



Time	Topic	Materials
9:30	Intro exercise <ul style="list-style-type: none"> • Exercise – ice breaker • Module programme • House keeping • Course objectives 	Slides 1 & 2
10:00	Session 1 Housing Solutions & Minor (non-complex) Adaptations <ul style="list-style-type: none"> • Background and context to the Adaptations training. Emphasising the importance of multi-agency approaches, early intervention strategies, and prevention. 	Slides 3, 4 & 5
10:10	Session 2 Provision of Minor Adaptations <ul style="list-style-type: none"> • Discuss list of types of Minor Adaptations in Handout Pack– acknowledge any local differences/additions. <p>Exercise 1 Using the list of Adaptations, get small groups (2 or 3) to clarify their understanding of:</p> <ul style="list-style-type: none"> • Local Policy, Criteria, & funding arrangements • Local Processes and systems for assessing & ordering adaptations <p>Allow 15 mins for Groups to discuss</p>	Slide 6
10:30	Feedback and discussion Policy, Criteria and funding arrangements – national and local <ul style="list-style-type: none"> • Discuss info on page 4 of Training Pack – explain arrangements under IJB’s and overview of differences in funding according to tenure type (Table 1) • Take questions & feedback from the Exercise from the group • Acknowledge any current challenges and planned/potential local improvements recording key themes/issues on flipchart (can be raised through local governance and national programme) • Clarify/confirm and explain the changes to be supported by the Training. <p>Allow 25 mins</p>	

10:55	<p>Local processes and systems – forms, authorisation, use of IT, service providers and installation</p> <ul style="list-style-type: none"> • Refer to Handouts of local tools e.g. pathways/processes/assessment/definitions... • Explain the Tools that assessing staff will use. Take questions & feedback from the Groups. Advise that the group will get a chance to use the tools later in the case Study exercise. • Clarify/confirm local arrangements for the provision/installation e.g. Store services/contractors/in-house providers etc- Checklists/flowcharts can be used to assist participants understand how the local processes work. <p>Allow 20mins</p>	
11:20	Break	
11:30	<p>Session 3 Assessing For Adaptations – Roles and Responsibilities</p> <hr/> <p>Exercise 2 Small groups to list all relevant Roles and responsibilities on flipchart, and put up on wall.</p> <p>Allow 10 mins</p> <hr/> <p>Feedback with reference to list on page 5</p> <p>Continue discussion with reference to following:</p> <ul style="list-style-type: none"> • Principles of good Assessment practice & factors for consideration – ref pages 6 & 7 • Managing risk – ref page 8 • Alternative solutions, including Technology - page 8 	Slide 7
12:20	Lunch	
13:00	<p>Session 4 Assessing For Adaptations, continued...</p> <p>Refer Group to Handout pages 9-22. Work through these discussing the different Adapts and the Criteria, Contra-indications, and considerations for each:</p> <ul style="list-style-type: none"> • External handrails • Bannisters • Door entry systems • Grabrails <p>Roughly 20mins to discuss each category with 10mins to spare.</p>	One
14:30	Break	
14:45	<p>Case Studies See Appendix 1 for Stories and Trainers notes</p> <hr/> <p>Exercise 3</p> <ul style="list-style-type: none"> • Issue Case studies to each smaller Group (use 2 or 3 groups depending on the overall numbers) • Ask them to answer the questions and to use the assessment template as relevant <p>Allow 30mins</p>	Slide 8

Take feedback from each group drawing out key themes related to:

- Housing solutions approach
- Minimum intervention & good assessment practice including Alternative options
- Assessing for the identified adaptation – considerations/risks
- Use of relevant assessment tools/guidance info
- Seeking advice/buddy arrangements

If 3 Groups, 20mins per feedback from each Case study; 30mins for 2 groups.

15:10	Any last Q's?	Slide 9
	Evaluation – ensure all participants complete the End of Course Evaluation forms	Slide 9
16:30	Close	

Appendix 1: Case studies with trainers notes

Adaptations (non-complex) case studies with trainer notes

Use example tools to complete Assessment where applicable to case study (e.g. if local tool supplied)

Case example scenario 1

Julie, a Housing Officer pops in to see Mrs MacKenzie, one of the Council tenants in her area after she has phoned the local office to say that she would like to access the Councils grass cutting service.

Mrs Mackenzie is 67 and lives alone in an end terrace 2 storey property with the bathroom and the 2 bedrooms upstairs

Julie was unaware that Mrs Mackenzie had been in hospital for a week after suffering a CVA (Cerebrovascular Accident or Stroke) and was discharged 3 days before Julies' visit.

During the course of Julie's visit, Mrs MacKenzie takes her back out the front door to show her the part of the garden that she needs help with and Julie notices that Mrs Mac is unable to use her left arm and hand which are very weak following her stroke. There is only 1 handrail at the 3 steps at the front door on the right hand side going in and Julie notices that Mrs Mac comes down the steps backwards so that she can hold on to the rail when coming out of the house. Mrs Mac mentions that she wondered about getting another handrail on the left hand side of these outside steps.

- **What should Julie be able to do in this scenario?**
- **What factors should she take into account?**
- **Are there any contra-indications that Julie should consider?**
- **Are there other services/resources/solutions that Julie can signpost Mrs Mac to /and or help her to access?**

TRAINERS PROMPTS:

✓	Julie should be able to assess & order a handrail without having to refer on to anyone else
	Check if Mrs Mac was seen/assessed by and OT/Physio whilst in hospital. Were any recommendations made in terms of equipment/adaptations/technology
	Does Mrs Mac NEED to go in/out of the house using these steps? Is there alternative suitable access?
	How does Mrs Mac manage her internal flight of stairs – do these have one bannister or two, are they well lit, is there a difficult curve to negotiate which needs a grab rail?
	If negotiating the stairs is difficult can Mrs Mac get to the toilet on time?
	Does Mrs Mac have any other health issues that need to be considered? Any cognitive issues?
	Is Mrs Mac able to mobilise safely once she is down the steps? Is the path in a good state of repair, wide enough to use with a walking aid if required at any point?

	Maybe explore any requirement for summoning help/feeling secure - community alarm?
	Check with Mrs Mac about how she is managing generally with other things around the house to see if she needs any other help/support? Also if she is needing support in terms of social contact? Meeting other people?
	Is there an opportunity to start a conversation with Mrs Mac about her housing situation generally?

Case example scenario 2

Gail is a community physiotherapist who is visiting Mr Duncan at home following his referral for assessment after a fall at home.

Mr Duncan is 81, an owner occupier who lives alone in a 3 apt bungalow.

The referral tells Gail that Mr Duncan has osteoarthritis and general frailty including severe weight loss due to anaemia over the last 2 years.

He walks with a stick and the recent fall took place in the bathroom while accessing the toilet.

Gail carries out an assessment of Mr Duncan in terms of his strength, balance and mobility and provides a tailored exercise programme which she will go over with him once and then a rehab assistant will visit to follow up each week over a 4 week period.

Gail gets Mr Duncan to show her how he manages around the house and particularly in the bathroom. There are no rails at the WC but there is an existing wet floor shower area with a seat and a rail which was previously provided for his wife who died 3 years ago and which he manages independently. Mr Duncan shows Gail how he gets on and off the toilet and Gail identifies that this is precarious!

- **What should Gail be able to do in this scenario?**
- **What factors should she take into account?**
- **Are there any contra-indications that Gail should consider?**
- **Are there other services/resources/solutions that Gail can signpost Mr Duncan to, and/or help him to access?**

TRAINERS PROMPTS:

✓	Gail should be able to assess & order a grabrail at the toilet without referring on
	Check how Mr D gets on/off WC and work out best position for grabrail or use standard spec
	Check that he is safe getting to/from bathroom, check for any tripping hazards
	Review after 4 week period
	Check with Mr D re needing any support with social contact/meeting other people
	Maybe explore any requirement for summoning help/feeling secure - community alarm?

Case example scenario 3

Peter is a district nurse who has been visiting Mrs Watson regularly over the last 6 weeks to attend to a leg ulcer which is taking a long time to heal.

Mrs Watson is 74 and lives with her daughter in a 2 story private rented property. She has Chronic Obstructive Airways Disease and chronic back pain. Her mobility has deteriorated over the last 2 years or so and she is now struggling to get around independently with her wheeled zimmer. They have made the dining room into a bedroom for her and she uses a commode as the bathroom is up the stairs.

Her daughter is still working full time as a teacher and Peter has noticed that Mrs Watson is taking longer and longer to reach the door to let him in when he calls.

Mrs Watson was a very active member of her local church before her health deteriorated and still has several friends and officials from the church who visit regularly but she told Peter while he visited this week that some of her visitors have gone away before she manages to reach the door.

- **What should Peter be able to do in this scenario?**
- **What factors should he take into account?**
- **Are there any contra-indications that Peter should consider?**
- **Are there other services/resources/solutions that Peter can signpost Mrs Watson to, and/or help her to access?**

TRAINERS PROMPTS:

✓	Peter should be able to assess and provide a solution
	Check if there are hazards for Mrs W. on her way to and from the door – could it be made safer?
	If not - He needs to consider whether a door entry system or a key safe would be the best option- so is it always the same few people? Or lots of different people?
	Should Mrs W be encouraged to mobilise to the door – intercom system to check who is there and advise to wait until she gets there or if mobility should be restricted a system which then opens the door for her
	Would Mrs W be able to operate a door entry system? Hearing, understanding, dexterity?
	Are there any voluntary groups which could support her to get to/from the church on occasions?
	Does her daughter get any respite – may need assessment for respite care?
	Maybe explore any requirement for summoning help/feeling secure - community alarm when daughter is at work or out?
	How does Mrs W manage to access food and drinks during the day – does she have a carer who visits or does she prepare her own and how does she carry items - ?need for a trolley or zimmer caddy
	Is there an opportunity to start a conversation with Mrs Watson about her housing situation generally?

Case example scenario 4

Margaret is a Housing Support Officer covering a sheltered housing complex which offers outreach flexible housing support to older people living within the area.

One of her outreach clients, Mrs Parker, has mild dementia and has been managing well with minimal support for a number of years. Recently, however, Margaret has noticed that she seems to be deteriorating physically, including having a very shuffling gait (walk) and very shaky hands.

Mrs Parker is an owner occupier and lives alone in a 2 storey house and has been using the stairs to access her bedroom with the support of one bannister.

When Margaret visits today Mrs Parker takes her upstairs to show her a problem she has been having opening her bedroom window. She seems unsteady on the stairs even with the bannister and Margaret supporting her; she also seems a bit confused about which bedroom is hers when she gets up the stairs.

She asks Margaret if she could have a second bannister on the stairs.

- **What should Margaret be able to do in this scenario?**
- **What factors should she take into account?**
- **Are there any contra-indications that Margaret should consider?**
- **Are there other services/resources/solutions Margaret can signpost Mrs Parker to, and/or help her to access?**

TRAINERS PROMPTS:

✓	If it is appropriate for Mrs P to have a second bannister Margaret should be able to assess/provide without referring on to anyone else
	But - Is Mrs P going to be safe using 2 bannisters, this may be a temporary measure to reduce risk until a longer term solution is found
	Is Mrs P using the stairs at night to go downstairs to the toilet? – risk of falls would be even greater when sleepy, or does she have a commode for upstairs use?
	Is Mrs P reducing her fluid intake in the evenings to prevent having to get up during the night? – increases risk of UTI's and other health issues
	Maybe explore any requirement for summoning help/feeling secure - community alarm/falls detector etc.
	Has she been assessed by her GP recently given the physical and what appears to be mental deterioration - ? Urinary tract infection? Onset of Parkinson's Disease...
	Margaret should spend some time chatting to Mrs P to assess whether she feels that there has been a deterioration in her cognitive functioning? Does she seem more confused than previously?
	Is her dementia being monitored on an on-going basis? Are there other people involved with Mrs P that Margaret could contact to share her concern and get some more information? Are there contact family members she could link with?
	Is there an opportunity to start a conversation with Mrs P and her family? About her housing situation generally? Has this conversation been started previously?