

FALKIRK ADAPTATION PARTNERSHIP HOUSING SOLUTIONS PROFORMA

(Assessment, Specifications, Recommendations and Outcomes)

Name of Service User		SWIS/CHI No.	
Address		DOB	
		Tel No	
Corporate Address Gazateer No.		Consent to Share Form Signed	Yes <input type="checkbox"/> No <input type="checkbox"/> Date
Assessing Agency/Service	FCSW	Health	Landlord Details
	Housing	Other (specify)	
Worker Name		Tel No	
Team		Email	
Designation		Date	

Recommendation Summary

(Refer to Adaptations Definitions)

<input type="checkbox"/>	<p>Minor Adaptation (Complete Section 1 and 8) *These can be assessed for and ordered by any trained assessors across health, social care and Housing</p>
<input type="checkbox"/>	<p>Re-housing (can be with Large Maintainable Equipment and /or Major Adaptation) (Complete Section 2 and 3 and/or 4 as required) Rehousing can be recommended by trained assessors in a range of professions across the agencies. If recommendation includes LME or Major Adaptation then the overall recommendation would be assessed for by Health or Social Care OT</p>
<input type="checkbox"/>	<p>Large Maintainable Equipment (Complete Section 3) *These solutions can be assessed for by Health or Social Care OT's</p>
<input type="checkbox"/>	<p>Moderate/Major Adaptation (Complete Section 4) *These solutions can be assessed for by Health or Social Care OT's</p>
<input type="checkbox"/>	<p>Referral to Housing Solutions Panel (Complete Section 7 and refer to Housing Solutions Panel Guidance) *These solutions can be assessed for by Social Care OT's)</p>
<input type="checkbox"/>	<p>Other Service Inputs also required Detail other services required to support the solutions e.g. Home Care, Telecare etc</p>

Current Accommodation

Tenure	<input type="checkbox"/>	Owner Occupied	<input type="checkbox"/>	Falkirk Council	<input type="checkbox"/>	RSL Choose an item.	<input type="checkbox"/>	Private Landlord or Other
House Type	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	GF Flat	<input type="checkbox"/>	House	<input type="checkbox"/>	Upper Flat
Other	Please Specify							Floor Level
Accommodation Layout	Ground Floor/Flat		First Floor/Flat		Second Floor/Flat		Comments	
Living Room	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Kitchen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Dining Room	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Bathroom	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Toilet	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Bedroom	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e.g. number	
Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e.g. specify	
Access to Front Entrance					Access to Rear/Side Entrance			
Common/Shared Areas					Common/Shared Areas			
Intercom	<input type="checkbox"/>	Keysafe	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	Keysafe	<input type="checkbox"/>	
Number of Steps					Number of Steps			
Total Height of Steps					Total Height of Steps			
Additional Info e.g.Fall of Land, Steps in Path					Additional Info e.g.Fall of Land, Steps in Path			
Internal Access								
<input type="checkbox"/>	Straight Stair	<input type="checkbox"/>	Curved Stair	<input type="checkbox"/>	Run off for Stairlift?	<input type="checkbox"/>	Internal Steps (Approx)	
Detail Existing Adaptations and relevant equipment, including Telecare solutions								

Assessment

Background Information

(history of referral, medical condition, prognosis etc.)

Difficulties Identified

Other Considerations

(e.g. information re dementia, other medical condition, carer's assessment, care package, known risks, family circumstances and other support)

Other Occupants

Name, DOB, Relationship to Service User

Service User Views of Housing Needs/Solutions

Other Service Inputs

District Nurse	<input type="checkbox"/>	Moving & Handling	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Other	<input type="checkbox"/>	(specify)
----------------	--------------------------	-------------------	--------------------------	-----------	--------------------------	-------	--------------------------	-----------

Specify

Goal/Outcome Required (as per service users input)

Section 1:

Recommendation for Minor Adaptation										
Existing Access to Front Entrance					Existing Access to Rear Entrance					
Number & Height of Steps					Number & Height of Steps					
Individual and Total Depth (going)					Individual and Total Depth (going)					
External Rails required		No <input type="checkbox"/> Yes <input type="checkbox"/> - Complete Section 8			External Rails required		No <input type="checkbox"/> Yes <input type="checkbox"/> - Complete Section 8			
Internal Access and transfers										
Bannister required				No <input type="checkbox"/> Yes <input type="checkbox"/> - Complete Section 8						
Grab rails required (including newel rails and fold down rails)		No <input type="checkbox"/> Yes <input type="checkbox"/>		Private sector property - Request item via JLES and specify installation instructions Other tenures - Request item via JLES. Complete Section 8 for installation						
Other Minor Adaptations (including lever taps – kitchen, bath and wash hand basins; paddle style toilet flush and alteration to gas fire controls) Complete Section 8										
Any Additional Information (including any risks identified, type of wall etc.) 										
Identify Priority Need	<input type="checkbox"/>	Hospital Discharge	<input type="checkbox"/>	Prevent Admission	<input type="checkbox"/>	Terminal Care	<input type="checkbox"/>	Prevention of Falls	<input type="checkbox"/>	Other
Access Information										

Section 2:

Recommendation for Re-housing

Summary of Reason for Recommendation

Unsuitable for Ramp Reason.....

Stairs Further Comment.....

Stairlift Not Suitable Reason.....

Space or Layout Issues Reason/Description.....

External Access Further Comment.....

Other Comments

Benefits of re-housing

Any Additional information (including any risks identified)

Section 2:

Summary of Re-housing Recommendation

Recommended Property Type

<input type="checkbox"/>	Ground Floor Only	Comments:
<input type="checkbox"/>	Ground Floor Level Access	
<input type="checkbox"/>	Adapted/Adaptable	
<input type="checkbox"/>	Wheelchair Accessible	
<input type="checkbox"/>	Other (please specify)	

Recommended Adaptations/Attributes/Large Maintainable Equipment

<input type="checkbox"/>	Ramp/Wheelchair Access	Comments:
<input type="checkbox"/>	Wet Floor Shower	
<input type="checkbox"/>	Level Access Shower	
<input type="checkbox"/>	Low Access Shower	
<input type="checkbox"/>	Wheelchair Accessible Internally	
<input type="checkbox"/>	Wheelchair Accessible Kitchen Facilities	
<input type="checkbox"/>	Accessible for Mobile Hoist (Specify where transfers required)	
<input type="checkbox"/>	Ceiling Track Hoist (Specify where transfers required)	
<input type="checkbox"/>	Other (please specify)	

On completion of Section 2; copy of recommendation to be issued to individual by Assessor with individuals consent, pass copy to Local Housing Office with request for Housing Options Interview

If re-housing to adapted or adaptable housing is required and large maintainable equipment is also recommended:-

Complete Section 3: Recommendation for Large Maintainable Equipment

If re-housing to adapted or adaptable housing is required and major adaptation or property attributes are also recommended:-

Complete Section 4: Recommendation for Moderate/Major Adaptation

Section 3:

Recommendation for Large Maintainable Equipment

Note: House should be suitable to meet individual long term needs

Outline of Large Maintainable Equipment Recommended

(e.g. Ceiling Mounted Hoist, Stairlifts (Straight and Curved), Clos-o-mat)

Summary of Alternatives Considered

e.g. Equipment/Adaptations/Re-housing

Any Additional Information

(including Any Risks Identified)

Eligibility Criteria

(Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria)

Section 4:

Recommendation for Moderate/Major Adaptations	
Moderate/Major Adaptation Recommended	
Tick appropriated category and attach reference to relevant specification from specifications list:- (Note: Request must be compliant with Scottish Building Standards)	
<input type="checkbox"/> Alterations to doors	
<input type="checkbox"/> Over-bath shower	
<input type="checkbox"/> Alterations to footpaths or steps	
<input type="checkbox"/> Ramps	
<input type="checkbox"/> Remove bath and install shower tray	
<input type="checkbox"/> Wet Floor Shower	
<input type="checkbox"/> Other	
Summary of Alternatives considered	
e.g. Equipment/Adaptations/Re-housing and reason why recommended adaptation is more suitable for long term use	
Housing Options Interview completed	
<input type="checkbox"/> No – Detail Reason	
<input type="checkbox"/> Yes – Detail Outcome	
Any Additional Information (including any risks identified)	
Any Additional Information (including any risks identified)	
Eligibility Criteria	
(Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria)	

Section 5:

Exceptional Circumstances Only	
Outline of standard adaptations being considered to meet short term needs	
Tick appropriate category and attach reference to relevant specification/design brief	
<input type="checkbox"/>	Alterations to doors
<input type="checkbox"/>	Over bath shower
<input type="checkbox"/>	Alteration to footpath or steps
<input type="checkbox"/>	Ramp
<input type="checkbox"/>	Large maintainable equipment (state which)
Summary of Alternatives considered e.g. equipment/adaptations/re-housing	
Summary of Reasons why re-housing is not appropriate	
Any Additional Information (including risks identified)	
On completion of this section, discuss with Line Manager	
<input type="checkbox"/>	Approval given – Complete Section 8
<input type="checkbox"/>	Adaptation(s) not approved – inform individual
<input type="checkbox"/>	Case to be considered by Housing Solutions Panel – Complete Section 7

Section 6:

Approval

1. Recommendation Approved Under Delegated Authority

Recommendation meets all the agreed criteria therefore meets the criteria for delegated authority approval by Senior Practitioner/Senior Worker/ Team Manager/other if agreed in local procedure

I therefore approve the request to proceed with the major adaptation/large maintainable equipment/re-housing recommended (delete as applicable)

Action required as indicated below

Recommendation does not meet all the agreed criteria therefore does not meet the criteria for delegated authority approval by Senior Practitioner/Senior Worker/ Team Manager/other if agreed in local procedure

I therefore advise that the recommendation should be reviewed by the Housing Solutions Panel

Recommendation does not meet all the criteria and therefore is not approved

2. Action Required

OT to progress Minor Adaptation – complete Section 8 – forward to Provider

OT to progress installation of large maintainable equipment

OT to progress technical feasibility study

OT to refer for Housing Options Interview

OT to progress Moderate/Major Adaptation – complete Section 8 – forward to Provider

OT to inform individual of decision

OT to present case to Housing Solutions Panel – complete Section 7 and refer to Housing Solutions Panel Guidance

Alternative action – please specify

Additional Comments

Name of Authoriser:

Designation: Senior Practitioner OT/Senior Worker (delete as applicable)

Signed:

Date:

Section 7:

Consideration of Major Complex Adaptations

Major Complex Adaptation Proposed:

Outcomes required from accommodation

- Wheelchair Access
- Access to bedroom facilities
- Access to bathing facilities
- Need for manual handling facilities
- Other – please specify

Summary of Alternatives considered

e.g. equipment/adaptations/re-housing and reason for considering complex major adaptations

Housing Options Interview Completed

- No – Detail reason
- Yes – Detail outcome

Any Additional Information

(including risks identified)

After discussion with Line Manager refer to Housing Solutions Panel Guidance for process and forms

Eligibility Criteria

(Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria)

Section: 8 (Part a)

FALKIRK ADAPTATION PARTNERSHIP				
House Adaptation Request Form				
(to be completed by approved staff from Health, Housing or Social Care)				
Applicants Details:				
Name		DOB		
Address		SWIS/CHI no		
		Eligibility		
Post Code		Critical <input type="checkbox"/>	Substantial <input type="checkbox"/>	
Tel No		Risk prevention/Support Re-ablement <input type="checkbox"/>		
Date Current Housing Issue Identified			Date Assessment Completed	
Property Details:				
Tenure Type	House type	No of Stairs	Bathroom Location	Application for Re-housing in Progress
Local Authority <input type="checkbox"/>	House <input type="checkbox"/>	Internal	Upstairs <input type="checkbox"/>	Yes <input type="checkbox"/>
Private Sector <input type="checkbox"/>	Upper Flat <input type="checkbox"/>			
Registered Social Landlord <input type="checkbox"/>	G.F. Flat <input type="checkbox"/>	External	Downstairs <input type="checkbox"/>	No <input type="checkbox"/>
	Bungalow <input type="checkbox"/>			
Work Requested (please include as much detail as possible and use a separate form for each request)				
Drawings Attached <input type="checkbox"/>		Specification Attached <input type="checkbox"/>		
Schedule of Rates Number (Local Authority properties)	Cost (non S.O.R. works)	Contractor Details (Private sector and non S.O.R. works)		
		Contractor Name		
		Address		
Special Instructions				
Assessor Details				
Assessor's Name:		Signature:		
Team:		Date:		
Manager's Signature:		Date:		

Section 8: (Part b)

Please complete Part b for requests to Social Work and/or Care and Repair Only:

Applicant's Ethnicity

Applicant's Health Details

Household Compliment

Ethnic Status	Health Status	Household Details
Choose an item.	Choose an item.	Choose an item.

Support Person/Acting on Client's Behalf

Name:	Designation:
Address:	
Tel. No:	Mobile No:

Section 8: (Part C)

To be completed by officer instructing works and returned to assessor:

Adaptation (s) Provided:	
Applicant Name:	
Applicant Address:	
Date:	Signature:
Comments:	