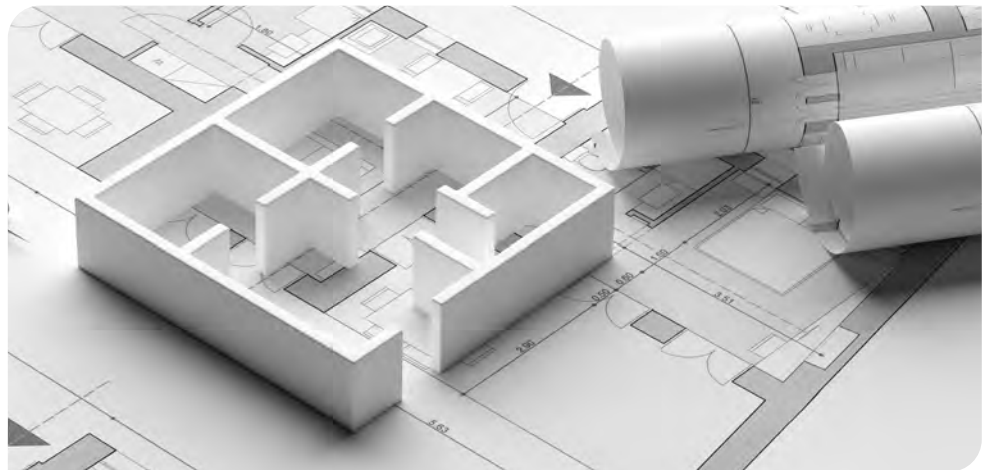




Interdepartmental

Housing Adaptations Design Toolkit

Housing
Executive



Department for
Communities
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Pobal

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Foreword

Housing adaptation provision is essential in the delivery of an integrated approach to community care alongside health, social care and assistive technology services, (see figure 1 below).

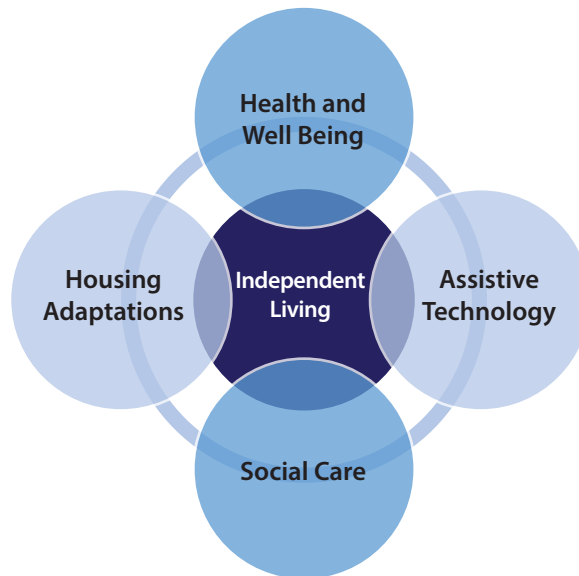


Figure 1- Integration of services to promote independent living

An accessible home environment enables older and disabled people to live as independently as possible in their own home. Where environmental barriers exist within the home which prevent or impede access, housing adaptations play a key role in overcoming those barriers.

The Department for Communities (DfC) and Department of Health (DoH) are fully committed to interdepartmental collaboration in ensuring effective provision of these services in line with strategic and policy objectives. Subsequently we are delighted to endorse this revised Interdepartmental Housing Adaptations Design Toolkit as an excellent example of Housing and Health working together to improve outcomes for service users.

The Toolkit was initially implemented in April 2014 as part of the Interdepartmental Review of Housing Adaptations Services and was developed following extensive collaboration with a range of stakeholders including people with disabilities, Occupational Therapists and Housing Providers. It incorporates agreed cross sector good practice and since its introduction has proved to be an invaluable resource, for both health and housing personnel.

Key benefits include a consistent and standardised approach to design principles, space standards and methods of communication in the delivery of housing adaptations across tenure.

Our departments will continue to monitor its use through the Interdepartmental Housing and Health Adaptations Programme Board and will carry out a periodic editorial review on a cross sector basis every 3 years.

Professor Suzanne Martin

**Chief Allied Health Professions Officer
Department of Health**

Paul Price

**Director of Social Housing Policy & Oversight
Department for Communities**

November 2022

Introduction

The provision of adaptations for people with a disability requires effective joint working between housing, health, social care and other departments to improve standards and make best use of available resources. Numerous studies indicate that people with a disability wish to remain and be cared for in their own homes and adapting properties is key in facilitating that objective.

In Northern Ireland expenditure on housing adaptation provision in 2019/2020 across tenure was £29.8million. Alongside that, in the same year expenditure in Health and Social Care Trusts for Assistive Technology provision, including home lifts and minor adaptations equated to approximately £20 million.

In Northern Ireland demand for adaptation services is predicted to increase due to the changing demography.

Challenges include:

- 20,000 permanent wheelchair users with numbers waiting for wheelchair accommodation increasing year on year
- 21.7% of the population aged 16-64 (Apr-Jun 2017) report a long-term illness and or disability (nisra.gov.uk 2017)
- Growing demand for adaptations for adults and children with complex conditions including those with cognitive impairment whose behaviours can be exacerbated by constraints within their home
- Increasing older population, estimated to be 24.2% of the population in 2043 (Figure 2). As more people live longer with some form of disability, this will undoubtedly impact on the continued and increasing needs for adaptations.

This demography indicates that there will be a growing demand for accessible housing. Unfortunately in the current stock there is a shortage of suitable available housing which will necessitate the need to continue to adapt existing properties.

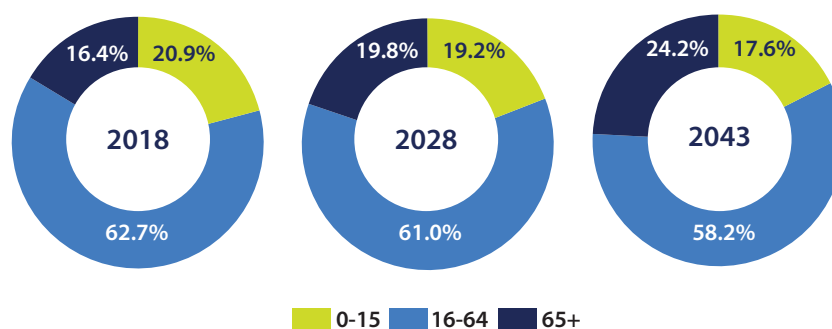


Figure 2- Ageing population

One of the key objectives of the Department of Social Development/Department of Health Social Services and Personal Safety (now referred to as DfC/DoH) Interdepartmental Review of Housing Adaptations Services 2016 was to review the design standards, costs and inter-agency communications underpinning housing adaptations.

At the time a cross sector task group was established along with people with a disability supported by Disability Action. This group co-produced a comprehensive guide referred to as the Adaptations Design Communications Toolkit which was implemented in April 2014. This document is a revised and reformatted version, updated and rebranded as the **Interdepartmental Housing Adaptations Design Toolkit**.

The Toolkit includes:

- A range of minor housing adaptations (Select List), which can be provided by Housing Providers without the need for referral to Occupational Therapy Services
- Evidence based, consistent and equitable housing adaptation design standards for all tenures
- Improved design formats that help service users to visualise and gain a better understanding of proposed housing adaptations
- Electronic formatting that facilitates timely and consistent inter and intra-agency communications

- Standardised Occupational Therapy communication formats for the completion of:
 - housing adaptation recommendations
 - accompanying specifications
 - follow up letters relating to plans and completed works

Process for Adaptation Provision

In the delivery of adaptations, statutory duties are devolved from the Department of Health to the Health and Social Care Trusts. The Trusts are responsible for carrying out an assessment of need to ensure arrangements are made to provide housing adaptations where deemed **necessary and appropriate**, in line with regionally agreed best practice guidance regarding access to adaptations. Trusts have delegated the authority to assess and identify the need for adaptations to appropriately trained and competent Occupational Therapists in community settings. Following assessment, having established a need, arrangements for provision are made in collaboration with the appropriate Housing Provider who will determine if the proposed work is **reasonable and practicable**.

Occupational Therapy Assessment/Option Appraisal

Access to the adaptation process commences with an assessment of need by an Occupational Therapist. Prior to determining the need for adaptations, Occupational Therapists consider a range of potential options, to address identified difficulties with daily living activities. Options may include rehabilitation, assistive technology provision, specialist equipment or referral to other HSC services.

As part of the clinical reasoning process Occupational Therapists will seek both medical and social information to inform their decision making in relation to the need for adaptations. Therapists will also **in so far as is reasonable to predict**, make recommendations to meet the long-term need of the service user taking account of clinical diagnosis, prognosis and the likely progression of their condition.

Bespoke Solutions

The design standards outlined in this toolkit are benchmark best practice standards designed to meet a wide range of needs for people with disabilities and their carers. However, it is important to note that there will be individual circumstances which necessitate the need for standards to be compromised/reduced or enhanced and customised as **bespoke** solutions.

This may be as a consequence of:

- Technical issues such as site restrictions limiting the ability to construct to the recommended standard
- Assessed clinical need necessitating provision of enhanced space to accommodate complex needs and additional specialised equipment and storage

Bespoke solutions will be discussed and agreed on an interagency basis with close collaboration between Occupational Therapy Services and the Housing Provider.

Collaborative Working: Housing and Health

In order to ensure effective outcomes Housing Providers and Occupational Therapists will work closely together at the relevant stages of the adaptation process. Joint working will involve the service user/tenant to ensure a person centred approach to the process.



Figure 3: Collaborative working

Collaborative Working: Pre-recommendation

Prior to completing a recommendation for a major adaptation the Occupational Therapist will consider the need for a technical feasibility survey with the Housing Providers/NIHE grants office technical specialist. Where there is a familiarity with the housing stock this may be carried out as a desk top exercise and arranged virtually or may necessitate a joint visit with the Therapist where circumstances dictate. The survey will enable early discussion regarding the feasibility of the works in terms of:

- Meeting the assessed clinical need (HSC Trust Occupational Therapy)
- Technical feasibility (Housing Provider- NIHE/Housing Association/HSC Estate Services)
- Value for money (Occupational Therapy/Housing Provider) (See figure 4)

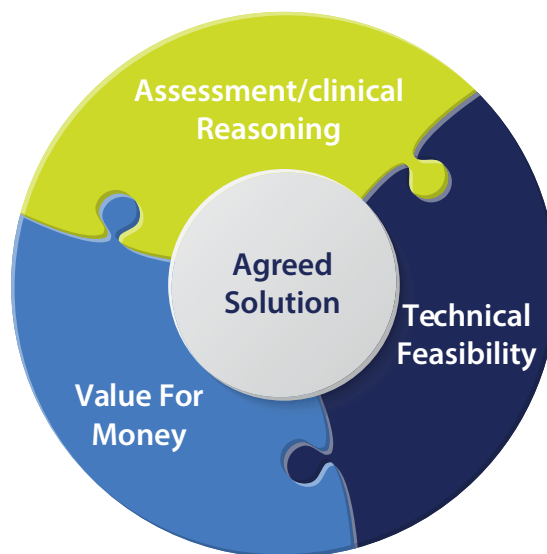


Figure 4: Feasibility of adaptation works

Circumstances where a pre-recommendation survey request may be considered includes but is not exclusive to:

- The extent and scale of the proposed adaptations are likely to incur significant cost
- The curtilage of the property, the site layout and topography suggest that technical difficulties may arise in the completion of proposed adaptation works
- Outdoor space is limited and likely to be significantly impacted by provision of a major adaptation extension
- The existing property is on an elevated site and suitable access to the property has the potential to be problematic

It is anticipated that such surveys and/or visits will help to manage service user expectation at an early stage of the process and help to identify a wider range of options where appropriate. This collaboration will also facilitate agreement regarding bespoke recommendations and specifications, providing transparency to the process and clarity regarding the most appropriate and effective solution.

HSC Trust Authorisation Process

Having established the need for adaptations the Occupational Therapist will seek the endorsement of the clinical decision and appropriate authorisation to process the recommendation within professional structures. To ensure robust governance arrangements in the approval process a tiered standardised system of authorisation is in place. These arrangements reflect the complexity of need and the resource requirements for the housing adaptations required to address need as outlined in table 1.

The approval system ensures that high volume, lower cost work can be processed without undue delay. Where there are complex needs further levels of authorisation are mandatory within the Occupational Therapy governance process involving presentation of cases to professional panels for authorisation. Decision making and authorisation will include seeking appropriate multidisciplinary input from HSC staff and technical housing expertise as required. (See figure 5)

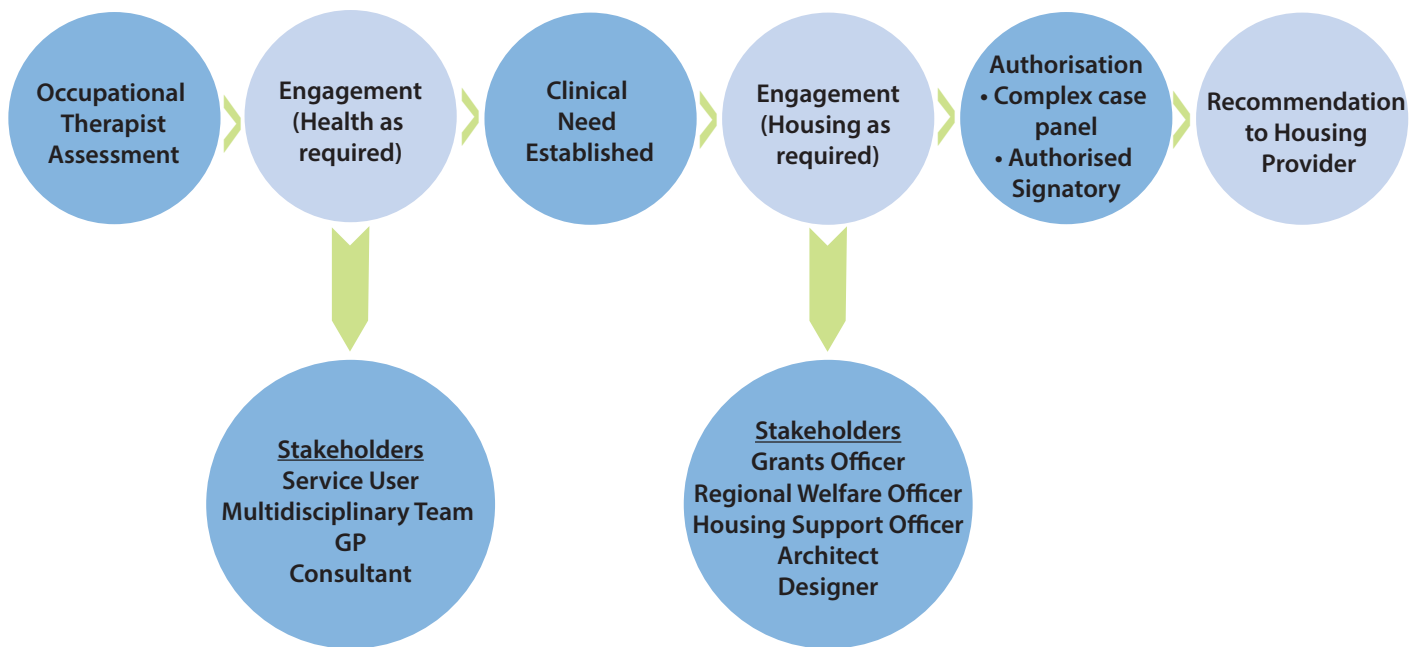


Figure 5: HSC Trust Authorisation Process

Table 1: HSC Trusts Authorisation Levels

Minor Adaptations	Authorisation Required
A. Minor adaptations On the select list for social housing.	Do not require Occupational Therapy assessment/authorisation.
B. Minor adaptations Grab rails External hand rails Stair rails etc.	Occupational Therapists with agreed competencies. No additional approval/signatory required. Occupational Therapy Technicians with agreed competencies and under supervision.
C. Minor adaptations Showers Ramps Graduated steps etc.	Occupational Therapists with agreed competencies. No additional approval/signatory required.
Major Adaptations	Authorisation Required
Internal (within footprint of property) e.g. significant internal structural adaptations including reconfiguration of rooms, removal of internal walls, homelifts etc.	Recommendations must be countersigned by an Authorised Signatory who will have the necessary expertise and access to the background information to confirm the clinical need and appropriateness of the recommendation.
External extensions (beyond footprint of property): e.g. additional bedroom, shower room or significant alternative housing options e.g. bespoke new build housing schemes.	Designated Trust Occupational Therapy staff identified for authorisation of housing adaptations will be forwarded annually to the HSC Trust Chief Executive, relevant NIHE Senior management, Housing Associations and other relevant stakeholders.

Collaborative Working: Post Recommendation

As an Occupational Therapy recommendation is being progressed, it may become apparent that it is not technically feasible to adapt the property as specified in the recommendation.

In these situations an interagency case management approach is strongly recommended involving relevant stakeholders from both Housing and Health to explore alternative options or an agreed compromised resolution within existing space.

Adaptation Process - Housing

Following receipt of the Occupational Therapy recommendation the next step in the adaptation process is dependent on housing tenure:

- For NIHE stock the delivery of major housing adaptations services is managed by NIHE Asset Management.
- Housing Associations process applications via the Disability Adaptation Grant, which is administered by the NIHE's Development Programme Group on behalf of the Department for Communities.
- Private sector properties are managed through the Private Sector Improvement Service (PSIS) within the NIHE who are responsible for the administration of the Disabled Facilities Grant.

Section 1

Minor Adaptations Select List – Social Housing



Minor Adaptations Select List – Social Housing

The Select List is an agreed range of minor adaptations that do not require the assessment of an Occupational Therapist for provision in the social housing sector (NIHE/Housing Association stock). The list has been agreed regionally by all Social Housing Providers for implementation with the agreed works presented in table 2.

Should the Housing Provider identify potential health and safety issues requiring professional intervention, an Occupational Therapy assessment may be requested. However, the provider must ensure that any such referrals are reasonable and justified so as not to create unnecessary delays for the tenant. In such circumstances it is prudent for the Housing Provider to proceed with minor adaptation provision, as per the list, while awaiting a more detailed Occupational Therapy assessment.

Access to Adaptations on Select List

Minor adaptations included in the select list can be accessed in the following ways:

- Social housing tenants can directly contact their social landlord to request provision of the adaptation
- Service users approaching HSC Trusts for provision of these listed adaptations will be signposted to their social landlord for direct provision without the need for Occupational Therapy involvement
- Other HSC professionals approaching the Occupational Therapy service for provision of these listed adaptations will be signposted to the appropriate social landlord
- Occupational Therapists can continue to identify and recommend provision of listed adaptations as part of their overall intervention

It is important to note that completion of any adaptations will be subject to technical feasibility and reasonableness of provision as determined by the Social Housing Provider

Table 2: Minor Adaptations Select List - Social Housing

Adaptations that do **not** require an Occupational Therapy assessment/recommendation.

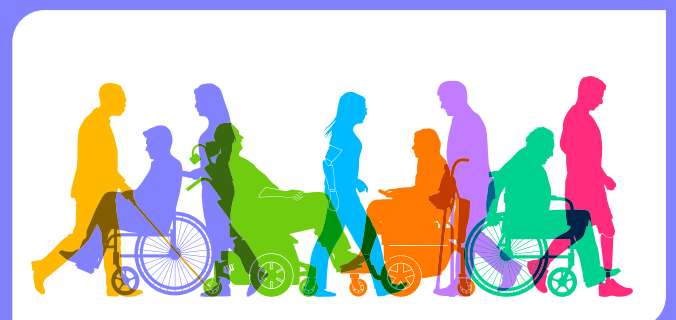
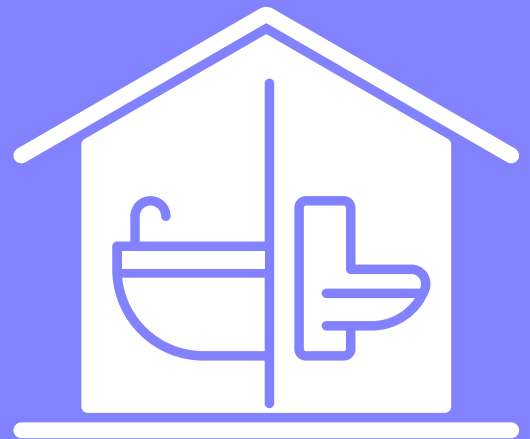
Clothes Line	Rotary clothes line provision including path leading to clothes line where appropriate
Clothes Rail (internal)	Clothes hanging rails repositioning
Doors	Door saddle removal
Doors	Letter Cage, post box and/or delivery shelf/cage
Doors	Protective edging to doorframes etc.
Doors	Suitable ironmongery provision (e.g. lever in place of knob handles, pull handles and rails to doors or kicker plates lowering of lock(s))
Electrics	Sockets & cooker mains switch – relocation Additional outlets at a convenient level
Extractor Fan	Extractor fan installation (with accessible control) where accessible window opening not feasible. (Over and above standard provision)
Handrail (external)	Handrails at front and/or rear entrance of dwelling
Handrail (external)	Additional handrails or guarding to existing ramps or steps (also to other parts of the dwelling where necessary)
Handrail (Internal)	Handrails/grab-rails in bathrooms, bedrooms etc.
Handrail (Internal)	Additional handrail or handrails to staircase (also to other parts of the dwelling where necessary)
Heating	Coal bunker – replacement or repositioning
Heating	Thermostat or heating control relocation
Lights (external)	Lighting (external) – adequate provision (over and above required standard landlord provision)
Lights (internal)	Additional lights in kitchen, bathroom and working areas for visually impaired people
Lights (internal)	Light switch replacement with 'rocker' or remote control switches
Steps	Definition of step edges for people with visual impairment (1st time provision and where funding not already provided at scheme development stage)
Storage	Additional alternatives to provide fixed storage units, worktops and sink units at convenient levels
Taps	Lever taps provision to replace screw-down taps

Note 1: This is not an exhaustive list and where estimated work costs are likely to exceed £1000 the particular organisations guidelines should be applied. There may be other works not included that can be provided without Occupational Therapy recommendation by Social Landlords according to their individual procedures.

Note 2: By exception if there are any potential health and safety concerns a referral should be made to the local Occupational Therapy service.

Section 2

Standard Technical Specifications for Minor Adaptations



Standard Technical Specifications for Minor Adaptations

The following pictorial specifications provide the detail regarding the specific positioning of minor adaptations such as grab rails and hand rails. These specifications will meet the needs of the majority of service users and assist Therapists to determine if the proposed position will meet the assessed need.

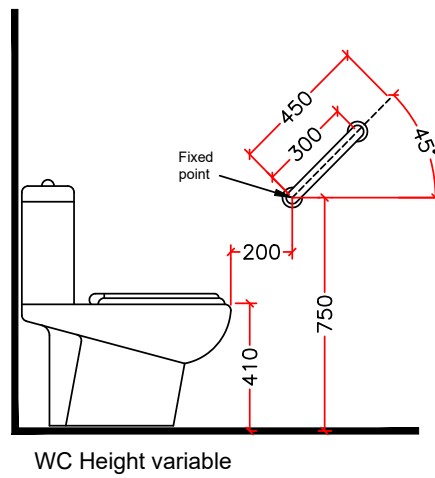
They also provide clarity for builders/contractors to ensure rails are fitted in the required position as well as helping to provide service users/tenants with a clear understanding of proposed works.

In circumstances where the specifications are not suitable for an individual's needs a bespoke solution should be clearly specified by the referring therapist on the minor adaptations recommendation form.

Specifications include:

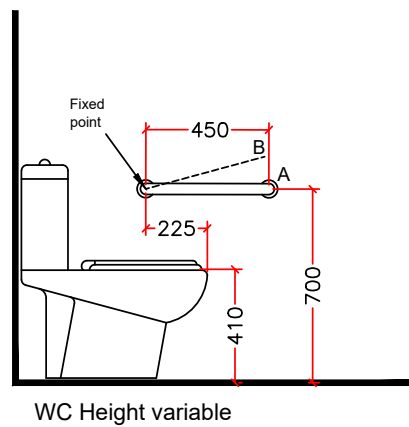
- Option 1 Diagonal Rail at WC
- Option 2 Horizontal/Diagonal Rail at WC
- Option 3 Vertical Rail at WC
- Option 4 Folding Down Hinge Supported Rail at WC
- Option 5 Horizontal/Vertical Rail at Bath
- Option 6 Horizontal/Vertical Rail in Shower
- Option 7 Vertical Rail at Doorway
- Option 8 External Handrail
- Option 9 Internal Stair-rail

Standard WC



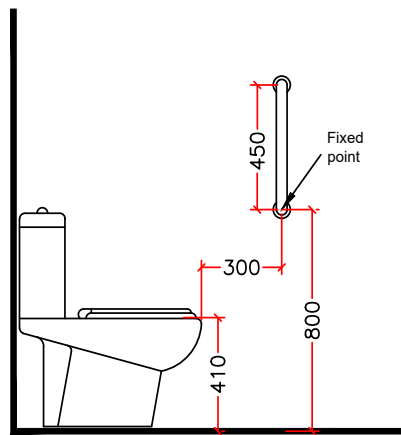
Option 1 - **Diagonal Rail at WC**
Available with a 300mm or 450mm grab rail.

Standard WC



Option 2 - **Horizontal/Diagonal Rail at WC**
Available with a 450mm grab rail.
A - Horizontal
B - at 15 degree angle

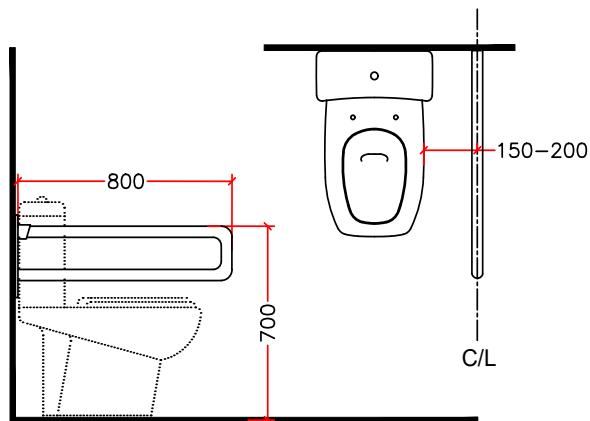
Standard WC



WC Height variable

Option 3 - Vertical Rail at WC
Available with a 450mm grab rail.

Standard WC



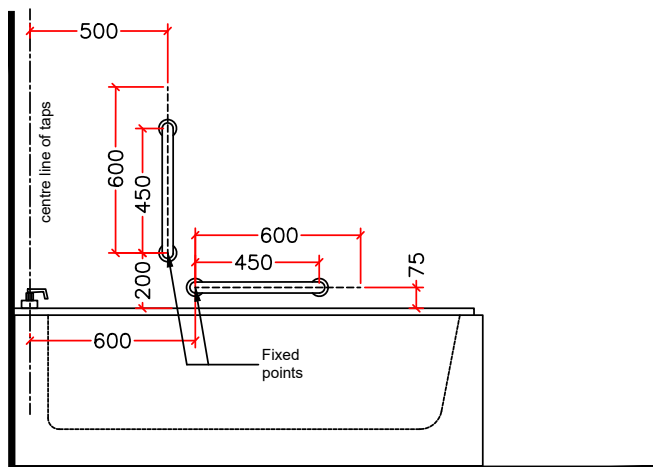
WC Height variable

Option 4 - Folding down Hinge Supported grab rail at WC

To be fitted at 150-200mm from side of toilet.

Note: This location may not always be possible due to obstructions (eg WHB etc). OT to specify distance from toilet (as shown) if standard fitting not feasible.

Standard Bath 1700 x 700mm



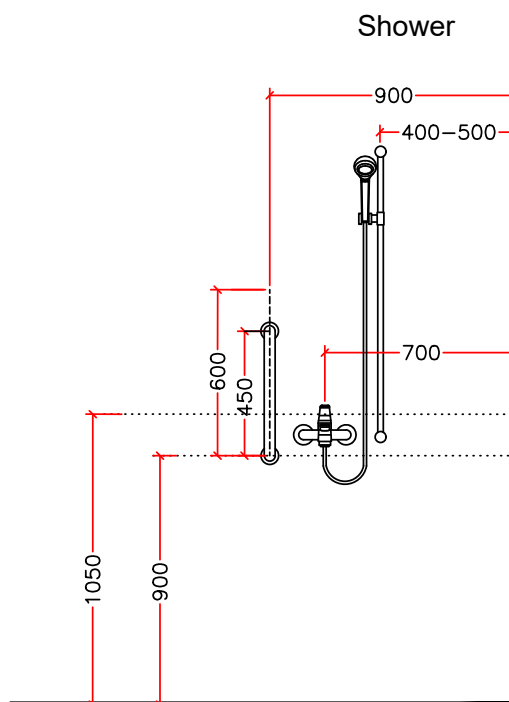
Option 5 - Horizontal/Vertical Rail at Bath

Available with a 450 or 600mm grabrail.

A - Horizontal or

B - Vertical

A&B option available.



Option 6 - Horizontal/Vertical Rail in Shower (s)

Available with a 450/600mm option.

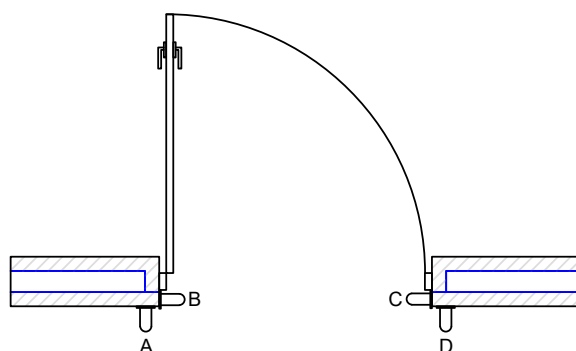
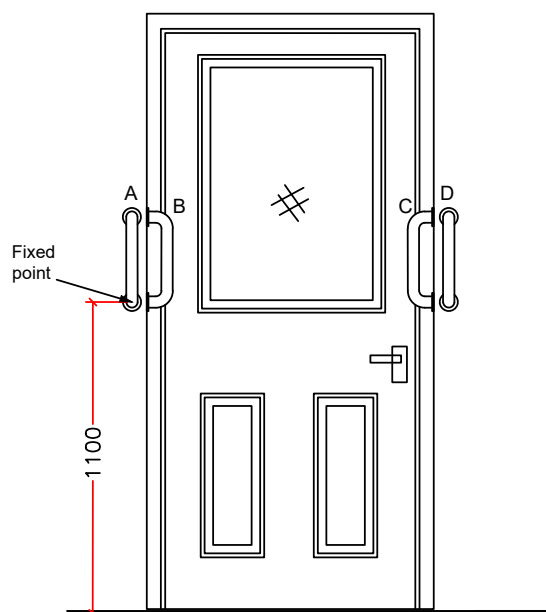
A - Horizontal (position to be specified by OT)

B - Vertical (lower centre fixing point of rail, 900mm above floor)

A&B option available.

Note: As there would be no standard shower design, OT to indicate centre fixing points 450mm apart.

If centre points are not indicated rails cannot be fitted by direction of the service user. OT to specify.



Option 7 - **Vertical Rail (s) at Doorway**

Available with a 300mm grabrail.

A - LHS of door.

B - LHS reveal.

C - RHS reveal.

D - RHS of door.

Notes:

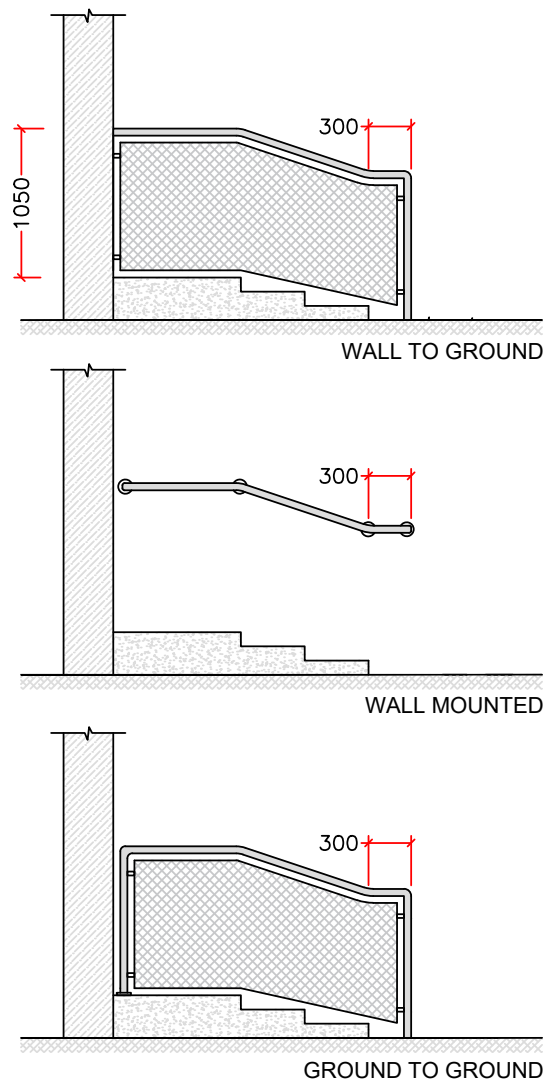
- A combination of rails can be specified (eg Option 7C&D or 7A&C).

- The lower centre fixing point for each rail, 1100mm above door threshold unless otherwise stated. Where a second yale lock is fitted to the door at high level it may not be possible to always fit Option 7C.

OT to indicate preferred centre points 300mm apart, this must not restrict access to open lock.

If options are not specified or preferred locations indicated, rails cannot be fitted by direction of the service user. OT to specify.

Where a grab rail or rails are fitted on door reveals, consider impact on door opening widths.



Note: Handrails to extend 300mm past the last step.

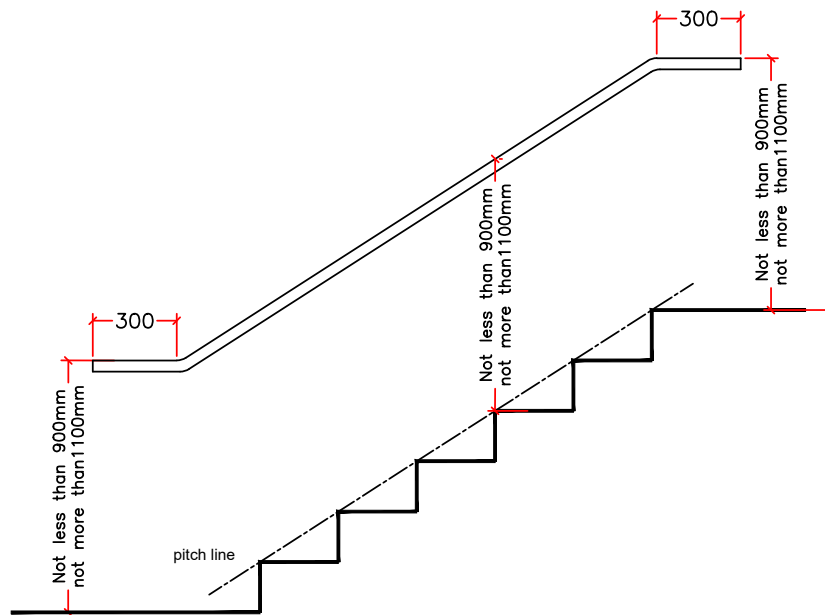
Option 8 - **External Handrails**

Metal rail with cylindrical grip, fitted 900 - 1000mm above the ground/pitch line of existing steps. Rail to extend 300mm beyond the face of the bottom step, where technically feasible. Rails can also be mounted on the wall along side step arrangement.

- A - LHS ascending Wall to Ground
- B - RHS ascending Wall to Ground
- C - LHS ascending Wall mounted
- D - RHS ascending Wall mounted

If not possible to fit wall to ground rail a ground to ground rail could be fitted if feasible.

- E - LHS ascending Ground to Ground
- F - RHS ascending Ground to Ground

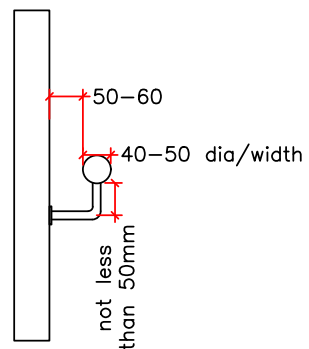


Option 9

Internal Stair rails

Wooden rail with cylindrical grip, fitted similar height to existing handrail.
 To continue on landings 300mm on the horizontal line, where technically feasible.

Handrail to be of circular profile or approved non-circular with rounded edges.



Section 3

Communication Formats



Communication Formats

Interagency information flows are regulated by the General Data Protection Regulations (GDPR). Governance arrangements regarding transfer of information are set out in the data sharing agreements which have been jointly developed and agreed by HSC Trusts and Housing Providers.

An agreed format for Occupational Therapy communications with Housing Providers has been designed to ensure a consistency of approach across the region.

Communication formats include:

- Minor Adaptation Recommendations
- Major Adaptation Recommendations
- Occupational Therapy Response to Plans
- Occupational Therapy Final Inspection
- Occupational Therapy Housing Needs Report

These are to be used by Occupational Therapists in all HSC Trust areas and completed in major and minor adaptation schemes regardless of tenure.

Other formats of recommendation/communication **will not be accepted** by the relevant Housing Providers. Information requirements in the recommendation forms are proportionate to the complexity and cost of the works recommended. Consequently, two forms have been provided – one for minor adaptations and the other for major adaptations.

These forms do not include, confidential medical information or details of the clinical rationale which have been duly considered as part of the governance processes within Occupational Therapy. In certain circumstances they may include functional terms such as ambulant disabled, independent or assisted wheelchair user to guide appropriate use of housing design standards.

Explanatory Notes

The Minor and Major Recommendation forms have been developed so that the level of information supplied is reflective of the complexity of the recommendation.

Examples of the types of work the Minor Adaptation recommendation form should be used for include but are not exclusive to:

- Grab rails
- Stair rails
- Internal and external handrails
- Ramps, graduated steps
- Shower to replace bath
- Over bath shower

Examples of the types of work the Major Adaptation recommendation form should be used for include but are not exclusive to:

- Home-lifts, including stair lifts, through floor lifts, and step lifts
- Ground floor extensions
- Major structural alterations

N.B. Mandatory information varies between major and minor adaptations. Sections are to be completed as relevant to the adaptations recommended. Please refer to notes below against each section for further guidance.

Please note, the forms shown within the PDF version of this document do not display all options from the drop-down menus that are available in the electronic versions used by clinicians.

Completion of Minor Adaptations Recommendations Form

SECTION 1	SERVICE USER DETAILS [MANDATORY - this section to be completed in all cases]
1a	Insert Owner/Tenant name (may be different to service user).
1b	Insert name of person (s) for whom the adaptation is recommended and insert their date of birth.
1c	Insert address of the property where the proposed adaptation is to be carried out. NB: Insert contact tel. no. and/or any notified access arrangements. Include mobile number if available.
1d	Tick relevant tenure. If Housing Association specify name of Association.
SECTION 2	ADAPTATION RECOMMENDATIONS TO BE COMPLETED IN ALL CASES
Indicate the adaptation required in the appropriate options box and tick if a specification is attached.	
Use the comments section to provide additional detail as required. If the adaptation is bespoke please provide clear specifications.	
SECTION 3	SERVICE USER QUALIFICATION CERTIFICATIONS
3a	To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.
3b	Complete this section ONLY where, Level Access Shower or a likely re-arrangement of existing bathing provision is recommended.
SECTION 4	DATA PROTECTION DECLARATION
Discussion with service user or appointed person of data use must be confirmed by ticking box	
Section 5	RECOMMENDATION ENDORSEMENT
5a	To be completed in all cases. The assessing Occupational Therapist should sign to verify that the recommendation endorsements have been met and that the contents of the form are appropriate and correct to the best of their knowledge.

Completion of Major Adaptations Recommendations Form

SECTION 1	SERVICE USER DETAILS [MANDATORY - this section to be completed in all cases]
1a	Insert Owners/Tenant name (may be different to service user).
1b	Insert name of person (s) for whom the adaptation is recommended and insert their date of birth.
1c	Insert address of the property where the proposed adaptation is to be carried out. NB: If person is not registered tenant at this address please insert an explanation in Section 2. Insert contact tel. no. and/or any notified access arrangements. Include mobile number if available.
1d	Tick relevant tenure. If Housing Association specify name of Association.
SECTION 2	ADAPTATION RECOMMENDATIONS TO BE COMPLETED IN ALL CASES
	<p>Tick appropriate box to indicate if the recommendation follows the Design Matrix or is a Bespoke Scheme.</p> <p>Design Matrix Option Select recommendations from drop down menu and attach specifications where appropriate. Please use comments box for any necessary information.</p> <p>Bespoke Option Where the adaptation recommended is NOT covered by the Design Matrix insert recommendation and specifications here. The Occupational Therapist should indicate the activity space requirements and information to support adaptation outside these standards, e.g.:</p> <p>Bedrooms:</p> <ul style="list-style-type: none"> • Specific transfer space if exceptional. • Storage for specialised equipment. • Number/type of beds – bed usage <p>Kitchens:</p> <ul style="list-style-type: none"> • Circulation space • Work surface heights • Design features to accommodate units and white goods <p>Equipment:</p> <ul style="list-style-type: none"> • Accommodation of “Exceptional” equipment where this impacts on specific room dimensions. <p>Toilet/Shower rooms:</p> <ul style="list-style-type: none"> • Space for larger than average showering equipment. • Specialised fixture/fittings including wash/dry WC’s. <p>With both options tick the relevant standard specifications and ensure it is attached to the completed recommendations. These must be amended to reflect any service user specific requirements required.</p> <p>This is not an exhaustive list and due consideration must be given to individual circumstances where there is a clearly identified clinical need.</p> <p>Amendments Where an amendment is needed, to change or add to the original recommendation, the original recommendation should be referenced.</p>

SECTION 3 HOUSEHOLD/BACKGROUND INFORMATION	
ONLY complete Section 3 where household and property information is relevant to the adaptation recommended.	
3a	Complete the relevant property details. N.B. The Housing provider/NIHE Grants Office is responsible for verification of property information provided.
3b	Complete household information as provided by the Householder/Client. The Occupational Therapist is not responsible for the accuracy of information inserted in this section. Continue on additional sheet if required. N.B. The Housing Provider/NIHE Grants Office is responsible for verification of household details
3c	Insert any relevant additional information that may assist in the provision of the adaptation. i.e. caring arrangements/living arrangements/property information/environmental conditions etc.
SECTION 4 SERVICE USER QUALIFICATION CERTIFICATIONS	
4a to be completed in ALL cases – 4b & 4c are only to be completed where relevant to adaptations recommended.	
4a	To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.
4b	Complete this section ONLY where a W/C, Level Access Shower or a likely re- arrangement of existing bathing provision is recommended.
4c	Complete this section ONLY where a substantive alteration or extension to provide additional bedroom and/or shower room or other living space is recommended.
SECTION 5 DATA PROTECTION DECLARATION	
Discussion with service user or appointed person of data use must be confirmed by ticking box	
SECTION 6 RECOMMENDATION ENDORSEMENT	
6a to be completed in ALL cases; 6b where deemed necessary by Trust.	
6a	The assessing Occupational Therapist should sign to verify that the recommendation endorsements have been met and that the contents of the form are appropriate and correct to the best of their knowledge.
6b	The authorised officer for the Trust must endorse the major recommendation and service user qualification according to Trust procedures and requirements.

**OCCUPATIONAL THERAPY RECOMMENDATIONS
FOR PROPOSED HOUSING ADAPTATIONS**

[In accordance with the Chronically Sick & Disabled Persons (NI) Act 1978]

MINOR ADAPTATION RECOMMENDATIONS

MANDATORY sections are shown with BLACK background headers & numbers and must be completed in all cases.

OPTIONAL sections are shown with GREY background headers & numbers and must be completed where appropriate

1	SERVICE USER DETAILS [MANDATORY - this section to be completed in all cases]			
1a	Owner's/Tenant's Name			
1b	Person(s) for whom adaptation is recommended		Date of Birth	
1c	Address of Property		Contact Tel. No/ Access arrangements	
1d	Private Rented	Owner-Occupier	NIHE	Housing Ass. Specify:
2	ADAPTATION RECOMMENDATIONS			

Please carry out the following adaptations as per minor technical specifications:

<p>Grab Rails at WC: Grab Rails at Bath: Grab Rails at Front Entrance: Grab Rails at Back Entrance: External Rails at Front Entrance: External Rails at Back Entrance: Internal Stair Rails: Shower in Existing Bathroom: Shower over Bath: Ramp: Graduated Steps: Door Release Intercom: Lever Taps Wall-mounted Shower Seat</p>	<p>Height</p>
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Comments:

Specifications Attached

<u>Doors</u>	<u>Steps</u>	<u>Level Approach/ Ramp</u>	<u>Shower</u>	<u>Shower to Replace Bath</u>
<u>Over-bath Shower</u>			<u>Other:</u>	

3	SERVICE USER QUALIFICATION CERTIFICATIONS (tick all relevant statements in all appropriate sections in Part 3)	
NOTE. <i>Best value design solutions within the footprint of the existing structure will be considered where technically feasible unless specifically stated otherwise.</i>		
3a	[MANDATORY - this section to be completed in all cases; tick all relevant statements in all appropriate sections)	
Consensus has been sought with service user, care providers, other members of household	Primary purpose is to increase or maintain functional independence of service user with permanent and substantial disabilities	Adaptations essential to service user because of their disabilities/condition
Provision will improve and/or alleviate management problems experienced by carer	Proposals take account of service users' current and long term needs	This is service user's only or main residence
3b	Bathing Adaptations (complete where relevant)	
Provision for wheelchair access as service user is likely to become or already is a wheelchair user or has limited functional range of movement	Making space for shower provision in existing bathroom has been considered and removal of bath is unavoidable.	Life time home facilities for future shower provision have been considered and cannot be utilised. Reason:
4	DATA PROTECTION DECLARATION	
The service user or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with the appropriate Housing Provider and any appropriate/relevant personnel in connection with adaptation request.		
5	RECOMMENDATION ENDORSEMENT	
<ul style="list-style-type: none"> <i>I confirm that the above qualifiers have been given consideration & can be demonstrated as being met.</i> <i>I confirm that I am an Occupational Therapist authorised by the Health & Social Care Trust to provide recommendations for adaptations in accordance with the Health and Personal Social Service (Northern Ireland) Order 1972.</i> <i>I confirm that the named client is registered or eligible for registration under Section 1 of the Chronically Sick & Disabled Persons (NI) Act 1978.</i> <i>I confirm that the recommended adaptations are considered necessary and appropriate in securing the 'greater safety, comfort or convenience' of the above named in their home environment [Ref Section 2 (e) CSDP (NI) Act].</i> 		
5a	Signed:	Date:
		Email:
	Occupational Therapist	Tel. No:

**OCCUPATIONAL THERAPY RECOMMENDATIONS
FOR PROPOSED HOUSING ADAPTATIONS**

[In accordance with the Chronically Sick & Disabled Persons (NI) Act 1978]

MAJOR ADAPTATION RECOMMENDATIONS

MANDATORY sections are shown with BLACK background headers & numbers and must be completed in all cases.

OPTIONAL sections are shown with GREY background headers & numbers and must be completed where appropriate

1						SERVICE USER DETAILS [MANDATORY - this section to be completed in all cases]					
1a		Owner's/Tenant's Name									
1b		Person(s) for whom adaptation is recommended				Date of Birth					
1c		Address of Property				Contact Tel. No/ Access arrangements					
1d		Private Rented				Owner/ Occupier		NIHE		Housing Ass. Specify:	
2						ADAPTATION RECOMMENDATIONS					
						Provide details below of adaptations required supported by specifications as necessary. [MANDATORY - this section to be completed in all cases]					
						Design Matrix		Bespoke			
Please carry out the following adaptations as per design template:											
WC								Location			
WC/Shower Room								Location			
Bedroom								Location			
Shower in Existing Bathroom											
Level Approach/Ramp: (Specification attached)											
Through Floor Lift: (Specification attached)											
Door Widening: (Specification attached)											
Stairlift: (Specification attached)											
Comments:											
Bespoke:											
Specifications Attached											
<u>Doors</u>		<u>Steps</u>		<u>Level Approach /Ramp</u>		<u>Shower</u>		<u>Car Hardstanding</u>		<u>Other</u>	
<u>Through Floor Lift</u>				<u>Stair lift</u>		<u>Supervised Enclosed Area</u>		<u>Wash/Dry WC</u>			

3	HOUSEHOLD / BACKGROUND INFORMATION <i>(if a relevant factor within option recommended)</i>			
3a	PROPERTY INFORMATION <i>(tick all relevant boxes)</i>			
Property Form	Ground Floor Facilities		First Floor & Above	
Detached	Reception No.	0	Bedrooms No	0
End Terrace	Kitchen		Bathroom	
Mid Terrace	Dining Room		Stair Lift	
Semi-detached	Bathrooms		Through Floor Lift	
Property Type	Bedrooms No.	0	Ensuite Facilities	
Bungalow	Integrated Garage		Available Storage	
Flat	Available Storage		Other facilities	
Cottage	WC Compartment			
House	Other Facilities			
Maisonette				
Split Level				
3b	Occupants/Family Information <i>(relationship to householder should be specified where requested)</i>			
Lives Alone <i>(if ticked yes go to 3c)</i>				
Persons ordinarily resident in property				
Householder Partner				
Other	Specify:		Gender	Age
Other	Specify:		Gender	Age
Other	Specify:		Gender	Age
Other	Specify:		Gender	Age
Other	Specify:		Gender	Age
3c	Other relevant Information			

4		SERVICE USER QUALIFICATION CERTIFICATIONS	
NOTE. <i>Best value design solutions within the footprint of the existing structure will be considered where technically feasible unless specifically stated otherwise. (tick all relevant statements in all appropriate sections in Part 4).</i>			
4a		[MANDATORY - THIS SECTION TO BE COMPLETED IN ALL CASES; TICK ALL RELEVANT STATEMENTS IN ALL APPROPRIATE SECTIONS]	
Consensus has been sought with service user, care providers, other members of household.	Primary purpose is to increase or maintain functional independence of service user with permanent and substantial disabilities.	Adaptations essential to service user because of their disabilities / condition.	
Provision will improve and/or alleviate management problems experienced by carer.	Proposals take account of service user' current and long term needs.	This is service user's only or main residence.	
4B		WC / BATHING WC / BATHING ADAPTATIONS	
Provision for wheelchair access as service user is likely to become or already is a wheelchair user or has limited functional range of movement	Making space for shower provision in existing bathroom has been considered and removal of bath is unavoidable.	Lifetime home facilities for future shower provision have been considered and cannot be utilised. Reason:	
No specific location for the facility has been identified.		Service User's functional ability to reach the existing WC as and when required is severely restricted due to the nature of their disability/ condition.	
4C		GENERAL ALTERATIONS OR EXTENSIONS TO LIVING SPACE	
The existing bedroom/ bathroom used by service user is not of sufficient size: For wheelchair use To facilitate other essential equipment. <i>[Detail equipment & sizes at section 2b)</i>	It is not appropriate to provide vertical lift access to the existing bedrooms / bathroom Reason: Risk to service user Risk to other occupant Not technically feasible Other:	It is not appropriate to provide stair lift access to the existing bedrooms / bathroom. Reason: Risk to service user Risk to other occupant Not technically feasible Other:	
Due to the multiple disability and management problems there is a need to provide separate sleeping accommodation within property	Service User has extreme difficulty in negotiating stairs to reach existing bedrooms/ bathroom and prognosis indicates there will be a deterioration of function in the future.	A reception room/ bedroom within property cannot reasonably be expected to be utilised due to the size and/or make up of the existing household.	
One additional bed space provision is required to assist family member in overnight management of severely disabled service user.			
Lifetime home space for future shower provision has been considered and cannot be utilised Reason:			

5	DATA PROTECTION DECLARATION		
<p>The service user or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with appropriate Housing Providers and any appropriate/relevant personnel in connection with this request.</p>			
6	RECOMMENDATION ENDORSEMENT		
<ul style="list-style-type: none"> • I confirm that the above qualifiers have been given consideration & can be demonstrated as being met. • I confirm that I am an Occupational Therapist authorised by the Health & Social Care Trust to provide recommendations for adaptations in accordance with the Health and Personal Social Service (Northern Ireland) Order 1972. • I confirm that the named client is registered or eligible for registration under Section 1 of the Chronically Sick & Disabled Persons (NI) Act 1978. • I confirm that the recommended adaptations are considered necessary and appropriate in securing the 'greater safety, comfort or convenience' of the above named in their home environment [Ref Section 2 (e) CSDP (NI) Act]. 			
6a	Signed:	Date:	
		Email:	
	Occupational Therapist	Tel. No:	
6b	Signed:	Date:	
	Trust Authorised Signatory for the Chief Executive Print Name		



Major Adaptation Provision Occupational Therapy Response to Plans

Date:

Response to:

Address:

Postcode:

Dear Sir/Madam,

Name:

Address:

Ref No: (Where applicable)

Thank you for plans relating to the above named service user's adaptation,

Received on: (insert date)

Please note the following:

1. The plans are satisfactory and will address the service user's needs as recommended.
2. Generally the plans are satisfactory; however, the minor amendments listed below would need to be considered. It is/is not necessary to forward an amended plan for further comment/approval.
3. The plans are not satisfactory and will not address the service user's needs as recommended. I have highlighted the areas of concern below and would require an amended plan for further comment/approval.
Should you need to discuss please do not hesitate to contact me

Comments:

Yours faithfully

Occupational Therapist



Major Adaptation Provision Occupational Therapy Final Inspection

Date:

Response to:

Address:

Postcode:

Dear Sir/Madam,

Re: Occupational Therapist Final Inspection Visit

Name:

Address:

Ref No: (Where applicable)

I have carried out an Occupational Therapy final inspection visit on (insert date) at the above property following completion of the adaptation works and confirm that:

1. The work has been completed satisfactorily and in accordance with the Occupational Therapists recommendations.
2. The work is generally satisfactory; however the minor changes listed below are necessary in order to comply fully with the recommendations.
3. The work is not satisfactory and requires the changes listed below in order to fully comply with the recommendations. A further inspection will be required.
4. The work is not satisfactory and does not comply with the Occupational Therapists recommendations (see comments below). A follow up joint visit is necessary to address the issues.

Comments:

Yours faithfully

Occupational Therapist

Completion of Housing Needs Report

The Housing Needs Report is designed to inform the housing application/transfer process through the Housing Selection Scheme administered by the NIHE.

The Occupational Therapy service will provide a Housing Needs report where a service user has an identified assessed functional need and the existing property cannot be adapted to meet those needs or the property can be adapted and the service user has agreed to a housing transfer.

Prior to completion the service user must have submitted a housing application/transfer to the NIHE. The report will be submitted to the Housing Support officer who will use the information to help identify the most appropriate housing solution available.

Range of Potential Housing Solution may include:

- Move/transfer to other forms of accessible social housing
- Move/transfer to existing social housing that would facilitate the recommended adaptations
- Transfer to 'New-build' property
- Supported Housing
- Special Acquisition

The Housing Needs Report will **not** be completed to support social or overcrowding needs.

Occupational Therapy considerations

The Occupational Therapist will consider the following factors, prior to completion:

- Can the existing home be adapted to meet the needs? – option appraisal
- Service user perspective/reasons for requesting to be re-housed
- Multiple functional needs within the household
- Facilities required needs within the household
- Reference to specific property types, e.g. bungalow, will not be recommended

Approval and Communication Process

The report must be completed by an Occupational Therapist, competent in the area of major housing adaptations. Once the report is agreed and counter-signed by the Trust authorised signatory, the report will be forwarded to the named Housing Support officer within the NIHE.

Completion of Housing Needs Report

Section 1	SERVICE USER DETAILS <i>(MANDATORY - THIS SECTION TO BE COMPLETED IN ALL CASES)</i>
1a	Owner /Tenant name (may be different to service user).
1b	Name of person(s) for whom the housing solution is recommended and insert their date of birth.
1c	Current Address and contact tel. no. and/or any notified access arrangements. Include mobile number if available
1d	Tick relevant tenure. If Housing Association specify name of Association.
SECTION 2	OCCUPANTS/FAMILY INFORMATION
	Complete household information as provided by the Householder/Service User. The Occupational Therapist is not responsible for the accuracy of information inserted in this section. Continue on additional sheet if require. N.B. The Social Landlord/NIHE is responsible for verification of household details
2a	Provide any relevant Service User and Family information
SECTION 3	REASON FOR REHOUSING
	Tick relevant box
SECTION 4	OCCUPATIONAL THERAPY RECOMMENDATION
Key Housing facilities	
Complete all boxes with as much detail as possible based on assessed need.	
Additional Information	
Include any relevant information that is pertinent to the application.	
SECTION 5	INTER-AGENCY WORKING
Statement on communication between Housing Providers and Occupational Therapists	
SECTION 6	SERVICE USER QUALIFICATION CERTIFICATIONS
6a -6c to be completed in ALL cases – 6d only to be completed where relevant.	
6a	To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.
6b	To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.
6c	To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.
6d	To be completed when relevant
SECTION 7	DATA PROTECTION DECLARATION
Discussion with service user or appointed person of data use must be confirmed by ticking box	
SECTION 8	RECOMMENDATION ENDORSEMENT
8a to be completed in ALL cases; 8b where deemed necessary by Trust.	
8a	The assessing Occupational Therapist should sign to verify that the recommendation endorsements have been met and that the contents of the form are appropriate and correct to the best of their knowledge.
8b	The authorised officer for the Trust must endorse the major recommendation and service user qualification according to Trust procedures and requirements.

Community Occupational Therapy Housing Needs Report (In accordance with Chronically Sick & Disabled Persons (NI) Act 1978)			
Section 1	SERVICE USER (MANDATORY - this section to be completed in all cases)		
1a	Owner's/Tenant's Name		
1b	Person for whom accessible housing solution is required	Date of Birth:	
1c	Current Address: Postcode: Contact Tel. No/ access arrangements		
1d	Current Property Tenure:	Please select Private Rented Owner-occupier NIHE Housing Ass. (Specify) Other e.g. Residential Care, Hostel, Temporary	
Section 2	OCCUPANTS/FAMILY INFORMATION		
Lives alone <i>(if ticked go to section 3)</i>			
Persons ordinarily resident in the property			
Householder		Partner	
Name	Gender	Other	Age
Name	Gender	Other	Age
Name	Gender	Other	Age
Name	Gender	Other	Age
Name	Gender	Other	Age
Name	Gender	Other	Age
Do other household members above require accessible housing features? YES/NO If yes please provide details			
Section 2a OTHER RELEVANT SERVICE USER AND FAMILY INFORMATION			

Section 3 REASON FOR RE-HOUSING

Existing home can be adapted, however service-user chooses not to consider

Existing home cannot be adapted to facilitate service-user needs

Other: (including service-user perspective)

Section 4 OCCUPATIONAL THERAPY RECOMMENDATION:

Level 1: Ambulant User

Level 2: Independent Wheelchair User

Level 3: Assisted Wheelchair User

All facilities should be situated on the one level:

A two-storey property would be acceptable (suitable for homelift)

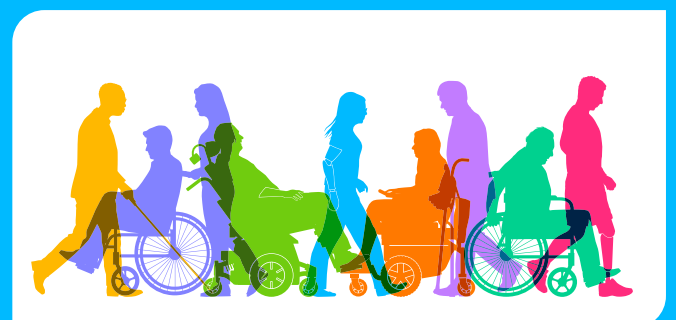
KEY HOUSING FACILITIES REQUIRED BASED ON ASSESSED NEED:

Access – External and Internal e.g. corridors, doors width etc. Door release/intercom system	Level/Ramped access External steps Car Hardstanding Other:
Bedroom <i>(service user)</i>	Design Matrix: Bespoke Please Specify:
Bathroom/WC	Design Matrix: Additional downstairs WC: Bespoke Please Specify:
Kitchen/Dining area	Define Kitchen users and requirements
Stairs/access to upper level	Additional Stair-rail: Stairlift: Through Floor Lift:
Essential additional storage	
Supervised enclosed area	
Other:	

ADDITIONAL INFORMATION			
Please insert any additional information that may be relevant e.g. Sensory/Cognitive considerations (This may require additional information from Sensory Support Team)			
Section 5 INTERAGENCY WORKING			
Should accommodation be identified which may meet the above recommendation, please liaise with the Community Occupational Therapist to confirm suitability, before allocating.			
Section 6 SERVICE USER QUALIFICATION CERTIFICATIONS			
6a	Consensus has been sought with service users, care providers and other members of the household		
6b	Primary purpose of housing solution is to increase or maintain functional independence of service user with permanent, substantial and long term disabilities.		
6c	Proposals take account at service users current and long term need.		
6d	Provision will improve and/or alleviate management problems experienced by carer		
Section 7 DATA PROTECTION DECLARATION			
The service user or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with appropriate Housing Providers and any appropriate/ relevant personnel in connection with this housing request.			
Section 8 RECOMMENDATION ENDORSEMENT			
<ul style="list-style-type: none"> <i>I confirm that the above qualifiers have been given consideration and can be demonstrated as being met.</i> <i>I confirm that I am an Occupational Therapist authorised by the Health & Social Care Trust to provide recommendations for adaptations in accordance with the Health & Personal Social Services (Northern Ireland) Order 1972.</i> <i>I confirm that the named service user is registered or eligible for registration under Section 1 of the Chronically Sick & Disabled Persons (NI) Act 1978.</i> <i>I confirm that the recommended adaptations are considered necessary and appropriate in securing the greater safety, comfort or convenience' of the above named in their home environment [Ref Section 2(e) CSDP (NI) Act].</i> 			
8a	Signed: Occupational Therapist	Date:	Click here to enter a date.
		Email:	
		Tel. No.	
8b	Signed: Trust Authorised Signatory for the Chief Executive Print Name	Date:	Click here to enter a date.

Section 4

Design Principles



Design Principles

In establishing the agreed design proposal those involved should seek to apply the principles of inclusive design in order to meet the requirements of a wide range of people with disabilities including those with but not exclusive to:

- Mobility impairment including wheelchair users
- Manual dexterity impairments
- Cognitive impairment
- Complex behaviours
- Sensory impairment – visual/auditory

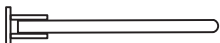
General design considerations

- Positioning of doorways to all rooms to ensure circulation space is maximised. The provision of sliding/pocket/cassette doors may be beneficial where space is restricted.
- Ensure the provision of adequate energy efficient lighting.
- Optimisation of natural light to be considered where possible.
- Ensure the provision of adequate heating and ventilation.
- Consider colour/tonal contrasting of rails, walls, controls, flooring etc. for visual impairment.
- Ensure radiators do not impinge on activity space.
- Ensure bedrooms include adequate double sockets appropriately located and positioned in compliance with Building regulations (double/twin room – 4 double sockets, single room – 3 double sockets).
- Ensure unobstructed access to windows/curtains and radiators.
- Allow for clear unobstructed circulation space/turning circle of (as per section 5):
 - **1200mm** – Level 1
 - **1500mm** – Level 2
 - **1800mm** – Level 3
- Should the design require the provision of an overhead tracking hoist the Occupational Therapist should highlight this in their recommendation. Consultation will be necessary with approved installers to ensure ceiling joists/walls/floors are capable of adequate load bearing.
- Controls/switches/sockets should be placed with their centre line at a height between **700mm and 1000mm** from floor level with light switches at **1000mm**.
- Ensure that sockets are not fitted within **700mm** of an internal room angle (corner of the room).

GENERAL SHOWER ROOM DESIGN SYMBOLS



Radiator



Drop down grab rail



Pull cord or standard light switch



Standard WC



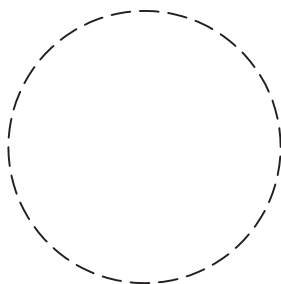
Wash Dry WC



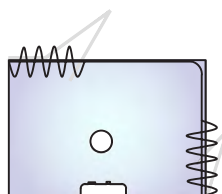
Sink Basin



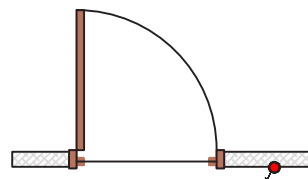
Grab Rail



1500 or 1800mm turning circle.



Floor former level shower tray
size as noted

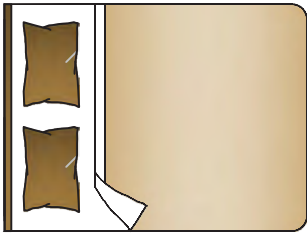


Door leaf
size & swing as noted

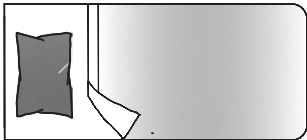
Bathroom Design Considerations

- Bathroom layout to be designed to incorporate ease of access and use of the fittings.
- Walls in bathrooms and toilets to be structurally capable of taking grab rails. Doors to bathrooms and W.C. to be outward opening, where feasible, and fitted with locks that can be opened from the outside.
- Provide W.C. at **450mm-500mm** to centre line (c/l) from an adjacent wall unless alternative position requested by Occupational Therapist to accommodate method of transfer/specialist equipment.
- W.C. to be positioned opposite doorway where feasible unless alternative position requested by Occupational Therapist.
- Showers to be level access shower tray/floor former (as per Occupational Therapist specification) and to be fitted with thermostatic controls.
- Shower areas should not, where possible, be used as an approach route to W.C./wash-hand basin.
- W.C. position to allow for unobstructed frontal, oblique or lateral transfer.
- Flush control located away from adjacent wall on transfer side.
- The wash-hand basin can be located on either the adjacent wall or adjacent to the cistern. The basin should not project into this space by more than **200mm**.
- The wash-hand basin should have a clear frontal approach zone, **700mm** wide, extending **1100mm** from any obstruction under the basin such as pedestal, trap duct or furniture.
- Semi-pedestal or non-pedestal WHB recommended.
- A basin size of **550mmx525mm** is preferred.
- Lever Taps preferred.
- Wash-hand basin should have a rim at **770mm to 850mm** above finished floor level and a minimum **600mm** access zone below the basin.
- Turning circles may overlap level access showering areas where the tray/flooring has a gently sloping gradient (no greater than 1:40).
- Exact location and size of grab rails to be specific on the recommendation form or by exception agreed with the Occupational Therapist.

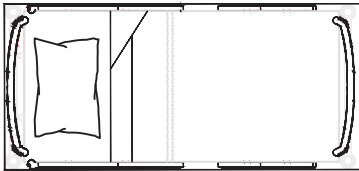
GENERAL BEDROOM DESIGN SYMBOLS



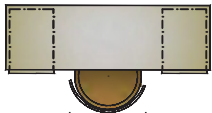
1500 x 2000mm Double Bed



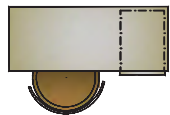
900 x 2000mm Single Bed



1000 x 2300mm Hospital Bed



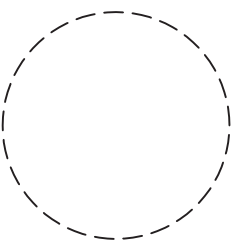
450 x 1350mm Dressing Table (Double Bedroom)



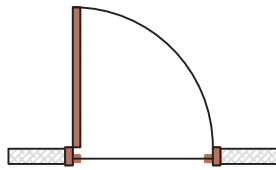
450 x 1050mm Single Dressing Table/desk (Single Bedroom)



Radiator



1500 or 1800mm turning circle.



Door leaf size & swing as noted



600 x 600mm Single Wardrobe



600 x 1200mm Double Wardrobe



400 x 400mm Bedside Cabinet



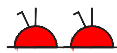
750 x 450mm Chest of Drawers/desk (Single Bedroom)



1050 x 450mm Chest of Drawers (Double Bedroom)



Fixed tracking system.



Double Socket



Light Switch



Telephone Point



TV Aerial Point

Bedroom Design Considerations

- Provide **1350mm** activity space to front of all wardrobes and drawers.
- Provide **1000mm** activity space to front of bedroom furniture with knee space.
- Provide adequate circulation space at transfer side of bed. This will be determined by the level recommended. **(Level 1 - 1200mm, Level 2 - 1500mm, Level 3 - 1800mm)**
- Provide **900mm** carer space to non-transfer side of bed.
- Provide **800mm** minimum clear space at base of bed for circulation. Layout positioning of furniture should allow for enhanced clearance.

Minimum bedroom furniture requirements

For the purpose of the toolkit the following furniture requirements have been considered in the design.

Single bedroom

1 bed, 1 bedside cabinet, 1 single wardrobe, 1 single chest of drawers

Double bedroom

1 double bed, 2 bedside cabinets, 1 double wardrobe, 1 double chest of drawers

Twin Bedroom

2 single beds, 2 bedside cabinets, double wardrobes, 1 double chest of drawers

Storage

The design templates have allowed for the general storage needs as above including the storage of service users' wheelchair within the bedroom space.

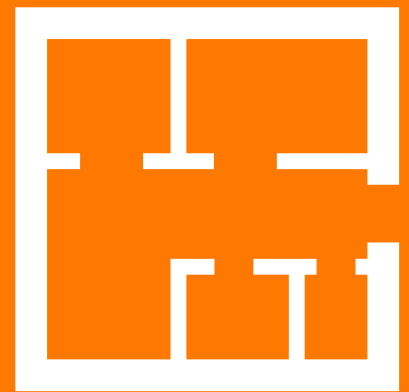
There is no definitive guidance for the provision of additional storage as it is considered bespoke in nature and specific to individual assessed needs based on a number of factors such as:

- What needs to be stored – size and scale
- Occupancy of the property
- Available rooms and utilisation of available space

Where designated storage space is required a thorough assessment and authorisation process is recommended.

Section 5

Space Standards Matrix, Design
Templates and Complexity
Descriptors



Space Standards, Design Templates and Complexity Descriptors

The following space standards matrix, design templates and complexity descriptors have been developed to:

- Assist Occupational Therapists with their clinical reasoning and decision making regarding the space requirements for the service user.
- Assist the service user in visualising proposed solutions at an early stage.
- Support the Housing Provider in the development of proposed plans.

It is important to note that the design templates are for illustration purposes and should be used as guidelines only. However when used in conjunction with the Occupational Therapists professional judgement they should ensure consistency of approach in determining a service users space requirements across tenure in order to deliver best value design solutions across tenure.

The space standards matrix, design templates and complexity descriptors are categorised into three levels to reflect the level of an individual's function:

- **Level 1** – ambulant user (**1200mm** circulation space which also factors in space for supervision or assistance).
- **Level 2** – independent wheelchair user (**1500mm** circulation space). This level is the preferred space standard for wheelchair users who have the ability to propel and manoeuvre their wheelchair, with or without assistance within a 1500mm turning space.
- **Level 3** – assisted wheelchair user (**1800mm** circulation space). This level is the recommended space standard for assisted wheelchair users to facilitate their safe manoeuvre within the designated room.

Please note that the illustrations often show en-suite WC and shower facilities and are indicative only. Please check carefully whether en-suite facilities have been recommended by the Occupational Therapist prior to inclusion in any proposed design.

The Space Standards matrix (**table 2**) provides a summary of agreed space standards for the most frequently requested major adaptations.

Table 3: Space Standards Matrix

	ROOM	LEVEL 1 DESIGN TEMPLATE 1	LEVEL 2 DESIGN TEMPLATE 2	LEVEL 3 DESIGN TEMPLATE 3
A	WC	<u>1500mm x 2000mm</u> (3m ²)	<u>1800mm x 2000mm</u> (3.60m ²)	<u>2000mm x 2200mm</u> (4.40m ²)
B	WC / Shower Room (wet floor option)	<u>1700mm x 1900mm</u> (3.23m ²)	<u>2300mm x 2200mm</u> (5.06m ²)	<u>2500mm x 2500mm</u> (6.25m ²)
Bedroom				
C	Single Standard Bed	<u>3000mm x 3600mm</u> (10.80m ²)	<u>3300mm x 3800mm</u> (12.54m ²)	<u>3600mm x 3800mm</u> (13.68m ²)
D	Single Hospital Bed	<u>3100mm x 3900mm</u> (12.09m ²)	<u>3400mm x 3800mm</u> (12.92m ²)	<u>3700mm x 4100mm</u> (15.17m ²)
E	Double	<u>3600mm x 3800mm</u> (13.68m ²)	<u>3900mm x 3900mm</u> (15.21m ²)	<u>4200mm x 3950mm</u> (16.59m ²)
Twin Room				
F	2 Single Beds Standard	<u>3900mm x 3800mm</u> (14.82m ²)	<u>4200mm x 3800mm</u> (15.96m ²)	<u>4500mm x 3800mm</u> (17.10m ²)
G	Hospital Beds (1 standard bed & 1 hospital bed)	<u>4000mm x 4100mm</u> (16.40m ²)	<u>4300mm x 4100mm</u> (17.63m ²)	<u>4600mm x 4100mm</u> (18.86m ²)

Level 1 – Ambulant User

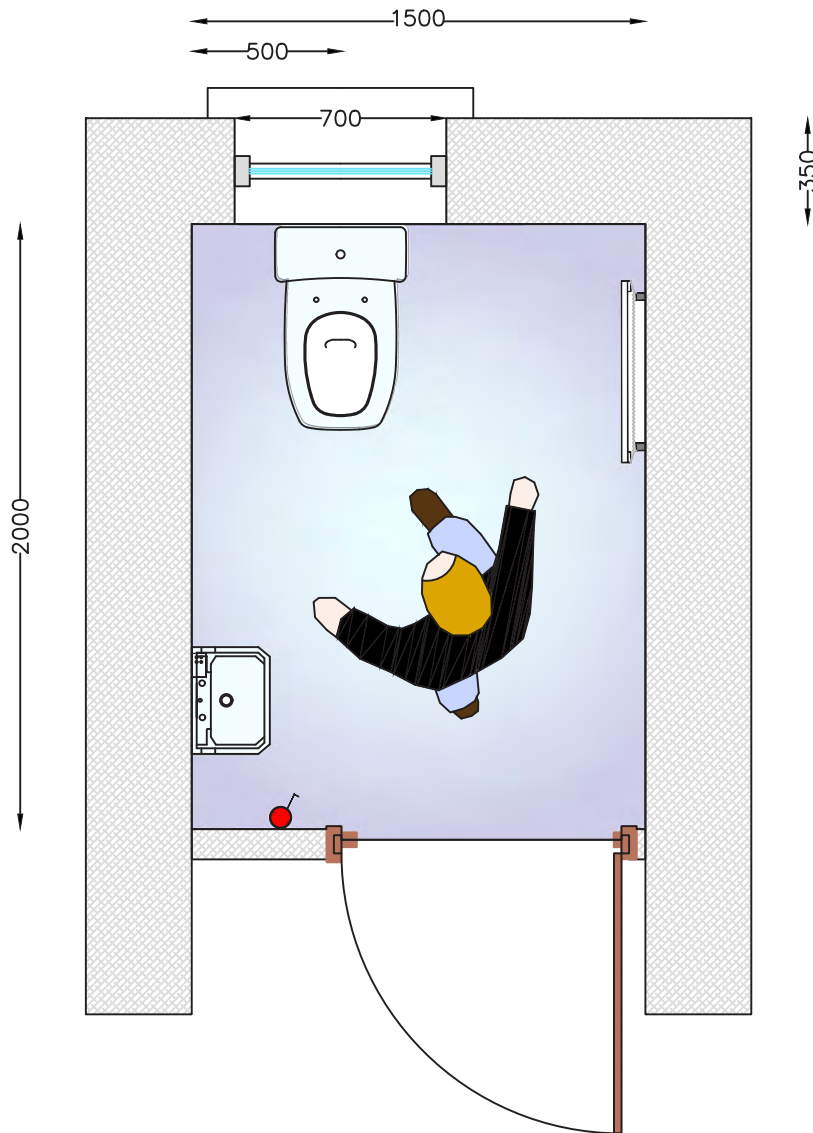
Level 1 space standards are designed primarily to meet the needs of ambulant users. The following descriptors/considerations provide some guidance for Therapists in determining if level 1 space standards will address the assessed clinical and functional need of their service user and carer(s).

Complexity Descriptors/Functional Considerations

- Service user is able to mobilise with support of walking aid or requires supervision/assistance of one person to mobilise.
- Service user's condition is static and unlikely to significantly deteriorate, **in so far as is reasonable to predict.**
- Service user requires supervision/assistance of one person to carry out personal care tasks.
- Service user requires supervision/assistance of one person to transfer on/off bed W.C. with/without equipment.
- Service user's needs can be met with **1200mm** clear unobstructed activity space to side of bed to facilitate mobility transfer and assistance/supervision if required.

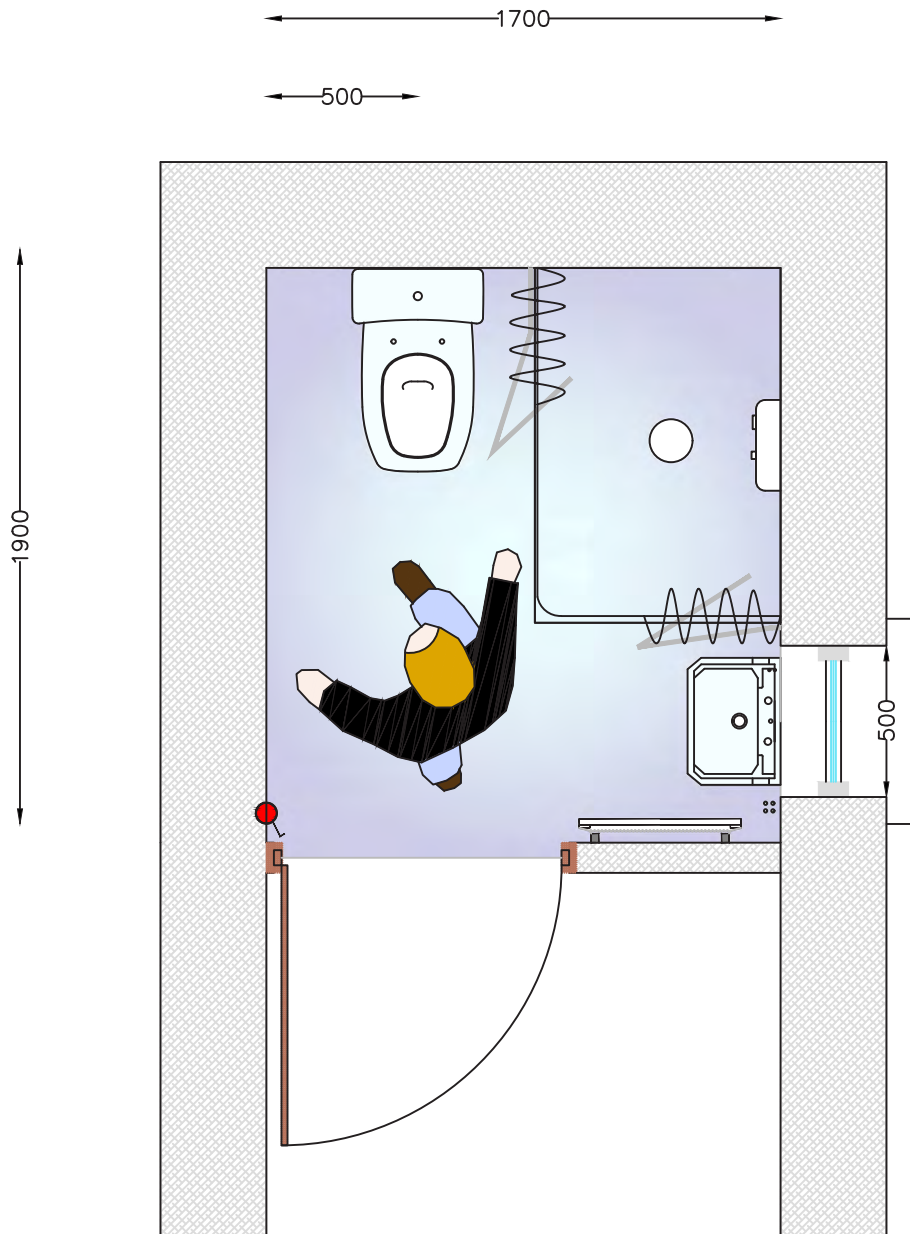


WC 1A



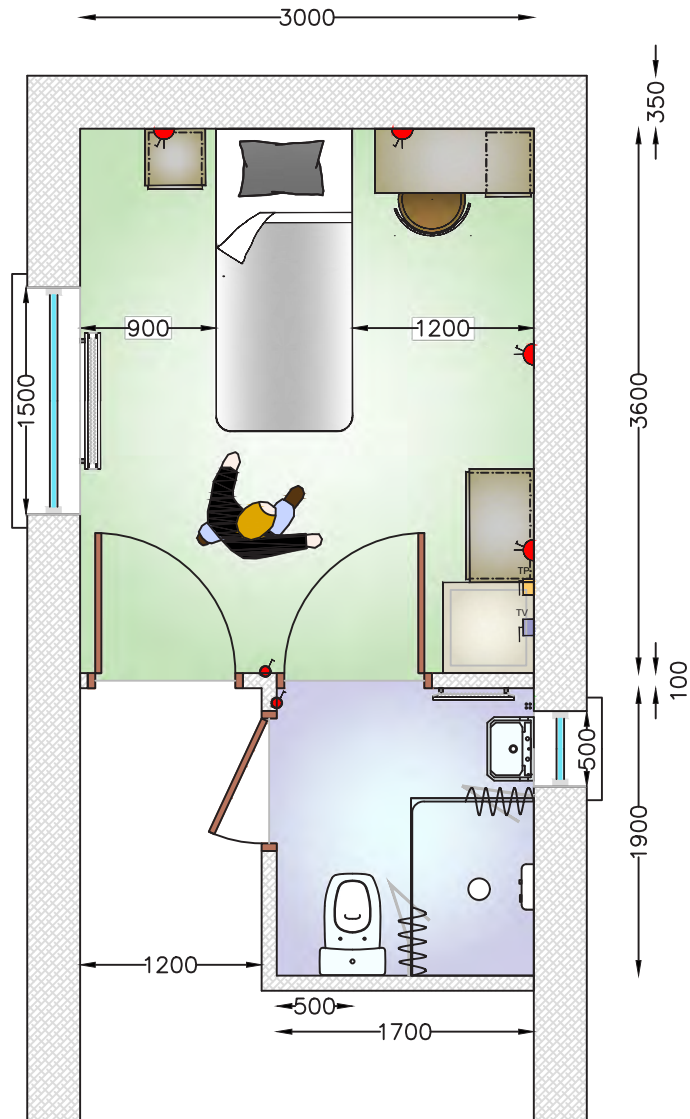
Ambulant User WC (with/without walking aid)
(3.00m²)

WC/SHOWER 1B



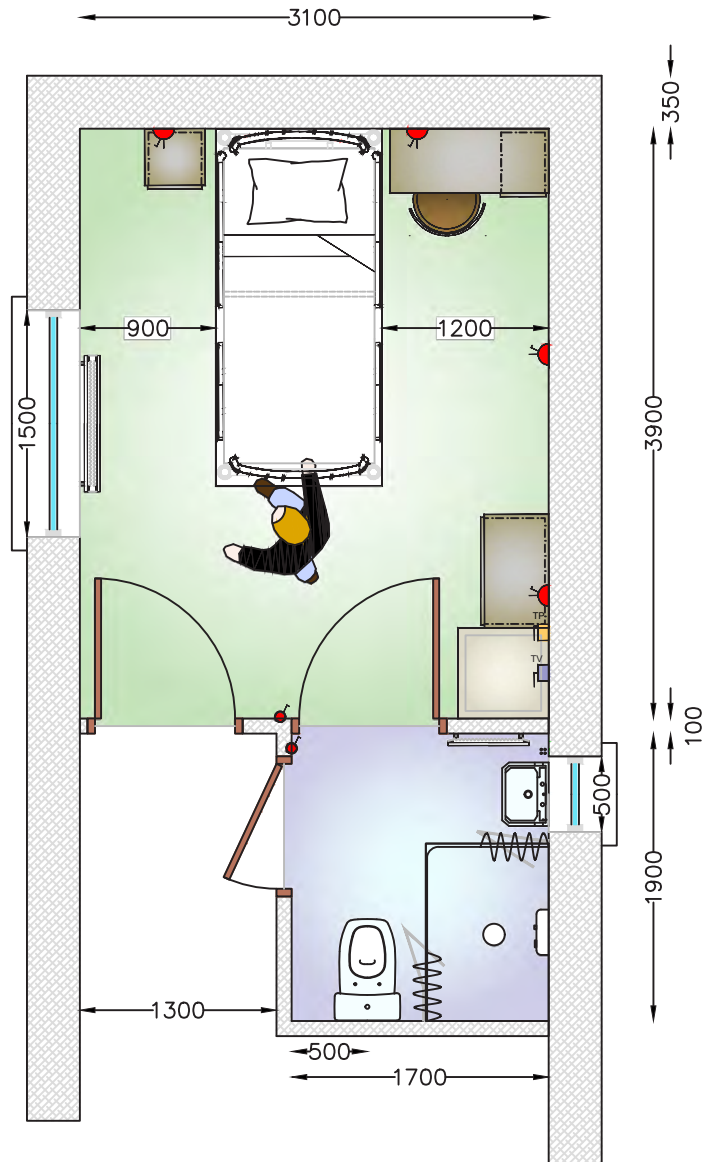
Ambulant User - WC/Shower room
(3.23m²)

SINGLE BEDROOM 1C



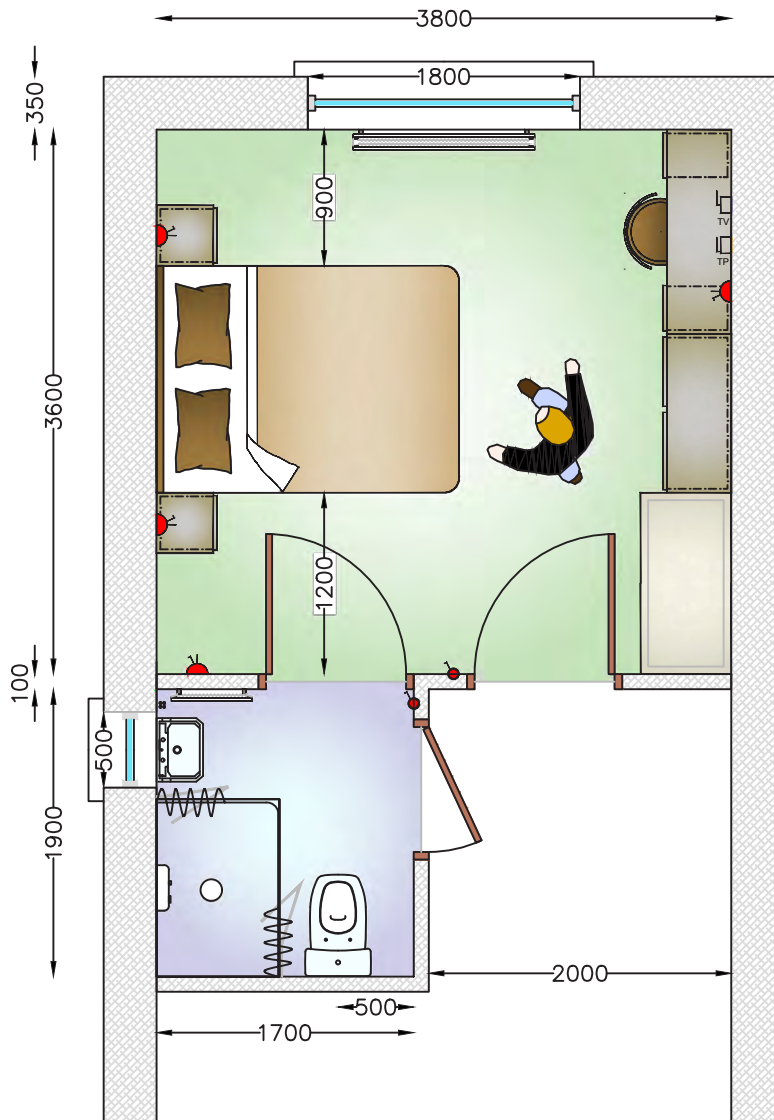
Ambulant User - Single Bedroom (Standard)
(10.80m²)

SINGLE BEDROOM 1D



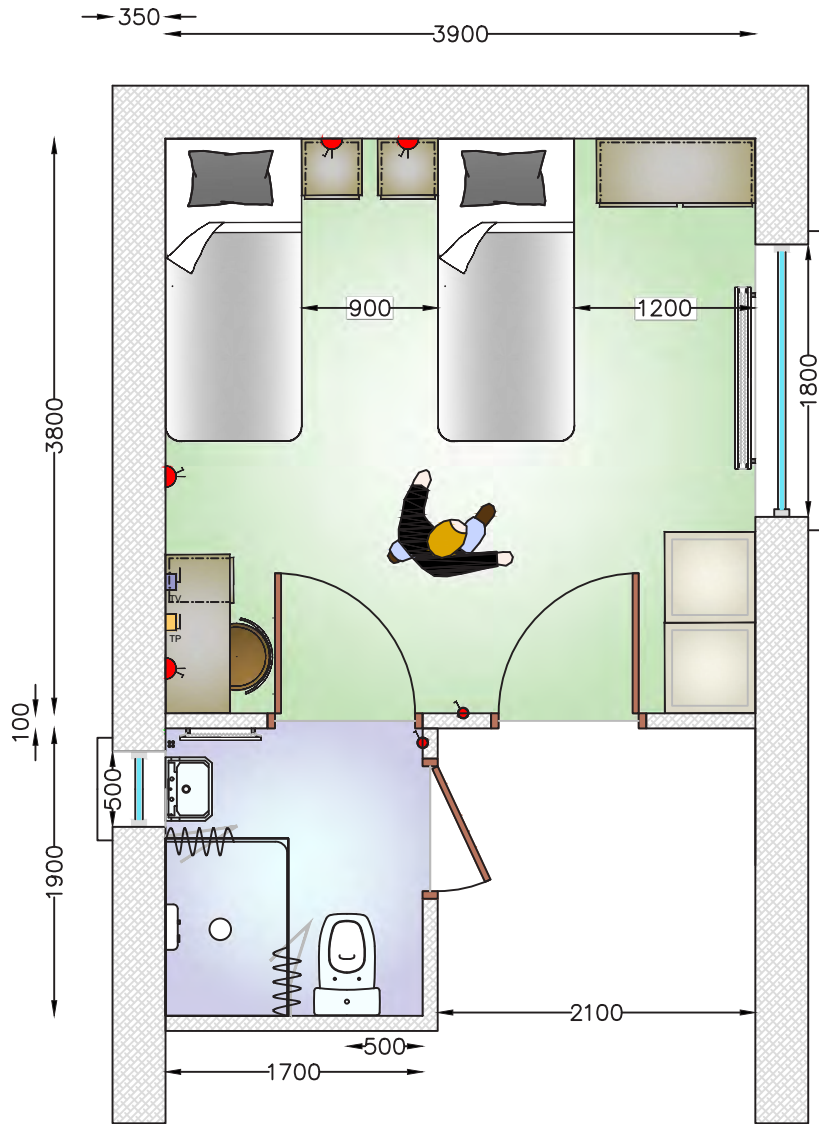
Ambulant User - Single Bedroom (Hospital Bed)
(12.00m²)

DOUBLE BEDROOM 1E



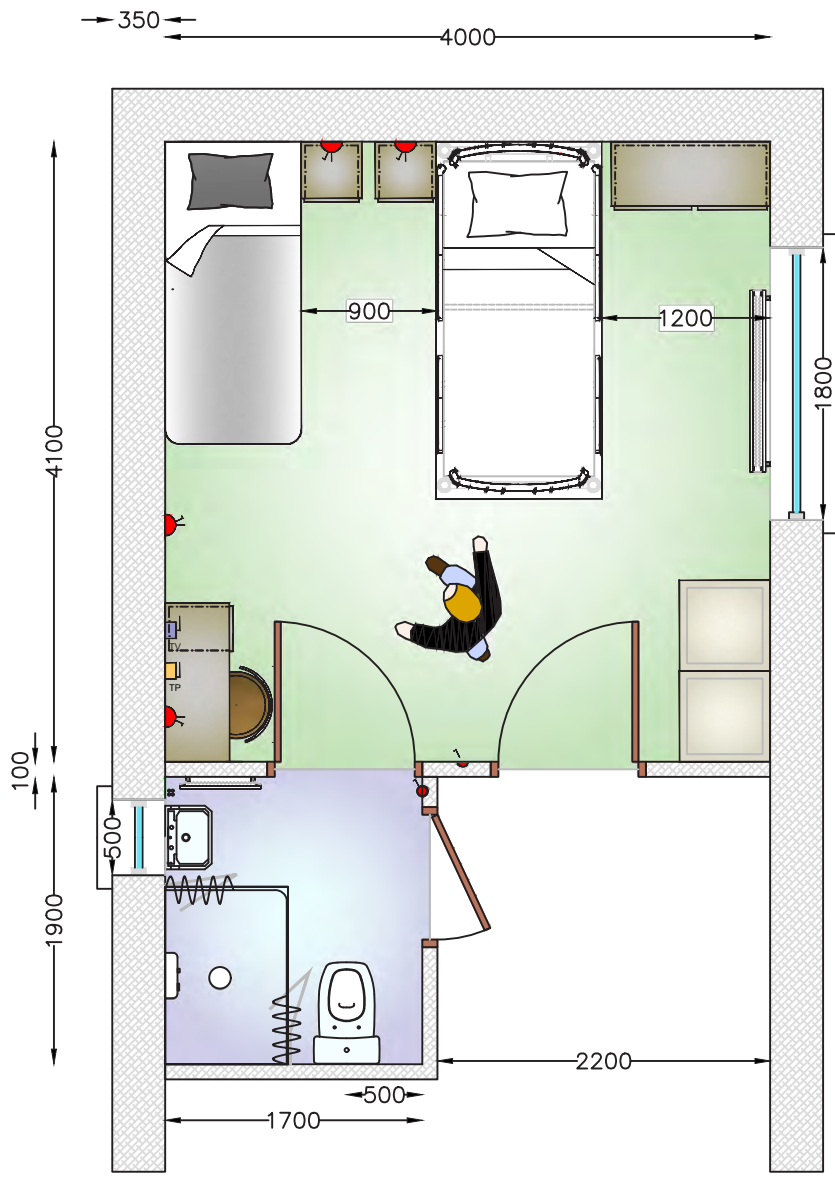
Ambulant User - Double Bedroom
(13.68m²)

TWIN BEDROOM 1F



Ambulant User - Twin Bedroom (Standard)
(14.82m²)

TWIN BEDROOM 1G



Ambulant User - Twin Bedroom (Standard & Hospital Bed)
(16.40m²)

Level 2 – Independent Wheelchair User

Level 2 space standards are designed primarily to meet the needs of independent wheelchair users in either manual or powered wheelchairs. The following descriptors/considerations provide some guidance for therapists in determining if level 2 space standards will address the assessed clinical and functional need of their service user and carer(s).

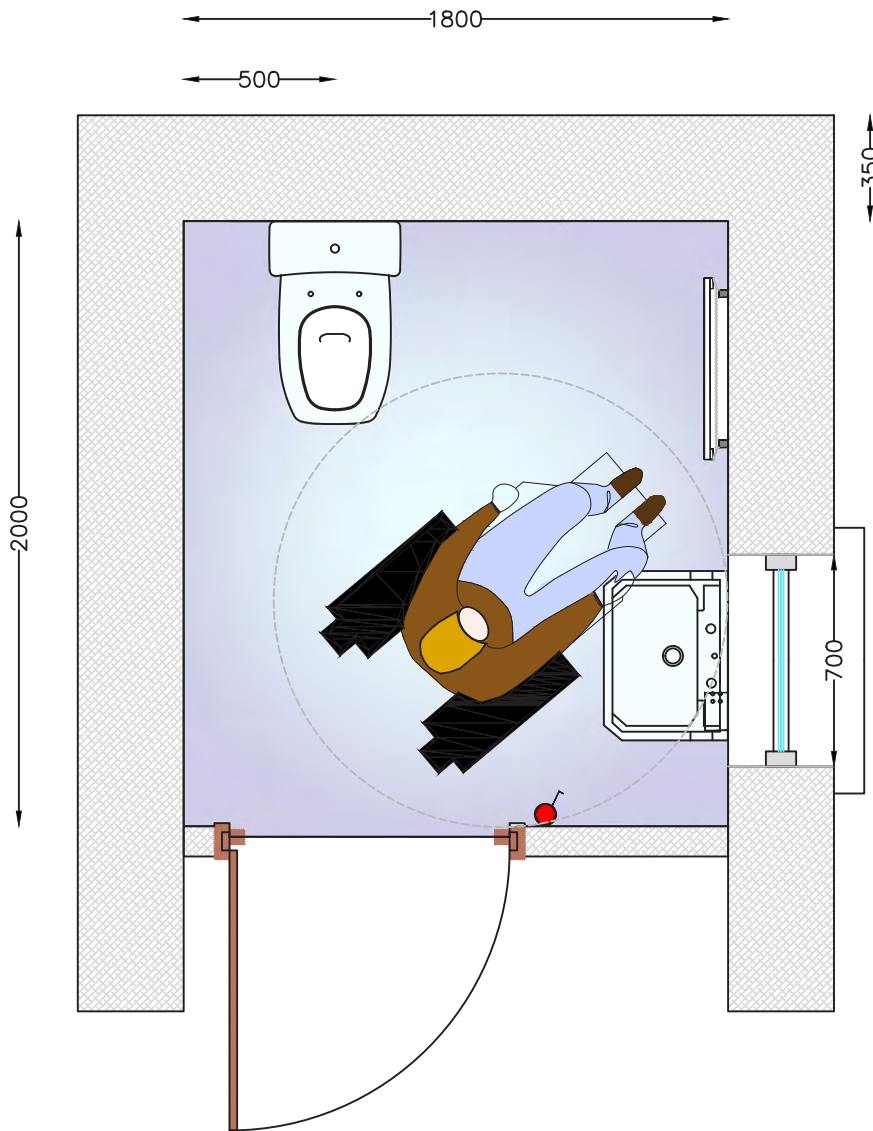
Complexity Descriptors/Functional Considerations

- Service user is a wheelchair user for both indoor/outdoor mobility or requires assistance of 1-2 people to mobilise.
- Service user's condition is static and further significant deterioration is not predicted which may necessitate more complex wheelchair/postural management systems or manual handling requirements e.g. tilt in space.
- Service user can manoeuvre their wheelchair/shower chair, with or without assistance, within a turning circle of **1500mm**.
- Clear unobstructed activity space of **1500mm** is required to the side of the bed to facilitate safe transfer with/without assistance of equipment and/or 1-2 carers.
- Service user requires a standard size wheelchair (e.g. **17-18"/430-450mm** seat width)

If enhanced space is required for a larger wheelchair, this will need to be determined on an individual basis and processed as a bespoke solution.

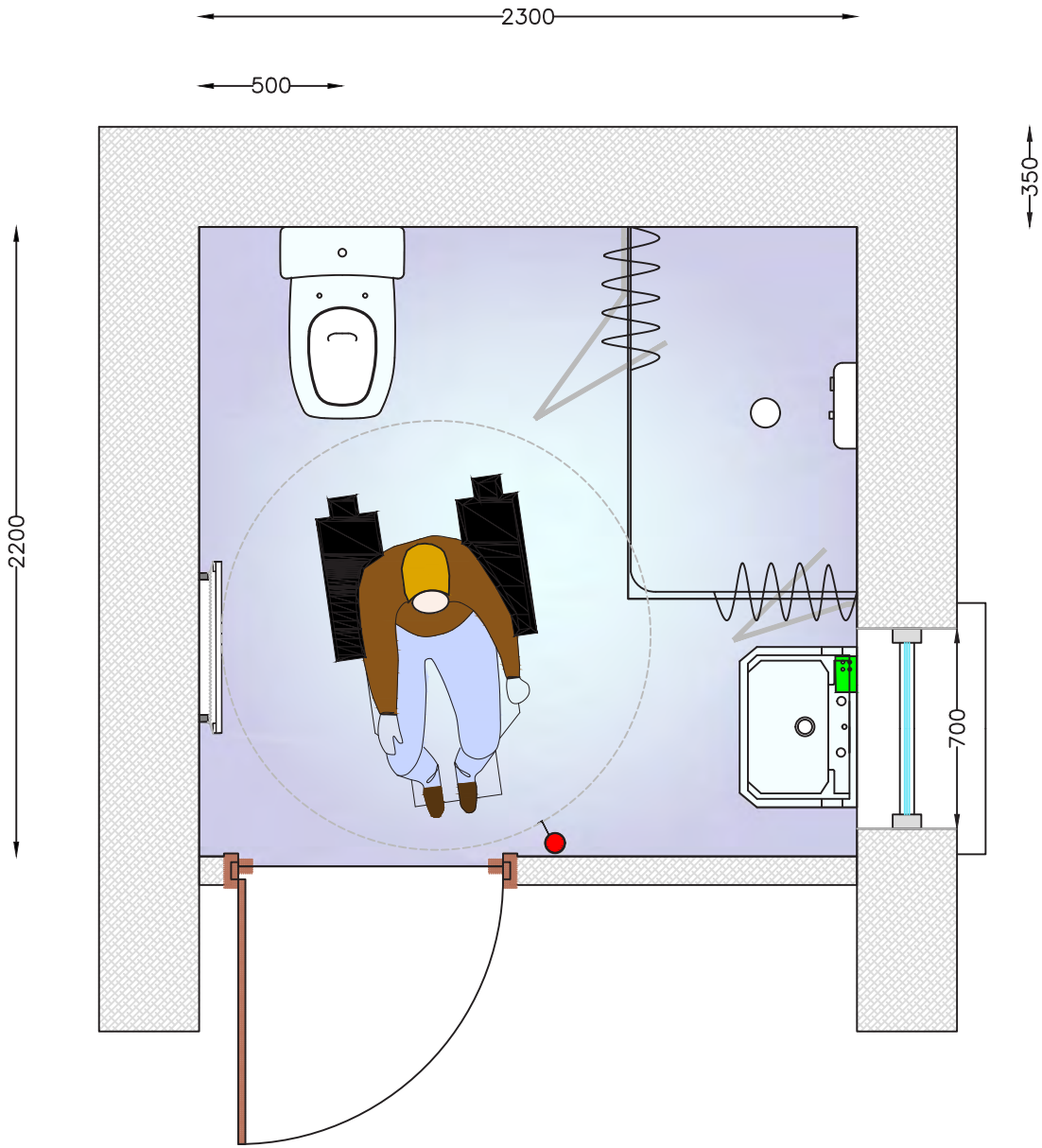


WC 2A



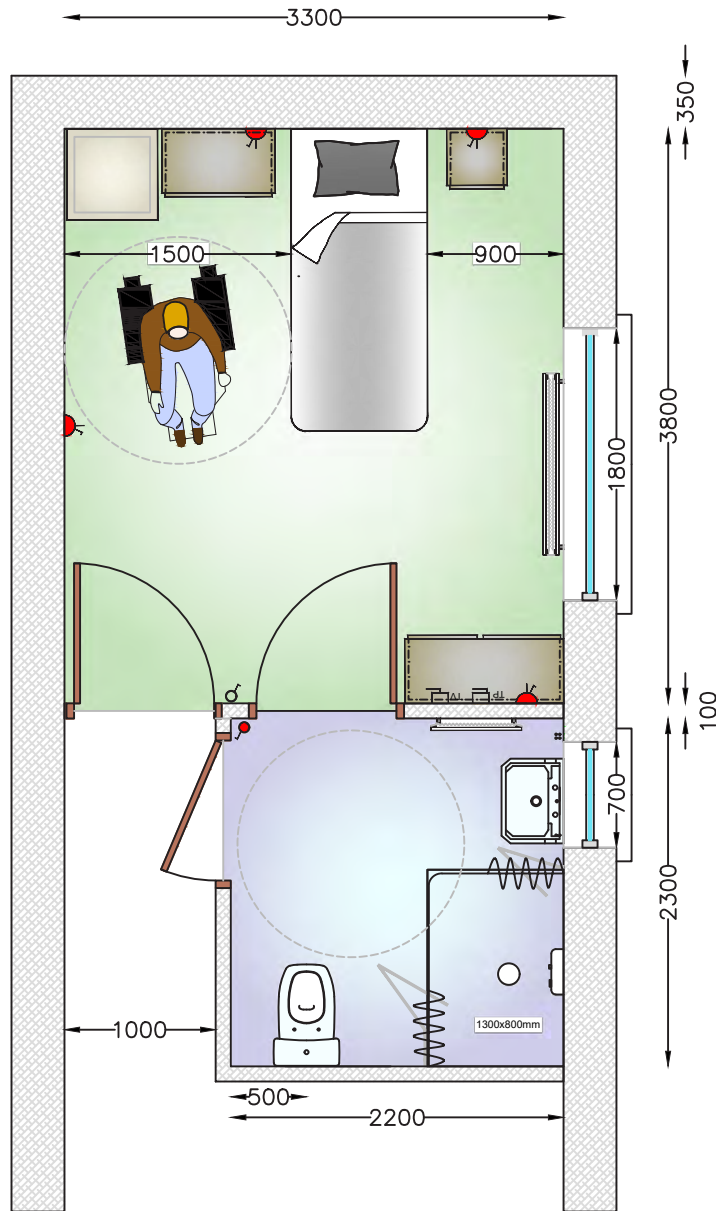
Independent Wheelchair User WC
(3.60m²)

WC/SHOWER 2B



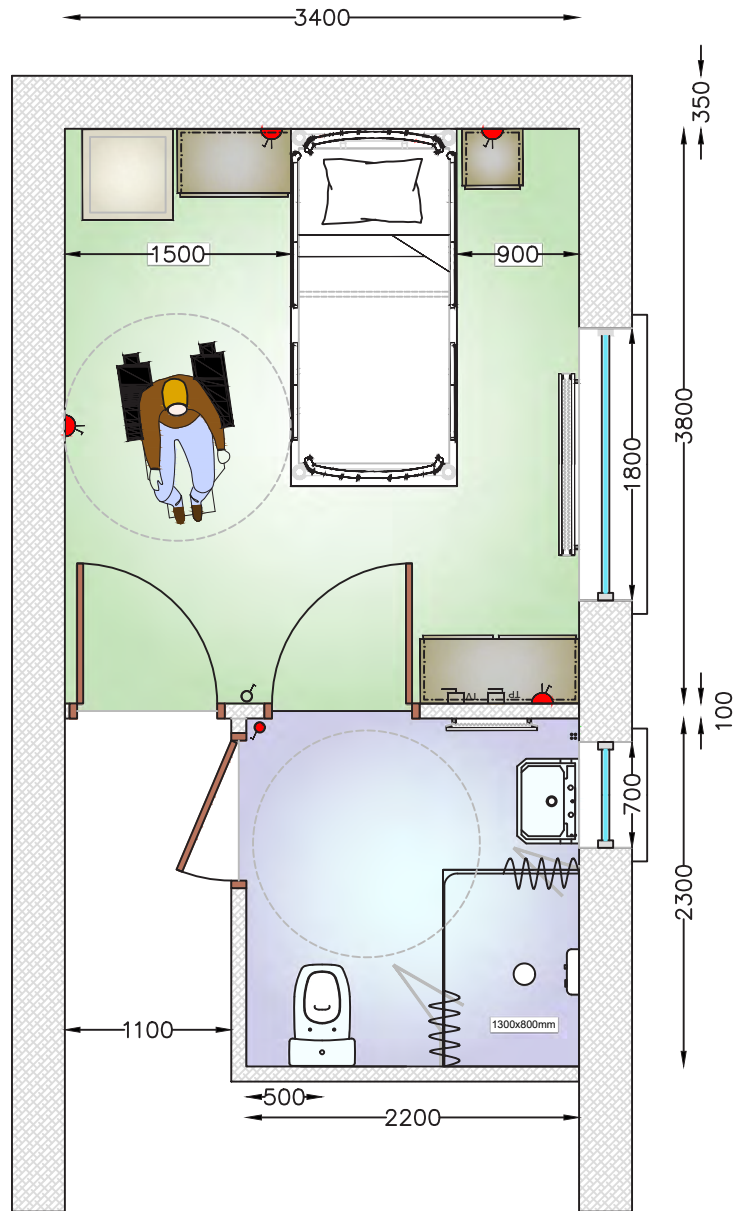
Independent Wheelchair User WC/Shower
(5.00m²)

SINGLE BEDROOM 2C



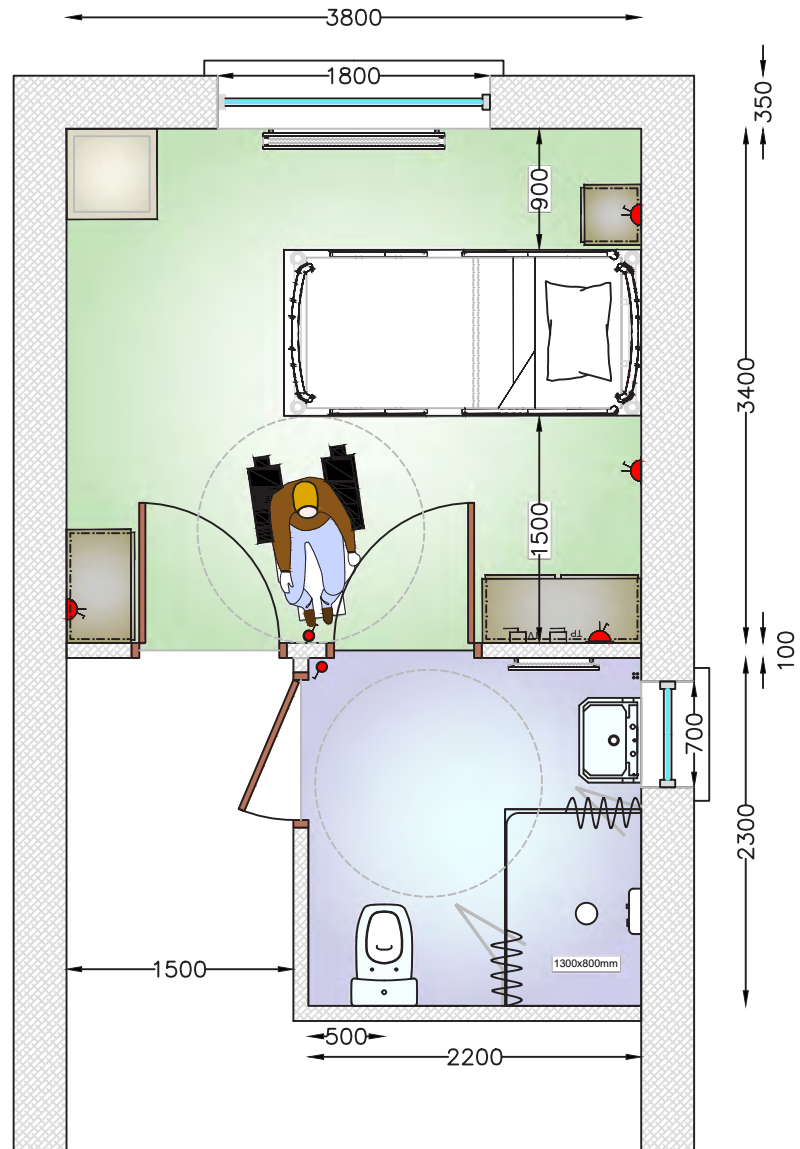
Independent Wheelchair User Single Bedroom (Standard)
(12.54m²)

SINGLE BEDROOM 2D



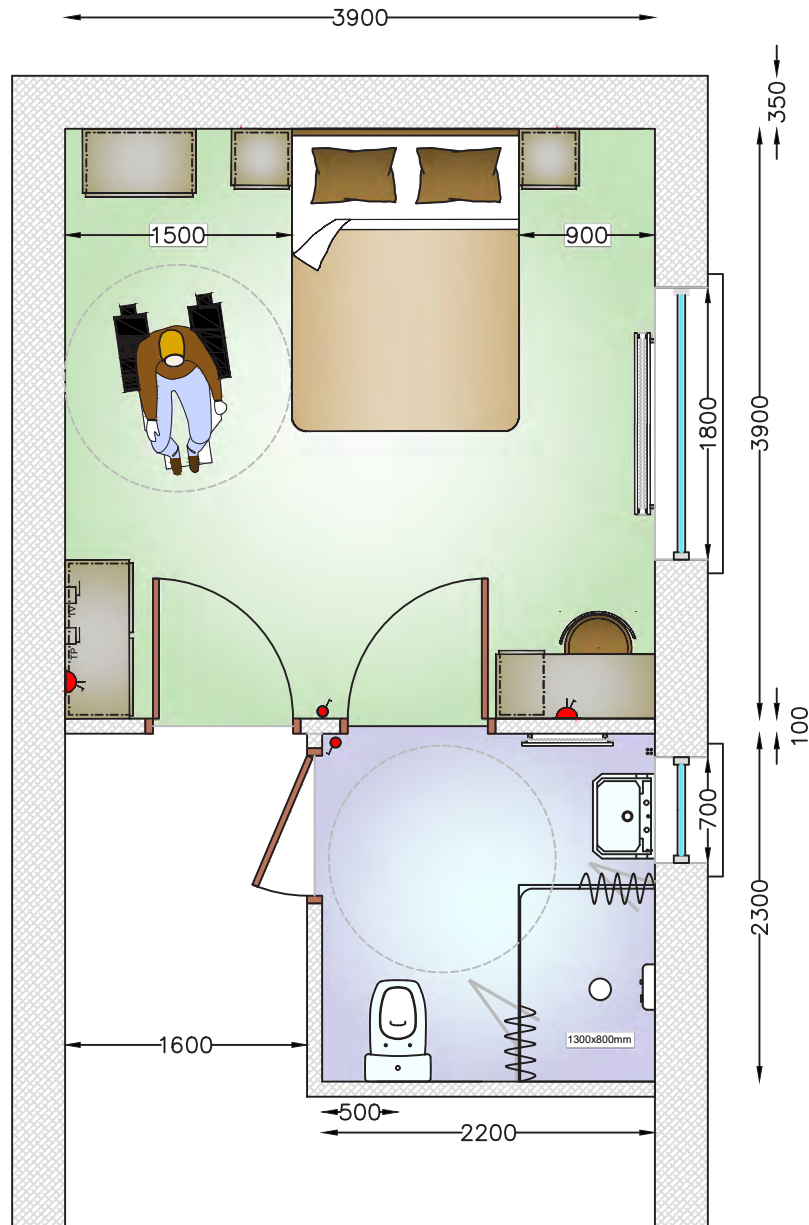
Independent Wheelchair User Single Bedroom
(Hospital Bed) (12.92m²)

SINGLE BEDROOM 2D



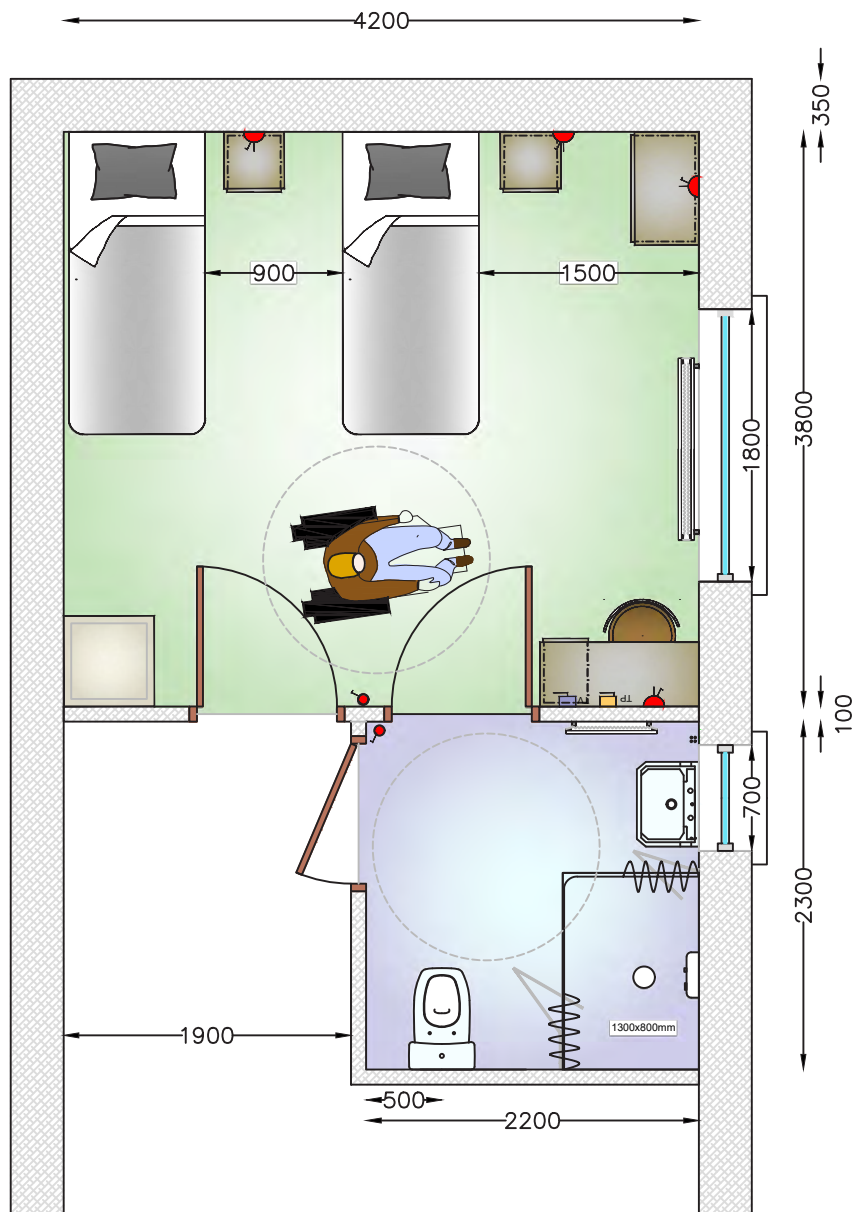
Independent Wheelchair User Single Bedroom
(Hospital Bed - alternative layout) (12.92m²)

DOUBLE BEDROOM 2E



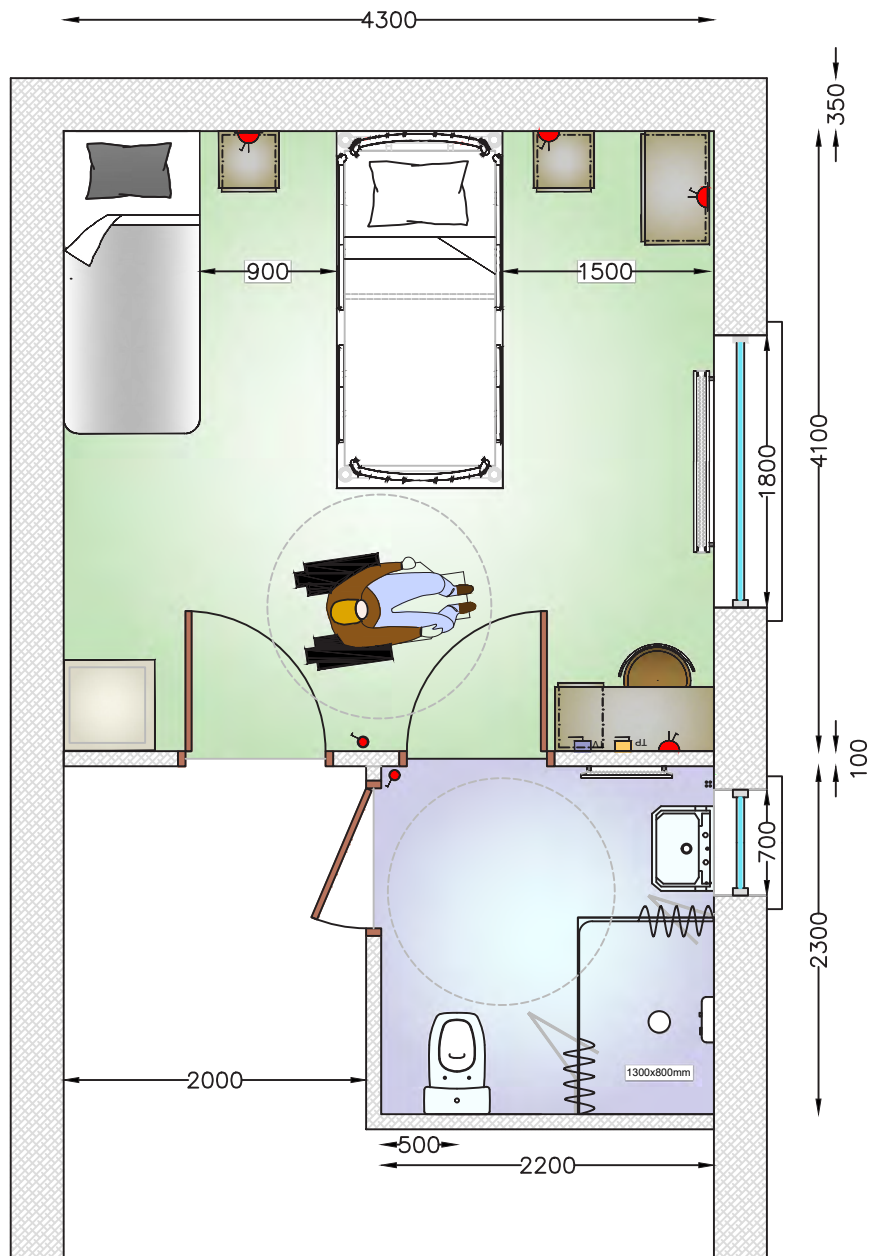
Independent Wheelchair User Double Bedroom
(15.21m²)

TWIN BEDROOM 2F



Independent Wheelchair User Twin Bedroom
(Standard Beds) (15.96m²)

TWIN BEDROOM 2G



Independent Wheelchair User Twin Bedroom
(Standard & Hospital Bed) (17.63m²)

Level 3 – Assisted Wheelchair User

Level 3 space standards are designed primarily to meet the needs of assisted wheelchair users. The following descriptors/considerations provide some guidance for Therapists in determining if level 3 space standards will address the assessed clinical and functional need of their service user and carer(s).

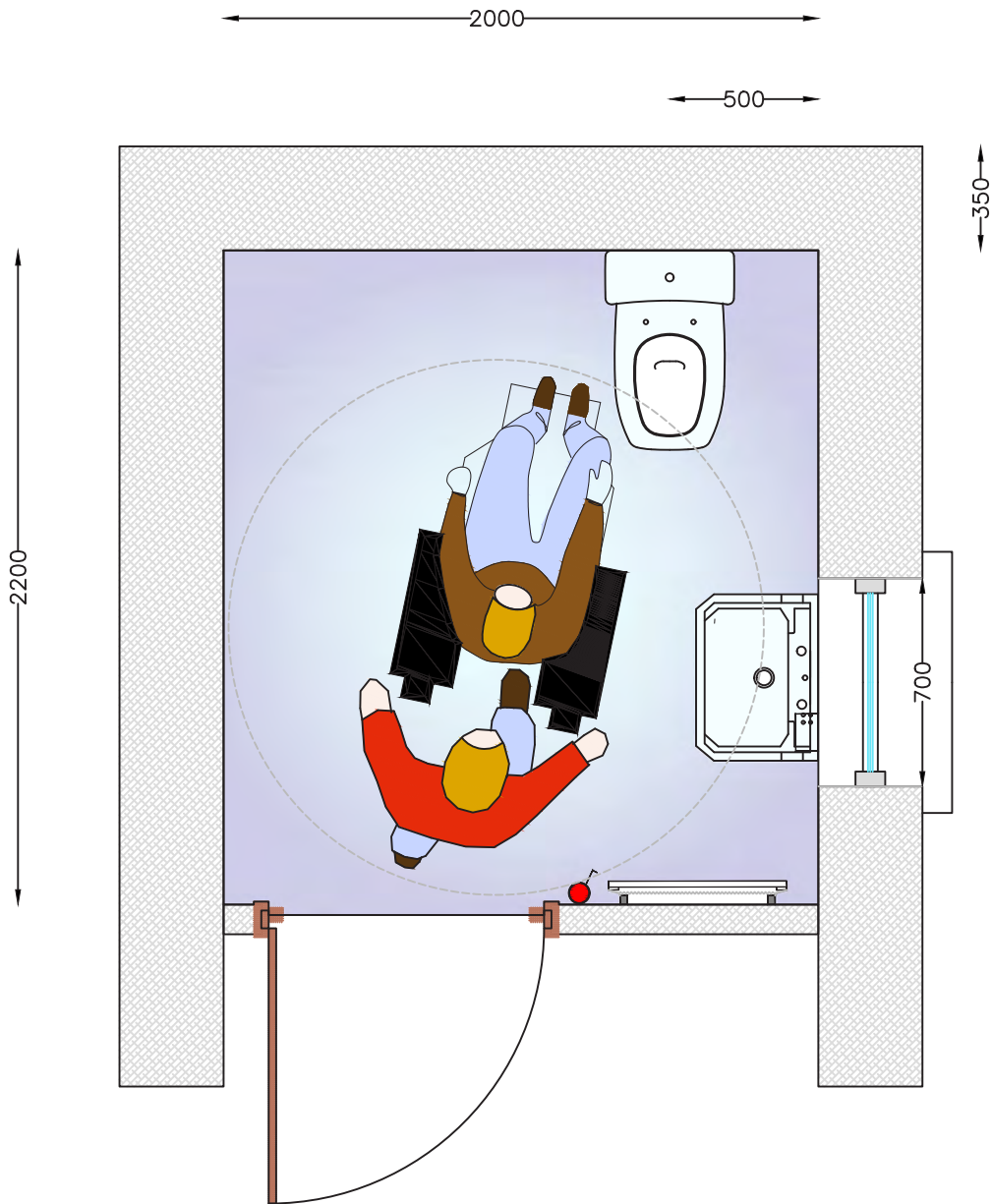
Complexity Descriptors/Functional Considerations

- Service user is a wheelchair user for both indoor and outdoor mobility.
- Service user is unable to propel themselves and is dependent on a carer to assist.
- Service user and carer require an **1800mm** turning circle to safely manoeuvre the wheelchair/shower chair.
- Service user requires assistance with transfers and may require hoisting to facilitate safe transfer.
- Clear unobstructed activity space of **1800mm** is required to the side of the bed to facilitate safe transfer with/without hoist. Unobstructed space of **2300mm** may need to be considered for a mobile hoist user. Where this is required the recommendation needs to be **processed as a bespoke scheme**.
- Service user requires a standard size wheelchair (e.g. **17-18"/430-450mm** seat width)

If enhanced space is required for a larger wheelchair, this will need to be determined on an individual basis and processed as a bespoke solution.

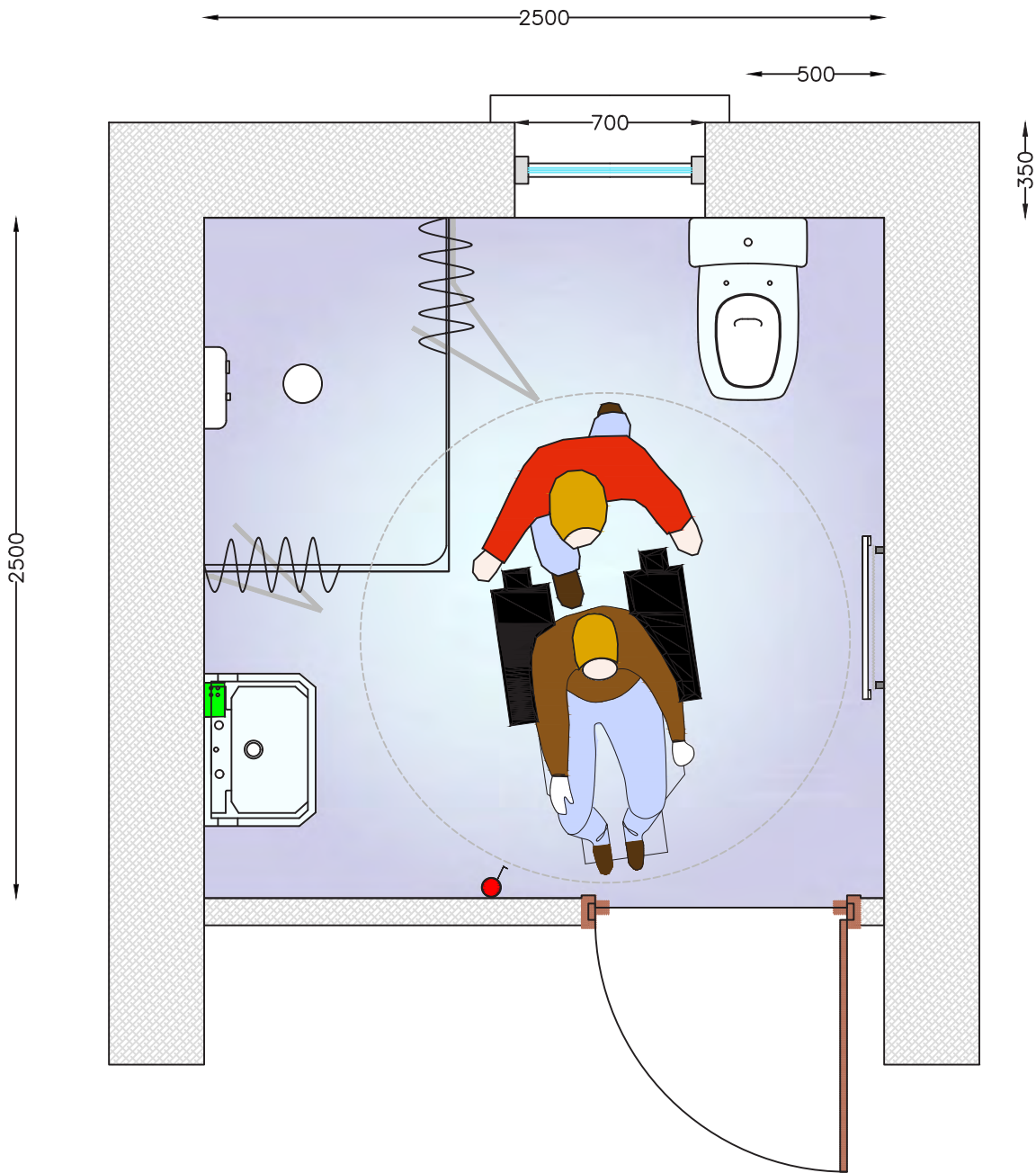


WC 3A



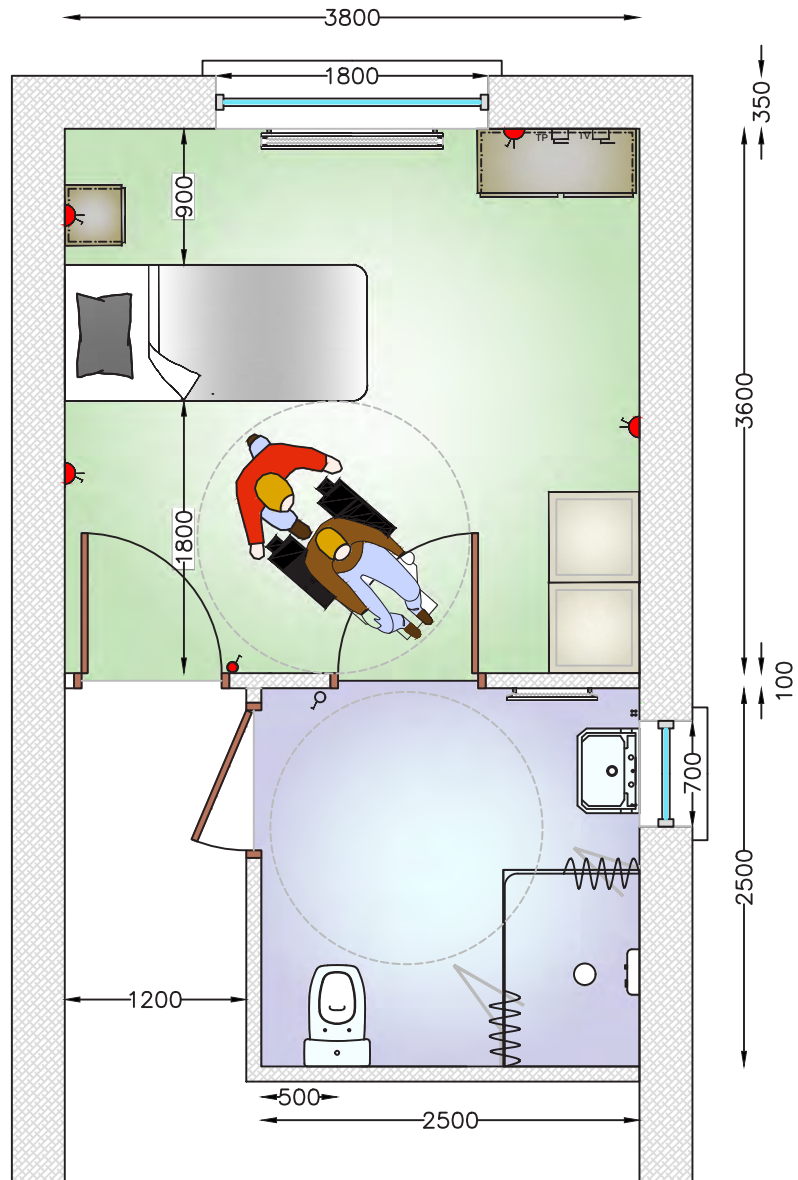
Assisted Wheelchair User WC
(4.40m²)

WC/SHOWER 3B



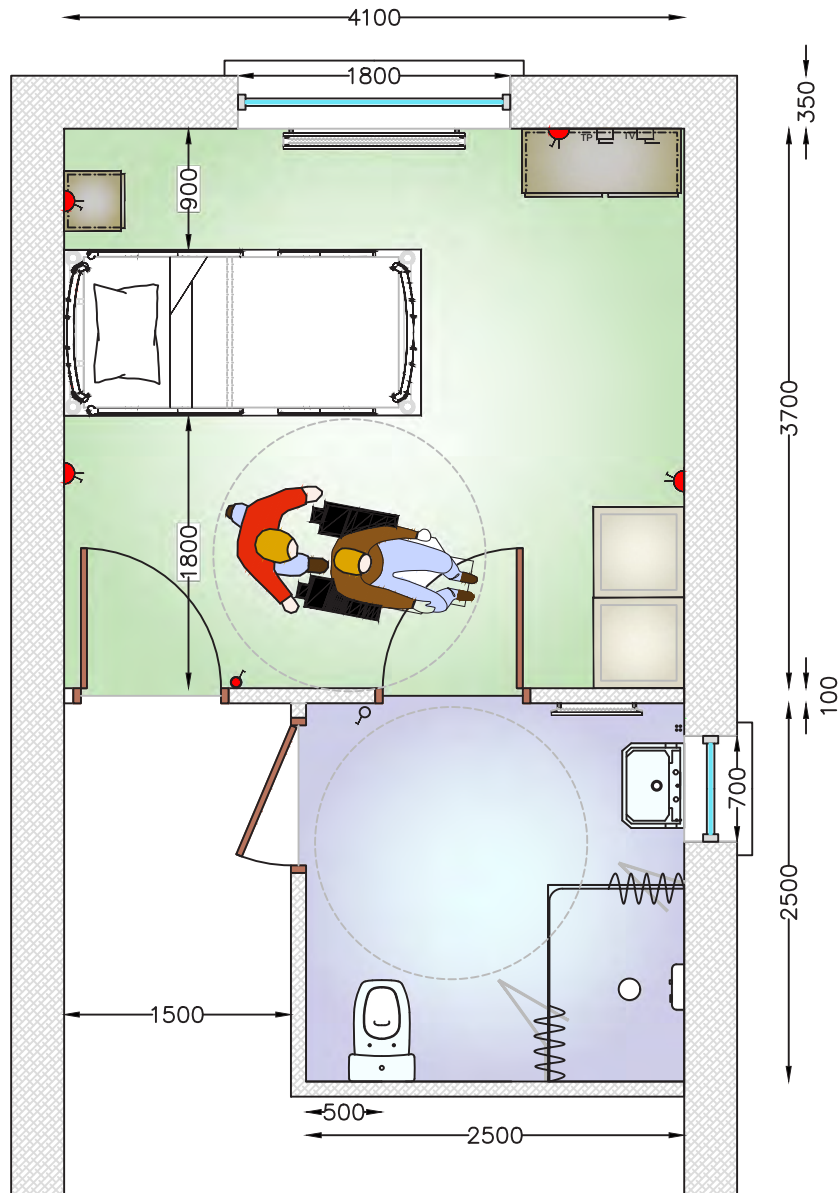
Assisted Wheelchair User WC/Shower
(6.25m²)

SINGLE BEDROOM 3C



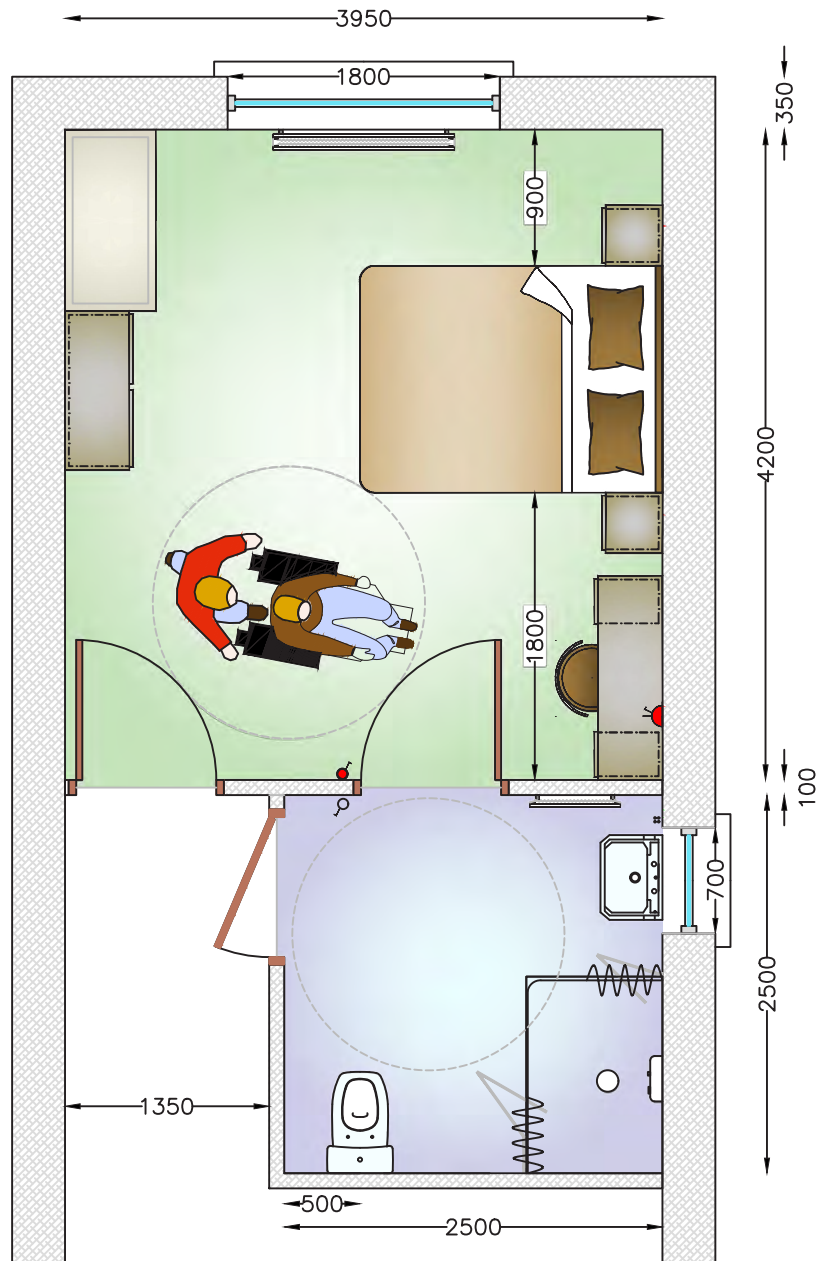
Assisted Wheelchair User Single Bedroom (Standard) (13.68m²)

SINGLE BEDROOM 3D



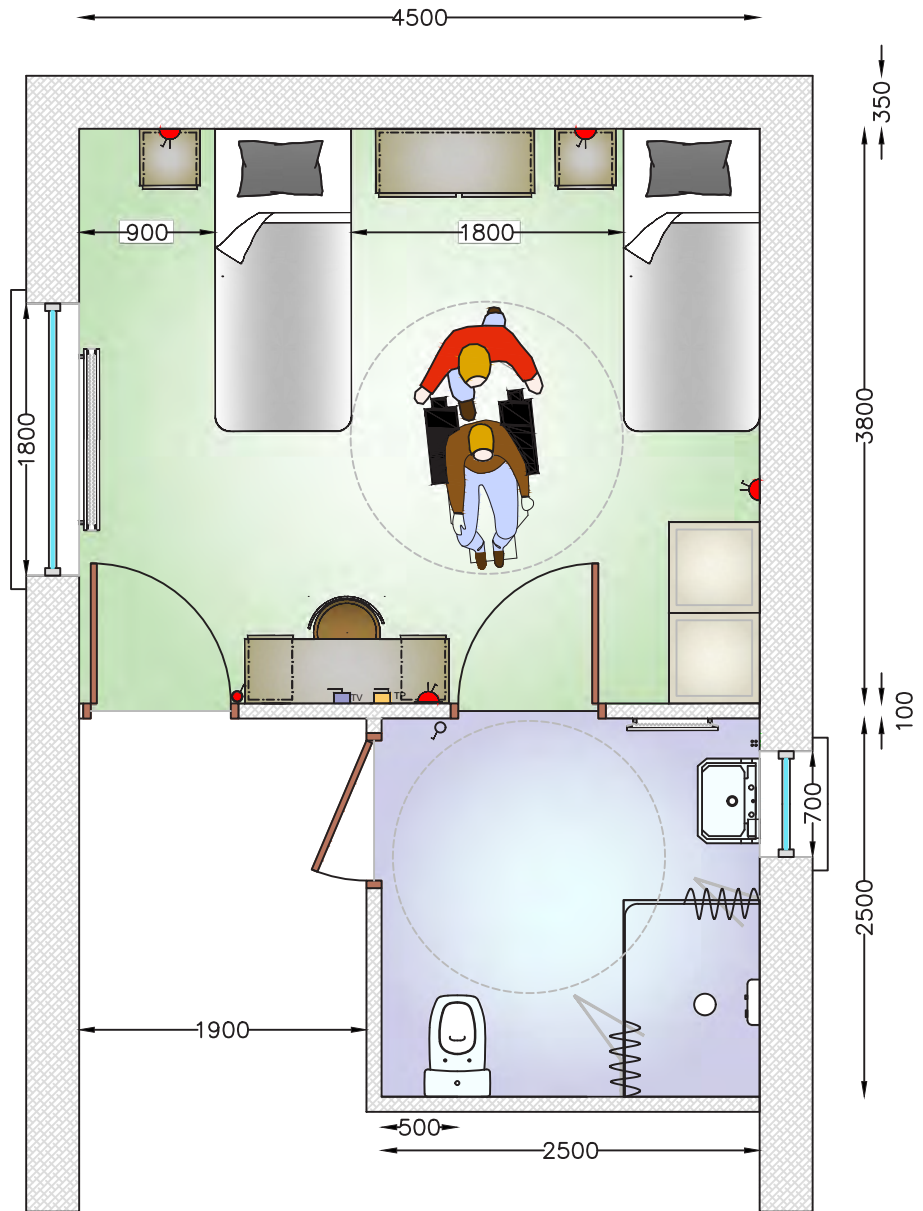
Assisted Wheelchair User Single Bedroom (Hospital Bed) (15.17m²)

DOUBLE BEDROOM 3E



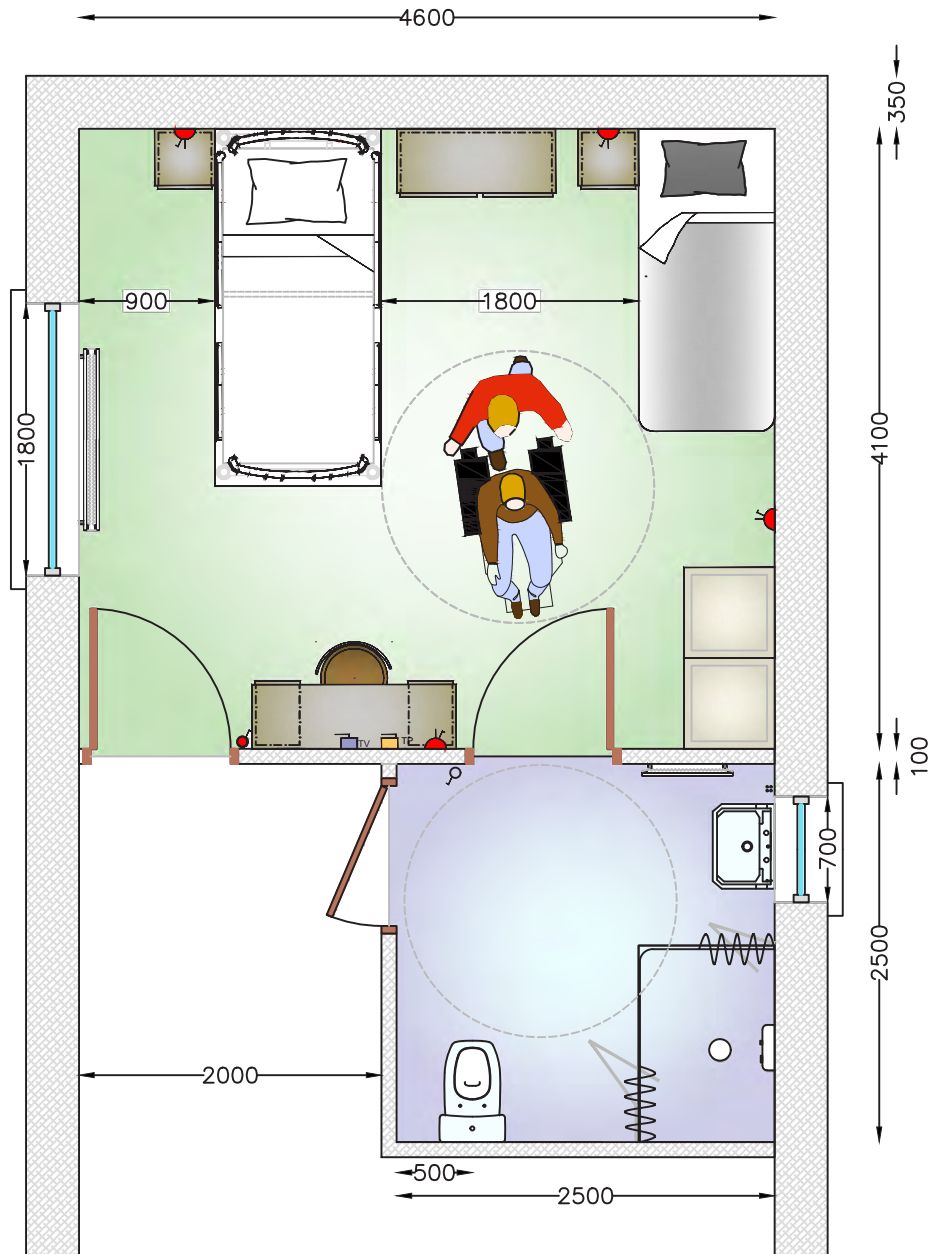
Assisted Wheelchair User Double Bedroom (16.59m²)

TWIN BEDROOM 3F



Assisted Wheelchair User Twin Bedroom (Standard)
(17.10m²)

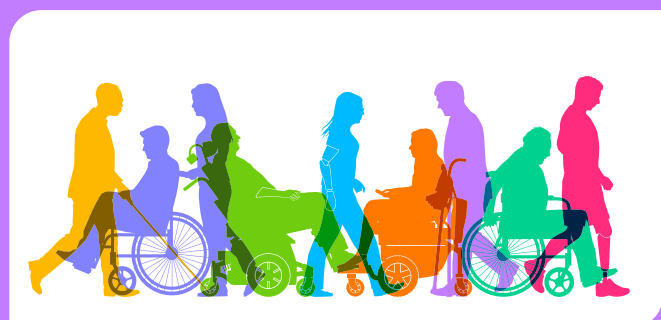
TWIN BEDROOM 3G



Assisted Wheelchair User Twin Bedroom
(Hospital and Standard Bed) (18.86m²)

Section 6

Specification Templates



Specification Templates

A range of specification templates for particular types of adaptations exist to support and enhance the detail of Occupational Therapy recommendations. The specifications will inform designers and builders regarding the technical details of prescribed adaptations and will accompany the Occupational Therapy minor and major recommendation forms as required.

The specifications templates in the toolkit are for the following types of work.

- Car Hardstanding
- Level Approach/Ramp
- External Steps Including Handrails
- Doors/Door Widening
- Stairlift
- Through Floor Lift
- Wash/Dry Toilet
- Shower
- Shower to Replace Bath
- Over-bath Shower
- Outdoor Supervised Enclosed Area



Occupational Therapy Service

Car Hardstanding Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

- Provision of level hardstand in close proximity to: **Select option**

Front Access **Rear Access** **Side Access** **Extension Access**

- Hardstand to measure **3600mm x 6000mm**.
- Where a rear access vehicle with integral ramp is required please ensure a minimum clear space of **2935mm** is available to the back of the vehicle.
- Where a side entry vehicle with integral ramp is required please ensure a minimum of clear space of **2935mm** is available at the side of the vehicle
- Should the vehicle type determine additional space, please specify under specific instructions
- Pathway, minimum clear width of **1000mm** to be provided from hard standing to access into property. Ensure access to dwelling is level or ramped to appropriate gradient as per specification.
- Slip resistant finish to be provided.

Any other specific instructions:

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



Occupational Therapy Service

Level Approach/Ramp Specification

Where technically feasible level approach to dwelling is to be provided.

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

LEVEL APPROACH

(Access to a dwelling/approach to ramp/steps)

- Surface** - Firm, even and slip resistant finish to be provided.
- Width** - **1000mm** minimum unobstructed width.
- Gradient not exceeding **1:20**.
 - Cross fall not exceeding **1:40**.

RAMP PROVISION

Where feasible flight of the ramp should not exceed 10m or a rise in excess of 600mm between level platforms.

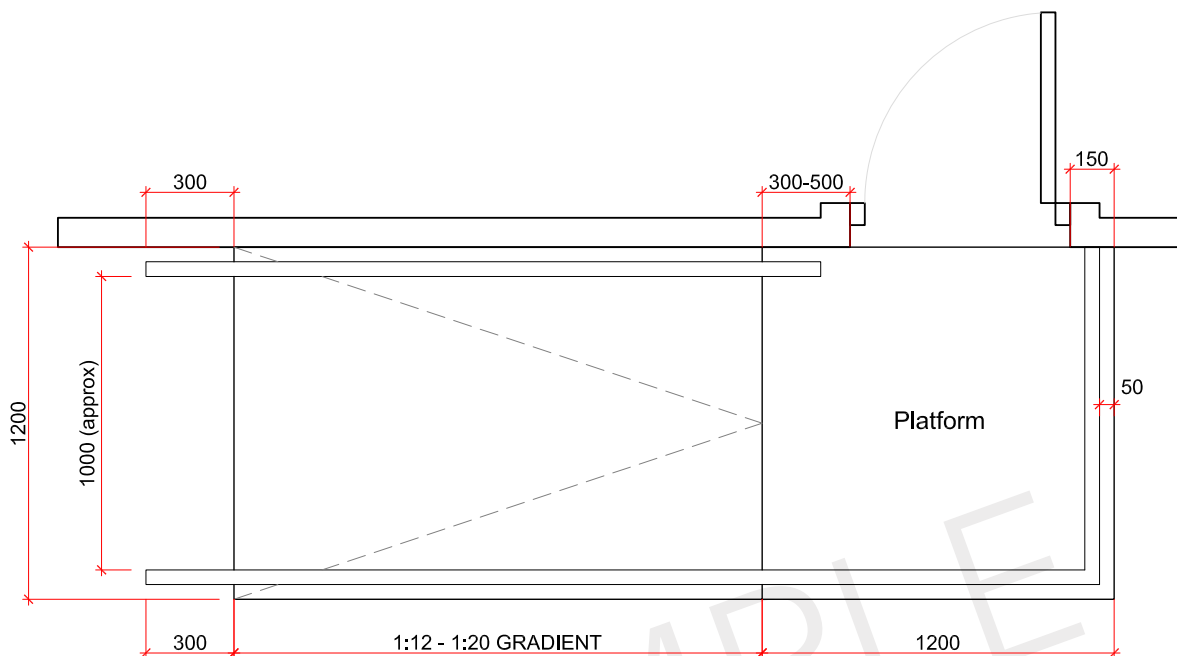
Preferred Location - **Select Option**

Front access	Rear Access	Side Access	Extension Access	To be agreed
--------------	-------------	-------------	------------------	--------------

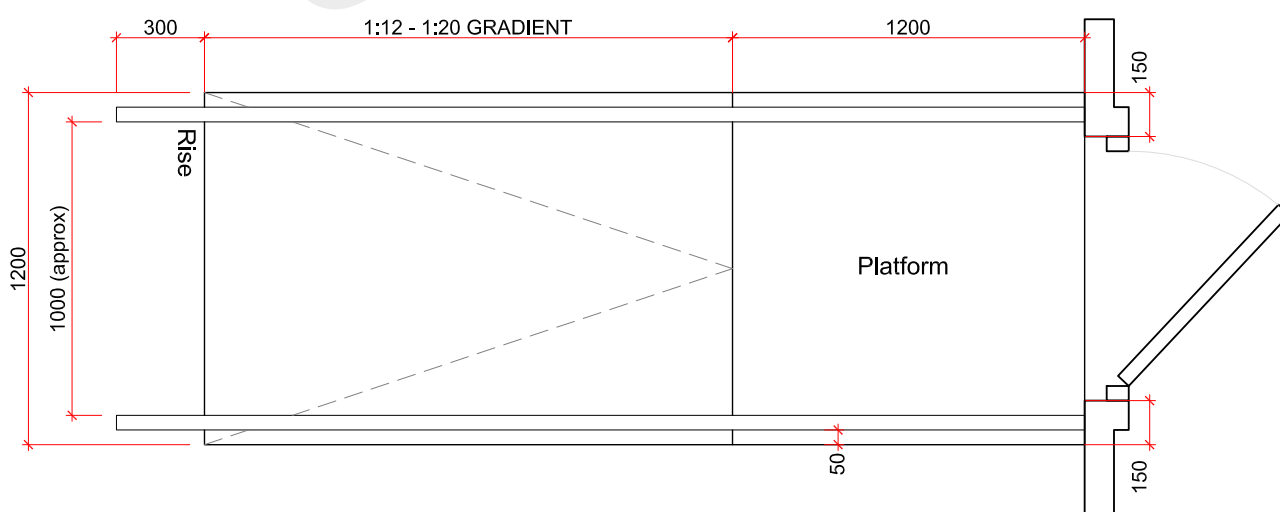
- Gradient:** - Must be kept to a minimum. **1:20** recommended where site conditions allow. If not feasible consult with Occupational Therapist to agree an acceptable alternative gradient.
- Width:** - **1000mm** minimum unobstructed width.
- Platform/Landing:** - Level platforms must be provided at the top and bottom of the ramp and at every change of direction. **300mm-500mm** clear space at leading edge is to be provided, where technically feasible, for side approach (see diagram).
- Unobstructed length **1200mm** minimum. Width of platform should be at least the width of the ramp.
 - If other please specify.
- Pathway:** - Pathway, minimum clear width of **1000mm** to be provided from ramp to access into property.
- Resting Platform:** - **1:15 – 1:20 ramp** - if ramp length exceeds 10m a resting platform is required.
- **1:12 – 1:14 ramp** - if ramp length exceeds 5m a resting platform is required.
- Minimum length of a resting platform is **1500mm**.
- Handrails:**
- Provided on each exposed side along full length of ramp and landings.
 - Top edge **900-1000mm** above the ramp surface.
 - To extend horizontally **300m** beyond the end of the ramp.
 - The rails should be cylindrical, galvanised, attached **50-60mm** from wall and not exceeding **40-50mm** diameter and not more than **110mm** projection into the surface width.
 - Should terminate in a closed end and not project into a route of travel.

- Guarding:** - In fill panels may be required depending on height of overall rise. Designer/contractor to determine.
- Surface:** - Slip resistant finish to be provided.
- Allow for drainage of surface water.
- Timber construction not acceptable.
- Threshold** - Provide level threshold to any doorway leading off ramp. Thresholds must be chamfered or rounded in compliance with building regulations.(Technical booklet R)
- Door** - If door requires alteration, please refer to door specification.

Any other specific instructions



1 RAMP OPTION 1
SIDE APPROACH



2 RAMP OPTION 2
STRAIGHT APPROACH

N.B. Specifications/illustrations are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist relevant Housing Provider/NIHE grants office before proceeding.



External Steps including Handrails Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

Preferred Locations: Select option

Front Access Rear Access Side Access Extension Access

Specification – Steps

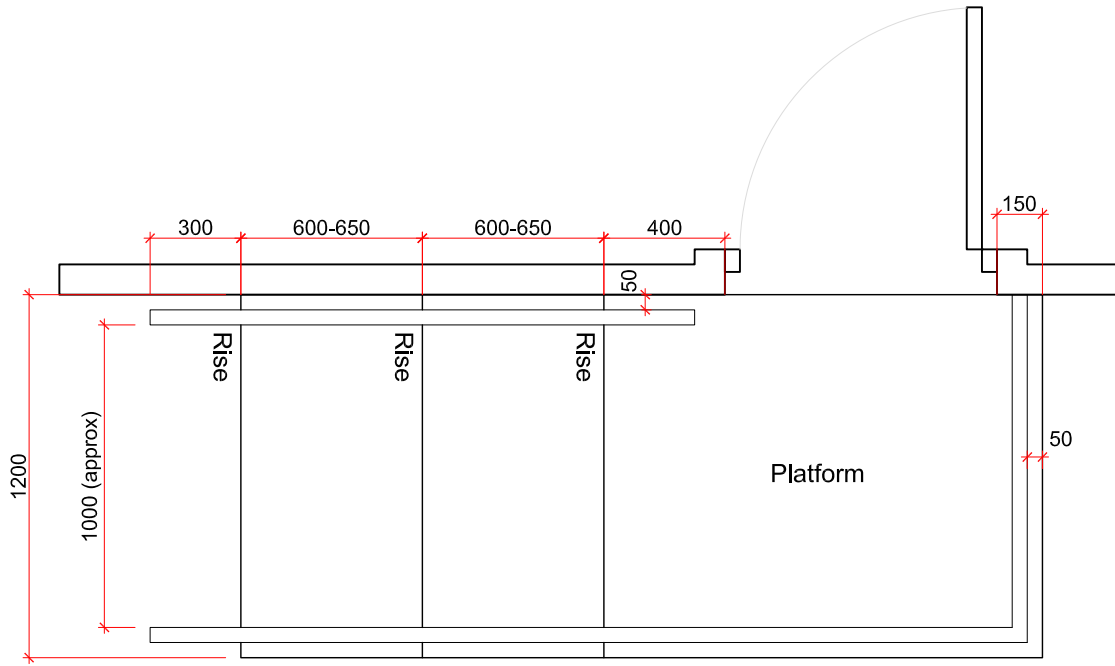
- Level platform of not less than **900mm** depth.
- The rise to be a **maximum** of: **Select option:**
75mm 100mm 150mm
(Maximum of 100mm recommended for walking aid users)
- The going to be a minimum of: **Select option:**
350mm 600mm 650mm 900mm
Minimum unobstructed width **1000mm**.
- Steps should be uniform and threads slip resistant.
- Steps should not be open.
- Steps should have a profile that reduces the risk of tripping i.e. flush and vertical with no projections or overhangs.
- Visibility strips to be provided at edge of steps: **Select option: No/Yes**

Specification – Handrails

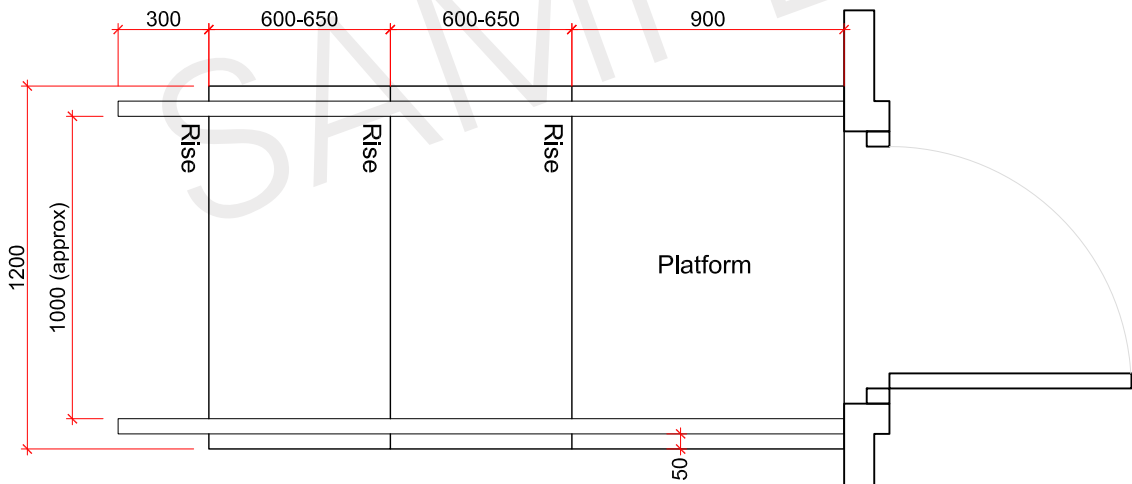
- Fitted **900mm-1000mm** above pitch line of flight of steps and landing.
- Continuous along flight and landing of steps and fitted on both sides.
- Extend at least **300mm** horizontally beyond the top and bottom step.
- The rails should be cylindrical/oval, galvanised, attached **50-60mm** from wall and not exceeding **40-50mm** diameter and not more than **110mm** projection into surface width.
- Handrail should be continued around any open edge of the platform.
- Should terminate in a closed end and not project into a route of travel.

Any other specific instructions:

External Steps Including Handrails



1 STEP OPTION 1 SIDE APPROACH



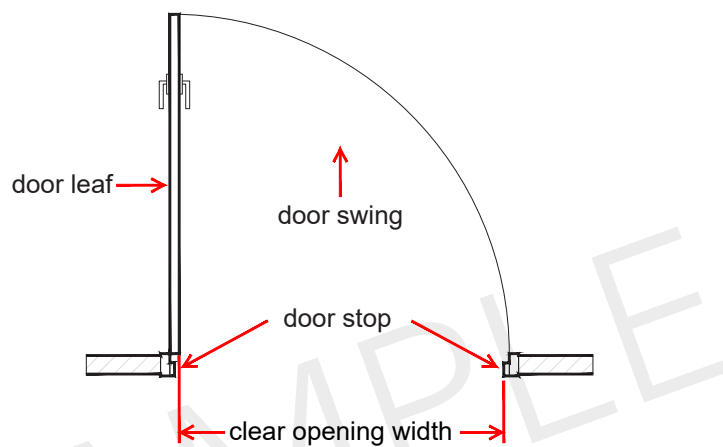
2 STEP OPTION 2 STRAIGHT APPROACH

N.B. Specifications/illustrations are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.

Doors/Door Widening Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

Location: Bathroom Living room Reception room Bedroom Access Kitchen
 Other, please specify



- Door set to allow minimum clear opening of: Select option.
775mm 800mm 825mm 850mm 900mm
- Doors should be hung with hinges adjacent to the corner of the room into which they open to maximise circulation space within the room.
- A minimum of **300mm** clear space at the leading edge (pull side) of the door and **200mm** to the following edge (push side) of the door should be considered where technically feasible.
- Consider the approach when determining the clear opening width required.
- By exception **1026mm** wide internal door leaf can be provided , if requested by an O.T and space allows it.
- Doors should be positioned to allow maximum opening, against walls where possible.
- Thresholds for internal doors should be level at the junction of different flooring materials, with door saddles avoided
- Thresholds for external doors should be level. Where a raised threshold is unavoidable this must not exceed a maximum height of **15mm**. External thresholds must be chamfered or rounded.
- 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).

Bathroom doors:

Where feasible, bathroom doors should open outwards in order to maximise space, enable easy access in the event of emergency and facilitate ease of opening/closing.

A sliding/pocket door may also be considered where space is limited.

Any other specific instructions:

N.B. Specifications/illustrations are for guidance only and may be subject to change depending on site conditions. If works cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.




Occupational Therapy Service

Stairlift Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

In determining what is standard provision the Occupational Therapists should refer to the Housing Providers contracted features when prescribing.

Service user details:		
Height:	Weight:	
cm ft ins	kg (st lbs)	
Measurement from back of hip to front of knee or tips of toes, whichever is greatest (see diagram) (dimension B)		mm

Stairlift Type: Select option

Straight
 Curved
 Split
 Perching

Seat swivel: Select option

Manual
 Powered

Seat height - footplate to seat: Select option

Standard
 Bespoke
please specify – popliteal height mm

Lapbelt type: Select option

Standard
 Bespoke
please specify type

Controls - Select option

Standard
 Bespoke
please specify

Location:
 Right
 Left
 No preference

Footplate Link - Select option

Manual
 Powered
 Not required

Any other specific requirements (e.g. joint visit required etc.)

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



Occupational Therapy Service

Through Floor Lift Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

In determining what is standard provision the Occupational Therapists should refer to the Housing Providers contracted features when prescribing.

Service User details:

Height: cm ft ins **Weight:** kg (st lbs)

Seat type if required: Select options

No Seat required (Wheelchair User) **Fold up** **Perch** **Seat with Arms**

Seat height: cms **Rails if required: Yes/No/Other:**

Wheelchair Dimensions (where appropriate)

Overall length of occupied wheelchair mm

Overall width of occupied wheelchair mm

Combined weight of wheelchair and service user kg (st lbs):
(Review with any change of wheelchair)

Wheelchair Usage (method of propulsion): Select option

Self-propelling **Assisted** **Powered**

Lift Door: Select option **Manual (standard)** **Powered**

In Lift Communication: Select option **Landline** **Mobile Phone**

Any other specific requirements:

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



Occupational Therapy Service

Overhead Tracking Hoist Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

In determining what is standard provision the Occupational Therapist should refer to the Housing Providers contracted features when prescribing.

Service User details:

Height: cm ft ins **Weight:** kg (st lbs)

Safe working Load:

200kg 250kg 300kg 350kg

Location of Hoist:

Bedroom Full room Other:

Room Coverage:

Single Track Full room Inter-room

Additional Information/Comments

Lifting Height:

Standard To be discussed and agreed at feasibility study

Spreader Bar:

Standard 2 point 4 Point spreader bar Other

Slings:

Universal Number 0 Toileting Number 0
Showering Number 0 All Day Number 0

Size: (may be determined at feasibility study if not known)

Any other specific requirements:

Joint Visit Required

PLEASE ENSURE PLACEMENT OF DOCKING STATION DOES NOT PRESENT A RISK TO SERVICE USER OR CARER.

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



Occupational Therapy Service

Wash/Dry Toilet Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

- Overall height of wash/dry toilet:
- Floor to top of WC pan: **Or** Floor to top of WC seat:
- From mid-line of WC to side wall: **500mm** Other:
- Occupational Therapist to identify appropriate toilet aids/rails if required.
- Type of douche required: **Male**
- Type of control required (all universal): **Select option.**

Elbow Pads Other

- Slip resistant flooring. Refer to B.S. Standard

ADDITIONAL COMMENTS:

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



Shower Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

TYPE OF SHOWER (Select as appropriate):

1. Pre-formed Level Access Shower Base/Wet Floor Shower

This base can be set within a floor using a floor former and completely covered with slip resistant flooring or tiles to provide a step free and fully accessible showering area. A number of different size options are available.

A floor constructed option may also be acceptable incorporating shallow falls to the drainage outlet. (1:40 – 1:50 gradient recommended.) Drainage outlet to be positioned in corner.

A minimum internal showering area of mm x mm is recommended.

2. Level Access Tray

A number of level access shower tray products are available including level access shower bases suitable for bath replacements.

A tray with minimum internal showering area of mm x mm is recommended.

The tray must be suitable for ambulant or wheeled shower chair users. must be no greater than 5mm above finished floor level at point of entry with a rounded lip.

3. Step in Shower Trays

This option is generally considered in circumstances where it is not technically feasible to install a level access tray. A maximum step of 85mm is recommended with a minimum internal showering area of mm x mm is recommended.

Flooring

Wet room grade flooring in line with manufacturer’s instructions to be provided to cover bathroom floor. Floor covering should be ‘easy clean’ and form a watertight seal with the tray. A sheet covering finish should also be heat sealed and skirted up walls in accordance with the manufacturers fitting instructions.

SHOWERING SYSTEM

Shower unit to be thermostatically controlled and fitted 900-1050mm from finished floor level to base of controls. Electric or mechanical shower type acceptable though where instantaneous access to hot water is required consideration needs to be given to the provision of an electric shower.

Please note if particular shower type is essential.

Position of Controls: Select option.

Long Wall **Short Wall** **Other**

Generally controls should be sited on the long wall of the shower at 90° to the shower seat to facilitate access for the seated user.

Positioning on a short wall may be more suitable for assisted user to facilitate access to controls for carer. Sliding bar to be centred on shower tray if controls positioned on this wall.

Type of Control (please Specify): **Lever** **Dial** **Push Button (electric model only)** **Any**

Shower Head

Should be detachable, adjustable and fitted on a sliding bar.

Sliding Bar:

Positioned on same wall as control unit. Base of sliding bar to be fitted **900-1000mm** above finished floor level and to be **1000mm** in length. **400-500mm** from wall (see diagram).

Shower Hose:

Provision of a flexible and detachable hose: **Select option. Length:** **1500mm** **2000mm**

Grab Rails:

All rails to have a slip resistant finish and a diameter of **35mm** average.

Colour contrast required: **Yes / No**

Length Horizontal: **300mm** **450mm** **600mm**

Length Vertical: **300mm** **450mm** **600mm**

See attached diagram for approximate position

Or

By exception position to be determined by Occupational Therapist during construction

Shower Seat;

Shower seat to be provided by Occupational Therapy Department

Or

Fixed folding shower seat required with supporting legs

The seat should accommodate a minimum weight of _____ st/Kg

Fixing height **N/A** 430mm, 460mm, 480mm & 510mm

Select Option:

Other _____ Please Specify _____

Screens/Enclosures/Curtains

A full height weighted shower curtain should be fitted internally ensuring effective water containment

Or

Fixed folding ½ height doors with curtain required

Ensure that shower doors open to allow a minimum of **900mm** access ensuring effective water containment and preferably are rise and fall 180 degree hinges.

Soap Dish: Should be recessed at an accessible height or a clip on dish supplied for rise/fall bar.

Tiling/Panels: Should extend to a minimum of the dimensions of the showering area.

Heating: Where the showering area is provided within an extension please ensure adequate heating is provided.

Ventilation: Please ensure provision of adequate ventilation.

Pipework: Exposed pipework must be insulated or boxed in.

Bathroom Doors: Where feasible bathroom doors should open outwards. A sliding/pocket door may also be considered where space is limited, if feasible.

Wash-Hand Basin: Minimum size

Wall Hung

Semi Pedestal

Full Pedestal

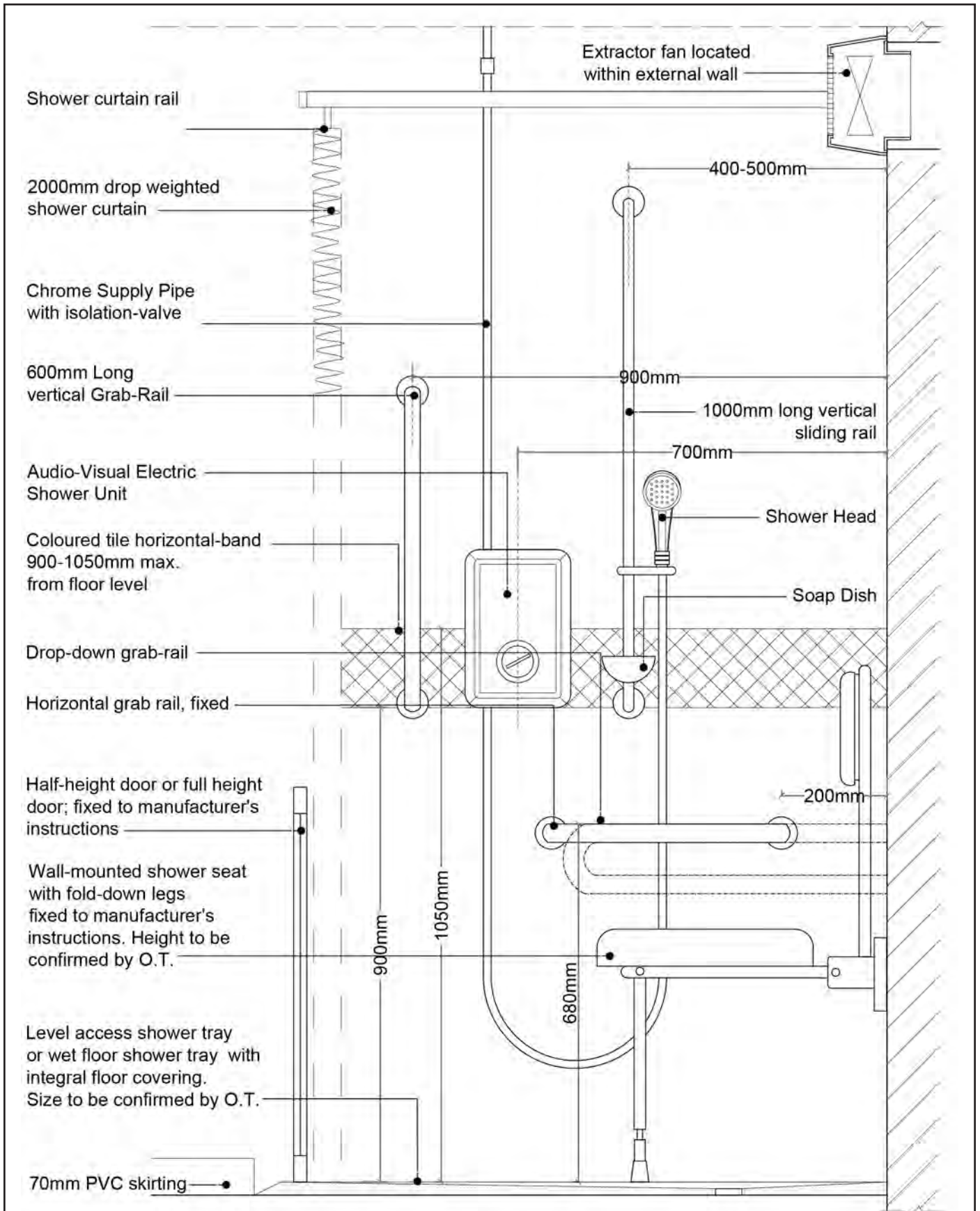
W.C. Standard Height W.C. pan (**16", 410mm**) **Yes/No** If No please specify height.

Grab Rails: **Yes/No** or position to be determined by O.T during construction

Any other specific instructions

All fixtures and fittings must be fitted in accordance with manufacturer's instructions.

N.B. Specifications/illustrations are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



NOTE:- Dimensions are for guidance only and are subject to O.T. recommendation.

SHOWER ENCLOSURE ELEVATION 1:10

Shower to Replace Bath Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

TYPE OF SHOWER (Select as appropriate)

1. Pre-formed Level Access Shower Base/Wet Floor Shower:

This base can be set within a floor using a floor former and completely covered with slip resistant flooring or tiles to provide a step free and fully accessible showering area. A number of different size options are available.

A floor constructed option may also be acceptable incorporating shallow falls to the drainage outlet. (**1.40-1.50** gradient recommended). Drainage outlet to be positioned in corner.

A **minimum** internal showering area of mm x mm is recommended.

2. Level Access Tray

A number of level access shower tray products are available including level access shower bases suitable for bath replacements.

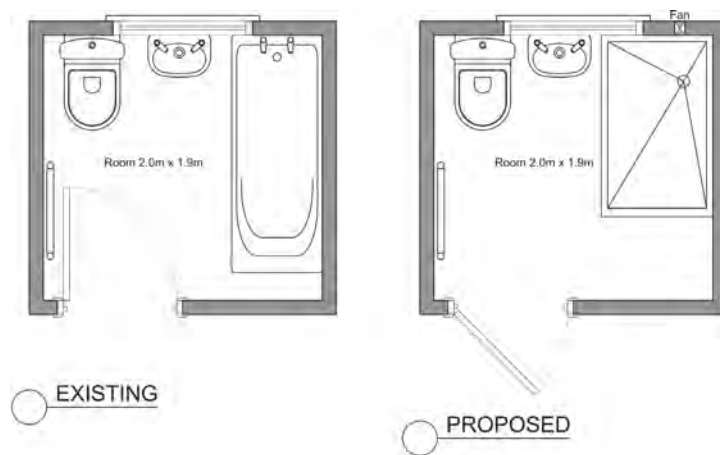
A tray with **minimum internal** showering area of mm x mm is recommended. The tray must be suitable for ambulant or wheeled shower chair users. The threshold must be no greater than **5mm** above finished floor level at point of entry with a rounded lip.

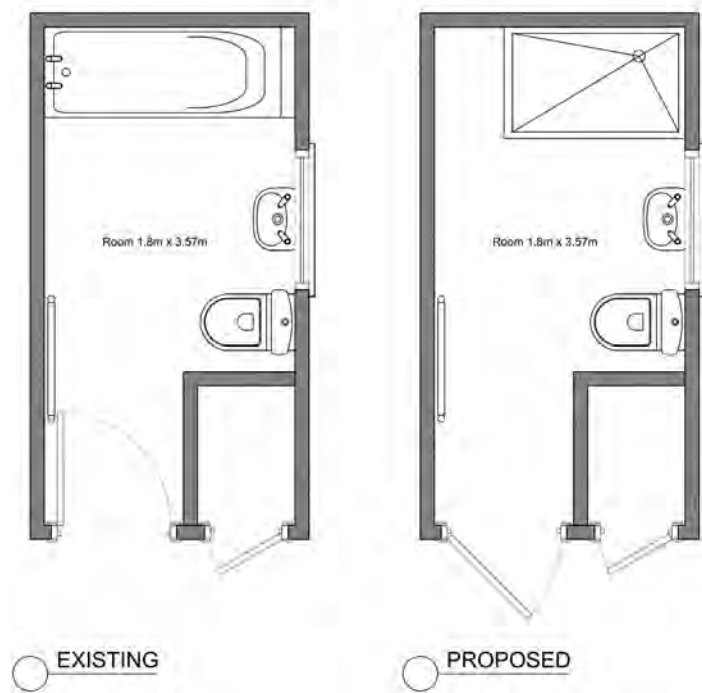
3. Step in Shower Trays:

This option is generally considered in circumstances where it is not technically feasible to install a level access tray. A max of **85mm** is recommended with a **minimum internal** showering area of mm x mm is recommended.

4. Preferred Location:

(For illustrative purposes only. Reference this specification for the details).





Flooring:

Wet room grade flooring in line with manufacturers' instructions to be provided to cover the bathroom floor. Floor covering should be 'easy clean' and form a watertight seal with the tray. A sheet covering finish should also be heat sealed and skirted up walls around the showering area in accordance with the manufacturers fitting instructions.

Showering System:

Shower unit to be thermostatically controlled and fitted **1000-1200mm** from finished floor level to base of controls. Electric or mechanical shower type acceptable though where instantaneous access to hot water is required consideration needs to be given to the provision of an electric shower.

Please note if particular shower type is essential:

Position of Controls: Long Wall Short Wall Other

Generally, controls should be sited on the long wall of the shower 90° to the shower seat to facilitate access for the seated user. (See attached diagram.) Positioning on short wall may be more suitable for assisted user to facilitate access to controls for carer.

Type of Controls:

Lever Dial Push Button (electric model only) Any

Shower Head:

Should be detachable, adjustable and fitted on a sliding bar.

Sliding Bar:

Positioned on same wall as control unit. Base of sliding bar to be fitted **900-1000mm** above finished floor level and to be **1000mm** in length. **400-500mm** from wall (See attached diagram)

Shower Hose:

Provision of a flexible and detachable hose. **Length:** 1500mm 2000mm

Grab Rails: Select option

All rails to have a slip resistant finish and a diameter of 35mm average.

Colour contrast required Yes No

Length Horizontal: 300mm 450mm 600mm

Length Vertical: 300mm 450mm 600mm

See attached diagram for approximate position,

Or

By exception position to be determined by Occupational Therapist during construction

Shower Seat:

Shower seat to be provided by Occupational Therapy Department

Or

Fixed folding shower seat required with supporting legs.

The seat should accommodate a minimum weight of st/kg.

Fixing height: **430mm** **460mm** **480mm** **510mm**

Other Please specify

Screens/Enclosures/Curtains:

A full height weighted shower curtain should be fitted internally ensuring effective water containment.

Or

Fixed folding ½ height doors with curtains required

Ensure that shower doors open to allow a minimum of **900mm** access ensuring effective water containment and are rise and fall 180 degree hinges.

If other door configurations are required please specify: other

Soap dish: Should be recessed at an accessible height or a clip on dish supplied for the rise/fall bar.

Tiling/Panels: Should extend to a minimum of the dimensions of the showering area.

Heating: Where the showering area is provided within an extension please ensure adequate heating is provided.

Ventilation: Please ensure provision of adequate ventilation.

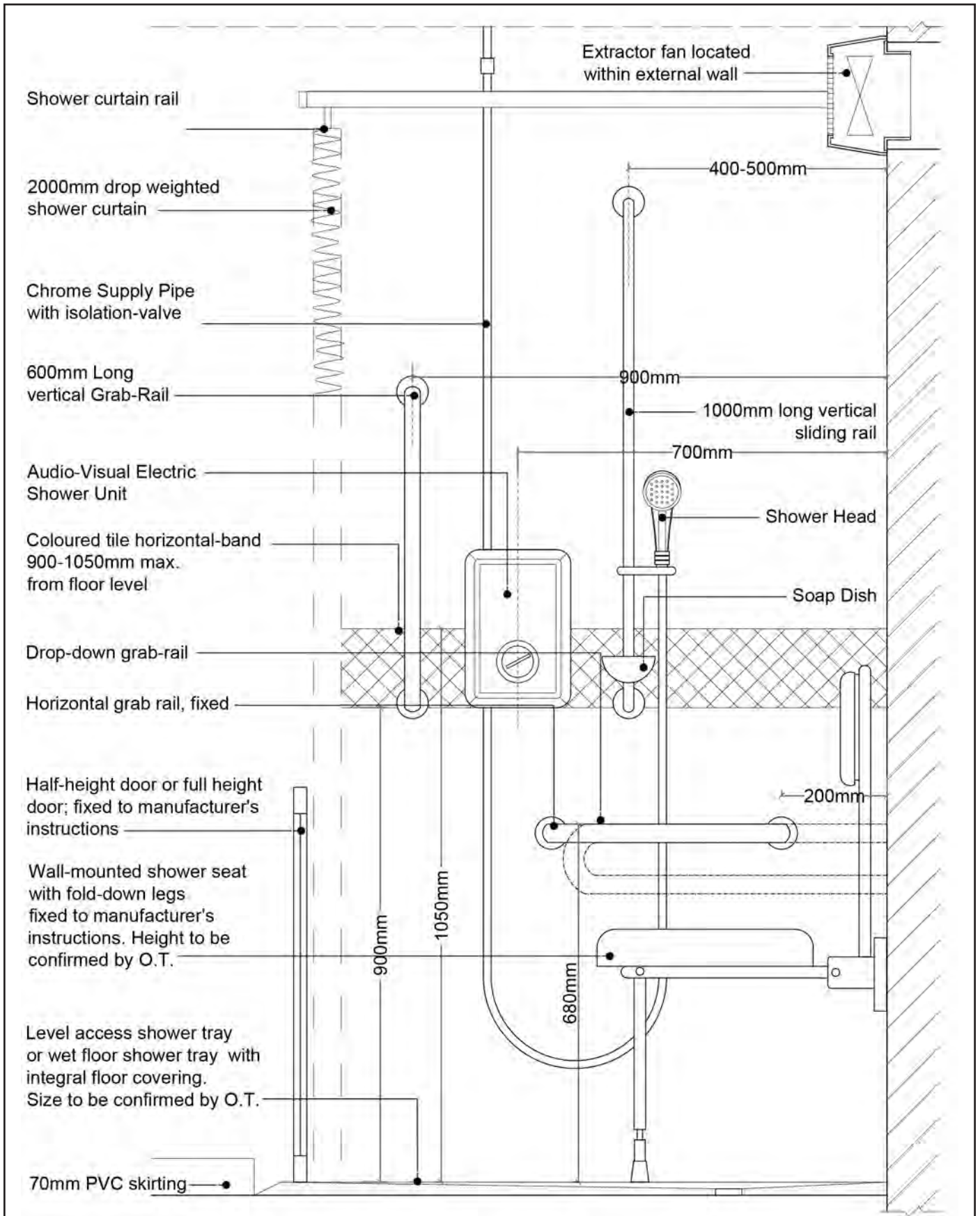
Pipework: Exposed hot water pipes must be insulated or boxed in.

Bathroom Doors: Where feasible bathroom doors should open outwards. A sliding/pocket door may also be considered where space is limited, if feasible.

Any other specific instructions

All fixtures and fittings must be fitted in accordance with manufacturer's instructions.

N.B. Specifications/illustrations are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.



NOTE:- Dimensions are for guidance only and are subject to O.T. recommendation.

SHOWER ENCLOSURE ELEVATION 1:10



Over-Bath Shower Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

Position of Controls: Select option

Long Wall Short Wall Other

Type of Control (please specify): Select option

Lever Dial Push Button (electric model only) Any

Shower Head:

Should be detachable, adjustable and fitted on a sliding bar.

Sliding Bar:

Fitted on the long wall adjacent to shower control. Lowest position of riser bar to be 800mm above rim of the bath.

Shower Hose: Select option

Provision of a flexible and detachable hose. Length 1500mm 2000mm

Grab Rails: Select option

All rails to have a slip resistant finish a diameter of 35mm average.

Colour contrast required: Yes/No

Length Horizontal: 300mm 450mm 600mm

Length Vertical: 300mm 450mm 600mm

By exception position to be determined by Occupational Therapist during construction

Screens/Enclosures/Curtains:

A full height weighted shower curtain should be fitted to enclose entire bath ensuring effective water containment. Please ensure curtain falls within the rim of the bath to contain water spray.

Soap Dish: Should be recessed at an accessible height or a clip on dish supplied for the rise/fall bar.

Tiling/Panels: Should extend to a minimum of the dimensions of the bathing area.

Heating: Please ensure adequate heating is provided.

Ventilation: Please ensure provision of adequate ventilation.

Pipework: Exposed hot water pipes must be insulated or boxed in.

Any other specific instructions

All fixtures and fittings must be fitted in accordance with manufacturer's instructions.

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.

SAMPLE



Occupational Therapy Service

Outdoor, Supervised Enclosed Area Specification

Service User Details	Occupational Therapist
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Contact Person (is different from above)	Date:

Preferred Location – To be sited where there is immediate access and visibility from property: **Select option**

Front Access **Rear Access** **Side Access** **Extension Access**

Area: Area should not exceed **30m²**.

- Level surface to be provided throughout the enclosed area.

Fencing – Specifications

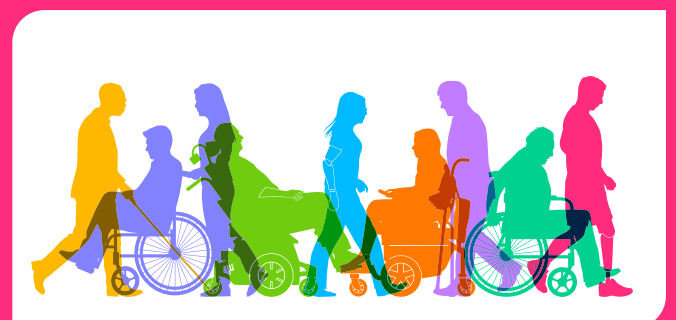
- **1.83m (6ft)** high unless alternative height is specifically requested
- To be constructed with vertical wooden slats.
- Support structures to be positioned on the **external** side of the fence.
- Gap between boards should not exceed **20-30mm** in order to prevent access to support structures.
- Gate (where appropriate) – to be same height and specifications as fence.
- Tamper-proof lock required

Any other specific instructions

N.B. Specifications are for guidance only and may be subject to change depending on site conditions. If work cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider/NIHE grants office before proceeding.

Section 7

Design Brief Guidance For Housing Association



Design Brief Guidance for Housing Associations

A design brief has been devised for use by Housing Associations which will help ensure a consistency of approach in terms of the information required by NIHE Development Programme Group for Disability Adaptations Grant.

Design Brief Contents structure for Major Adaptation

Section Title & headers	Suggested content
Title page	
Table of contents/glossary	
Organisation Profile & background	
1. Project manager	
2. Organisation name	
3. Organisation purpose	
4. Key design principles	Set out Design Standards to be applied; highlight, for example, where relevant - Life time homes (LTH), sustainability, innovation, legislative or regulatory issues, funding requirements.
5. Relevant client details	Provide address; property type and any relevant context details, contact arrangements, relevant household information etc., history of adaptations or outcome of any other options previously considered.
Commissioning Statement	
6. Client need description	Insert key information from tenancy file and Occupational Therapist recommendations.
7. Design requirements	Set out Value for money requirement – ‘within existing footprint’ solution to be explored if best value; requirement for consultant to identify options for design solution; include details of any special provisions required; refer to space matrix if applicable and explain how the matrix works; specify requirements for materials; and attach as appendix and explain, if necessary, specifications from Occupational Therapist recommendation.
8. Constraint	The initial investigation by the commissioning organisation should identify any constraints. These should be detailed in this section of the brief and the consultant instructed to investigate and factor into the design solution options produced. Such as: physical/ environmental contusing management issues affecting delivery/design; planning/building control, liaison with Utility companies regarding their existing cables, pipes and plants onsite and in the area, and their terms and conditions for alteration of same or provision of new as necessary, any client special needs (design related not personal information).

9 Time	Specify deadline by which plans & design report are required to meet performance targets; Insert requirement for identification of length of build phase as part of option identification
10. Cost analysis	Specify requirement for identification and consideration of costs as part of the identification of preferred options; Highlight any budgetary limits/ issues.
11. Liaison requirements	
Solution Analysis	
12. Risks/Benefits	Outline benefits of project: e.g. comment on anticipated benefit to client – reason why work required. Outline identified risks: e.g. issues around potential deterioration of client condition, family or caring issues. If too expensive, transfer may be the ultimate solution. (The project risks are likely to change as the project progresses).
13. Planned solutions	Specify requirement for consultant to, for example: 1) identify best value design solution and to identify available costed options; 2) identify any client funded enhancements; 3) justify any provision in excess of Occupational Therapist recommended requirements; 4) justify not utilising any life time home features (where applicable, including identifying any breach of LTH status).
14. Plans	Detail the agreed specific minimum requirements for detail and size of plans to meet agreed Occupational Therapist endorsement & funding approval standards i.e. ratio, furniture layouts etc.
Conclusion/Summary	



This document will be hosted on the NIHE website at:
www.nihe.gov.uk

Housing
Executive

