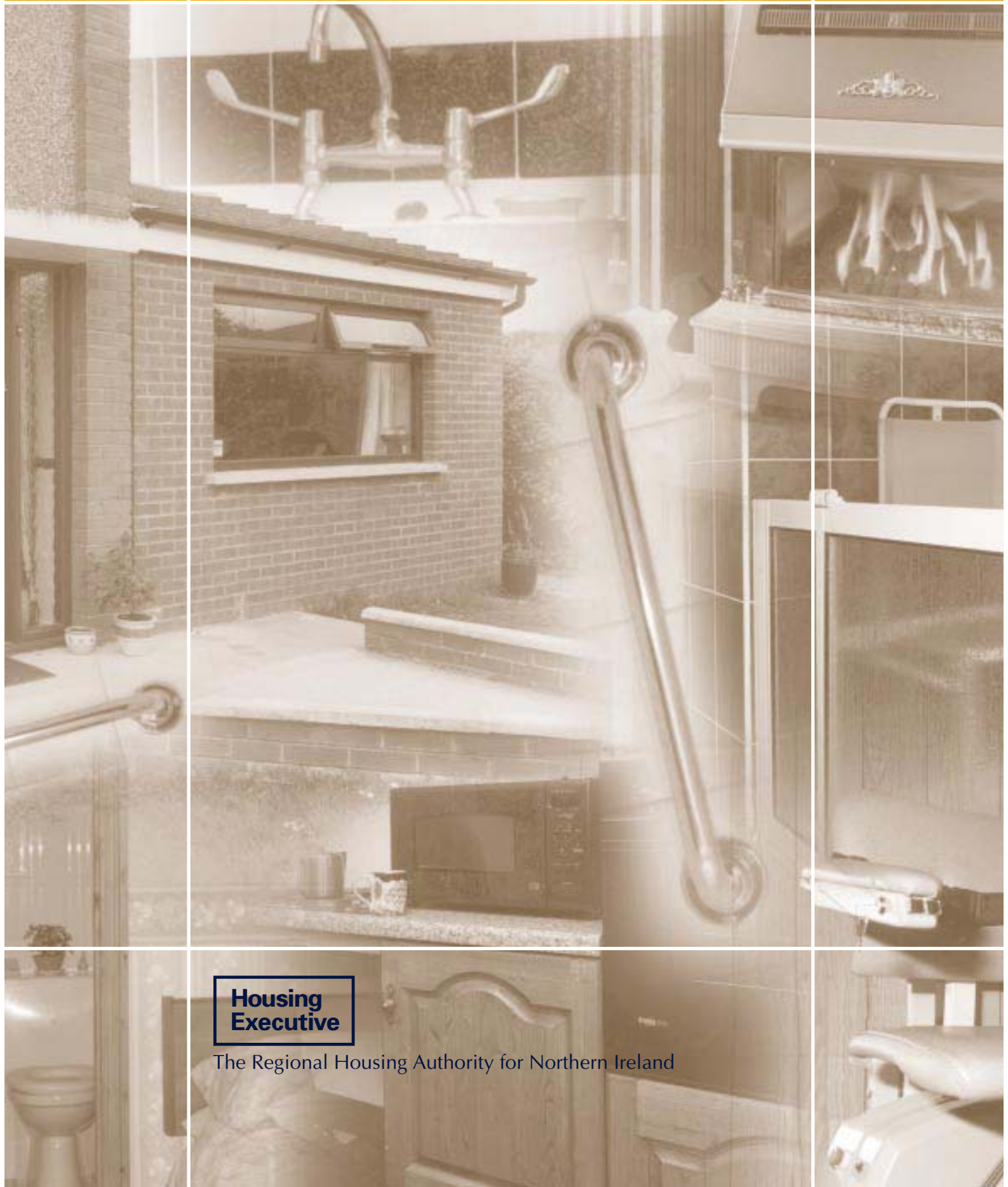


Joint Fundamental Review of the Housing Adaptations Service



**Housing
Executive**

The Regional Housing Authority for Northern Ireland

Joint Fundamental Review of the Housing Adaptations Service

This document is available in alternate formats.

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Preface

This is the Final Report of the group set up within the Northern Ireland Housing Executive and the Department of Health, Social Services and Public Safety to undertake a review of the housing adaptations service. The group was set up in February 2000 and produced a Preliminary Report in March 2001 so that work could start immediately to implement a number of the key recommendations.

The introduction of the 1991 policy document "People First: Community Care in Northern Ireland for the 1990s", which set out proposals for improving the management and delivery of community care, led to increasing numbers of the elderly and people with disabilities opting to live at home with appropriate community care support. This increase has led to concern from service users, public representatives and others that some adaptations are not being completed as quickly as required.

The Review covered the housing adaptations service for public and private sector residents and included the roles played by Occupational Therapists, Housing Executive staff, consultants, contractors and agencies involved in the process. It was undertaken to address the concerns about waiting times and to look at other issues relating to the increased demand on Occupational Therapy services and the increased pressure on Housing Executive budgets.

The methodology followed guidelines for Best Value Fundamental Reviews. This included Challenging the provision of the service, Comparing the service with that of other providers, Consulting a wide range of stakeholders and examining the potential for extending the use of Competition in service provision.

The Review Group have concluded that a wide range of actions can be taken to significantly improve the service from the date of referral to the completion of work.

It acknowledges, however, that many of these service improvements will place even greater pressure on the adaptations budget. While the availability of finance is outside the remit of the group it has included recommendations aimed at ensuring that a set of criteria and procedures for dealing with the most urgent cases are agreed, and reflected in the programme of work.

Significant progress has already been made in reducing the requirement for assessment of housing adaptation requests by the occupational therapy service. However, it is clear, given the continued increase in demand for the service, that further improvements in waiting times are dependent on the increase in additional occupational therapy resources. Given the time required to recruit and train such staff it will take at least one year, in our view, for waiting times to show further improvement.

Improvements at the front-end of the service are evident but these are already creating pressures on the actual delivery of adaptations. There is a risk that backlogs will increase at the delivery stage unless financial provision is increased.

A number of steps have been taken to improve the quality of information available to applicants but more work remains to be done to ensure applicants can easily obtain consistent, high quality information on adaptations.

It is proposed to maintain the existing Steering Group in order to ensure the recommendations are completed and ongoing performance monitoring is carried out. A progress report will be produced by the Steering Group by March 2003.

Executive Summary

Background

1. The Review Group was set up to undertake jointly a Fundamental Review of the housing adaptations service and to make recommendations for improving the service.
2. A Preliminary Report was released in March 2001 so that immediate steps could be taken to improve the service.
3. Existing Legal and Financial frameworks for adaptations are not impediments to improving the service. Further research was required regarding some aspects of Disabled Facilities Grants, particularly in relation to children with disabilities and the prescriptive requirement for an individual Occupational Therapists recommendation in every grant case. The Steering Group is now recommending a change in Northern Ireland legislation to exempt adaptations for children from a means test and to introduce some flexibility into the consultative process.

The Department for Social Development has been asked to consider these legislative amendments. The Minister announced on 28th January 2002 that a review of the means test element of the Disabled Facilities Grant is to be undertaken. The Department have also indicated that the new Housing Bill will include a provision to allow some flexibility in the consultation between the Housing Executive and the Health Boards and Trusts with regard to private sector adaptations.

4. The methodology used to carry out the Fundamental Review followed established guidelines.
5. Alternative systems of delivering the service were examined. The options considered were as follows:-
 - a. A one stop service operated by the Health and Social Services Trusts.
 - b. A one stop service operated by the Housing Executive.
 - c. The establishment of a new Adaptations agency.
 - d. The privatisation of all or part of the service.
 - e. The transfer of some functions from the Trusts to the Housing Executive and/or vice versa and the streamlining of operations between the agencies.
 - f. Increasing the role of voluntary agencies.

The first three options were examined but considered impractical and the Steering Group recommended some further examination of the final three options.

6. A series of consultation and comparison exercises were carried out, including benchmarking costs, performance and procedures; a user survey; staff/external organisation consultation; meetings with Health and Social Services Boards and Trusts; a case audit and a grants review.
7. Parts of the service are already subject to competition.
8. Service level agreements, performance targets and charter standards are already in place.

Facts and Figures

9. Demand and Volumes

- Demand for the service has grown significantly since 1994. 12-14% of referrals to Community Occupational Therapy departments come from housing sources. Between April 1999 and March 2000 there were 48,000 new referrals to Community Occupational Therapy departments, a significant proportion of which resulted in adaptations to housing. A minor reduction in new referrals has been noted since changes were introduced in March 2001.
- Demand for the service will continue to grow for a variety of reasons including early hospital discharge and underlying demographic trends.
- The distribution of demand is likely to change in favour of areas outside Belfast.
- Higher relative growth is expected in the private sector.

10. Benchmarking Costs, Performance and Procedures

- Annual expenditure on adaptations by the Housing Executive is around £25 million. In addition there is expenditure by Housing Associations, currently £800k per annum, and direct provision of adaptations/equipment by Health and Social Services Trusts at least £4 million per year. An audit, which is currently being finalised, will show the full Health and Social Services expenditure on adaptations and equipment including expenditure from other health and social services professionals.
- The relative level of expenditure by the Housing Executive on adaptations is higher than any other housing authority which participated in a comparison exercise.
- Other authorities are also experiencing high levels of growth in service demand.
- Processing targets set by the Housing Executive are not always met.
- There is no evidence of waiting time for adaptations following assessment varying by area.
- As resources have been targeted to people in greatest need, there has been an undoubted trend towards longer waiting times for the assessment of non-priority cases by the Occupational Therapy service.
- There are variations in waiting times for Occupational Therapy assessment between Trusts.
- Assuming existing resources and systems remain unchanged waiting times are likely to increase.
- A range of good practices was identified.

11. User Survey

- High levels of satisfaction were recorded when the work was on-site or completed.
- 99% of applicants used the adaptation every day.

- 93% stated that the adaptation had improved their independence in the home.
- More than half of applicants where work had not started were dissatisfied with the service. The main causes quoted were: Length of waiting time, views not taken into consideration, conflicting information or lack of information and changes in start dates
- Nearly one quarter of private applicants had difficulty in finding a contractor.
- Nearly 45% thought the service could be improved around speed, contact points and level/ease of access to information.

12. Consultation Exercises/Focus Group Views

- Comments on the preliminary report were generally favourable and where appropriate have been taken on board.
- Steps are required to improve the accessibility of information.
- Extensive training on a joint basis between the Housing Executive and the Health and Social Services Trusts is required.
- Visual presentation of complex schemes is to be improved.
- Regular updates on progress to the client are to be provided.
- Approval systems need to be simplified and speeded up.
- Good practice should be disseminated throughout the Province.
- Working arrangements for heating and minor works need to be changed.
- Systems for information exchange need to be improved.
- Better client information is required.

13. Review of Occupational Therapy Input

- On the basis of current service demand the Occupational Therapy service is under-resourced and Occupational Therapists have not been able to offer people in need their full range of skills which has had an impact on staff morale.
- A range of good practices was identified across the five Trusts studied.
- Occupational Therapists deliver a range of core services including treatment, equipment provision/training, care planning/risk assessment and management to support care in the community. A significant part of this role involves the assessment of housing need and, in privately owned housing, the provision of lifts and urgent minor works where they are essential.
- A regional Occupational Therapy Managers' Forum exists to identify, develop and disseminate good practice throughout Northern Ireland. It also monitors equity of service provision, service standards and continuous professional development requirements. During consultation the Forum expressed concern about waiting times for Occupational Therapy assessment and with existing arrangements for assessing total demand for Occupational Therapy services.

- A system of prioritising and responding to need has been established throughout Northern Ireland through the Community Occupational Therapy service.
- Northern Ireland Occupational Therapists are represented on COTSSIH which is the College of Occupational Therapists' specialist section on housing which promotes good practice in the UK and Ireland.
- Occupational Therapy audits have indicated that people with complex needs often require considerably more than a single home assessment before adaptations can be recommended, and that it can take up to 60 hours to fully address a person's needs.

14. Case Audit

- The most common factors contributing to delays were:
 - Some private applicants delayed submitting documentation because of problems relating to their financial contribution.
 - Replacement rather than modification of the property was required.
 - Consultants were 'slow' to provide necessary information.
 - Changes required to suit the tenant.
 - Administrative problems.

15. Grants Review

- Joint visiting arrangements were working well in some areas.
- The Care & Repair agencies were providing a valuable service which could be extended.
- The system for means-testing (Test of Resources - TOR) was carried out too late in the process.
- Information exchange could be improved.

16. Competition

- Consultants' performance did not recognise the urgency of the work.
- Those parts of the service which could be subject to competition are already covered by the competition process.

17. Heating Sub Group Report- Executive Summary

- A Heating Sub-Group was set up with representatives from the Housing Executive and the four Health & Social Services Area Boards.
- The group looked at substantial changes to be made in the provision of automatic heating for the elderly and people with disabilities.
- Protocols and guidance developed to ensure successful hand over of responsibility for assessment of change of heating requests from the H&SS Trusts to the Housing Executive.
- International evidence on the effects of home heating on the health and performance of older and disabled people compiled and reviewed.
- Home heating has a highly significant effect on health social well being and performance of the elderly and people with disabilities.

- The principle of having an automatic, user friendly heating system for the elderly and people with disabilities should be considered as a housing standard.

18. Design Group Summary

- The Fundamental Review included a substantial review of housing design standards.
- A number of key findings were identified under the headings of Published Guidance, Reflecting the Needs of Users, New Technology and Design Process.
- Design Standards in new build housing were also examined, including the impact of lifetime homes and Part R Building Regulations on housing adaptations.
- A revised Design Guide is being produced.

19. Housing Adaptations Liaison Officer

- The Department of Health, Social Services and Public Safety and the Housing Executive are jointly funding a post to assist with the implementation of the Review recommendations for a two year period from February 2001.
- The purpose of the post is primarily to facilitate interagency work to ensure that people who have a disability receive the best possible housing adaptations service regardless of housing tenure.

20. Consultation and Recommendations

Prior to the production of the preliminary report extensive consultation took place with Health and Social Services Trusts, Housing Executive staff and users.

A total of 26 recommendations, grouped under five main headings, were produced in the preliminary report along with an action plan for those requiring immediate implementation.

The findings from consultation on the Preliminary Report are reflected in the final report. Points to note arising from the consultation are:

- Greater emphasis on improved communication prior to the introduction of electronic exchange of information;
- Penalties for poorly performing contractors/consultants as well as incentives for good performance;
- Importance of delivering commitments to training, development and best practice and
- Seeking removal of means testing for children requiring adaptations.

For the Final Report the recommendations have been amended and re-grouped under the three objectives listed below.

1. To reduce waiting time for assessment by the occupational therapy service
2. To reduce waiting time for processing and completion of adaptation
3. To improve the quality of the service

Final Recommendations and Action Plan

Reduce Waiting Time for Occupational Therapy Assessment

- 1 *Transfer responsibility for public sector change of heating requests to the Housing Executive.*
 - The Housing Executive's heating evaluation process was introduced from March 2001.
 - 1800 cases waiting for Occupational Therapy assessment were transferred to the Housing Executive in March 2001.
 - By September 2001 the backlog was fully assessed and programmed for delivery.
 - By December 2001 over 2200 new cases were received by the Housing Executive.
- 2 *Bid for resources to recruit 30 additional Occupational Therapists to provide a more responsive service and meet Charter Standards.*
 - A bid for £0.5m to recruit 20 additional Occupational Therapists has been accepted.
 - The use of a grade and skill mix has maximised these resources and by December 2001 16.83 additional posts had been filled, mainly after August 2001, with more posts likely to be filled during 2002.
- 3 *Develop and introduce a new, more appropriate method of commissioning Occupational Therapy services.*
 - Develop an information package for Health and Social Services Boards and Trusts by May 2002 outlining:
 - The present and future trends influencing housing adaptations services
 - The benefits of housing adaptations in relation to community care
 - Findings from the Fundamental Review of Adaptations
 - Action plan relating to the review
- 4 *Review the skill and grade mix of the Community Occupational Therapy teams.*
 - A study is currently underway to identify models utilised in various parts of the UK
 - Exercise to be completed by May 2002.
- 5 *Health and Social Services Trusts to consider employment of Occupational Therapists specifically for housing adaptations.*
 - Evaluate the potential of enhancing Trust capacity by using private Occupational Therapists by May 2002.

Reduce Waiting Time for Processing & Completion of Adaptation

- 1 *Develop and publish a directory of recognised contractors, suppliers & consultants (including through the Internet).*
 - Directory to be completed by December 2002
- 2 *Pilot early information to grants applicants on full cost of the work.*
 - Pilot commenced January 2001.
 - Evaluation of pilot by December 2002.
- 3 *Advise grant applicants of financial contribution at the start of the process.*
 - Preliminary test of resources to be carried out in all cases from January 2001.
- 4 *Extend performance targets to cover the entire process from start to finish.*
 - Comprehensive performance targets will be in place by June 2002.
- 5 *Protocols for dealing with adaptations needed urgently to be agreed between the Housing Executive and DHSSPS and reflected in work programmes.*
 - Protocols to be agreed and implemented by May 2002.
 - Reduce delivery/installation time of lifts to 10 - 12 weeks from 22 weeks.
 - Measured term contracts in place by September 2001.
 - Agreement with suppliers/installers in place by July 2001.
- 6 *Negotiate with Building Control and the Planning Service to extend good practice in speeding up approvals to all areas.*
 - Negotiations with Building Control/Planning Service to commence April 2002 and complete September 2002.
- 7 *Substitute a simpler system for economic appraisals for major public sector adaptations.*
 - Option appraisal replaced economic appraisal from November 2001.
- 8 *Extend the list of minor works which can be carried out by the Housing Executive without Occupational Therapy assessment.*
 - List of Minor works in Housing Executive properties not requiring Occupational Therapy assessment extended from March 2001.
 - Follow-up training organised for February/March 2002.
- 9 *Provide incentives to contractors/consultants for speedy response times and good quality work.*
 - Incentives and penalties to be absorbed into new contracts from 2003
- 10 *Revise methodology for selection of contractors.*
 - Quality/price criteria to be applied to new contracts from 2003

11 *Develop and introduce an electronic information system for:*

- Referrals
- Reports
- Improving co-ordination of waiting list information
- Project Management
- Enhanced communication flow with Care and Repair agencies
 - A bid for Executive Programme funding was not accepted.
 - Proceed on pilot basis with Armagh/Dungannon and North/West Belfast Trusts.
 - Preliminary work undertaken with Trusts and the Housing Executive.
 - Commence pilot June 2002.

12 *Ensure joint visits take place at critical stages.*

- Develop protocol for joint visits by April 2002.
- Incorporate into joint training by April 2002.

13 *The Housing Executive to bid for funding for heating backlog.*

- Additional £2.5m made available to Housing Executive to commence dealing with backlog.

Improve the Quality of Service

1 Improve accessibility of information.

- Revised information leaflets produced by October 2001 and distributed by November 2001.
- Scope and develop website by October 2002.

2 Develop a single point of contact within the Housing Executive for people inquiring about adaptations.

- Produce Step by Step guides which will specifically advise clients of responsible officers, processes and timescales by May 2002.
- Ensure key contact person is appointed for each stage and communicated to user by June 2002.
- Ensure applicants are kept informed of progress through systematic updating by September 2002.

3 Provide a Helpline for people carrying out adaptations without Housing Executive assistance.

- Install and resource helpline from October 2002.

4 Staff and design consultants to receive training on disability awareness and adaptations processes and good practice.

- Training Pack on User Centred Design developed and delivered on pilot basis to design consultants by May 2001.
- Survey of Occupational Therapy Continued Professional Development needs completed by June 2001.
- Complete training audit of Housing Executive staff May 2002.
- Commence pilot training programme by February 2002.

5 Re-establish a modified version of the joint adaptations forum and include user representatives.

- Organise operational seminars (3 locations) with user involvement across different types of client.
- First session to be held by June 2002, second by September 2002 and third by October 2002.

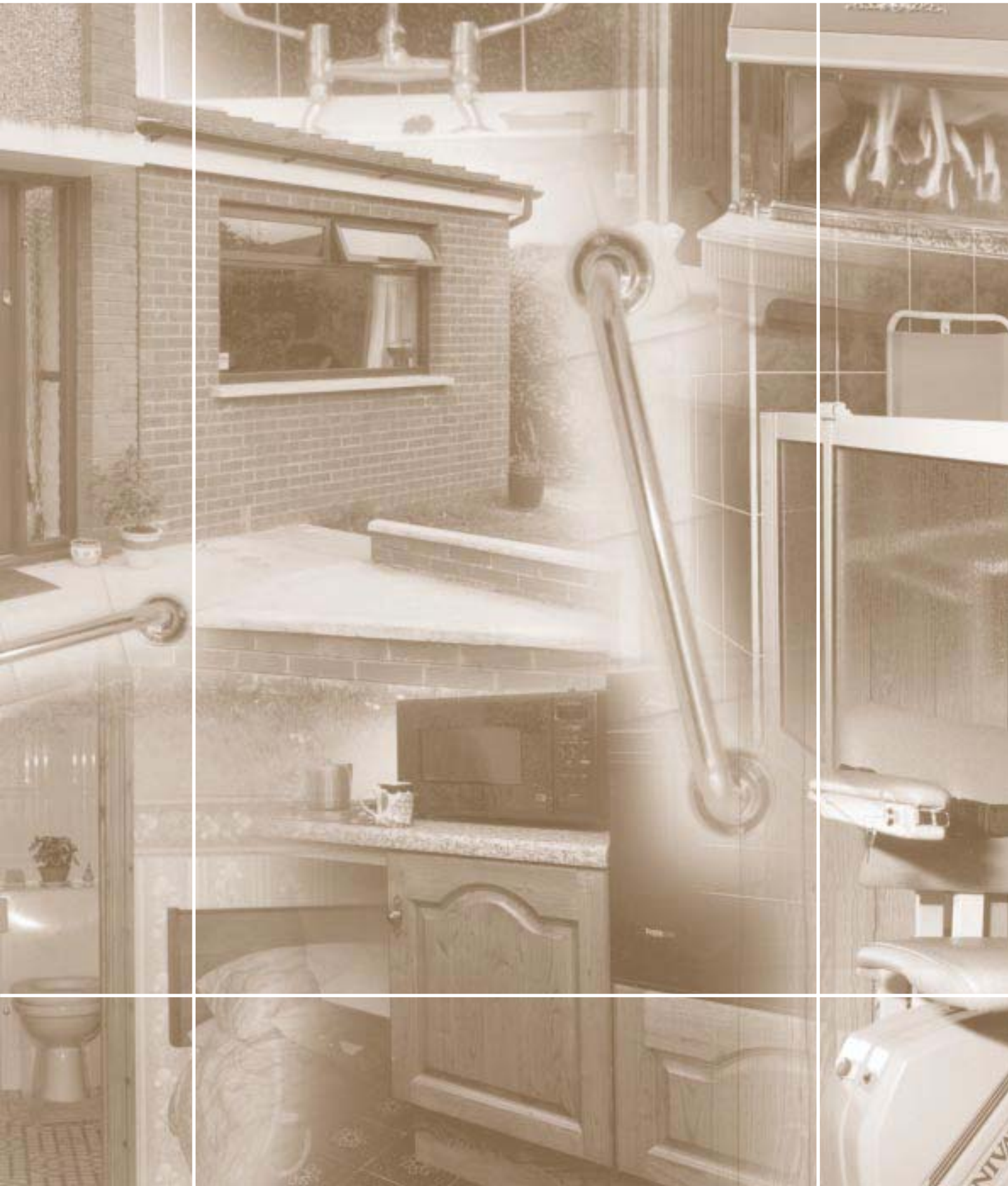
6 Identify and undertake a range of research projects.

- Research on Lifetime Homes in Northern Ireland (through Joseph Rowntree/ Chartered Institute of Housing) completed by December 2001. Report launched on 4th February 2002.
- Research on home heating completed by November 2001. (Findings to be used to modify specifications and design developments particularly for heating controls)

- 7 *Review procedures for dealing with adaptations which are no longer required.*
 - Review to commence in April 2002 and complete by September 2002.
- 8 *Improve presentation of technical information to users.*
 - Deploy digital cameras to identify architectural barriers and to present examples of completed adaptations to clients as a pilot by April 2002.
 - Identify a manufacturer for the 3D Visual Display Kit by October 2002.
- 9 *Introduce Housing Support Officers to identify and co-ordinate needs in advance of tenancy allocation.*
 - Housing Support Officers are in place.
 - Arrange inclusion in training programme June 2002.
- 10 *Update the Design Guide to reflect current community care needs. To make the guide freely available, including through the Internet.*
 - Revised Design Guide completed December 2001.
 - Publish and disseminate by July 2002.
- 11 *Publicise Care and Repair Agencies and their role in private sector adaptations.*
 - Profile on agencies and services complete by December 2001.
 - Publish and disseminate by July 2002.

Section A

Introduction, Methodology & Background



1.0 Introduction

- 1.1 This is the final report of the group set up within the Northern Ireland Housing Executive and the Department of Health, Social Services and Public Safety

“to undertake jointly a fundamental review of the housing adaptations service and to make recommendations for improving the service”.

- 1.2 The starting point for the Review was the 1991 policy document “People First: Community Care in Northern Ireland for the 1990s” which set out proposals for improving the management and delivery of community care. This promoted the development of community support services to enable people, who might otherwise have gone into residential care facilities, to continue to live in their own homes. Since then increasing numbers of the elderly and people with disabilities have opted to live at home with appropriate community care support.

The Review was undertaken to deal with concerns from users, public representatives and others that many adaptations were not carried out as quickly as required and issues relating to the increased demand on Occupational Therapy services and the increased pressure on Housing Executive resources.

- 1.3 The Steering Group is jointly chaired by Colm McCaughley, Housing Executive Director of Housing and Regeneration and Leslie Frew, Director of Child and Community Care, Department of Health, Social Services and Public Safety.

The review team comprised staff from both organisations, a representative from Disability Action, the Chair of the Community Occupational Therapy Managers Forum and a representative from the School of Health Sciences at the University of Ulster at Jordanstown. The full membership is shown in Appendix 1.

A separate sub-group examining the technical issues relating to adaptations is working alongside the main review. The end product of this sub-group will be a new Design Guide but some preliminary findings have been incorporated into this report.

A subgroup of the Community Occupational Therapy Managers Forum was established to look at the issue of heating. The group reported in June 2001.

The Review started in February 2000 and is due to be completed by spring 2002.

- 1.4 The report sets out the methodology used, the issues arising, recommendations for action and an implementation plan.
- 1.5 In carrying out the review the group sought to ensure that service delivery issues for public and private sector householders were addressed and that the needs of those who do not wish direct assistance but nevertheless require access to information and advice were also taken into account.
- 1.6 A preliminary report was released to facilitate implementation of those recommendations which could be actioned speedily to improve the service.

2.0 Legal and Financial Framework

- 2.1 The statutory basis for housing adaptations is set out principally in the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978. This together with the Health and Personal Social Services (NI) Order 1972 and the Disabled Persons (Northern Ireland) Act 1989 provides a statutory framework for the Department of Health, Social Services and Public Safety to 'make arrangements' for housing adaptations.
- 2.2 The Department has chosen in the case of public sector tenants to make those arrangements through the Housing Executive and Housing Associations.
- 2.3 In the case of the Housing Executive the administrative and works costs are met through its mainstream capital and revenue budgets and in the case of Housing Associations through grant aid from the Department for Social Development.
- 2.4 The Housing Executive has a statutory duty under the Housing (NI) Order 1992 to pay grants towards the cost of works required 'for the provision of facilities for disabled persons'. These costs are met within a specific Housing Executive budget for grants. The Health and Social Services Trusts finance the provision of lifts and, subject to criteria and financial limitations, urgent minor works in the private sector.
- 2.5 Other relevant policy documents and legislation include:
 - People First: Community Care in Northern Ireland for the 1990's (1991).
 - A 1996 Direction to Boards and Trusts under the Health and Personal Social Services (NI) Order 1972, which gives informal carers a right to request a separate assessment of their needs when those of the person being cared for are being assessed or reviewed.
 - The Children (NI) Order 1995, which provides for the provision of services to meet the particular needs of children with disabilities.
 - The Disability Discrimination Act 1995 has made it illegal to discriminate against disabled people in service provision. It has also raised awareness of disability issues.
 - The Manual Handling Operations Regulations 1992, is intended to protect staff and clients and ensures that neither party is put at risk during manual and equipment assisted lifting.

These, together with more recent legislation on equality and human rights matters, provide a statutory basis for individuals to challenge current practices in the delivery of public services.

- 2.6 The Review Group concluded that existing Legal and Financial frameworks for adaptations are not impediments to improving the service. Further research was required regarding some aspects of Disabled Facilities Grants (DFG), particularly in relation to disabled children and the prescriptive requirement for an individual Occupational Therapists recommendation in every grant case. The Steering Group is now recommending a change in Northern Ireland legislation to exempt adaptations for children from a means test and to introduce some flexibility into the consultative process.

The Department of Social Development has been asked to consider these legislative amendments. The Minister announced on 28th January 2002 that a review of the means test element of the Disabled Facilities Grant is to be undertaken. The Department have also indicated that the new Housing Bill will include a provision to allow some flexibility in the consultation between the Housing Executive and the Health Boards and Trusts with regard to private sector adaptations.

3.0 Methodology

3.1 Guidance on the methodology for Fundamental Reviews, published by the DETR and the Chartered Institute of Housing, was adopted by the Review Group.

3.2 This involves four stages:-

- challenge the traditional way of providing services
- compare performance between different providers
- consult widely with users, staff and interested bodies
- competition as a means to improve services

3.3 Challenge

The existing adaptations system is built around assessment, in the most part, by the Health and Social Services Trusts' Occupational Therapy service, and delivery by the Housing Executive/Housing Associations using private sector contractors.

The Steering Group considered that the option of cessation of the service in whole or part was not a realistic option given the legal requirements identified in the previous section. Having excluded this option the Group then considered whether there were alternative delivery models which could improve the service.

The options considered were as follows:-

- (a) A one stop service operated by the Health and Social Services Trusts.
- (b) A one stop service operated by the Housing Executive.
- (c) The establishment of a new Adaptations agency.
- (d) The privatisation of all or part of the service.
- (e) The transfer of some functions from the Trusts to the Housing Executive and/or vice versa and the streamlining of operations between the agencies.
- (f) Increasing the role of voluntary agencies.

The first three options were examined and considered impractical because in each case:-

- Flexibility to respond to the demands for the service would be seriously reduced.
- A substantial level of disruption within the organisations would be involved, adversely affecting the delivery of the service.
- Legislative change would be required.
- No significant cost savings or service improvements could be identified.

The Steering Group's views on the remaining three options are as follows:-

(d) Privatisation of all or part of the service.

The group reviewed the extent of private sector involvement in the delivery of the service and concluded that there was already extensive private sector involvement. Private sector contractors carried out all or virtually all the physical work on adaptations and, in the private sector and for major adaptations in the public sector, private sector consultants provided the

professional technical services involved. The task of assessment was considered to be a professional service best delivered in the main by the Occupational Therapy service with little scope for private sector involvement because of the lack of a market. Should such a market emerge this element could be reviewed. Similarly there seemed little benefit in transferring the mainly administrative functions carried out by the Housing Executive to the private sector. The group took the view however that there could be improvements in the management of private sector involvement to improve the quality of the service delivered.

In conclusion the Group agreed that:-

- The arrangements for the appointment, payment and management of the private sector contractors and consultants involved in delivering the service should be examined to see if improvements could be made.
- If a private sector Occupational Therapy service emerged, its use could be considered in assessing applications in addition to the service provided by the Trusts.
- There was little scope for increasing private sector involvement in the service.

(e) The transfer of some functions from the Trusts to the Housing Executive and/or vice versa and the streamlining of operations between the agencies.

The Steering Group felt that there was considerable scope for examining the functions carried out by the Housing Executive and the Trusts and the working arrangements between the two and agreed that the examination of these should form a key part of the Review.

(f) Increasing the role of voluntary agencies.

Again the Steering Group felt that the role of “the Care and Repair” agencies should be examined as part of the review to see whether it could be extended.

3.4 Consult and Compare

The major work in the Review has been a series of exercises comparing the service provided with external agencies and one area of Northern Ireland with another and consulting a wide range of interested parties.

The main exercises were as follows:

- *benchmarking costs, performance and procedures*
Details of cost and performance were obtained from a selection of comparable organisations. A matrix was developed to allow comparison of the Housing Executive’s performance and costs against each external organisation. In addition the procedures of a number of authorities were examined to identify examples of good practice.
- *a user survey*
A User Survey questionnaire was developed in liaison with the Housing Executive’s Research Department. A sample of 675 properties where adaptations had been carried out was selected from five Health & Social Services Trust areas and the occupants were interviewed.

- *consultation exercises and focus groups*

Widespread consultation was carried out with Housing Executive staff, member organisations of Disability Action, relevant external organisations and technical consultants.

Focus Groups were established with members of staff and representatives from the Health and Social Services Councils, and Working Groups were created for the Technical and Grants side of adaptations.

- *meetings with Health and Social Services Boards and Trusts*

Representatives from the Department of Health, Social Services and Public Safety met all of the Health and Social Services Boards and a selection of Trusts to discuss issues and identify good practice.

- *a case audit*

An audit of public and private sector adaptations was undertaken. The audit concentrated on adaptations which had taken longer than expected to complete, in order to identify problem areas.

- *grants review*

A Private Sector Focus Group was established with the objective of identifying areas where the delivery of the Disabled Facilities Grants can be improved.

The findings from these exercises are shown at Section B 6.0 - 11.0.

3.5 Competition

Many parts of the adaptations service are already delivered by external contractors selected through a competitive process. In particular technical consultants and building contractors in the public sector are selected by a competitive process. In the private sector consultants and contractors are selected by the applicants themselves.

Most other elements of the adaptations service have to be provided by Health and Social Services Trusts or the Housing Executive and there is little room for involving the private sector further. In the private sector the process involves the use of Care and Repair agencies in the voluntary sector to help applicants through the Grants procedure.

As part of the review a range of issues regarding the selection and performance of contractors and consultants was examined and the service provided by the care and repair agencies was reviewed. The results of these exercises are shown in Section B 12.0.

4.0 Procedures Prior to Review

- 4.1 The procedures for the assessment and physical provision of an adaptation have been in place for a number of years and are described in Service Level Agreements between the Housing Executive and the Health and Social Services Trusts. These documents detail the respective responsibilities of each organisation throughout the adaptation process and may need to be revised in the context of the Fundamental Review.

The agreements also state the time-scales for the different types of major adaptation and the responsibilities and requirements of each organisation for adaptations to private property. The agreements include process maps covering in detail the steps required for completion of each type of adaptation and for the Disabled Facilities Grant and the Disabled Adaptations Grant in the private sector. The revised process maps introduced as a result of the review are shown in Appendix 2.

- 4.2 In broad terms the arrangements were as follows:-

Public Sector

- 1 Major Adaptations applications are referred by the Housing Executive or other sources to the Health and Social Services Trusts for assessment by the Occupational Therapist. The Occupational Therapists refer applications to the Housing Executive's Area Welfare Officers for implementation of the proposals using external consultants and contractors.
- 2 Minor Adaptations where an Occupational Therapy assessment is required are handled in the same way as major adaptations except that the Occupational Therapist referrals are made to Housing Executive District Offices who implement the proposals directly through measured term maintenance contractors.
- 3 Minor Adaptations where an Occupational Therapist assessment is not required - In certain cases of minor works the Housing Executive District Office carries out the work directly through measured term contractors without the requirement of an Occupational Therapy assessment.

Private Sector

In normal circumstances applicants apply to the Housing Executive for a grant. If the applicant requires an adaptation because of a disability, the case is referred to the Health and Social Services Trust for assessment. The Occupational Therapists recommendations are then returned to the Housing Executive and incorporated into the grant. The applicant is responsible for finding their own architect and contractor but may be assisted if required by a care and repair agency employed by the Housing Executive.

- 4.3 Occupational Therapy Services

In England housing matters are the responsibility of local authorities. Each authority employs its own Occupational Therapist to undertake assessments for housing adaptations. In addition, Health Authorities employ Occupational Therapists to provide a range of services and interventions for people whose health needs require them.

In Northern Ireland Occupational Therapists are employed by Health and Social Services Trusts, and provide a range of therapeutic and other interventions for children and adults with physical, sensory and mental health problems to improve everyday function and lessen the effects of disability and impairment. They also provide a professional advisory service for the Housing Executive on the provision of housing adaptations.

The role of community Occupational Therapy is:

- To assess a client's needs - including those for housing adaptations.
- To provide or recommend appropriate interventions across the spectrum of need, including recommendations to the Housing Executive and Housing Associations as to the housing adaptations required by a client.
- To ensure adaptations provided meet assessed need.

Charter Standards for Community Services were introduced in 1996. These set the following response times for Occupational Therapist assessments and recommendations:

Priority Cases, which are people who are coming out of hospital and at risk; living alone and at risk; living with an elderly carer or carer with a disability; or terminally ill, are assessed within the following timescales.

- Assessment to start within 2 weeks of referral;
- Minor adaptations to be recommended within another week when appropriate;
- Major adaptations to be recommended within 2 to 6 months of referral when appropriate.

Other Cases

- Assessment to start within 3 months of referral;
- Minor adaptations to be recommended within another month when appropriate;
- Major adaptations to be recommended within 3 to 6 months of start of assessment when appropriate.

4.4 Quality Standards

Assessment and Care Management Standards were produced by a multi-disciplinary team and issued by Social Services in 1999. These set principles and standards which should underpin assessment and care management and hospital discharge.

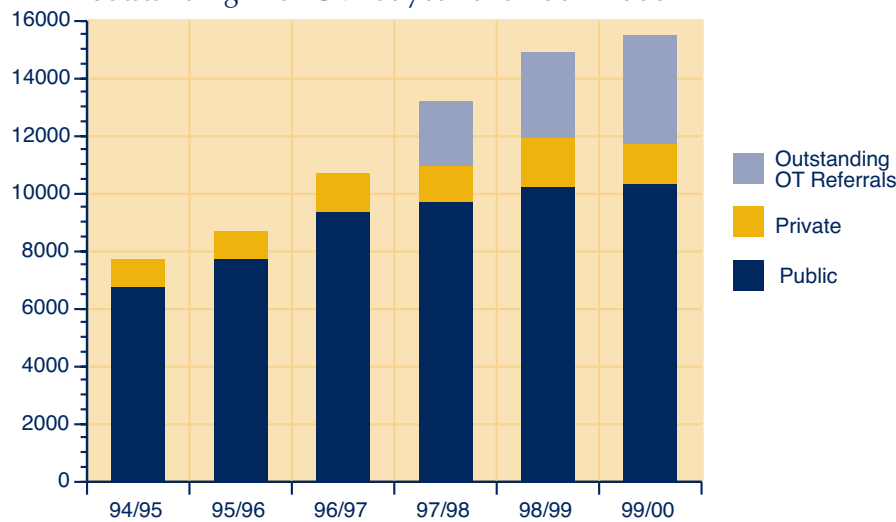
For clients with progressive conditions or who have complex needs it may be necessary for Occupational Therapy assessment to take place over a period of time to accurately determine need and make appropriate recommendations regarding adaptations or other interventions (See 4.3).

5.0 Demand & volumes

5.1 Scale/Distribution of Demand

The scale of demand for the adaptation service increased slowly over many years but has grown significantly since 1994 across all tenures (see Figure 1). This can be attributed in particular to the increasing numbers of the elderly people with disabilities choosing to remain in their own home rather than moving into residential care facilities.

Figure 1
Volume of adaptations completed and outstanding with OT* at year end 1994-2000



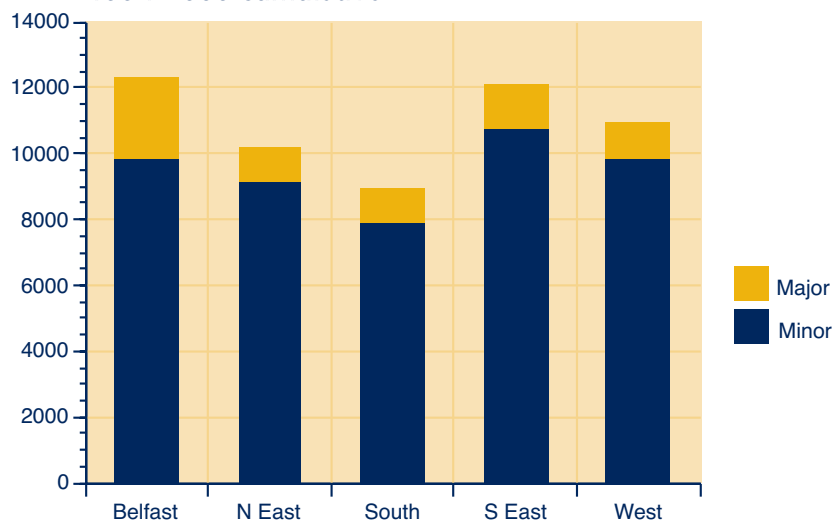
*outstanding OT Referrals figures only available from 1997

5.2 The cumulative effects of this increased demand have resulted in Occupational Therapy services being unable to meet Charter Standards. The most significant issues are:

- More people with complex needs are being maintained in the community.
- There has been a 50% increase in the number of priority referrals since 1996.
- Earlier discharges from hospital have resulted in more dependent people coming into the community.
- There has been an influx of referrals for change of heating systems to oil fired systems following a change in Housing Executive heating policy.
- Occupational Therapists have been given responsibility for wheelchair assessments.
- There has been no significant increase in the number of community Occupational Therapists employed by Health and Social Services Trusts.
- Provision of well designed and 'lifetime' homes is at a developmental stage. However, there will always be a need for additional specialised complimentary housing for higher dependency clients.

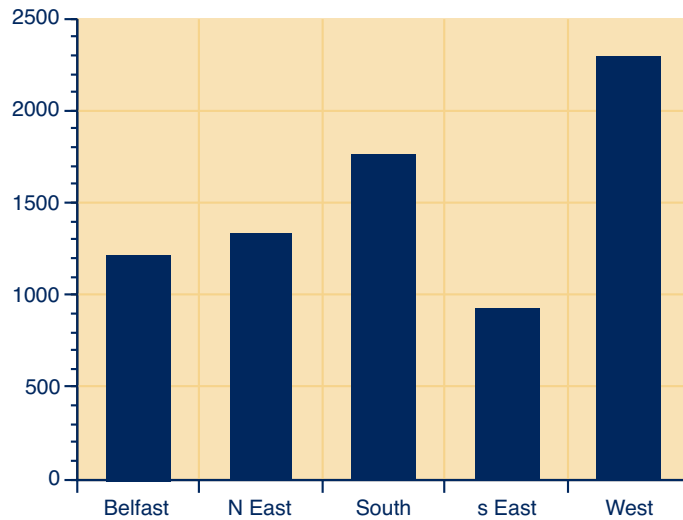
- 5.3 Increased need, better identification of need through personal care plans and greater awareness of services are evident. Policy change, particularly in respect of requests for heating also played a significant part in the growth. At the same time an unquantifiable proportion of demand is being met by some households without recourse to direct assistance. It is difficult to establish the reasons for this although the timescales involved in gaining direct assistance are undoubtedly a factor.
- 5.4 The geographic distribution of public sector demand, in the period 1994-2000 (see Figure 2), shows little variation by area when the distribution of public sector stock is taken into account. This conceals, however, significant variations in the nature of the demand. Requests for heating adaptations have been dominant in Belfast since 1996, this trend was to emerge much later in the other areas. It is reasonable to anticipate greater growth in demand outside Belfast and stability in the city over the next 5 years particularly since heating replacement programmes are most advanced in Belfast.

Figure 2
Volume of Public Sector adaptations
1994-2000 cumulative



- 5.5 Significant variations are evident in the distribution of private sector adaptations (see Figure 3). This could be accounted for, at least in part, by the age profile of property and households in each area - for example South East has a larger number of newer properties than the other areas and these are less likely to qualify for grant aid.

Figure 3
Volume of Private Sector adaptations
1994-2000 cumulative



5.6 Demand for Heating

Demand for changes in heating in the public sector increased substantially following the change in the method of assessing requests but during the year appeared to be stabilizing at around 250-300 per month.

5.7 In summary

- demand for the service will continue to grow
- the distribution of demand is likely to change in favour of areas outside Belfast
- higher relative growth is expected in the Private Sector

Section B

Comparison, Consultation and Competition



6.0 Benchmarking Costs, Performance and Procedures

6.1 Costs

In line with demand, expenditure on adaptations has increased significantly (see Figure 4). This does not take account of additional expenditure of around £2m which is 'concealed' within mainstream programmes. In total therefore annual adaptation expenditure totals around £26m. In addition, there is Housing Association expenditure on adaptations, currently around £800k per annum and growing direct provision of adaptations/equipment by Health and Social Services Trusts at least £4 million per year. An audit, which is currently being finalised, will show the full Health and Social Services expenditure on adaptations and equipment including expenditure from other health and social services professionals.

Figure 4
Northern Ireland Housing Executive
Expenditure on adaptations 1994-2002

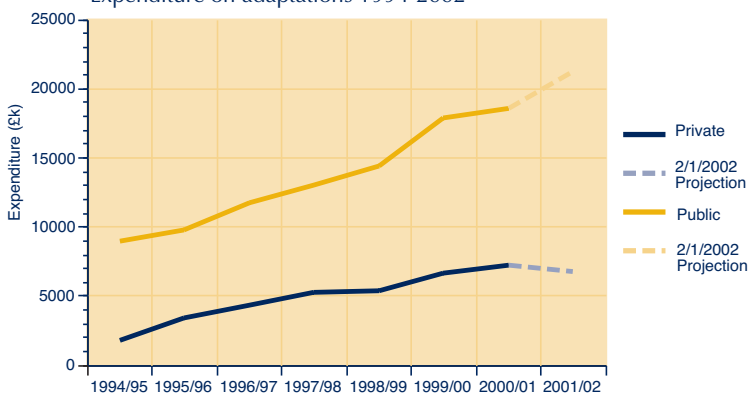
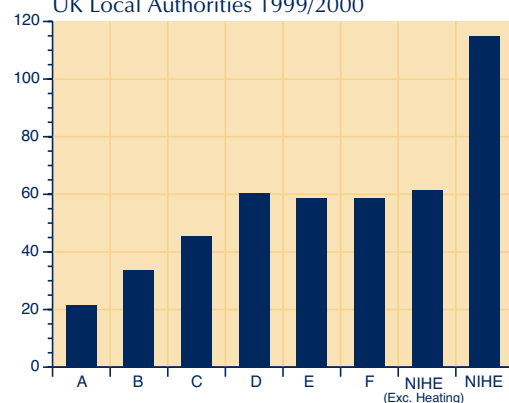
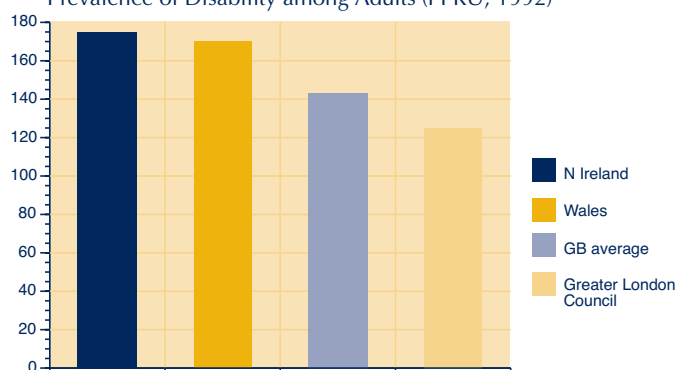


Figure 5
Expenditure on Public Sector Adaptations in
UK Local Authorities 1999/2000



Large local housing authorities in the UK were asked to provide comparative data. It appears that relative expenditure by the Housing Executive on adaptations is higher than any other authority which co-operated in the exercise (see Figure 5). Heating adaptations account for most of the difference - a typical English authority's stock uses gas central heating and therefore demand for heating changes are limited. This higher expenditure may in part be the result of Northern Ireland having the highest baseline levels of disability in the UK (See Figure 6). The integrated Health and Social Services structure in Northern Ireland may also help to identify a higher proportion of this underlying need.

Figure 6
Prevalence of Disability among Adults (PPRU, 1992)



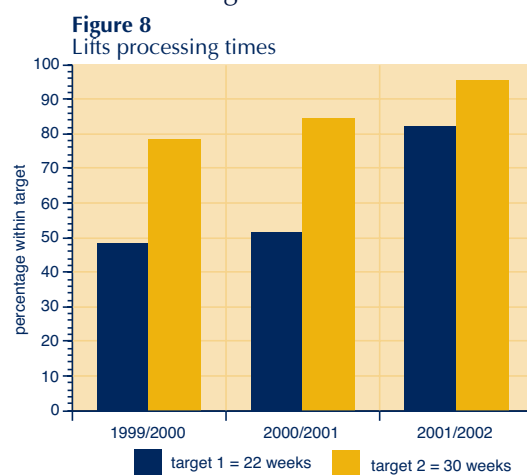
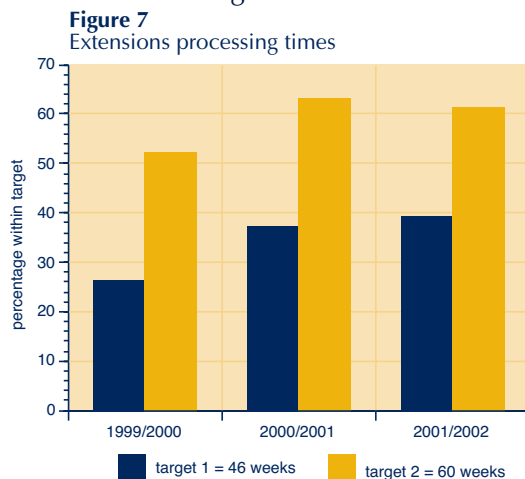
Significantly the other authorities have recorded high growth in demand in recent years. This was reflected in additional funding being made available through the Department of the Environment, Transport and the Regions to deal with increasing demand for disabled facilities grants.

6.2 Performance

The assessment of current performance was based on:

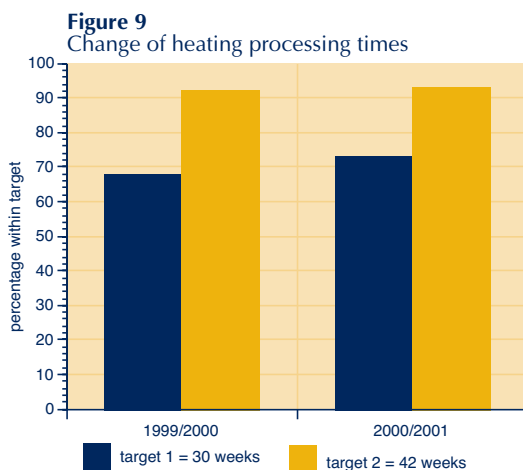
- An analysis of Housing Executive processing times.
- An analysis of Occupational Therapy referrals data.

The Housing Executive has set standards of service (see Appendix 4) for the commencement of adaptations following receipt of an Occupational Therapist report. An analysis of actual processing times (see Figure 7, 8 and 9) shows that those standards are not always met. There are variations in performance depending on the nature of the adaptation with extensions showing the lowest rate and installation of lifts the highest.



Heating Performance

It is not possible to compare directly the Housing Executive's performance in dealing with requests for changes of heating between 2000/01 and 2001/02 because of a change in the method of assessing requests and the use of different target timescales.



However, it is clear that in many cases performance has improved. During 2001/02 work started on over 2700 heating applications where the requests for change had either been transferred to the Housing Executive in March 2001 or received directly by the Housing Executive after that. The average time taken from receipt of applications to the start on site for these changes was 25 weeks and 83% were started within 35 weeks (8 months). As a comparison, in 2000/01 73% were started within 30 weeks with 68% started in the same timescale in 1999/2000.

Adaptation programmes are developed on the basis of the funding available. While funding has grown it has not matched the demand and accordingly waiting lists have formed. There is no evidence of waiting time varying by area - the Housing Executive allocates resources by area to ensure consistent waiting time.

The occupational therapy service prioritises referrals based on preliminary information known about the client (see Section A: 4.3) and the nature of the request. While the number of referrals “in the system” fluctuates at any point in time there has been an undoubted trend towards longer waiting times for non-priority cases as a result of the policy of targeting priority cases. Some variations in waiting times also occur at Trust level.

It must be noted that referrals from the Housing Executive do not represent the totality of housing adaptation assessments undertaken by Occupational Therapists. Referrals from other Health and Personal Social Services sources and GPs for other Occupational Therapy services and interventions may also result in a recommendation for an adaptation. Additionally, housing adaptations may be provided by the Trust alone, for example, major works such as lift installation or minor works such as internal/external handrails.

6.3 Comparison of Practices across Northern Ireland and within U.K. Housing Authorities

As part of the review, practices in different parts of the province were examined and differences across areas highlighted. Some examples of good practice are noted below.

- Joint visiting by Occupational Therapist and Welfare Officer at an early stage in the public sector major adaptations process or when issues arise.
- Regular joint visits during building process by Welfare Officer, consultant, clerk of works etc.
- Having a dedicated Maintenance Officer for adaptations in each District.
- Joint advisory Clinics for people requiring adaptations run by Occupational Therapists and Housing Officers.
- The use of photographs to illustrate different types of adaptations.
- Regular meetings - usually involving Occupational Therapists - to review progress on all adaptations in the system.
- Fast track arrangements with Building Control to ensure plans are approved without delay.
- Simple project manuals for staff to ensure they are aware of all the steps in the process.
- Some grants offices have, in conjunction with their local Occupational Therapist, developed a questionnaire which seeks pertinent information upon which the Occupational Therapist is able to prioritise the needs of people with disabilities.

UK. Housing Authorities

In order to compare the Housing Executive with other organisations, the review team gathered information on the procedures used by other local authorities to deal with adaptations, picking out examples of good practice. Key points are outlined below and more details are shown in Appendix 5.

Glasgow City Council

- Introduction of adaptation timescales and service delivery standards, aiming to achieve 75-85% compliance within a set timeframe.
- Agreed response times set for having a property assessed by an Occupational Therapist or for a joint visit with the housing officer or housing technical representative.
- A database of adapted property has been established identifying houses that have been adapted and the type of adaptation undertaken.
- A joint information leaflet on adaptations, in which an Assessment Request Form is included, is available at all Housing/ Health & Social Services access points.
- There is an agreement that all access points take requests and complete assessment request forms.
- A number of specific training programmes have been jointly drawn up and implemented by all agencies involved in the process.

Newcastle City Council

The key issue for the Council is to ensure a faster response to meeting the needs of people requiring adaptations. This has been partially achieved by:

- Developing closer working relationships between the Occupational Therapy section and the Housing Service.
- Introducing a 'fast track' system by using 'movable' equipment such as temporary ramps to provide a rapid response.
- Establishing a two-year disability research initiative to research the potential for improving service delivery across the health, housing and social services functions.

Anchor Hospital Discharge

- Development of a specialised Hospital Discharge Team which is funded and monitored by the East London and City Health Authority.
- Provides a service to older people living in private sector housing who have been admitted to hospital or are at risk of being admitted.
- Aims to give advice, practical help and support to older people who are having difficulties being discharged from hospital due to their housing conditions or who require essential work to be carried out to prevent possible admission.
- Provides specialist welfare rights advice, help with grants applications, assistance with finding temporary accommodation, professional technical advice and assistance in rectifying defects and organising adaptations and assistance in securing the necessary funding for the work.

City of Edinburgh Council

- Created a multi-tenure Adaptations Team within Housing to respond to the growing need for adaptations, both for its own tenants and those in the private sector.
- Provide a one-stop shop for people requiring a permanent adaptation to their home.
- 1998/99, 280 major adaptations and 992 minor adaptations were completed with 92% satisfaction rate.
- Ambitious performance targets are being set.
- Social Work and Housing have jointly established an Adaptations Working Group, which is currently undertaking a Best Value Service Review, which should result in further streamlining of processes.

7.0 User Survey

7.1 A user satisfaction survey was carried out during July and August as part of the review. A random sample of users in five Trust areas was identified. These represented applicants in the public and private sectors; applicants in the process of having work carried out and those where work had been completed within the last two years; and applicants whose work included extensions, lifts, ground floor w.c.s, heating changes and showers. 460 users were interviewed and this section outlines the key findings from the interviews. Differences within the Trust areas are not dealt with here but are included in the Welfare Adaptations Survey 2000 (Supporting Document 1).

7.2 Information and Advice

- 63% of applicants received information and advice from an Occupational Therapy department. The other main sources were GP's, Social Workers and the Housing Executive.
- 13% of applicants found advice difficult to get mainly because they did not know where to get it, there was a lack of information available or staff did not have the information available.
- Most applicants received verbal advice with 12% receiving a leaflet.
- 86% thought the information/advice they received was clear or very clear.
- A small number of applicants said they would have preferred to have videotapes, large print leaflets or leaflets describing the steps to take in the process.
- 77% were advised of alternatives to adaptations and most of those were satisfied that the advantages and disadvantages of each were explained.

7.3 Waiting Times

- 39% of applicants waited for less than 4 weeks for an Occupational Therapy assessment with a further 37% waiting for between 5 and 12 weeks. However 11% waited for over 28 weeks.
- Most applicants waited for less than 12 weeks from the time of the Occupational Therapy assessment until the visit from a Housing Executive Welfare or Grants Officer. However 12% waited for over 28 weeks.
- For those applicants whose work had started on site, 34% said it started within 12 weeks of the date of the visit by the Housing Executive with a further 26% starting between 13 and 27 weeks. However 25% said they waited for over 41 weeks.

7.4 Communications and Involvement

- Only 41% of applicants had a contact name in the Housing Executive before work started and only 46% had a name of someone to contact if something went wrong with the adaptation after it was completed. However 63% of respondents knew who to contact when work was in progress.
- Most applicants thought their views were taken into account by Occupational Therapists - 88% where work had not yet started and 93% after it had started - and by the Housing Executive - 69% before work started and 81% after it started.

- 94% of applicants whose work had been completed felt that they received what they expected.

7.5 Carrying out the work

- 83% of applicants were advised of a start date.
- 79% were advised that there would be physical disturbance.
- 77% were advised that some preparatory work e.g. lifting carpets would be necessary.
- 79% were advised of the duration of work on site.
- Of the private sector applicants who chose their own builder 23% said it had been difficult to find a builder.

7.6 Satisfaction Levels

- Only 49% of applicants where work had not started were satisfied with the service received. The main causes of dissatisfaction were:-
 - Length of waiting time
 - Views not being taken into consideration
 - Conflicting information or lack of information
 - Changes in start date
- 76% of applicants whose work had been completed were satisfied or very satisfied with the overall service. The main problems for those who were dissatisfied involved the quality and speed of work on site.
- 87% were satisfied or very satisfied with the conduct of the builder.
- 81% were satisfied or very satisfied with the quality of the work.

7.7 Levels of Use of Adaptations

- 99% of applicants used the adaptation every day.
- 93% said that the adaptation had improved their independence in the home.

7.8 Improvements to the service

- 36% of applicants felt the adaptations service could be improved. The main ways applicants felt it could be improved were:-
 - Quicker service
 - Someone to contact at all times
 - Better information and advice
 - Easier to obtain information

7.9 Recommendations

The key recommendations arising from the survey are:

- Improve the availability of information and use different media
- Provide clients with a contact name at all stages of the process
- Ensure clients are kept up to date with progress of their adaptation
- Improve speed of service

8.0 Consultation Exercises and Focus Groups

8.1 Widespread consultation was carried out with Housing Executive staff, relevant external organisations and technical consultants.

Focus Groups took place with members of staff, representatives from the Health and Social Services Councils and three separate focus group sessions were arranged across the Province with Disability Action.

The results of the various consultation exercises carried out are summarised in this section under the four key headings which were used as the basis of all the exercises. These are:-

- Availability of Information
- Keeping Clients Informed and Involved
- Improving the efficiency of the Housing Executive's processes
- Interfaces

8.2 Availability of Information

A considerable amount of comment was received on issues related to the lack of availability of the right information in the right places and in the right form.

The discussion focussed on four key questions:-

- a. Where should information be made available?
 - b. Who needs to receive information?
 - c. What sort of information should be put into leaflets?
 - d. What other media should be used?
- a. Where should information be made available?

A wide variety of places was seen as appropriate for leaflet distribution. In particular consultees felt that leaflets should be placed in GP surgeries, health centres, libraries, advice centres, Post Offices and Community Centres.

Several people suggested distributing leaflets through Home Helps and to people when they receive a disability related benefit e.g. Disability Living Allowance or a Disability premium on other benefits.

The idea of a one-stop shop for all adaptations information was suggested along with the idea of one Housing Executive staff member in each District being an expert on adaptations.

It was felt to be particularly important that voluntary organisations who deal with people with disabilities and/or elderly people should have full information available.

b. Who needs to receive information?

In general it was felt that efforts should be targeted at people who are not in touch with Occupational Therapists. Carers, GPs, and Home Helps as well as voluntary sector advisors should also be targeted.

- c. What sort of information should be put in leaflets?

Many people commented on the need for leaflets to be clear. Others suggested including simple flow charts to help explain the process and to ensure that expectations were not raised unrealistically. Lists of minor adaptations which can be provided quickly - particularly those where no Occupational Therapy involvement is required - should be made available.

Suggestions were made for including photographs etc. showing particular types of adaptations

- d. What other media should be used?

Various comments were received about having promotional campaigns using newspapers and T.V. advertising or using the Mobile Advice Unit as a promotional tool.

Comments were also made about the use of audio tapes for blind people, the use of large print (N14 font) or braille and the use of video tapes to help explain more complex adaptations such as lifts.

- e. General

It was felt that more detailed guidance was needed for advisors including staff to ensure that correct advice and information was given. In addition there was a feeling that staff require training in relaying information to people with disabilities in a user-friendly and accessible manner.

Recommendations

The key recommendations from this section are:

- Take steps to improve the accessibility of information including new clear leaflets with good visual impact and the use of other media including audio, video and the internet
- Develop a marketing strategy including new leaflets, guides and training for staff and other advisors, information in other forms and a promotional campaign which should ensure that expectations are not raised unrealistically.
- Provide customer care training for staff.

8.3 Keeping Clients Informed and Involved

The main issue raised under this heading was the need to ensure that clients knew what was happening at all stages of the process. In too many cases it appears that clients did not know who to contact or when something was likely to happen.

Ideally it was felt that clients should have one person to contact at all stages of the procedure but, if this was not feasible, they should always be given a note of who to contact at each stage of the procedure. In cases where long delays were likely these should be explained and clients given regular updates. Some people felt that more customer care training would be useful for staff.

Meetings between the client and staff/consultants involved were seen as important particularly at the start of the design process.

The use of good visual aids to explain major adaptations e.g. photographs, videos, perspective drawings were seen as very important.

Computer produced standard letters relating to minor works were seen as being difficult to understand and need to be revised.

While work is on site regular visits need to be made to the house to ensure that work is being carried out to the client's satisfaction and that problems arising are dealt with quickly.

The idea of using regular surveys or focus groups for clients to check on problems during the process was suggested.

One suggestion was for an overall Standard of Service showing the target length of time for each stage of the process so that clients could see whether there were delays.

On completion of the adaptation it was suggested that a visit be carried out to check that the work was satisfactory and that the adaptation met the client's needs.

At the same time a check should be made to ensure clients are fully aware of all benefits available to them.

Recommendations

The key recommendations from this section are:

- Provide clients with the relevant named point of contact from either the Housing Executive or Occupational Therapy services at all stages of the process.
- Carry out joint site visits at critical stages of the process to ensure clients are clear about the work being carried out.
- Provide good visual presentation of complex adaptations.
- Give clients regular clear updates on progress.
- Provide clients with step-by-step guides to the process including timescales.
- Put arrangements in place for checking that the adaptations process is operating satisfactorily for clients.

8.4 Increasing the efficiency of the Housing Executive's processes

Some users emphasised the importance of ensuring that adaptations were provided quickly especially when the applicant was seriously ill.

The biggest single issue identified with regard to procedures was the delay caused by economic appraisals which were felt to be a waste of time.

Some staff felt that autocad training and equipment for District staff would speed up the drawing procedures while it was felt that one Housing Officer per District could be made a specialist in adaptations.

A range of issues around contracts was identified, including the use of Measured Term contracts for lift installations, and better selection of contractors, with more effort made to ensure contractors were aware of the specialist nature of adaptations work.

Issues relating to shared files were raised, although the sharing also applied to sharing information with Occupational Therapists - see Section 8.5 below.

Special arrangements for speeding up Building Control approvals were in place in some areas and could be usefully employed elsewhere.

The issue of prioritisation was raised by many people with a strong view that a fast track approach for urgently needed adaptations needs to be developed over and above arrangements currently in place.

A review of adaptations which can be carried out without Occupational Therapy assessment was suggested as a means of speeding up some minor works.

In addition heating changes could be dealt with in a different manner not involving Occupational Therapists.

Dissatisfaction was expressed about how rarely households moved when adaptations were no longer required. This would enable another household from the housing waiting list to use the adapted house.

Recommendations

The key recommendations from this section are:

- Simplify the economic appraisal process.
- Put in place procedures for speeding up Building Control approval.
- Disseminate local good practice procedures throughout Northern Ireland.
- Develop agreed priority criteria and procedures for dealing with clients with urgent needs.
- Review minor works which can be provided without Occupational Therapy assessment.
- Remove the need for Occupational Therapists to assess requests for heating changes.
- Provide incentives for people to move from adapted properties when adaptations are no longer required, so that applicants on the housing waiting list, whose identified needs would be met by the adapted property, could move in.

8.5 Interfaces

The need for good working relations between Occupational Therapists and Housing Executive staff was seen as one of the most important aspects of providing a “seamless” service.

A wide range of suggestions was received to ensure that good liaison and working relations were achieved. These included:-

Joint training to ensure that each was clear on the other's procedures and limitations i.e. to ensure commitments were not given when they could not be met.

Joint I.T. systems so that all information could be held on one shared electronic file.

Joint visiting between Occupational Therapists, Housing Executive staff and consultants at project initiation stage and while work was in progress to ensure that all sides were in agreement with proposals and to resolve issues arising on site.

Meetings between Occupational Therapists and consultants to ensure that each understands the other's viewpoint and to ensure that proposals put forward are neither unrealistic nor of little use to the client. This is particularly important with new Occupational Therapists and new consultants.

Joint adaptations clinics with Housing Executive staff and Occupational Therapists to discuss issues with clients were suggested and are to be piloted.

The need for a review and a standardisation of what constitutes a priority case was identified. If agreement was reached this could be publicised and pressure taken off Occupational Therapists and the Housing Executive if clear rules were in place.

Joint handling of complaints between the Housing Executive and the Trust was suggested.

Other suggestions in this general area included ensuring Trusts shared good practice between themselves and challenging the traditional Occupational Therapists roles to ensure that their skills were used in the best way.

Recommendations

The key recommendations from this section are:

- Provide joint training for Occupational Therapists and Housing Executive staff to ensure each understands the other's role
- Provide training to ensure that Occupational Therapists are aware of technical issues and architects are aware of needs of people with disabilities
- Develop shared IT systems so that all parties are kept up to date with progress.

8.6 Comments on the Preliminary Report of the Fundamental Review of the Housing Adaptations Service

The preliminary report and summary report were circulated for comment in February 2001. The general response to the Review from all those who commented was very positive with the recommendations being welcomed. Comments are noted overleaf:

Reduce Waiting Time for Occupational Therapy Assessment

- The WHSSB asks to be closely involved in the development of new methods of commissioning Occupational Therapy services.
- The NHSSB looks forward to contributing its experience on the commissioning of Occupational Therapy services through its PAMS Commissioning Advisor.
- NIACAB welcome the proposal to develop a new method of commissioning Occupational Therapy services and feel that the service requires more resources before any real progress can be made.
- The NHSSB would support the commissioning of Occupational Therapists whose sole function, initially, will be to clear the backlog of housing adaptations.
- The WHSSB concurs with the proposal to consider employing Occupational Therapists specifically for housing adaptations but urges that a review of the whole Occupational Therapy service is undertaken before additional resources are designated solely for housing adaptations work.
- The Housing Council acknowledged that the Occupational Therapy service remains grossly understaffed.
- The WHSSB queries how the figure of 30 new Occupational Therapists was arrived at and expressed concern about the difficulty in attracting large numbers of specialists to the West of the Province.
- The NHSSB welcomes the additional ring-fenced funding, identified in Priorities for Action, for the immediate appointment of 20 new occupational therapy staff.
- NIACAB in Strabane and Antrim feel that the Community Occupational Therapy Service is severely under-resourced in these areas.
- A member of Housing Executive staff expressed concern that the additional workload which would be generated by these extra Occupational Therapists has not been taken into account.
- Newry and Mourne District Council welcome the recruitment of 20 additional Occupational Therapists but would support the original figure of 30 given the increased demand for housing adaptations and the extreme pressure on Occupational Therapy staff.
- The Housing Council support the bid for extra resources and feel that adaptations should continue to be highlighted at the Board of the Housing Executive and the Health Boards.

Reduce Waiting Time for Processing and Completion of Adaptation

- N & W Belfast Trust are particularly concerned about the significant waiting times for completion of adaptations following an Occupational Therapists recommendation.
- NIACAB expressed concern that the processing targets set by the Housing Executive are not realistic.

- The Housing Council emphasised the need to set realistic timescales and to make applicants aware of these.
- The Housing Rights Service welcomed the proposal to provide step by step guides with timescales but asked had consideration been given to the redress which would be available to service users if targets were not adhered to.
- The Housing Council supports the assessment of minor works by Housing Executive staff but stresses the need for clear criteria to enable this.
- Housing Executive District Office staff stressed that clarification, guidelines and training are necessary to effectively determine clients needs.
- The Central Community Advisory Group asked what qualifications Housing Executive staff have to carry out assessments.
- NIACAB question if the Housing Executive have the resources to carry out heating assessments and are concerned that a lack of resources will have a detrimental impact on services being provided.
- NIACAB stressed the importance of training for Housing Executive staff if they are to take on the assessment of heating changes.
- The WHSSB support the proposal to introduce joint IT systems and feel it would be enhanced by joint working arrangements between Occupational Therapists and Housing Officers.
- Homefirst Community Trust suggest that developing a joint information system may provide an opportunity to put in place the means of gathering information for equality impact assessment.
- NIACAB feel that the joint IT system is too adventurous and will take too long to put in place. They recommend that standards for communication are outlined and implemented immediately.
- NIACAB welcomes the bid for more resources by the Housing Executive but would like to know how these resources will be prioritised.
- The Central Community Advisory Group question the provision of incentives for contractors when they are already required to meet deadlines.
- NIACAB suggest that remaining on the list of contractors/consultants used by the Housing Executive should be enough of an incentive.

Improve the Quality of Service

- The Central Community Advisory Group asked to be involved in the development of information leaflets.
- The WHSSB recommend that information should be provided in accessible formats to meet the needs of people with a sensory impairment.
- The Homefirst Community Trust stressed that all information should be produced in formats suitable for those with a sensory disability, learning difficulties, literacy difficulties and those who do not understand written English.

- The Homefirst Community Trust suggested that the point of contact should not be by telephone alone as this would not be accessible to those who do not have a phone, have a hearing impairment or do not speak English.
- The Housing Rights Service asked how the Housing Executive will ensure that the single point of contact is accessible to all potential service users including those who do not have access to a telephone.
- NIACAB feel that in providing a helpline for people wishing to carry out adaptations without Housing Executive assistance, the Housing Executive is trying to encourage people not to apply for grants.
- Homefirst Community Trust suggested that, in addition to refresher training, staff should also be given access to interpreting services.
- The Housing Rights Service suggest that it would be beneficial if training on the processes could be extended to voluntary advice sector staff. This will give members of the public another source of advice particularly if they are not satisfied with the service received from one of the statutory agencies.
- The Housing Council asked that consideration be given to ensuring that all re-usable equipment is removed from public sector houses when no longer required by a person with a disability.
- A member of Housing Executive staff suggested that a dedicated database of existing stock where adaptations have been provided should be developed.
- Homefirst Community Trust stress that improving visual presentation of technical information will not be suitable for those with a visual impairment. Alternative methods will be required.
- The WHSSB asked if the inclusion of technical issues in Occupational Therapy training would have implications for the length of the training course.
- NIACAB are concerned that training Occupational Therapists in technical matters will place further constraints on their time.
- NIACAB feels that a revision of the method of selecting contractors is vital as current contractors are not taking responsibility for poor quality work.
- The Housing Rights Service suggests that incentives for good quality work will need to be balanced with penalties for poor work.
- The Family Information Group expressed concern that the Review does not deal with the difficulties faced by the parents of children with disabilities in relation to the Disabled Facilities Grant.

General Comments

- The Western Health and Social Services Board noted that they were not directly consulted prior to the publication of the Preliminary Report and therefore were unable to input to this document. They have requested that they are closely involved in any new developments resulting from the Review.

- The Northern Health and Social Services Board would like to revisit an initiative, aimed at the heating changes and other measures to reduce pressure on Occupational Therapy services, which it identified in 1998/99 but was unable to progress.
- The Northern Board suggests that there may be some merit in funding the introduction of ISO 9000 in one Trust/Housing Executive area as a means of demonstrating how a Quality Management system can be used to improve the entire process.
- The North & West Belfast Trust have requested that Housing Associations are involved in the Review as they are a significant Social Landlord in the Trust area.
- Homefirst Community Trust suggests that reference needs to be made to the equality legislation and nine categories within Section 75 of the Northern Ireland Act 1998 and that the review should be subject to an equality impact assessment.
- The Green Park Healthcare Trust suggested that it would be helpful if the action points identified in the Immediate Action Plan had been given timescales for completion.
- The Association for Spina Bifida and Hydrocephalus welcomed the Review and especially the introduction of the step-by-step guide with timescales and performance targets.
- Homefirst Community Trust stresses the importance of making ethnic minority businesses aware of the tendering process.
- Homefirst Community Trust suggests that when 'urgent priority criteria' are being developed the potential adverse impact on the nine categories within Section 75, Northern Ireland Act 1998 must be considered.

8.7 The Steering Group's Response to Comments on the Preliminary Report

Reduce Waiting Time for Occupational Therapy Assessment

How to more effectively commission Occupational Therapy services

Response:

- An information package is being prepared on housing adaptations to advise Health and Social Services Boards of current and future trends in service demands.
- There will be a series of workshops for Health and Social Services Boards to disseminate and discuss issues arising from the review.
- This discussion will include commissioning strategies for Occupational Therapy services.
- PAMs commissioners representing Occupational Therapy and other PAMs services at Health and Social Services Board executive board level are essential, to ensure accurate assessment of need and targeting of resources.
- Exploration of opportunities to enhance Health and Social Services Trust capacity by using private sector Occupational Therapists and examination of new funding arrangements for Occupational Therapy posts is required.

Occupational Therapy Resources

Response:

- It is acknowledged that the Occupational Therapy service is not resourced to meet the current volume of referrals.
- A need for 30 additional staff has been identified from an analysis of unmet need undertaken by Community Occupational Therapy services and shared with the Fundamental Review of Adaptations.
- The Minister, within the Programme for Government has allocated an additional £0.5 million for 20 additional Occupational Therapists.
- 16.8 of these additional posts have gradually been filled. Skill and grade mix has been utilised to maximise the impact of the posts.

Reduce Time for Processing and Completion of Adaptation

Setting realistic time scale standards

Response: A number of delivery times have been influenced by the review, namely Housing Executive processing times for lifts, changes of home heating, major adaptations (simpler option appraisal) and provision of a specified range of minor works. Delivery times are being monitored as a result of these changes and may result in new performance standards.

The additional Occupational Therapy posts will help Health and Social Services Trusts move towards current community charter standards. It is anticipated that this will take some time to achieve when one allows for recruitment and induction of new staff.

Training and resources for the Housing Executive to take on new areas of work

Response:

- Additional Housing Executive staff have been recruited to process changes of heating and additional resources have been made available for adaptations (£2.5m)
- Criteria and guidelines have been developed for Housing Executive staff involved in minor works provision at district level
- The “assessments” for heating primarily involve the use of screening criteria e.g. use of specific disability related benefits, age and social situation to determine need. The Welfare officer does not attempt to undertake a functional assessment.

Information technology

Response:

- Protocols for interagency communications e.g. joint visits and managing urgent casework will be addressed in joint training sessions and in appropriate professional forums.
- A small Housing Executive/DIS/DHSSPS project team is required to further develop a bid for resources to support work on the electronic transfer of information in the two pilot trusts. (Armagh and Dungannon and N&W Belfast)
- Due to the constraints of the Data Protection Act, it is not felt that Joint IT systems would be an appropriate method of equality impact assessment.

No need to reward contractors

Response:

- A system of penalties is proposed for unsatisfactory work while bonuses are proposed for good work.

The test of resources within the DFG

Response:

- The steering group had recommended that the Department for Social Development review the application of the test of resources when applied to adaptations for children with disabilities. Current arrangements are not considered to contravene equality legislation. Proposed changes to Northern Ireland's housing legislation are recommended as a matter of policy.

Improve the Quality of the Service

Improve the range and formatting of information.

Response:

- New leaflets have been produced.
- Leaflets will be followed up by step by step guides for the public and private sectors.
- Data is being compiled for publication on the Internet.
- Consideration needs to be given to improved access to interpreting services.
- Both agencies have capacity to provide information in alternative formats i.e. large print, and audiotape. This should also apply to adaptations information.
- Alternative means of communication need to be considered for people who do not have a telephone.
- The communication of technical issues through non-visual methods can be achieved through the use of 3D models and audiotape.
- Language line is available in Housing Executive offices for people from ethnic minorities.
- CAG have been involved in the development of new leaflets.
- Information leaflets and step by step guides will be circulated to voluntary sector organisations and appropriate training packages will also be developed with the voluntary sector.
- There is a proposal to develop a helpline for people with disabilities in all sectors.

Identifying a single point of contact

Response:

- Key people involved in the adaptations process will be identified in the step by step guides.
- The future development of joint IT systems will help provide an overview of the total process.

Making better use of resources

Response:

- The design of Lifetime Homes will reduce the cost of future adaptations and avoids the need to remove ramps as they use level approaches from the outset.
- The Housing Executive is currently refining its database to ensure that it has full information on properties which have been adapted. However, it recognises that that it will always be difficult to match housing applicants with properties already adapted to suit their needs.
- Health and Social Services Trusts already make extensive use of portable equipment to meet need. This can be moved from home to home as required.

Training issues for Occupational Therapists - technical issues

Response:

- Occupational Therapists are not going to be trained as technicians. Knowledge of technical terms, the benefits of new technology for disabled people and improved methods of communication are essential, for quality Occupational Therapy service provision.
- The undergraduate Occupational Therapy course has developed workshops on reading plans and disability product evaluation within the community module.
- A continuing professional development analysis of post-graduate Occupational Therapy training needs in relation to housing for people with disabilities has been completed. Accredited training in this specialist area is identified as a priority.

Key areas for technical awareness training include:

- Awareness of new housing design standards relating to the needs of people who are disabled.
- Improving visual communications techniques - sketch drawing, reading plans, using digital cameras and laptops.
- Team work when specifying adaptations to include the user, Occupational Therapists, designers and housing providers.
- These training areas will enhance interagency communications to ensure the clients needs are best promoted throughout the adaptation process.

Revised Methods of Selecting Contractors

Response:

- New methods of selecting contractors using quality criteria are being considered.

9.0 Review of the Occupational Therapy Input into the Housing Adaptations Service

9.1 Methodology

To inform the review, detailed information about Occupational Therapy input to the housing adaptations service was obtained from the four Health and Social Services Boards, which commission Occupational Therapy services, and the eleven Community Trusts that provide Occupational Therapy services.

Information was sought on the factors influencing the levels of Occupational Therapy service commissioned, investment in the service, current pressures and action taken to reduce waiting times for housing adaptation assessments.

Meetings were then arranged with Chief Executives and senior officers from three of the four Boards, and five out of the total of eleven Trusts. The Health and Social Services Trusts selected were:

- Armagh and Dungannon
- Foyle
- Homefirst
- North & West Belfast
- South & East Belfast

DHSSPS members of the review group also attended a meeting of the Community Occupational Therapy Managers Forum to provide representatives with information about the review and seek their views as to how the housing adaptations service could be improved.

A subgroup of the Community Occupational Therapy Managers Forum was established to look at the issue of heating. The group reported in February 2001.

9.2 Occupational Therapy Staffing Levels

At 31 March 2000 there were 92.5 whole time equivalent funded Occupational Therapy posts in the Elderly and Disability Programmes of Care. All the posts were filled. This compares with 83 posts at December 1998. These staff deal with all referrals for occupational therapy intervention and assessment - not just requests for assessments for housing adaptations.

On the basis of current service demand and waiting lists, it is estimated that there is a need for an additional 30 whole time equivalent Occupational Therapists to enable Community Occupational Therapy services to provide an adequate service and meet the charter standards. The additional cost would be in the order of £750k per annum.

9.3 Referrals

Between April 1999 and March 2000 there were 48,000 new referrals to Community Trust Occupational Therapy Departments. This equates to 520 new cases per Occupational Therapist per year. Of these, 50% were Priority cases. Around 76% of priority cases had their Occupational Therapy assessments completed within Charter timescales.

Figure 10
Referrals to community services

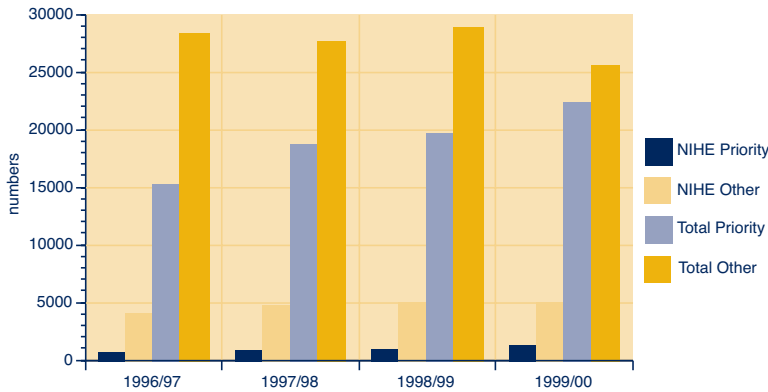
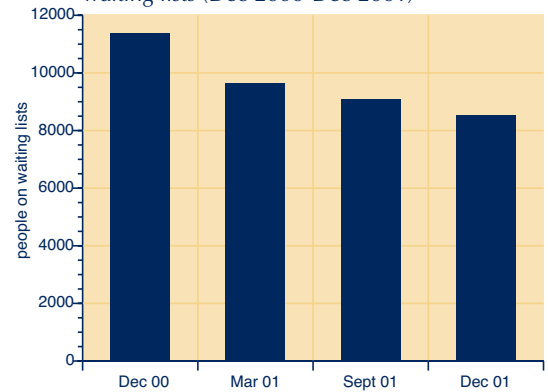


Figure 11
Reduction in Regional Community OT
waiting lists (Dec 2000-Dec 2001)



It is against this background that increasing waiting times for Occupational Therapy housing adaptations assessments should be considered. Referrals from the Housing Executive for housing adaptation assessments represent between 12% and 14% of OT's total caseload. Just under 25% of all Housing Executive referrals fall into the 'Priority' category.

Referrals from the Housing Executive do not represent the totality of housing adaptation assessments undertaken by Occupational Therapists. Referrals from other H&PSS sources and GPs for other Occupational Therapy services and interventions may also result in a recommendation for an adaptation.

9.4 Waiting List

At 31 March 2000 there were almost 11,000 people waiting for an Occupational Therapy assessment. Of these, 41% had been waiting under 3 months. 15% of all those on the waiting list were priority cases.

At 31st December 2000 the total number on the waiting list had risen to 11,329. By December 2001, following the introduction of the new system for assessment of change of heating, where responsibility passed to the Housing Executive, the waiting list figure had fallen to 8,462 (see figure 11).

9.5 Good Practice

Discussions with staff in the five selected Trusts found variations in practices and procedures followed in processing housing adaptation referrals. At the same time, variations were also found in the composition of Occupational Therapy teams with some Trusts employing basic grade staff and others not.

Particular examples of good practice were found across these five Trusts:

- Community Occupational Therapy Managers Forum shares good practice and reviews and monitors standards of care
- The Forum promotes awareness of professional standards pertaining in other areas of the UK
- Forum members share findings from local audits
- Trusts' Estates Departments provide an effective and rapid means of delivering a range of minor works

- In Armagh & Dungannon HSS Trust the electronic transfer of information between Housing Executive and the Trust is being piloted.
- In Homefirst HSS Trust local referral forms have been revised to improve the information available to Occupational Therapists to assist in the screening of referrals and in the assessment process.
- In South & East Belfast HSS Trust Occupational Therapy staff have developed a system for 'weighting' referrals to help in prioritising. The Trust is also about to start piloting a weekly Housing Executive/Trust advice clinic on adaptations.
- Down Lisburn Trust produced a video of a stairlift adaptation and has developed a 3D model prototype to give clients a better appreciation of the finished adaptation.

9.6 Findings

The key findings emerging from the review of Occupational Therapy input into the housing adaptations are:

- Commissioning and provision of Occupational Therapy services is not based on fully informed assessment of communities needs.
- The current method of commissioning of Occupational Therapy services is based on the number of face-to-face contacts and is considered not to be the most appropriate method.
- There is a need for additional Occupational Therapists to provide an adequate Community Occupational Therapy service and to meet charter standards.
- There is a need for better client information on the housing adaptations service
- There is a need for better inter-agency co-operation between Trusts and the Housing Executive.
- The flow of information between the Housing Executive and Trusts could be improved to make the handling of referrals more efficient
- There are no dedicated Occupational Therapy staff specifically for housing adaptation assessments.
- There are good Occupational Therapy working practices that need to be shared with other community Trusts
- The current skill and grade mix of Community Occupational Therapy teams varies between H&SS Trusts.
- Currently, there are unemployed Occupational Therapists who could be employed to increase the efficiency of service delivery.
- Occupational Therapy involvement in referrals for change of heating requests is not always appropriate.
- There are currently no procedures to enable other statutory health and social services professionals to activate direct provision by the Housing Executive, without referral to Occupational Therapy services.

- The ongoing training and development needs of Community Occupational Therapists to maintain skills in the specialised area of housing adaptations needs to be identified and supported.
- The list of minor works not requiring an Occupational Therapy assessment should be reviewed with a view to expansion.
- There is a need for further research on certain aspects of the housing adaptations service.

9.7 **Recommendations**

The key recommendations from this section are:

- Develop and introduce a new, more appropriate method of commissioning of Occupational Therapy services.
- Develop with the Housing Executive information about services, including access points, contacts, timescales, and the roles of both organisations.
- Consider joint training and formalise working arrangements.
- The ongoing training and development needs of Community Occupational Therapists to maintain skills in the specialised area of housing adaptations should be supported through Continuous Professional Development.
- Enhance and streamline current arrangements. Pilot use of electronic information systems.
- Disseminate good practice identified throughout England, Scotland, Wales and Northern Ireland to all Trust areas.
- Review the skill and grade mix of the community Occupational Therapy teams.
- Extend list of minor works not requiring an Occupational Therapy assessment.
- Adopt a screening tool for change of heating requests.

10.0 Case Audit

10.1 Public Sector

As part of the Review an audit was carried out of public sector adaptations where there were delays in getting the work on site.

A total of 211 cases were identified throughout Northern Ireland. Most of those examined involved either changes of heating or the provision of extensions. A small number of lift installations were also examined.

The reasons for delay were extremely varied but a number of themes were identified. In each case the principle reason for delay was identified and these have now been analysed to see where improvements could be made.

A full analysis of the delays in heating change and extensions is provided below but the number of lifts examined was too small to analyse fully. The delays with lifts mainly involved resolving tenants' issues with a number of delays when the consultant appeared to be responsible.

Extensions:

Sixty delayed extensions were examined. The principle causes of delay were as follows:-

1.	Preparation of feasibility study by consultant.	25%
2.	Initial investigation of scheme and consultation with tenant.	20%
3.	Change in design or deferred start date to suit tenant.	20%
4.	Administrative or programming delays.	12%
5.	Preparation of scheme design by consultant.	8%
6.	Technical difficulties e.g. with water, electric, sewage services.	7%
7.	Miscellaneous	8%

Heating:

138 delayed heating changes were examined. The principle causes of delay were as follows:-

1.	Administrative/programming problems.	29%
2.	Tendering procedures (now changed).	18%
3.	Reaching agreement on fuel type etc. with tenant. (including waiting for availability of gas).	20%
4.	Preparation of scheme by consultant.	12%
5.	Changes of circumstances.	8%
6.	Others	13%

While some of the delays were the result of suiting the tenant which is probably inevitable from time to time, many of the delays could be reduced by changing procedures to speed up the process. The Recommendations at 10.3 identified the changes which could be made.

10.2 Private Sector

The Grants sub-group examined fifty Disabled Facilities Grants cases which had taken over three years from receipt of the Preliminary Information Form until the final payment.

In most cases there was more than one reason for the delay so that there was no single factor causing the full delay. The most common contributory factors were:

- Delays where applicants delayed submitting documents usually because of problems relating to their financial contribution to the cost of the works
- Delays within the Housing Executive mainly where temporary budgetary restrictions were in place or where the Disabled Facilities Grants was linked to another grant, particularly when it was a replacement grant where the processing time is much longer
- Delays with Occupational Therapists normally where the initial recommendation took longer than expected.
- The audit indicates that joint visits/meetings at the start of the design process for all those involved in the process to avoid the need for re-design after initial sketches were prepared would be useful.

10.3 Recommendations

The key recommendations from this section are:

- Better communication between Trusts and the Housing Executive including shared IT systems and joint visiting at initial stage in complex cases involving Occupational Therapists, Area Welfare staff and consultants.
- Better control of cases to identify and deal with delays as soon as they arise.
- The problem at feasibility stage frequently involves economic appraisals which should be simplified or the requirement to carry them out removed.
- Differences in Housing Executive administrative procedures in different areas should be examined and the most efficient procedure adopted in all areas.
- Incentives should be provided to encourage consultants to produce schemes quickly.
- Joint visits/meetings at the start of the design process for all those involved.

11.0 Grants Review

A focus group of staff working in the Grants Section of the Housing Executive examined the grants process for providing adaptations. The conclusions of the group are under four key issues as follows.

11.1 Key Issue 1: Availability of Information

- Increase public awareness of the availability of grants through media coverage, newspaper features etc. In addition, the Housing Executive's Grants staff should be contacting those people who provide support to people who are incapacitated in some way, and explaining to them the grant aid available.
- Client should be provided with the names, addresses and contact numbers of all personnel responsible for the processing of the grant.

11.2 Key Issue 2: Efficiency of Procedures

- Sifting - Prioritising

Some offices have, in conjunction with their local Occupational Therapists, developed a questionnaire which seeks pertinent information upon which the Occupational Therapist is able to prioritise the needs of the disabled person.

The questionnaire should be accepted as standard procedure by all Grants Offices and Occupational Therapy Departments of the Trusts and Health Boards.

- Self Assessment for Heating Only

Some Grants Offices and Occupational Therapy Departments have introduced a self assessment for heating or change of heating requests.

This system has been working well without delays and it is recommended that it is introduced as a standard policy and procedure for all Health Trusts and Boards as soon as possible.

- Test of Resources

A preliminary assessment should be standard procedure for all Disabled Facilities Grants cases. If the contribution is high, the applicant could then decide if they wish to carry on with the works and avoid the delay in processing the case to formal grant approval.

The preliminary assessment letter should be changed to highlight the importance of retaining wage slips, bank statements etc. for the formal Test of Resources assessment.

Occupational Therapists contacted felt that it would be very beneficial if some basic Test of Resources training could be made available to them to help them advise their clients in pursuing grant aid.

Disabled Facilities Grants cases, especially for children, should be exempt from the Test of Resources. Alternatively, a Preliminary Test of Resources should be standard in all Disabled Facilities Grants cases.

- **Fast Track**

A “Fast track” system has been considered. This should be initiated by the Occupational Therapist. Joint visits can be carried out early and reports prepared. Encourage the use of Care and Repair agencies at an early stage to prevent unsuitable plans being prepared.

Building Control offices should be encouraged to “fast track” approvals for applicants with disabilities. Test of resources verification by DHSSPS etc. should be “fast tracked” in high priority cases. Urgent works approval could be considered to enable work to start prior to formal approval.

11.3 Key Issue 3: Interfaces

OTs and the Executive

- **Liaison Meetings**

Liaison meetings should take place in every Grants Office between the management teams, Occupational Therapists and Care and Repair Agencies on a regular basis.

- **Joint Visits**

Joint visits of grants officers, Occupational Therapists and, where necessary, Care and Repair Agency staff, should be encouraged, particularly where an unusual design or adaptation is required.

- **Dedicated OT Staff**

The use of dedicated Occupational Therapy staff for private sector cases could speed up the assessment process.

- **Training**

Joint awareness training for both Housing Executive staff and Occupational Therapists would engender greater understanding of the rules and limitations under which each department operates.

- **Realistic Expectations** The Housing Executive has produced a step by step guide setting out the minimum time taken at the key stages of the grants procedure. It would be helpful if a similar joint leaflet was produced which incorporated Occupational Therapy prioritisation criteria and assessment timescales together with the grants timescales.

Care and Repair Agencies and the Housing Executive

Care and Repair Agencies should build up a pool of builders who will specialise in adaptations which they can make available to applicants to enable a quicker start to Disabled Facilities Grants cases.

The Housing Executive should concentrate on increasing the efficiency of the Agencies. Enhanced communication flow by E-mail and shared information systems should be explored.

11.4 Key Issue 4: Design Aspects

- Standard Solutions

The use of standard design solutions should be increased and be introduced as standard adaptations in all Health Trusts and Boards, subject to flexibility to allow for individual needs.

11.5 Recommendations

The key recommendations from this section are:

- Increase public awareness of the availability of grants through media coverage, newspaper features etc.
- Provide applicants with contact names of all personnel responsible for the processing of the grant.
- Disabled Facilities Grants cases, especially for children, should be exempt from the Test of Resources. Alternatively, a Preliminary Test of Resources should be standard in all Disabled Facilities Grants cases.
- Occupational Therapists should initiate fast tracking of cases following agreement on a set of priorities and procedures for urgent priority cases.
- Working relationships between the Housing Executive, Occupational Therapists and Care and Repair Agencies should be enhanced through regular meetings and cross agency training.
- Grant applicants should be given a realistic timescale in which to expect completion of adaptation works through a joint leaflet incorporating Housing Executive service standards, Occupational Therapy prioritisation criteria and assessment timescales and client responsibility.
- Consider issuing costed schedules of work for Disabled Facility Grants cases to inform applicants of the true cost of the work.
- Encourage greater use of standard solutions.
- Consider the use of dedicated Occupational Therapy staff for private sector cases.

11.6 Progress Update on Private Sector Grants Recommendations

1. Increase public awareness of the availability of grants through media coverage, newspaper features etc. Short-term and ongoing

The Private Sector grants section have contributed to a set of leaflets on help available to disabled people. These have been distributed to all Executive District and Grants Offices; to all Health and Social Services Trusts, to GP surgeries, libraries, voluntary agencies and community groups.

Publicity will be undertaken for the release of the Design Guide. This is to be made available on the proposed website to be specifically created for people seeking information and assistance on disability

2. Provide additional information for applicants: the names, addresses and contact numbers of all personnel responsible for the processing of the grant and business cards for all officers carrying out home/site visits.

The name of the case officer and grants officer dealing with the application are clearly identified in grant correspondence. Business cards are available to all staff visiting the grant applicants home.

3. Develop a questionnaire to enable Occupational Therapists to prioritise the needs of a person with a disability

This is an area of good practice where questionnaires are currently in use with some of our grants officers. A consolidated questionnaire has been developed and is being considered by a sub-group of the Community Occupational Therapy Managers Forum NI, who are tasked with clarifying referral protocols. It is hoped that all Health Boards/Trusts will sanction the use of the questionnaire.

A presentation on the 'Warm Homes' Scheme was given at the Occupational Therapy Managers Forum in October 2001 to advise Occupational Therapists of the eligibility criteria and scope of the scheme.

4. OTs should use a questionnaire and self assessment form for cases involving heating only adaptations

This has not yet been agreed by the OT Managers forum. However it may be superseded by the proposed change in the Discretionary Scheme which will give greater flexibility in the legislative consultative requirement. It may enable the Housing Executive to agree heating and minor adaptations without the need for individual OT recommendations.

5. DFG cases, especially children, should be exempt from the Test of Resources. Alternatively, a preliminary Test of Resources should be standard in all DFG cases

The DSD have been requested to consider this proposal. The Minister announced on 28 January 2002 that the Department will review the Means Test element of the Disabled Facilities Grant.

A preliminary Test of Resources has now become standard policy for all DFG cases.

6. OTS should initiate fast tracking of cases

This has been agreed by OT managers.

7. Working relationships between NIHE/OTs/Care and Repair Agencies should be enhanced through regular meetings, cross agency training etc.

Protocols for inter-agency communications e.g. joint visits and managing urgent casework will be addressed in joint training sessions and in appropriate professional forums.

8. Give grant applicants a realistic timescale in which to expect completion of adaptation works through a joint leaflet incorporating Housing Executive Service Standards and Occupational Therapy prioritisation criteria and assessment timescale

An advanced draft leaflet has been produced. This is currently out for consultation with the Review Group and Community Occupational Therapy Managers Forum NI and user representatives.

9. Pursue the recruitment of in-house OTs to undertake housing adaptation referrals on an agency basis for the Boards

The Fundamental Review highlighted the need for 30 additional Occupational Therapists to provide a more responsive service and meet Health Charter Standards.

A bid for £0.5M to recruit 20 additional Occupational Therapists has been accepted. The use of a grade and skill mix has maximised those resources and the Health Executive have confirmed that 16.83 additional points have now been filled. The remainder of the posts to be filled in 2002. An evaluation of using Private OTs to enhance the HSS Trusts will be undertaken by April 2002.

10. Explore enhanced communication flow with Care and Repair Agencies through E-Mail and shared information systems

This is linked to the outcome of the IT Information System between the NIHE and the N/W Belfast and Armagh and Dungannon Health Trusts. A joint funding bid for Executive programme funding was not accepted.

It was been decided to proceed on a pilot basis with Armagh/Dungannon and North/West Belfast Trusts and preliminary work has been undertaken with Trusts and Housing Executive. The pilot is due to commence in June 2002.

11. Give builders a Schedule of Works for Disabled Facilities Grants cases containing total estimated costs

This has been in operation in the Newtownards Grants Office from the start of the year. It is to be evaluated by December 2002 to determine whether it has assisted grant applicants obtain builders and manage expenditure of their scheme.

12. Revise the cost level at which Warranted Builders must be used for Disabled Facilities Grants cases

This was implemented in Costing Uplift in June 2001.

13. Encourage greater use of standard solutions

The revised Design Guide was completed in December 2001 and will be published and disseminate by July 2002.

However, there are new building regulations in relation to design for domestic dwellings for disabled people which have just been published. It is considered advisable to assess the impact of the BS8300 and also take account the new Building Regulations.

12.0 Competition

12.1 Public Sector

The Housing Executive employs a small number of professional consultants to provide services in the provision of major adaptations in its own stock. It also employs contractors to carry out both major and minor adaptations. One of the aims of the review is to ensure that both consultants and contractors provide a high quality, value for money service.

While in many cases the service provided appears to be very good, there have been indications that in some cases the service has not been as good as expected. Comments made during consultation exercises and findings made during surveys and audits indicate that at times work has not been carried out as speedily as possible nor, particularly in the case of contractors, to as high a quality as possible.

Suggestions have been made that the selection of consultants and contractors could be improved by ensuring that during the selection process they were made aware of all the issues around adaptations and that the selection process involved quality as well as price. In addition it was suggested that contractors and consultants should be provided with incentives to carry out the work quickly and to a good standard.

12.2 Private Sector

Since 1988, the Housing Executive has approved the use of two Home Improvement Agencies to provide advice and assistance to grant applicants who are elderly or who have a disability.

Shelter operates in the North West of the province, in the Derry, Limavady, Magherafelt and Strabane District Council areas.

FOLD Staying Put operates in the rest of Northern Ireland.

The Housing Executive funds FOLD and Shelter, so their advice and assistance are free to grant applicants.

The performance of the Home Improvement Agencies is assessed against criteria set by the DETR for England and Wales from 1996/97. They recently commissioned a review of the criteria and new guidelines for monitoring performance were published in 2001.

These encourage greater flexibility and more regionally based criteria to be set within an agreed performance plan between the commissioning body and the Home Improvement Agencies.

The Housing Executive is currently developing a set of criteria together with speed of service delivery indicators that will measure the average time taken to complete grant cases.

These will incorporate the two compulsory criteria which are:

1. 100% of clients must be in the Private Sector
2. 80% of clients must fall within well defined social priority groups (elderly, with disabilities or low income households)

Both Home Improvement Agencies have performed well against the existing criteria and provide value for money. It is anticipated that the service will continue to expand under the Supporting People Initiative as they diversify into a more generalist caring service for the elderly and people with disabilities.

12.3 Recommendations

The key recommendations from this section are:-

- Provide monetary incentives to ensure contractors and consultants carry out work quickly and at a high quality.
- Develop new arrangements to ensure the most suitable contractors and consultants are employed to provide adaptations.
- Expand the Care and Repair Service in line with increased demand.

Section C

Special Projects



13.0 Housing Adaptations Liaison Officer

This post was implemented in February 2001. The post is jointly funded by the Housing Executive and the DHSSPS. The essential purpose of the post is to facilitate interagency work on a number of the Fundamental Review recommendations to ensure that the elderly and people with disabilities receive the best possible housing adaptations service regardless of housing tenure.

To date the Housing Adaptations Liaison Officer has assisted with the delivery of the following tasks:

- Chairmanship of the interagency Heating sub-group, which helped co-ordinate the changes in Housing Executive public sector heating.
- Compilation of research evidence on the impact of home heating on the elderly and people with disabilities.
- Home heating surveys into the effectiveness of changes of heating in the homes of the elderly and people with disabilities. This study identified benefits and areas for further quality improvement.
- Development of a new Housing Design Guide which comprehensively reviews housing adaptations standards to reflect current community care needs/new BS standards and promotes interagency team work.
- Comprehensive research into new build housing standards e.g. Lifetime Homes and Part R Building Regulations and how their implementation may impact on future adaptations services.
- Development of a video to highlight the impact of improved housing access standards for people with disabilities.
- Development of Step by Step Guides and assistance with the development of other information media including leaflets.
- Survey of the continuing professional development needs of Occupational Therapists in relation to housing for people with disabilities.
- Development of joint training packages for Occupational Therapists and housing providers.
- Identification of new methods and applications of conveying adaptations information visually for people with disabilities and service providers.

14.0 The Housing Executive/DHSSPS Sub-group on Heating (November 2000-June 2001)

An Executive Summary of the Report from the Heating Group

Aims

- Create an interagency sub-group with representation from the four Health and Social Services Area Boards /DHSSPS and the Housing Executive to support substantial changes in the provision of automatic heating for the elderly and people with disabilities.
- Review published evidence in a number of key areas and submit a report to the steering group

Objectives

- Establish trends in home heating provision across housing tenure.
- Review legislation and policy.
- Review research evidence on home heating for the elderly and people with disabilities.
- Review design guidance for heating controls for the elderly and people with disabilities.
- Identify potential benefits of collaborative inter-agency working practice.
- Develop protocols and guidance to ensure that the appropriate range of agencies and professionals adequately deals with heating issues.
- Make recommendations for future action and research to address needs in this area.

Key Findings

- The principle of having an automatic, user friendly heating systems for the elderly and people with disabilities should be considered as a housing standard
- Home heating has a highly significant effect on the health, social well being and performance of the elderly and people with disabilities.
- Appropriate home heating has a valuable disease prevention role
- Considerable savings in domestic care are achieved by changing manual solid fuel systems to fully automatic systems. Targeted housing investment in this area has considerable social benefits.
- There are real health and safety considerations associated with most forms of home heating. Further research and consumer education / support is needed in this area, particularly due to the vulnerability of the elderly and people with disabilities.
- Specifications for the location and design of heating controls and fuel monitors can be further “fine tuned” to meet the specific needs of the elderly and people with disabilities. Product development of controls for people with visual impairment is needed in particular.
- There are variations in the provision pathways for automatic heating systems depending on housing tenure. Further legal advice on equity issues is required to guide operational policy.

- The policy and practice currently utilised by the Housing Executive for heating changes in Housing Executive stock should be considered in Housing Association property following evaluation.
- The interface between the “Warm Homes” and Disabled Facilities Grants systems of home heating improvement require further clarification and information. The “Warm Homes” initiative targets a client group in considerable need and this is welcomed.
- Regardless of the quality of home heating systems, the affordability and perceived affordability of home heating needs to be addressed for people who are often on lower than average income. The investment in more convenient and effective heating will be lost if it is underused or not used.
- Support services such as Heatsmart have a valuable role to play in promoting energy efficiency. Early survey evidence also suggests that many homes may actually be “overheated” The oil industry could develop direct consumer support services in line with other energy providers.

A 12,000-word report was submitted to the steering group in June 2001

This research is supplemented with a survey of Housing Executive consumers who have had their manual heating systems changed to either gas or oil. The survey outlines the health and social benefits of heating changes, identifies the need for support services, and evaluates the effectiveness of heating controls. Energy efficiency issues are also highlighted.

Design Guidance on Home heating for the elderly and people with disabilities is available in the Adaptations Design Guide.

15.0 Housing Design and Adaptations

Within the scope of the Fundamental Review of Adaptations there has also been a substantial review of the housing design standards, which are used for the adaptation of domestic housing in Northern Ireland.

Introduction

In 1995 The Northern Ireland Housing Executive published an excellent guide called 'Designing for People with Disabilities'. This guide outlined comprehensive guidance on the types of adaptations available and the processes involved in providing them.

Since then, the impact of Community Care on housing design has become more apparent. Many more people who need high levels of assistance now live in their own homes, instead of moving into nursing homes. Supplementary design guidance therefore needs to be developed to meet the needs of assisted wheelchair users and their carers

The Manual Handling Operations Regulations, introduced in 1992 also resulted in more scrutiny of the ergonomics of home design in promoting safety for carers and people with disabilities. A range of new lifting and handling equipment has been introduced into home settings, which will impact on housing standards.

"Smart" technologies such as home automation, help lines and other forms of communications have evolved to address the needs of vulnerable people in their own homes. The full potential of technology in supporting care in home settings needs to be further researched and evaluated. Early pilots have recently commenced in Northern Ireland.

Universal design is influencing new build housing design, through the use of selected design features such as level access to dwellings and wider doorways in all new dwellings. These features make it easier for people with disabilities to visit neighbours and this promotes social inclusion.

An inclusive approach to community needs also raises awareness about how housing design can meet the requirements of people with visual or hearing impairments, mental health or learning difficulties, as well as people with restricted mobility (see table below).

Number * and types of disabilities in Northern Ireland, which may require a housing response.			
Locomotion	129,000	Contenance	44,000
Reaching and stretching	49,000	Communication	24,000
Dexterity	56,000	Behaviour	44,000
Seeing	49,000	Intellectual Function	43,000
Hearing	82,000	Consciousness	5,000
Personal care	61,000		
(PPRU, 1992)			

*In many cases a client will have one or more of the above conditions.

There have been substantial developments in access standards for new build housing. *Lifetime Homes* have been implemented since 1998, applying to social rented property followed by *The Building Regulations Part R*, introduced in April 2001 for all new dwellings. The Building Regulations legislate for basic access standards in dwellings. This year may also see the publication of a new *British Standard BS 8300 Code of Practice for the Design of Buildings and Approaches to Meet the Needs of Disabled People*. This study has been underpinned by substantial research on the needs of people with disabilities and strengthens the evidence base for access standards.

In addition to this guidance there will be a continued need for customised adaptations to meet people's varying circumstances.

The results of this review will be largely reflected in the Design Guide, although due to the scope of developments in this area, the guide will not be able to cover every aspect of design.

Key Findings

Published Guidance

- There is a considerable range of published guidance available. Thirty-five recent housing design guides have been identified.
- The exact nature of this design guidance varies and this raises questions as to what is good practice.
- The implementation of Part R Building Regulations in April 2002 is to be welcomed in that it will promote visitable housing. The Building Regulation standards however are minimal standards for new build housing and will often need to be enhanced to meet the needs of individual users during adaptations. This is particularly the case with technical guidance on w.c. design.

Reflecting the Needs of Users

- Much of the published design guidance available for wheelchair users assumes that the person can use a wheelchair independently and that the wheelchair is a standardised size. In practice this is often not the case. As a consequence customised solutions will often be required.
- Supplementary design guidance is required for assisted wheelchair users i.e. people who need the assistance of carers and often lifting equipment to transfer from a wheelchair. Relatively little published guidance is available on this area.
- The needs of carers need to be reflected in housing design guidance to promote dignified and effective care. The needs of carers have not been traditionally reflected in design guidance. The focus has tended to be on the person with a disability only.
- Additional space is often needed in locations where carers assist a person with a disability to transfer. Adequate space in bedrooms, bathrooms and living rooms and car parking is essential for safe wheelchair transfer:

- The traditional housing adaptations focus has been on the needs of people with mobility impairments. Increasingly the housing adaptations needs of other groups of users such as people with sensory impairments are being given a higher profile.
- The equality agenda is partly driving this move towards greater inclusiveness and universal design principles are also becoming increasingly influential.
- The specific housing needs of ethnic minorities in Northern Ireland need to be considered in housing adaptations.
- Department of Trade and Industry Statistics on home accidents indicate that constructional features in the home are the single largest factor involved with home accidents and that the elderly are particularly vulnerable.

New Technology

- Adaptation design also needs to consider new and specialist equipment being used in people's homes to support community care. Some of this equipment is designed for lifting, other equipment is designed for personal care. Dimensions and methods of usage need to be considered.
- As design guidance and technology emerges to meet these needs of various user groups it will need to be reflected in new design guides.
- Assistive technologies, for example environmental controls, are reducing in price and are now being increasingly considered in domestic settings. This area is likely to expand in future years.

Design Processes

- Much of the current capacity of the Housing Executive and Health & Social Services Trusts goes into the assessment and provision of adaptations. The evaluation of completed adaptations receives relatively little input due to resource constraints.
- There is substantial research to demonstrate the importance of good design of the immediate outdoor environment for the the elderly and people with disabilities. Adaptations/ maintenance of the outdoor environment tend to receive lower priority for funding than indoor adaptations.
- Although a degree of standardisation of design specification is possible and desirable, there will always be a need for customised specifications. This requires close work between the person who is disabled, the Occupational Therapist and housing staff/consultants.

Recommendations

Design Standards

- Additional resources are required to strengthen the capacity to evaluate the effectiveness of adaptations on their completion. By strengthening this aspect of the quality cycle, design standards will be enhanced. The Housing Executive and DHSSPS have a role in this evaluation, to incorporate both user and technical dimensions.

- Urgent research is required into the design of housing to promote easy exit for disabled people in the event of a fire.
- Additional empirical research into the circulation needs of assisted wheelchair users is required to advise housing design standards and ensure the safety of carers.
- The role that assistive technology plays within the adaptations process needs to be evaluated and developed. There is a particular requirement to ensure compatibility between assistive technologies.
- Additional research into the provision of adaptations in the home which promote safety for vulnerable people e.g. people with learning difficulties or memory loss is required. The next review of Disabled Facilities Grants legislation will consider safety as well as access for people with disabilities and carers.

Product Development

- Product development of items such as doors and heating systems have a significant role to play in accident prevention in the home.
- PVC doors in particular require some product development to ensure barrier-free design.
- Further research is required to develop cost effective and safe automatic door opening systems for domestic housing.
- Prototype modular “pods” could be further developed and tested in Housing Executive property to see if they offer cost effective adaptations which are rapid to install and easy to remove/relocate.
- The design and development of a mobile home to wheelchair standard to meet the needs of people with temporary accommodation needs would be a valuable regional resource.
- Further research is required into the development of heating controls, which are easier to understand and manipulate for all users. The deployment of fuel gauges, which give readings within the home, would be of considerable benefit for the elderly and people with disabilities.
- Inter-floor lifts, which would allow users a greater choice of directions of entry and exit, would considerably enhance design options. Product development in this area may be fairly complex.
- The development of cost effective, short rise platform lifts for external use where ramps are not technically feasible.
- Research into cost effective methods of garden maintenance and landscaping for the elderly and people with disabilities.
- A user evaluation and cost benefit analysis of varying smart technologies/ environmental controls and identification of their role within the provision of adaptations.

Interagency Working

- Joint postgraduate training is required for occupational therapy and Housing Executive staff to ensure effective design solutions are implemented for disabled people e.g. in the area of the specification of adaptations, communications techniques during adaptations and quality assuring the adaptations process.
- Input from Occupational Therapists into the selection and evaluation of housing fixtures and fittings for disabled people would help to strengthen the interface between product and housing planning/provision.
- Joint surveys/research into areas of shared concern enhances interagency co-operation and maximises the expertise available for disability related research.
- User involvement in the evaluation of housing adaptations and the development of housing design standards is essential. A forum with representatives from the voluntary sector is required to assist with service development.
- Appropriate joint visits by key staff in both agencies are essential to ensure effective development and implementation of the design brief and development of protocols to support this.
- There is a need to consider the development of schemes with the voluntary and independent sectors to provide garden design and maintenance services.

Design Standards in New Build Housing: The Implications for Housing Adaptation Services.

Emerging design standards for new build housing will have an impact on the requirement for future housing adaptations. The nature of this influence requires some consideration.

Until recently, mobility and wheelchair standard housing were the main ways of meeting the needs of the elderly and people with disabilities in new housing developments. The advent of Part R Building Regulations (2001) and Lifetime Homes (1998), to complement wheelchair standard housing, will considerably enhance the levels of accessibility found in Northern Ireland's housing.

The Impact of Lifetime Homes on Housing Adaptations

The Lifetime Homes standards were introduced in Northern Ireland for social rented housing in October 1998. They are not legal requirements but have been promoted with financial incentives. A lifetime home in Northern Ireland has 17 design features (See table) which, in combination, create access for visitors and also make the home easier to adapt for the occupier, where this is required.

Lifetime home standards are gradually evolving and there are minor variations in how they have been adopted in Northern Ireland as outlined in the *Housing Association Design Guide (1998)*.

Factors influencing the impact of lifetime homes

The impact that lifetime homes will have in reducing the scale of future adaptations depends on:

- Whether these standards will continue to apply to the social rented sector only.
- The number of houses built in the social rented sector.

At present this represents approximately 6% of new build housing each year. (Of houses built last year in this sector 96% were to lifetime homes standards, if first floor flats are included this represents 82% of dwellings in this sector).

- The extent to which lifetime homes standards will be applied to home improvement schemes in the social rented sector.

At present the first multi-element improvement schemes are starting to consider their inclusion.

A cost-benefit analysis is utilised to determine how many of the lifetime homes standards will be included in such schemes.

- Whether lifetime home principles will be applied to home improvements in the private sector. At present, for example, lifetime homes standards are not applicable to replacement dwellings.

The type of adaptations required in Lifetime Homes The presence of these 17 design features mean that many frail elderly or ambulant people with disabilities may only need very minimal adaptations to their home for example additional stair rails or grab rails. Where bath aids do not meet needs, a shower can be cost effectively provided in the ground floor toilet.

The presence of a ground floor w.c. is welcomed by most people and reduces the requirement for stair lifts. However some people who are ambulant may still need a stair lift where stairs are totally unmanageable.

Where a person is an independent wheelchair user and wants to remain in their own home, more extensive adaptation packages will be required to lifetime homes to meet needs, however this can still be provided more cost effectively than in pre-lifetime homes house types.

There will still be a requirement for wheelchair housing alongside lifetime homes for independent and assisted wheelchair users. The continued presence of such stock makes economic sense, and will help to avoid the requirement for major adaptations for some users particularly if needs are known at the time of housing allocation.

The impact of Part R Building Regulations on housing adaptations

The new *Building Regulations (Part R) Access and Facilities for Disabled People* were implemented in Northern Ireland in April 2001. The Regulations introduce basic access standards to housing for the first time. Where lifetime homes standards can not be applied in the social housing sector, the building regulations will still apply. These standards are largely modelled on the *Building Regulations (Part M)* for England and Wales

(1999), but they have some minor variations. The Building Regulations are welcomed as a positive step in promoting visitable housing and promoting social inclusion. In time, they will also help to reduce the scale of adaptations required in new build domestic property.

As many developers have submitted plans to Building Control in advance of the implementation date, the impact in terms of improved accessibility may not start to be felt for a couple of years. Approximately 9,700 new homes are built each year in Northern Ireland. There is a total stock of approximately 649,000 households. Of which 609,000 are occupied.

Adaptations which may still be required in homes meeting building regulations

The intention of Building Regulations is to improve access so that a person with a disability can:

- a) Reach the principal or suitable alternative, entrance to the dwelling from the point of access;
- b) Gain access into and within the principal storey of the dwelling.
(Habitable rooms)
- c) Reach a sanitary provision at no higher storey than the principal storey.

In practice attention is focused on those parts of a dwelling which would normally be accessed by everyone, including visitors. Other parts of the dwelling used primarily by the occupier do not come within the scope of the regulations e.g. bedrooms and bathing facilities. As a result adaptations will be required to these rooms on occasion to meet individual needs.

As the actual dimensional standards identified for some of the elements, such as the ground floor w.c. and steps are minimalist; there will be an occasional need to further adapt these facilities to meet the needs of individual users. The ground floor toilet for example may meet the needs of many ambulant users, but would need to be enlarged for wheelchair users. Steps may need to have wider treads and a shallower riser where people use walking frames.

The access standards incorporated in the Building Regulations are not quite as comprehensive as those incorporated in Lifetime Homes, in that Lifetime Homes have also considered features which make a home easier to adapt for the occupier.

There may be a strong economic case to harmonise the two sets of standards (See table). The actual additional cost of building housing to lifetime homes standards may be relatively modest, as little as £550. This would also ensure that the private sector enjoys the same standards of access as the social housing sector and that the cost of future adaptations is minimised.

Lifetime Homes Standards

The Lifetime Homes Standards

A Comparison with Building Regulations Part R in
Northern Ireland (September 2001)

The specifications and dimensions in column one, Lifetime Homes as applied in Northern Ireland contain minor variations from the data in column two.

Lifetime Homes Standards. Housing Association Guide DOE (NI) 1998	Specifications and Dimensions which meet the Lifetime Homes Standards Meeting Part M and designing Lifetime Homes, 1999
<p>1 Car parking adjacent to the home should be capable of enlargement to attain 3.30m width (3.6 m is preferable)</p>	<p>The general provision for a car parking space is 2400mm width. If an additional 900mm width is not provided at the outset, there must be a provision (e.g. a grass verge) for enlarging the overall width to 3,300mm at a later date.</p>
<p>2/3 The distance from the car parking space to the home should be kept to a minimum and should be level or gently sloping. Gradients should preferably be 1:20 but not more than 1:12</p> <p>The approach to all entrances should be level or gently sloping. Gradients should preferably be 1:20 but not more than 1:12</p> <p><i>Graduated steps are not considered as an option when building a lifetime home. If site gradient does not facilitate the provision of a gently sloping approach Part R Building Regulations will apply in N. Ireland.</i></p>	<p>It is preferable to have a level approach. However, where the topography prevents this, a maximum gradient of 1:12 is permissible on an individual slope of less than 5 metres or 1:5 if it is between 5 and 10m, and 1:20 where it is more than 10m.</p> <p>See standard 2 above for the definition of gently sloping.</p> <p>Paths should be a minimum of 900mm width</p>
<p>4 All main entrances should be covered, illuminated, and have a 1200mm x 1200mm level platform area with a flush threshold access or projection of not more than 15mm</p>	<p>The threshold should not exceed 15mm (See detailed examples in Meeting Part M and designing lifetime homes)</p> <p>Entrance door: Minimum clear opening width 800mm</p>
<p>5 Communal Stairs are not a lifetime homes standard in N. Ireland (see Part R Building Regulations)</p>	<p>Minimum dimensions for communal stairs:</p> <ul style="list-style-type: none"> - uniform rise not more than 170mm; - uniform going not less than 250mm; - handrails extend 300mm beyond top and bottom step; - handrail height 900mm from each nosing.

The data in column two is based on Meeting part M and designing lifetime homes, the standards applied in England and Wales.

Variations are identified in italics.

Technical Booklet R The Building Regulations (Northern Ireland) 2000. Access and Facilities for Disabled People

Where a driveway provides the whole or part of the approach it shall comply with the provisions for level or ramped approaches. The approach shall be clear of any parking space. The approach should have an unobstructed width of 900mm

If the plot gradient is less than 1:20 then no part of the approach must be steeper than 1:20. If the gradient is between 1:15 and 1:20 then individual slopes of 5m or less may have slopes of 1:12 and individual slopes of 5 to 10 m in length may have gradients up to 1:15. Landings should have an unobstructed length of 1200mm

Unobstructed width of steps 900mm. A rise of not more than 1800mm in each flight. Steps with a uniform rise of not less than 75mm and not more than 150mm. There should be uniform going of not less than 280mm.

Steps that are not open and have a suitable profile so that the risk of tripping is reduced.

Landings with an unobstructed length of not less than 900mm.

A suitable continuous handrail on one side of the flight. Rails are 900mm above pitch line of flight and 1000mm above landing surface. They should extend 300mm horizontally beyond the top and bottom of stair nosings. Paths should be at least 900mm wide

Where unavoidable, a maximum 15mm upstand is permitted. Doorbells and entry phones should be less than 1200mm from floor level.

Entrance door: Minimum clear opening width 775mm.

- uniform rise not more than 170mm;
- uniform going not less than 250mm;
- handrails extend 300mm beyond top and bottom step;
- handrail height 900mm from each nosing
- there should be distinguishable step nosings
- continuous handrail on each side of the flight

<p>Where a home is reached by a lift, it should be wheelchair accessible. (1400mm x 1100mm wide)</p>	<p>Minimum dimensions for lifts; - clear landing entrances 1500x1500mm; - minimum internal dimensions 1100x1400mm; - lift controls between 900 and 1200mm from floor and 400mm from the lift's internal front wall.</p>																		
<p>6 Circulation widths to accord with ACE standards Internal</p> <table border="1"> <tr> <td>Doorway clear opening width</td> <td>Corridor/passageway</td> </tr> <tr> <td>770</td> <td>900*</td> </tr> <tr> <td>800</td> <td>900**</td> </tr> <tr> <td>770</td> <td>1200**</td> </tr> </table> <p>*When approach is head on. **When approach is not head on.</p>	Doorway clear opening width	Corridor/passageway	770	900*	800	900**	770	1200**	<table border="1"> <tr> <td>Doorway clear opening width(mm)</td> <td>Corridor/passageway width (mm)</td> </tr> <tr> <td>750 or wider</td> <td>900*</td> </tr> <tr> <td>750</td> <td>1200**</td> </tr> <tr> <td>775</td> <td>1050</td> </tr> <tr> <td>900</td> <td>900**</td> </tr> </table> <p>*when approach is head on **when approach is not head on</p>	Doorway clear opening width(mm)	Corridor/passageway width (mm)	750 or wider	900*	750	1200**	775	1050	900	900**
Doorway clear opening width	Corridor/passageway																		
770	900*																		
800	900**																		
770	1200**																		
Doorway clear opening width(mm)	Corridor/passageway width (mm)																		
750 or wider	900*																		
750	1200**																		
775	1050																		
900	900**																		
<p>External doorway clear opening width 800mm</p>	<p>The clear opening width of the front door should be 800mm <i>There should be 300mm to the leading edge of the doors on the entrance level.</i></p>																		
<p>7 There should be a 1500 mm diameter clear turning circle for wheelchairs in kitchens, dining areas and living rooms and adequate circulation space for wheelchair users elsewhere as a minimum.</p>	<p>A turning circle of 1500mm diameter or a 1700x1400mm ellipse is required.</p>																		
<p>8 The living room (or family room) should be at entrance level.</p>																			
<p>9 In houses of two or more storeys, there should be space on the ground floor suitable for use as a convenient bed space or room.</p>																			
<p>10 There should be a downstairs toilet or bathroom which should be wheelchair accessible</p>	<p>Dwellings of three or more bedrooms For dwellings of three or more bedrooms, or on one level, the wc must be fully accessible.</p> <p>Dwellings of two or fewer bedrooms In small two bedroom dwellings where the design has failed to achieve this fully accessible WC, the Part M standard WC will meet this standard</p> <p>A wheelchair user should be able to close the door from within the closet and achieve side transfer from a wheelchair to at least one side of the WC.</p>																		

- the clear opening width of lift doors should be 800mm
- clear landing entrances 1500x1500mm;
- minimum internal dimensions 900x1250mm;

Doorway clear width (mm)	Corridor opening width (mm)
750	900*
750	1200**
775	1050**
800	900**

*when approach is head on

**when approach is not head on

Not specified

Not specified

Not specified

The sanitary convenience will normally be located in the entrance storey. Where the entrance storey contains no habitable rooms, a sanitary convenience should be provided in the principal storey.

It will not always be practicable for the wheelchair user to be accommodated within the sanitary accommodation. In such circumstances a wheelchair user may need assistance. Clear usable space between front of WC bowl and opposite door/wall 750mm x 900mm minimum. Where oblique access is provided, there should be 250mm minimum to edge of clear opening doorway. A wash hand basin may project into this clear space as long as it does not impede access to the wc. The door shall open outwards. Also see point 6 on door widths.

	There must be at least 1100mm clear space from the front of the WC bowl. The shower provision must be within the closet or adjacent to the closet (the WC could be an integral part of the bathroom in a flat or bungalow).
<i>Drainage and service provision should be provided in this room enabling a shower to be fitted at a later date. In a bungalow and flat, the shower provision should be in addition to the bath.</i>	The drainage provision for a future shower should be provided in all dwellings.
11 Walls in bathrooms and toilets should be capable of taking “handholds”. Doors to bathrooms and WCs should be outward opening and fitted with special locks openable from the outside.	Wall reinforcements should be located between 300 and 1500mm from the floor.
12 The design should incorporate straight flight, dog- leg or “L” shaped stairs with adequate space top and bottom for chair parking provision for future stairlifts. However straight flight stairs are recommended. A suitable space for possible through the floor lift should also be identified.	There must be a minimum of 900mm clear distance between the stair wall (on which the lift would normally be located) and the edge of the opposite handrail/balustrade. Unobstructed ‘landings’ are needed at top and bottom of stairs.
13 The bath/bedroom ceiling should be strong enough, or capable of being made strong enough at a later date, to support a future hoist with possible direct access or convenient access between the bathroom or bedroom	Most timber trusses today are capable of taking a hoist and tracking. Technological advances in hoist design mean that a straight run is no longer a requirement.
14 The bathroom layout should be designed to incorporate ease of access and use of the fittings	Although there is not a requirement for a turning circle in bathrooms, sufficient space should be provided so that a wheelchair user could use the bathroom.
15 Living room window glazing should begin at 800mm or lower and windows should be easy to open/operate.	People should be able to see out of the window whilst seated. Wheelchair users should be able to operate at least one window in each room.
16 Sockets and controls should be placed at a height between 600 mm and 1200mm from the floor with light switches at approximately 1000mm	This applies to all rooms including the kitchen and bathroom.
17 Fully Automatic Heating systems and controls.	Not specified

Not specified

Not Specified

Not Specified

Not Specified

Not Specified

Switches and socket outlets for lighting and other equipment in entrance/principle storey should be not lower than 450mm and not higher than 1200mm from floor level. Pull cord switches not more than 1200mm above floor level.

Not specified - See Part S Building Regulations for general points on domestic heating

Section D

Final Recommendations and Action Plan



Section D: Final Recommendations and Action Plan

Reduce Waiting Time for OT Assessment	
1	<p>Transfer responsibility for public sector change of heating requests to the Housing Executive.</p> <p>Responsibility for assessing the need for public sector changes of heating passed to the Housing Executive in March 2001 with a backlog of 1800 cases being transferred. By September 2001 the backlog was fully assessed and programmed for delivery, with assessment of new cases ongoing.</p> <p>A new method of assessing these cases was agreed by the Housing Executive and the Occupational Therapy service. The criteria for a change of heating from manual to non-manual are; that the person must be over 18 years old, must have indicated on the Evaluation Form that they have a permanent and severe disability and must also have indicated that they have severely limited functional ability and difficulties managing the heating system.</p> <p>Heating adaptation requests are now graded as:</p> <ul style="list-style-type: none"> - Standard - an able-bodied person is at home for most of the day - Standard Plus - as for standard but no able-bodied person is at home for most of the day - Urgent - as for standard no able-bodied person is at home for most of the day and (i) The person is unable to be released from hospital/residential care or will have to go into care until heating changed and/or (ii) The person is at risk i.e. creating danger to themselves or others unless the heating is changed to a non-manual system.
2	<p>Bid for resources to recruit 30 additional Occupational Therapists to provide an adequate service and meet Charter Standards.</p> <p>A bid for £0.5m to recruit 20 additional Occupational Therapists has been accepted and recruitment is underway. The use of a grade and skill mix has maximised these resources and by December 2001 16.83 additional posts had been filled, mainly after August 2001, with more posts likely to be filled during 2002.</p>
3	<p>Develop and introduce a new, more appropriate method of commissioning Occupational Therapy services.</p> <p>Develop an information package for Area Boards and Trusts by May 2002 outlining:</p> <ul style="list-style-type: none"> - The present and future trends influencing housing adaptations services - The benefits of housing adaptations in relation to community care - Findings from the Fundamental Review of Adaptations - Action plan relating to the review <p>The Department of Health, Social Services and Public Safety, Health and Social Services Boards, Trusts and other commissioning groups will be approached to present this information to inform future commissioning.</p>
4	<p>Review the skill and grade mix of the community Occupational Therapy teams.</p> <p>A study is currently underway to identify models utilised in various parts of the UK. This exercise is due for completion by May 2002.</p>
5	<p>Consider employment of Occupational Therapists specifically for housing adaptations.</p> <p>The potential enhancement of Health and Social Services Trust capacity through the input of private Occupational Therapists will be evaluated. This sector is presently small but is likely to develop in future years. The evaluation is due for completion by May 2002.</p>

Reduce Waiting Time for Processing and Completion of Adaptations	
1	<p>Develop and publish a directory of recognised contractors, suppliers & consultants (including through internet). Discussions are taking place on how best to publicise experienced contractors, consultants etc. without implying that the Housing Executive is guaranteeing their work. The directory is to be completed by December 2002.</p>
2	<p>Pilot issuing early information to grants applicants of the full cost of the work. A pilot issuing costed schedules of work for Disabled Facilities Grants cases has been running in Newtownards since January 2001. An evaluation of the pilot will be completed by December 2002 and the possibility of extending it to all areas will be examined.</p>
3	<p>Advise grant applicants of financial contribution at the start of the process. A process of advising Disabled Facilities Grants applicants of financial contribution at the start of process has been written into the Housing Executive grants policy from January 2001.</p>
4	<p>Extend performance targets to cover the entire process start to finish. Work is ongoing on providing performance targets which will indicate how long the entire adaptation process will take to complete. Comprehensive performance targets will be in place by June 2002.</p>
5	<p>Protocols for dealing with adaptations needed urgently to be agreed between the Housing Executive and DHSSPS and reflected in work programmes. Protocols are to be agreed and implemented by May 2002.</p> <p>Lifts have been identified as the main area where urgent priority criteria can be established. A new tendering procedure has been developed and province-wide the method of sourcing new stairlifts is now via measured term contractor which removes the need to tender each individual lift-request. This has reduced delivery times by 8 to 10 weeks. In addition, a Service Level Agreement with the supplier and installer of vertical lifts was introduced in all Areas during the summer of 2001. Again this removes the tendering process and cuts processing times by at least 8 weeks.</p>
6	<p>Negotiate with Building Control and the Planning Service to extend good practice in speeding up approvals to all areas. Discussions with Building Control and the Planning Service to ensure that Best Practice ideas are introduced province-wide to commence April 2002 and be completed by September 2002.</p>
7	<p>Substitute a simpler system for economic appraisals for major public sector adaptations. The Economic Appraisal has been reduced to a one page appraisal of options since November 2001. This is completed by the Area Welfare Officer prior to the decision on the provision of an extension and has reduced interdepartmental bureaucracy and the need to wait for valuations.</p>
8	<p>Extend the list of minor works which can be carried out by the Housing Executive without Occupational Therapy assessment. The list of minor works which can be carried out by the Housing Executive in its own properties without Occupational Therapy assessment has been extended from March 2001. This information is being circulated as part of a new set of leaflets. Follow-up training is being developed for district office staff and will be delivered in February/March 2002.</p>

9	<p>Provide incentives to contractors/consultants for speedy response times and good quality work. New contracts for adaptation work will introduce incentives for good work and penalties for poor quality work from 2003.</p>
10	<p>Revise methodology for selection of contractors. New methods for selecting contractors using quality/price criteria will be introduced by the Housing Executive from 2003.</p>
11	<p>Develop and introduce an electronic information system for:</p> <ul style="list-style-type: none">- Referrals- Reports- Project Management- Enhanced communication flow with Care and Repair agencies <p>A bid by DIS to Executive Programme funds to fund the development of an electronic system was not accepted. It was decided to continue on a pilot basis with Armagh/Dungannon and North/West Belfast Trusts. Preliminary work has been undertaken with the Trusts and the Housing Executive and the pilot will commence in June 2002. A proposal for the project is outlined below:</p> <p>Background</p> <p>The preliminary report of the Review contained a recommendation that an electronic system be developed to enable the Housing Executive and Health and Social Services Trusts to share information on housing adaptations at all stages of the adaptations process. The proposal was that a system be piloted between the Housing Executive and two Trusts before being rolled out to all Trusts.</p> <p>Prior to the Review the Housing Executive Armagh District Office and the Armagh and Dungannon Social Services Trust had identified locally the need for such a system and had commenced work on the idea. During the Review the Housing Executive was approached by the North and West Belfast Social Services Trust to explore the idea of a similar system.</p> <p>The Review Steering Group agreed that the pilot system should be developed with the two Trusts who had indicated a specific interest in the idea.</p> <p>The project will form part of the Housing Executive's E-Business Strategy in the context of the Housing Executive's links with other agencies and part of the HPSS ICT Strategic Programme.</p> <p>Project Objectives</p> <p>The overall aim of the project is to develop and implement an electronic system for transferring and storing information on housing adaptations in the public and private sectors. Initially the system will be developed for use by the Housing Executive and the Armagh and Dungannon and North and West Belfast Trusts but further phases will extend the use of the system to all Social Services Trusts and to consultant architects and others involved in the adaptations process.</p> <p>To achieve this overall aim in the first stage the following objectives must be met:</p> <ul style="list-style-type: none">• Development of electronic links between the Housing Executive and the two pilot Trusts.• Development of a scoping document describing all the data to be held on the system.

- Development of a security system to ensure access to information is only available to those entitled to access it.
- Development of links into the relevant Housing Executive and Social Services Trusts electronic management systems.

Method of Approach

The first stage of the process was for meetings to be held between the Housing Executive and the Trusts involved. Two meetings were held in the spring: one between the various business users and the second between representatives of the IT sections in the Housing Executive and the Trusts as well as a representative from the DHSSPS's Directorate of Information Systems (DIS). These meetings clarified the current position regarding IT systems in the parties involved; the history of local joint working initiatives; and the aims of the system. Since then progress has been made on some local initiatives. However the main issue to be resolved was the issue of funding for the project and how the project should be managed.

At the Steering Group meeting held in June it was agreed that the DHSSPS would take the lead and that a bid for funding would be made through the DIS to the New Directions element of the Executive Programme Funds. The bid was made in September 2001 for a total of £1.7m over a three year period culminating in the roll out of the system to all Trusts in year 3. If funding is made available the project will be implemented under the leadership of DIS staff.

12 Ensure joint visits take place at critical stages.

A protocol for joint visits is to be developed by April 2002 to ensure these are taking place at critical stages. This issue will be incorporated into joint training by April 2002.

13 The Housing Executive to bid for extra money for heating backlog.

The Housing Executive have successfully bid for extra money for undertaking dealing with the backlog of heating assessments and additional minor works. An additional £2.5m was made available in 2001/02.

	Improve the Quality of Service
1	<p>Improve accessibility of information.</p> <p>To improve accessibility of information a series of leaflets was produced by October 2001 and have been distributed to all Housing Executive offices, all Trusts and GP surgeries. These are also being made available to local Libraries, CAB offices and Community Groups.</p> <p>The preliminary report recommended that information should be provided on the internet on various aspects of adaptations including aspects of design and that a helpline be provided for anyone requiring information on adaptations including those people wishing to carry out adaptations without Housing Executive assistance.</p> <p>In outline the proposal is that a website should be developed to:</p> <ul style="list-style-type: none">• provide information on the housing adaptations service provided by the Trusts, the Housing Executive and Housing Associations including local contact networks.• provide information on the design of adaptations contained in the design guide.• provide information on contractors, consultants and suppliers for people going through the Grants process or carrying out adaptations on their own.• provide information on the Care and Repair agencies and other voluntary agencies who may be able to provide assistance or advice. <p>It is envisaged that the site would be used by members of the public, staff working for agencies dealing with people with disabilities, architects and other professional consultants and staff directly involved in providing the adaptations service. It is also intended that the site be linked to websites belonging to the Housing Executive, the DHSSPS and the Health and Social Services Trusts.</p> <p>The second stage of this proposal is that a helpline would be provided for those people requiring more information and advice. The helpline should be both an e-mail address on the site and a dedicated phone line.</p>
2	<p>Develop a single point of contact within the Housing Executive for people inquiring about adaptations.</p> <p>Produce Step by Step guides by May 2002 which will specifically advise clients of responsible officers, processes and timescales. Work on the new guide, which takes the form of a public information pamphlet is nearing completion. The key contact personnel will be in the form of job titles with room to add individually named contacts.</p> <p>Ensure a key contact person is appointed for each operation by June 2002. At a more local level each agency should create standard letters which introduce named individuals who will be dealing with their adaptation. Clear notification of when the responsible person changes should be given to the client in writing.</p> <p>Ensure applicants are kept informed of progress through systematic updating by September 2002. Again, at a local level, Trusts and the Housing Executive should work together to create a system whereby the person with a disability is always aware of who is dealing with the adaptation and who is the relevant person to contact. DHSSPS and Housing Executive are intending to run a series of joint training seminars at local level with a view to improving joint working and breaking down barriers between staff.</p> <p>Create Helpline. Develop a single point of contact within the Housing Executive for people enquiring about adaptations.</p>

3 Provide a Helpline for people carrying out adaptations without Housing Executive assistance.

During a user satisfaction survey conducted as part of the Fundamental Review of Adaptations, 13% of respondents said they found advice on adaptations difficult to get because they did not know where to get it and there was a lack of information available, or staff did not have the information available.

In addition, one of the recommendations following consultation with users in the Fundamental Review of Adaptations was a one-stop-shop - or a single source of information for all types of adaptation needs.

A Helpline service located within the Housing Executive was recommended as a resolution to these difficulties in both the private and public sector. It is intended that this will be in place by October 2002. The proposal is outlined below:

Location: It is expected that the post will be located in Housing Executive Central Information Department and the postholder will have close links with an adaptations website which will be maintained by an agency independent from housing or health professionals.

Expectations: The expected outcomes are

- (a) to create a greater awareness of the adaptations service among the general public leading to a higher proportion of people requiring adaptations applying for them,
- (b) to improve the availability of information on access to adaptations and the adaptations process and
- (c) to enhance the sources of accurate and up-to-date information across the province

Requirements of the post:

- A detailed knowledge of public and private sector processes, the key contact personnel for each stage and the normal timescales for the various steps of the process.
- An understanding of Health Trust processes prior to recommendation and the role of the Occupational Therapist during the Housing Executive's processing of major adaptations and DFGs.
- A broad overview of District Council and Health Trust catchment areas
- Ability to listen to the needs of the enquirer and respond in a clear and simple manner.
- A knowledge of the role of Care and Repair Agencies in the adaptations process and their catchment areas

Main Duties:

- To provide a response to queries from the general public and particularly disabled people on all aspects of the adaptations process in the private and public sector.
- To ensure distribution of public information leaflets to relevant voluntary and statutory agencies to enable the most effective distribution to people with a disability.
- To note and take remedial action on any information or communication needs of people with a disability in relation to adaptations which become apparent
- To explore with Boards, Trusts, housing professionals and relevant voluntary groups, proactive methods of addressing information needs of people with a disability in relation to adaptations
- To identify and consider good practice in relation to adaptations information dissemination from local authorities and other sources.
- To identify training needs of housing staff in relation to adaptations and customer care

- To build relationships with identified local Adaptations Link personnel and Area Welfare Officers.
- To put enquirer on adaptations currently being processed in touch with key personnel who can deal with the individual query.

4 Staff and design consultants to receive training on disability awareness and adaptations processes and good practice.

A training pack entitled 'User Centred Design' has been developed and delivered on a pilot basis to design consultants by May 2001.

Content:

- Introduces participants to the concepts of universal and user centred design
- Explores the historical evolution of housing design standards for people with disabilities
- Encourages participants to define the parameters of current design standards through practical testing of existing standards from a user perspective
- Raises awareness of the role of design standards in promoting social inclusion
- Debates the interface between the equality agenda and design standards

A formal survey of the Continuous Professional Development (CPD) needs in relation to housing for people with a disability was completed by June 2001. The next stage of identifying the training requirements of Housing Executive staff is due for completion by May 2002. Some suggested areas of overlap are highlighted:

- Quality Assurance in the Adaptations Process
- Specifying Major Adaptations
- User Involvement

Some work has taken place in the dissemination of good practice including the one day seminar run by the William Keown Trust. This brought together Building Control Officers, Occupational Therapists, Area Welfare Officers, Architects, MLAs and Councillors.

Initial planning has taken place for a series of Best Practice seminars. The key objectives have been identified and the seminars are to be both Housing Executive specific and interagency.

5 Re-establish a modified version of the joint adaptations forum and include user representatives.

A proposal has been drafted for a suggested format for an Adaptations Forum to include user representatives. It is intended that the first seminar will take place in June 2002, the second in September 2002 and the third in October 2002.

Purpose: To provide an effective forum for user/provider representation on housing adaptations.

Aims:

- To provide a forum for the dissemination of information on housing adaptations.
- To provide a means of provider and user feedback on adaptations and service provision.
- To influence service planning via the Steering Group.
- To strengthen communications between various stakeholders in the adaptations process.

Format: A one-day annual seminar in three geographical areas to facilitate access.

Location: Area 1 - Causeway, Homefirst and Foyle Health and Social Services Trusts

Area 2 - Sperrin Lakeland, Armagh & Dungannon, Newry & Mourne and Craigavon & Banbridge.

Area 3 - North & West Belfast, South & East Belfast, Down & Lisburn Trust and Ulster Community Trust.

Suggested Participants:

- Provider Representation
- GPs/Consultants
 - OTs
 - Hospital OTs
 - Social Workers - Sensory Impairment
 - Other H&SST personnel (Senior Management)
 - Housing Executive Welfare Officer
 - District Maintenance Officer
 - Housing Executive Grants
 - Consultant Architects
 - Housing Associations
- Commissioner:
Representation
- Health and Social Services Boards
 - Health and Social Services Commissioners
- User Representation:
- Elderly People
 - Wheelchair Users
 - Children with disabilities
 - People with sensory impairments
 - People with learning difficulties
 - People with hidden disabilities
 - People with mental health problems
 - Young adults with disabilities

Each seminar is likely to involve around 50/60 people and will include a mixture of presentations and workshops.

6 Identify and undertake a range of research projects.

A range of research projects have been undertaken including: -

(2001) Lifetime Homes in N. Ireland - Joseph Rowntree Foundation/Chartered Institute of Housing. This research evaluates the effectiveness of lifetime homes in N. Ireland, and includes:

- A user survey
- Identification of how lifetime homes contribute to accident prevention
- Comparative analysis of access standards utilised in new build housing
- An economic analysis of this house type
- Perspectives of developers
- Recommendations for the periodic review of lifetime homes standards to reflect advancement in design standards, technology and community care
- Identification of specific recommendations regarding priority areas for future disability design research
- Strategic recommendations to progress the achievement of accessible housing

	<p>A summary of how lifetime homes may impact on future adaptations is included in this report under design standards in new build housing.</p> <ul style="list-style-type: none"> - <i>DHSSPS/IHE (2001) Home heating improvements for people who are elderly or have a disability</i> - Identifies the considerable health and social benefits of home heating changes for people who are elderly or have a disability. The need for support services to promote effective usage of new heating systems and areas for product development are identified. The results have also helped to enhance the specification of home heating for the elderly and people with a disability. - <i>DHSSPS/Housing Executive (2001) Fundamental Review of Adaptations: Heating Sub-group</i> - This research compiles international research evidence on the effects of home heating on the health and performance of the elderly and people with a disability. It also identifies areas for design development in relation to heating controls.
<p>7</p>	<p>Review procedures for dealing with adaptations which are no longer required</p> <p>The review will commence in May 2002 and complete by September 2002. The research into lifetime homes has identified how the design of new build housing can “design out” some of these problems e.g. the provision of gently sloping access to entrances from the outset can negate the need to provide and then remove a ramp due to changing household needs.</p> <p>The Housing Executive is currently refining its property database to ensure that it has full information on properties which have been adapted. However, it recognises that it will always be difficult to match housing applicant with properties already adapted to suit their needs.</p>
<p>8</p>	<p>Improve presentation of technical information.</p> <p>The improvement of the presentation of technical information is being addressed through:</p> <ul style="list-style-type: none"> - The updated Design Guide - The development of specifications which integrate both diagrams and text - Deployment of digital cameras in pilot areas to Occupational Therapists and Welfare Officers to identify both environmental barriers and successful adaptations by April 2002. - The use of the internet to disseminate information. - Production of videos on lifts and lifetime homes. - Identify a manufacturer for the 3D Visual Display Kit by October 2002.
<p>9</p>	<p>Introduce Housing Support Officers to identify and co-ordinate needs in advance of tenancy allocation.</p> <p>Housing Support Officers are in place in Housing Executive Area Offices. Inclusion in training programmes is to be arranged by June 2002.</p>
<p>10</p>	<p>Update the Design Guide to reflect current community care needs. To make the guide freely available, including through the Internet.</p> <p>An updated Design Guide, including the latest technology was completed by December 2001. This is to be published and disseminated by July 2002.</p>
<p>11</p>	<p>Publicise Care and Repair Agencies and their role in private sector adaptations</p> <p>A profile on Care and Repair Agencies and maps identifying their geographical patches are included in the Design Guide. This is to be published and disseminated by July 2002.</p>

Appendices

Appendix One:
Steering Group Members

Steering group Members

Northern Ireland Housing Executive

Mr Colm McCaughley
Director
Housing & Regeneration

Mr David Bass
Assistant Director
Business & Programme Management

Ms Esther Christie
Assistant Director
Private Sector

Kathleen Hicks
Principal Officer
Private Sector Grants

Ms Brenda Bohill
Area Welfare Officer

Mrs Gwen Tener (Until June 2000)
Adaptations Officer

Ms Kate O'Loughlin (From June 2000)

Disability Action

Ms Philomena McCrory/Elizabeth Brisbane
Disability Action

Department of Health, Social Services and Public Safety

Mr Leslie Frew
Director Child & Community Care

Mr Colin McMinn
Disability and Mental Health Unit

Mrs Nuala McArdle
PAMS Officer

Occupational Therapy Services

Ms Roisin Wylie
Chairperson Community OT Managers Forum
Down & Lisburn H&SS Trust

School of Occupational Therapy

Mr Paraig O'Brien
School of Health Sciences
University of Ulster at Jordanstown

Composition of the heating Sub-Group

Paraig O'Brien
OT Lecturer, School of Health Sciences,
University of Ulster Jordanstown. (Chairman)

Nuala McArdle
PAMs Officer,
Department of Health & Social Services & Public Safety

Colin McMinn
Disability & Mental Health Unit,
Department of Health & Social Services & Public Safety

Brenda Bohill
NIHE Welfare Officer - South East Area

Kate O'Loughlin
NIHE Housing & Regeneration,
Housing Centre

Roisin Wylie
Chairperson,
Community Occupational Therapy Managers (NI)

Sandra Sandford
Head Community Occupational Therapist
Armagh & Dungannon Trust - SHSSB

Karen Telford
Community Head Occupational Therapist
Foyle Community Trust - WHSSB

Pat Harris
Head Occupational Therapist,
Home First Trust -NHSS

Brid De Ornellas
Occupational Therapy Service Manager
N&W Belfast Trust - EHSSB

Gwen Tener
NIHE Housing & Regeneration,
Housing Centre

Composition of the Private Sector Focus Group

Kathleen Hicks
Principal Officer, Private Sector Grants, Housing Centre

Brian Hutchinson
Newtownards Grants Office

Samantha O'Neill
Newtownards Grants Office

Christine Thompson
Ballymena Grants Office

Ignatius Maguire
Fermanagh Grants Office

Peter Kirkwood
Private Sector Grants, Housing Centre

Roy Cassidy
Private Sector Grants, Housing Centre

Composition of the Media Group

David Bass
Assistant Director Business & Programme Management, NIHE

Kate O'Loughlin
Housing & Regeneration, NIHE

Gwen Tener
Housing & Regeneration, NIHE

Brenda Bohill
NIHE Welfare Officer - South East Area

Yvonne Montgomery
Area Information Officer, NIHE

Nuala McArdle
PAMs Officer, DHSSPS

Colin McMinn
Disability & Mental Health Unit, DHSSPS

Roisin Wylie
Chairperson Community OT Managers Forum

Paraig O'Brien
OT Lecturer, School of Health Sciences, UUJ

Philomena McCrory/Elizabeth Brisbane
Disability Action

Appendix Two: Process Maps

NIHE Process for a Major Housing Adaptation (Jan 2002)

District office approached regarding difficulties managing everyday activities in the home



Referral to Occupational Therapist or provision of specified minor works by district office



OT assessment and recommendation sent to AWO where adaptations are essential



Home visit by designer/AWO/other technical staff



Option appraisal by housing management - housing transfer and other options considered



Designer draws up sketch plans



Proposals checked by housing management/OT/client. Decanting arrangements considered if necessary



Necessary scheme approval, including statutory approval sought



Appointment of contractor

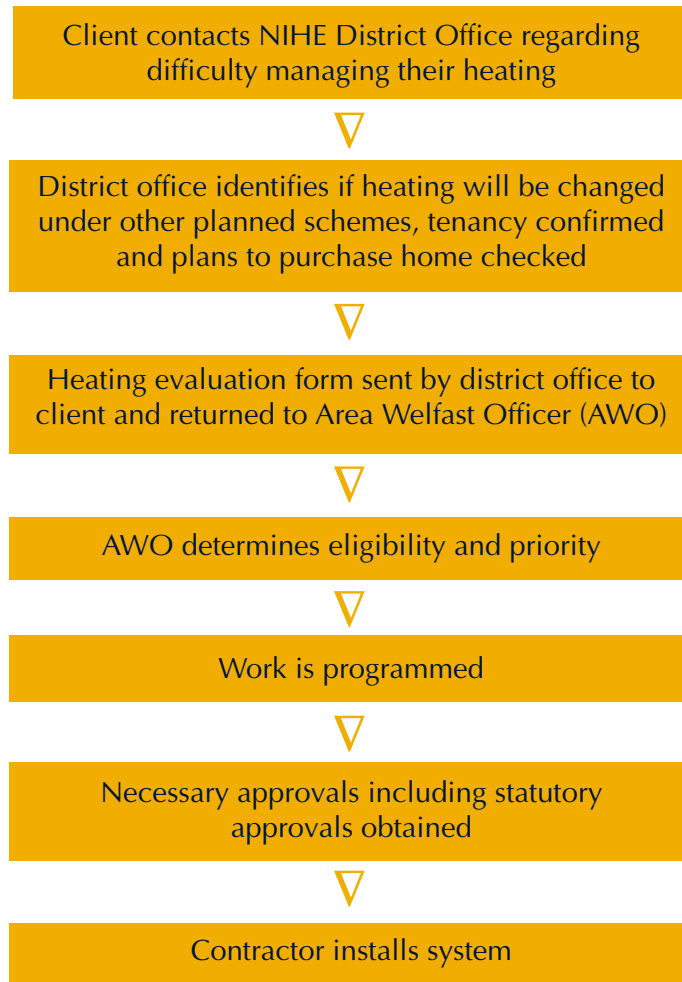


Practical completion

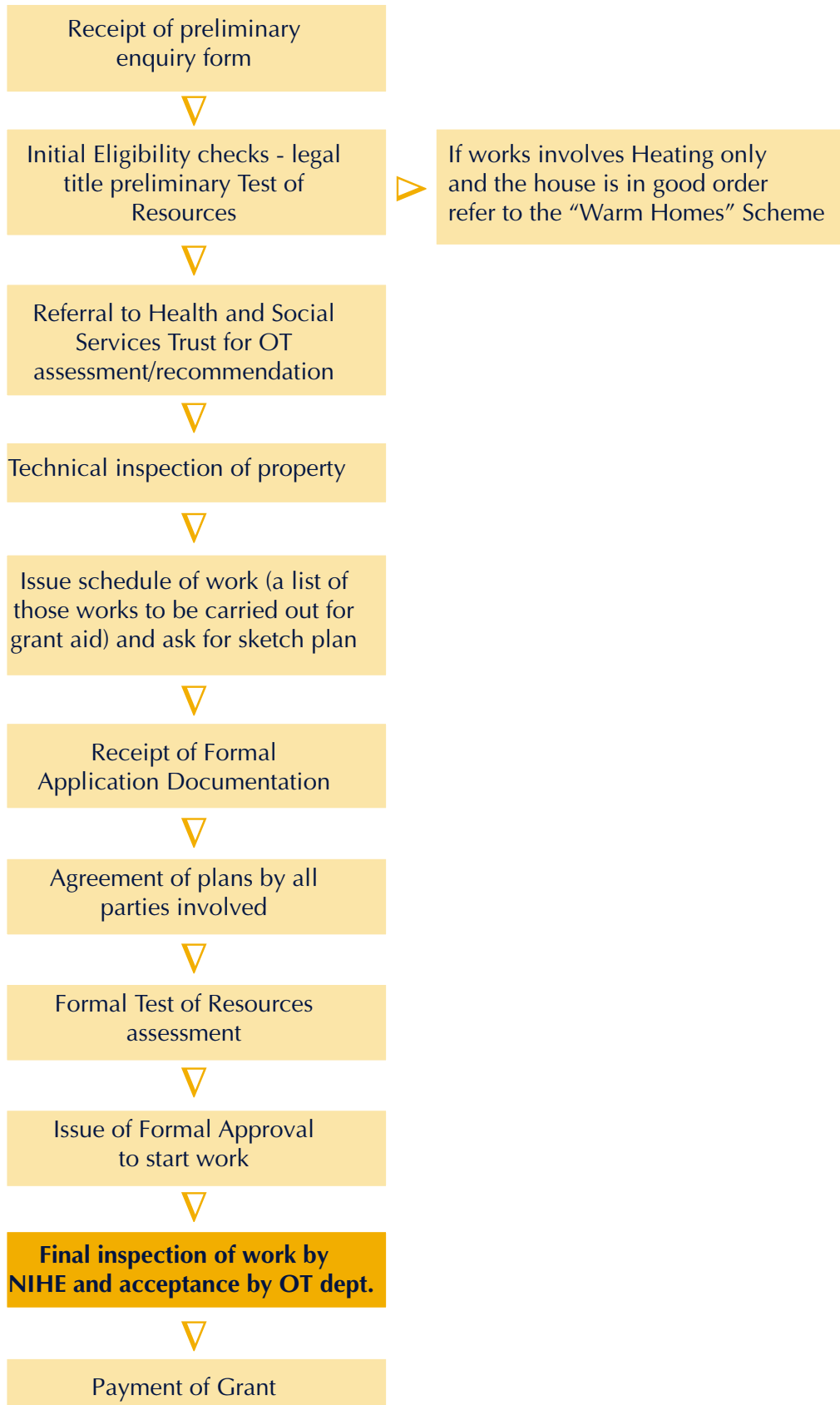


OT visit where equipment is required to use facilities

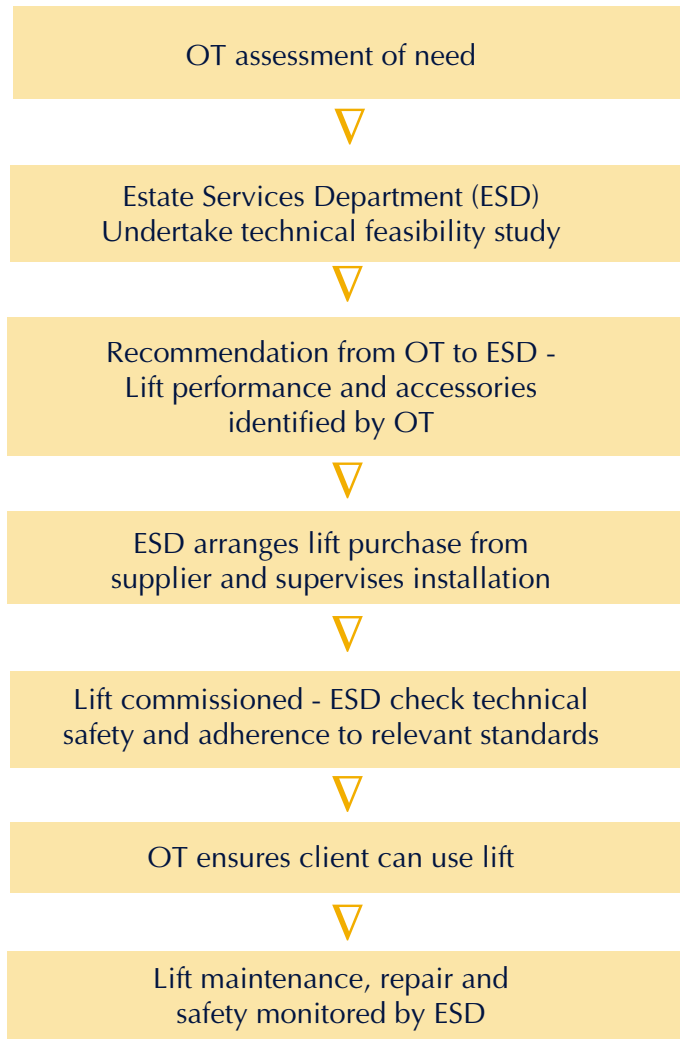
NIHE Heating Improvements for people who are elderly or disabled January 2002



The NIHE Disabled Facilities Grant Process 2002



**Health and Social Services Trust Provision of lifts by
Privately Owned Property January 2002**



**Housing Association process map for a major
adaptation (January 2002)**



Appendix Three: Comparative Cost Matrix

Expenditure per annum on Public Sector Adaptations in UK Authorities

Authority	Number of Adaptations per annum	% of stock Adapted per annum	Expenditure per annum	Expenditure per unit of stock per annum	Comments
A	1600	1.6%	£2.1m	£21	Only 4 extensions in last year.
B	400	1.1%	£1.2m	£33	No heating included.
C	1400	4.5%	£1.4m	£45	Includes 150 heating at cost of £200k.
D	180	1.1%	£1m	£60	
E	N/A	N/A	£1m	£58	
F	1200	1.8%	£4m	£58	Major adaptations only.
NIHE	405	0.3%	£8m	£61	Major adaptations (excluding heating)
NIHE	1809	1.4%	£5m	£38	Heating
NIHE	6500	5.0%	£2m	£15	Minor
NIHE	8714	6.7%	£15m	£114	Total

Expenditure on Adaptations in all Housing Stock in UK Authorities

Authority	Stock	Expenditure per annum	Expenditure per property
1	150k	£2.15m	£14
2	340k	£6.4m	£18
NIHE	602k	£21m	£35

Appendix Four:
Standards of Service

Housing Executive Public Sector Standards of Service

Minor Works

When the Housing Executive receives either a direct request or a referral from Health and Social Services, arrangements will be made to complete the works within four working weeks.

Where the minor works entail the provision of:

- a fixed ramp;
- a shower either over or to replace a bath;
- a suitable bath, toilet, wash hand basin, or closomat;
- storage space for a wheelchair;

these alterations will be completed within ten working weeks.

Faststream - Minor Adaptations

Where the Housing Executive receives an urgent request from Health and Social Services, arrangements will be made to complete the work in a shorter time.

Urgent very minor adaptations, such as handrails, will be completed within two working weeks.

Where the minor works entail the provision of overbath showers or replacement of baths by showers, these alterations will be completed within four working weeks. The provision of a fixed ramp will be completed within ten working weeks.

Major Works

Within six working weeks of confirmation of a major adaptation by the Housing Executive, the applicant will be visited, the proposal discussed and a technical survey of the property initiated, if required.

When the survey is completed, the Housing Executive will start the most common major adaptations within the following timescales:

(a)	vertical inter-floor lifts/stairlifts	22 weeks
(b)	installation of central heating	35 weeks
(c)	major internal rearrangement	46 weeks
(d)	extensions	46 weeks

All major internal arrangements and extensions are treated as urgent. However, where the Occupational Therapist from the local Health & Social Services Trust makes an urgent request for a lift or a change of heating the timescales are as follows:

Urgent Heating	17 weeks
Urgent Lift	13 weeks

Housing Executive Private Sector Standards of Service

The Housing Executive seeks to process all grant applications as efficiently as possible. Published service standards exist to help applicants understand the minimum standards we aim to achieve at each stage of the grant process.

Preliminary Enquiry Stage:

The Housing Executive aims to acknowledge receipt of a Preliminary Enquiry Form within 10 working days. For Disabled Facilities Grants, the acknowledgement letter will advise that the Housing Executive have written to the local HSSB/Trust for an Occupational Therapist recommendation.

Issue Schedule of Works:

The Schedule of Works, which sets out all the works required to be carried out for grant aid, should be issued within 12 weeks of the technical inspection. The Housing Executive may not be able to meet the 12 week standard if the applicant delays in providing any information for which he may have been asked.

Formal Approval:

Once all necessary documentation has been received and the applicant's financial contribution has been assessed, the Housing Executive must formally approve the application within 6 months. The formal approval is the written consent of the Housing Executive for the applicant to start the works.

Inspection of Works:

The Housing Executive will inspect the completed work before payment of any grant. Normally, this is when major stages of work have been completed. It aims to inspect the works within 2 weeks of a request.

Payment:

The Housing Executive will make interim and final payments when the work is completed to our satisfaction. In the case of adaptations for a person with a disability, it will also insist on the works being carried out to the satisfaction of the Occupational Therapist. If the works are satisfactorily complete, the Housing Executive aims to make the payment within 4 weeks of an inspection, provided that all relevant invoices, guarantees and certificates have been received.

Health and Social Services Trusts Charter Standards

Charter Standards for Community Services were introduced in 1996. These set the following response times for Occupational Therapy assessments and recommendations:

Priority Cases, which are coming out of hospital and at risk; living alone and at risk; living with an elderly or disabled carer; or terminally ill, are assessed within the following timescales.

- Assessment to start within 2 weeks of referral;
- Minor adaptations to be recommended within another week where appropriate;
- Major adaptations to be recommended within 2 to 6 months of referral where appropriate.

Other Cases

- Assessment to start within 3 months of referral;
- Minor adaptations to be recommended within another month where appropriate;
- Major adaptations to be recommended within 3 to 6 months of start of assessment where appropriate

Appendix Five:
Procedures in UK Housing Authorities

In order to compare the Housing Executive with other organisations, we gathered information on the procedures used by other local authorities to deal with adaptations, picking out examples of good practice.

Glasgow City Council

- In a recent review of the “Joint Protocol on The Provision of Equipment and Adaptations”, Glasgow City Council introduced adaptation timescales and service delivery standards. They aim to achieve 75-85% compliance within a set timeframe.
- When considering making an offer to a prospective tenant who has disabilities, a Housing Officer may require that the house is assessed by an occupational therapist in terms of its suitability for the prospective tenant and establishing potential adaptation needs. There is an agreed response time for this.
- Similarly, when assessing adaptation requirements, the occupational therapist may request a joint visit with the housing officer or housing technical representative. There is an agreed response time for this.
- Following recommendation for adaptation, the landlord assesses the nature, priority, and funding available. Each housing provider sets out its policy on the provision of adaptations and how the budget will be prioritised and expended.
- Where the probable cost of adaptation work exceeds £10,000 there is a requirement to undertake a joint study of alternatives available.
- Glasgow City Council’s Direct Labour Organisation deliver adaptations based on a schedule of rates.
- A database of adapted property has been established identifying houses that have been adapted and the type of adaptation undertaken. This database provides information on adapted houses to all housing providers and clients.
- A joint information leaflet on adaptations, in which an Assessment Request Form is included, is available at all Housing/ Health & Social Services access points. There is an agreement that all access points take requests and complete assessment request forms. These are forwarded to a Community Care Senior who forwards the form as appropriate to an OT or OT Assistant.
- There is a requirement for all staff in all of the agencies involved in adaptations to understand the implications of working practices and how they relate to one another. To this end a number of specific training programmes have been jointly drawn up and implemented by all agencies involved in the process.

Newcastle City Council

Within the Social Inclusion Section of its Housing Strategy for 2000, Newcastle City Council identified three key priority areas for the Housing Service, with regard to people with disabilities. These are:

- to work with partners to establish new build schemes specifically for people with disabilities
- to provide investment and grant aid support to provide adaptations for people with disabilities
- to make the best use of the existing housing stock by working closely with housing providers, Occupational Therapists and Health Services.

The key issue for the Council is to ensure a faster response to meeting the needs of people requiring adaptations. This has been partially achieved by closer working relationships between the Occupational Therapy section and the Housing Service. A 'fast track' system has also been introduced by using 'movable' equipment such as showers and temporary ramps to provide a rapid response.

The City Council, working closely with the Health Authority, has established a two-year disability research initiative to research the potential for improving service delivery across the health, housing and social services functions. This will focus on disabled people in acute need and large groups of service users such as older people.

The initiative will include an audit of provision, identification of gaps in the service and will draw on examples of good practice at a national and international level.

Anchor Hospital Discharge

Anchor Housing is the largest specialist provider of housing and care services for older persons in England. They have developed considerable experience in the setting up and management of 'Staying Put' Home Improvement Agencies to assist and support older people to carry out repairs, improvements and adaptations to their own homes to enable them to continue to live there.

Through this work the Team became increasingly concerned about the high number of referrals for people who were in hospital and required a quick response from the Anchor Team, which due to a waiting list of several months was not possible to provide.

Following through on these concerns it was decided to develop a specialised Hospital Discharge Team. Initial funding for the scheme was provided through the Department of Health initiative, the London Implementation Zone. In April 1995 this initiative was discontinued and the scheme is now funded and monitored by the East London and City Health Authority.

The Team now provides a service to older people living in private sector housing, who have been admitted to hospital or are at risk of being admitted. It aims to give advice, practical help and support to older and disabled people who are having difficulties being discharged from hospital due to their housing conditions or who require essential work to be carried out to prevent possible admission.

Specialist welfare rights advice, help with grants applications, assistance with finding temporary accommodation, professional technical advice and assistance in rectifying defects and organising adaptations and assistance in securing the necessary funding for the work will all be provided by the Hospital Discharge Team.

City of Edinburgh Council

The Council has created a multi-tenure Adaptations Team within Housing to respond to the growing need for adaptations, both for its own tenants and those in the private sector.

The Adaptations team aims to provide a one-stop shop for people requiring a permanent adaptation to their home. It has a close working relationship with the Social Work Department who has responsibility for temporary adaptations and equipment, as well as assisting those in the private sector who require adaptations.

Since its creation the Team has eliminated a large backlog of public sector tenants waiting for adaptations. In 1998/99, 280 major adaptations and 992 minor adaptations were completed with a 92% satisfaction rate. To achieve this, the Team has set some ambitious performance targets which it is largely meeting, for example, 14 days for assessment by an occupational Therapist, 28 days for completion of a minor adaptation and 13 weeks for completion of a major adaptation.

Social Work and Housing have jointly established an Adaptations Working Group which is currently undertaking a Best Value Service Review which should result in further streamlining of processes.

