

**Date:** 02 April 10

**Consultation:** Housing Management Guide - Adaptations

## Introduction

The Northern Ireland Federation of Housing Associations (NIFHA) represents registered and non-registered housing associations in Northern Ireland. Collectively, our members provide 30,000 good quality, affordable homes for renting or equity sharing. Further information is available at [www.nifha.org](http://www.nifha.org).

## Background

Adaptations for people who have a disability are an important feature of social housing provision within the Housing Association movement. Housing adaptations enable people to live independently within their own homes, in many cases enhancing and improving their quality of life. Our members seek to work in co-operation and partnership with Health and Social Care Trusts to deliver a diverse range of housing solutions that support our tenants and encourages their holistic development which is appropriate to their needs.

## General Comments

NIFHA welcomes the opportunity to respond to this consultation on the draft adaptations guide. The guide is a lengthy sometimes complex document and the forms are many and detailed as are the flowcharts. Are the forms available to be completed online or have they to be completed as a hard copy and posted or hand delivered. It would be useful for our members if they could be completed online.

## Specific Comments

### Introduction

2.0 For the sake of clarity the introduction should state that the report from the Occupational Therapist (OT) should refer to the relevant legislation. It is common practice for requests for adaptations to be referred back to the OT if the report does not mention the legislation which is applicable for the adaptation to be carried out.

### Table 1 Adaptation Preconditions

Registered Housing Associations do not normally have staff with medical training to the competency level required to make an assessment of a person's physical or sensory disability. NIFHA's view is that all assessment of the health needs of tenants should be undertaken by properly qualified health professionals as it is only they who can determine if the tenant has a "substantial and long term physical

disability or sensory impairment". RHA's have the responsibility for challenging the adaptation solution, proposed by the OT, in terms of its effectiveness to meet the needs of the tenant and / or the practical implications for the work required to adapt dwelling not to undertake a health assessment of the tenant.

A number of RHA's will make an informal assessment of tenant's health where a request has been made for adaptations estimated to cost less than £1,000 in order to progress minor changes to dwellings such as handrails. RHA's have previously been funded through the DAG for these minor adaptations even though some may not have been identified or referred by an OT.

Does the draft guide still allow for this or will the DAG no longer be paid for minor adaptations of this type?

**However, we must stress that the responsibility for assessing the health of the tenant should rest with competent health professionals prior to the request for the adaptation being issued to the RHA and we therefore ask for the Adaptation Preconditions table to be amended to reflect this.**

#### 2.4 Eligible Works – Examples of "Structural" Features

If DAG is still payable for works with an estimated cost of less than £1,000 without an OT referral then this section should be amended to reflect the types of eligible works that are suggested in each category i.e. works with an estimated cost below £1,000 and those with an estimated cost above £1,000.

The draft guide also needs to clearly identify which of the "structural" features require Building Control approval, thus ensuring that RHA's meet their obligations regarding statutory approvals.

For items such as 06-09 Shower over bath there needs to be associated information to reflect that this option should only be used if there are no other alternative options because of the difficulties associated with sealants and leaking showers that have previously led to structural damage within some dwellings.

In the past Stairlifts have been provided by some Trusts and not by others. The draft guide implies that all Stairlifts will be provided by Trusts rather than Associations. Has this been agreed with the Trusts?

2.6 There needs to clear guidance here about what is and is not eligible for funding. It would be helpful if the draft guide provided examples, in this section, of the work that will not normally be funded and details of any appeals mechanism.

This section also highlights that where there are an unreasonable number of instances requiring DPG intervention which may be perceived to be a breach of the self certification facility allowed by DSD. We have concerns regarding

the term “unreasonable number”, this is a subjective term which needs to be more clearly defined to ensure that RHA’s are aware of the implications of DPG intervention.

For example will 1 intervention bring about a warning to the Association and 2 bring about a more severe penalty? If there are implications for the suspension or removal of the self certification facility for Associations then the circumstances whereby this may take place need to be more clearly defined within the draft guide and not illustrated by subjective terminology.

## 2.7 Methods of Notification

It is accepted that good practice suggests that the tenant is notified by letter or e-mail of the priority of their request. However, will the inspection team be looking for documented evidence that tenants have been advised in this way? If this is the case and it therefore follows that there will be implications for the inspection report then the wording needs to be amended to reflect that this is now a requirement and not a good practice guide.

## Grant Conditions

### 2.9 Key thresholds and requirements

(b) In the sentence “the OT should confirm”, it is suggested that the word “should”, is replaced with “must”, as the OT is required to ensure that the tenant meets the eligibility criteria.

## Occupational Therapy (OT) Liaison

2.10 We accept that RHA’s must have correct procedures in place for liaising with (OT’s) and we assume that if the OT’s letter is not constructed in the way suggested in this section then it is referred back to them to correct.

### 2.11 Identification of Essential and Desirable items

In the existing Appendix 3, the emphasis was on good liaison between the RHA and the OT to resolve any problems. The draft guide now goes much further and, amongst other things, proposes that 'the association is responsible for initiating such discussions to rule out over-provision and to provide a value for money solution - the 'tone' almost suggests that RHA’s are expected to second guess and challenge the OTs recommendations and that they will be held responsible if there are problems with the adaptation solutions they make. To prevent this happening it would be useful if the OT’s were required to only make recommendations based on essential items although it is recognised that this is presently outside the remit of this deaf guide.

## 2.12 (b) DSD Design requirements and space standards

This states that associations must consider DSD's design standards in any deliberations regarding OT recommendations. The minimum standards apply to adaptations regardless of cost. Our members consider that it is impractical to apply new build standards to mainly existing situations and constraints, this is mirrored in the preceding paragraph 2.12(a). If 2.12(b) were applied as it stands then potentially almost every adaptation could fail the new build test. We suggest that there is a 'conflict' between 2.12(a) and 2.12(b)?

A further complication with 2.12(b) is contained in a note towards the bottom of the page that if additional standards above the norm are not justified or reasonable, the items may be ineligible for grant. This, in conjunction with the above increases the association's responsibility and liability. It would therefore be preferable if examples of unjustified or unreasonable items are illustrated in the draft guide to provide RHA's with guidance on how these are defined.

The new £4000 limit for Option Appraisals will mean more Adaptations meeting this requirement (ie Easy opening measures for communal doors).

## 2.13 Confidentiality

Regarding protecting tenant's personal information, generally, in the case of the contractor, the OT report should remain confidential as the contractor only needs to be issued with the design brief. However, aspects of the report may need to be included in the brief if these will influence how or when the works will be undertaken. For example, a tenant with breathing difficulties may have to be warned in advance if dust producing activities are to take place. More details from the report may have to be made available for a specialist contractor if the contractor providing a bespoke situation for the tenant.

In more complex cases it would be inadvisable to exclude the consultant from seeing vital information that could make the difference between a successful solution and one that just suffices or even fails. In a number of past cases, successful outcomes have emerged when the RHA, consultant and OT have worked as a team to develop and fine-tune the brief. The OT is normally the person responsible for deciding the amount and type of information to be released regarding the tenant and to whom it should be made available.

Although it is acknowledged that RHA's should recognise and have procedures in place that protect tenants personal information and should take appropriate steps to minimise access to that information.

## 2.14 Consideration of Options

The paragraph should include the sentence, "it is important that decisions are made in the best interests of the tenant without reference to other members of the tenant's family" .

## 2.21 Housing Association Brief to Consultant / Contractor

The draft guide states that the DSD requires that a design brief is complied, for all adaptation works, regardless of cost. Would RHA's therefore be required to prepare a design brief for the fitting of handrails and would this not be excessive in terms of proportionality.

## 2.23 Tenant Interaction

The examples of good practice for tenant interaction should also include a point stating that the amount of tenant interaction should be proportional to the work being undertaken.

## 2.30 Breakdown of Grant Elements

Table 5 - On Costs multiplier now only permits a basic 14% on-cost. Given the complexity and time required to operate a MTC and to insure against defects arising in a new build extension, does this mean that RHA's are now expected to subsidise these associated costs?

The current On Cost for Extensions etc is 18%. Has this been reduced to 14%?

## 2.31 Post Practical Completion – Payment Timetable

The timetable makes it clear that claims must be made within 6-months of practical completion. This is a full 6 months less than that envisaged in Appendix 3. In the majority of cases this revised time limit is 'tight' - but achievable. However, in a substantial number of cases, especially those with complications or with disputes with the builder it may be impractical for the RHA to meet this timescale. Does this mean that the RHA will have to fund the full cost even though in some circumstances it may be ensuring that public funds are being used to a high level of probity and accountability? There is no mention of the time DPG will take to process payments.

## 2.36 Examples of Best Practice in Managing Adaptations to its Property Include That:

This section introduces performance targets for urgent, routine and major adaptations. Are the times inclusive or exclusive of the OTs involvement?

I hope you find these comments useful.

**Submitted on behalf of NIFHA by:**

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