

ADAPTING FOR CHANGE

**FINAL REPORT OF THE ADAPTATIONS WORKING
GROUP**

NOVEMBER 2012

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FOREWORD

Adaptations, at the right time, can be life changing for an individual, and for their family members or carers. They can postpone the need for a house move or for additional care for up to five years; they prevent hospital admissions; and they enable early discharge from hospital.

In the next six to eight years alone, we will see a rise in pensioner numbers of 16% and of 24% in those over 75 years old. 85% of existing homes have no adaptations, new tenure patterns and tenure types are emerging, we face an era of financial austerity and our current adaptations systems are under strain. In setting up an Adaptations Working Group, the Scottish Government recognised the importance of effective support for adaptations, in order to plan for and respond to our ageing population. The Group has also considered others who use adaptations services: an increasing number of disabled people, and people with long term health conditions.

The Group was unanimous that the person and their carer(s) should be placed at the centre of service provision and should be in control. Current policy, legislation and funding systems are complex and have not been developed from this principle. For professionals and service users trying to navigate the maze, too often this complexity, and the systems designed to manage it, hinder the very purpose of adaptations: timely work to enable and sustain independent living, maintain and improve quality of life, and prevent the need for more costly interventions.

Our consultations on the topic sought, and got, views from a wide range of individuals and organisations. Beacons of good practice and ideas for improvements were presented in consultation and by Adaptations Working Group members, some of which are cited in this report and in our companion paper on use of personal resources. The challenge now is to take the best of these and remove obstacles to their extension to people in all tenures and localities. The Adaptations Working Group has concluded that while improvements have been and can be made, more fundamental change to the underlying systems for organisation and funding is needed in order to enable a truly person centred approach to adaptations. This report sets out recommendations to take this forward.

I thank the members of the Adaptations Working Group for their contribution and commitment to producing this report and recommendations. The Group recognises that redesign of systems and services will be challenging, and that increased investment – real preventative spending – will be required as adaptations takes its place as a key strand in reshaping care and wider planning for our ageing population. The level of interest, enthusiasm and determination shown by those who have contributed to consultations and to this report suggests that there is an appetite for the challenge.

Julia Fitzpatrick
Chair, Adaptations Working Group

EXECUTIVE SUMMARY

Background

1. For some years, it has been Scottish Government policy to support independent living and enable people to live in their own homes in the community as far as possible. Around 820,000 or 35% of households in Scotland include someone with a long term illness or disability. Housing adaptations have a key role to play in meeting people's wishes to live at home, and in enabling best use to be made of our existing housing stock.

2. Scotland's population is ageing. Pressures on public resources are also increasing. There is also a growing interest in prevention, and adaptations are a significant preventative service. The Adaptations Working Group's main remit was to consider ways in which the current delivery systems for housing adaptations could be streamlined to improve outcomes, and also whether there is a need for fundamental change to the systems for the organisation and funding of adaptations services across all tenures.

The case for change

3. The Group identified a number of issues with current systems for delivery of housing adaptations. There are areas of delivery that work well, but also systemic issues. The most fundamental one is that the assistance people receive to get housing adaptations depends firstly on the tenure of their home, rather than their need. Tenure also has an impact on the financial contribution that people are expected to make. Where the person lives will also affect delivery of adaptations, as arrangements vary between local authorities.

4. Systems that base support for adaptations on the tenure of the home, rather than individual need, are unlikely to lead to fairness in delivery or outcomes. The range of different arrangements, according to tenure and locality, is complex and confusing and makes it difficult to take a strategic overview and achieve consistent, cost-effective and holistic services. It also makes effective involvement of people using services harder to achieve. The connections between falls, hospital admission and admission to long term care means that this is not a desirable situation.

5. The majority of adaptations services focus very much on existing problems, rather than planning for the longer term. Assessment processes tend to be geared towards current, rather than anticipated, need, mainly due to financial considerations. However, many people have conditions with a foreseeable progression, where it would make sense to build greater longevity into what is delivered. Adaptations are often undertaken at points of crisis, focusing on the highest, most urgent needs, rather than prevention. In some cases, the crisis might have been avoided, if an adaptation had been delivered earlier, when the person's need was less urgent.

6. The Group has a sense that the provision of adaptations is becoming increasingly budget-driven, acting against moves towards more person-centred and preventative approaches. Without change, this may lead to longer waiting times, with increased costs to other parts of the health and care systems, as well as reduced quality of life and independence for older people and disabled people and their carers.

7. The Group noted that it is difficult to get an accurate assessment of the numbers and types of adaptations delivered in Scotland and the performance of services. Lack of data, particularly around unmet need, is an issue for strategic planning and service development.

Guiding principles

8. The Group was clear that change was needed to the systems for delivery of housing adaptations. It developed a set of core values and principles, which could be used to shape and test any proposed changes. The Group was also clear that delivery should be based primarily on the needs of the individual, rather than the tenure (ownership) of the home. The key principles are:

- The **person** and their carer(s) should be placed **at the centre** of service provision and be in control.
- Support for adaptations should have a **prevention** focus.
- Adaptations should promote **enablement**.
- Access to assessment and provision should take account of need and be **fair, consistent, reliable** and **reasonable**, with a focus on prevention, and take a holistic view of a person's life.
- Assessment and access to financial and other non-financial supports for adaptation should be **equitable, fair, anti-poverty** and complement systems for self-directed support.
- People must be able to understand the systems and rules, which should be uncomplicated and maximise the ability of the person to make informed choices, and to be and remain in control of the adaptation. The person and their carers should have access to up to date, **accessible** and relevant information and advice, which takes a holistic approach.

Improvements within the current arrangements

7. The Group was asked to identify ways in which better outcomes could be achieved under the current legal and funding arrangements. It concluded that a number of changes would address many of the issues identified with the current arrangements.

8. ***Clear local strategies.*** A clearer and more strategic joint approach on housing adaptations, and how they link to other complementary services, should be developed by local partners in housing, health and social care. Strategic planning for housing adaptations should also be further strengthened within the Local Housing Strategy and through the analysis that underpins it. The agreed approach should be incorporated in the Housing Contribution Statements, being developed as part of joint commissioning strategies in health and social care.

9. ***Better information and advice.*** Information and advice is one of the key tools to delivering the right housing and support services for older people and disabled people. The choice may not simply be about which type of adaptation would be best for an individual, but whether a move to another home would be better. Helping people to consider their housing options can encourage them to plan ahead.

10. **Clarity in assessment.** The assessment process must ensure clarity on the expected outcomes for the service user and their carers of the delivery of an adaptation, and the ownership for the achievement of these outcomes.

11. **Involving people more in service delivery.** The current system is too often based around the needs of services, rather than people. Co-production, the partnership in the design and delivery of public services between those using services and those providing them, must become universal.

12. **Self assessment and self help.** Enabling self-help can keep people out of the formal care system, when they don't need to be there. Allowing people to self-assess or self-refer for common adaptations can help to speed up delivery and free up the time of occupational therapists to deal with more complex cases. The Group is also keen to see a growth in assistance to those with their own resources but requiring advice on how best to proceed.

13. **Self-directed Support.** Self-directed support allows people to make an informed choice about how their support is provided, and gives them as much control as they want of the resources available to meet their needs. The Group's view is that it offers important opportunities in relation to housing adaptations.

14. **Prevention and planning ahead.** Early provision of minor adaptations can help people who are beginning to have problems with mobility to live comfortably and reduce the risk of falls and crisis situations. Planning ahead may have some upfront cost, but should make savings in the long term by reducing the need to replace adaptations when they are still usable.

15. **More attractive, sustainable design.** Well-designed adaptations that look more attractive would encourage more people to take advantage of their benefits and reduce the likelihood of them being removed.

16. **Planning for maintenance.** More complex adaptations require ongoing maintenance. This may attract a service charge for the provider or the recipient. However, there are inconsistencies on who meets the costs. Decisions about the maintenance of adaptations should be addressed strategically, with arrangements being simple and sustainable.

17. **Links to repairs.** Installation of adaptations often uncovers other problems in need of improvement. Information and advice will be important, and home owners may benefit from products which enable them to use equity from the property or from changing the tenure of their home.

18. **More effective use of existing investment.** Better long term use needs to be made of adapted properties to ensure they are made available to people who need them, and that adaptations are not removed without good reason.

19. **Procurement efficiencies.** Savings may be made through bulk purchase of common adaptations, including through development of procurement partnerships. This may also give access to a wider range of products and increase choice. However, there is a tension between bulk procurement and self-directed support. Care needs to be taken to ensure that flexibility, creativity and choice are retained.

20. **Partnership, leadership and management.** Arrangements that bring together all those in housing, health and social care and any others, who play a part in the delivery of adaptations, would be beneficial. This would help to provide an overview of the process and shared understanding of the outputs and outcomes to be achieved. It may also highlight improvements which can be made. Improved data on delivery of adaptations and timescales, as well as unmet need would help to provide the evidence base to support strategic planning and make best use of housing stock. It would also help with identification of efficiencies and improvements that can be made in service design and delivery.

21. Each of these changes has the potential to deliver important improvements to the outcomes achieved by housing adaptations, and the experience of those using the services. Together, they have the capability of achieving very significant change. The Group has, however, concluded that there is a clear case for more fundamental re-shaping of the system.

More fundamental change

22. The Group concluded that there is a case for more fundamental change for the following reasons:

- Control, choice and self-direction are not required or supported by the current arrangements.
- The current framework is tenure-driven, which does not support equity of access. Tenure-based arrangements are also inherently complex and inhibit transparency, simplicity and efficiency.
- The issues are long-standing, and a clear majority of consultation respondents supported more fundamental change.

23. The Group identified key themes, around which different approaches to the delivery of adaptations can be taken: around the local housing authority; health and social care; and the individual requiring the adaptation. Feedback from consultation confirmed that the best approach was likely to be a 'hybrid' combination of the three options.

The Group's recommended approach

24. The Group concluded that it would be useful to set out those features, which it identified as being key to a fit-for-purpose housing adaptations service in the future.

25. **Strategic leadership with the local housing authority.** Housing adaptations is, and should remain, a partnership service. However, the Group is clear that strategic leadership should unambiguously rest with the local housing authority.

- The housing sector's role is to create a housing stock which is 'fit-for-purpose'. This would encourage better connections with repairs, modernisation and new building programmes.
- Feedback from the consultation showed broad support for housing sector leadership.
- This would involve working with the new health and social care partnerships to develop a strategy, which is 'tenure neutral', with clear outcomes and priorities for housing adaptations, with an associated investment strategy. The recent

development of a Housing Contribution Statement will form part of the joint strategic planning arrangements of local health and social care partnerships.

26. **Centred around the individual.** This would ensure that the needs, circumstances and choices of the individual and their family and/or carer(s) are central to the way in which services and supports are designed, including:

- A single point of access (i.e. a 'one-stop shop'), with regular communication throughout the process.
- Assessments of people's circumstances, and discussion of choices and preferences undertaken jointly by those with housing and occupational therapy expertise, alongside the person and their family.
- Arrangements which enable the person to have control over the process, such as the options proposed under self-directed support.

27. **A broader, outcomes focused service.** Services and support must become wider than simply providing grant funding or directly undertaking an adaptation. A successful outcome must be more clearly defined, as helping someone to retain or recover their independence.

- Early consideration of alternatives to housing adaptations, which may offer the person a better solution, including a move to more suitable housing, or "anticipatory" changes to the current home.
- Services which can support people to organise their own adaptations.
- Tackling other features of a person's home beyond adaptations, which may make it unsuitable or unsustainable.
- Realising opportunities to adapt housing stock in the social rented sector through modernisation programmes.

28. **Partnership governance.** Governance, and management, of housing adaptations should be undertaken as a partnership between commissioners, providers and those using the services.

29. The delivery model recommended by the Group could be implemented in different ways and by different organisations, including local authorities and third sector organisations, such as Care & Repair.

Funding housing adaptations

30. Demand for housing adaptations is expected to increase. There is a need to put in place funding arrangements which encourage 'preventative' provision of adaptations, which would save money in the longer term. However, the Group is clear that increased levels of funding are likely to be required.

31. The Group would like to see the current funding system altered, so that a single local funding pot is created. Access to financial support should no longer be governed by the tenure of someone's home. As part of the move to a single funding pot, the grant funding system should be reviewed on a tenure neutral basis.

32. Arrangements that allow people to use equity in their homes for adaptations could be helpful in enabling them to plan ahead and ensure their homes are suitable on a long term basis. It could also encourage a more preventative approach.

Next steps

33. The Group suggests that aspects of the approach are piloted to test them on a small scale, before adopting a large scale roll-out. Particular aspects, which would lend themselves to piloting, are single local funding pots delivered on a tenure neutral basis and the use of self-directed support options.

Conclusion

34. The Group believes that more effective systems for delivery will help not just people who need adaptations, but more broadly, will help to achieve Scottish Government policies on independent living, prevention and personalisation. Current organisation and funding systems based on housing tenure clearly do not meet principles of equity, nor do they equip adaptations services to meet their potential, with an ageing population and limited resources.

35. The Group recognised that there is considerable potential for improvement within the current systems, and that many of the changes it suggests are already in place or being implemented around Scotland. However, coverage is not universal, and there is more that could be done. The Group's recommendation for fundamental change takes the next step, widely supported in consultation responses, of a system truly based on need with control and choice, rather than housing tenure.

CHAPTER 1: INTRODUCTION

Background

1. For some years, it has been Scottish Government policy to support independent living and enable people to live in their own homes in the community as far as possible, when they might otherwise be in hospitals or care homes. While there are many services and more informal support mechanisms that contribute to the achievement of this policy, living in a suitable home is one of the most important factors in being able to live safely, comfortably and independently. Crucially, that home must be able to meet any mobility or other needs arising from disability.
2. It is well-known that Scotland's population is ageing. *Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012 – 2021*¹ recognised the key role of housing adaptations² in meeting people's wishes to remain living at home for as long as possible, and in enabling best use to be made of our existing housing stock. At the same time, pressures on public resources are increasing, with budget reductions both nationally and locally across Scotland. In delivering cost-effective public services, there is a growing interest in prevention in the wake of the Christie Commission's report. Adaptations are a significant preventative service, in that for a relatively small initial outlay, they have the potential to reduce the need for more expensive and intensive services in the longer term.
3. While there are many excellent local examples of good practice in the delivery of adaptations, *Age, Home and Community* acknowledged long-standing difficulties with the current delivery systems, which have evolved over a number of years. Key issues include their complexity and the fact that they are driven by housing tenure, rather than individual need. The impact of increasing demand due to demographic change and financial pressure is compounding these issues, raising concerns about the sustainability of current systems.

The Adaptations Working Group

4. The Adaptations Working Group was established in early 2011 to take forward the actions on housing adaptations subsequently included in *Age, Home and Community*. Although the Group's establishment originated from work on housing for older people, it was asked to consider systems for the delivery of adaptations to people of all ages. While the Group's main focus was on housing adaptations, it was also conscious of the linkages with equipment, minor adaptations and telecare usually delivered by social care.³

¹ <http://www.scotland.gov.uk/Publications/2011/12/16091323/0>

² An adaptation is an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living.

³ Housing (or major) adaptations generally refer to work that involves structural or other permanent changes to a home, most commonly to bathrooms, ramps and kitchens. Minor adaptations are ones which are generally inexpensive and easily fitted, such as grab rails and flashing door bells. Definition taken from Guidance on equipment and adaptations:

<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Independent-Living/Equipment-Adaptations>

5. The Group's main remit was to consider ways in which the current delivery systems for housing adaptations could be streamlined to improve outcomes, and also whether there is a need for fundamental change to the systems for the organisation and funding of adaptations services across all tenures. In another strand to its remit, the Group was asked to consider the need to help people, who have their own resources, to plan ahead and ensure that their homes are suitable on a long term basis, by making it easier for them to make their own adaptations and improvements. This work is the subject of a separate report.⁴
6. The Group was independently chaired by Julia Fitzpatrick (Managing Director of Horizon Housing Association) and included representatives of organisations representing older people and disabled people and the housing and social care sectors:
 - Age Scotland;
 - Bield, Hanover (Scotland) and Trust Housing Associations;
 - Capability Scotland;
 - Care and Repair Scotland;
 - College of Occupational Therapists;
 - COSLA;
 - Housing Options Scotland;
 - Joint Improvement Team;
 - Scottish Federation of Housing Associations; and
 - Scottish Housing Best Value Network.

The Group was supported by Scottish Government officials.

The Group's work

7. The Group met eleven times between February 2011 and October 2012. This included a day workshop in September 2011, where it agreed a set of principles that it believes should underpin the provision of support for adaptations; and considered if or how current systems inhibit putting these principles into practice; and whether fundamental changes are needed.
8. Following agreement of the principles, the Group identified a number of changes that could be made within current delivery systems for adaptations. However, while helpful, it did not believe that these changes would be sufficient to meet the principles. The Group then considered alternative systems for delivery. In May 2012, it produced an interim report.⁵
9. The Group wanted to test its ideas on change with a wider audience of service commissioners, providers and users, so it undertook a consultation between May and July 2012. It held six events to support the consultation, three of which were specifically for service users. In addition, Group members spoke at nine

⁴ Planning Ahead: Living at Home

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/ROOPH/ADWG/finalpaper>

⁵ <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/ROOPH/ADWG/interinreport>

conferences and meetings at the invitation of groups and organisations with an interest in its work. Full details of consultation events and meetings are provided at Annex A.

10. The consultation received 73 written responses.⁶ An analysis of the responses was undertaken,⁷ and the results have informed this final report. The analysis includes the views of people who attended consultation events, in order to ensure that the voices of older people and disabled people were heard. The Group was extremely grateful to everyone who took the time to respond to the consultation, either in writing or through attendance at the consultation events.

⁶ <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/ROOPH/ADWG/consultationresponses>

⁷ Housing Adaptations: Options for Change and Improvement: An Analysis of Consultation Responses <http://www.scotland.gov.uk/Publications/2012/11/5487>

CHAPTER 2: HOUSING ADAPTATIONS IN CONTEXT

The contribution of housing adaptations

11. For many older people and disabled people, housing adaptations are the key to being able to do everyday tasks and live the kind of 'normal' life that the majority in society take for granted. Adaptations help people to look after themselves, with dignity and respect, and providing a quality of life. They can form the basis through which people can live their lives to the full, taking up employment where appropriate, and contributing to their communities. Indeed, they can be seen as a 'human right' that should be expected in a fair and just society.
12. Around 820,000 or 35% of households in Scotland include someone with a long term illness or disability. The proportion rises to 53% for households which include a pensioner.⁸ These statistics give a sense of why policies which support independent living at home are so important and why it is vital that Scotland's housing stock is as accessible as possible. Most older people and disabled people live and will continue to live in existing housing, rather than new build, and much of that existing housing was built to accessibility standards considerably lower than are now required. Making the best use of our existing housing stock of all tenures and types, both mainstream and specialist, is, therefore, essential. While not everyone with a long term illness or disability will need adaptations, they are one of the main ways of ensuring our existing housing meets the needs of our future population.
13. Housing adaptations, with funding and organisational support delivered in partnership by housing and social care, play a major role in supporting older people and disabled people to live independently, by ensuring that the home is physically suited to their needs. In doing so, they support the Scottish Government's policy of 'shifting the balance of care' to enable people to live in the community, instead of in hospitals or care homes. They also support the prevention agenda, which was brought to recent prominence by the Christie Commission, which recommended the prioritisation of preventative services in its report in 2011.⁹ Adaptations help to support well-being, particularly for people with long term health conditions, and reduce accidents in the home, reducing emergency hospital admissions and enabling people to return home following a stay in hospital. They can also enable support provided by family members and other carers.
14. There is a growing evidence base on the cost-effectiveness of housing adaptations as a preventative measure. *Better Outcomes, Lower Costs*, a report of research undertaken by the University of Bristol,¹⁰ identified four major ways in which the provision of housing adaptations and equipment for disabled people produce savings to health and social care budgets:

⁸ Scottish House Condition Survey 2010

⁹ Commission on the Future Delivery of Public Services

<http://www.scotland.gov.uk/Publications/2011/06/27154527/0>

¹⁰ <http://odi.dwp.gov.uk/common/publications-index.php#research>

- Saving the cost of residential care and reducing the cost of home care, by reducing the number of visits needed;
- Saving through prevention of accidents, such as hip fractures, with associated costs;
- Prevention of health care costs for carers, who risk musculoskeletal damage and falls without adaptations, and admission of those they care for to residential care; and
- Saving through prevention of waste, often due to delays (e.g. adaptations which are delayed for so long that they are of no use by the time they are installed).

15. *Better Outcomes, Lower Costs* also cited the savings made in a range of specific cases, through the use of adaptations. It noted that the average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation and 100 times the cost of fitting hand and grab rails to prevent falls. More recently, in 2011, Bield, Hanover (Scotland) and Trust Housing Associations commissioned a Social Return on Investment study of adaptations in their sheltered and very sheltered housing developments. It found that, for an average cost of £2,800, each adaptation saved the Scottish health and social care systems an average of over £10,000, with a total return on investment of £5.50 - £6 for every £1 invested.¹¹

16. There is a scarcity of data on adaptations in Scotland, but some is available through the Scottish House Condition Survey. The latest data from 2010 suggests that around 317,000 households in Scotland have adaptations¹² installed (whether they are required or not). These are most commonly handrails (generally classified as equipment), specially designed bathrooms, showers and toilets. It also suggests that around 133,000 households, that include someone with a long term illness or disability, live in a home that limits their activities in some way, and that 62,000 households do not have the necessary adaptations to their home. Most of these households are in the private sector, with the most common need being for an adapted bathroom. Some 59% of households which include a long term sick or disabled person, live in the private sector, either as home owners or renting from a private landlord. Projections suggest that the number of households who need to live in a suitably adapted home could reach around 190,000 by 2035. Research undertaken in 2010¹³ found that waiting times for housing adaptations vary widely between and within local authority areas and by type of adaptation. Statistical tables are included in Annex B.

The legislative framework

17. The legislative framework governing housing adaptations has evolved over many years. It is currently driven by three key pieces of legislation, supported by guidance. The current legislation and guidance and its coverage in general terms is summarised in Table 1.

¹¹ Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland <http://www.trustha.org.uk/news/newsdetails.php?newsID=110>

¹² Note that some properties will have more than one adaptation.

¹³ The Impact of Population Ageing on Housing in Scotland
<http://www.scotland.gov.uk/Publications/2010/07/20125707/0>

Table 1: Legislation and guidance on adaptations

Legislation and guidance	Applies to	What it does
Chronically Sick and Disabled Persons (Scotland) Act 1972 ¹⁴	All tenures	Puts general duties on local authorities to assess and meet eligible need for adaptations. No distinction is made between equipment and adaptations in this legislation.
Housing (Scotland) Act 2006 ¹⁵	Private sector (Home owners and tenants)	Sets the scope and levels of mandatory grant for adaptations for people in the private sector, and puts a duty on local authorities to provide assistance, through the Scheme of Assistance, where adaptations are not covered by grant.
Implementing the Housing (Scotland) Act 2006, Parts 1 and 2: Statutory guidance for local authorities: Volume 6: Work to meet the needs of disabled people (2009) ¹⁶	Private sector (Home owners and tenants)	Provides guidance for local authorities on implementation of the Housing (Scotland) Act 2006.
Guidance on equipment and adaptations (2009) ¹⁷	All tenures	Covers responsibilities of NHS Scotland and local authorities for providing equipment and adaptations. It aims to create a more consistent approach across Scotland, promoting good practice and partnership working
Equality Act 2010 ¹⁸	All tenures	Sets out reasonable adjustments, which must be made to prevent disabled people being at a substantial disadvantage in accessing services. However, the requirement does not include structural adaptations to the home
Procedures for Funding of RSL Adaptations in 2012-13 (HSGN 2012/04) ¹⁹	Housing associations and co-operatives	Sets out procedures for securing Scottish Government funding for adaptations and explains the type of works eligible for such funding

Note

1. Although the main focus of the adaptations elements of the Housing (Scotland) Act 2006 is on the private sector, it also provides the right to apply to the local authority for financial assistance towards the cost of an adaptation, regardless of tenure, e.g. social tenants can apply to the local authority for financial assistance, where their needs have been assessed as a priority, and no funding is available through the usual channels. It was anticipated that such applications would be exceptional.²⁰

18. Local authorities have general duties to meet needs for adaptations through the Chronically Sick and Disabled Persons (Scotland) Act 1972. However, this is not linked to any status they may have as landlords, and there are no specific duties on landlords in relation to adaptations. As such, there is no legal duty on housing associations or private landlords to provide adaptations for their tenants.

¹⁴ <http://www.legislation.gov.uk/ukpga/1972/51>

¹⁵ <http://www.legislation.gov.uk/asp/2006/1/contents>

¹⁶ <http://www.scotland.gov.uk/Publications/2009/03/25154356/0>

¹⁷ <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Independent-Living/Equipment-Adaptations>

¹⁸ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

¹⁹ <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/investment/guidancenotes/GuidanceNotes2012/HSGN201204Guidance>

²⁰ Implementing the Housing (Scotland) Act 2006, Parts 1 and 2: Statutory guidance for local authorities: Volume 6: Work to meet the needs of disabled people

<http://www.scotland.gov.uk/Publications/2009/03/25154356/0>

Delivery and funding arrangements

19. From Table 1, it can be seen that the current legislative framework under which housing adaptations are delivered has emerged over a long period of time. There is no single piece of legislation that covers the delivery of adaptations in all housing tenures. Accordingly, different arrangements for delivery have arisen in different tenures, with no single source of funding. The amount of funding and its source varies, depending on the housing tenure of the person seeking the adaptation. Eligibility criteria for funding, and the procedures for accessing that funding, also vary.
20. For their own properties, local authorities normally fund adaptations from rental income through the Housing Revenue Account. Funding for adaptations for home owners and private sector tenants is now included in the main local government settlement. People living in the private sector, who are assessed as needing adaptations, receive a grant of 80 or 100%. Local authorities deliver these adaptations through the Scheme of Assistance, sometimes in partnership with voluntary agencies, such as Care & Repair. The Scottish Government holds a budget for adaptations in housing association properties. Most housing associations and co-operatives receive annual grant funding to deliver adaptations for their tenants. These arrangements are summarised in Table 2.
21. Although delivery of housing adaptations is undertaken by local authority housing departments and housing associations, collaboration with social care services is an integral part of the delivery arrangements. In all housing tenures, assessment of the needs of the individual is usually undertaken by occupational therapists, who are mostly based in social care. In addition, minor adaptations and equipment are generally funded by health or social care.

Table 2: Current arrangements for undertaking and funding housing adaptations²¹

	Private sector housing		Social rented housing		
	Owner occupier	Private rented sector tenant	Local authority tenant	Housing association tenants ²²	
				Non stock transfer HAs	Stock transfer HAs
Funding source	LA private sector grant funding		Housing revenue account	HA adaptations funding (Scottish Government or LA in Glasgow & Edinburgh)	HA maintenance budgets
Level of funding	80 or 100%	80 or 100%	100%	Up to 100%	Up to 100%
Access to funding	LA private sector teams, or grants officers		LA housing service	Housing association	Housing association
Management of process	LA private sector teams/ grants officers or Care & Repair or individual owner/tenant		LA housing or property service	Housing association	Housing association

²¹ Adapted from the Guide to Funding a Major Adaptation

<http://www.scotland.gov.uk/Topics/Health/care/EandA/MajorAdaptationsGuide>

²² 'Stock transfer' housing associations refers to those housing associations, which have been formed to manage housing stock transferred from the local authority.

Note

1. It is important to note that these are the *usual* arrangements, which operate at local level. The following are worth noting:

- A tenant in the social rented sector (either local authority or housing association) can apply for grant in the same way as an owner or private sector tenant. However, such applications are an exception.
- The local authority has a duty to meet the needs of a disabled person, where these needs have been assessed as being above the local eligibility threshold.²³ This means that if other funding is not available, the local authority is still required to meet the individual's needs, whatever the housing tenure, whether through an adaptation or some other solution.
- Minor adaptations and equipment are generally managed and funded by health and social care.

22. Responsibility for ongoing maintenance and replacement of housing adaptations varies considerably between different tenures and between providers within the same tenure. Some providers cover the costs from general revenues, such as rental income or funding from social work services. In other cases, service users have to pay specific service charges or arrange and pay for maintenance themselves.

Current developments

23. While the ageing population and reductions in resources are already creating pressures for change in the delivery of adaptations, there is also likely to be an impact on current arrangements from some key policy changes and reforms in the coming years. Plans for the integration of adult health and social care services in Scotland will have implications for the relationship between housing organisations and social services. Plans are currently at an early stage, but the aim is to achieve a consistency of outcomes across Scotland, with statutory underpinning, integrated budgets, clear accountability, professional leadership and simplification of existing structures. This is likely to increase opportunities for joint working between the housing sector and health and social care.

24. In recent years, personalisation of services has become increasingly important, with greater involvement of service users in selecting and shaping the services they receive. Self-directed support, one aspect of the personalisation of services, enables people to choose and control their support services, empowering them to find the solutions which are best for them. The Social Care (Self-directed Support) (Scotland) Bill²⁴ is currently being considered by the Scottish Parliament. Once enacted, it will place a duty on local authorities to offer four options to individuals who they assess as requiring care and support, and to provide information and assistance to individuals in order that they can make an informed choice about the options available. This will include the option of taking a direct payment (a choice that has been available for some time) and also a range of other choices, providing greater control and influence for service users, such as Individual Service Funds. There will be implications for the delivery of a range of social welfare services including housing adaptations.

²³ The local authority must assist with meeting the need under welfare legislation, such as section 2 of the Chronically Sick and Disabled Persons Act 1970.

²⁴ <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/48001.aspx>

25. A third development, which is likely to have a major impact on the lives of disabled people in the next few years and knock-on effects for adaptations, is the UK Government's welfare reform programme and the introduction of Universal Credit and Personal Independence Payments.²⁵ The changes to benefits are likely to reduce disposable income and, consequently, people's ability to maintain and service adaptations. They will also have impact on landlords, which are potentially far reaching, in terms of increasing bad debts and management costs, with consequential impacts on ability to fund adaptations. Possible restrictions on benefits to cover service charges will also affect housing providers, and their ability to provide servicing of adaptations. This will particularly impact on those with large numbers of older or disabled tenants.
26. Changes being made to benefits to reduce under-occupation in the social rented sector may also reduce the effective use of adaptations. People could be forced to move home if they are deemed to be under-occupying, even if the property has been adapted to their needs. There would be no guarantee that the new tenant would need the adaptations, and the disabled person's new home might also need to be adapted, with no guarantee that the existing adaptations could be re-used.

²⁵ Universal Credit is a new single payment which will replace a range of working age benefits. Personal Independence Payments will replace Disability Living Allowance for people aged 16 – 64.

CHAPTER 3: THE CASE FOR CHANGE

27. The Adaptations Working Group was established as a result of a recognition that current systems are unsustainable, in the light of pressures from our ageing population and reducing resources. Longstanding issues, which could previously be coped with, are becoming more pressing, as demand for adaptations has grown. As interest in the potential benefits of adaptations has grown, changes are beginning to be made. There are areas of delivery that work well, but systemic issues remain.

28. The members of the Adaptations Working Group have considerable experience of the housing sector and adaptations as providers, commissioners and policy makers. The Group's assessment of the issues with current systems for the delivery of adaptations is based on this experience, along with wider feedback from service users, other providers and commissioners and colleagues in health and social care, including occupational therapists. The responses to the consultation and views expressed at related events and meetings have also informed this analysis.

Voices of service users

- You can wait years for an adaptation, by which time it's not suitable for your needs.
- There should be one system for everyone. It's difficult to know where to begin.
- The process takes you through seeing a lot of people before you can get anything done..... It's too easy to get lost or forgotten about in the process.
- Independent advice and support would be invaluable.

Voices of providers and commissioners of adaptations

- The most important issue to address is the different, complex and inequitable approaches currently adopted for different tenures.
- Arrangements are difficult to explain to customers and make accessing adaptations more difficult for them than they need to be.
- Genuine shifts in the balance of care depend on greater priority being given to independent living and preventative measures such as housing adaptations.
- Under current arrangements the level of adaptations provided is landlord and normally budget dependent – not person centred.

Different experiences, different outcomes

29. The Group identified a number of issues with the current systems for delivery of housing adaptations. Perhaps the most fundamental one is that the assistance people receive to get housing adaptations depends first and foremost on the tenure of their home, rather than their need. Although need and priority are assessed by occupational therapists, this is secondary to tenure in the adaptations process.

30. The arrangements in the different tenures were set out in Chapter 2, and they affect the whole process of delivery, from eligibility and whether an adaptation will be undertaken (extensions have been highlighted as a particular concern) to waiting times and maintenance arrangements. It is clear from responses to the consultation that no one tenure is 'better' than the others in terms of the effectiveness and efficiency of its arrangements, and that there is variation between and sometimes within different local authority areas. Tenure also has an impact on the financial contribution that people are expected to make, both for initial installation and ongoing maintenance, and again there are considerable variations in arrangements.
31. As well as housing tenure, where the person lives will also affect delivery of adaptations. Organisational and funding arrangements vary between local authorities, particularly in relation to the levels of support available (particularly non-financial) through the Schemes of Assistance for people living in the private sector. There are also geographical differences in relation to definitions of equipment and adaptations. What is considered to be equipment and what an adaptation varies between local authority/health board areas, again resulting in differences in eligibility, service arrangements, funding and outcomes.
32. Principles of equality would suggest that having systems that base support for adaptations on the tenure of the home, rather than individual need, is unlikely to lead to fairness in delivery or outcomes. The range of different arrangements, according to tenure and locality, is also complex and confusing, both for people using services and for those involved in their delivery, particularly in health and social care. Many people, particularly those living in the private sector, who generally have little contact with housing services, find it difficult to know where to start and where to get information, advice and support. There is no single contact point in housing for people using services or partners in social care.

Multiple and fragmented responsibilities

33. The multiple different organisational and funding arrangements for adaptations make it difficult to take a strategic overview and achieve consistent, cost-effective and holistic services. Local authorities have responsibility for strategic planning and investment in housing and related services, including adaptations, in their local areas. However, it is difficult for them to do this, when they don't have oversight of the whole system. It also means that there is often no shared understanding of what constitutes value for money. The connections between falls, hospital admission and admission to long term care means that this is not a desirable situation.
34. Below the level of the corporate local authority which has general duties to provide adaptations, it is not always clear where responsibility for delivery and funding lies. Different tenure-based arrangements have sometimes created service silos, often linked to who holds the budget, but sometimes resulting from local custom and practice. Some local authorities have sought to reduce this. There are also important boundaries to manage effectively (and in some cases clarify) between adaptations funded and undertaken by the housing sector and

equipment and those more minor adaptations which are funded and undertaken by health and social care.

35. These boundaries vary between different local authority and health board areas and layers of management are difficult to explain to people who need adaptations. They also make the systems more cumbersome than they need to be, and difficult to navigate. The complexity makes effective involvement of people using services harder to achieve, in terms of giving them choice and control.

Reactive, not pro-active

36. Although there are exceptions, the majority of adaptations services focus very much on existing problems, rather than planning for the longer term. They are 'reactive' in nature, rather than pro-active. Part of the issue is that assessment processes tend to be geared towards current, rather than anticipated, need. This is likely, in the main, to be due to financial considerations. However, many people have conditions with a foreseeable progression, where it would make sense to build greater longevity into what is delivered. A well planned adaptation that lasts a number of years will be more cost-effective, than several smaller incremental adaptations. Greater involvement of both service users and carers in delivery could be helpful in securing buy-in and ensuring the long term suitability of adaptations.
37. Adaptations are often undertaken at points of crisis, focusing on the highest, most urgent needs, rather than prevention. In some cases, the crisis might have been avoided, if an adaptation had been delivered earlier, when the person's need was less urgent. In this situation, earlier intervention can make the difference between being able to maintain independent living at home and having to move to a care home. There is also relatively little long term planning in terms of adapting housing stock during refurbishment and modernisation programmes, which could produce long term cost savings in future reactive provision of adaptations. Pro-active adaptation of ground floor properties during refurbishment programmes would help to increase the housing stock suitable for older people and disabled people.
38. The use of allocations policies to ensure that adapted properties in the social rented sector are given to those who need them would also be helpful in managing stock effectively. Some housing providers are concerned that they may be penalised by the Scottish Housing Regulator, if they take time to find a disabled tenant for an adapted property. Even if the property is empty (void) for longer than it otherwise would be, it is likely to be more cost-effective in the longer term than having to adapt another property. The development of the Scottish Social Housing Charter, which includes an outcome on equalities and fair access to housing and housing services, may help to address this concern.²⁶

²⁶ <http://housingcharter.scotland.gov.uk/>

A narrowness of scope

39. Adaptations are often considered in isolation from a person's wider housing and care needs, and those of carers and family members. While a simple adaptation may be sufficient for those with more minor mobility problems, there are many people who would also benefit from other forms of support. A more holistic consideration of people's lifestyles, and the assistance they require would help to identify this, and the use of housing options advice would be helpful.
40. Support for people in the private sector who need adaptations tends to focus on access to grants. Although there are some excellent local authority Schemes of Assistance, the quality of accompanying information and advice, which helps people through the process, or in some cases to do things for themselves (those who have resources), is variable.²⁷ In the private sector, adaptations are often dealt with separately from house condition issues, which may not be eligible for similar financial assistance. The issue of making adaptations to properties in poor repair is regularly identified by Care & Repair services.

Growing demand and constrained resources

41. Scotland's ageing population is leading to increases in the number of people with long term conditions and mobility problems.²⁸ There are also growing numbers of younger disabled people. Although there is no data that gives a picture of overall delivery, it is likely that increasing numbers of adaptations are being installed. It is also likely that expenditure is increasing, partly due to increased output, but also because of rising costs of more sophisticated adaptations.
42. A policy direction which rightly aims to support people to live at home means that demand for adaptations is bound to increase. Current pressures on public funding are well known, and are likely to be exacerbated by the impacts of welfare reform. Consultation feedback suggests that local systems are under increasing pressure as demand rises, particularly from those living in the private sector. Shortages of occupational therapists, leading to long waiting times for assessment, have been identified as a particular issue. Although this is partly about numbers, there are also issues about the use of occupational therapists' time and expertise in the provision of adaptations.
43. From discussions at the consultation events, the Group has a sense that the provision of adaptations is becoming increasingly budget-driven, acting against moves towards more person-centred and preventative approaches. Without change, this may lead to longer waiting times, with the associated costs to other parts of the care system, as well as reduced quality of life and reduced independence for older people and disabled people and their carers. However, this is not just about the amount of funding provided for adaptations. There is scope for greater efficiency through simplification of the systems for delivering adaptations, and through better use and re-use of adaptations. Thinking more

²⁷ Older Owner Occupiers: Repairs, Adaptations and Local Authority Schemes of Assistance

²⁸ Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012 – 2021

<http://www.scotland.gov.uk/Publications/2011/12/16091323/0>

broadly about solutions, and being less constrained by definitions of equipment and adaptations, could also lead to more cost-effective use of resources.

A lack of data

44. While a certain amount of data is available from different sources such as the Scottish House Condition Survey (see Annex B), it is very difficult to get an accurate assessment of the numbers and types of adaptations that have been, and are being, delivered in Scotland, and the performance of services, in terms of timescales. Recent research found a mixed picture in terms of performance monitoring and collection of data relating adaptations undertaken through the Scheme of Assistance.²⁹ The lack of data is partly a symptom of multiple responsibilities and delivery systems with different methods of recording outputs, and also perhaps that such data collection has not traditionally been given priority. However, the lack of data, particularly around unmet need, is an issue for strategic planning and also for service development, making it difficult to identify where efficiencies and improvements might be made. Improvement in the quality of performance data would help to tackle this.
45. The issues identified above are long-standing and, in the main, systemic. They raise questions about the appropriateness of current systems and their ability to deliver in context of increasing demand. Positive change is happening, through implementation of the Housing (Scotland) Act 2006, the work of the Joint Improvement Team and the introduction of self-directed support, so the picture is very different from two years ago. However, the Working Group is of the view that the pace needs to increase and to become Scotland wide. This view was strongly endorsed through responses to the consultation.
46. Having considered the issues around the current systems for delivery of adaptations, the Group began to think about how they might be tackled to enable adaptations services to achieve better outcomes both for those using the services and for those who commission and provide them.

²⁹ Older owner occupiers: Repairs, adaptations and local authority schemes of assistance

CHAPTER 4: GUIDING PRINCIPLES

47. The Adaptations Working Group was clear that change was needed to the systems for delivery of housing adaptations to try and combat the issues outlined in Chapter 3. However, before considering what or how extensive that change might be, it needed to think about the outcomes that delivery of adaptations should be aiming to achieve and how it should do that. To help with this, the Group decided to develop a set of core values and principles, which could be used to shape and test any proposed changes. The principles are aspirational and very purposely set out an 'ideal'. The Group was clear that, while no system will ever be perfect, there is no point in proposing change that does not aim to achieve as good an outcome as is possible.

48. The core values and principles devised by the Adaptations Working Group are derived from some of the key national policies driving public service reform including personalisation of services and prevention. The Group was also clear that the current tenure-based systems for delivery of adaptations are the main cause of inequalities in the current systems, and that delivery should be based primarily on the needs of the individual, rather than the tenure (ownership) of the home. This should help to ensure that adaptations are prioritised for those whose need is greatest and who would benefit most. There would also be benefits for wider society and for the 'public purse' in improved support for independent living and reductions in the use of more intensive services. The key principles are:

1. The **person** and their carer(s) should be placed **at the centre** of service provision and be in control. This means:

- Encouraging contribution and supporting the right to independent living.
- Listening to and respecting what people say they need, in the context of their whole needs and how they want to live their life. Everyone is able to choose how they live their life, where they live and what they do.
- Responding to this quickly, while managing risk.
- If someone needs help to make decisions then decision-making should involve that person as much as possible and reflect that person's own interests and preferences.
- Agencies involved in supporting people to adapt their home will comply with good practice and work in partnership with the person, the carer and each other in relation to providing or enabling the provision of adaptations.

2. Support for adaptations should have a **prevention** focus. This means:

- It should remove or reduce the level of help that will be required in the future.
- It should build or prolong independent living.

3. Adaptations should promote **enablement**, meaning that:

- People should receive enough, but no more support than is necessary to enable them to contribute as full and active citizens.

- Although it is good that people get support from family, friends and other community members, adaptations should remove or reduce the risk that the person becomes dependent on that support.
4. Access to assessment and provision should take account of need and be **fair, consistent, reliable** and **reasonable**, with a focus on prevention, and take a holistic view of a person's life.
 - There should be recognition that some people may need extra help to participate as full and active citizens as a result of disability, age or health condition, but they should be enabled to retain control of their support.
 - There should be national consistency of provision, while recognising that some local variation may occur in order to meet the particular needs of people in an area.
 5. Assessment and access to financial and other non-financial supports for adaptation should be **equitable, fair, anti-poverty** and complement systems for self-directed support. This means:
 - People have a clear entitlement to financial and/or other supports for adaptation, regardless of where they live, and are entitled to apply this to an alternative property based solution which demonstrates an equivalent outcome.
 - The system of financial assistance should be easily understood. If people are entitled to financial help, they should know how much money they will get, and/or what adaptation will be provided.
 - Adaptations are one of many tools for supporting independent living. Rules and processes for allocating adaptations funding to individuals must allow this to be used flexibly, reflecting and complementing a whole system for self directed support.
 - Regardless of tenure or location, people have a clear and equal entitlement to financial support for the provision, maintenance and replacement of an adaptation.
 - Whatever adaptation or funding is provided should be enough to enable the person to be an active citizen.
 - Although people may be expected to pay for some or all of their adaptation costs, this must not be to such an extent that they are discouraged from earning or saving for themselves.
 - Provision of financial assistance should encourage a preventative approach to adaptations.
 6. People must be able to understand the systems and rules, which should be uncomplicated and maximise the ability of the person to make informed choices, and to be and remain in control of the adaptation. The person and their carers should have access to up to date, **accessible** and relevant information and advice, which takes a holistic approach, on:
 - the person's right to an assessment and the assessment process;
 - the carer's right to an assessment and the assessment process;
 - what wider and general supports are available without requiring formal assessment;
 - what support for providing or funding the cost of adaptations may be available to

- them from local authorities, health boards, and other agencies;
- the estimated total costs and funding assistance available;
- alternative housing options; and
- any decisions made by involved agencies and the reasons for these.

The full set of core values and principles is included at Annex C.

49. The Group was in full agreement that current systems for the delivery of adaptations do not meet the principles in key areas, including prevention, consistency, equity and accessibility. Having said this, the Group acknowledges that there are many examples of good practice around the country and some excellent emerging delivery models, as well as extremely dedicated people. However, they are working within and making the best of the constraints of a complex system, which acts to hinder, rather than support the potential benefits that adaptations could bring.
50. The Group's next step was to consider what change might help to produce better delivery systems and meet the principles. It first considered changes which could be made within the current delivery systems.

CHAPTER 5: IMPROVEMENTS WITHIN THE CURRENT ARRANGEMENTS

51. The Group was asked to identify ways in which better outcomes could be achieved under the current legal and funding arrangements, in recognition that more fundamental change should only be embarked upon where there is a clear case for it.
52. Over the course of its work and through the responses to the consultation, the Group has heard about many opportunities for improvement, which are possible under the current arrangements. It has also learned of instances where significant improvements have been achieved, and where discussions are under way to address recognised shortfalls in service. The 2009 Guidance on Equipment and Adaptations, the subsequent support for improvement by the Joint Improvement Team, new evidence on the impact and preventative benefits of housing adaptations, and the discussions around the work of the Adaptations Working Group have all helped create the conditions for improvement at local level.
53. This chapter sets out the wider range of areas where improvements can be achieved under the current arrangements, including case studies illustrating as many of the measures as possible. These include those which are relatively simple to introduce, and others which represent a much more significant change in the organisation and delivery of housing adaptations. The Group has concluded that these changes, if introduced consistently across Scotland, would address many of the issues identified with the current arrangements for housing adaptations. Responses to the consultation support this view.

Clear local strategies

54. A clearer and more strategic joint approach on housing adaptations, and how they link to other complementary services, should be developed by local partners in housing, health and social care. There needs to be a more strategic and planned approach on adapting housing stock, taking into account projected population needs and the availability of existing housing stock to meet those needs. Housing adaptations are one mechanism by which the future needs of older and disabled people can be met, but this is best positioned amongst the other mechanisms and approaches.
55. Strategic planning for housing adaptations should be further strengthened within the Local Housing Strategy and through the analysis that underpins it. Partners in health and social care are currently developing Joint Commissioning Strategies, as part of the integration of adult health and social care, and the agreed approach would also appropriately be incorporated in the Housing Contribution Statements, which are to form part of these.

56. The Group recommends that:

- Overall estimation of the likely need for housing adaptations and the wider strategic implications for both investment and service delivery should be more fully considered within Local Housing Strategies and Joint Commissioning Strategies, through the Housing Contribution Statement, as one element in the range of options available to support people to live independently at home.

More personalisation and involvement of service users

57. **Better information and advice.** Information and advice has emerged as one of the key tools to delivering the right housing and support services for older people and disabled people. It is the foundation to empowering individuals and enabling them to understand their options and to exercise choice.

58. Consideration of the best options is particularly important in relation to housing adaptations, as the choice may not simply be about which type of adaptation would be best for an individual. In some cases, people may need to consider whether adaptations to their current property would provide an effective solution, or whether an alternative solution, such as a move to another home, would be better. Initial results from one local area suggests that early discussion about housing options leads to more people choosing to move and fewer complex adaptations being required. The following case study from Housing Options Scotland shows how the housing options approach can be used to help disabled people find suitable housing.

Case study: Housing Options Scotland

Housing Options Scotland provides a free national service, open to older people and disabled people in Scotland. Housing Options Scotland helps people to find 'the right house in the right place', working across all housing tenures. No-one is ever turned away. The service is funded by a Scottish Government grant.

Each client receives a detailed Housing Approach Report outlining all their potential housing options. This may involve adaptation of the existing home or a move to a new home. A dedicated Housing Options Broker then works with the client to achieve a sustainable housing solution. The role of the Broker is to put in place a housing solution which may include sourcing specialist technical advice, obtaining independent financial advice, liaising with social housing providers, working with developers and fundraising. Emotional and practical support is provided to clients by staff and peer volunteers, who have already been through the process.

Through its work, Housing Options Scotland helps to reduce the impact of delayed discharge from hospital and allows people to stay in their own homes and communities, as an alternative to inappropriate residential care. A Social Return on Investment study on the casework service has shown a return of £10.72 for every £1

invested.

59. Helping people to consider their housing options can encourage them to plan ahead, particularly if they are combined with a 'housing health check' at key stages in a person's life, e.g. on retirement.³⁰ This 'check' could help people to look ahead and consider their options, enabling them to make decisions about the point at which moving home would be a better option than making very major and expensive adaptations.
60. **Clarity in assessment.** The assessment process must ensure absolute clarity on the expected outcomes for the service user and their carers of the delivery of an adaptation, and the ownership for the achievement of these outcomes. The assessment must make a clear distinction between the provision of the adaptation itself (i.e. the output) and the outcomes to be achieved for the service user (the difference made) following the provision of the adaptation, such as increased levels of independence or participation in family life and improvements in mental health and wellbeing.
61. **Involving people more in service delivery.** The current system is too often based around the needs of services, rather than people. The Group has heard about issues over culture and attitudes to choice and control. Co-production, the partnership in the design and delivery of public services between those using services and those providing them, must become universal.
62. The housing options approach is important to co-production, as providers work with people to find solutions that would make people's lives more comfortable and independent. This may be an adaptation, but it could be something else. People could have complete control of all aspects if that is what they want, or choose a person or agency to support them through the process. This mirrors the approach proposed in the Social Care (Self-directed Support) (Scotland) Bill.
63. The Group has heard about services which involve "co-production" between people using services and providers, providing a personalised service alongside support. Many of these examples have involved Care and Repair. The Group is aware of the pressures on Care and Repair across Scotland as commissioners face budgetary pressures and seek re-assurance of the cost effectiveness of all commissioned services.
64. **Self assessment and self help.** While some people will want to have significant support when their home is adapted, others will want to have greater control. Many disabled people only require a housing adaptation and have no other reason to have contact with formal care services. Providing a small amount of help can enable people to get the right adaptations at the right time, supporting them to maintain independent living, particularly for those with long term health conditions, and reducing the risk of falls or other accidents. Enabling self-help also keeps people out of the 'system', when they don't need to be there.

³⁰ Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020 <http://www.scotland.gov.uk/Publications/2011/02/03132933/0>

65. Some local authorities allow people to self-assess or self-refer for common adaptations, as shown in the following case study from Highland Council. This can help to speed up delivery by simplifying and shortening the delivery process and also frees up the time of occupational therapists to deal with more complex cases, by reducing their assessment workload.

Case study: Highland Council's adaptations self-assessment

Highland Council has introduced self assessment for certain types of housing adaptation. The Council recognised that older people and disabled people were undergoing numerous assessments in order to live independently, so developed a process which makes use of current assessments that people have already undergone for benefits and other entitlements. People who meet the criteria will automatically receive certain types of adaptations, including level access showers (the most common major adaptation), without the need for a further assessment (by an Occupational Therapist).

The main benefits of the initiative have been to speed up the delivery of these adaptations by reducing the number of assessments needed, and to free-up the time of occupational therapists to focus on more complex assessments.

66. The Group is very keen to see a growth in assistance to those with their own resources but requiring advice on how best to proceed. People who have sufficient funds and who wish to make their own housing adaptations to meet reduced mobility needs, face difficulties in finding appropriate non-financial support to do so. Problems include finding the most suitable products and reliable contractors to undertake installation works. The following case study from Borders Care & Repair provides information on their self-funded adaptations service.

Case study: Borders Care & Repair: Self-funded adaptations

As well as the usual range of adaptations and handyperson services, Borders Care & Repair provides advice and assistance to people who want to fund and undertake their own housing adaptations. The service is funded through Care & Repair's service level agreement with Scottish Borders Council.

The service ensures that clients wishing to adapt their homes can get good advice on what to do and what to look for in products, and they don't waste money on things that won't meet their future needs. As part of the service, Borders Care & Repair can provide plans and specifications, arrange estimates from contractors and project manage the works if required. Advice can also be provided to architects, who have been approached direct by clients.

The service helps people to ensure that their homes will remain suitable for a longer time, reducing the need for future adaptation.

67. Recent research found that intentions that the Scheme of Assistance should offer other types of financial assistance, apart from grant funding, have not materialised.³¹ The need for other forms of assistance has growing importance, given the numbers of older and disabled home owners. The Group has also been made aware of instances where people have invested their own resources in housing adaptations, which are not fit for purpose, causing themselves risk and ultimately requiring public assistance to remedy.
68. There is an important role for trusted contractors and trusted traders' lists, and charter marking of private and commercial suppliers can help people to help themselves and provide choice. Over thirty Care & Repair services currently offer advice and project management services to people who wish to undertake their own housing adaptations. Housing associations could also provide this service. With greater capacity, more could be done.
69. **Self-directed Support.** Self-directed support allows people to make an informed choice about how their support is provided, and gives them as much control as they want of the resources available to meet their needs. Once enacted, the Social Care (Self-directed Support) (Scotland) Bill³² will require local authorities to offer people choices on how they can get their care, empowering people to decide how much ongoing control and responsibility they want over their support arrangements.
70. The more detailed arrangements for the introduction of self-directed support are still being developed, with statutory and best practice guidance being drawn up in 2013. The Bill's guidance is likely to focus on the central role played by social care assessment and, in particular, the role of an approach which focuses on personal outcomes and a flexible approach to meeting those outcomes. The Group's view is that self-directed support, in terms of the formal options available to social care recipients and its values and principles, offers important opportunities in relation to housing adaptations. It recognises there may be concerns about higher cost housing adaptations, but considers that the grant funding model used in private sector adaptations demonstrates that control by the person receiving adaptations can work effectively. The Group would, therefore, like to see testing of self-directed support's application to housing adaptations.

71. The Group recommends that:

- Housing adaptations and housing options approaches should be included in work on information and advice to be taken forward by the Scottish Government in relation to Age, Home and Communities.
- Information and advice should form part of the Scottish Government's Reshaping Care for Older People programme.
- Local partners should adopt housing options approaches when considering the needs of older people and disabled people.
- Local partners should ensure clarity in the assessment process on the outcomes to be achieved for service users through the provision of adaptations.

³¹ Older owner occupiers: Repairs, Adaptations and Local Authority Schemes of Assistance

³² <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/48001.aspx>

- People who use adaptations services should be involved in their design and delivery.
- Local partners should identify and exploit opportunities and share effective practice on housing adaptations.
- Local partners should work together to consider the practical delivery of housing adaptations across all four of the options set out in the Social Care (Self-directed Support) (Scotland) Bill.

A focus on prevention and planning ahead

72. The particular contribution made by housing and the housing sector to prevention is a key theme of the national strategy for housing for older people.

73. A preventative approach is particularly important to adaptations, where early provision of minor adaptations can help people who are beginning to have problems with mobility to live comfortably and reduce the risk of falls and crisis situations. It is also relevant for disabled children, whose needs for adaptations are likely to change as they grow.

74. Prevention may involve the provision of adaptations which are not yet needed, but which are likely to be, to ensure the long term suitability of the home, and potentially reduce deterioration in the person's health. Planning ahead in this way may have some upfront cost, but should make savings in the long term by reducing the need to replace adaptations when they are still usable. Housing providers can also take a key role in prevention and planning ahead, by installing adaptations as part of routine improvement programmes, as shown in the following case study on the Home Happening programme. They should also ensure that improvements don't reduce the adaptability or accessibility of properties.

Case study: South Lanarkshire Council's Home Happening programme

South Lanarkshire Council has been carrying out a major improvement programme to upgrade kitchens and bathrooms in its housing stock since 2004. To make best use of existing housing stock to meet the needs of older people and increasing demand for adaptations, the Council employed occupational therapy staff to work on the programme. Their role was to assess the individual needs of tenants, who had been identified as needing specific help, and provide flexible long term solutions within the design specification of the new kitchens and bathrooms.

To date, adaptations have been carried out to over 2,400 properties through the Home Happening programme (around 10% of the Council's stock). As well as ensuring the specific needs of tenants are met, this also improves the longer term flexibility of homes to meet a range of needs. This approach has proved cost-effective, with a significant reduction in the number of responsive adaptations required in Council housing stock, from over 2,000 adaptations costing £2.6 million in 2005-06 to 1,124 costing £1.8 million in 2010-11. This reduction has taken place against the background of an increase in the number of older households and has

helped the Council to continue to meet overall demand for adaptations.

75. The Group recommends that:

- Eligibility criteria for adaptations should be reviewed, with a view to facilitating both a preventative approach, and planning ahead for future needs.
- Social landlords should integrate assessment and planning for adaptations into major upgrading and improvement programmes.

Delivery improvements

76. ***More attractive, sustainable design.*** Although adaptations are vital in enabling many people to maintain independent living, they are not always particularly attractive in terms of their design. Some people feel that they 'medicalise' the home environment. In some cases, this can deter people, who would benefit from adaptations, from having them installed. It can also result in adaptations being removed, when the person they were installed for no longer needs them, instead of being retained or recycled for use by someone else.

77. Well-designed adaptations that look more attractive would encourage more people to take advantage of their benefits and reduce the likelihood of them being removed. Funders of adaptations will naturally be concerned about the upfront cost, but there are savings to be made by investing in adaptations with greater longevity. Funders could also consider enabling people to add their own resources, if they want an alternative more expensive fitting or finish, so increasing choice. This appears to happen fairly routinely in the private sector, but less so in the social rented sector.

78. The Joint Improvement Team, with the Scottish Government, has commissioned work on the appropriate standards for people with dementia. The Adaptations Working Group is keen that this also takes into account the issues about making design more attractive.

79. ***Planning for maintenance.*** Like any part of a home, adaptations need to be maintained. In most cases, maintenance burdens will not be onerous, but for more complex adaptations, such as stair lifts, there will be a greater need for ongoing maintenance to comply with health and safety legislation. Depending on the practice of the funder or model of provision, maintenance of an adaptation may attract a service charge for the provider or the recipient. However, there are inconsistencies across local authorities, as to whether the costs are met by the local authority social work department, landlord or owner. Decisions about the maintenance of adaptations should be addressed strategically, with local partners agreeing how best to fund it. The aim should be to ensure that ongoing maintenance requirements do not act as a barrier to equity and consistency in the provision of services.

80. Maintenance arrangements need to be considered, when the specification for an adaptation is drawn up. They should be as simple as possible and, if the recipient of the adaptation will have to contribute, it should be ensured that they can sustain the costs in the long term. There are already inconsistencies in the treatment of such service charges by housing benefit staff, where tenants need help to meet costs. This may also become more challenging in the light of possible welfare reform proposals on restrictions on benefits to cover service charges. There is also a lack of guidance on the funding of replacement of adaptations that have come to the end of their useful life.

81. **Links to repairs.** There is a tension in doing adaptations in properties which are in poor repair. Installation of adaptations often uncovers other problems in need of improvement (e.g. rewiring), most frequently in private sector properties occupied by older people. In this case, information and advice (e.g. through housing options) will be important. If the person wishes to remain in the property, and costly adaptation and improvement works are required, home owners may benefit from products which enable them to use equity from the property or from changing the tenure of their home. However, if the person is likely to have difficulty in maintaining the property, a move to a new home may provide the best option.

82. The Group recommends that:

- Providers should work to try and increase the attractiveness of the design of adaptations to reduce the risk of subsequent removal.
- Providers should work to deliver adaptations that address a wider range of needs (such as dementia and mental health).
- As a minimum, local partners should agree a consistent and strategic approach to repairs and maintenance of adaptations at local level and publicise it to ensure that people are fully aware of local policy.

More effective use of existing investment

83. **Adapted properties** Better long term use needs to be made of adaptations and adapted properties. There are two main issues:

- ensuring that properties, which have been extensively adapted, are made available to people who need them, through:
 - effective use of allocations policies in the social rented sector; and
 - changes in marketing, to highlight the benefits of adaptations, in the private sector.
- ensuring that adaptations are not removed without good reason, but if they are removed, where possible they are recycled in another property.

84. Some adaptations are tailored to quite particular needs, and it will then make sense to remove a particular adaptation (e.g. a Clos-o-mat or specialist bath), so that an adaptable property is available to someone with different needs.

However, systems for reusing such adaptations are under-developed and do not generally operate across housing tenures.

85. The register of accessible housing (Home2Fit) being developed by Glasgow Centre for Inclusive Living³³ should help to increase awareness of accessible and adapted housing, and help people to find such properties in locations that are right for them. It should be particularly helpful to people who need to move to a new area, where they aren't familiar with local housing options.

86. **Procurement efficiencies** There may be savings to be made through bulk purchase of common adaptations, including through providers developing procurement partnerships to take advantage of any efficiencies on offer. This has already been done in some areas in relation to equipment, and these arrangements, including the use of stores, could be extended to adaptations. Joining up procurement may also give access to a wider range of products, increasing choice for recipients of adaptations. Joint procurement of servicing works may also deliver discounts. However, there is a tension between bulk procurement and the self-directed support agenda. Care needs to be taken to ensure that flexibility, creativity and choice are retained in any bulk purchase arrangements. The following case study from Glasgow City Council shows how bulk procurement of stair lifts has been used to achieve an improved and less costly service.

Case study: Glasgow City Council and provision of stair lifts

The provision of adaptations to assist disabled people to remain in their own homes is a priority for Glasgow City Council. Delivery of stair lifts was traditionally undertaken in one of two ways, depending on the person's housing tenure:

- Stair lifts for tenants in the social rented sector were funded from the Social Work budget and supplied through the EquipU³⁴ contract via Cordia. Cordia provided stair lifts to Glasgow and five other surrounding local authorities through the contract. Significant savings were made through bulk purchasing and the recycling of the equipment. The equipment was regularly maintained to ensure it remained in good condition, so that all or part of it was suitable for reuse when the original user no longer required it.
- Owners and private tenants were historically awarded home improvement grants to assist them to purchase and install a stair lifts. As a result, the stair lifts become the service users' property and, as such, they were responsible for all future maintenance requirements.

In recent years, the cost of maintenance for home owners increased substantially, with some contractors charging as much as £800 per annum. This was unaffordable for many owners, and the resulting lack of maintenance led to deterioration in the condition of the equipment. In turn this led to further grant applications, as stair lifts deteriorated beyond repair. When the owner no longer required the stair lift, the

³³ <http://www.gcil.org.uk/>

³⁴ EquipU is a partnership service, which is responsible for providing, delivering and installing a range of disability equipment supplied by health and social work services to disabled people living at home.

provider usually collected it, with no refund to either the owner or the Council.

In 2011, the Council removed funding for stair lifts from the grant system. This allowed it to fully fund provision via the EquipU contract. In this way, ownership of the equipment was retained by the Council, allowing it to be recycled. While owners are not always given a new stair lift, they are assured of a quality product which meets their needs, and which is properly maintained free of charge.

The new arrangements have produced cost savings, which have been used to fund more requests. This meant that 40% more home owners received a stair lift, and owners are now being treated equitably with tenants. Staff time has been freed up, and the process is also far more straightforward for owners, as they no longer have to apply for grants. Feedback on the quality of service and outcomes has been very favourable.

87. The Group recommends that:

- Local partners should consider bulk procurement of equipment and adaptations and installation, perhaps on a regional basis, to see if savings can be made, while retaining choice. In any event, partners should be able to evidence the role of procurement (e.g. through benchmarking) in securing overall economy, efficiency and effectiveness of outcomes for service users.

Partnership, leadership and management

88. The Group has already highlighted the importance of partnership between people using adaptations services and providers (“co-production”) in developing the strategy and the delivery arrangements for housing adaptations. Housing adaptations services are also a partnership between the housing sector (which funds the adaptations) and social services (the occupational therapist service which assesses and prioritises applications). Putting in place more formal arrangements to manage housing adaptations would bring significant benefits. The Group is aware that a number of areas have started a process of reviewing their housing adaptations services, bringing together all those in housing, health and social care and any others, who play a part. Without this partnership approach, there is no overview of the process or shared understanding of the outputs and outcomes achieved. This dialogue often highlights simple improvements which can be made in the delivery arrangements. The following case study shows how East Lothian Council has worked in partnership to improve the efficiency and effectiveness of its adaptations service.

Case study: East Lothian Council

East Lothian Council identified the need to devise a framework to develop and redesign its Equipment and Adaptation Service, within a robust governance structure that is service user focused. There were two main elements:

- the need for a partnership agreement to obtain a strategic overview and agreed approach to the assessment and provision of major adaptations and large maintainable equipment across all tenures; and
- a need to streamline panel processes for the approval of major adaptations and large maintainable equipment in all tenures, and facilitate a corporate approach to more complex cases, involving a range of adaptation, re-housing and social care needs.

It aimed to deliver the following benefits:

- Improved customer service and case management, in relation to the assessment and provision of large maintainable equipment and major adaptations;
- Improved information sharing between all services;
- Improved information for service users;
- A performance management framework, focusing on outcome measures across tenure and throughout the process of assessment and provision;
- Improved efficiency in relation to the approval of large maintainable equipment and major adaptations; and
- Improved efficiency in relation to the collection, management and analysis of performance management data.

An informal post implementation review is underway, with ongoing development to confirm formal outcome measures. Indications to date confirm the joint working promoted through the project has been successful, with positive feedback from both staff and stakeholders. So far, few cases have been presented to the Joint Complex Cases Panel. This is believed to be a result of better joint working across agencies involved and identification of alternative solutions.

89. The Group has noted concerns about the availability of data on housing adaptations. Improved data on delivery of adaptations and timescales, as well as unmet need would help to provide the evidence base to support strategic planning and make best use of housing stock. It would also help with identification of efficiencies and improvements that can be made in service design and delivery.

90. The Group recommends that:

- local partners should work to agree a set of robust governance mechanisms, including:
 - Appropriate definitions of adaptations, including what is a “housing” adaptation and what a “minor” adaptation;

- Current eligibility criteria for housing adaptations, including the consideration of other housing options and of enabling a more preventative approach;
- The profile of those applying for and receiving housing adaptations (a cross-sector view that highlights any differences in access);
- Communication arrangements between the partners and, in particular, how communication with the person seeking an adaptation is managed;
- Arrangements for maintenance of adaptations, and for making best use of existing adapted properties; and
- Collection of data to support strategic planning and service delivery, including performance information on delivery times (using Local Improvement Measure B2).³⁵

Would these changes meet the principles?

91. Each of these changes has the potential to deliver important improvements to the outcomes achieved by housing adaptations, and the experience of those using the services. Together, they have the capability of achieving very significant change. The Group has, however, concluded that there is a clear case for more fundamental re-shaping of the system. Proposals are set out in the next chapter.

Summary of recommendations for change within the current arrangements

92. The Group's recommendations are:

1. Overall estimation of the likely need for housing adaptations and the wider strategic implications for both investment and service delivery should be more fully considered within Local Housing Strategies and Joint Commissioning Strategies, through the Housing Contribution Statement, as one element in the range of options available to support people to live independently at home.
2. Housing adaptations and housing options approaches should be included in work on information and advice to be taken forward by the Scottish Government in relation to Age, Home and Communities.
3. Information and advice should form part of the Scottish Government's Reshaping Care for Older People programme.
4. Local partners should adopt housing options approaches when considering the needs of older people and disabled people.
5. Local partners should ensure clarity in the assessment process on the outcomes to be achieved for service users through the provision of adaptations.
6. People who use adaptations services should be involved in their design and delivery.

³⁵ <http://www.jitScotland.org.uk/action-areas/reshaping-care-for-older-people/improvement-measures/>

7. Local partners should identify and exploit opportunities and share effective practice on housing adaptations.

8. Local partners should work together to consider the practical delivery of housing adaptations across all four of the options set out in the Social Care (Self-directed Support) (Scotland) Bill.

9. Eligibility criteria for adaptations should be reviewed, with a view to facilitating both a preventative approach, and planning ahead for future needs.

10. Social landlords should integrate assessment and planning for adaptations into major upgrading and improvement programmes.

11. Providers should work to try and increase the attractiveness of the design of adaptations to reduce the risk of subsequent removal.

12. Providers should work to deliver adaptations that address a wider range of needs (such as dementia and mental health).

13. As a minimum, local partners should agree a consistent and strategic approach to repairs and maintenance of adaptations at local level and publicise it to ensure that people are fully aware of local policy.

14. Local partners should consider bulk procurement of equipment and adaptations and installation, perhaps on a regional basis, to see if savings can be made, while retaining choice. In any event, partners should be able to evidence the role of procurement (e.g. through benchmarking) in securing overall economy, efficiency and effectiveness of outcomes for service users.

15. Local partners should work to agree a set of robust governance mechanisms, including:

- Appropriate definitions of adaptations, including what is a “housing” adaptation and what a “minor” adaptation;
- Current eligibility criteria for housing adaptations, including the consideration of other housing options and of enabling a more preventative approach;
- The profile of those applying for and receiving housing adaptations (a cross-sector view that highlights any differences in access);
- Communication arrangements between the partners and, in particular, how communication with the person seeking an adaptation is managed;
- Arrangements for maintenance of adaptations, and for making best use of existing adapted properties; and
- Collection of data to support strategic planning and service delivery, including performance information on delivery times (using Local Improvement Measure B2).³⁶

³⁶ <http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/improvement-measures/>

CHAPTER 6: MORE FUNDAMENTAL CHANGE

Why it is needed

93. The Group was tasked with identifying “stream-lining” changes which could be undertaken under the current arrangements. It was also asked to consider whether there was a case for more fundamental change and what that change might be.

94. The Group concluded that fundamental change is required. This conclusion was not reached quickly or easily. Change is taking place at local level, aspects of the framework are still bedding in, and there are resource implications for all in revising the national framework. The Group also has no doubt about the potential to deliver improvements under the current framework of legislation, national policy guidance and funding.

95. The Group has, however, been convinced that more fundamental change is needed for five broad reasons:

- Control, choice and self-direction are not required or supported by the current arrangements.
- The current framework is tenure-driven, with guidance and funding attached to particular tenures, or sectors. Principles of equity of access based primarily on a person’s need, and where tenure is not considered, will not in the Group’s view be achieved in the current systems.
- These tenure-driven arrangements are inherently complex for those seeking assistance and for those delivering services, and inhibit transparency, simplicity and efficiency.
- The issues associated with housing adaptations are long-standing. Various reviews over several decades and associated initiatives have failed to deliver consistent and sustained improvements. This suggests that, either the incentives to change are insufficient, or the barriers to that change are too great.
- The Group explicitly sought the views of those using services, commissioners and providers in the housing sector, partners in social care, and wider stakeholders on whether sufficient change can be achieved under the current framework. A clear majority across all groups supported more fundamental change.

96. The Group recognises and supports those, who have already begun the process of reviewing and improving their housing adaptations services. In promoting the case for fundamental change, the Group does not want to constrain or undermine local initiatives to re-shape housing adaptations in line with the principles. The Joint Improvement Team is already providing improvement support to local partners, and the Group is keen to see that support continuing and delivering improvements as quickly as possible.

The options considered

97. In considering fundamental change, the Group considered a number of ways in which organisational and funding systems might be altered to improve the delivery of adaptations. It sought to focus on those processes which would best enable fast and simple delivery of adaptations that meets the needs of and actively involves people who need adaptations.

98. The Group's discussions identified a number of key themes, around which different approaches to the delivery of adaptations can be taken. In the consultation paper, these were presented as three separate options: around the local housing authority; health and social care; and the individual requiring the adaptation. Each option had advantages, but also disadvantages and risks. While the options were presented separately (perhaps giving the impression of silos), the Group was clear that, as a partnership service, there would be linkages. Feedback from the consultation confirmed the Group's view that the best approach was likely to be a 'hybrid' combination of the three options. It is, however, worth setting out the key features, advantages and disadvantages of the options, before considering the Group's recommended approach.

Local housing authority

- Strategic responsibility for delivery of housing adaptations with the local housing authority, with a consistent framework across tenures.
- Recognition of the key role of adaptations as a means of ensuring sufficient accessible housing in the right locations.
- Builds on current funding arrangements, with opportunity to combine current funding sources in an integrated pot.
- Retains technical property expertise in local housing authorities, providing alignment with repairs and improvements.
- Single organisational responsibility would provide opportunities for 'one-stop shops'.

But:

- This arrangement would not tackle the boundaries with health and social care, so would be unlikely to achieve significant progress towards the delivery of more integrated packages of care and support.
- It would retain a focus on the property, rather than the person.
- It would also maintain the boundaries with minor adaptations, equipment and telecare provided by health and social care.
- It would retain the boundaries (in most cases) between assessment by occupational therapists in health and social care and delivery by the housing sector.

Health and social care

- Could form part of arrangements for integration of adult health and social care.
- Would allow holistic assessment of all care and support needs, including needs

for adaptations.

- Would integrate housing adaptations with more minor adaptations, equipment and telecare services (currently delivered by social care).
- Funding from integrated budgets managed by the statutory partners.
- Would place any investment (expenditure) in adaptations within the context of potential savings (reduced falls, fewer hospital admissions).³⁷
- Single organisational responsibility would provide opportunities for 'one-stop shops'.

But:

- Integration of health and social care is currently at a very early stage.
- Statutory partners in different local areas could choose to adopt different arrangements, so unlikely to achieve consistency in delivery.
- Would separate responsibility for housing adaptations (health and social care) from any related repair or energy efficiency needs (housing).
- Staff in health and social care do not generally have technical property expertise required for delivery of housing adaptations.
- May channel people unnecessarily into social care systems, who would rather not be there.
- There would be budgetary complications, as funding for adaptations in properties owned by local authorities currently comes from the Housing Revenue Account (i.e. rents). In addition, there is a risk that funding could be lost from those housing associations that use their own resources for adaptations.

The individual requiring the adaptation

- Would place the individual (and their carer) at the centre of the process, with control, consistent with the personalisation agenda.
- Other agencies would be positioned to support delivery of what is required, including funding and/or co-ordination and support.
- Options in the Social Care (Self-directed Support) (Scotland) Bill may provide a basis for this approach.
- Single tenure-neutral system of eligibility and funding, including individual budgets, grants and loans.
- Single organisational responsibility would provide opportunities for 'one-stop shops'.

But:

- Support would be required to help people navigate the process.
- Arrangements for maintenance and replacement of adaptations would need to be put in place at the outset.

³⁷ See Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland <http://www.trustha.org.uk/news/newsdetails.php?newsID=110>

The Group's recommended approach

99. Responses to the consultation showed some support for all three of the options presented, but also a view that a combination of the options might provide the best way forward. The Group has, therefore, concluded that it would be useful to set out those features, which it identified as being key to a fit-for-purpose housing adaptations service in the future. The Group was not asked to develop a programme for implementation of the changes it recommends. It has not, therefore, taken a view on the implications for the current legal, policy and funding framework, nor of the specific changes that would be involved. The detail of these would require to be developed, once a decision had been taken to proceed.

100. **Strategic leadership with the local housing authority.** Housing adaptations is, and should remain, a partnership service. However, there does need to be clear responsibility for setting the strategy and priorities for the service: a clarity which does not exist under the current arrangements. Informed by the consultation responses and by wider discussions, the Group is clear that strategic leadership should unambiguously rest with the local housing authority. The Group's view has been informed by the following considerations:

- The housing sector's role is to create a housing stock which is 'fit-for-purpose'. Housing adaptations are one means by which this is achieved, but there are many other methods that the sector uses. Locating leadership of housing adaptations firmly with housing will encourage better connections with repairs, modernisation and new building programmes.
- As the strategic housing authority, it makes sense for leadership for housing adaptations to lie with these bodies.
- Feedback from the consultation shows that there is broad support for housing sector leadership, rather than with leadership by health and social care. There was a strong view that integration of health and social care was at a very early stage, and it would be too soon to add housing adaptations to the responsibilities of the new partnerships. It is important to note that this view had support from many occupational therapy respondents as well as housing respondents. The majority of service users who attended consultation events did not have a strong view on where responsibility for delivery of housing adaptations should rest, as long as it was done effectively.

101. This leadership would involve working with the new health and social care partnerships to:

- Develop a strategy, which is 'tenure neutral', with clear outcomes and priorities for housing adaptations, and which complements and supports wider housing, health and social care strategies. This should be incorporated into the Local Housing Strategy, the Joint Commissioning Strategy and the Housing Contribution Statement.
- Ensure that an associated investment strategy is in place, which enables the strategy to be delivered. Budget levels should be appropriate to the local

context, housing opportunities and constraints. They should also enable equity of **outcomes** for older and disabled people to be achieved, but recognising that this may require different responses in different areas.

- Support service development and other supports to realise the ambitions of this broader, more person-centred, and outcome focused approach to housing adaptations.

102. **Centred around the individual.** This must be the cornerstone for housing adaptations in the future, ensuring that the needs, circumstances and choices of the individual and their family and/or carer(s) are central to the way in which services and supports are designed. This requires a framework which results in the development of a much wider and more integrated service, no longer designed around different funding streams for different tenures. Arrangements which have been identified as helping to achieve this are:

- A single point of access for those seeking information, advice or assistance with adapting their home, as the front end entry to assessment, and to a wider range of information on options and services (i.e. a 'one-stop shop'). This must be "customer facing", and encourage people to seek support before a crisis. There should also be a single point of contact for service users throughout the process. Ease of access and regular communication were of particular importance to service users who attended the consultation events.
- Assessments of people's circumstances, and discussion of choices and preferences undertaken jointly by those with housing and those with occupational therapy expertise, alongside the person and their family.
- Arrangements which enable the person to have control over the process, such as the options proposed in the Social Care (Self-directed Support) (Scotland) Bill, and providing support throughout the process, if that is what they need and want.
- A lead agency responsible for co-ordination and communication with the person, throughout the adaptation process.

103. **A broader, outcomes focused service.** Services and support must become much broader in scope, wider than simply providing grant funding or directly undertaking an adaptation. A successful outcome must be more clearly defined, as helping someone to retain or recover their independence. Arrangements which have been identified as helping to achieve this are:

- Early consideration of alternatives to housing adaptations, which may offer the person a better solution. The unsuitability of someone's housing is often evident well before the crisis which triggers the approach to request a housing adaptation. Earlier consideration can offer people greater choice, and better value for all. This may include a move to more suitable housing, or "anticipatory" changes to the current home, where someone has a progressive condition.

- Services which can support people, who are not eligible for funding, or who do not want it, so they can organise their own adaptations, while benefiting from the expertise in housing adaptations services. The Group has been very conscious that the majority of older people are owners, and many have resources. It is in everyone's interest to help those with resources to get information and advice about what "works", and hence best value out of their investment.
- Tackling other features of a person's home beyond adaptations, which may make it unsuitable or unsustainable. Most often, the Group has been told about circumstances in which an owner has repair needs as well as adaptations needs.
- Realising other opportunities to adapt housing stock, particularly in the social rented sector, to support older and disabled people through modernisation, upgrading and regeneration programmes.

104. **Partnership governance.** Governance, and management, of housing adaptations should be undertaken as a partnership between commissioners, providers and those using the services. The importance of improvement, so that local partners have a clear shared understanding and responsibility for delivering the agreed strategy, was set out in Chapter 5.

105. The delivery model recommended by the Group could be implemented in a number of different ways and by different organisations, including local authorities and third sector organisations, such as Care & Repair. The Group has been mindful that it wanted to recommend a model that builds on the good progress made by local partnerships in recent years, and does not create large amounts of work on re-organisation. The following case studies show different models which are currently operating and could be built on for the future delivery of housing adaptations, with leadership by the housing sector, tenure neutrality, one stop shops and a person centred approach.

Case study: East Lothian Council's Housing OT Service

East Lothian Council established a Housing Occupational Therapist (OT) service in 2001 to streamline and improve its housing adaptations service.

The Housing OT is a single point of reference for all service users, architects and contractors, saving both time and costs, and is involved in the assessment, design and installation of major adaptations, as well as assessments of need. The post has facilitated the development of expertise in adaptations, ensuring best value and design to meet service users' needs and for long term use of property; consistency in design and provision; and advice regarding options for adaptations and re-housing.

Evaluation of the service in 2011-12 showed very high satisfaction levels among users of the service, with an average satisfaction level across all areas of 99.2%.

In addition, the Housing OT role has expanded to contribute advice on design of new build developments; housing allocations; and planned maintenance and

refurbishment programmes.

Case study: Borders Care and Repair's 'One Stop Shop'

Borders Care & Repair provides a 'One Stop Shop' for major adaptations, under a service level agreement with Scottish Borders Council.

The service is client-focused and provides housing adaptations for older people and disabled people living in all housing tenures. As the centre for provision, there is one point of contact for service users, carers and landlords.

An in-house occupational therapist (the first for Care & Repair in Scotland) ensures that all adaptations are designed specifically for each client's long term needs and helps to avoid future adaptation failure. Covering all housing tenures means that an overview can be taken to ensure a consistent approach to eligibility, priority and funding, that is fair and achieves value for money.

The single point of contact and streamlining of services enable more clients to be seen and adaptations to be completed much more quickly. It is recognised nationally that adaptations can take up to two years from referral to completion, but this model has greatly reduced this timescale, resulting in an average adaptation taking 14 weeks. It also eases pressures on occupational therapists, allowing them to focus on the re-ablement and care management needs of clients. Minor adaptations assist with hospital discharge and speed up the process for those in need to remain at home.

Funding housing adaptations

106. Demand for housing adaptations is expected to increase, as a result of the ageing population; increasing numbers of children with disabilities; the emphasis that is, and will continue to be, placed on using existing housing; and the continuing drive to reduce the use of institutional forms of accommodation. There is also a need to put in place funding arrangements which, if possible, encourage 'preventative' provision of adaptations, enabling relatively low cost investment, which would save money in the longer term. However, even with greater efficiency, the Group is clear that increased levels of funding are likely to be required.

107. The Group realises that this is a difficult time to be expressing this view, and that it cannot point to detailed financial modelling to justify its position. It simply points to the projected growth in numbers of older people; people with long term conditions; and disabled children. Higher proportions of older and disabled people are living independently in housing, rather than institutional settings and there is a much reduced rate of new building. The Group, therefore, believes that the evidence on the cost-benefits of housing adaptations outlined in Chapter 2, set alongside the demographic projections, is sufficient to support this view.

108. In relation to public sector funding of housing adaptations, the Group would like to see the current funding system altered, so that a single local funding pot is created. Access to financial support should no longer be governed by the tenure of someone's home. This should be managed by the local partners in line with the agreed local strategy. The Group is aware that some areas are already beginning to move in this direction, with funding for private sector adaptations held alongside funding for those in local authority housing, using common eligibility criteria. This could be extended to include the Stage 3 funding currently allocated to housing associations for adaptations in their properties. A number of consultation responses highlighted inequities in the current grant funding system. As part of the move to a single funding pot, this should be reviewed on a tenure neutral basis.

109. Arrangements that allow people to use equity in their homes for adaptations could be helpful in enabling them to plan ahead and ensure their homes are suitable on a long term basis. This would give people greater choice in the 'menu of support options'. It could also encourage a more preventative approach and reduce the number of responsive adaptations that need to be undertaken. Helping people to plan ahead and 'future proof' their homes is the main theme of the Group's paper on the second part of its remit.³⁸

110. There are opportunities for more effective use of existing public sector investment in adaptations, and it will clearly be of particular importance to realise these. These opportunities, discussed in the Chapter 5, include:

- Bulk procurement of equipment and fittings, such as level access showers. It is important to recognise that significant savings can be achieved, without unduly constraining choice for those using the service.
- Adapting properties in the social rented sector as part of wider contracts for modernisation and upgrading.
- Considering alternatives to expensive housing adaptations at an early stage in discussion with the person and their family. In one case, the development of an integrated housing OT service, which has a focus on the individual, has increased early intervention and choice, leading to fewer complex, and costly adaptations.
- Enabling people with resources to use them to pay for the adaptation. The Group has prepared a separate paper on the issues and the opportunities.

Next steps

111. Although the Group was not asked to produce an implementation programme for its recommended approach to future delivery of adaptations, it would suggest that aspects of the approach are piloted to test them on a small scale, before adopting a large scale roll-out. The Group's recommended approach seeks to build on the current direction of travel in public service and policy reform. It also

³⁸ Planning Ahead: Living at Home

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/ROOPH/ADWG/finalpaper>

reflects changes and improvements that are taking place in many areas of Scotland, although not consistently across the board. For this reason, the Group hopes that its recommendations can be taken forward quickly, while recognising that some aspects of its recommended approach will be challenging. Particular aspects, which would lend themselves to piloting, are single local funding pots delivered on a tenure neutral basis and the use of self-directed support options, such as direct payments or Individual Service Funds.

Summary of the Group's recommended approach

112. The Group's recommended approach incorporates the following key features:

- Strategic leadership from the local housing authority, working in partnership with health and social care;
- A strategy for housing adaptations, which is 'tenure neutral' with a single funding pot;
- Arrangements enabling people to have control and choice through personalisation and self-directed support;
- A single point of access with a lead agency – 'one-stop shop' – with clear communication and a single point of contact for service users throughout the process;
- A broader outcomes-focused service with early consideration of overall housing options; and
- Streamlined local partnership working and governance.

CHAPTER 7: CONCLUSION

113. The Group is grateful to have had the opportunity to consider the future delivery of housing adaptations. Its work has been both interesting and challenging. It has been important to remember throughout the time the Group met, why adaptations matter, and what they can do, in terms of giving people dignity, respect and the chance to live life to the full. More effective systems for delivery will help not just people who need adaptations, but more broadly, will help to achieve Scottish Government policies on independent living, prevention and personalisation. Current organisation and funding systems based on housing tenure clearly do not meet principles of equity, nor do they equip adaptations services to meet their potential, with an ageing population and limited resources. Responses to the Group's consultation showed overwhelming support for change.

114. The Group recognised that there is considerable potential for improvement within the current systems, and that many of the changes it suggests are already in place or being implemented around Scotland. However, coverage is not universal, and there is more that could be done. Changes within the current systems do not tackle the key issue of tenure. While they go some way to meeting the Group's principles for delivery of adaptations, they cannot meet them in full. The Group, therefore, agreed that fundamental change is required. This view was supported by responses to the consultation.

115. The Group's recommended approach aims to build a fairer system, based on improvements that can be made in current systems. It has the following key features:

- Strategic leadership from the local housing authority;
- Focus on the individual – personalisation and self-directed support;
- A single point of access with a lead agency – 'one-stop shop';
- A single funding pot (which is tenure neutral);
- A broader outcomes-focused service; and
- Streamlined local partnership working and governance.

116. The Group very much hopes that its recommendations will be taken forward. It does not under-estimate the amount of work required to deliver them, but believes the aim should be to build on good progress that has already been made. The majority of the Group's recommendations reflect and support the direction of travel being taken by many local partners in their adaptations services. Spreading these improvements more widely would help to ensure that more people can benefit from adaptations. The Group's recommendation for fundamental change takes the next step, widely supported in consultation responses, of a system truly based on need with control and choice, rather than housing tenure.

ADAPTATIONS WORKING GROUP: LIST OF CONSULTATION EVENTS AND MEETINGS

Date	Meeting/event	Format	No. of attendees (approx)
01 May	Meeting with Scottish Federation of Housing Associations in Glasgow	Discussion group	14
28 May	Meeting with College of Occupational Therapists Specialists in Housing in Stirling	Discussion group	6
31 May	Meeting with Glasgow and West of Scotland Forum in Glasgow	Discussion group	7
01 June	Housing Adaptations Scotland conference in Glasgow	Plenary presentation	130
07 June	Scottish Federation of Housing Associations annual conference in Glasgow	Workshop	20
20 June	Consultation event in Edinburgh	Consultation event	10
22 June	Consultation event in Glasgow	Consultation event	23
27 June	Consultation event in Dundee	Consultation event	15
04 July	Meeting with Scottish Housing Best Value Network Private Sector Forum in Edinburgh	Discussion group	30
11 July	Meeting with Grampian Occupational Therapy Managers' Forum in Aberdeen	Discussion group	12
18 July	Meeting with East Renfrewshire disability groups in Giffnock	Discussion group	12
19 July	Meeting with occupational therapists in Inverness, with video conference to Mull and Campbeltown	Discussion group	16
17 August	Service user event in Glasgow	Consultation event	10
20 August	Service user event in Edinburgh	Consultation event	15
24 August	Service user event in Inverness	Consultation event	14

STATISTICAL TABLES³⁹

Table 3: Households with a long term sick or disabled person or pensioner (numbers)

Any long term sick or disabled person in household	No pensioner in household	Pensioner in household	Total
No	1,162,000	374,000	1,536,000
Yes	399,000	422,000	821,000
Total	1,561,000	796,000	2,357,000

Table 4: Households with a long term sick or disabled person or pensioner (%)

Any long term sick or disabled person in household	No pensioner in household	Pensioner in household	Total
No	49%	16%	65%
Yes	17%	18%	35%
Total	66%	34%	100%

Table 5: Housing tenure of households with a long term sick or disabled person

Tenure	Long term sick or disabled person in household	
Ownership with a mortgage	163,000	20%
Ownership outright	252,000	31%
Local authority and other public	189,000	23%
Housing association	152,000	18%
Private renting	64,000	8%
Total	820,000	100%

Note

1. Figures in Tables 5 and 6 overlap, as some households with a long term sick or disabled person will also be pensioner households.

Table 6: Housing tenure of pensioner households

Tenure	Pensioner household	
Ownership with a mortgage	67,000	9%
Ownership outright	425,000	58%
Local authority and other public	123,000	17%
Housing association	87,000	12%
Private renting	29,000	4%
Total	732,000	100%

³⁹ All statistical tables derived from the Scottish House Condition Survey 2010. Figures are rounded to the nearest 1,000. '0' indicates a figure of 0 – 499. '-' indicates no instances in the sample. '**' indicates that the sample was too small to provide reliable data.

Table 7: Anything about the home that limits activities, by household type

Limiting Factor	Households Experiencing Limitation		
	<i>with Pensioners</i>	<i>without Pensioners</i>	<i>Overall</i>
Too small/need more rooms	2,000	4,000	6,000
Doors too narrow	2,000	1,000	3,000
Electric lights/sockets are difficult to reach/use	2,000	0	3,000
Rooms too small	3,000	2,000	4,000
Toilet difficult to access/use	3,000	5,000	8,000
Restricted movement/can't get around the house due to design	4,000	2,000	6,000
Heating controls are difficult to reach/use	4,000	2,000	6,000
Can't leave house because of stairs to house	6,000	7,000	13,000
Can't get into/use garden	6,000	3,000	9,000
Difficulty answering/opening door	8,000	2,000	10,000
Cupboards/shelves are difficult to reach/use	9,000	3,000	12,000
Can't open windows	10,000	3,000	13,000
Can't get up/down stairs inside house	27,000	26,000	53,000
Bath/shower difficult to access/use	28,000	18,000	46,000
Total	57,000	76,000	133,000

Note

1. This question is only asked of those households, which include a long term sick or disabled person.
2. Some homes have more than one limiting factor, so columns do not sum.

Table 8: Anything about the home that limits activities, by tenure

Limiting Factor	Experiencing Limitation by Tenure				
	Owner- occupier	LA/other public	HA/co- op	Private- rented	Overall
Electric lights/sockets are difficult to reach/use	2,000	1,000	-	-	3,000
Doors too narrow	1,000	2,000	0	-	3,000
Rooms too small	2,000	1,000	2,000	-	4,000
Restricted movement/can't get around the house due to design	4,000	1,000	1,000	-	6,000
Too small/need more rooms	2,000	2,000	1,000	1,000	6,000
Heating controls are difficult to reach/use	3,000	3,000	-	0	6,000
Toilet difficult to access/use	4,000	1,000	2,000	-	8,000
Can't get into/use garden	6,000	2,000	1,000	-	9,000
Difficulty answering/opening door	7,000	3,000	-	0	10,000
Cupboards/shelves are difficult to reach/use	6,000	4,000	1,000	2,000	12,000
Can't open windows	7,000	4,000	-	2,000	13,000
Can't leave house because of stairs to house	7,000	3,000	4,000	-	13,000
Bath/shower difficult to access/use	19,000	14,000	10,000	3,000	46,000
Can't get up/down stairs inside house	30,000	14,000	6,000	3,000	53,000
Total	67,000	38,000	21,000	8,000	133,000

Notes

1. This question is only asked of those households, which include a long term sick or disabled person.
2. Some homes have more than one limiting factor, so columns do not sum.

Table 9: Adaptations installed and required, by housing tenure

Adaptation	Installed				Required			
	Owner-occupier	LA/other public	HA/co-op	Private-rented	Owner-occupier	LA/other public	HA/co-op	Private-rented
Ramps	34,000	13,000	4,000	4,000	5,000	1,000	1,000	*
Door widening	27,000	5,000	8,000	0	2,000	1,000	-	*
Relocated light switches and power points	16,000	9,000	6,000	0	1,000	1,000	-	*
Individual alarm system	23,000	17,000	11,000	0	2,000	3,000	-	*
Stair lift	19,000	9,000	4,000	0	9,000	2,000	2,000	*
Through floor lift	4,000	1,000	1,000	1,000	1,000	-	-	*
Handrails	141,000	68,000	38,000	9,000	5,000	4,000	1,000	*
Specially designed/adapted kitchen	4,000	3,000	2,000	-	3,000	2,000	-	*
Specially designed/adapted bathroom/shower	72,000	45,000	28,000	6,000	11,000	5,000	6,000	*
Specially designed/adapted toilet	38,000	19,000	11,000	2,000	4,000	2,000	3,000	*
Door entry phone	36,000	25,000	23,000	13,000	2,000	3,000	1,000	*
Extension to meet disabled person's needs	3,000	0	1,000	-	2,000	-	-	*
Special furniture	14,000	3,000	4,000	3,000	1,000	-	-	*
Other	6,000	3,000	1,000	1,000	2,000	1,000	1,000	*
Total	154,000	82,000	64,000	16,000	34,000	18,000	10,000	*

Notes

1. These questions are only asked of those households, which include a long term sick or disabled person.
2. Figures for adaptations required in local authority and housing association properties are based on sample sizes of less than 100 cases and should be treated with caution.
3. Figures for adaptations required in private rented properties have a sample of less than 30 and are, therefore, not included.
4. Some homes have or require more than one adaptation, so columns do not sum.

Table 10: Projections of households likely to require an adapted home

Household	2010	2015	2020	2025	2030	2035
Headed by person of state pension age	69,000	76,000	82,000	91,000	102,000	111,000
Headed by non-pensioner	67,000	69,000	75,000	76,000	75,000	78,000
Total	135,000	145,000	157,000	167,000	177,000	189,000

Notes

1. The table shows estimated numbers of households likely to require an adapted home. It is not an estimate of the number of adaptations required to be installed. For example, it would be an underestimate of the number of adaptations required, to the extent to which households require more than one adaptation. Conversely, it would be an over-estimate to the extent to which a household requiring an adaptation is able to match to a home, which has suitable adaptations already installed.
2. Projections have been estimated using the current proportion of households for particular age groups which require adaptations, multiplied by the National Records of Scotland household projections each year for the corresponding age group.
3. A simplified approach has been taken on the ages that are treated as state pension age.
4. Increases in healthy life expectancy, which would tend to reduce the number of households requiring an adapted home, have not been taken into account.

Adaptations: Core values and principles for policy, funding support mechanisms and service delivery in Scotland

This statement of values and principles serves was developed by the Adaptations Working Group as a touchstone for testing how well current or proposed policies, legislation, funding systems and services meet the Group's vision for the delivery of housing adaptations.

UNDERPINNING VALUES

Equality: Everyone is an equal citizen of the state and has the right to live life as fully as they can, to be free from discrimination, and to have their dignity safeguarded and protected.

Participation: Everyone has the right to participate in, and access information relating to, the decision-making processes that affect their lives and well-being.

Inclusion: Everyone, no matter what level of impairment, is capable of exercising choice and control in their living, with or without that choice and control being supported by others.

SPECIFIC VALUES

1. The **person** and their carer(s) should be placed **at the centre** of service provision and be in control. This means:
 - Encouraging contribution and supporting the right to independent living.
 - Listening to and respecting what people say they need, in the context of their whole needs and how they want to live their life. Everyone is able to choose how they live their life, where they live and what they do.
 - Responding to this quickly, while managing risk.
 - If someone needs help to make decisions then decision-making should involve that person as much as possible and reflect that person's own interests and preferences.
 - Agencies involved in supporting people to adapt their home will comply with good practice and work in partnership with the person, the carer and each other in relation to providing or enabling the provision of adaptations.

2. Support for adaptations should have a **prevention** focus. This means:
 - It should remove or reduce the level of help that will be required in the future.
 - It should build or prolong independent living.

3. Adaptations should promote **enablement**, meaning that:
 - People should receive enough, but no more support than is necessary to enable them to contribute as full and active citizens.
 - Although it is good that people get support from family, friends and other community members, adaptations should remove or reduce the risk that the person becomes dependent on that support.
4. Access to assessment and provision should take account of need and be **fair, consistent, reliable** and **reasonable**, with a focus on prevention, and take a holistic view of a person's life.
 - There should be recognition that some people may need extra help to participate as full and active citizens as a result of disability, age or health condition, but they should be enabled to retain control of their support.
 - There should be national consistency of provision, while recognising that some local variation may occur in order to meet the particular needs of people in an area.
5. Assessment and access to financial and other non-financial supports for adaptation should be **equitable, fair, anti-poverty** and complement systems for self-directed support. This means:
 - People have a clear entitlement to financial and/or other supports for adaptation, regardless of where they live, and are entitled to apply this to an alternative property based solution which demonstrates an equivalent outcome.
 - The system of financial assistance should be easily understood. If people are entitled to financial help, they should know how much money they will get, and/or what adaptation will be provided.
 - Adaptations are one of many tools for supporting independent living. Rules and processes for allocating adaptations funding to individuals must allow this to be used flexibly, reflecting and complementing a whole system for self directed support.
 - Regardless of tenure or location, people have a clear and equal entitlement to financial support for the provision, maintenance and replacement of an adaptation.
 - Whatever adaptation or funding is provided should be enough to enable the person to be an active citizen.
 - Although people may be expected to pay for some or all of their adaptation costs, this must not be to such an extent that they are discouraged from earning or saving for themselves.
 - Provision of financial assistance should encourage a preventative approach to adaptations.

6. People must be able to understand the systems and rules, which should be uncomplicated and maximise the ability of the person to make informed choices, and to be and remain in control of the adaptation. The person and their carers should have access to up to date, **accessible** and relevant information and advice, which takes a holistic approach, on:

- the person's right to an assessment and the assessment process;
- the carer's right to an assessment and the assessment process;
- what wider and general supports are available without requiring formal assessment;
- what support for providing or funding the cost of adaptations may be available to them from local authorities, health boards, and other agencies;
- the estimated total costs and funding assistance available;
- alternative housing options; and
- any decisions made by involved agencies and the reasons for these.

Note on definitions

There are several definitions of adaptations set out in guidance documents and in legislation, some of which seem to be defined in relation to whether or not grant funding will apply, rather than the function of the adaptation itself. The definition below uses language from the Housing (Scotland) Act 2006, but without narrowing the definition by reference to eligibility criteria for funding assistance.

An **adaptation** is an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living, where the premises being adapted are the residence of the disabled person, or will be within a reasonable period.

Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.

Disabled person means a disabled person of any age and so includes children and older people.

GLOSSARY

Adaptations: alterations to homes to make them more suitable and accessible for disabled people or older people. Common examples include grab rails, ramps, bathroom conversions (often replacement of baths with level access showers) and kitchen conversions.

Care & Repair Scotland: the national co-ordinating body for Care & Repair in Scotland. Care & Repair services offer independent advice and assistance to help home owners, private tenants and crofters to repair, improve or adapt their homes, so that they can live in comfort and safety in their own community. There are Care & Repair services in 31 local authority areas in Scotland.

Commissioner (of services): in the context of this report, the person or department (usually in a local authority) that buys and funds services. The services are often provided by organisations from the third or voluntary sectors.

Co-production: an approach to developing and delivering services, which involves the people using those services in an equal and reciprocal relationship with professionals and others, including families and carers, working together to get things done.

Direct payments: payments in lieu of services provided directly to individuals assessed as being in need of community care services.

Housing Need and Demand Assessment: estimates of housing need, demand and market conditions, which are undertaken by local authorities, to provide the evidence base for local housing strategies and development planning.

Housing options approach: an approach to the provision of information and advice, which looks at all of the person's housing options and choices in the widest sense, focusing on early intervention and covering all housing tenures.

Housing Options Scotland: provides a public access service to disabled people in Scotland, with information and advice to help people find homes that are right for them.

Housing contribution statement: a statement to be produced a part of Joint Commissioning Plans in health and social care. The statement will set out an assessment of the housing and housing-related support services needed to achieve local objectives in health and social care.

Housing sector: organisations that are involved in the provision of housing, housing services or other support related to housing, covering roles such as strategic planning, landlord responsibilities, building management, service provision and wider community action. It covers both private and social housing and includes organisations, such as local authorities, housing associations and Care & Repair.

Housing tenure: refers to the legal status under which someone has the right to live in their home. The most common forms are tenancy, where rent is paid to a landlord, and owner occupation, either with or without a mortgage. Tenancy may be in the social rented sector, where the landlord is a local authority or housing association or co-operative, or in the private sector, where the landlord is a private individual or company. Mixed forms of tenure also exist.

Individual Service Fund: an arrangement where the individual can ask the local authority to commission services of their choosing, using self-directed support, without ever receiving and handling the money.

Joint Commissioning Strategy: the assessment and forecasting of needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Joint commissioning is where these actions are undertaken by two or more agencies working together, typically health and local government, and often from a pooled or aligned budget.

Joint Improvement Team: co-sponsored by the Scottish Government, Convention of Scottish Local Authorities and NHS Scotland to work directly with local health and social care partnerships to support delivery of better services. The Joint Improvement Team provides hands-on practical support, along with shared learning and good practice and advice on specific projects.

Local Housing Strategy: prepared by local authorities as a statutory requirement of the Housing (Scotland) Act 2001, Local Housing Strategies provide the strategic direction to tackle housing need and demand and to inform future investment in housing and related services across the local authority area.

Local partners/partnerships: in the context of this report, this includes the statutory partners in housing, health and social care (local authorities and NHS Scotland), as well as housing associations and co-operatives and third and voluntary sector organisations, depending on the circumstances.

Personalisation (of services): enabling people to find the right solutions for them and to participate in the delivery of a service. From being recipients of services, people can become actively involved in selecting and shaping the services they receive.

Preventative support services: services which help to reduce the likelihood of accidents or crisis situations occurring and are generally low cost, thereby reducing the need for more intensive and expensive support services.

Re-ablement: services which provide intensive support to people following a crisis or returning home after a stay in hospital. The support is reduced gradually, as the person regains independence.

Scheme of Assistance: established by the Housing (Scotland) Act 2006, under which local authorities have a general duty to assist home owners and people living in the private rented sector who need adaptations to their homes. The assistance can take the form of advice, practical help or financial assistance.

Scottish Housing Best Value Network: a consortium of local authority and housing association landlords that work together to improve performance, meet the demands of Best Value and deliver quality services, by means of benchmarking, self assessment, good practice exchange and information sharing.

Self-directed support: an approach which gives people informed choice and control about how their support is provided. This can be done through direct payments, where the local authority makes a payment direct to the person in place of services that otherwise would have been arranged by the authority. As an alternative, people can direct the available resources through an individual budget or individual service fund.

Sheltered housing: housing for older people, with appropriate design features, usually in a block of flats or bungalows on a small estate. Residents have their own self-contained homes, and there are usually communal facilities, such as a residents' lounge. Many developments have their own 'manager', but 24 hour warden cover is now increasingly rare. Properties are usually linked to a community alarm service. Similar housing in the private sector is usually known as retirement housing.

Social landlord: general name for not-for-profit housing providers, usually local authorities or housing associations.

Stair lift: mechanical device for lifting people up and down stairs. Domestic stair lifts usually consist of a chair attached to a rail and mounted on the treads of the stairs or on the wall beside the stairs.

Strategic planning: an organisation's process of defining its strategy or direction (what it wants to do), making decisions on how it will do it and allocating its resources to pursue the strategy.

Very sheltered housing: housing designed for older people with higher levels of care needs, with varying levels of care and support available on site. Residents have their own self-contained homes, and there are usually communal facilities, such as a residents' lounge, restaurant and laundry facilities. Sometimes known as extra care housing.