Foreword

DSD / DHSSPS Endorsement of the Adaptations Design Communications Toolkit.

The Department for Social Development and Department of Health, Social Services and Public Safety are pleased to endorse this Adaptations Design Communications Toolkit, which is the product of considerable cross sector collaborative working with disabled people, Occupational Therapists and housing designers/providers.

The toolkit incorporates agreed cross sector good practice and it helps to address a number of the recommendations contained in the DSD/DHSSPS Interdepartmental Review of Housing Adaptations Services (November 2013). This Review, which was jointly launched in February 2010 by DSD and DHSSPS, focused on the current system of approval, resources, and delivery of housing adaptations in Northern Ireland on a cross tenure basis. The Review’s key aims were to ensure that value for money in terms of resources and service delivery were being achieved and that there is equality of such provision across the Health and Social Care Trusts and other housing providers.

Key outcomes are to ensure that housing adaptations will make the home of a person with disabilities suitable for his/her assessed needs and, importantly, to help promote independent living in the community.

The toolkit includes:

- A range of minor housing adaptations, which can be provided without the need for referral to HSC Trusts for assessment, thus harmonising NIHE and Housing Association provision.
- Evidence based, consistent and equitable housing adaptations design standards for all housing tenures.
- Improved design formats that will help disabled people visualise and discuss proposed housing adaptations.
- Standardised and robust Occupational Therapy formats for housing adaptations recommendations, financial governance, specifications, and follow up communications to all housing providers.
- Electronic formatting that will help to facilitate more timely and consistent inter and intra-agency communications.

We look forward to full regional stakeholder implementation of the Toolkit on 1st April 2014, which we are confident will help to secure improvements in the delivery of housing adaptations services throughout Northern Ireland.

Signed

Hazel Winning  Jim Wilkinson
Lead AHP Officer, DHSSPS  Director of Housing, DSD

Date  February 2014
Introduction

The Department of Social Development and Department of Health, Social Services and Public Safety would like to thank the following organisations for their commitment and excellent collaborative working: Health and Social Care Trusts, Northern Ireland Housing Executive and the Northern Ireland Federation of Housing Associations.

We are particularly grateful to Disability Action and the expert panel of disabled people from the Disability Housing Design Panel who field tested the housing adaptations design standards to ensure they were fit for purpose.

Background

One of the key work strands of the DSD/DHSSPS Interdepartmental Review of Housing Adaptations Services 2013 was to review the design standards, costs and interagency communications underpinning housing adaptations regularly recommended by Occupational Therapists to Housing Providers in all tenures.

This work strand also harmonised the range of minor housing adaptations which could be delivered by Social Housing Providers without referral to Health and Social Care Trusts Occupational Therapists for assessment.

A task group was established and jointly chaired by specialists in both Housing and Health and Social Care and an additional group was formed to develop inter-agency communications protocols.

The methods used by the group included:

- Literature review of disability design practice in housing.
- Development of enhanced scaled drawings of frequently used adaptations using IDAPT spatial planning software.
- User trials of proposed adaptations standards by a panel of disabled people from the Disability Design Housing Panel.
- Review of existing scheme costs.
- Interagency consultation regarding best practice in communication protocols.

The outputs of the task group have been compiled in a “Toolkit” which has been produced as the result of successful collaboration between Service Users, HSC Trust Occupational Therapists and Housing Designers/Providers.

This Toolkit achieves the objectives established by the Task Group which were to ensure that:

1. All Social Housing Providers provide a consistent range of minor housing adaptations which do not require HSC Trust Occupational Therapy assessment.
2. Spatial design standards for disabled people’s facilities are evidence based equitable and consistent for all tenures, therefore ensuring effective solutions for disabled people and value for money.
3. Benchmark design standards are established as good practice for routine housing adaptations to standardise provision where possible and to also determine when enhanced or bespoke schemes need to be justified and delivered. Such design standards help identify those occasions where onsite constraints may require joint consultation between Service Users, Housing and Occupational Therapy services to determine whether a design compromise is achievable for the client.
4. Occupational Therapy recommendations and associated specifications are in a consistent, robust format; containing enough information to justify higher cost adaptations and to support the design process but without compromising client confidentiality.

5. Documents are prepared as electronic templates to facilitate timely and consistent inter and intra agency communications.

6. To avoid disabled people experiencing avoidable delays due to inconsistent interagency communications or misunderstandings.

The DHSSPS and DSD have endorsed the toolkit as best practice guidance for cross sector housing adaptations design benchmarking, interagency communications protocols and the provision of minor housing adaptations which do not require HSC Trust Occupational Therapy assessment.

It should be noted that the design standards outlined are benchmark best practice design standards and although they are inclusive of a wide range of disabled people’s needs including assisted wheelchair users and their carers, these standardised design solutions will need to be enhanced or customised on occasion for highly complex situations or where there is multiple disability in a family.

This document will be hosted on the NIHE website at:

http://www.nihe.gov.uk/adaptations_designCommunications_toolkit.pdf

With links to it from the websites of both Departments, and other relevant stakeholders. This guidance will also be referenced from the DSD Housing Association Guide.

The toolkit will be subject to periodic editorial review on a cross sector basis which will ensure the active engagement of disabled people and carers.

**DHSSPS Regional Occupational Therapy guidance on the authorisation of housing adaptations: January 2014**

The assessment for and provision of housing adaptations requires effective joint working at several organisational levels between housing, health and social care to improve standards and make the best use of available resources.

There are statutory duties delegated from the DHSSPS to the HSC Board/HSC Trusts both for the assessment of need and to ensure arrangements are made to provide housing adaptations where necessary and appropriate, either by direct provision or to secure the provision through other agencies.

The Northern Ireland Housing Executive also has statutory duties to provide disabled facilities grants following recommendation by community Occupational Therapy services where it has been established that the recommendation is reasonable and practicable.

Assessment of needs in relation to housing adaptations in Northern Ireland is led by HSC Community Occupational Therapists as the HSC nominated officers to deliver this statutory duty. Nominated officers can also include social work sensory support staff across the region, that have a designated role with regard to certain types of equipment and minor adaptations for people with sensory impairment.

**Delegated HSC Trust Occupational Therapy authorisation levels for housing adaptations**

Before Occupational Therapists make recommendations for housing adaptations they will have considered a range of other potential HSC options to address assessed difficulties with
daily living activities. This might include rehabilitation, reablement, routine assistive technology provision, specialist equipment or referral to other HSC services. These solutions may often be more timely, cost effective and less disruptive for the client.

Where needs are complex and there are potentially high resource requirements; with client consent, the OT service may seek additional HSC medical, social or psychological assessments to ensure there is an accurate diagnosis/prognosis so as to form a longer term picture of housing needs. Technical and specialist housing expertise to determine technical feasibility/costs of housing adaptations and other housing options may also be needed to determine a full range of housing options.

A tiered standardised system of HSC delegated financial authority is required for community Occupational Therapy services, which reflects both the complexity of need and the resource requirements for solutions to address assessed need while at the same time ensuring that recommendations are tailored to the assessed needs of the disabled person and carers. This system should ensure that high volume, lower cost work can be processed without undue delay but that where there are complex needs requiring complex high cost work, appropriate multidisciplinary skills are co-ordinated and a range of housing options considered in partnership with service users and housing authorities prior to responding to assessed need.

<table>
<thead>
<tr>
<th>Type of adaptation</th>
<th>HSC Trust delegated level of authority for housing adaptations sign off</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Major housing adaptations external:</td>
<td>Trust OT Heads Of Service/ OT Clinical Specialist in Housing/designated OT Team Leads.</td>
</tr>
<tr>
<td>e.g. extensions or significant alternative housing options e.g. bespoke new build housing schemes.</td>
<td></td>
</tr>
<tr>
<td>Major housing adaptations internal:</td>
<td></td>
</tr>
<tr>
<td>e.g. significant internal structural adaptations/including lifts and comprehensive environmental control systems</td>
<td></td>
</tr>
<tr>
<td>1. Minor housing adaptations</td>
<td></td>
</tr>
<tr>
<td>a) Showers to replace baths</td>
<td>Band 5 Occupational Therapists under supervision and Band 6/7 Occupational Therapists.</td>
</tr>
<tr>
<td>b) Equipment and minor adaptations</td>
<td>OT assistants/Technical Instructors under supervision and band 5/6 Occupational Therapists.</td>
</tr>
<tr>
<td>c) Minor adaptations on the select list for social housing.</td>
<td>Does not require HSC Trust OT assessment, but can form part of a package of OT recommendations.</td>
</tr>
</tbody>
</table>
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.
2. Select Adaptations List

NIHE & Housing Association Properties - adaptations that do not require an OT referral.

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

Note 1: This is the common list for HA’s & NIHE. It is not an exhaustive list. There will be other works not on this list that can be provided without OT referral by either HA’s or NIHE according to their individual procedures. In the case of Housing Association properties adaptation works costing more than £1,000 will require an OT referral.

Note 2: By exception - If there are any potential health and safety concerns that require a professional assessment, organisations may make referral to OT giving details of concerns.
Adaptations that do not require an OT recommendation

This is an agreed universal list of minor adaptations that can be provided by the social landlord without an OT recommendation.

Should the housing provider identify potential health and safety issues requiring professional assessment an OT recommendation may be sought at their discretion. However the provider must ensure that any such referrals are reasonable and justified so as not to create unnecessary delays for the client waiting for adaptations.

Accessing these agreed adaptations

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

- Tenants/Service Users approaching HSC Trusts for provision of these listed adaptations will be signposted to their social landlord for direct provision without OT involvement.
- Other HSC professionals approaching the OT Service for provision of these listed adaptations will be signposted to the social landlord.
- Social Housing tenants can directly contact the maintenance department of their social housing provider to request provision of the adaptations.
- Occupational Therapists can continue to identify and recommend provision of listed adaptations as part of their overall assessment.

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 landlord.
3. OT Recommendation Forms

Universal forms for OT recommendations have been developed and agreed by the DSD and the DHSSPS. These are to be used by OT’s in all HSC Trust areas to be completed for all adaptation schemes (private and social housing). Other formats of recommendation will no longer be acceptable.

Information requirements are proportionate to the complexity and cost of the works recommended – the more complex or expensive the recommended option, the more detailed the information that must be provided. Two forms have been provided – one for minor adaptations and the other for major adaptations.

Explanatory Notes

Minor Adaptation Works Form and Major Adaptation Works Form have been developed so that the level of information supplied is reflective of the complexity of the recommendation.

Minor Adaptation Works Form should be used for grab-rails, internal and external handrails, lever taps, removal of door thresholds, ramps, graduated steps, cooker isolation switch, level access shower in existing bathroom and supervised enclosed areas.

Major Adaptation Form should be used for home-lifts and ground floor extensions.

N.B: Mandatory Information varies between major and minor adaptations.

Optional sections are to be completed where relevant to the adaptations being 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 pull-down menus that are available in the official forms.
Section 1  Client Details To be completed in ALL cases

1a Insert Householder’s name (may be different to client).

1b Insert name of person for whom the adaptation is required 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 contact arrangements.

1d Tick relevant tenure. If Housing Association insert name of Association.

Section 2  Adaptation Descriptors / Recommendations to be completed in ALL cases;

Please tick appropriate box to indicate if the recommendation follows the Design Matrix or is a Bespoke Scheme (Major form only).

Select the adaptation work(s) recommended from the drop down menus, i.e.

“Grab Rails at Bath: Option 5a 450mm” (Minor form)
“Bedroom: Option 3G” (Major form)

It is essential that you reference the design template that you wish the designers to follow to meet your client’s needs. Failure to do so will result in the recommendation being returned.

Bespoke Option

Where the adaptation recommended is NOT covered by the Design Matrix insert functional specifications here. The Occupational Therapist should indicate the activity space requirements and information to support adaptation outside these standards, e.g.:

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Specific transfer space if exceptional.</th>
<th>Storage of specialised equipment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number/ type of beds – bed usage.</td>
<td>Carer interaction.</td>
</tr>
<tr>
<td></td>
<td>Circulation space.</td>
<td>Work surface heights</td>
</tr>
<tr>
<td></td>
<td>Design features units/white goods.</td>
<td></td>
</tr>
</tbody>
</table>

Adaptations Design Communications Toolkit 11/17 (V2)
With both options tick the relevant standard specifications and ensure it is attached to the completed recommendations. These must be amended to reflect any client specific requirements required.

### Amendments

Where an amendment is needed, to either change or add to the original recommendation, reference should be made to this recommendation, i.e. “Further to the previous recommendation forwarded on (insert date) for (insert recommendation) please amend to now provide/add (insert the recommendation details)”.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Dimensions of “exceptional” equipment where this impacts on specific room dimensions e.g. hoists, nursing equipment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet/Shower rooms</td>
<td>Space for larger than average showering equipment / carer interaction.</td>
</tr>
<tr>
<td></td>
<td>Specialised fixture/fittings including automatic flush WC’s.</td>
</tr>
<tr>
<td></td>
<td>Changing areas.</td>
</tr>
</tbody>
</table>
### OT Minor Adaptation Form (only)

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Client Qualification Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>3a completed in ALL cases – 3b is only to be completed where relevant to adaptations recommended.</td>
</tr>
<tr>
<td>3a</td>
<td>To be completed in ALL cases. All statements should be considered and only relevant statements should be ticked.</td>
</tr>
<tr>
<td>3b</td>
<td>Complete this section ONLY where, Level Access Shower or a likely re-arrangement of existing bathing provision is recommended.</td>
</tr>
</tbody>
</table>

### Section 4 | Recommendation Endorsement

4a to be completed in ALL cases;

| 4a | 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. |

### OT Major Adaptation Form

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Household / Background Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>ONLY complete Section 3 where household and property information is relevant to the adaptation recommended.</td>
</tr>
<tr>
<td>3a</td>
<td>Complete the relevant property details.</td>
</tr>
<tr>
<td></td>
<td>N.B. The Social Landlord/NIHE Grants Office is responsible for verification of property information provided.</td>
</tr>
<tr>
<td>3b</td>
<td>Complete household information as provided by the Householder/Client. The OT is not responsible for the accuracy of information inserted in this section. Continue on additional sheet if required.</td>
</tr>
<tr>
<td></td>
<td>N.B. The Social Landlord/NIHE Grants Office is responsible for verification of household details.</td>
</tr>
<tr>
<td>3c</td>
<td>Insert any relevant additional information that may assist in the provision of the adaptation.</td>
</tr>
<tr>
<td></td>
<td>i.e. caring arrangements / living arrangements/property information / environmental conditions etc.</td>
</tr>
</tbody>
</table>
### Section 4  
**Client Qualification Certifications for Major Adaptations**

4a to be completed in ALL cases – 4b & 4c are only to be completed where relevant to adaptations recommended.

<table>
<thead>
<tr>
<th>4a</th>
<th>To be completed in ALL major cases. All statements should be considered and only relevant statements should be ticked.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>Complete this section ONLY where a W/C, Level Access Shower or a likely re-arrangement of existing bathing provision is recommended.</td>
</tr>
<tr>
<td>4c</td>
<td>Complete this section ONLY where a substantive alteration or extension to provide additional bedroom and/or shower room or other living space is recommended.</td>
</tr>
</tbody>
</table>

### Section 5  
**Recommendation Endorsement**

5a to be completed in ALL cases; 5b where deemed necessary by Trust.

<table>
<thead>
<tr>
<th>5a</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5b</td>
<td>The authorised officer for the Trust must endorse the major recommendation and client qualification according to Trust procedures and requirements.</td>
</tr>
</tbody>
</table>
### MINOR ADAPTATION WORKS

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.

### CLIENT DETAILS

**MANDATORY - this section to be completed in all cases**

| 1a | Owner’s / Tenant’s Name |
| 1b | Person 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: |

### ADAPTATION RECOMMENDATIONS

Please carry out the following adaptations as per design template:

- Grab Rails at WC: Option **No**
- Grab Rails at Bat: Option **No**
- Grab Rails at Front Entrance: Option **No**
- Grab Rails at Back Entrance: Option **No**
- External Rails at Front Entrance: Option **No**
- External Rails at Back Entrance: Option **No**
- Internal Stair Rails: Option **N/A**

- Shower in Existing Bathroom: **No**
- Shower over Bath: **No**
- Ramp: **No**
- Graduated Steps: **No**
- Door Release Intercom: **No**
- Lever Taps: **No**
- Wall-mounted Shower Seat: **No Height**

**Other:**

Specifications Attached

- Doors
- Steps
- Level Approach / Ramp
- Shower
- Shower to replace bath
- Over-bath Shower
- Other:
### 3 CLIENT QUALIFICATION CERTIFICATIONS

(tick all relevant statements in all appropriate sections in Part 3)

**NOTE.** Best value design solutions within the footprint of the existing structure will be considered where technically feasible unless specifically stated otherwise.

<table>
<thead>
<tr>
<th>3a</th>
<th>[MANDATORY - this section to be completed in all cases- Boxes ticked as relevant]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consensus has been sought with client, care providers, other members of household</td>
</tr>
<tr>
<td></td>
<td>Primary purpose is to increase or maintain functional independence of client with permanent and substantial disabilities</td>
</tr>
<tr>
<td></td>
<td>Adaptations essential to client because of their disabilities / condition</td>
</tr>
<tr>
<td></td>
<td>Provision will improve and/or alleviate management problems experienced by carer</td>
</tr>
<tr>
<td></td>
<td>Proposals take account of clients’ current and long term needs</td>
</tr>
<tr>
<td></td>
<td>This is client’s only or main residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b</th>
<th>Bathing Adaptations (complete where relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provision for wheelchair access as client is likely to become or already is a wheelchair user or has limited functional range of movement</td>
</tr>
<tr>
<td></td>
<td>Making space for shower provision in existing bathroom has been considered and removal of bath is unavoidable.</td>
</tr>
<tr>
<td></td>
<td>Life time home facilities for future shower provision have been considered and cannot be utilised.</td>
</tr>
<tr>
<td></td>
<td>Reason: No specific location for the facility has been identified.</td>
</tr>
</tbody>
</table>

### 4 DATA PROTECTION DECLARATION

The client or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with appropriate Housing Agencies and any appropriate/ relevant personnel in connection with this housing/adaptation request.

### 5 RECOMMENDATION ENDORSEMENT

- 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].

5a

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td>Tel. No.</td>
</tr>
</tbody>
</table>
Occupational Therapy
recommendations on proposed
Housing Adaptations
[In accordance with the Chronically Sick &
Disabled Persons (NI) Act 1978]

MAJOR ADAPTATION WORKS

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 CLIENT DETAILS [MANDATORY - this section to be completed in all cases]

<table>
<thead>
<tr>
<th>1a</th>
<th>Owner’s / Tenant’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>Person for whom adaptation is recommended</td>
</tr>
<tr>
<td>1c</td>
<td>Address of Property</td>
</tr>
<tr>
<td>1d</td>
<td>Private Rented</td>
</tr>
</tbody>
</table>

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 | Option No | Location N/A |
| WC/Shower Room | Option No | Location N/A |
| Bedroom | Option No |
| Shower in Existing Bathroom | No |

Level Approach/Ramp
Through Floor Lift
Door Widening
Stairlift
Supervised Enclosed Area
Car Hardstanding

Specifications Attached

<table>
<thead>
<tr>
<th>Doors</th>
<th>Steps</th>
<th>Level Approach/Ramp</th>
<th>Shower</th>
<th>Car Hardstanding</th>
<th>Supervised Enclosed Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Floor Lift</td>
<td>Stairlift</td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Household / Background Information

#### 3a Property Information (tick all relevant boxes)

<table>
<thead>
<tr>
<th>Property Form</th>
<th>Ground Floor Facilities</th>
<th>First Floor &amp; Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached</td>
<td>Reception No. 0</td>
<td>Bedrooms No. 0</td>
</tr>
<tr>
<td>End Terrace</td>
<td>Kitchen</td>
<td>Bathroom</td>
</tr>
<tr>
<td>Mid Terrace</td>
<td>Dining Room</td>
<td>Stair Lift</td>
</tr>
<tr>
<td>Semi-detached</td>
<td>Bathrooms</td>
<td>Through Floor Lift</td>
</tr>
<tr>
<td></td>
<td>Bedrooms No. 0</td>
<td>En Suite Facilities</td>
</tr>
<tr>
<td></td>
<td>Integrated Garage</td>
<td>Available Storage (if relevant)</td>
</tr>
<tr>
<td></td>
<td>Available Storage (If relevant)</td>
<td>Other facilities</td>
</tr>
<tr>
<td></td>
<td>WC Compartment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other facilities</td>
<td></td>
</tr>
</tbody>
</table>

#### 3b Occupants / Family Information

(relationship to householder should be specified where requested)

- **Lives Alone**:
  - (if ticked yes go to 3c)

- **Persons ordinarily resident in property**
  - **Householder**: Gender N/A Age
  - **Partner**: Gender N/A Age
  - **Other**: Specify: Gender N/A Age
  - **Other**: Specify: Gender N/A Age
  - **Other**: Specify: Gender N/A Age
  - **Other**: Specify: Gender N/A Age
  - **Other**: Specify: Gender N/A Age

#### 3c Other relevant Information
4 CLIENT QUALIFICATION CERTIFICATIONS
(tick all relevant statements in all appropriate sections in Part 4)

NOTE. Best value design solutions within the footprint of the existing structure **will be considered where technically feasible unless specifically stated otherwise.**

### 4a [MANDATORY - this section to be completed in all cases]

<table>
<thead>
<tr>
<th>Statement</th>
<th>☐ Consensus has been sought with client, care providers, other members of household</th>
<th>☐ Primary purpose is to increase or maintain functional independence of client with permanent and substantial disabilities</th>
<th>☐ Adaptations essential to client because of their disabilities / condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Provision will improve and/or alleviate management problems experienced by carer</td>
<td>☐ Proposals take account of clients’ current and long term needs</td>
<td>☐ This is client’s only or main residence</td>
</tr>
</tbody>
</table>

### 4b WC / Bathing adaptations

<table>
<thead>
<tr>
<th>Statement</th>
<th>☐ Provision for wheelchair access as client is likely to become or already is a wheelchair user or has limited functional range of movement</th>
<th>☐ Making space for shower provision in existing bathroom has been considered and removal of bath is unavoidable.</th>
<th>☐ Lifetime home facilities for future shower provision have been considered and cannot be utilised.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ No specific location for the facility has been identified.</td>
<td>☐ Client’s functional ability to reach the existing WC as and when required is severely restricted due to the nature of their disability/condition.</td>
<td>☐ Reason:</td>
</tr>
</tbody>
</table>

### 4c General Alterations or Extensions to Living Space

<table>
<thead>
<tr>
<th>Statement</th>
<th>☐ It is not appropriate to provide vertical lift access to the existing bedrooms / bathroom</th>
<th>☐ Risk to client</th>
<th>☐ Reason:</th>
<th>☐ Risk to other occupant</th>
<th>☐ Not technically feasible</th>
<th>☐ Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Due to the multiple disability and management problems there a need to provide separate sleeping accommodation within property</td>
<td>☐ Client has extreme difficulty in negotiating stairs to reach existing bedrooms/ bathroom and prognosis indicates there will be a deterioration of function in the future.</td>
<td>☐ Reason:</td>
<td>☐ Risk to client</td>
<td>☐ Risk to other occupant</td>
<td>☐ Not technically feasible</td>
</tr>
<tr>
<td></td>
<td>☐ One additional bed space provision is required to assist family member in overnight management of severely disabled client.</td>
<td>☐ Lifetime home space for future shower provision has been considered and cannot be utilised.</td>
<td>☐ Reason:</td>
<td>☐ 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</td>
<td>☐ Not technically feasible</td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>
The client or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with appropriate Housing Agencies and any appropriate/relevant personnel in connection with this housing/adaptation request.

### Recommendation Endorsement

- 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 Services (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].

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Tel. No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Authorised Signatory for the Chief Executive</td>
<td></td>
</tr>
</tbody>
</table>
# Occupational Therapy
## Housing Needs Assessment Report

### Section 1
#### Client & Family Information

<table>
<thead>
<tr>
<th>1a Owner’s / Tenant’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1b Person for whom accessible housing solution is required</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>1c Current Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode: Phone No:</td>
<td></td>
</tr>
<tr>
<td>1d Alternative Contact Tel No:</td>
<td></td>
</tr>
<tr>
<td>Special Communication Requirements: (Interpreter required, family member required etc.)</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td></td>
</tr>
<tr>
<td>1e Current Tenure Status:</td>
<td>N/A</td>
</tr>
<tr>
<td>Housing Association (Specify)</td>
<td></td>
</tr>
<tr>
<td>Other e.g. Residential Care, Hostel, Temporary</td>
<td></td>
</tr>
</tbody>
</table>

### Functional profile:
- **Ability on Stairs/Steps:** Unable
- **At risk on Steps/Stairs:** Yes
- **Ability to use lifts:**
  - Stairlift: Contraindicated
  - Through Floor Lift: Contraindicated
  - Platform Lift: Contraindicated
- **Moving and Handling Equipment (now or in future) N/A**
- **Type**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulant disabled</td>
<td>Independent wheelchair user</td>
<td>Assisted wheelchair user</td>
</tr>
</tbody>
</table>

- **Sensory/Cognitive considerations:** N/A
  (This may require additional information from sensory support team)

### Household Details

<table>
<thead>
<tr>
<th>Name (starting with the person for whom the accessible housing solution is required)</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Do other household members above require accessible housing features?  
**No**  
If yes please provide details

Is formal overnight care currently in place?  
N/A  
(Liaison with Social Services may be required)

Other considerations in planning bedroom usage.

### Section 2  
#### Housing Options

<table>
<thead>
<tr>
<th>2a</th>
<th>Client Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the client willing to consider a range of Housing Options?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, please specify preferred option: **Housing Transfer/Re-housing**

<table>
<thead>
<tr>
<th>2b</th>
<th>OT Recommendation: Level 1 □ Level 2 □ Level 3 □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing home can be adapted but rehousing supported due to extenuating circumstances.</td>
<td>□</td>
</tr>
<tr>
<td>Mobility accommodation with minimal steps</td>
<td>□</td>
</tr>
<tr>
<td>Mobility accommodation with level access</td>
<td>□</td>
</tr>
<tr>
<td>Wheelchair accessible accommodation</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Accommodation that has potential to be adapted □

<table>
<thead>
<tr>
<th>2c</th>
<th>Key housing facilities required based on assessed need:</th>
</tr>
</thead>
</table>
| External | Ramp □ Graduated steps □ Platform lift □ Car Hardstanding □  
Car Port □ Supervised Enclosed Area □  
Other: |
| Access – Internal e.g. corridors, doors etc. if above standard specification | Considerations if more than one wheelchair user |
| *Kitchen / Dining area* | **Define Kitchen users and requirements** |
| **Bedrooms** | Design Matrix: **N/A**  
Generic □  
Bespoke Please Specify: |
| **Bathroom /WC** | Design Matrix: N/A  
Generic □ |
Generic is 3B  Bespoke Please Specify:

Essential additional storage

Electronic assistive technology

Specifications Attached

<table>
<thead>
<tr>
<th>Doors</th>
<th>Steps</th>
<th>Level Approach/Ramp</th>
<th>Shower</th>
<th>Car Hardstanding</th>
<th>Supervised Enclosed Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Through Floor Lift  Stairlift  Other:  

Section 4  Client Qualification Certifications

4a  Consensus has been sought with clients care providers other member of household  

4b  Primary purpose of housing solution is to increase or maintain functional independence of client with permanent, substantianal and long term disabilities.  

4c  Proposals take account of clients current and long term need.  

4d  Provision will improve and / or alleviate management problems experienced by carer  

5  Data protection declaration

The client or appointed person has given consent for the processing of this recommendation and any necessary personal information being shared with appropriate Housing Agencies and any appropriate/relevant personnel in connection with this housing/adaptation request. 

Section 6  Recommendation Endorsement

I can confirm that the named client is registered or eligible for registration under section 1 of the Chronically Sick and Disabled Persons (NI) Act 1978.

I also confirm that these facilities/adaptations are considered necessary and appropriate in securing the greater safety, comfort or convenience of the above named client under Sections 4b & 15 of the Health and Personal Social Services (Northern Ireland) Order 1972, Section 2e of the Chronically Sick and Disabled Persons (NI) Act 1978 and Section 2(1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

6a  Signed:  

       Occupational Therapist  

Date:  

Email:  

Tel. No.

6b  Signed:  

       Trust Authorised Signatory for the Chief Executive  

Date:
4. Technical Specifications for Minor Works

These provide pictorial examples of the standard specifications and positioning of grab rails and handrails.

Includes

- Diagonal Rail at WC
- Horizontal Rail at WC
- Vertical Rail at WC
- Folding down Hinge Supported Rail at WC
- Horizontal/Vertical Rail at Bath
- Horizontal/Vertical Rail in Showers
- Vertical Rail at Doorways
- External Handrails
- Internal Stair-rails
Option 1  Diagonal Rail
Available with a 300 or 450mm grabrail.

Option 2  Horizontal/Diagonal Rail
Available with a 450mm grabrail.
A - Horizontal
B - at 15° angle
Option 3
Vertical Rail
Available with a 450mm grabrail.

Option 4
Folding down Hinge Supported grabrail
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.
Option 5  **Horizontal/Vertical Rail**  
Available with a 450 or 600mm grabrail.  
A - Horizontal or  
B - Vertical  
A&B option available

Option 6  **Horizontal/Vertical Rail in Showers**  
Available with a 450mm grabrail.  
A - Horizontal (horizontal line 800mm above floor)  
B - Vertical (lower centre fixing point of rail, 1000mm 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 client, OT to specify.*
Option 7  Vertical Rails at doorways
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 (e.g., 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 client, OT to specify.
Note: It is not always possible to achieve the full extension beyond the last step as shown in the drawings, although this should be fitted where possible. Handrails would generally only extend 300mm past the last step due to site restrictions where feasible.

Option 8
External Handrails
Metal rail with cylindrical grip, fitted 900 - 1000mm. above the ground/pitchline 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 Ground to Wall
B - RHS ascending Ground to Wall
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 Stairrails**  Wooden rail with cylindrical grip, fitted similar height to existing handrail (see drawing). 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.
5. General Design considerations

- Positioning of doorways to all rooms needs 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 lighting.
- Ensure the provision of adequate heating.
- Consider colour contrasting for visual impairment.
- Ensure radiators do not impinge on activity space.
- Ensure bedrooms include 3 double sockets appropriately located and positioned in compliance with Building Regulations.
- Ensure access to windows/curtains and radiators.

Storage

The templates have allowed for general storage needs e.g. chest of drawers, dressing table, bedside unit and a single or double wardrobe (depending on occupancy of room). The templates also consider the storage of the client’s wheelchair within the bedroom.

There is no definitive guidance for the provision of additional storage. Such provision needs to be considered on an individual basis.

Please note there are a number of circumstances that may require additional storage space.

- Disposables.
- Specialised equipment.
- Medical supplies.
GENERAL BEDROOM DESIGN ISSUES:

- 1600x2000mm Double bed
- 900x2000mm Single bed
- 1000x2300mm Hospital bed
- 450x1350mm Dressing table (Double bedroom)
- 460x1050mm Single Dressing table/Desk (Single bedroom)
- Radiator
- Double socket
- Light switch
- 1500 or 1600mm turning circle
- 1000mm doors (600mm door leaf)
- 600x800mm single Wardrobe
- 600x1200mm double Wardrobe
- 400x400mm Bedside cabinet
- 750x450mm Chest of drawers/Desk (Single bedroom)
- 1050x450mm Chest of drawers (Double bedroom)
- Fixed tracking system

Design Template 1:
Provide 1380mm of activity space to the front of all wardrobes and drawers.
Provide 1000mm of activity space to the front of bedroom furniture with knee space.
Provide 1200mm of access space at the transfer of bed.
Provide 900mm of carer space to the non-transfer side.
Provide 800mm min. clear space at base of bed for circulation.

Exact location of Grab rails to be agreed with Occupational Therapist.

Design Template 2:
Provide 1380mm of activity space to the front of all wardrobes and drawers.
Provide 1000mm of activity space to the front of bedroom furniture with knee space.
Provide 1500mm of access space at the transfer side of bed - 1900mm dia., etc.
Provide 900mm of carer space to the non-transfer side.
Provide 800mm min. clear space at base of bed for circulation.

Exact location of Grab rails to be agreed with Occupational Therapist.

Design Template 3 (Tracking Hoist):
Provide 1380mm of activity space to the front of all wardrobes and drawers.
Provide 1000mm of activity space to the front of bedroom furniture with knee space.
Provide 1800mm of access space at the transfer side of bed.
Provide 900mm of carer space to the non-transfer side.
Provide 800mm min. clear space at base of bed for circulation.

Exact location of Grab rails to be agreed with Occupational Therapist.

Minimum Furniture Requirements:
- Single Bedroom:
  - 1 bed, 1 bedside cabinet, 1 single wardrobe, 1 single chest of drawers.
- Twin Bedroom:
  - 2 beds, 2 bedside cabinets, 2 single wardrobes, 1 double chest of drawers.
- Double Bedroom:
  - 1 bed, 2 bedside cabinets, 1 double wardrobe, 1 double chest of drawers, 1 dressing table.
GENERAL BATHROOM DESIGN ISSUES:-

**Design Template 1:**

- The 300x1000mm w/c is for independent users and does not cater for carers or people with walking aids (Restricted use only).
- Provide w/c at 450mm to sit from an adjacent wall.
- Raised control located away from adjacent wall.

A clear approach zone extending 350mm from the cill of the w/c towards the adjacent wall, and at least 1000mm from the cill of the w/c on the other side.

This zone should extend forward from the front of the w/c rim by 1100mm min and backward from the front of the w/c rim by 500mm.

The wash basin can be located on either the adjacent wall or adjacent to the cistern, this basin should not project into this space by more than 200mm.

The wash 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. Lever taps preferred.

- Allow a minimum of 700mm - 750mm for knee space at the lowest point of the basin to finished floor level.

Turning circles may overlap and access to showering areas. Exact location and size of grab rails to be agreed with Occupational Therapist.

**Design Template 2:**

- Walls in bathrooms and toilets to be capable of taking grab rails. Doors to bathrooms and w/c’s for wheelchair use to be outward opening and fitted with locks that can be opened from the outside.
- Showers for disabled wheelchair use to be knee level access shower tray floor formed and be fitted with thermostatic controls.

Any Bath for wheelchair use, to be flat bottomed with a slip resistant base and robust to take HSC Trust equipment.

The bathroom layout to be designed to incorporate ease of access and use of the fittings.

**Design Template 3:**

- As above additionally, the layout to make provision for a 1900mm turning circle.
- The design to provide for a reasonable route, (preferably direct access) for a potential ceiling mounted hoist from the main bedroom to the bathroom taking account of door/Intel track configuration. Ensure ceiling is designed sufficiently strong to support track for hoist.
6. Space Standards & Design

The following space standards, complexity descriptors and design templates have been developed to assist Therapists in their clinical reasoning and decision making regarding the space requirements for their client. They should also assist the Architects/Designers in the development of proposed plans.

It is important to note that these should be used as guidelines only. However when used in conjunction with the Therapist’s professional judgement should ensure consistency of approach in determining an individuals’ space requirements, across tenure and delivering best value design solutions.

The matrix, descriptors and templates have been categorised to reflect the level of an individual’s function. There are three levels;

- **Level 1 – ambulant user**
- **Level 2 – independent wheelchair user**
- **Level 3 – assisted wheelchair user**

The Design Standards Matrix provides a summary of agreed space standards for frequently requested adaptations. This is to be used in conjunction with the complexity level descriptors and the design template.

**Please Note:**
- 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, or a bedroom only.
- The numbering system used in the Design Matrix differs from that used to identify Minor Works described earlier in this document.
## Design Space Standards Matrix

<table>
<thead>
<tr>
<th>ROOM</th>
<th>LEVEL 1 DESIGN TEMPLATE 1</th>
<th>LEVEL 2 DESIGN TEMPLATE 2</th>
<th>LEVEL 3 DESIGN TEMPLATE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A WC</td>
<td>1500mm x 2000mm (3.00m²)</td>
<td>1800mm x 2000mm (3.60m²)</td>
<td>2000mm x 2200mm (4.40m²)</td>
</tr>
<tr>
<td></td>
<td>900mm x 1500mm (without walking aid) (1.35m²)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B WC / Shower Room</td>
<td>1700mm x 1900mm (3.23m²)</td>
<td>2300mm x 2200mm (5.00m²)</td>
<td>2500mm x 2500mm (6.25m²)</td>
</tr>
<tr>
<td>(wet floor option)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Single Standard Bed</td>
<td>3000mm x 3600mm (10.80m²)</td>
<td>3300mm x 3800mm (12.54m²)</td>
<td>3800mm x 3600mm (13.68m²)</td>
</tr>
<tr>
<td>D Single Hospital Bed</td>
<td>3100mm x 3900mm (12.00m²)</td>
<td>3400mm x 3800mm (12.92m²)</td>
<td>4100mm x 3700mm (15.17m²)</td>
</tr>
<tr>
<td>E Double</td>
<td>3800mm x 3600mm (13.68m²)</td>
<td>3900mm x 3900mm (15.21m²)</td>
<td>3950mm x 4200mm (16.59m²)</td>
</tr>
<tr>
<td>Twin Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 2 Single Beds standard</td>
<td>3900mm x 3800mm (14.82m²)</td>
<td>4200mm x 3800mm (15.96m²)</td>
<td>4500mm x 3800mm (17.10m²)</td>
</tr>
<tr>
<td>G Hospital Beds</td>
<td>4000mm x 4100mm (16.40m²)</td>
<td>4300mm x 4100mm (17.63m²)</td>
<td>4600mm x 4100mm (18.86m²)</td>
</tr>
<tr>
<td>(1 standard bed &amp; 1 hospital bed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Level 1

Complexity Descriptors / Functional considerations

- Client is able to mobilise with support of walking aid or requires supervision / assistance of one person to mobilise.
- Client’s condition is non-progressive and unlikely to significantly deteriorate, in so far as is reasonable to predict.
- Client requires supervision/ assistance of one person to carry out personal care tasks.
- Client requires supervision/ assistance of one person to transfer on /off bed / W.C. with/without equipment.
- Client need can be met with 1.2m clear unobstructed activity space to side of bed to facilitate mobility, transfer and assistance/supervision if required.

Design Considerations -Bathroom/W.C.

- Walls in bathrooms and toilets to be structurally capable of taking grab rails. Doors to bathrooms and W.C. for wheelchair use to be outward opening, where feasible, and fitted with locks that can be opened from the outside.
- The 900mmx1500mm W.C. template is for independent users and does not cater for carers or people with walking aids (restricted use only).
- Provide W.C. at 450mm-500mm to centre line (c/l) from an adjacent wall.
- Flush control located away from adjacent wall.
- A clear approach zone extending 350mm from the c/l of the w/c towards the adjacent wall, and at least 1000mm from the c/l of the W.C. on the other side.
- This zone should extend forward from the front of the W.C. rim by 1100mm minimum and back from the front of the rim by 500mm.
- The wash 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 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. Lever taps preferred.
- Allow a minimum of 700mm -750mm for knee space at the lowest point of the basin to finished floor level.
- Turning circles may over-lap level access showering areas.
- Exact location and size of grab rails to be specified on the recommendation form or by exception agreed with Occupational Therapist.

Design Considerations - Bedrooms

- Provide 1350mm activity space to front of all wardrobes and drawers.
- Provide 1000mm activity space to front of bedroom furniture with knee space.
- Provide 1200mm circulation space at transfer side of bed.
- Provide 900mm carer space to non-transfer side of bed.
- Provide 800mm minimum clear space at base of bed for circulation. Layout and positioning of furniture should allow for enhanced clearance.
<table>
<thead>
<tr>
<th>Plan Title</th>
<th>Client Name</th>
<th>Review Of Adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Template 1A(i)</td>
<td>Adaptations Design Communications Toolkit</td>
<td></td>
</tr>
<tr>
<td>User Name</td>
<td>Client Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Belfast</td>
<td>NORTHERN</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
<td>IRELAND</td>
</tr>
<tr>
<td>Scale</td>
<td>Scale</td>
<td>BT2 8PD</td>
</tr>
<tr>
<td></td>
<td>24/1/2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1:23 (approx)</td>
<td></td>
</tr>
</tbody>
</table>

Ambulant User- Walking Aid WC (3.00msq)
Ambulant User- Without Walking Aid WC (1.35msq)
Ambulant User - Walking Aid WC/Shower (3.23msq)
Ambulant User- Walking Aid Single Standard Bedroom (10.8msq)
### Ambulant User - Walking Aid Single Bedroom (Hospital Bed) (12msq)

<table>
<thead>
<tr>
<th>Plan Title</th>
<th>Design Template ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Name</td>
<td>Adaptations Design Communications Toolkit</td>
</tr>
<tr>
<td>Date</td>
<td>24/1/2014</td>
</tr>
<tr>
<td>Scale</td>
<td>1:36 (approx)</td>
</tr>
<tr>
<td>Client Name</td>
<td>Review Of Adaptations</td>
</tr>
<tr>
<td>Client Address</td>
<td>BELFAST</td>
</tr>
<tr>
<td></td>
<td>NORTHERN</td>
</tr>
<tr>
<td></td>
<td>IRELAND</td>
</tr>
<tr>
<td></td>
<td>BT2 8PD</td>
</tr>
</tbody>
</table>
Ambulant User - Walking Aid Double Bedroom (13.68msq)
Ambulant User- Walking Aid Twin Bedroom (14.82msq)
Ambulant User- Walking Aid Twin Bedroom (1 Standard Bed and 1Hospital Bed) (16.40msq)
Level 2

Complexity Descriptors / Functional considerations

- Client is a wheelchair user for both indoor / outdoor mobility or requires assistance of 1-2 people to mobilise.
- Client’s condition is non-progressive and further significant deterioration is not predicted which may necessitate more complex wheelchair / seating provision e.g. tilt in space.
- Client can manoeuvre their wheelchair/shower chair, with or without assistance, within a turning circle of 1.5m. This may include powered wheelchair users.
- Client is able to transfer on/off bed/chair /wc with /without assistance of equipment and/or 1-2 carers.
- Client 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 scheme.
- Clear unobstructed activity space of 1.5m is required to the side of the bed to facilitate safe transfer with or without assistance. 1.5m clearance will safely accommodate wheelchair user and 1-2 carers.

Design Considerations - Bathroom/W.C.

- Walls in bathrooms and toilets to be structurally capable of taking grab rails. Doors to bathrooms and w/c for wheelchair use to be outward opening and fitted with locks that can be opened from the outside.
- Showers to be level access shower tray / floor former (as per OT specification) and be fitted with thermostatic controls.
- The bathroom layout to be designed to incorporate ease of access and use of the fittings.
- W.C. position generally at 450mm - 500mm to c/l from an adjacent wall but may alter to accommodate clients preferred method of transfer e.g. frontal, oblique or lateral.
- Flush control located away from adjacent wall.
- The wash 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 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. Lever taps preferred.
- Allow a minimum of 700mm -750mm for knee space at the lowest point of the basin to finished floor level.
- Turning circles may over-lap level access showering areas.
- Exact location and size of grab rails to be specified on the recommendation form or by exception agreed with Occupational Therapist.
- The layout to make provision for a 1500mm unobstructed turning circle.

Design Considerations - Bedrooms

- Provide 1350mm activity space to front of all wardrobes and drawers.
- Provide 1000mm activity space to front of bedroom furniture with knee space.
- Provide 1500mm circulation space (turning circle) at transfer side of bed.
- Provide 900mm carer space to non-transfer side of bed.
- Provide 800mm minimum clear space at base of bed for circulation. Layout and positioning of furniture should allow for enhanced clearance.
- Minimum clearance of 1200mm should be facilitated at base of bed to accommodate wheelchair users who may require access to both sides of bed to access windows, storage etc.
Independent Wheelchair User WC (3.6msq)
Independent Wheelchair User WC / Shower (5msq)
Independent Wheelchair User Single Bedroom (12.54msq)
Independent Wheelchair User  Single Bedroom (12.54msq)
Independent Wheelchair User  Single Bedroom
(Hospital Bed) (12.92msq)
Independent Wheelchair User Single Bedroom (Hospital Bed) (12.92msq)
Independent Wheelchair User Double Bedroom (15.21msq)
Independent Wheelchair User Twin Bedroom (15.96msq)
Independent Wheelchair User Twin Bedroom (17.63msq)
Level 3

Complexity Descriptors / Functional considerations

- Client is a wheelchair user for both indoor and outdoor mobility.
- Client is unable to propel themselves and is dependent on a carer to assist.
- Client and carer require a 1.8m turning circle to safely manoeuvre the wheelchair/shower chair.
- Client requires assistance with transfers and may require hoisting to facilitate safe transfer.
- Clear/unobstructed activity space of 1.8m is required to the side of the bed to facilitate safe transfer with/without hoist. Unobstructed space of 2.3m may need to be considered for a mobile hoist user. Where this is required the recommendation needs to be processed as a bespoke scheme.
- This template will also accommodate an independent wheelchair user who may require provision of a desk for work or study.

Design Considerations - Bathroom/W.C.

- Walls in bathrooms and toilets to be structurally capable of taking grab rails. Doors to bathrooms and W. C. for wheelchair use to be outward opening and fitted with locks that can be opened from the outside.
- Showers to be level access shower tray/floor former (as per OT specification) and be fitted with thermostatic controls.
- The bathroom layout to be designed to incorporate ease of access and use of the fittings.
- W.C. position generally at 450mm - 500mm to c/l from an adjacent wall but may alter to accommodate clients preferred method of transfer e.g. frontal, oblique or lateral.
- Flush control located away from adjacent wall.
- The wash 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 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. Lever taps preferred.
- Allow a minimum of 700mm -750mm for knee space at the lowest point of the basin to finished floor level.
- Turning circles may over-lap level access showering areas.
- The layout to make provision for an unobstructed 1800mm turning circle.
- Exact location and size of grab rails to be specified on the recommendation form or by exception agreed with Occupational Therapist.
- Should the design require the provision of an overhead tracking hoist, the OT should highlight this in their recommendation. Consultation will be necessary with approved installers to ensure ceiling joists are capable of adequate load bearing.

Design Considerations - Bedrooms

- Provide 1350mm activity space to front of all wardrobes and drawers.
- Provide 1000mm activity space to front of bedroom furniture with knee space.
- Provide 1800mm circulation space (turning circle) at transfer side of bed.
- Provide 900mm carer space to non-transfer side of bed.
- Provide 800mm minimum clear space at base of bed for circulation. Layout and positioning of furniture should allow for enhanced clearance.
- Minimum clearance of 1200mm should be facilitated at base of bed to accommodate wheelchair users who may require access to both sides of bed to access windows, storage etc.
Assisted Wheelchair User WC (4.40msq)
Assisted Wheelchair User WC/Shower Room (6.25msq)
Assisted Wheelchair User Single Bedroom (13.68msq)
Assisted Wheelchair User Single Bedroom (Hospital Bed) (15.17msq)
Assisted Wheelchair User Double Bedroom (16.59sqm)
Assisted Wheelchair User Twin Bedroom
(17.10msq)
Assisted Wheelchair User Twin Room (1 Hospital Bed) (18.86msq)

Note
The assisted wheelchair templates have been designed to use a fixed tracking hoist. The position of the tracking hoist is for illustration purposes only.
If an alternative mobile hoist is preferred the optimum turning circle required is 2300mm.

A range of standard templates for particular types of recommendations exist across Occupational Therapy services. A set of specifications have been devised based on best practice which are to be universally adopted and used along with the OT recommendation templates. The available specification templates in the toolkit are for the following types of work. These should be attached to the OT recommendation forms.

- Car Hardstanding
- Level Approach / Ramps
- External Steps including Handrails
- Doors / Door Widening
- Stairlift
- Through-Floor Lift
- Showers
- Shower to Replace Bath
- Outdoor Supervised Enclosed Areas
## Occupational Therapy Service

### Car Hardstanding Specification

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Tel No:</strong></td>
<td><strong>Tel No:</strong></td>
</tr>
<tr>
<td><strong>Contact person (if different from above)</strong></td>
<td><strong>Date:</strong></td>
</tr>
</tbody>
</table>

- Provision of level hardstand in close proximity to **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.
- Pathway, minimum clear width of **900mm** to be provided from hardstand 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 the Occupational Therapist and relevant Housing Provider before proceeding.
**Occupational Therapy Service**

**Level Approach / Ramp Specification**

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

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**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.
- Crossfall not exceeding 1:40.

**RAMP PROVISION**

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

**Preferred Location**
- Front Access

**Gradient**
- Must be kept to a minimum.
  1:20 recommended where site conditions allow. If not feasible consult with OT 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 least the width of the ramp. If other please specify.
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**.
- To extend horizontally **300mm** beyond the end of ramp.
- The rails should be cylindrical, galvanised, attached **50-60mm** from wall and not exceeding **40-50mm** diameter.
- Should terminate in a closed end and not project into a route of travel.

Kerb
- **100mm** minimum upstand on each exposed side of ramp and landings.

Guarding
- Required when rise in excess of 600mm.

Surface
- To be constructed from material that does not deteriorate due to weather conditions, e.g. timber.
- Slip resistant finish to be provided.
- Allow for drainage of surface water.

Threshold
- Provide level threshold to any doorway leading off ramp. Thresholds must be chamfered or rounded.

Door
- If door requires alteration, please refer to door specification.

Any other specific 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 the Occupational Therapist and relevant Housing Provider before proceeding.
External Steps including Handrails Specification

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Preferred Locations: - Front Access

**Specification - Steps**
- Level platform of not less than 900mm depth.
- The rise to be a maximum of 75mm (maximum of 100mm recommended for walking aid users)
- The going to be a minimum of 350mm
  - Minimum unobstructed width 1000mm.
  - Steps should be uniform and treads 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 **No**

**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, galvanised, attached 50-60mm from wall and not exceeding 40-50mm diameter.
- Should terminate in a closed end and not project into a route of travel.

**Any other specific instructions:**
External Steps including Handrails

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 before proceeding.
**Occupational Therapy Service**

**Doors/Door Widening Specification**

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Location:**  
- Bathroom [ ]  
- Living room [ ]  
- Reception room [ ]  
- Bedroom [ ]  
- Access [ ]  
- Kitchen [ ]  
- Other, please specify [ ]

**Door Specifications:***

- Door set to allow a minimum clear opening of **B 876mm**

- When creating new or widening existing internal door openings, install a **926 mm** wide door leaf as standard (**B**).

- Where existing door widths are restricted in an existing property, a clear opening of **775 mm** will be acceptable (**A**).

- By exception, a **1026 mm** wide internal door leaf can be provided, if requested by an O.T. and space allows (**C**).

- Doors should be positioned to allow maximum opening, against walls where possible.

- A minimum range of **300-500mm** clear space at the leading edge of the door, where technically feasible.
• 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, however where a raised threshold is unavoidable, e.g. to prevent water ingress, this must not exceed a maximum height of **15mm**. Thresholds must be chamfered or rounded.

• 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. A sliding/pocket door may also be considered where space is limited, if feasible.

**Any other specific instructions**

**N.B.** Specifications 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 before proceeding.
**Occupational Therapy Service**

**Stairlift Specification**

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

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

**Service User details:**

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

**Stairlift Type**

- **Straight**
- **Seat swivel**
  - Standard  □  Bespoke  □  please specify
- **Seat height - footplate to seat**
  - Standard (470mm)  □  Bespoke  □  please specify – popliteal height mm

**Lapbelt type**

- Standard  □  Extra length  □  Bespoke  □  please specify

**Controls**

- Standard  □  Bespoke  □  please specify

**Location:**  Right

**Footplate Link**

- Standard (powered link)  □  Bespoke  □  please specify mm

**Any other 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 the Occupational Therapist and relevant Housing Provider before proceeding.
# Occupational Therapy Service
## Through Floor Lift Specification

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

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

**Service User details:**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>cms</td>
<td>kg</td>
</tr>
</tbody>
</table>

**Seat type if required:** Fold up

**Rails if required:** No

**Wheelchair Dimensions (where appropriate)**

<table>
<thead>
<tr>
<th>Overall length</th>
<th>Overall width</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm</td>
<td>mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combined weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>kg</td>
</tr>
</tbody>
</table>

**Wheelchair usage (method of propulsion)**

N/A

**Wheelchair weight**

**Lift Door** Manual (standard)

**In Lift Communication** Landline

**Any other 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 the Occupational Therapist and relevant Housing Provider before proceeding.
## Occupational Therapy Service

### Shower Specification

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**TYPE OF SHOWER** (Delete/Tick 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. It 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:
Slip resistant flooring (Pendulum test with a Coefficient of Friction >36 – as per NIHE Specifications) 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: Short Wall
Generally controls should be sited on the long wall of the shower at 90\(^\circ\) 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 Control (please specify): Lever

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 form wall (See attached diagram)

Shower Hose:
Provision of a flexible and detachable hose. Length 1500mm

Grab Rails:
All rails to have a slip resistant finish and a diameter of 35mm average.
Colour contrast required No

Length Horizontal 12”/300mm

Length Vertical 12”/300mm

See attached diagram for approximate position

Or

By exception position to be determined by O.T. during construction ☐
**Shower Seat:**

Shower seat to be provided by O.T. Department  

Or

Fixed folding shower seat required with supporting legs

The seat should accommodate a minimum weight of  st/kg

Fixing height  **430mm**

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

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

**Tiling/ Panels:** Walls around showering area to be suitably tiled or panelled.

**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.

**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 before proceeding.
SHOWER FIXTURES AND FITTINGS

Note: Dimensions highlighted are for guidance only and may need to be amended to meet individual needs.
## Occupational Therapy Service

### Specification Shower to Replace Bath

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person: (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**TYPE OF SHOWER** (Delete/Tick 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. It 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.
4. **Preferred Location:** (For illustrative purposes only—reference this specification for the details)

Provide a sketch:
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  
- 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. (See attached diagram.) Positioning on short wall may be more suitable for assisted user to facilitate access to controls for carer.

**Type of Control (please specify):** Lever

**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 form wall (See attached diagram)

**Shower Hose:**

Provision of a flexible and detachable hose. Length 1500mm

**Grab Rails:**

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

Colour contrast required  
- No

Length  
- Horizontal 300mm

Length  
- Vertical 300mm

See attached diagram for approximate position

Or

By exception position to be determined by O.T. during construction
**Shower Seat:**

Shower seat to be provided by O.T. Department

Or

Fixed folding shower seat required with supporting legs

The seat should accommodate a minimum weight of st/kg

Fixing height **430mm**

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

**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 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.

**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 before proceeding.
SHOWER FIXTURES AND FITTINGS

Note: Dimensions highlighted are for guidance only and may need to be amended to meet individual needs.
Occupational Therapy Service

Outdoor, Supervised Enclosed Area Specification

<table>
<thead>
<tr>
<th>Service User Details</th>
<th>Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Contact person (if different from above)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Preferred Location – To be sited where there is immediate access and visibility from property

Front Access

Area: Area should not exceed 30m²

Level surface throughout the enclosed area.

Fencing – Specifications

- 1.83m (6ft) high – 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 works cannot be completed to this specification, please consult with the Occupational Therapist and relevant Housing Provider before proceeding.
8. 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

<table>
<thead>
<tr>
<th>Section Title &amp; headers</th>
<th>Suggested content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title page</td>
<td></td>
</tr>
<tr>
<td>Table of contents / Glossary</td>
<td></td>
</tr>
<tr>
<td>Organisation Profile &amp; background</td>
<td></td>
</tr>
<tr>
<td>1. Project Manager</td>
<td></td>
</tr>
<tr>
<td>2. Organisation Name</td>
<td></td>
</tr>
<tr>
<td>3. Organisation purpose</td>
<td></td>
</tr>
<tr>
<td>4. Key Design Principles</td>
<td>Set out Design Standards to be applied; Highlight, for example, where relevant - Life time homes (LTH); sustainability; innovation; legislative or regulatory issues; funding requirements.</td>
</tr>
<tr>
<td>5. Relevant Client details</td>
<td>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.</td>
</tr>
<tr>
<td>Commissioning Statement</td>
<td></td>
</tr>
<tr>
<td>6. Client need Description</td>
<td>Insert key information from tenancy file and OT recommendations</td>
</tr>
<tr>
<td>7. Design Requirements</td>
<td>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 OT recommendation.</td>
</tr>
<tr>
<td>8. Constraints</td>
<td>The initial investigation by the commissioning organisation should identify any constraints. These should be detailed in</td>
</tr>
</tbody>
</table>
this section of the brief and the consultant instructed to investigate and factor into the design solution options produced. Such as: physical/environmental constraints; any housing 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 OT 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 OT endorsement & funding approval standards i.e. ratio, furniture layouts etc.

Conclusion/Summary
Dear Sir/Madam,

Name:
Address:
Ref No:

(Where applicable)

Thank you for plans relating to the above named client’s adaptation, received on .

Please note the following:

1. The plans are satisfactory and will address the client’s needs as recommended. 

2. Generally the plans are satisfactory; however, the minor amendments listed below would need to be considered. It is necessary to forward an amended plan for further comment / approval.

3. The plans are not satisfactory and will not address the client’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
Occupational Therapy Final Inspection

Date:
Housing Provider
Address
Postcode

Dear Sir/Madam,

Re: OT Final Inspection Visit

Name:
Address:
Ref No:

(Where Applicable)

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

1. The work has been completed satisfactorily and in accordance with the Occupational Therapist’s 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 Therapist’s recommendations (see comments below). A follow up joint visit is necessary to address the issues.

Comments:

Yours faithfully

Occupational Therapist