, for the identification and discussion of housing needs and solutions with people in our communities who need advice and support. **Emphasis should be on early intervention, simple solutions, exploration of rehousing opportunities, and personal outcomes.** Training modules have been developed to support this ethos, and encourage a multi-partnership integrated approach to identifying and assessing for local solutions. This will ensure that needs can be assessed, and solutions provided, by a wider range of front-line staff across Housing, health and social care, and third sector settings, removing the traditional requirement for a ‘social work’ occupational therapy assessment for every adaptation solution.

Section 2: Provision of Moderate & Major (non-complex) Adaptations

2.1 List of Moderate and Major Adaptations

This list includes the most common categories of Moderate & Major Adaptations however there are likely to be other miscellaneous provisions that may not be included here. Local Partners should reflect their own arrangements when delivering the Training, and may therefore include other information and reference to other types of provision. Appendix 2 provides an example of Definitions for the provision of different categories of Adaptations.

EXTERNAL
Steps (Moderate)
Pathways (Moderate)
Ramps (Major) *temp ramps may be treated as equipment
INTERNAL
Showers – Over bath (Moderate), wet floor (Major)
Stairlifts (Major) *may be treated as equipment in some partnerships
Ceiling Track Hoists (CTH) (Major) *may be treated as equipment in some partnerships
Doors & thresholds (Moderate)

2.2 Funding arrangements

Responsibility for delivery of functions relating to housing adaptations and equipment (aids) now lies with Health and Social Care partnerships (The Integration Authority)¹. Key responsibilities delegated to the Integration Authority are:

- The duty to assess for an adaptation
- Planning for and resourcing adaptations.
- The duty to provide grants of 80% or 100% for those living in the private sector, who are assessed as needing adaptations.

Financial resources previously deployed for tenants of Councils have also passed to the Integration Authority. Funds for adaptations undertaken by Housing Associations and Co-operatives (RSLs) etc. have not been passed to the Integration Authority, but the IA has responsibility for ensuring that relevant HSCP services are available to support adaptations for RSL tenants.

Whilst the responsibility for fulfilment of these duties now lies with the Integration Authority, it is open to IAs how services will be delivered and by whom. In many areas it is anticipated that, in the short to medium term, services will be delivered in much the same way as prior to Integration.

In general, public sector adaptations which require structural work, are the responsibility of housing providers, and minor adaptations are traditionally funded from (ex Social Work) budgets within the HSCP. In the private sector, the service user is expected to apply for a Home Improvement Grant from the Council towards the cost of adaptations. In terms of funding, the table below sets out general arrangements:

¹ Adaptations, Aids and Equipment - Advice Note, Health and Social Care Integration, Scottish Government, April 2015. ISBN: 978-1-78544-304-5 (web only).

Table 1. Funding arrangements for Adaptations (adapted extract from [Guide to Funding a Major Adaptation, August 2010](#))

Overall Governance	Health & Social Care Partnerships (HSCP's) - 'The Integration Authority'				
Tenure	Private sector housing		Social rented sector		
	Owner	Private rented	Local authority	Housing Assoc(RSL's) <i>Non-stock transfer</i>	Housing Assoc (RSL's) <i>stock transfer</i>
Funding source	Private sector grant funding		HRA	HAG or RSL resources	RSL resources
Level of funding	80-100%	80-100%	100%	100%	100%
Access to funding	Private sector teams or grant officers		LA Housing service	RSL	RSL
Management of process	Private sector teams or grant officers Or Care & Repair Or Owner or tenant		LA Housing or property (Adapts) service	RSL	RSL

2.3 Roles and responsibilities of Assessors

1. To take an holistic approach to assessing the service user's needs in partnership with the person and their relevant carer(s); identifying personal outcomes & options to meet these where possible and confirming recommendation/s for suitable and feasible options.
2. To support, enable and empower the service users in identifying and considering further options for independent living including alternatives to adaptations such as re-housing.
3. To provide information on the different types of equipment and adaptations solutions that are reasonable, practical and available to match assessed need.
4. To support and advise on the role of the local technical/adaptations Service/provider when relevant, carrying out joint visits re technical feasibility & agreed approach, where appropriate.
5. To inform the service users and their carer(s) of the outcome of assessment and any priority rating, if relevant.
6. To review specifications, plans and costs of proposed adaptations and confirm suitability.
7. To seek relevant level of funding, and ensure this is authorised as per the scheme of delegation/partnership arrangements.
8. To demonstrate safe and proper use of adaptation and equipment subsequently installed and ensure Service User satisfaction.
9. To escalate any issues of concern with relevant line manager, or Adaptation provider/Service as appropriate.
10. To understand their own competency level and know when to seek support and/or refer on to the appropriate colleague

Section 3: Assessing for Adaptations

3.1 Principles of Assessment and Duty of Care

Assessment should be carried out by an assessor who is deemed competent by their manager to carry out the necessary assessment, and has the knowledge to decide on the appropriate solution. A range of staff employed within services and agencies e.g. community Health & Social Care partnerships, Hospital settings, Care & Repair and Housing can assess the equipment & adaptation needs of those with a variety of disabilities and conditions in order to effectively meet service user's needs.

Use of the information in this training manual related to the assessment and provision of specific Adaptations should be viewed in the context of local arrangements and protocols.

The training manual will be used as guidance for the practitioner, and will be supported by local professional and Supervision arrangements. Good practice initiatives should also be considered including shadowing/'Buddy' arrangements, and support provided by ongoing training opportunities.

Staff are responsible for ensuring they are conversant with the application of the range of potential solutions. Interpretation of the information is each assessor's responsibility and must be applied with a specific service user in mind. This may mean that they need to be amended to ensure safe usage for the service user.

- On conclusion of the assessment, and within the range of recommendations made by the Assessor, the Service User's and Carer's wishes will be fully taken into account. The Assessor will only act on those recommendations, which meet with approval, ensuring that they understand exactly what they are being provided with, and how the Adaptation should help support them achieve the identified Outcomes.
- The principal of MINIMAL INTERVENTION, MAXIMUM INDEPENDENCE shall underpin every assessment.
- The Assessment should be focused on achieving the identified person-centred Outcomes as agreed with the service user (and their carers, where relevant).
- Alternative methods of managing have been tried and found not to be successful, **including full exploration of rehousing opportunities** where appropriate.
- Preference alone must in no way influence the type of provision.
- The duty of care and any recommendations made are the responsibility of the assessing professional.

A recommendation for any adaptation **must** be made in conjunction with the relevant agencies agreed priorities. In accordance with the relevant legislation, it is necessary to consider the following factors:

3.2 Factors for consideration during assessment

Independence

Any proposed equipment/adaptation provision must be "necessary and appropriate" and "reasonable and practicable" in order for the disabled person to remain at home {Local Government Housing Act 1989}.

Definition

<u>Necessary</u>	A basic need, which cannot be met without equipment/adaptation.
<u>Appropriate</u>	The proposed equipment/adaptation must be suitable and effectively meet the need.
<u>Reasonable</u>	Must be the most cost-effective way of meeting the need.
<u>Practicable</u>	Technically feasible, given the age and condition of the property.

NB: Assessors should note that the responsibility for the provision of adaptations originates from Section 2b of the Chronically Sick & Disabled Persons (Scotland) Act 1972(CSDPA). Adaptation service provision has been delegated to the Integrated Joint Boards of the Health & Social Care Partnerships, therefore, any legal recourse in relation to non- provision of an assessed adaptation need, sits within the CSDPA legislative framework, and would be the responsibility of the relevant HSCP to address.

Assessment

The assessment will determine a person's abilities and existing strengths and any provision will reflect this. The purpose of any provision is to increase or maintain the functional independence of people with permanent and substantial disability.

The level of provision will also be dependent on their technical feasibility. Whilst independence is the aim, it may be necessary to compromise due to environmental difficulties. In these circumstances, a Service User may be required to accept the need for assistance, instead of full independence.

It should be noted that although we have provided examples of adaptations as part of this training module, the Public Bodies Act contains a definition of equipment & adaptations which gives a degree of flexibility in determining appropriate solutions to meet identified needs. Public Bodies (Joint Working) (Scotland) Act 2014.

Age/Prognosis

Age or prognosis should not be a barrier to the provision of services.

To enable the maintenance of a good quality of life for a person with limited life expectancy, a quick response is necessary. The type of adaptation recommended will need to reflect this.

Needs of carers/family members

Consideration must be given to the role and needs of the Carer, Disabled Persons (Services Consultation and Representation) Act 1986 and Carers (Recognition and Services) Act 1995.

Any proposed equipment must improve the quality of care given to the User.

It should also alleviate the physical demands and emotional stress experienced by Carers and other family members, where possible.

Future use and needs

The planned equipment/adaptation provision should take into account the Service User's current and long term needs, taking a holistic approach. However, often a simple provision can be made providing for current need where long term need cannot be anticipated or accommodated at the current time.

Equipment/Adaptations should not be considered to overcome social or economic problems where no disability issues are identified, e.g. overcrowding.

Options/Forward Planning

Wherever possible and appropriate, **opportunities should be taken to prompt early conversations about likely future housing needs and issues.** Early intervention in terms of empowering individuals with information, options and prompts will help them to think about and plan for their future housing requirements.

Medical advice

User's written permission should always be obtained prior to seeking medical opinion.

3.3 Managing Risk

Under Health and Safety at Work legislation all organisations are responsible for ensuring the safety of their staff and those to whom they provide a service. However all staff regardless of grade are responsible for keeping themselves safe from risk of harm as well as those they work with, including colleagues, customers and within reason other people involved.

In terms of assessing for the provision of Adaptations, assessors will have carried out their professional assessment and/or shared assessment or other designated assessment tool. This may throw up potential risks that could be incurred either by service users and/or their carers.

- ✓ If there is potential risk of harm to a service user, informal carers or member of staff, despite applying precautions, it is important that staff have taken a structured approach to their decision making about the provision of the recommended solution. This may involve liaison with other colleagues/agencies involved with the service-user.
- ✓ Any recommendations made are the responsibility of the assessor based on the information available to them at the point of the assessment.
- ✓ The Assessor must ensure that they record their recommendations, in the appropriate assessment documentation, highlighting any specific risks and action taken.
- ✓ This will clarify their decisions for themselves and make their reasons transparent to other colleagues/agencies who may need to know.

There can be a culture of risk aversion within services but it must be remembered that there will nearly always be some level of risk in any service provision and it is critical to the overall well-being of the person that a measured approach to Risk is adopted.

- If there is an over-provision of service (over-prescribing), the impact for service users can be dependency on others for simple tasks of daily living and/or feelings of disempowerment.
- Service users also have responsibility (should they have capacity to take this) for their own safety, in addition to the assessors role in ensuring the adaptation provision is safe and meets their needs with the minimum possible acceptable risk, as far as is reasonably practicable.
- It is particularly important to work with other colleagues and agencies involved with the service user where elements of risk are being managed, and to take a shared approach to decisions being made (including with the service user and their carers/family).

Useful guidance is provided by the Royal College of Occupational Therapists in their recently updated document – Embracing Risk; enabling choice, Guidance for Occupational Therapists.

“If we wish consumers to engage with the full potential of their lives, we need to consider whether the barriers we place in their way are to protect them or us”, Gallacher A (2013) Risk assessment; enabler or barrier? British Journal of Occupational Therapy, 76(7), 337-339

3.4 General common criteria/policy considerations

Partnerships will have their own policy and criteria for the provision of different adaptations, and some adaptations have specific considerations that apply to them individually, however there are common considerations which are likely to apply to most types of provision/areas:

- Responsibility for the assessment of need rests with Health & Social Care Partnerships. The actual nature of provision will be determined not only by the assessment itself but also by the nature of ownership of the property.
- Individual is a disabled person in terms of the existing legislation
- Need for adaptation is an essential one, relates wholly to the service user’s disability, should be appropriate to the individual’s assessed needs
- Written permission is obtained from the owner of the property, if this is not the individual.
- Service user’s functional ability is unlikely to improve in relation to ability to utilise existing access. Such improvement may be expected through the natural course of events or the anticipated outcome of proposed surgical intervention or a rehabilitation programme.
- The Adaptation should not be provided if the service user is unlikely to make any significant use of facility.
- The service user should be made clearly aware of the design details and specification (including the actual dimensions) of the proposed adaptation within their home.

- In public sector housing, adaptations that require structural work, are the responsibility of housing providers.
- In the private sector the service user is generally expected to apply for a Home Improvement Grant from the Council towards the cost of any adaptations.

Contra-indications

- Service user/carer does not have sufficient cognitive and/or functional ability to use the facility safely.
- The service user's home cannot be made suitable for his/her assessed needs and is likely that the individual will seek/require alternative accommodation.
- Adaptations proposed will not alter the service user's level of independence and/or the carer's needs.

***It is essential that a Housing Solutions rehousing discussion should have taken place and alternative options explored for long term suitability.**

3.5 Technology enabled solutions (TEC)

Technology is increasingly playing a key role in supporting people to live at home independently, safely and for longer.

Technological solutions can often work alongside other adaptation, equipment and housing provisions to provide a holistic package of support, centred on the person and their particular needs, and taking into account the needs of carers/family/support systems. In some situations TEC solutions can make a significant contribution to avoiding a person having to either receive more 'care', or having to move into a care setting.

All staff should ensure that they know how to access the TEC service in their particular locality and should take the opportunity to develop their knowledge of what is available and how to signpost and refer on.

Appendix 1 is an example of a screening tool for TEC solutions from a housing perspective. This particular example is from Aberdeen but, again, staff should check to see what is used locally, and promote awareness, use, and provision, as appropriate.

3.6 Moderate & Major Adaptations – Assessment information

External	Specific considerations
Steps	<p>Description:</p> <p>The creation of a step or steps with a short rise to replace existing deep steps, or with a wider tread to replace narrow steps, or as an alternative to negotiating a sloped path. Options include:</p> <ul style="list-style-type: none"> • Widen existing steps; • Create shallow steps; • Replace a steep path with a level path and shallow steps.

General criteria for consideration:

- Step alterations will be considered when a person is unable to manage the existing steps even with the provision of handrail support due to their height or narrow width.
- One access point will usually be adapted that allows people to safely enter and exit their property.
- The service will not alter steps just because they do not meet current building regulations. The condition of the steps is the responsibility of the property owner.

Other factors to consider:

- Consideration must be given to the future needs of the person prior to any steps being adapted to ensure they will remain suitable in meeting their future needs.
- The person can negotiate a small step safely.
- If the steps to be altered form part of communal access, permission will be required from landlords/owners as relevant, before work can proceed.
- The housing provider or owner will be responsible for ongoing repair and maintenance.

Contra-indications:

- Service user/carer would be unable to use the altered steps safely;
- Service user is unlikely to make any significant use of facility;
- Permission for the installation of the altered steps is not forthcoming.
- Expected deterioration of the service user's condition indicates that they would be unable to use the altered steps in the long term (alternative alterations may need to be considered).

See local Guidance for the policy, procedures and processes to follow, for provision.

Specification information:

Must be compliant with current building standards:

- For an Access Stair;

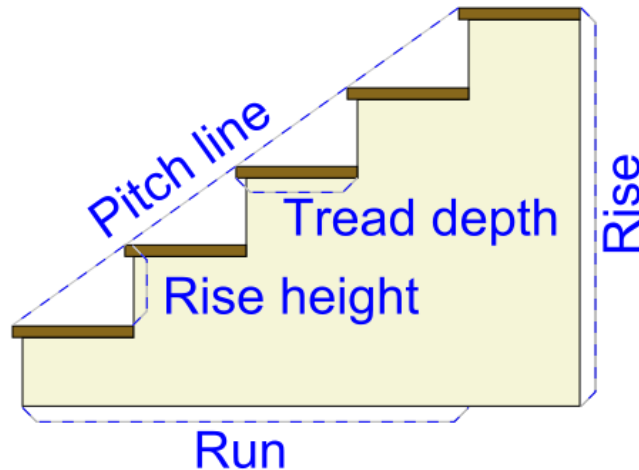
Minimum Rise (mm)	Maximum Rise* (mm)	Minimum Going*	Tread	Maximum Pitch
100	170	250	Not less than going	34 degrees

- For an Internal Stair;

Minimum Rise (mm)	Maximum Rise (mm)	Minimum Going	Tread	Maximum Pitch
100	220	225	Not less than going	42 degrees

***Rise:** The **rise height** or **rise** of each step is measured from the top of one tread to the next. It is not the physical height of the riser; the latter excludes the thickness of the tread. A person using the stairs would move this distance vertically for each step taken.

Going: The **going** of a step is measured from the edge of the nosing to the edge of nosing in plan view. A person using the stairs would move this distance forward with each step they take.



Dwellings specifically for older people:

The steps must have a maximum rise of 140mm and a minimum going of 380mm but it is beneficial for people with walking frames if the tread is as great as 600mm.

Safety Features:

All steps should be uniform throughout the flight, and meet the following calculation:

- The aggregate of the going and twice the rise should be at least 550mm and not more than 700mm. For example, stairs provided with the minimum going of 250mm would result in rises of at least 150mm.

The most comfortable combination of rise and going, varies between individuals but in general, a going in excess of the minimum, resulting in a figure in the upper end of the range in calculation above, will increase both safety and amenity.

- Surface of steps should be slip resistant
- Alteration to steps can be accompanied by the installation of grab rail(s) or blacksmith handrail(s) – see rails guidance
- Alteration to steps can include the edges being highlighted

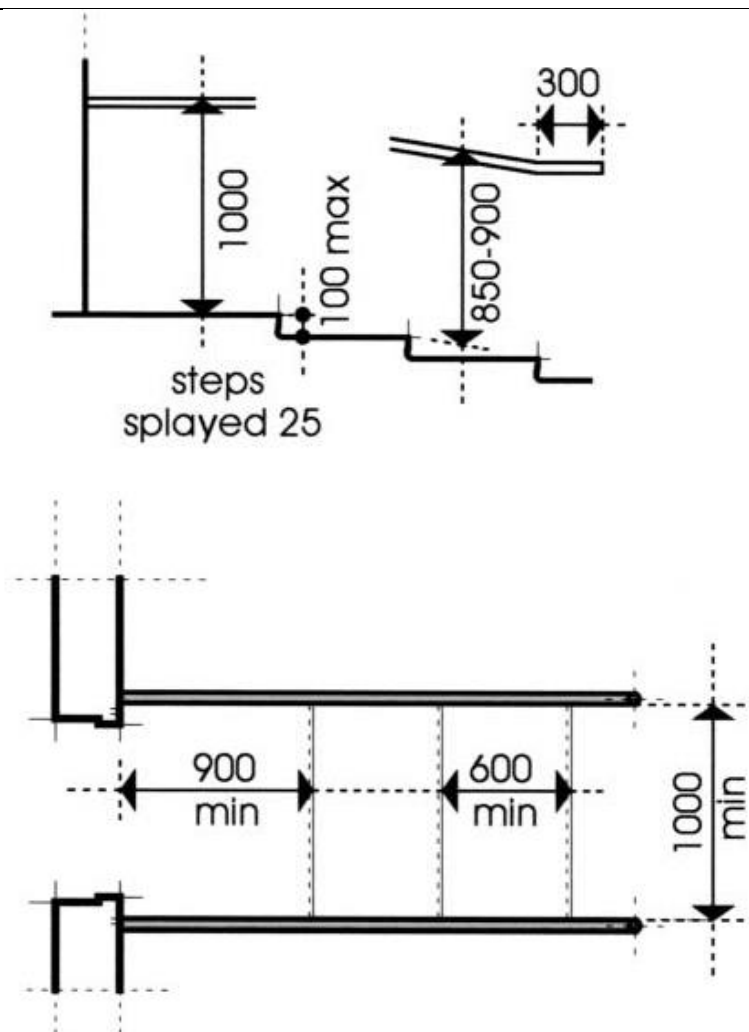


Diagram from *Housing for Varying Needs: 7.6 ENTRANCE TO COMMUNAL ACCESS AREAS*, Fig 7.6 stepped entrance specifically for older people and ambulant disabled people.

Pathways	<p>Description: Paved surface access to a dwelling entrance, or associated facilities e.g. drying area for washing. Options include:</p> <ul style="list-style-type: none"> • Re-lay existing path • Create a new path <p>Criteria for consideration: Paths are considered to be a normal requirement of people irrespective of disability. Their construction, upkeep and repair are therefore considered to be a normal responsibility of the property owner. Assistance in construction or adaptation to a path may, however, be recommended in circumstances where the existing path is unsuitable, e.g. too narrow to accommodate wheelchair, too steep, but satisfactory alternative route is available for path.</p> <p><i>The following criteria can be used as guidance to inform the assessment process:</i></p> <ul style="list-style-type: none"> • Use of existing access would exacerbate medical condition or cause health to deteriorate.
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	<ul style="list-style-type: none"> • Service user requires to use walking aids or a wheelchair. • Service user and/or attendant is at risk when using the current access. • Service user intends to use, and will be able to use the path safely, either independently or with an attendant. • Service user wishes to utilise the facilities to which a path will provide access. • The existing access to house is unsuitable, and path is required as an adjunct to new access or ramp. <p><u>Contra-indications:</u></p> <ul style="list-style-type: none"> • Service user/carer would be unable to use the new path safely. • The space available is insufficient to create a path which would meet the recommended specification for minimum gradient, width, kerbs, handrails etc. • Permission for the construction of the path is not forthcoming. • The path will not enable access to essential facilities. <p><u>Additional factors to consider:</u></p> <ul style="list-style-type: none"> • Paths will normally only be provided to one entrance to the property. Other factors to consider will determine which location is appropriate. • It may be necessary to consult with and receive permission from other householders/neighbours who share ownership in the property. • Thought should be given to the possibility that the service user may in the future change to a different model or type of wheelchair. <p><u>Specification information:</u></p> <ul style="list-style-type: none"> • To allow wheelchair access, garden paths should not be less than 1m wide, preferred width 1.2m. • Service Users with bilateral above knee amputation will require a shallow gradient as their centre of gravity will have altered. • Ponding (puddles) can be avoided by allowing a slight fall to level sections. • White lines may be required on the edges of paths to indicate changes of levels for people with a visual impairment. • Manholes and access to utilities must not be covered, as access is required at all times. Resitting may be an alternative. • If excavation is necessary a retaining wall may be required. <p>See local Guidance for the policy, procedures and processes to follow for provision.</p>
Ramps	<p><u>Description:</u></p> <p>A sloped construction to either replace or cover existing steps to give access for wheelchair users or those with significant mobility impairment. However, it should be noted that a ramp can be more dangerous for ambulant people as it can be slippery when wet. Options include:</p> <ul style="list-style-type: none"> • Concrete – permanent • Metal mesh – semi-permanent

- Fibreglass – semi-permanent
- Portable – removable in 2 channels or one piece

General criteria for considerations:

- Need for a ramp is an essential one, relates wholly to the service user's disability, cannot be met by assistive devices or smaller works.
- Individual's functional ability is unlikely to improve in relation to ability to negotiate steps.
- Climbing steps could exacerbate the service user's medical condition or cause his/her health to deteriorate.
- Service user is dependent upon the use of a wheelchair.
- Service user and/or attendant is at risk when using the current method of negotiating steps.
- Service user intends to use and is able to use the ramp safely, either independently or with an attendant.
- Service user is currently dependent upon a carer and the provision will facilitate independence.
- Service user is unable to leave their home and/or wishes to utilise the facilities to which a ramp will provide access.
- Only one access will typically be ramped to ensure a person can safely exit their property and move away from their property in the event of a fire.

Permanent or removable ramp structures will be considered when:

- Portable ramps are not suitable
- A person is a permanent wheelchair user, or;
- A person is physically unable to climb the steps, or;
- The physical exertion of climbing the steps is contraindicated, or;
- A person is unsafe climbing the steps even with handrail support

Permanent ramps are preferable when the rest of the property is suitable for a wheelchair user.

Semi-permanent or Removable ramps should be considered where the internal environment of the person's property is not suitable for a wheelchair user and may also need to be considered where there are issues with drainage. In addition to this, if the person's prognosis is poor, a removable ramp solution may be available through other funding.

Contra-indications:

- Service user and/or carer would be unable to use the ramp safely.
- Space available is insufficient to install a ramp which would meet the recommended specifications for minimum gradient, width, kerbs, handrails etc.
- Consent for installation of ramp is not provided.

- Provision is to enable storage/charging of a scooter, but the service user does not meet the above criteria.

Additional factors to consider:

Service users with bilateral above knee amputation will require a shallow gradient as their centre of gravity will have altered.

- The fabric of the ramp and its maintenance need to be considered.
- Thresholds may need to be removed or replaced by flexible thresholds or storm bars. Alterations to doors may also be required.
- Thresholds left in situ may require a small internal ramp.
- Consideration should be given to the safety and mobility needs of others particularly if the entrance is one common to a number of dwellings.
- Ensure that the doorway is sufficiently wide to allow the wheelchair to be propelled through it.
- Ensure there is adequate space for both the ramp and access around it.
- The overall length of the ramp and number of changes in direction required: is the ramp practicable and useable?
- Thought should be given to the possibility that the service user in the future may change to a different model or type of wheelchair.
- Visual contrasts may be required on the edges of landings to indicate changes of levels for people with a visual impairment.
- It is necessary to consult with and receive permission from other householders/neighbours who share ownership in the property.
- Where ramp is provided at a listed building, planning approval will always be required.
- Necessary to check in every instance whether a building warrant is required – where work is to be commissioned by the service user, he/she must be advised of this need.
- Need for planning consent must be considered.
- Requirement for ramps in static homes is an option that can be considered e.g. caravans.

Portable ramps

- Should be used solely in accordance with manufacturer's instructions, and a copy must be given to the service user/carer.
- Check weight of portable ramps and consider whether they can realistically be moved regularly and easily.
- Contact manufacturer regarding the maximum gradient allowable.

Specification Information

All ramps must be compliant with current building standards irrespective of their material – wooden, concrete, metal, fibreglass.

Planning permission or any other consent should also be obtained, as required, prior to any works being undertaken.

Gradient:

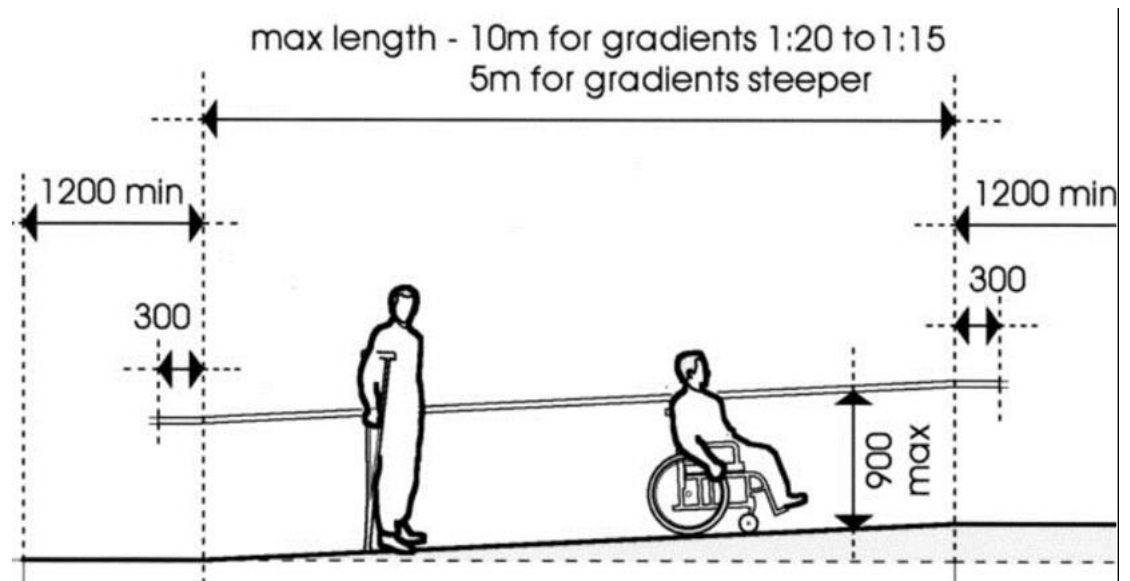
- For ramped access, the gradient should ideally not be steeper than 1:20. A gradient of up to 1:12 is acceptable only if there is no alternative.
- Maximum gradient for ramps and paths over 5m in length: 1:20
- Maximum gradient for ramps and paths under 5m in length: 1:15
- Maximum gradient for ramps and paths under 2m in length: 1:12

Measurements:

- Minimum clear width of all ramps and paths: minimum 1000mm or 1200mm
- Level platform by entrances: minimum 1200 x 1200mm (*Door swing needs to be considered*).

Safety Features:

- Safety edges/ raised kerbs should be provided to all ramps and paths at a minimum height of 100mm where there is a level difference between ramp and surrounding area.
- The upstand should be differentiated from the ramp by colour contrast.
- The ramp should be slip-resistant and if made of concrete with a lightly roughened surface to aid grip. A dimpled surface is preferable. Any inspection or access covers must be flush with the finished surface.
- The handrail alongside the ramp will be at a vertical height of 900mm to the top of the rail and extend horizontally for 300mm past the end of the ramp.
- An additional rail at a height of 550mm is essential to ensure wheelchair safety.
- The rails should have a positive stop, preferably turned down and terminated at ground level.



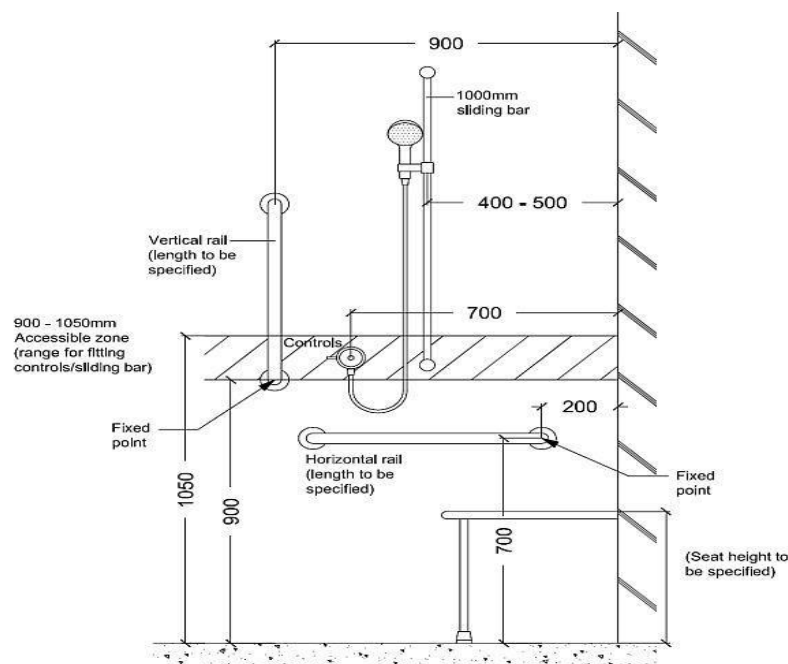
	<p><i>Diagram from Housing for Varying Needs, 7.7 RAMPS, Fig 7.5 ramp.</i></p> <p>See local Guidance for the procedures and processes to follow for provision</p>
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Internal	Specific considerations
Showers over bath	<p>Description: The permanent installation of a shower facility with the bath retained underneath.</p> <p>General criteria for consideration:</p> <ul style="list-style-type: none"> • The service user is able to transfer in and out of a bath, and has the ability to transfer safely for the foreseeable future; • Shower adaptations can be considered once basic bath aids/bath-lifts have been tried and found not to be suitable in meeting the assessed needs of individuals. • An over bath shower installation is the most appropriate long-term option, and the property is otherwise suitable for the person's longer term needs. <p>Other factors to consider:</p> <ul style="list-style-type: none"> • Due consideration must be given to the long term suitability of the property and a person's future needs. The potential risks to carers in the event of deterioration in a person's function prior to recommending the installation of the over bath shower must be considered. • Over bath showers can be considered where bath aids are unsuitable for people or inappropriate due to environmental constraints. • Over bath showers can be considered when removal of the bath is not necessary in eliminating risk or potential injury for carers. <p>Contra-indications:</p> <ul style="list-style-type: none"> • Service user carer does not have sufficient cognitive and/or functional ability to use the facility safely. • Service user is unlikely to make any significant use of the adaptations proposed. • The service user's home cannot be made suitable for his/her assessed needs and is likely that the individual will seek/require alternative accommodation. • Adaptations proposed will not alter the service user's level of independence and/or the carer's needs. <p>Additional factors to consider:</p> <ul style="list-style-type: none"> • Controls should be positioned for the carer's convenience if the service user is unable to control them. Tap and water outlet can be separated if required. • Needs of other household members should be considered. • Sufficient space should be available to transfers, drying etc. • Heating and ventilation should be considered, appropriate advice sought and given.

	<ul style="list-style-type: none"> • Thermostatically controlled showers are essential to reduce the risk of scalding. • Service users with a severe sensory loss are recommended to use a pre-set temperature regulator to test the water temperature.
Wet floor / level access	<p><u>Description:</u></p> <p>A permanent adaptation which involved the installation of an accessible shower facility. This may involve the removal of a bath or the creation of a new separate facility. Options include:</p> <ul style="list-style-type: none"> • Level access shower tray • Wet floor shower area <p><u>General criteria for consideration:</u></p> <p>The service user is unable to transfer in and out of a bath;</p> <ul style="list-style-type: none"> • Shower adaptations can be considered once basic bath aids/bath-lifts have been tried and found not to be suitable in meeting the assessed needs of individuals. <p>Service user is unable to manage with an over-bath shower, and:</p> <ul style="list-style-type: none"> • The removal of the bath would increase the service user's independence, or remove or reduce the need for a carer to assist. Or; • The service user has a deteriorating condition, and a shower installation is the most appropriate long-term option, and the property is otherwise suitable for the person's long term needs. <p><u>Other factors to consider:</u></p> <ul style="list-style-type: none"> • Consideration must be given to the rest of the household prior to the removal of a bath. • The provision of a shower adaptation will/should enable the person to be independent or reduce identified risks to the person and/or carer(s). • Generally, the minimum size of shower tray recommended should be 800 x 1200mm. However, it is recognised that not all bathrooms will allow for this size of shower area and assessors must ensure that they consider the impact of this on the person and ability to issue appropriate equipment. • The safe working load for the tray should be considered and take account of the weight of the person, equipment and carers. • Shower cubicles will not be supported as this may introduce additional risks in relation to restricted space and access to a raised platform. • Normally, the installation of showers upstairs will only be considered where a stair-lift is already installed or could be installed and would be suitable in meeting the persons long term needs. The property must also be rampable to meet future needs. <i>*NB: There are examples where multi-storey flats have been successfully adapted for wheelchair users so it's important that application of policy does not automatically preclude upper level living.</i>

- Service users should be made aware that Showers will not be removed and replaced with baths other than in exceptional circumstances when medical evidence is obtained to establish that a bath is required to treat a serious medical condition. The person must also have the ability to transfer/ in/ out of the bath for the foreseeable future.
- A pump may be required if there is inadequate water pressure.
- Sufficient space should be available to transfers, drying etc.
- Heating and ventilation should be considered, appropriate advice sought and given.
- Lighting and colour contrast and tactile surfaces require to be considered for service users with sensory impairments.
- Existing method of heating water should be noted.
- Instantaneous showers should be provided and not those dependent upon mains supply.
- Thermostatically controlled showers are essential to reduce the risk of scalding.
- Service users with a severe sensory loss are recommended to use a pre-set temperature regulator to test the water temperature.
- If provision results in a continuing need for a carer, ensure service user will accept assistance and establish the source of this assistance.
- Shower area should be able to withstand the fitting of grab rails and a wall mounted shower seat if appropriate and the recommendation should include need and position required.
- Ensure that the size and material of a shower tray will be able to accommodate a shower chair /stool in the future.

Specifications:



Dimensions highlighted are for guidance only and may need to be amended to meet individual needs.

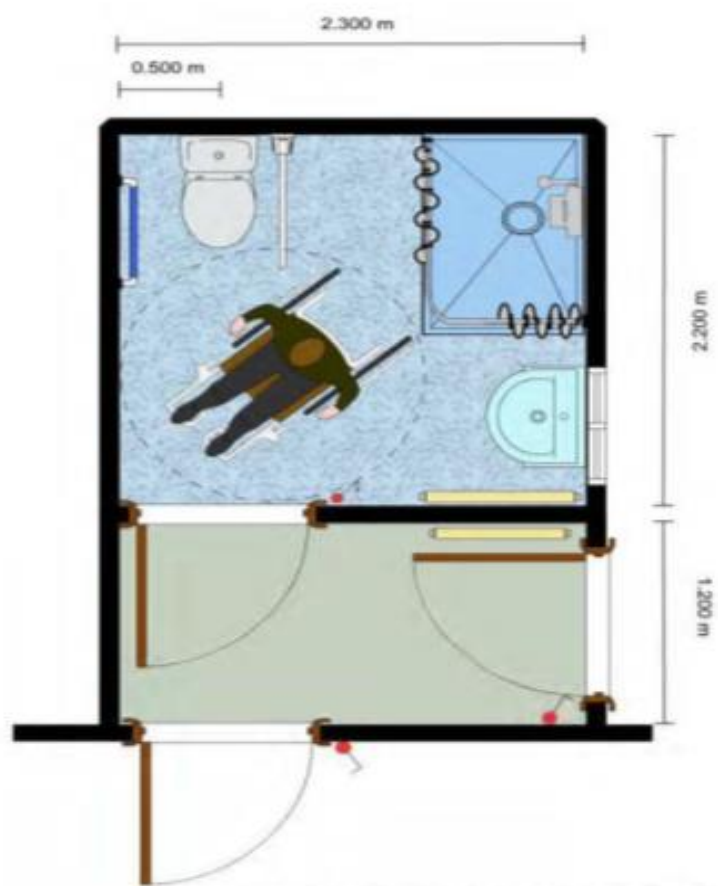
Shower type

Types and sizes of trays vary and consideration must be given to this to ensure suitability for the person, family and carers as well as making efficient use of the existing space.

- Easy Access/Low Level Trays – tray sits on top of floor structure.
- Level Access – Tray is recessed into the floor to create level access.
- Wet Floor - former is fitted and covered with non-slip waterproof flooring which is also fitted up side of walls.

Trays/ former should be fitted strictly in accordance with manufacturer's guidance/ recommendations.

idapt planner		Idapt-Planning Room Planner © 2008 All rights reserved	
Plan Title	Design Template 28	Client Name	Review Of Adaptations
User Name	Adaptations Design Communications Toolkit	Client Address	BELFAST
Date	24/1/2014		NORTHERN
Scale	1:29 (approx)		IRELAND
			BT2 8PD



	<p>Diagram is from: Adaptations Design Communications Toolkit. This document is hosted on the NIHE website at:</p> <p>https://www.nihe.gov.uk/getmedia/304448f5-2752-42c1-8f6d-7503afd5d2a5/adaptations-design-communications-toolkit.pdf.aspx?ext=.pdf</p>
Stairlifts	<p>Description:</p> <p>An appliance for transporting a person between two or more levels over a staircase, in the form of a powered lift, mounted on stair fixed track that follows the line of the stairs. Options include:</p> <ul style="list-style-type: none"> • Straight tracks • Curved tracks <p>The majority are in a seated position but it is possible to obtain models that can be used for standing or perching.</p> <p>General criteria for considerations:</p> <ul style="list-style-type: none"> • Service user is physically/mentally unable to climb the stairs, and all necessary interventions have been explored/exhausted in the first instance, to support rehabilitation and reablement strategies. • The physical exertion of climbing the stairs is contra-indicated, or; • The person is unsafe climbing the stairs and a second handrail will not make them any safer, and; • It is not possible for the service users accommodation needs to be met on the ground floor e.g. no downstairs toilet facility or space for bed. <p>Other factors to consider:</p> <ul style="list-style-type: none"> • When considering the long term housing needs of people with disabilities a Stairlift is normally only considered when the external access to the property is level or can be ramped. • The person must be able to transfer safely, independently or with very minimal assistance on and off the Stairlift (taking into consideration the person's prognosis of their condition). • The person/carer must be able to understand the lift instructions and therefore be able to operate the Stairlift safely. • Where the person is unable to operate the lift due to their level of cognition or there are others in the household who experience problems with their cognition, a risk assessment should be completed to support the recommendation. • OT should consider the use of a risk assessment to record any concerns/hazards that may be evident and relevant controls that are/ can be put in place to ensure the Stairlift is a safe and an appropriate recommendation. • Level of difficulty and risk in negotiation of stairs • Purpose of use, and whether it is essential • Whether there is other support available • Whether use of stairs is avoidable

- Consequences of avoiding use of stairs e.g. in terms of maximising rehabilitation/Reablement potential
- If structural alterations are required, an architect may need to be consulted
- On curved track Stairlifts, it is important to check the plans for position and height of seat and footrest at the top and bottom as this may vary considerably.
- Newel posts can be structural to the property and therefore should not be altered or removed without specialist advice.
- Open tread staircase risers may be required to be filled in before the installation of a stair lift, specialist advice should be sought
- Stair lift suppliers are not responsible for the professional assessment for the suitability of a stair lift for a particular service user.
- Service users who have, for example, severe epilepsy, or children with multiple disabilities, and all risks associated with the use of a stair lift must be balanced against benefits, which would be gained by the provision.

Contra-indications:

- Poor sitting/standing balance, due to medical condition.
- Service user unable to transfer safely.
- Confusion, vertigo, or spatial orientation problems.
- Level of assistance that would be required indicates an alternative provision would be safer.
- Service user's weight exceeds safe working load.
- Staircase is unsuitable.
- Safety will be compromised either by the service user or other household members.

Specifications:

- The Stairlift should make use of the space available (ie. Fitting to either the internal or external side of the stair)
- The Stairlift should cover the full flight of stairs including any turns in the staircase
- The Stairlift should be serviced annually and consideration should be given to on-going maintenance and call out charges.

Operational features

The Stairlift should have a range of options to enable the provision to be tailored to the needs of the individual:

- Controls suitable for people with reduced hand function
- Swivel action seat that rotates 90 degrees
- Folding seat with linked footrest option
- Automatic retracing safety strap
- Folding armrests on both sides
- Downside armrest to have safety interlock

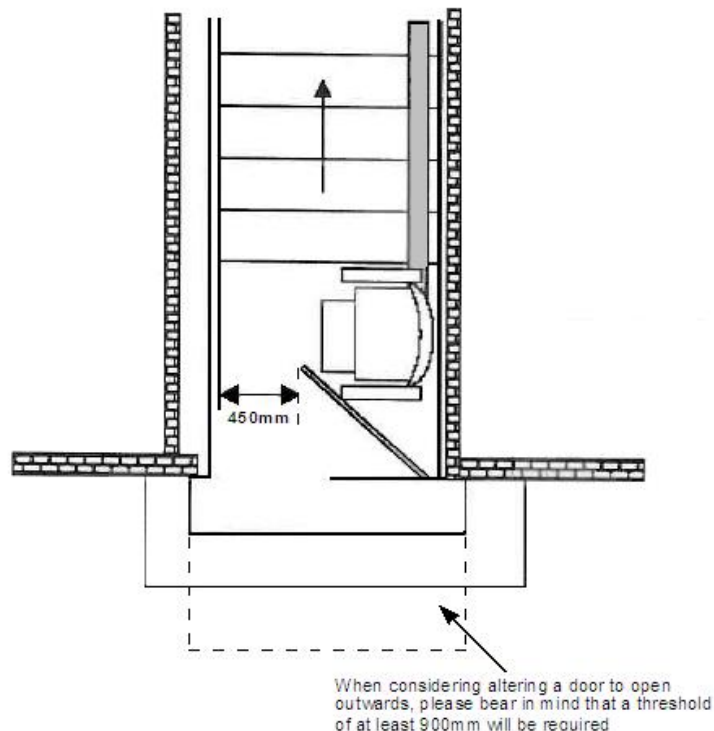
- Folding footrest should be large enough to support person's feet
- Operational speed should comply with current building standards
- Accessories to support safe installation and or use of the Stairlift will be considered – e.g. powered folding hinge, additional multi point safety straps for adults and children, extended swivel lever.

Safety Features:

- Safety key switch to immobilise Stairlift
- Over speed governor
- Pressure sensitive edges on the carriage and footrest
- Battery operated with power supply
- Facility to remotely call and send the Stairlift from the top and bottom of the stairs
- Emergency winding mechanism (or equivalent)

Single Access Properties:

- Stairlifts will only be fitted in single access properties if approved by the Fire Service and in accordance with the manufacturer's guidance/ recommendations. Minimum safe entry of 450mm clearance must be adhered too with the door opening onto the back of the Stairlift (seat in down position).



- There should always be room for other people using the stair who do not need to use the Stairlift
- If an external door needs to open outwards to accommodate a Stairlift, a platform of least 900mm should be provided. This should be checked with Building Standards to ensure any alteration complies with regulations.

	<p><u>Additional Works:</u></p> <ul style="list-style-type: none"> • Removal of existing handrail(s) will be supported to allow safe installation of the Stairlift. • Repositioning or removal of radiators will be supported. • Doubling up of power sockets is not supported.
Ceiling track hoists	<p><u>Description:</u></p> <p>Powered lifting equipment that facilitates the transfer of a person from one location to another. The service user or carer can operate the equipment. The service user is transported in a sling(s) suspended from a track fixed to the ceiling or an overhead gantry. Motors can be fixed or removable where more than one track is installed.</p> <p><u>Provision:</u></p> <ul style="list-style-type: none"> • A track hoist is considered to be temporary in nature, and responsibility for the provision of track hoists in all tenures/domestic dwellings is largely that of HSCP Services. The hoist should only be used for transfer, not transport, other than from bed to chair etc when within the same room. • In public sector housing the required structural alterations including reinforcement of the ceiling are the responsibility of the housing provider. HSCP Services will usually provide, install, maintain and repair the equipment and will remain the property of the service. If the housing provider also provides the equipment, they should be responsible for the maintenance and repair. <p><u>General criteria for consideration:</u></p> <ul style="list-style-type: none"> • Service user is a wheelchair user and/or confined to bed. They have severely limited function of lower limbs resulting in significant transfer problems • Prognosis of service user indicates that long term provision is essential in order to assist in transfer/lifting activities • Service user is unable to make independent transfer safely • Service user/carers is using unsafe transfer methods and is at risk • Carer is unable to manoeuvre a mobile hoist because of physical limitations • Service user is able to use hoist safely for lone use, following risk assessment • There is limited storage and space for a mobile hoist. When in use, mobile hoists should not be moved between rooms (transfer aids, not transport) • Use of the ceiling track hoist equipment is acceptable to both service user and carer. • Service user is currently dependent on a carer and the provision will facilitate independence and enable independent transfers. • Non-provision will result in home breakdown and may result in admission to hospital/long term care. • Service user/carers has received a demonstration in safe use of hoist and slings by a responsible person who has been trained in the assessment and provision of the equipment.

- Service user/carer has demonstrated ability to manage slings and mechanism safely.
- Structure of the building must be capable of both supporting the proposed CT hoist and service user, but also be designed in such a manner as to allow sufficient passage and distance to make the provision viable.

Contra-indications:

- Service user/carer would be unable to use hoist safely
- Service user is unlikely to make any significant use of facility
- Service user is able to utilise any of the listed alternatives
- Structural limitations preclude the installations

Other factors to consider:

- An appropriate sling should be identified for service users with certain medical conditions such as:
 - Grand Mal Epilepsy
 - Extensor spasms
 - Very low muscle tone
 - Confused States
- A suitable and sufficient risk assessment should be performed to ensure that the hoist is suitable for the intended task, to determine whether it is necessary, and number of people required to supervise. **See local guidance.**
- Portable motors should only be provided where an assessment has confirmed that this can be used by the carer.
- Due to property layout, may be more appropriate to provide separate tracks in more than one room rather than one continuous track throughout.
- Travel can be noisy, particularly on concrete beams, therefore consider neighbours in flats or terrace houses. Problem may be resolved by mounting track on a support beam or gantry.
- Wall mounted or floor mounted brackets may be utilised when ceilings cannot accommodate standard fittings. An engineer will advise on the structural feasibility.
- Distance of the track from the wall is determined by the service user's position in bed or chair. Clearance of approximately 1000mm out from the wall is usually considered adequate.
- A pre-payment token for electrical supply is potentially hazardous and should be changed. If this is not possible, the service user/carer should be aware of the hazard and be advised to check power available on each occasion prior to using the hoist.
- CT Hoist should include a manual mechanism for use in power failure.
- If track is to run from one room to another, all doorways/doors require to be changed to full height. **This is usually only in very exceptional circumstances, i.e. child from bed to specialist bath.*

- A battery operated motor that recharges in the “charge” position eliminates the need for recoil leads.
- Contractor should be consulted before an alternative model of sling is considered.
- A sling may be difficult to use in a close fitting seat.
- An additional sling should be provided to allow for laundering.
- Ensure that CT hoist will lift from the floor if required.
- Safety regarding young children and others should be addressed with service user and carers. Written information regarding potential risks and hazards should be provided.
- XY or H systems providing full room coverage can allow much more flexibility in transfer options and furniture positions than a single fixed track. (As a future proofed option this may offset any additional cost and may assist complex care requirements and costs).

Specifications:

Ceiling Track hoists:

- Should be serviced annually;
- Should be LOLER checked every 6 months.

Operational Features:

There are a range of manufacturers providing ceiling track hoists; all differing in design and operation. It is important to be clear on what the moving and handling issues are prior to looking into solutions. The tracking system needs to be tailored to the needs of the person and consideration should be given to:

- Location – where will the transfers be undertaken? What other equipment is in place that will need to be used as part of manual handling activities. How is the room going to be laid out? Will structural alterations be required to support use of system?
- Style – straight, curved track or “H” systems (latter provides greater room coverage than a straight track).
- Sling requirements – size, style, clip, loop etc.
- Style of spreader bar – width, 2 point, 4 point, stretcher etc.
- Accessories - quick release, scales, support springs for gait training etc.
- Room to room solutions – is cassette removable, or is there a need for multiple motors.
- Servicing and Maintenance – responsibility for this varies and if the person is responsible, are they able to meet the costs associated with this?

Safety Features:

- Mechanical/ powered emergency lowering/ raising function
- Emergency stop button
- Sensors which stop tape tangles

	<p>Wall Finishes:</p> <ul style="list-style-type: none"> • Works to make good holes etc. will be considered. <p>Additional Works:</p> <ul style="list-style-type: none"> • Additional work to strength ceilings/ beams may be considered • Additional sockets/ spurs can be supported
<p>Doors and thresholds</p>	<p><u>Description:</u> Doors can be widened for wheelchair and walking aid access.</p> <p><u>General criteria for consideration:</u> The service user experiences difficulty passing through doorways.</p> <p><u>Other factors to consider:</u></p> <ul style="list-style-type: none"> • The existing door unit can be removed, the light switch relocated, the framed opening widened, and a new wider door unit installed. • Will the flooring need to be modified to allow for door alteration? • Will the new door obstruct any other entrance, cupboards, or right of way when open? • To allow straight access with a standard wheelchair, the clear opening width of a doors must be at least 800mm. A standard 826 mm door will only provide a clear passing of 770mm so will not be adequate. However a standard 926mm door will provide a clear passing of 870mm. • If the doorway is located in a typical hallway requiring a right angled turn, the width of the hall will affect the width of the door required. For example: 800mm clear passing is adequate if the hall is 1200mm wide however if the hall is narrower a wider clear passing will be required. <p><u>Specifications:</u> Doors/ Door Widening/ Circulation:</p> <ul style="list-style-type: none"> • Internal and External doorways can be altered. • Appropriate building warrants should be obtained as required. • Door sets can be widened to allow required clear opening (usually this will be between 800 to 900mm). • A minimum clear opening of 775mm will be acceptable in an existing property, where the above is not achievable. • Doors should be positioned to allow maximum opening, against walls where possible. • A minimum range of 300-500mm clear space at the leading edge of the door, where technically feasible. • Minimum width of hallways for straight ahead approach should be 900mm • If people are turning 90 degrees, the space required will be determined by the length and width of their mobility aid.

	<p>Thresholds:</p> <ul style="list-style-type: none"> • Thresholds for internal doors should be level at the junction of different flooring materials. • Thresholds for external doors should be level, however where a raised threshold is unavoidable, e.g. to prevent water ingress, this must not exceed a maximum height of 15mm. Thresholds must be chamfered or rounded. <p>Door Accessories:</p> <ul style="list-style-type: none"> • Door handles should be lever type with spring return, of at least 19mm diameter, positioned at a preferred height of 900mm above floor level (within 800mm – 1050mm range). <p>Bathroom doors:</p> <ul style="list-style-type: none"> • Where feasible bathroom doors should open outwards. A sliding door may also be considered where space is limited, if feasible.
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Section 4: Tools and documentation

4.1 Assessment tools and forms

- Each Partnership will have its own tools which it uses to support self-assessment and the assessment of more complex needs.
- In order to support the principles of **Adapting for Change** and the '**Housing Solutions**' approach, it is essential that bureaucracy is minimised, and any required tools support the streamlining of processes, rather than inhibit these. It is therefore important that all tools are reviewed, standardised and simplified where possible to support service improvement.
- Tools and processes to improve person-centred service provision should be agreed jointly by all relevant Partners and used consistently across tenures.
- Tools and processes should also record person-centred Outcomes and provide relevant key data for overall performance monitoring across all tenures.
- An example tool for assessing for and recommending major adaptations will be provided as a Handout in the training.

Appendix 1: Example screening tool for Telecare




Name			Date of Birth		
Home Address					
Home Telephone Number					
			YES	NO	
Do you have a community alarm?					
Do you have any telecare equipment?					
Do you live alone?					
Do you feel safe in your home?					
Have you fallen before?					
If YES: How many falls have you had in the last 6 months?					
Have you ever left a tap on and forgotten about it?					
Have you ever left a pan on the hob and forgotten about it?					
Do you have a gas fire and/or gas cooker?					
If YES: Have you ever put it on and forgotten about it?					
Do you ever smoke in bed?					
Do you ever forget to take your medication?					
Have you ever been lost, or are you worried about getting lost, when out and about?					
Do you have problems with your memory?					
Would you agree to an assessment for telecare equipment?					
Completed by (print name)					
Designation					
Signature			Date		

To arrange an assessment please contact name (Telecare OT) on tel. no., or email address.

F.A.O. name Telecare OT, Community Equipment Service

Appendix 2: Presentation slides



Healthcare Improvement Scotland | ihub
Place, Home and Housing

Adapting for change

Module 3
Housing Solutions and the provision of Moderate & Major (non-complex) Adaptations

Improvement Hub
Enabling health and social care improvement

Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Meeting Objectives

By the end of the module, staff will be able to:

- Describe the key principles and aims of the 'Housing Solutions' approach to the provision of Adaptations;
- Outline good practice for the effective identification of Housing based solutions and the importance of 'acting early' and the 'right housing conversations';
- Explain their role in effectively assessing needs and supporting people to understand the options available;
- Describe the considerations, and key contra-indications for the provision of Moderate & Major (non-complex) adaptations.

2

Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Adapting for Change Programme: Key Themes...

- **Partnership, governance and management**
- **Tenure neutral**
- **Better design**
- **Widened scope** – e.g. dementia; wider range of options e.g. technology, self-help...
- **Integrated & streamlined services**
- **Person centred**
- **Prevention** – timely provision, avoiding crisis!

3

Housing Solutions Training

- Applies the principles of Adapting for Change
- Wider ownership & responsibility across Health, Housing, and Social Care to help address people's housing needs
- Emphasis on early intervention, simple solutions, exploring re-housing as first stage, priority for personal outcomes
- Involves a wide range of frontline staff & managers across Housing, Health & Social Care and third sector
- 3 Modules
 - 1) Housing Solutions
 - 2) Minor(non-complex) Adaptations
 - 3) Moderate & Major (non-complex) Adaptations

4

Exercise 1

Using the list of Adaptations, get small groups (2 or 3) to clarify their understanding of:

- Local Policy, Criteria, & funding arrangements
- Local Processes and systems for assessing & ordering adaptations

Allow 15 mins for Groups to discuss

5

Exercise 2

Small groups to list all relevant Assessor Roles and responsibilities associated with the assessment and provision of Adaptations.

- List on flipchart, and put up on wall
- 10 mins

6

Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Assessment Roles and Responsibilities: Supporting Personal Outcomes

- Holistic assessment supporting a 'housing solutions' approach
- Need to challenge 'gate-keeping'
- Challenge 'risk averse' behaviour, 'minimum intervention, maximum independence'
- Think 'simple solutions' and explore all options realistic and practical
- Focus always has to be on a **personal outcomes** approach
- Where adaptations are required, understand the processes and systems and be able to explain these to the person.

7

Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Assessing for Adaptations

- **Assessment criteria**
- **Contra-indications**
- **Key considerations**

8

Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Exercise 3

- **Read the Case studies (people's stories) in your small groups**
- **Answer the questions and use any example assessment tools as relevant**

Allow 30mins

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Adapting for Change | Module 3 | Housing Solutions & Moderate & Major (non-complex) Adaptations

Module Summary

- Any last Q's?
- Evaluation

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Keep in touch

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Acknowledgements

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