



Home Modification Assessment & Planning Tool

Developed by SCOPE Access Home Modifications – www.scopeaccess.com.au for
DisabilityCare Australia's National Disability Insurance Scheme (NDIS)





Home Modifications can be expensive, disruptive and are often carried out in a reactive manner that may not take into account your future health and lifestyle needs. The 'A Way to Stay Home Modification Assessment and Planning Tool' has been designed to help you through the planning, assessment and construction quoting stages of home modification installations. It can be for your own personal use as an 'idea starter'; or it can be used in conjunction with the support of an Occupational Therapist (OT) or an OT and Builder team to seek an appropriate plan.

This planning tool has been developed by SCOPE Access with reference to:

- Client feedback
- Field testing across a variety of ages/genders/care situations by our Home Modification Specialist Occupational Therapists and Builders
- A database of fantastic Home Mod feedback from our clients across the last 28 years of experience in providing Home Modification & Maintenance services across South Eastern NSW and the ACT.

We would like to thank our generous participants in the current development of this instrument and the wisdom of long-term planning learned from our many previous clients, their families and care givers.

HOW TO USE THIS PLANNING & ASSESSMENT TOOL

The 3 parts consist of:

1. Your personal section - Your thoughts, considerations and assessment of your home and yard in relation to your health and lifestyle needs – empowering your decision making now and into the future.
2. For use by a qualified Occupational Therapist - An holistic assessment tool to support an assessing Occupational Therapist. This assessment tool also channels the Occupational Therapist back to the needs and wants you have thought about regarding your accommodation.
3. Team approach to current and future planning and problem solving - A document that combines your input with the OT's clinical prescription with the option for a builder to provide either an estimate or a detailed quote to meet the melding together of both your work and the OTs prescription.

It may be that this planning tool identifies the need for different, more appropriate accommodation in the short-term or future years or it may help you to find ways to stay in accommodation that meets much more than just a health or care need for yourself, your family or care givers. It is a planning tool that can assist you with budget planning for a variety of home modifications but most importantly it's a planning tool that can help you make decisions that are right for you.

The opinions, comments and/or analysis expressed in this document are those of the author or authors and do not necessarily represent the views of the Minister for Disability Reform and cannot be taken in any way as expressions of government policy.



Every home and every person is unique.

As a result, not everyone will use the space within their home in the same way.

You may feel unsafe, have difficulty or are unable to do something because your home environment is not set up to meet your needs.

While every person has different needs and abilities, the common desire is usually to maintain a sense of personal independence and remain in YOUR own home.

'A WAY TO STAY' starts at the front gate and takes you on a journey through your home.

It challenges you to evaluate your home whilst reflecting on your home modification needs now and in the future.

Knowing your needs now and giving some thought to the future will help you to establish a plan.

This tool can be completed by yourself and/or someone else who is involved with your care.

Parents of children may complete this tool on behalf of their child to help plan for their child's future.

Things to think about as you work through this tool:

How do you use the areas of your home NOW?

How might you use the areas of your home in the FUTURE?

Are your abilities likely to CHANGE over time? Will everyday tasks become easier, harder or stay the same?

Are there OTHER PEOPLE who live in or visit your home? Consider partners, children, siblings, visitors, care workers etc

What EQUIPMENT are you using now and what equipment may you be using in the future?

Do you plan on staying in this home in the long term?

Room/Area of your home		Right now I: - feel unsafe when... - have difficulty with.... - am unable to...	In the future I may: - feel unsafe when... - have difficulty with.... - be unable to...
ACCESS TO YOUR HOME			
Things to consider:	<ul style="list-style-type: none"> • Paths/driveway and their condition • Fencing/gates • Steps , hand rails and their condition • Front, back and side access point 		
ENTRANCE TO YOUR HOME			
Things to consider:	<ul style="list-style-type: none"> • Steps, hand rails and their condition • Door handles and locks • Fly screen doors • Space to open and close doors 		
CAR PARKING			
Things to consider:	<ul style="list-style-type: none"> • Space beside the car • Protection from the weather • Overhead clearance in covered garages/carports • Access to the house from car parking 		
HALLWAY			
Things to consider:	<ul style="list-style-type: none"> • Width of hallway • Floor coverings • Furniture placement 		
INTERNAL STEPS/STAIRWAYS			
Things to consider:	<ul style="list-style-type: none"> • Location of steps • Number and condition of steps • Banister/stair rails • Floor coverings 		

Room/Area of your home		Right now I: - feel unsafe when... - have difficulty with.... - am unable to...	In the future I may: - feel unsafe when... - have difficulty with.... - be unable to...
LIVING ROOM			
Things to consider:	<ul style="list-style-type: none"> • Clear floor space • Floor coverings • Storage space • Furniture placement • Furniture type and use • Windows/Shade • Temperature control 		
KITCHEN			
Things to consider:	<ul style="list-style-type: none"> • Clear floor space • Floor coverings • Storage space (overhead and below bench height) • Location of and use of appliances • Taps 		
BEDROOM			
Things to consider:	<ul style="list-style-type: none"> • Bed type and height • Clear floor space • Floor coverings • Storage space • Windows • Location in relation to bathroom/toilet 		

Room/Area of your home		Right now I: - feel unsafe when... - have difficulty with.... - am unable to...	In the future I may: - feel unsafe when... - have difficulty with.... - be unable to...
TOILET			
Things to consider:	<ul style="list-style-type: none"> • Location in relation to your bedroom and living areas • Room size • Type of door • Height and location of toilet • Floor coverings • Ventilation • Privacy when using the toilet 		
BATHROOM			
Things to consider:	<ul style="list-style-type: none"> • Location in relation to your bedroom and living areas • Room size • Floor coverings • Ventilation • Privacy when using the bathroom • Shower recess size • Hob/hob free shower • Shower fixtures (taps, fixed rose, hand held shower) • Bath • Temperature control 		
LAUNDRY			
Things to consider:	<ul style="list-style-type: none"> • Clear floor space • Floor coverings • Location of and use of appliances 		

Room/Area of your home		Right now I: - feel unsafe when... - have difficulty with.... - am unable to...	In the future I may: - feel unsafe when... - have difficulty with.... - be unable to...
YARD			
Things to consider:	<ul style="list-style-type: none"> Letter box Gates/fencing Clothes line Paths Level of maintenance required for yard/garden Rubbish bins Pets 		
PERSONAL SAFETY			
Things to consider:	<ul style="list-style-type: none"> Security Personal alarm and telephones Door bell Smoke alarm Access for emergency services Internal and external lighting 		
STORAGE			
Things to consider:	<ul style="list-style-type: none"> Equipment storage Clutter Type of storage (drawers, cupboards, shelves) 		

Summary of my concerns

Issue/concern: (Try and rank your concerns in order of priority – most important to you at the top and least important to you toward the bottom)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of person completing AWTS tool: _____

Signature: _____

Date: _____

RESOURCES

- **Occupational Therapy assessment**

Occupational Therapists are highly trained health professionals who can assess your current and future requirements for home modifications. An Occupational Therapist will assess your ability to participate in everyday activities within your own home and make clear clinical recommendations for environmental modifications.

- **A combined builder and Occupational Therapy assessment**

Before you make any modifications to your home you may wish to seek the advice of an Occupational Therapist and builder with specialist knowledge in the area of home modifications. The Occupational Therapist and the builder team will work together with you to recommend home modifications that are tailored to meet the issues you have identified by completing the AWTS tool. The information that you have gathered using this 'A Way to Stay' tool will help to inform the builder and OT about what is important to YOU right NOW and in the future.

- **Websites**

There are many resources available that can provide you with information regarding design, products and methods that may be of use to you when considering modifications to your home environment. Such examples include:

Archicentre	www.archicentre.com.au	Lifetec	www.lifetec.org.au
Australian Building Codes Board	www.abcb.gov.au	Livable Housing Australia	www.livablehousingaustralia.org.au
Australian Standards	www.saiglobal.com	NSW HMMS State Council	www.nswhmms.org.au
Home Modifications Clearing House	www.homemods.info	OT Australia	www.otaus.com.au
Independent Living Centres	www.ilcaustralia.org.au		
Independent Living Centre NSW	www.ilcnsw.asn.au		

- **Undertake or arrange to have maintenance completed**

There may be instances where an identified issue can be resolved through completion of home maintenance as opposed to home modifications. For example: replacing a light bulb, repairing a cracked section of pathway, replacing a tap washer.

Notes...

AWTS Occupational Therapy & Builder Home Assessment tool												
PERSON	Date assessed						Present					
	Name							Date of birth				
	Address							Contact no				
	Primary diagnosis: Condition or signs/symptoms most relevant to referral											
	Relevant medical history: Other relevant conditions, surgery scheduled											
	Medications: Webster pack, separator box, side effects, assistance/supervision to manage											
	Current weight: >100kg, recent weight loss/gain					Hearing: Impairment, aids						
Vision: Conditions, glasses, date of last check up, surgery												
ENVIRONMENT	Home tenure: Permission/authority to install	Owens home	<input type="checkbox"/>	With family who own home	<input type="checkbox"/>	Private rental	<input type="checkbox"/>	Public rental	<input type="checkbox"/>	Other:		
	Home structure	House	<input type="checkbox"/>	Unit	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Villa	<input type="checkbox"/>	Other:		
	Living arrangements	Alone	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Family	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Other:		
	Does the person have any immediate intentions to move or relocate? Supported accommodation Yes <input type="checkbox"/> No <input type="checkbox"/>											
	Seasonal/weather considerations: Temperature, ice, frost, precipitation											
Social situation: Community services, informal supports, dependents												
Current equipment used: Bariatric, future equipment needs												
FUNCTIONAL PERFORMANCE	Anthropometrics		Popliteal height in sitting: Transfers on and off chairs							mm		
			Forward reach in sitting: Transfers on and off the toilet							mm		
			Greater trochanter height: Implications for grab rail and hand rail position							mm		
	Upper limbs: Hand dominance, functional range of motion, strength and sensation, pain, previous injuries, oedema, restrictions/precautions											
	Lower limbs: Functional range of motion, strength and sensation, pain, previous injuries, oedema, foot health restrictions/precautions											
	Functional mobility: gait patterns, assistance, equipment		Indoors						Outdoors			
			Community									
	Activity tolerance: Fatigue, endurance											
	Communication											
	Cognitive, perceptual & psychological: Orientation, mood, insight											
	Community access/driving: License, public transport, transfers											
	Shopping: Accessing shops, carrying and unpacking groceries											
	Domestic activities											
Finances/bills												
Employment/study												

Home environment			
HOME LAYOUT			FUNCTIONAL PERFORMANCE
ACCESS TO HOME	Driveway/paths: Gradient, width, condition, overhead clearance above paths (awnings, power lines)		
	Fencing/gates: Condition, type of gate, lock mechanism		
	Front access: Number of steps, step height, tread length, condition, rails		
	Rear access: Number of steps, step height, tread length, condition, rails		
	Lighting: Illumination, sensor light, switch type & location		
ENTRANCE TO HOME	Doors: Clear door opening, direction of door swing, weight and type of door, screen door		
	Door handles: Type of handle, lock mechanism, ease of operation		
	Steps: Threshold step, step height, condition, rails		
CAR PARKING	Circulation space: single/double, space to transfer in/out of car		
	Covered parking: Overhead clearance, protection from weather		
	Access: Between house and parking		
	Garage door: Manual/electronic		
HALLWAY	Circulation space: Clear floor space, clutter, trip hazards, hallway width		
	Floor coverings: Type of flooring, condition, slip resistance, trip hazards		
INTERNAL STEPS	Steps/stairways: Number of steps, straight or curved flight of stairs, condition, rails, banister, open/closed risers		
	Floor coverings: Type of flooring, condition, slip resistance, trip hazards		
LIVING ROOM	Access: Clear door opening, door type		
	Circulation space: Clear floor space, furniture placement, clutter		
	Floor coverings: Type of floor covering, condition, slip resistance, trip hazards		
	Furniture: Chair height		
	Temperature control: Position of room on property, direction windows face, air-conditioning/ heating		
KITCHEN	Access: Clear door opening, door type		
	Circulation space: Clear floor space, furniture placement, clutter		
	Storage space: Above and below bench height		
	Appliance use: Type, location, power supply, controls		

BEDROOM	Access: Clear door opening, door type			
	Bed Size & type: Queen, Single, shared, mattress and base, mattress and frame, water bed, electric			
	Bed height: Compressed height, firm or soft mattress			
	Circulation space: Clear floor space, furniture placement, clutter			
	Floor coverings: Type of flooring, condition, slip resistance, trip hazards			
	Other: Bedside light, telephone			
TOILET	Location: Proximity to bedroom and living areas, within bathroom or separate			
	Access: Clearance at door, type of door, direction of door swing, emergency access			
	Circulation space: Clear floor space			
	Toilet: Height of seat pan and distance from walls			
	Grab rails/equipment			
BATHROOM	Location: Proximity to bedroom and living areas			
	Access: Clearance at door, door type, direction of door swing			
	Circulation space: Clear floor space			
	Bathing facility	Shower recess <input type="checkbox"/>	Shower over bath <input type="checkbox"/> Bath <input type="checkbox"/>	
		Hob height: Recess size:	Bath height:	
	Screen: Curtain, glass			
	Taps/shower rose			
	Grab rails/equipment			
Electrical: Lights, heater, switches, general power outlets				
LAUNDRY	Access: Clear door opening, door type			
	Circulation space: Clear floor space			
	Clothes line: Location, height of line, path			
YARD	Gardens and lawns: Condition, size of yard, maintenance			
PERSONAL SAFETY	Smoke alarm: Operational, maintenance			
	Lighting: Internal and external			
	Emergency evacuation plan: Medical/fire/security threat			
	Personal alarm			
	Telephone: Location, type of phone fixed/cordless/mobile			
	Doorbell/alert system			
STORAGE	Equipment storage			
	Bins/Mail			

Action plan – where to from here?

	What are the issues most important to you?	Occupational Therapists clinical reasoning	Recommendations	Builders estimate regarding cost/budget
1				
2				
3				
4				
5				
6				

Client: _____

Builder: _____

Occupational Therapist: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

This project has been independently developed and managed by SCOPE Access Home Modifications – www.scopeaccess.com.au and funded by a grant from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

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