



**SHETTLESTON  
HOUSING  
ASSOCIATION**



**Draft  
Medical Adaptations Policy**

**Approved:  
V.01 (Code: PS30)**

## **Our Vision, Mission Statement and Values**

Shettleston's vision statement *'Thriving and prosperous local communities where all residents enjoy great homes and services, an attractive physical environment, and good life chances. This statement is the foundation for Shettleston Housing Association's commitment to its residents and the communities they live in.*

This commitment is also demonstrated in the Association's values which were agreed following discussions with the Board and staff. Shettleston's values are fundamental to how we carry out our day-to-day activities.

Our values are:

- **Customer service**
- **Make a difference in the community**
- **Teamwork**
- **Fairness**

### **Equality & Diversity Statement**

The Association is intent on ensuring people or communities do not face discrimination or social exclusion due to any of the following protected characteristics: age; disability; sex; marriage & civil partnership; race; religion or belief; sexual orientation; gender reassignment; pregnancy & maternity.

This document complies with the Association's equality & diversity policy.

The Association will regularly review this document for equal opportunities implications and take the necessary action to address any inequalities that result from the implementation of the policy.

## **1. Introduction**

Even when their health and / or mobility deteriorates most people prefer to remain in their own home for as long as possible. By adapting existing properties Shettleston Housing Association aims to assist its tenants in achieving this goal.

Nonetheless, when considering whether to undertake adaptations to a property there are potential implications regarding cost, availability of funds and the best use of stock that must also be taken into account.

This policy aims to set out the basis on which the Association will enable people with medical needs to have their house adapted to meet those needs, while also protecting the Association's wider responsibility as landlord to provide a range of general needs affordable homes in the Shettleston community.

## **2. Purpose of the Policy**

The principal aims and objectives of this Medical Adaptations policy are set down below:

- Support independence, privacy and dignity by enabling tenants to live in their own home, or in another suitable dwelling, by facilitating adaptations that enable proper use of the dwelling and its facilities.
- Take all measures to ensure that the process of needs assessment is as speedy, effective and consistent as possible (this process is carried out by third parties and the Association has limited influence over it).
- Ensure the best use of the Association's housing stock by taking measures to encourage tenants to move to a suitable dwelling in preference to their own property being adapted, wherever this is possible and/or practical.
- Carry out adaptation works only on receipt of an appropriate referral from a qualified Local Authority Social Work Department Occupational Therapist (OT).
- Carry out works in priority order as determined by the OT needs assessment score.
- Ensure there is effective and consistent prioritisation between the relative needs of different households (as far as possible, as scoring is the responsibility of the OT).
- Ensure that only adaptations that are wanted and likely to be used by the tenant are carried out.
- Ensure that only adaptations for which the dwelling is considered suitable are carried out.
- Ensure that any government or other grant monies are spent as quickly and efficiently as possible and within the time frame that they have been allocated for.
- Budget effectively for any Association contribution that is required towards adaptation costs.
- Ensure that expenditure on adaptations is within budgetary expectations and balanced against other investment needs.

- Record and report on adaptations carried out, and on costs.
- Keep records of all adapted homes and the nature of the adaptations.
- Ensure the best use of Association funds by converting adapted dwellings back to general needs standards only when all possibilities of re-letting them as an adapted dwelling have been exhausted.

### 3. Categories of Medical Adaptations

The Scottish Government classifies adaptations into three groups:

- a) **Stage 1** - design features which are not specific to a condition or an individual and which are incorporated into the initial specification prior to construction or improvement.
- b) **Stage 2** – adaptations to a house to meet the particular needs of a tenant to whom the property has been allocated before, or close to, practical completion. These adaptations may be completed by the original contractor.
- c) **Stage 3** – works to adapt an existing property to suit the changing needs of the existing tenant, or of a new tenant, where these could not reasonably have been identified when the house was originally provided.

Stage 1 and Stage 2 medical adaptations are generally completed at construction of new homes.

This policy relates to Stage 3 works only where medical adaptations are requested for existing properties.

### 4. Funding for Medical Adaptations / Waiting List

Following an annual bidding process to the Council the Association is allocated an amount of grant funding to spend on medical adaptations each year. The funding bid will reflect any known requirements (outstanding referrals) and will take into account historic expenditure. It will also take into account the affordability of any matched expenditure expected to be contributed by the Association. The grant awarded will take account of general adaptations anticipated and any specific major adaptations works that have been requested for the financial year.

In the event that the grant funding is exhausted, and there are still households on the waiting list for an adaptation, the Association will apply for additional funding, providing that any required match-funding is considered affordable. Additionally, the Association may consider utilising any underspend in the maintenance budget and will explore any other possible sources of funding available in order to complete appropriate medical adaptations.

Where the level of grant funding allocated by the Council is not sufficient to fund all of the adaptations that have been referred by the OTs the Association will create a waiting list, pending the following year's grant allocation, or any additional mid-year funding or transfer of monies from the maintenance budget. The limitation on funding means that households may, in some cases, wait some time for an adaptation to be carried out.

It should be noted that grant funding is only available to adapt social rented homes. Households in other tenures may be able to seek financial assistance towards the cost of medical adaptations directly from the Local Authority.

## **5. Types of Adaptation Carried Out by The Association**

The list below indicates medical adaptations that the Association would commonly carry out and that would be eligible for grant funding. This list is not exhaustive and all referrals made by qualified OTs will be considered:

- Level access shower
- Wet floor shower
- Installation of lever taps
- Moving electrical sockets
- Provision of access ramps
- Handrails to access ramps / stairs
- Alterations to windows or doors – to width, sightlines, ironmongery etc.
- Provision of support rails by bath and / or wc
- Non-slip flooring

It may also be possible to secure funding for major adaptations such as:

- Provision of ground floor wc and /or bathing facilities
- Fully adapted kitchen
- Through floor lift

These types of adaptations are more complex and expensive and project specific funding would need to be sought for these on a case by case basis, following referral by an OT and an assessment of the property by the Maintenance team.

## **6. Adaptations Not Carried Out by the Association**

Social Work services, and not the Association, are responsible for the provision of items classed as specialist or temporary including:

- Specialist bathing equipment
- Raised toilet seats
- Stair and / or bath lifts (although the Association would be responsible for the provision of any associated structural works)

Tenants can request these items directly via their GP or OT.

## **7. Assessing and Prioritising Tenant Medical Needs**

Association staff do not have the medical knowledge or training to assess what medical adaptations a tenant may need and this service is carried out by the OT who will normally be contacted by other medical services, for example a GP referral or by a hospital at the time of discharge. Where a tenant requests an adaptation from the Association directly, the Association will advise them that they must request a medical assessment via their GP or the OT to enable a formal referral to be made.

The OT will allocate a priority score to each applicant, depending on the level and urgency of need and the Association will maintain a list of applicants graded in priority order of OT scores. This list, together with practical and cost considerations, will determine the order in which adaptations are carried out (always assuming that the dwelling has been deemed suitable for the adaptation) - refer section 8.0 below.

It is expected that tenant needs will be assessed by a number of different OTs and the Association will monitor any apparent inconsistencies in prioritising referrals and liaise with the OTs to attempt to ensure a commonality of approach.

Where applicants have equal scores, priority will be given where:

- There is evidence of other need and benefit e.g. cases where another member of the applicant's household would also benefit from the adaptation.
- Which dwelling is most suitable for the adaptation (in terms of long term re-letting)
- Any general cost considerations.
- Length of tenancy.

This additional assessment will be determined jointly by Housing and Maintenance staff.

Should a tenant's circumstances change while they are on the waiting list, their priority scoring may be reviewed. In these cases, the applicant will be encouraged to discuss with their OT whether it would be appropriate to update the medical referral. The priority score awarded by the OT may be increased or decreased, depending on changed circumstances.

It should be noted that a tenant's position on the list may change, for example, where additional referrals are received with a higher priority score, or an applicant with a higher prioritisation is removed from the list.

Due to the limited resources available, it may only be possible to progress referrals above a particular priority score level in any financial year. This level may vary and will be determined by the numbers of cases on the waiting list and the funds available. Where referrals score below this minimum, they will be retained on a 'reserve list' but will be considered if additional resources become available.

## **8. Assessing Referrals for a Medical Adaptation**

All referrals from Social Work and / or the OT will be reviewed by the Maintenance and Housing teams to enable consideration of all the applicant's circumstances, in particular:

- The tenant's willingness to transfer to a more suitable property and what inducements can be offered to assist with this (see section 10.0).
- Availability of suitable alternative accommodation.
- Likely waiting time for alternative accommodation.
- Likely waiting time for the requested adaptation.
- The capital cost to the Association of making the adaptation.
- The long-term maintenance cost and re-let consequences of making the adaptation, including the likely cost of reinstatement, if this was required.

This process will result in the Association being able to determine whether the adaptation can be carried out at that time, or whether the tenant should be placed on the adaptations waiting list, or on the internal transfer list, and to generally advise the tenant on their best options.

The Association will keep the tenant informed of the status of their referral for adaptation works.

## **9. Suitability of the Dwelling for the Adaptation**

The Association recognises the validity of the needs and wishes of individual tenants and the skills of the OT in assessing an individual's needs. However, both of these processes are focussed solely on the individual and their needs. The Association must also take into account its duty to safeguard its stock; make best use of resources; and the potential impact on its ability to re-let adapted dwellings once they are vacated.

Accordingly, the Association will only take forward adaptations that it considers are suited to the nature of the dwelling. Where the adaptation is not considered suitable but is needed by the individual to remain safely in their home then the individual will be given management priority to transfer to a dwelling that is already adapted, or if none is available, to a dwelling that is more suitable for adaptation.

Circumstances that will be considered when assessing the suitability of adaptations to a property are:

- A wet floor shower will not be installed where a level access shower will serve equally well (this is because wet floor showers are more complex to install, are unpopular and can make the property difficult to re-let).
- Where the dwelling is a flat a wet floor or level access shower will only be installed if the flat is on the ground floor.

- If the dwelling is a house a wet floor shower will only be installed if it can be fitted downstairs **and** if the design of the dwelling allows the person who needs the adaptation to live downstairs, unless there is a stair lift. If the person who needs the adaptation is a child a wet floor shower may be installed on the ground floor if they can be carried upstairs and / or the design of the house will allow a stair lift to be fitted at a later date.
- Where the dwelling is a flat a wheelchair kitchen will only be installed if the flat is on the ground floor.

## **10. Inducements to Move to an Already Adapted Dwelling**

If households who require higher cost adaptations can move to a house that has already been suitably or partly adapted then this is a financial saving in both the short and the longer term and a more efficient use of stock. In view of the limited nature of funds and the consequent fact that many households may have to be placed on a waiting list, moving to another, more suitable dwelling may also resolve the needs of that household more quickly.

In order to encourage and facilitate such moves the Association can offer inducements to tenants who need a higher cost adaptation to assist them to move to another SHA property that has already been adapted.

Examples of adaptations that are higher cost are level access and wet floor showers, provision of new bathing facilities on the ground floor, disabled kitchens and ramps. In each case an assessment will be undertaken by the Maintenance Officer and Housing Officer, with input from the OT as appropriate, to ensure all appropriate options have been considered and whether incentives to move can be offered. The Association's assessment will also influence the level and range of inducements offered which may include:

- House removal costs (using in house contractor).
- Reconnection of telephone & broadband.
- White goods disconnected and reconnected.
- Taking down and rehanging existing curtain rails and curtains (clearly the rails and curtains must fit the new windows, curtain and rail alterations are not offered).
- If the dwelling being moved to is a flat, then provision and fitting of carpeting or laminate from a range offered by the Association.
- If the dwelling being moved to is a house, then carpeting or laminate will be considered on an individual basis.
- Other costs may be considered on an individual basis depending on needs.

If a tenant needing an adaptation moves from an SHA property to an adapted property owned by another social landlord then the following assistance would be offered:

- House removal costs (using in house contractor).
- Reconnection of telephone & broadband.



- White goods disconnected and reconnected.
- Taking down curtains and curtain rails.

If a tenant has rent arrears or other outstanding charges then the inducement package may still normally be offered if this is considered the best option for them. However, if the house that is to be vacated has been abused and significant rechargeable repairs would be necessary before the house can be re-let, then the level of assistance offered may be reduced.

#### **11. Allocations that Create a Need for Adaptations**

No offer of accommodation will be made to an applicant with particular medical requirements without referral to and discussion with the applicant's OT to ensure an assessment is carried out of the suitability of the property for that person's needs.

In general, the Association will not approve a waiting list allocation, nomination, internal transfer or mutual exchange where it would create an immediate requirement for adaptations expenditure. Making such an offer will only be considered where it generates a very clear improvement in the applicant's living circumstances or where the expenditure that would be required of the Association if the applicant did not move would be greater.

This consideration would particularly apply if the applicant was already living in an adapted property.

#### **12. New Allocations – Restriction on Subsequent Requests for Adaptations**

The Association expects to allocate dwellings that are suitable for the applicant's needs at the start of their tenancy. Therefore, adaptations requests will not generally be accepted for a period of twelve months following the allocation, unless the need for the adaptation was approved at the time of the allocation or the person needing the adaptation has had a substantial change in medical circumstances that could not have been foreseen by the household at the time of allocation.

#### **13. Procurement and Programming of Works**

All medical adaptation works will be procured in accordance with the Association's Procurement & Tendering Procedures.

Within 4 weeks of receipt of the annual grant funding allocation for medical adaptation works the Association will prepare a programme of works that can be funded within the allocation and complete these works within 6 months.

The Association will aim to complete medical adaptation works, where these are deemed appropriate in line with this policy, within 12 months of receipt of the OT referral. This timescale is dependent on securing adequate funding for the works. It should be noted that new referrals received during the year may have higher priority scores than existing cases and could, therefore, affect the programming and sequencing of adaptation works.

#### **14. VAT Exemption**

The Association will claim VAT exemption on all medical adaptation works, where possible. A condition of the adaptation will be that tenants will be required to sign a VAT exemption certificate supplied by the Association and this will be forwarded to the Contractor carrying out the adaptation works.

#### **15. Customer Satisfaction**

The Association will seek feedback on tenants' satisfaction with the installation and with the performance of the Contractor. Tenant responses will be taken into account when instructing future works. Results of tenant satisfaction surveys will be reported annually to the Property Services sub-Committee.

#### **16. Reletting / Reinstating Adapted Houses**

Where an adapted property is vacated, the Association will always aim to allocate it to a household that will benefit from the adaptation, using nominations and referrals from other agencies, if necessary. Where this is not possible the Association will attempt to let the property to a household that will accept the adaptation.

The Association reinstate the property to general needs standard only in circumstances where it is not possible to re-let with the adaptation in situ. The cost of reinstatement is unfunded, can be considerable, and components that are removed can seldom be recycled to other properties.

#### **17. Rent Setting**

The Association will not make any rental or service charge for the provision of adaptations unless these involve the provision of extra rooms by way of the building of an extension to the property, in which case the matter will be considered on an individual basis.

#### **18. Monitoring and Reporting**

Quarterly reports will be presented to the Property Services sub-Committee highlighting the information detailed below:

- The number of adaptations completed.
- The total expenditure and funding source.
- The number of any outstanding referrals (waiting list).
- Any difficulties being experienced in the operation of the policy.

Additionally, the Association will keep records of all adapted properties and the nature of the adaptation on the Open Housing system.

The Association will report to the Scottish Housing Regulator in the Annual return on the Charter (ARC) on the Charter Indicators below:

**Indicator 19:** The number of households currently waiting for adaptations to their home.

**Indicator 20:** The total cost of adaptations completed in the year by source of funding.

**Indicator 21:** The average time to complete adaptations.

## **19. Related Policies**

This policy should be read in conjunction with the following policies & procedures:

- Allocations Policy & Procedures
- Maintenance Policy & Procedures

## **20. Risk Management**

This Policy aims to control the following risks:

- That the Association fails to follow best practice.
- That the Association fails to provide suitable accommodation for the changing needs of its tenants.
- That the Association fails to make best use of its resources in the allocation of adapted houses, or through tenant transfers.
- That the Association fails to make best use of its resources by adapting dwellings that are unsuitable for adaptation.
- That the Association carries out adaptations that are inappropriate to tenants' needs and, therefore, not utilised to their full potential.
- That the Association plans effectively for expenditure associated with adaptations.

## **21. Policy Review**

This policy will be due for review in three years, or earlier if there is a requirement to do so following changes to guidance/procedures issued by regulatory bodies, etc.