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Evaluation of Adapting for Change



PEOPLE, COMMUNITIES AND PLACES



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Chapter 1: Introduction

This report presents the findings of an independent process evaluation of the Adapting for Change (AfC) initiative commissioned by the Scottish Government. The AfC initiative stemmed from the work of an Adaptations Working Group (AWG) which was established by the Scottish Government and tasked with reviewing housing adaptations practice and providing recommendations for change.

The AWG's 'Adapting for Change' report was published in November 2012¹ and recommended that fundamental changes were needed to the delivery and funding arrangements for housing adaptations. The report's overall recommendations focused on: strategic leadership sitting with the local housing authority; services being centred around the individual; services taking a broader, outcomes-focused approach; and partnership governance arrangements. Further information on the AWG's recommendations is set out in Chapter 2.

The AWG proposed that their recommendations be tested as pilots, within several sites, prior to large-scale roll-out. Through five test sites, the AfC initiative has been developing and testing ways of improving the housing adaptations process. The Initiative ran from the Autumn of 2014 and came to a formal conclusion at the end of March 2017.

The test sites (Aberdeen, Falkirk, Fife, Lothian and Scottish Borders) received no funding from the Scottish Government for being a test site and staff taking the work forward have been doing so as part of their existing roles. The test sites have however, received a package of consultancy-type support through the Improvement Hub (ihub)².

Study objectives

There was a clear Ministerial commitment to undertake an independent evaluation, and to use the findings from the study to inform the development of new guidance and further stakeholder consultation. Given these timescales, the focus of the evaluation has been on process and the study has taken place during the latter stages of the AfC test period.

A process evaluation focuses on assessing how a programme or initiative is being implemented. The overall aim of this process evaluation was to assess whether, and how, the activities at the five AfC test sites have led to fundamental changes in the delivery and funding arrangements of housing adaptations. The specific objectives were to:

- Understand the 'real-life' implementation and delivery of the AWG recommendations, as taken forward by the five sites.

¹ Available at: <https://beta.gov.scot/publications/adapting-for-change-final-report-adaptations-working-group/>

² Formerly the Joint Improvement Team.

- Explore the extent to which the different approaches adopted achieved the overall recommendations (or the extent to which it is possible to assess this).
- Assess how implementation compares to the approach outlined in the Working Group recommendations.
- Assess the role of different factors which helped or hindered implementation and delivery.
- Deliver policy and practice focused outputs.

Evaluation approach

In response to challenges encountered, the approach taken to the evaluation evolved over the study period. In summary, the approach has involved:

- **Desk-based analysis and document review;** this included a review of any performance or other related data available, minutes and other information associated with the Project Boards for each area and materials developed by or through the AfC initiative.
- **Interviews with key stakeholders;** a series of in-depth, semi-structured interviews was conducted with a range of key stakeholders from across the test sites. The substantial majority of these key stakeholders were members of a Project Board³ within a test site. The remaining interviews included senior management or frontline staff with an interest in AfC but who were not Project Board members. Representatives of the ihub also took part. In total, 56 interviews were carried out, with the number of interviews per test site ranging from 9 to 14.
- **Interviews with current or former users of adaptations services;** these interviews were also semi-structured. The research team worked with four of the test site areas to identify possible interviewees. The focus was on speaking to people with a range of different housing circumstances, for example those living in the owner occupied or social rented sector. Within each of these groups, the test sites then looked to identify people needing a more complex and/or urgent adaptation through to those needing a smaller and/or less urgent adaptation. In total, 59 interviews were carried out across four of the test sites. The number of interviews per test site ranged from 9 to 20. Of those interviewed, 19 lived in a local authority property, 12 lived in a housing association property and 3 were renting in the private sector. The remaining 25 interviewees lived in the owner-occupied sector. The interviewees included those whose cases had been very complex and involved major works through to those who had required only a small and straightforward adaptation.

³ The Aberdeen, Falkirk, Fife, and Lochaber Test Sites each established a multi-agency Project Board or Group which has been taking the AfC initiative forward in their area. The Boards have generally included representatives from the local authority housing and social care services, the local health board, local housing associations and a range of third sector organisations.

- **Observation;** members of the research team attended a learning event for test sites organised by the ihub and one member of the team attended a Project Board meeting for one of the test sites.

Research challenges

This has proved to be a challenging evaluation to conduct for a range of reasons, some of which were anticipated in advance but also because of others which arose during the study period. Key points to note are:

- Different key stakeholders have sometimes had contrasting views on the current state of play and what has been undertaken within their test site as part of the AfC initiative. This includes because work to make changes was sometimes underway before becoming a test site. Also, there may be a range of other work, such as that to address delayed discharge for example, which is very closely connected to, but not necessarily part of the immediate remit of, AfC.
- Due to a range of unforeseen challenges, the programme of work is sometimes behind the original schedule. On occasion, this has meant that changes expected to be made during the AfC initiative are still underway.
- Both past and present approaches to recording information within the tests sites mean there is generally an absence of accessible, performance-related data and information. This has been a challenge for both the evaluation and the process of change and is discussed further at Chapter 6.
- It has proved difficult to engage a small number of key stakeholders with the research process, including members of Project Boards.
- A number of key stakeholders offered considerable assistance to the study team in recruiting people to take part in the current or former service user interviews⁴. However, because many of the changes are still in the process of being developed or rolled-out, current or former service users generally have experience of the service prior to the changes being fully implemented.
- It was clear from the outset that the evaluation could touch on a range of sensitive and difficult issues. This applied not only to service users but also to key stakeholders and, in particular, to the working relationships between key stakeholders. Both the Scottish Government and the research team were clear that this study should not undermine the work being carried out in the test sites, but that it was important for participants to feel able to speak openly. To this end, research participants were offered a very high level of confidentiality, including that neither they nor their service would be identified within the report, and that no information beyond that set out in this report would be shared outwith the study team.

⁴ Please note that no service user interviews were carried out in Scottish Borders.

Over and above these specific challenges, it should be borne in mind that the AfC initiative and, by extension this evaluation, is part of a wider drive to look at how housing adaptations are being delivered. Within the test sites, the AfC initiative may have defined start and end dates, but this does not and should not equate to the start and end of the process of looking at adaptations locally. A small number of key stakeholders within each of the test sites had already been looking at adaptations; these key stakeholders were generally then involved in applying to become an AfC test site. They included housing, social care and third sector stakeholders. In the fifth test site, Scottish Borders, much of the work was already underway before becoming a test site⁵ so here, in many respects, the period of the AfC initiative has represented more of a bedding-in phase. Given the process-focus of this study, this does mean that the study findings are generally more likely to apply to one or more of the other four test sites.

Structure of the report

The next chapter of the report sets out the context for the AfC initiative, and in particular, considers the role of the AWG in framing the issues to be explored through the AfC initiative.

The middle section of the report (Chapters 3 -7), is structured around the main recommendations made by the AWG in their Adapting for Change report (and as set out in Chapter 2). At the beginning of each chapter, the original AWG recommendation and brief further information is set out within a text box. Each chapter then presents the main research evidence from this study. Please note that current and former clients of adaptations services are referred to as service users. The professionals who contributed to the research are referred to as key stakeholders. If there was a clear pattern in terms of the sector within which key stakeholders worked and the issues raised this has been set out. However, it should be noted that the focus of the evaluation is qualitative and on summarising the range of views expressed. The latter part of each of Chapters 3 to 7 presents summary conclusions.

The final chapter sets out a brief overview of the work taken forward in the latter stages of the AfC initiative and the future plans for each of the test sites. Final summary conclusions from the study are also set out.

Owing to the nature of the report, no Executive Summary is provided, instead a research findings paper focusing on key learning points, is available as a separate document <http://www.gov.scot/adapting-for-change-xf>.

⁵ The Scottish Borders test site had already carried out its own evaluation of the changes they had made and a copy of that evaluation report can be found at: <http://ihub.scot/media/1346/care-and-repair-borders-evaluation.pdf>. Please note that no member of the Craigforth study team was involved in the production of this evaluation and it is in no way connected with this study.

Chapter 2: Context for the Adapting for Change Initiative

Scottish Government policy places a clear emphasis on supporting independent living and enabling people to stay in their own homes for as long as they want and are able to do so. People having a safe and secure home which meets their needs is at the heart of this policy. Crucially, this home must be able to meet any mobility or other needs, including those arising from age or disability.

Scotland's older population is increasing and with that increase the number of people needing support is likely to rise; this corresponds with a time when public services are under increasing financial pressure. An increased focus on prevention, particularly in light of the recommendations of the Christie Commission, is seen as key to addressing the inevitable challenges which will result. In particular, investment in preventative measures could reduce the need for more intensive and costly service interventions at a later date.

The role of housing adaptations in supporting independent living is well recognised. However, the delivery of those adaptations is seen to be complex and driven by tenure as much as the needs of the individual. Resource pressures, and especially the need to make best use of public funds, also comes into play. The Scottish Government has therefore been amongst those developing and supporting programmes of work focused on the housing adaptations process and maximising its capacity to improve individual outcomes.

The Adaptations Working Group

In 2011, an independent Adaptations Working Group was established by the Scottish Government and was tasked with reviewing housing adaptations practice and providing recommendations for change. It was asked to:

- Consider systems for the delivery of adaptations to people of all ages;
- Explore ways in which the current delivery systems could be streamlined to improve outcomes; and
- Consider whether there was a need for fundamental change to adaptations services to support equality across all housing tenures.

The AWG's '**Adapting for Change**' report was published in November 2012⁶ and the **Scottish Government's response**⁷ followed in March 2013. The Adapting for Change report recommended that fundamental changes were needed to the delivery and funding arrangements for housing adaptations. The AWG identified a number of issues which supported the case for change:

⁶ Available at: <https://beta.gov.scot/publications/adapting-for-change-final-report-adaptations-working-group/>

⁷ Available at: <https://beta.gov.scot/publications/adaptations-working-group-scottish-governments-response/>

- Assistance with housing adaptations can be driven by tenure rather than individual need, leading to locality and financial inequalities.
- Current systems that base support for adaptations on tenure rather than individual need are unlikely to support fairness and equity.
- The range of different approaches is both complex and confusing and does not support the delivery of a consistent, co-produced or cost-effective service.
- Most current adaptations services focus on existing problems rather than planning for the longer term. Equally, assessments tend to be geared toward current rather than anticipated need.
- There is some evidence that the provision of adaptations is becoming increasingly budget-driven, and at odds with a person-centred and preventative approach.
- Retaining the *status quo* may lead to longer waiting times and increased costs to other parts of the health and care systems, as well as reducing the quality of life and independence of those in need of support.

The AWG outlined a **set of core principles** when developing adaptations services for the future:

- 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 adaptations should be equitable, fair, anti-poverty and complement systems for Self-Directed Support.

A number of key strategic recommendations was also identified, providing a **framework for change**. They focused on: a clear local strategy; better information and advice; clarity in assessment; involving people more in-service delivery; self-assessment and self-help; Self-Directed Support; prevention and planning ahead; more attractive, sustainable design; planning for maintenance; links to repairs; more effective use of existing investment; procurement efficiencies; and partnership, leadership and management.

The AWG considered that addressing any of these elements had the potential to deliver important improvements but that addressed together, they offered the potential for achieving fundamental change.

The AWG concluded with a number of **overall recommendations for consideration in future service design**, and to mitigate some of the current challenges. In summary, these were:

- **Strategic leadership with the local housing authority.** Housing adaptations is, and should remain, a partnership service. Strategic leadership should unambiguously rest with the local housing authority.
- **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; assessments of people's circumstances and discussion of choices and preferences; and arrangements which enable the person to have control over the process.
- **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.
- **Partnership governance.** Governance and management of housing adaptations should be undertaken as a partnership between commissioners, providers and those using the services.

The AWG proposed that the recommendations be tested as pilots, within several sites, prior to large-scale roll-out.

The **Scottish Government's response** to the AWG report endorsed the vital contribution adaptations play in supporting people to live safely, comfortably and independently at home. The Scottish Government committed to work in partnership with housing associations, service users, local authorities and others around: streamlining measures within the current delivery systems; fundamental change to current delivery systems; and measures enabling people to plan ahead and pro-actively adapt their homes.

The Health & Social Care Integration context

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), which establishes the legal framework for integrating health and social care in Scotland, came into force in April 2016. The Act requires each Health Board and Local Authority to delegate some of their statutory functions, and associated budgets, to their Integration Authority which is responsible for the planning and delivery of all delegated services using the delegated budget at the disposal of the Integration Joint Board (IJB). Please note that the arrangements in Highland, and hence which apply to the Lochaber test site, are different. Highland is the only area to have adopted the Lead Agency Model and the NHS is the lead agency for adult health and social care services. The Highland Strategic Commissioning Group is the forum for joint decision-making on adult social care services and, in this respect, is similar to an IJB.

The Scottish Government's expectation that the housing sector has a key role to play is set out clearly in statutory guidance in the form of a Housing Advice Note⁸. The Housing Advice Note states: "The Scottish Ministers consider it essential that housing services are coordinated with health and social care in order to achieve joined-up, person-centred approaches."

Further, the Act's Regulations establish that services involving equipment and adaptations must be delegated⁹. This means that Integration Authorities are now responsible for housing adaptations as part of the wider strategic planning and delivery of integrated health and social care services. This responsibility extends across all housing tenures.

Central to Health and Social Care Integration is the principle of personalisation of services, with increasing involvement of service users in selecting and shaping the services they receive. This principle has been steadily embedded in policy, particularly following *Changing lives – the report of the 21st Century review of social work* (2006)¹⁰. *Changing lives* placed the person firmly at the centre, as a participant in shaping the services they get and allowing them to work with professionals and their carers to manage risk and resources.

As noted within the AWG report, Self-directed Support is one aspect of the personalisation of services and provides a number of options enabling people to choose and control their support services, and identify the right solutions for them. The Social Care (Self-directed Support) (Scotland) Act came into force in 2014 and requires local authority social work departments to work in partnership with service users to identify what their support looks like and how it is delivered.

This is the legislative and policy framework within which the AfC test sites have been taking their work forward.

The Adapting for Change pilot

As noted above, the AWG recommended piloting its advised approach in order to develop and test key aspects and models of delivery. The Scottish Government accepted this recommendation and, with support from the ihub, and following consultation with key stakeholders, moved forward with the AfC initiative.

The overall aim of the pilots was to develop and test key aspects of the approach recommended by the AWG to inform a revision of the national policy framework for

⁸ Available at: <http://www.gov.scot/Resource/0048/00484861.pdf>

⁹The Scottish Government's website notes that the Regulations require certain "social care" functions (for example, section 12 of the Social Work (Scotland) Act 1968) to be delegated *except* in relation to housing support services. The effect of the definition of housing support services set...is that services **involving equipment and adaptations, and housing support services provided to individuals as, or in conjunction with personal care or personal support services, will not be covered by this exception, and so must be delegated**. Further information can be found in a Housing Advice Note available at: <http://www.gov.scot/Publications/2015/09/5619/5>

¹⁰ Available at: <http://www.gov.scot/resource/doc/91931/0021949.pdf>

housing adaptations, and to provide learning to improve practice. The accompanying objectives were:

- To test approaches in relation to key issues around current services and supports.
- To identify approaches, consistent with recommended principles, which deliver better outcomes.
- To capture the learning on a continuing basis over the test period and share this across Scotland.
- To inform the review and revision of the national policy and funding framework for housing adaptations.

A range of specific **changes to be tested**¹¹ was also developed. Tests focused on areas for improvement, new opportunities and issues of interest to emerge from the piloting process:

- Partnership governance - which includes people using services – and integrates with health and social care.
- Greater focus on prevention and early intervention.
- Adaptations as one response in an integrated menu of options to secure suitable/fit-for-purpose housing.
- Helping people to help themselves, offering services over and above those associated with funding.
- A single funding pot for adaptations, with tenure-neutral access and eligibility.
- Adaptations for people with dementia.
- Design aspects - making adaptations more attractive at the same cost.
- Improved data collection on impact and effectiveness, including added value.
- The use of the Self-directed Support in housing adaptations.

Applications to be a test site were judged based on: strategic fit; outcomes, impact and equity; collaboration; feasibility; and transferability and flexibility. It was always recognised that some of the features set out would be challenging to achieve, particularly if any test site was looking to address a number of the tests of change. In the call for applications from potential test sites, it was acknowledged that it would not be possible for all sites to test the viability of every recommendation put forward by the AWG.

Five areas became test sites, with the pilot phase running from Autumn 2014 until the end of the 2016/17 financial year. Each of the five test sites has been receiving

¹¹ Further information on the ihub's approach to supporting improvement can be found at: <http://ihub.scot/media/1141/improvement-hub-our-approach-to-supporting-improvement-v6-27092016.pdf>

advice and support through the ihub; however, they have received no additional funding from the Scottish Government. A very brief summary of the original plans in each test site is set out below.

Aberdeen aimed to improve partnership working and promote a person-centred approach. Local practice would be reviewed across all tenure types, providing a baseline on which to develop a more equitable, preventative and holistic approach to adaptations. The aim was for this delivery model to be easy to navigate and well understood, empowering both service users and carers. A focus would also be placed on early planning and improved input to new build housing in the area.

Falkirk aimed to develop a new service model for adaptations, which was outcome focused, and provided a common approach across all tenures. The aspiration was to improve resource use, reduce duplication, improve information on housing options and develop an efficient provision across the partnership. The new model would be supported by a clear governance framework, robust performance management, and a clearly set out funding framework.

Fife aimed to test approaches to address key issues around service and support and consider new ways to better deliver outcomes across the partnership. The intention would be to capture learning and share it across Scotland, and thus inform the review and revision of a national policy and funding framework for housing adaptations.

Lochaber planned specifically to redesign the existing Care and Repair service to deliver a local, tenure-neutral route to aids, adaptations and equipment. Care and Repair would therefore provide local leadership on behalf of statutory stakeholders. This development would hope to simplify and improve the customer journey and improve the ability to monitor outcomes and achieve best value across the partnership. A multi-agency review of data would be undertaken to prioritise areas for improvement. Commercial service opportunities would in addition be explored for clients not eligible under the Scheme of Assistance or participating in Self-Directed Support.

Scottish Borders aimed to further develop the Care and Repair service to establish a one-stop-shop approach for adaptations, to which individuals could directly self-refer. The assessment responsibility for adaptations would be transferred from the social work locality team Occupational Therapists (OTs) to the Care and Repair OTs, and further development opportunities would be taken with Registered Social Landlords (RSLs) locally to improve services for people with disabilities.

Further information on the work undertaken by each test site is available from Scotland's Housing Network website at:

<http://www.scotlandshousingnetwork.org/health-social-care/adapting-for-change/>.

Information on the website focuses on capturing practice and learning and has been developed entirely independently of this evaluation.

Package of test site-related support

As noted earlier, there was no financial support associated with becoming a test site. However, the test sites have been receiving a package of consultancy-type support through the ihub¹². The original remit for this support was that it would include:

- Supporting the lead partner to identify relevant stakeholders, put in place governance, practical project support, communication arrangements, and detailed delivery plans.
- Providing constructive challenge to local partners throughout the demonstration period to draw on good practice and achieve more from their resources.
- Supporting local teams to identify solutions to problems that arise, such as through connecting to others, providing practice examples, or brokering between partners.
- Designing and facilitating progress reviews at key points in the project delivery.
- Channelling and referring experience which has wider learning to the Adaptations Network.
- Ensuring that local teams provide progress reports to the National Project Team. This took the form of the test sites providing regular updates on progress to be shared with the ihub team and with colleagues from the other test sites at regular learning events.

Around two days of support per month was made available. In addition, representatives from each test site have been part of a learning network which has focused on practice improvement.

‘Starting point’ in the test sites

To set all subsequent evidence and analysis in context, it is worth noting that there was almost universal agreement amongst the test site professional interviewees taking part in the evaluation that:

- A well-functioning, person-centred approach to adaptations will be a key component of a fit-for-purpose, prevention-focused package of services which promotes wellbeing and supports people to live independently for as long as possible.
- There was, and probably remains, (considerable) potential to ‘do things better’ within their local area and/or within their own services.
- These improvements will be key to providing a sustainable package of services into the future, especially in the context of an ageing population and

¹² This package of support was funded using monies made available by the Scottish Government to address delayed discharge.

a financial climate in which already challenging resource constraints may increase.

- No service or organisation will be able to make truly effective and systemically-significant changes in isolation, particularly in the context of the integration of health and social care services.

Along with the broad consensus that change is required and desirable, there also tended to be a view that the need to improve adaptations services is a long-standing one, but also an area in which truly transformative change has been very difficult to deliver. The need for sustained partnership working between a range of key services was generally seen as being the single greatest challenge.

Chapter 3: Strategic leadership

AWG recommendation: Strategic leadership from the local housing authority, working in partnership with health and social care.

The AWG was clear that housing adaptations is, and should remain, a partnership service. However, it was also of the view that there needs to be clear responsibility for setting the strategy and priorities for the service. The AWG recommendation, made prior to the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, was that strategic leadership should unambiguously rest with the local housing authority, through the Local Housing Strategy (LHS) and Housing Contribution Statements¹³ developed as part of the joint commissioning strategies in health and social care. As noted earlier, responsibility for adaptations was in fact delegated to the Integration Authorities, meaning that they now hold strategic responsibility for housing adaptations.

This chapter explores the issue of strategic leadership and broader challenges associated with delivering change using a collaborative, partnership-based approach. Issues associated with making specific changes using a partnership-based approach are covered at Chapter 6.

Key research evidence

The Health and Social Care Integration setting for AfC

On the more general issue of a partnership-based approach, there was a broad consensus amongst key stakeholders from housing, health and social work that Health and Social Care Integration presents both an opportunity but also significant challenges when looking to make changes to how adaptations are being delivered. In terms of the opportunities offered:

- It was generally felt that the Scottish Government has sent clear and consistent messages about both the important role housing has to play and the paramount importance of prevention-focused services. Both of these elements were seen as helping to make the case for a partnership-based review of the housing adaptations function.
- More generally, there was a very broad, cross-sectoral recognition of the key role that a well-functioning approach to adaptations can play in terms of promoting independence, choice and wellbeing.
- Specifically, adaptations were seen as having a key role to play in preventing avoidable hospital admissions, including with the fitting of handrails, ramps and stair lifts helping to prevent falls. The potential to enable those having

¹³ Each Integration Authority must put in place a Housing Contribution Statement as part of their Strategic Commissioning Plan and is expected to cover the shared outcomes and service priorities for housing, health & social care. Further information can be found at: <http://www.gov.scot/Publications/2015/09/5619/8>

significant on-going medical treatment, including cancer-related treatment, to remain an out-patient was also highlighted, including through the client interviews.

- The importance of facilitating a timely discharge from hospital was also highlighted, with the potential resource savings associated with both timely discharge and preventing unnecessary admissions widely noted.
- Many interviewees felt that undertaking the AfC pilots in the early stages of Health and Social Care Integration provided very positive models of partnership working and enabled them to shape the agenda around integration processes. This view was often strongly-held by local authority stakeholders.
- Housing Contribution Statements were usually seen as having the potential to be a useful vehicle for setting out a clear strategic statement of intent regarding adaptations.

Although the potential offered by Health and Social Care Integration was widely acknowledged, it was also seen as presenting a number of significant challenges. These included that:

- The Health and Social Care Integration agenda has led to huge and on-going change. There were some concerns from across all sectors that the sheer scale and pace of change could result in housing-related issues being side-lined for the time being. This was not because they were considered unimportant but rather because other areas, and primary health care in particular, were expected to take precedence and receive more attention from the IJBs in the short to medium term.
- There was an associated concern that prevention-based strategic planning and service development may not be one of the early priorities for the IJBs and that this could also affect the priority placed on improving and developing adaptations services.
- The adaptation-related statements within Housing Contribution Statements could sometimes go further, including placing greater emphasis on adopting a tenure-neutral approach. Also, many felt that the statements are yet to function as fundamental drivers of positive change and have not had a significant impact on IJB thinking, to date.

There was a view - which tended to emerge most strongly from those with a responsibility for, or involvement in, housing-related strategic planning - that there is an adaptations-related information deficit. Issues related to data and information collection are discussed further in Chapter 7, but of note here is that the lack of available information on need and demand for adaptations was sometimes seen as making it more difficult to set out a clear case for adaptations within the Housing Contribution Statement and the LHS.

Finally, the work of delivering change at the same time as integration-related changes were in full swing led to practical challenges for the majority of test sites.

Most significant of these were changes to staff roles, including being given additional responsibilities, or key staff being moved to other positions to take forward another Health and Social Care Integration-related area of work. Replacing staff sometimes also proved challenging, including because new integrated services arrangements meant more than one Human Resources department needed to be involved.

Building the multi-agency approach

Despite strategic leadership for housing adaptations being delegated to the Integration Authorities, the local authority's housing service was generally a key player, and sometimes the lead player, in the initial conversations and subsequent decision to apply to be a test site. Although there has been a significant degree of variation both between and within sites, the evidence suggests that a range of factors have helped or hindered the building of a multi-agency approach.

Those involved in the test site application process tended to be very clear that progressing the AfC agenda would require a robust and inclusive partnership approach. In two of the areas, work to improve the adaptations process had already begun when they applied to be a test site, and project groups had already been formed. However, in other areas, the work around building that partnership approach and achieving wider 'buy-in' to the process began after becoming a test site. This timing may have had an impact on the overall process. In a minority of the test areas, that buy-in from certain key stakeholders had been difficult to achieve or had occasionally been reluctantly given. This was not because adaptations were seen as unimportant, but it was sometimes felt that other service areas needed to be addressed first.

A few stakeholders, mainly from the health sector and/or those managing OT services, felt that the housing sector was 'trying to take ownership' of the agenda but without necessarily recognising the central roles of other services. However, it should also be noted that others in very similar posts were not only fully supportive of, and sometimes key players within, the process of change but also agreed that housing had a leading role to play. The most frequent view was that housing's position needed to be one of 'first among equals' with their colleagues in social care services and/or with those responsible for the delivery of community-based OT services.

Most of the staff taking part in the Project Boards were middle managers, and while some felt well-supported by senior staff who understood and championed adaptations, others expressed concern about the extent to which housing-related issues were being prioritised by the IJBs. Issues identified included:

- Most key stakeholders from across all sectors felt that it can be difficult to ensure that housing-related issues are seen as a priority. This was often seen as a consequence of the relative youth of Health and Social Care Integration and of health and social care issues dominating the early stages in the life of the IJBs. It was generally felt, however, that the housing sector needs to play a central role, particularly in the development of Strategic Commissioning and Locality Plans.

- There was some frustration, including from within their own ranks, that larger budget holders - namely health and social care - did not necessarily see the perceived lack of priority being given to adaptations as being at odds with developing a comprehensive and cohesive package of preventative services.
- A minority of the housing services acknowledged that they were struggling to find the resources to fully engage with the Health and Social Care Integration agenda, including ensuring they were represented on all appropriate strategy and planning groups.

As many stakeholders observed, the appropriate mix of key partners to form the AfC Project Board and/or Steering Group, was dependent on local structures and, to a lesser extent, the type of work on which the test site was concentrating. Nevertheless, a number of common themes did emerge, including that:

- Health was seen as a key partner although, other than health-based community OT services, they tended to be seen as less central to the AfC process than housing or social care. Stakeholders from the health sector occasionally saw the work of AfC as being something of which they should be aware and of which they were supportive, rather than as a priority for their own service. However, in one of the test sites, health sector representatives have been very actively engaged with the process and felt that involvement had been key to designing fully integrated services going forward.
- Although the support of senior management within statutory social care services is very important, clear and sustained 'buy-in' from those with direct responsibility for managing the community-based OT function is a powerful driver of change. Where this level of positive engagement does not exist, the pace of change can be slowed and change may even be blocked.
- Locally-based housing associations were generally fully involved and seen as central to the process, both by the associations themselves and by the other key partners.
- Other third sector organisations and, in particular, local Care and Repair Services, have also tended to be fully involved in the AfC process. This has generally been seen as of great benefit, both by the third sector representatives themselves and by those from the public and housing association sectors.
- The AfC Project Boards have sometimes also provided a vehicle through which other connected work or initiatives, such as that being taken forward through the Dementia Demonstrator Programme¹⁴, can be linked into and co-ordinated with the changes being made through AfC. Making these connections was seen as helping to support a whole-system approach that focuses on the individual and helps move away from a system which is driven by the specific responsibilities and priorities of different services.

¹⁴Further information on this programme can be accessed at: <http://www.qihub.scot.nhs.uk/quality-and-efficiency/mental-health/dementia-.aspx>

In terms of ensuring that any planned changes continue to move forward and/or that the change process continued after the AfC initiative officially ended (in terms of being a Scottish Government sponsored pilot), there was a broad consensus that:

- The adaptations agenda, and other preventative services, need to be 'championed' by those heading up key services including, but not limited to, those leading housing services. Critically, this will need to include ensuring that the work of the IJB has a clear and on-going focus on prevention.
- This level of clarity and commitment also needs to extend throughout the management team for key services, including to those with direct responsibility for the management of key frontline services.

Key stakeholder interviewees acknowledged that many services have been working through a period of significant change. Stakeholders who felt some colleagues had been resistant to adaptations-related change often felt that the extent and pace of wider changes may have shaped their colleagues' outlook. This was generally seen as being most likely to apply to frontline staff but also extended to some in management roles. There was a view that, while it is very important to engage and work with these staff, not least because they will have a significant amount of knowledge and experience which can help shape services, it is also important that they are not allowed to block required changes. Ensuring this does not happen was usually seen as the responsibility of senior management.

Other factors influencing the process

As noted above, the test sites have tended to find the change process to be both more challenging and requiring a longer overall time period than originally anticipated. In addition to the issues outlined above, other points to note about taking a partnership-driven approach to adaptations-focused change included:

- The change process is likely to require a significant involvement from a small number of key players and from those driving the change process in particular. The tasks involved range from building relationships, arranging and minuting meetings through to leading on the development of policies, procedures or single pathway materials. Much of this work was seen as vital to moving the agenda forward but was also very time consuming.
- The key individuals who have been leading on much of the specific activity associated with taking forward AfC have been doing so as part of their existing posts/along with their normal workload. These other work commitments sometimes involved the delivery of front-line services and managing a client caseload. This has often proved difficult, with other work pressures or commitments having to take precedence. This has sometimes meant that these generally very committed individuals have not been able to keep AfC moving forward at the pace they would have liked.
- If one of these key individuals is either absent from work for a prolonged period or moves on to another post, the pace of change can be delayed significantly or change may even stall. The general view was that with

current levels of staffing, there is limited if any potential to provide effective cover when a colleague is absent. It was also noted that when key staff have moved on (either to other posts or by leaving the organisation altogether) they may not be replaced - and their knowledge and expertise is also lost.

Outside the key individuals, many of those involved in the AfC Project Boards reported that being part of the Initiative had not been too onerous. This tended to apply particularly to those from the housing association and third sectors. They often felt that the time involved had been well spent given the importance of the issues being addressed and the 'knock-on' benefits in terms of building new working relationships. However, a small number of Project Board members did report that it had been difficult to find the time to participate fully; these small number of individuals tended to be local authority or health service staff.

Finally, it should be noted that the resource pressures sometimes experienced within the test sites have been despite the support being offered by the Improvement Associates for the ihub. In the light of particular resource challenges, the Associates have sometimes taken on specific tasks (such as drafting policies) which might otherwise have been taken forward by Project Board members. This support has been very much appreciated, particularly by those most closely involved in taking the work forward. These key individuals generally felt that the work in their test site would not have progressed as it had without their Improvement Associate's support and encouragement.

Summary conclusions

The AWG's view that a partnership approach would be crucial to meaningful change appears well founded. Although care needs to be taken in assuming that the experiences of the test sites would be mirrored elsewhere, the lessons to be learned around building or strengthening a partnership approach suggest that:

- When the partnership approach works well, and in particular where all the necessary services are round the table and are engaged and committed participants, the approach not only supports positive change in the field of adaptations but can radiate out and have a positive effect across a range of housing, social care and health functions. Building new working relationships and an increased understanding of others' roles was at the heart of this very positive outcome.
- A small proportion of key stakeholders were initially reluctant to fully engage with AfC, and particularly where that reluctance was sustained, this has created challenges. Most obviously, it has slowed progress and has contributed to test sites struggling to deliver their plans within the anticipated time-frames.
- However, even when progress has been slow, there have been some signs of attitudes changing even in the latter stages of the AfC initiative. These changes appear to represent a very encouraging shift in perspective and an increased willingness to step beyond professional boundaries and consider

how all players can work together to provide a sustainable, high quality, person-centred package of services.

The building of strong, cross-sectoral partnerships committed to working together to bring about positive change could be seen as the single greatest achievement from across the test sites. Critically, it is an achievement which may well provide a foundation for driving positive change not only in relation to adaptations but also for other prevention-focused services. Conversely, where this has not happened, a genuine opportunity to influence and deliver improvement may have been lost.

A number of other factors have been identified as either supporting or undermining both the pace and depth of change. Ensuring that housing adaptations, and preventative services more widely, are seen as key and immediate priorities by the IJBs may be challenging. It will require a concerted effort not just by those leading local authority housing services but also by those leading other key services as well. The voice of housing must be heard around the IJB table, but it must not be a lone voice on this issue.

Chapter 4: A broader outcomes-focused service

AWG recommendation: A broader outcomes-focused service with early consideration of overall housing options.

The AWG recommended that services should take a broader, outcomes-focused perspective and, in particular, should look beyond simply providing grant funding or directly undertaking an adaptation. Specific areas that the AWG felt should be looked at included early consideration of alternatives to housing adaptations, enabling people to organise their own adaptations, tackling issues other than adaptations and realising opportunities offered by social rented sector modernisation programmes.

Key research evidence

Early consideration of housing options

The early intervention, housing options¹⁵ type approach is one which the housing sector has been looking at for several years, particularly in relation to homelessness prevention. Many key stakeholders within the test sites, and particularly those from the housing sector, were very clear that the approach also offers considerable potential in terms of encouraging people whose needs are changing to give earlier thought to the housing options available to them.

The focus here was very much on the test sites looking for ways to encourage people to consider their housing situation well before any crisis is reached and, potentially, prior to the need for an adaptation. It is not necessarily about avoiding adaptations, but about giving people the time and space to make other choices if they prefer. It could also be about supporting people to consider making anticipatory changes.

There was broad agreement amongst key stakeholders that the early consideration of alternatives is not only in the best interests of the individuals involved, but will also be key to creating a sustainable package of services in which the specialist adaptations function can focus primarily on those in greatest need. Much of the work of the test sites - be it developing pathways (see Chapter 6) or considering options for a one-stop-shop for example - has been taken forward with this in mind.

¹⁵ Housing options is a process which starts with housing advice when someone approaches a local authority with a housing problem. This means looking at an individual's options and choices in the widest sense. This approach features early intervention and explores all possible tenure options, including council housing, housing association housing and the private rented sector. Further information can be found at: <https://beta.gov.scot/policies/homelessness/housing-options/>

Accessing adaptations-related information and advice – the service user perspective

Accessing information and advice was a subject about which a number of the service users had significant experience or clear views. This was also an area in which a small number of service users had experience of some of the changes already being made within the test sites. Beyond these direct experiences, many of the issues raised also spoke very clearly to some of the planned changes and the type of impact they might be expected to have.

In most cases a service user's decision to look for information and advice, including as to whether an adaptation could be possible or appropriate, had been at the suggestion of a third party. Although this was often a family member or friend, others cited included: Housing Officers (for social rented sector tenants); GPs; District Nurses; other primary healthcare staff; and home carers. For a small number of those spoken to, the initial conversation had been with a hospital-based OT or social worker, or with a secondary healthcare professional. In other cases, the suggestion had been made by representatives from third sector organisations, such as the local Care and Repair Service.

In a small number of cases the potentially urgent need for an adaptation had related to a hospital admission. This included someone who felt that, in hindsight, having had an adaptation to their home might have helped avoid that admission. This individual had no recollection of an adaptation ever being suggested, despite several health care professionals visiting their home. In another case, a service user had been waiting for an adaptation but there had been delays in processing the grant application.

When service users had the initial conversation with someone other than family or friends, their experiences of being given signposting information was mixed. At one end of the spectrum it had amounted to simply being told to 'ring the council switchboard'. At the other end of the spectrum, staff had made an initial call and/or arranged for someone to contact the service user.

Where the initial conversation was with an organisation with a particular focus or specialism in providing information, advice and support, and especially when it was with a Care and Repair Service, service users tended to report particularly positive experiences. Quick and easy access to an informed and personalised service was greatly appreciated.

This range of experiences points to the need for a wide-range of front-line staff to be able to refer or provide sign-posting information. It also reinforces the importance of the pathways development work being carried out (see Chapter 6). Other issues raised by service users, and which the test sites or other areas might wish to consider in taking their work forward, included:

- Information needs to be available in a range of formats and be accessible to those who prefer to access information electronically and those who do not. Service users occasionally differentiated between the way they would like to

receive information, generally in hard copy, and the way those supporting them might prefer to access information, generally electronically.

- Being able to access all the necessary information and, if required, advice through a single access point was a very clear preference. This is discussed further in Chapter 5.

Accessing home move-related information and advice – the service user perspective

In terms of the importance of the early conversation about a possible house move, the experiences of a number of current or former service users pointed to its potential¹⁶. For example, many people noted that they had been aware that their needs, or the needs of a family member, were changing but that they had sometimes been reluctant to act and were not aware of available support. This was usually for a complex range of reasons but often centred around fears of losing control and of being unable to continue living in their current home.

Service users tended not to have given real consideration to moving house, sometimes noting that this could be inevitable at some point, but was not necessary at the moment. Those who had given most thought to their future tended to be living in the mainstream social rented sector and were aware of there being amenity or sheltered accommodation nearby. In some cases, they had discussed their options with a representative of their current landlord.

Those living in the owner-occupied sector tended not to have sought any information about future options. However, many felt that they had the necessary knowledge or experience, or would know where to access information or support if they needed it. This support was generally expected to come from adult children or other family members. A small number of people, and particularly those without family members to call on, identified particular issues about which they thought they might need or would welcome help. These were: finding an appropriate private sector property which would not need significant work to meet their requirements; arranging and overseeing any work that was required; and some of the practical arrangements associated with making a move, including disposing of unwanted possessions.

Only a small number of service users spoken to were living in the private rented sector; their concerns about the future were very clearly focused on being able to find a property which met their needs at a price they could afford. They tended to see socially-rented sheltered accommodation as being their best option but were sometimes reluctant to take active steps towards finding such accommodation. As with many others, this was because they did not wish to leave their current home and/or neighbourhood.

Many of the conversations with service users highlighted that considering future options is a potentially very sensitive issue and one which many people find difficult

¹⁶ Services users had not usually had direct experience of any changes made under AfC. However, people were often in a position to comment on the principles underpinning the work being taken forward or cite other relevant experiences.

to think and talk about. Although a small number of service users felt it was something they should be considering, they often felt unready. For some, there was a real dilemma between making a move while they were still in a position to be in control and exercise choice, and a very strong desire to remain within their current, and often much-loved, home. While this range of experiences certainly points to the potential of the early intervention approach the test sites are looking at, it also highlights the need for services to be led by, and sensitive to, the needs and preferences of the individual.

In terms of issues which the test sites or other areas might wish to consider in taking their work forward, the feedback from service users suggests:

- Making significant changes in this area may require approaches which help people to feel more willing or able to initiate potentially difficult conversations.
- It can be very much easier to have a 'difficult' first conversation with someone who is already known to you and who you trust, even if they then suggest you contact another organisation.
- Those without a 'live' network of contacts within either statutory or third sector services are least likely to know where to go if looking for advice. This tended to apply particularly to people living in the private sector and who did not have an option of contacting their social landlord.

Opportunities for positive change

Along with the work around pathways (covered at Chapter 6), many key stakeholders within the test sites - and particularly housing, social care and third sector stakeholders - saw the early provision of the information and advice function as being one of the most important areas of work being taken forward and, generally, as an area in which some significant progress was being made. Examples of changes which were seen as already making a difference included the introduction of 'good conversations' incorporating supported self-assessment, raising awareness of housing options and signposting to available services. This approach was being developed across housing support services to provide guidance at the earliest stage.

For many key stakeholders, ensuring that those working across a range of key frontline services are aware of the various services available will be key to an effective, early intervention approach; there was a frequent suggestion that there is still some work to do around ensuring that staff consider having that initial, housing-related conversation. This was seen as applying particularly, but not exclusively, to those working in both primary and secondary healthcare. However, there was a hope that the new working relationships forged through the AfC process would make it much easier to address some of these gaps.

As noted, housing options was already a key consideration within all test sites and some positive developments were underway. Although generally still at early stages, the test sites' experience to date suggests that:

- Training and information sharing across agencies, and in particular for frontline staff, will be key. The focus of any training would need to vary depending on the package of services to be offered but might, for example, cover the services available and what they do, or give an overview of any self-assessment options available. However, it will be important that any training or other awareness-raising work is on-going. This will not only help ensure that existing staff have up-to-date information but will also ensure that new staff are given the information they need. It should be noted that the ihub has developed and soft tested a package of training which is due to be rolled out across the test sites. The training will be adaptable to the local context.
- There may be considerable potential in improving the quality and range of publicly-facing information available. An up-to-date and accessible package of information can be of use not only to people looking for advice themselves but also their carers or families. It can also be useful for a range of professionals, including front-line staff. This information needs to be accessible for those without access to web-based information.

While the possible benefits of an adaptation or other work to the existing home may be one option to emerge from an early consideration of future needs, for some people a move may be the preferred, most viable or only real option. Again, the one-stop-shop and pathways work was being developed with this in mind as were proposals to develop peer volunteer schemes to assist with decision making. Key stakeholders highlighting this issue also noted that this needs to be a consideration when taking forward any work around refining or standardising assessment processes, including any self-assessment models.

However, a small number of key stakeholders, including housing and social care stakeholders, noted that this early intervention, housing options-focused work will inevitably highlight some wider issues concerning the availability and ease of access to suitable alternative homes. It was an area in which AfC, and other adaptations-related work, was seen as informing, and hopefully influencing, connected agendas. There was a particular hope that the wider housing stock's readiness to meet varying needs will become an area of interest for the IJBs.

Beyond these wider, housing supply-related challenges, other challenges which had emerged, and about which the test sites (or at least some within them) had been considering how the AfC partners could respond included:

- Ways of helping people to make a move to a home which would still need to be adapted, particularly if this offered the best and most sustainable option in the longer-term. This could include making grant funding available, even if their current home had been adapted and was meeting their immediate need.
- The role of housing allocations policies and approaches. Three specific issues were raised: 1) the extent to which policies recognise wanting to stay in the existing area, even if this is not directly linked to a package of formal or informal support; 2) how those looking for a socially-rented property in an

area operating Choice Based Lettings can be supported to find a home which meets their medium to longer-term needs; and 3) Ensuring that people who need to move because their current home is not suitable, and cannot be adapted, have sufficient priority to obtain an offer. This included both applicants who cannot be discharged to their home from hospital and those who have returned home but still have an urgent need for a home which better suits their needs.

Services to support people to organise their own adaptations

The focus here is on services being able to support people who are not eligible for funding, or who do not want it, to organise their own adaptations. People who think they may benefit from an adaptation to their home being able to access expert advice is generally seen as key to this approach.

This was another area in which there was a broad consensus about the potential of this approach across the test sites. One of the test areas was providing advice and assistance to owners who wanted to fund their own adaptations and others were planning to introduce a similar service or were looking at this issue. However, whilst recognising that this approach had the potential to reduce some grant-funded spend, many stressed that the approach should not be driven by this objective. Rather, it was seen as speaking very clearly to the personalisation agenda discussed further in Chapter 5.

The interviews with current and former users of adaptations services, albeit they may not have had direct experience to date, certainly suggests the approach has potential. Issues raised by these users, primarily but not exclusively those living in the owner-occupied sector, included:

- When they had the necessary resources, they would often have been very happy simply to pay, for smaller adaptations in particular. A range of reasons given included that they could afford it and felt that public monies could otherwise be better spent. Others equated paying in full with being able to access a quicker and more flexible service. Others did not wish to undergo an income assessment.
- Those who would have been willing to pay generally felt that being able to access informed and impartial advice was very important. For some this would have been sufficient, whilst others would also have welcomed support in finding a trustworthy contractor and the management of the work.
- Overall, however, the clearest preference was for the work to be carried out by a trusted and known third sector provider, such as the local Care and Repair service. This was often rooted in previous and very positive experiences of using their services.
- Most of those commenting lived in the owner-occupied sector, but a small number of both local authority and housing association tenants also suggested they would have covered the cost of smaller adaptations, particularly if this had meant the work could be done very quickly. They

tended to the view that their landlord would still be best placed to carry out the work.

Whilst most key stakeholders, and particularly those from the third sector, were supportive of the concept and principles behind supporting people to organise their own adaptations, there were some concerns about raising an expectation or demand that the agencies on the ground are not able to meet. This was generally a concern about overall capacity and current funding levels. However, there were also concerns about the complexity of the issues which could arise, particularly in relation to any larger works. This was sometimes about any expectation that they would be assisting people to raise funds, including through equity release. Key stakeholders, including from within the organisations which could be delivering such a service, were also clear that an assessment from a specialist OT should still form part of the package of services where larger or more complex adaptations were concerned.

Realising opportunities to adapt housing stock

This issue relates particularly to the social rented sector and how modernisation, upgrading or regeneration programmes could be used to support older and disabled people.

Although not necessarily directly related to AfC, overall, social landlords who raised this issue were alive to the potential of using existing programmes of work to increase the proportion of their stock that can meet varying needs. However, it was also noted that a range of design, location and affordability factors can come into play. In terms of specific adaptations for an existing tenant, again, social landlords sometimes noted that they would try to arrange for the work to be carried out as part of an on-going programme of work, including one that might not otherwise have covered the property in question.

In terms of the examination of practice, or changes to practice, that relate more specifically to AfC, two main opportunities emerged. They were that:

- Landlords may be increasingly looking at ways of making properties easier to adapt, or indeed making it easier and less costly to remove adaptations. The examples cited tended to focus on bathrooms and being able to install or uninstall a wet floor shower option within minimal disruption.
- OTs, and particularly specialist housing OTs, in several of the test sites said that they were getting more involved in the design of new build, or the refurbishment of existing, social rented stock. In some cases, properties had been pre-allocated and designed to meet the needs of a particular service user, whilst also considering how the property might be used to meet the needs of others in the longer-term. The evidence from the test sites suggests there are increasing numbers of formal and informal conversations between representatives of the housing, social care and health sectors around the design of the social rented sector stock.

Increased opportunities for people across a range of organisations and sectors to share ideas, knowledge and good practice around issues such as these has emerged as one of the most positive aspects of the AfC initiative.

Summary conclusions

Much of the work of the test sites has been taken forward with a view to early intervention and encouraging people to consider their options before serious problems arise; the experiences of a number of current or former service users also pointed to the importance and potential of the early intervention approach. They also highlighted the need for services to be led by, and sensitive to, the needs and preferences of the individual.

Along with the work around pathways, many within the test sites saw the early availability of the information and advice function, supporting a preventative approach, as being one of the most important areas of work being taken forward and, generally, as an area in which progress was being made.

While the possible benefits of an adaptation or other work to the existing home may be one option to emerge from an early consideration of future needs, for some people a move maybe the preferred, most viable or only real option. Again, the one-stop-shop and pathways work was being developed with this clearly in mind.

Many of the key stakeholders saw considerable potential in work to support those who wished to pay for their own adaptation. However, there were concerns about overall capacity and current funding levels. Key stakeholders, including from within the organisations which could be delivering such a service, were also clear that an assessment from a specialist OT should still form part of the package of services, especially where larger or more complex adaptations were concerned.

Chapter 5: Personalisation and a single point of access

AWG recommendation: Arrangements enabling people to have control and choice through personalisation and self-directed support.

AWG recommendation: 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.

The AWG was clear that the person and their carer(s) should be placed at the centre of service provision and be in control. This was connected with supporting the right to independent living, listening to and respecting people’s views and responding quickly, while managing risk.

More specifically, the AWG felt that a single point of access for those seeking information, advice or assistance with adapting their home, had potential as the front-end entry to assessment, and to a wider range of information on options and services.

Two themes are covered within this chapter. The importance of personalisation was a theme running through the AWG’s work and, by extension, has been a major theme underpinning the work of the test sites. In some areas, this has included looking at options for a one-stop-shop style, single point of access. These two issues emerged as very clearly connected, particularly for service users, and hence are considered together.

Please note that part of the AWG’s personalisation recommendation (above) focused on personalisation and Self-directed Support. None of the five test sites was looking at a Self-directed Support specific test of change, but the ihub has been working with another local authority area, in parallel to the main AfC initiative, to examine issues relating specifically to Self-directed Support and adaptations. That work does not fall under the remit of this evaluation and will be reported separately by the ihub.

Key research evidence

As outlined in the previous chapter, the views of current and former service users very much reflected those of the AWG. Personalisation was a theme people raised not only in relation to decisions about whether they wished to remain in their current home and/or receive advice on an adaptation, but as important to them through all stages of subsequent contact with services.

Service users’ views on personalisation

The overall message which service users wished to send to those developing and delivering services was that they wanted to be treated as an individual and not as

an 'old person' or a 'disabled person'. A small number of service users reported feeling increasingly 'invisible' to society more widely and to certain services.

However, in terms of the adaptations-related service they had received within the test sites, some very positive messages emerged. In general, service users reported that:

- They had felt fully involved in making the key decisions about any adaptations to be made to their home. This included having the reasons for any recommendations explained, having any choices set out and being given the time and necessary support to make those choices. People varied in terms of how much they wanted to be involved, but overall felt that the system had given them the opportunities they wanted.
- They were particularly pleased to have been given choices around making an adaptation 'fit in well' with the rest of their home. This included being given the choice to pay to 'upgrade' certain elements or pay for additional work, such as the tiling of areas which were not covered by grant funding. However, people did also recognise that the primary focus needed to be on addressing their needs.

Although the design stage generally appeared to have been well handled, some issues were highlighted about the assessment, grant application and installation stages. It should be noted, however, that these were generally about a set of arrangements that would not as yet have undergone any AfC-driven change. In that respect, they speak more to the issues the changes need to address than to the efficacy of any changes underway. Issues raised included:

- Frustration at waiting, in some cases for a significant period, for the assessment process to begin. Service users sometimes noted that they were aware services were under pressure but also noted that they were looking for the type of help that could avoid them needing to draw on other resources.
- Not being kept informed of the progress of their case; service users often understood that there would be stages in the process which would take time, including the wait for the first assessment or the grant processing phase. However, there were also worries that their case could have been 'lost' within the system. When people had received regular updates on progress these were very much appreciated; when they had not, this had sometimes caused anxiety.
- When people did wish to make contact with someone dealing with their case, for whatever reason, they were not always clear who to go to and there were occasional reports of having been 'passed from pillar to post'. Conversely, having a named and known contact who responded to their queries was much appreciated.

In terms of the later stages of the process, there was some evidence of a lack of consultation with service users about the arrangements for the works themselves.

Again, people generally understood that a range of factors - including the availability of those carrying out the work and the ordering of equipment - could affect the timings. However, especially if arrangements needed to be made for themselves or family members to be elsewhere when work was being carried out, a small number of people felt that the short notice they had been given was unreasonable or unhelpful. On a connected point, people occasionally highlighted that, although the adaptation may have been for them, in many respects they were not the most vulnerable member of their household. Examples included children, partners or parents with breathing difficulties which meant they could not be in the home when larger works were being carried out.

This latter issue points very much to a common theme to emerge across the conversations with service users that they not only wanted the system to treat them with respect and as an individual, but also wanted services to recognise that making changes to their home could affect all members of the household. The varied experiences of service users suggest that some people have received just such a service, but that in other cases services have fallen short.

Although yet to emerge through research evidence to inform this evaluation, changes that have already been made or are being planned across all of the test sites may well help address some of these issues. These changes are discussed below and within Chapter 6.

Opportunities for positive change

Creating more person-centred services has been a clear priority across the test sites. The research evidence (including both the considerable majority of key stakeholder interviews and the document review), points to a considerable emphasis being placed on how any changes made can contribute towards creating a package of person-centred services. Examples of the type of work being taken forward include:

- Developing a cross-sector, service user survey which will gather views on the adaptations process. The information gathered is expected to inform the development of the area's adaptations policy and otherwise ensure that client feedback informs future action.
- Plans to introduce a peer mentoring system, with support being offered by volunteers. The aim of this service will be to allow service users to talk through options at their own pace and to help them feel more in control of the situation.
- Handyperson Services expanding the range of services offered to include small jobs which help people to maintain their independence and prevent trips and falls.
- Organisations working in partnership with owner-occupiers to create individually designed solutions and then offer practical and on-going assistance with the tendering process and the management of the work.

Otherwise, much of the work within the test sites has focused on developing options around self-assessment and single points of access. These are considered in turn below.

Self-assessment and smaller works

One area which many key stakeholders saw as offering real potential to give the individual greater control and influence was self-assessment. However, this was an issue about which views were mixed; for a small number of key stakeholders, and particularly for a small number of OT professionals, the self-assessment approach created a tension between supporting client choice and ensuring that the system delivers on its duty of care and uses public resources to their best effect. It was also reported that a small number of elected members had expressed concerns about the approach. These concerns were primarily about self-assessment leading to a less than optimal solution.

For others within the test sites, however, self-assessment was seen as an enabling approach which, if implemented well, could reduce the overall pressure on OT services and, by extension, reduce overall waiting times for assessments. The self-assessment approach, supported by clear mechanisms for self-referring for smaller adaptation work, was seen by many key stakeholders across all sectors as a common-sense approach which could allow specialist resources to be focused on more complex cases and those in greatest need. However, ensuring that the self-assessment process did trigger a referral for a full OT assessment if required was seen as key, and as a core consideration when developing service pathways (discussed further in the next chapter, Chapter 6).

One of the test sites has been piloting a self-assessment tool. Very much reflecting some of the concerns outlined above, a small number of key stakeholders from this test site area felt that not everyone was on board with the idea and that some frontline staff remain of the view that face-to-face contact with a professional leading on the assessment is always required. Others were confident that, including as a result of pathways-related work, the approach would allow for a professional assessment to be triggered and prioritised should it be required.

Other test sites have been considering, or testing, ways to reduce waiting times for assessment by using staff other than OTs to assess and progress minor works. This work has included staff trained to OT Assistant level being able to assess the need for smaller works, such as the fitting of grab rails and handrails. Those most closely involved with taking this approach forward, along with housing association and local authority housing strategy stakeholders, were very confident that it was offering a quick, efficient and customer-friendly approach. They also suggested a full OT assessment could be triggered if needed. A small number of examples was given of a request for a handrail or bannister resulting in a full OT assessment and a more comprehensive package of adaptation work.

These debates highlight some of the fundamental challenges that test sites have encountered and which may well be experienced in other areas. There will be different perspectives and, in certain cases, people may feel that their professional

boundaries are being encroached upon. A whole range of factors may contribute to staff feeling this way, and some of these may be more about the pace and scale of change rather than the nature of the changes themselves. However, when those concerns are about the system delivering on its duty of care they do need to be given careful consideration.

On a connected point, there were also occasional reports of service users who had gone through a professional assessment then exiting the process because the solutions being offered were not to their liking, or because they felt they would not meet their needs. This highlights a potential tension between a professional assessment of need and the view and wishes of the individual and their family. Those commenting on this issue were clear that, while every effort should be made to keep the client at the centre, this could not be at the expense of putting safe and effective solutions in place.

A single access point

When looking at a single access point, the focus has tended to fall on developing services for people living in the private sector and who do not have routes into advice and information services through their social landlord. However, it was clear that, irrespective of whether they lived in an owner-occupied, privately rented or social rented sector home, all service users valued being treated with respect and receiving a responsive service from an organisation which they trusted.

Encouragingly, in test sites yet to establish a one-stop-shop type approach, many social rented sector service users did feel they had received this level of service from their local authority or housing association landlord. The early, information-provision stages had generally worked well. Once the relevant OT assessment had been made, landlords were perceived to be good at progressing the work and keeping tenants informed. The problems which were reported tended to be connected to delays in, or lack of information about, OT assessments. The landlords themselves sometimes reported similar problems and frustrations and some staff said that they had become involved in trying to move cases forward.

In terms of specific work being taken forward under AfC, the overwhelming view of key stakeholders was that a tenure neutral, single point of access offers the most client-friendly approach. Critically, service users who had direct experience of having the whole process managed by, or through, a single organisation tended to be extremely appreciative of this approach.

Many key stakeholders within the test sites, and particularly those within housing and the third sector, felt the single access point model is one with significant potential which could and should be taken further. However, these key stakeholders were clear that the approach needs to reflect local circumstances; there will not be a 'one size fits all' model. Particular issues identified for consideration were:

- There may be a strong case for a physical presence, in other words a one-stop-shop, in particular areas. If this approach is to be taken, it may work best and be easier to establish if attached to, or located within, the existing

premises of a well-known organisation (such as the local Care and Repair Service) or within local authority or housing association premises. In one of the test sites, a single access point service is already being delivered out of the premises of a housing association-based Care and Repair service.

- However, in larger local authority areas and/or where there is a very dispersed rural population, the equivalent of the high-street presence may not be viable or bring particular value. The focus then becomes on delivering an accessible package of services in a viable way.
- Ensuring that the OT assessment process is fully integrated into the single access point delivery model will be key. The AfC evidence to date suggests that a model in which specialist housing OT services are central can support a positive client experience and help foster constructive working relationships across a range of key services.
- Irrespective of where located or how otherwise structured, the key component should be a person-centred, case-management type approach, with everyone having a named contact who also has oversight of their 'journey' through the system. As noted earlier, where this is already happening, and particularly when this type of service is being delivered through a Care and Repair service, the feedback from service users was extremely positive.
- The local Care and Repair service tended to be cited as the most obvious 'host organisation' for such a service by key stakeholders. The early intervention, person-centred type of approach required was seen as very much in line with the ethos behind Care and Repair services and with the skills and experience likely to be present in those services. Housing and third sector stakeholders were most likely to take this view but it was also expressed by a minority of social care and health stakeholders.
- However, others, including housing, social care and health stakeholders, were of the view that local authority or health-based services should be the service user's main point of contact and that they should be responsible for the assessment and on-going management of adaptations cases. Reasons given were varied but included that local authority or health-based OT staff are best placed to lead on this work, including because of their existing qualifications and experience. However, this approach would be less likely to result in the service user having a single, named point of contact.

Irrespective of the organisation leading on a single access point approach, or hosting a one-stop-shop approach, moving to a model of assessment and management of work through a single access point is a potentially significant change. The evidence to date from the test sites suggests that the approach can certainly deliver the type of personalised, high quality service which clients want. However, its longer-term success is likely to depend on a wide group of key stakeholders, including health and social care stakeholders, being committed to the approach.

Summary findings

There is evidence throughout all the test sites of a real commitment to developing and delivering client-focused services which work for and with service users. The feedback from service users very much emphasises the importance of taking such an approach.

Many of the specific approaches being considered - including single access points and self-assessment - are seen by many key stakeholders as offering considerable potential to provide a prevention-focused, personalised and cost-effective service.

However, not all key stakeholders agree that these approaches offer the best ways forward. There are some concerns, albeit a minority position, that the self-assessment approach could result in service users who should have a full OT assessment not receiving one. Also, there are varying views as to whether a single access point, and especially when delivered through a third sector organisation, is necessarily the best way forward. Again, this was a minority view but was occasionally a very strongly-held one. There was a broad consensus that the approach taken needs to reflect local circumstances and that there is not be a 'one size fits all' model.

As the work in the test sites continues, and particularly once a body of outcome-based evidence is developed, a clear picture should emerge. In the meantime, the evidence to date suggests that both the self-assessment and single access point approaches do warrant further testing.

Chapter 6: Streamlined local partnership working

AWG recommendation: Streamlined local partnership working and governance

The AWG highlighted the importance of adaptations services being integrated within the wider health and social care agenda, with a common, agreed approach supported by clear governance arrangements. Issues connected with developing a robust, partnership-based approach to delivering change are covered in Chapter 3. This chapter focuses on specific work the test sites have been taking forward around working together to improve systems.

Key research evidence

The case for developing pathways

Considering the pathways which people take through adaptations services has been a clear focus of activity across the test sites. The on-going priority being given to this work very much reflected a strong and clearly articulated view that improvements to the adaptations process could not be achieved by any partner in isolation.

Although there was consensus about the importance of developing an agreed pathway or set of pathways, this is not to suggest it has been an easy task; the feedback suggests it has been a resource intensive but very worthwhile process. This process varied between test sites but usually drew on existing processes for one of the key agencies involved. For example, in one of the test sites, one of the key stakeholder agencies had already mapped their own adaptation-related processes. This was then used as the starting point for mapping how other agencies were involved, including how and when a service user might be referred between agencies.

Points relating to the pathways mapping and redesign process raised by Project Board members from all sectors included:

- Surprise, and occasionally dismay, at how complicated and unwieldy parts of the existing process can be, particularly where a number of agencies are involved, or impact on one another. There was a frequent view that taking a step back and looking at the range of ways someone could experience the system has been a very useful but sobering exercise.
- Specifically, the mapping of existing pathways has helped highlight areas of delay or duplication. Although experience varied between test sites, a significant number of key stakeholders across all sectors reported difficulties caused by the absence of a single, integrated approach. There were particular concerns about the possible pathways a more complex case might take through the system. These concerns often focused on the sheer

number of stages to go through and the potential for delays to occur at many of these stages.

- For example, there were concerns about the potential for multiple assessments to be taking place and, in particular, for both a hospital-based and then a community-based assessment to be considering the same issues. These concerns were raised by a broad range of key stakeholders and by a small number of service users.
- The number of 'hand overs' between one organisation and another was identified as having the potential to build-in multiple and potentially avoidable delays. For example, one test site has identified significant delays associated with carrying out the financial assessment for private sector adaptations, with work otherwise unable to progress while that assessment is outstanding.

The feedback from those involved in the mapping process within the test sites, suggests that it can be useful to involve a wider range of staff, including frontline staff, in mapping the current approach and the redesign process. Involving staff in this way has the potential to break down barriers within and between organisations as people come to better understand each other's roles and responsibilities. Involving a range of staff in the redesign process can help in supporting people through change.

Pathways redesign

One of the test site areas has simplified pathways by encouraging direct referral to the Care and Repair Service from a wide range of sources, including housing associations, GPs and hospital-based OTs, along with referrals from social work OTs. The assessment for adaptations is carried out by a specialist OT within the Care and Repair team. This single pathway approach is now well-established and seen as simplifying the process from both a service delivery and a client perspective.

In the other test sites, redesigning of the pathways is generally well underway or has been completed. The redesign process has of course varied according to the overall model and structures within each test site but has always focussed on creating a clear, coherent pathway through services. This has generally included:

- Looking at the range of ways people can access the system, including how this may be influenced by the tenure of the property in which they live or other circumstances, such as whether they have a disability. In one of the test sites in particular this has highlighted the significant range of possible 'entry points' into the system and has allowed the key partners, including third sector agencies, to clarify the arrangements for referring people on to another service if appropriate.
- Both at 'entry point' but then as an on-going part of the process, looking at referral processes beyond those associated with the possible requirement for an adaptation. For example, ensuring that the process encourages

referrals for other information and advice, including housing options-related advice.

- Also, ensuring that the adaptation-related pathways speak very clearly and where appropriate are firmly embedded within other key pathways, including those supporting timely and well-managed hospital discharge or telecare services.
- Specifically, considering how community and hospital-based OT services can work together and with other key agencies to support early action and remove any unnecessary overlaps between or duplication of assessments.
- Minimising the number of 'hand-overs' between different agencies and critically any unnecessary waiting times being built into the system as a result. This may have included looking at which processes could run concurrently; an example might include the processes associated with putting funding in place and the work planning stages.
- Reviewing the timescales associated with key stages of the process and whether any of these can be reduced. This has sometimes been associated with looking at ways of reducing pressure around current 'pinch points', such as the assessment process. The approaches being considered include 'triaging' smaller, straightforward work so that a full OT assessment is not required. Other examples include looking at ways to either avoid or at least streamline financial assessments for those happy to cover the cost of the work required and of smaller works in particular.
- In the latter stages of the process, looking at ways the relevant services can work together to ensure the timely, efficient and cost-effective delivery of any adaptation work. One of the test sites will be going on to look at procurement processes and opportunities for joint-working in the future.

A number of other developments were also reported as flowing from the pathways mapping and redesign processes. Examples given included:

- A clearer focus on early information and advice through collaboration with other agencies such as Housing Options Scotland, the provision of digital information accessible to dementia sufferers and early advice and information to individuals currently not in receipt of care or support.
- In one of the test sites, the establishment of a complex care panel to support shared decision making around the package of services required, including adaptations services.

Key stakeholders highlighted a number of factors to be borne in mind during the redesign process. They included:

- It is important not to 'design out' flexibility and personal choice; the focus needs to be on how the system supports and responds to the choices people make, rather than the existing structures or pressures of the organisations delivering the service.

- There should be a clear focus on eliminating delays and this may involve setting delivery timescales for many stages of the process. However, while it will be important for services to be able to deliver according to these timescales, they should not otherwise dictate the pace at which someone moves through the system. If, for whatever reason, these timescales are too rapid for the client, the system should accommodate their preferences. For example, it was suggested that some people may need or want time to decide between possible ways forward, particularly if the changes being suggested involve major work to their home.
- The pathways work provides a mechanism for ensuring that the specialist assessment skills within OT services are put to best use. In particular, it can help ensure that the most complex assessments are carried out by those with particular knowledge and expertise in adaptations.

Key stakeholders frequently identified the development of pathways as the most significant, tangible achievement of their AfC partnership, and as being a piece of work that has the potential to drive very significant change in the future. As noted earlier, the process is at varying stages across the test sites. One of the test sites has now effectively completed the redesign stage and their Project Board is in the process of developing an implementation plan. Other test sites still have work to do around the redesigning process but there is a clear commitment to continuing with this through to implementation. In the meantime, incremental changes are often being made and there is a clear consensus that the process to date is already supporting an improved joint-working culture.

However, for a small number of key stakeholders the pathways work has raised a question as to whether a full redesign could have had even greater impact. Whilst recognising that revising and improving the current approach may have been the pragmatic way forward, it had led them to consider what might have been achieved if designing a system from first principles had been an option.

Information and measuring outcomes

The work of the test sites, including the redesign of pathways, has highlighted some very significant challenges around the availability of data and information to support performance and outcome measuring, particularly but not exclusively noted within local authorities. This has been an on-going challenge for the tests sites, starting with difficulties in pulling together a set of baseline data around system-function and performance at the start of the AfC initiative period.

This is another area in which a number of the tests sites, often working very closely with the ihub team, have invested a considerable amount of time and effort. The work has included individual members of staff spending time extracting data from existing recording systems on a case-by-case basis. However, it has usually only been possible to develop a snapshot of certain functions or for a specific timeframe.

However, in one test site, the single pathway approach has enabled the establishment of a recording system which measures time taken from referral to completion of the adaptation work. This system is also able to record cases where

the assessment results in a recommendation not to carry out an adaptation, including because equipment, a re-ablement programme and/or a package of support is considered a better option. The system also records if the property is unsuitable for adaptation. This test site has carried out an outcome analysis, based on a small number of case studies, to demonstrate that installing adaptations could save substantial sums of money to other parts of the Health and Social Care Partnership.

The recording-related challenges have been many and varied, but key issues to emerge from across the test sites are:

- Key data may be held by a number of agencies and services. Within any of those agencies, all relevant data may not be held within any single recording system.
- Systems tend to be focused on case management but have often not been designed to allow data to be drawn from individual case records and made available for performance or outcome monitoring and reporting. This is not to suggest there are any problems relating to the recording of case information for service delivery. However, there have proved to be considerable challenges in making that data available to the service redesign process.
- The definitions and formats used to record data may not be consistent within or between services. This creates difficulties when trying to pull together meaningful information for a process that generally involves a number of delivery partners.
- There have been occasional instances of the AfC Project Boards, struggling to access the data which may have been available, including because of possible data protection issues.

As noted above, there has already been a considerable focus on this issue within the test sites. That focus has shifted to looking forward and considering how the partners can work together to put in place an approach which gives them robust, outcome-focused information which they can use to assess current performance and which can inform the future change process. Issues which the test sites are taking into account include:

- Any approach needs to be workable for frontline staff; it should not be about introducing time consuming additional burdens but should focus on ensuring that the information already being gathered can be translated into meaningful performance data.
- The approach needs to recognise that many people will start their journey through the system as someone whose wider needs are being assessed. This assessment may, or may not, identify the need for an adaptation and this adaptation may be only a part of a package of on-going support. Any approach needs to be set within this wider assessment and service delivery framework, not least to support any future work looking at the role adaptations play in enabling independent living.

- Making changes to ICT-systems, even in terms of introducing a reporting function for data already held, can be difficult and costly. To ensure that any resources available are put to best use, it will be important to take a coordinated approach. Particular care will be needed to ensure that data held by a range of organisations can fit together to look at whole journeys through the system.

Taking this work forward will undoubtedly be challenging and, to be successful, will require key partners to work together to bring about change. In this respect, it reflects many other aspects of the AfC initiative in that it will be driven by, and if achieved will be testament to, the importance of constructive and thoughtful partnership working between a range of key partners.

Whilst the collection and use of outcome-focused performance information is seen as critically important by the test sites themselves, it is also of relevance beyond each local area. As noted earlier, national policy has a clear prevention focus and adaptations are understood to be a key part of the package of services which can support independent living. This means that the Scottish Government will continue to be interested in outcome-focused information which allows them to develop a clear picture of the contribution housing adaptations may be making to delivering a key national policy.

Summary conclusions

The mapping and redesigning of pathways has been a key process and, in most of the test sites is already a key output from the AfC initiative. It has required the investment of significant time but for those involved this time is generally considered to have been very well spent. The process has helped identify ways that systems could be improved and streamlined, and positive changes are already being seen. As the work continues, and the pathways are embedded into practice, further positive change is expected.

Evidencing the extent and nature of this positive change may be challenging as there is generally an absence of baseline data against which change can be measured. However, the test sites are quite rightly focusing on moving forward and on looking at proportionate ways of gathering outcome-focused data which allows them to assess current performance and identify further improvements which could be made.

Chapter 7: ‘Tenure neutral’ with a single funding pot

AWG recommendation: A strategy for housing adaptations, which is ‘tenure neutral’ with a single funding pot.

The AWG took the view that access to the financial support associated with adaptations should no longer be governed by the tenure of someone’s home and that there should be a move to a single funding pot for adaptations, with the grant funding system revised so as to be tenure neutral. They also suggested that 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 meet their needs into the future.

None of the five test sites was looking at an equity-release specific test of change. However, the Scottish Government’s Help to Adapt initiative encouraged homeowners over 60 years old to consider making alterations to their property to ensure it continued to meet their future needs. The Help to Adapt scheme was piloted for 2 years and has recently come to an end.

Key research evidence

There was broad agreement from across the test sites that a tenure-neutral adaptations service was a desirable goal and that, as far as possible, people should be offered an equivalent if not identical service irrespective of the tenure of their home. Given this, much of the work being taken forward by the test sites (such as the one-stop-shop option discussed in Chapter 5 and the development of single pathways discussed in Chapter 6) has looked to eliminate unfair variations in practice.

This chapter focuses on views on current funding arrangements and the work the test sites have done in relation to those arrangements.

Particular challenges to be addressed

Current funding arrangements were seen as fundamental drivers of varying practice; almost universally, key stakeholders from across housing, social care, health and the third sector felt there was a need for change. Not only did key stakeholders tend to see funding arrangements as something which needed to be addressed, a number of the current and former users of adaptations services also suggested that this was an area in which they would like to see changes.

The most frequently-held view amongst key stakeholders was also that the overall approach should be refocused so that individual need is the key determinant of the extent of, and any need to wait for, public funding. It was sometimes noted, primarily by housing key stakeholders, that this would require a review of the Scheme of Assistance arrangements, including the legislative framework which underpin those arrangements.

Funding arrangements had often been the subject of much discussion within the Project Boards but were also seen as a particularly difficult area in which to achieve transformative change. For some, such transformative change was seen as being required and this issue is discussed further below. In the meantime, the focus of the test sites has tended to be on considering or making those changes which can be taken forward without the need for a fundamental redesign of the public funding of adaptations in their area.

Housing Association funding of adaptations

The funding arrangements for housing associations were seen as a long-standing issue; this was sometimes because these arrangements were seen as having the potential to disadvantage housing association tenants if the monies available within any financial year are not sufficient to cover the adaptations required by tenants. This was often explained as the funding 'running out' in the latter part of the financial year.

The current funding arrangements were also seen as a potential obstacle to the introduction of a tenure-neutral single funding pot. This was because, unlike the funding associated with private sector or local authority adaptations, funding for housing association adaptations is not part of the delegated budget at the disposal of the IJBs.

There was a range of views both in terms of the nature of the problem and the most appropriate solutions. They included that:

- Most housing association key stakeholders said that the funding currently available (generally reported as Scottish Government provided funding), is not usually sufficient for the whole financial year. Many were concerned that need and demand for adaptations to their stock is rising but that levels of public funding are unlikely to increase accordingly.
- Most housing association key stakeholders reported that their organisation was funding minor adaptations up to a certain value (varying from £100 to £300 per adaptation) and also carried out maintenance and repair work to adaptations from within their repair budget. This form of contribution towards the funding of housing adaptations was generally seen as being reasonable.
- There were mixed views on whether or how any 'housing association-specific' funding deficit should be addressed, with housing sector respondents most likely to have a view. A small number of key stakeholders, including most of those from housing associations, suggested that public funding levels need to increase. However, a small number of other key stakeholders, and particularly those from the local authority housing sector, took the view that housing associations should be looking to make a greater contribution from their own resources.

In terms of changes made to date, one test site has introduced a single pot approach, with housing association allocations held by the local Care and Repair service, with Scottish Government approval. The partners have agreed that priority

for funding will be given to those in greatest need. In another of the test sites, a group of locally-based housing associations have discussed but not proceeded with options around making a joint application to the Scottish Government for area-based funding. There were in any case some concerns from housing association key stakeholders that such an approach could simply introduce an additional level of bureaucracy but otherwise make little fundamental difference.

Top up contributions

Along with service users, a number of key stakeholders working in frontline services (including housing, social care and the third sector), raised the issue of top up contributions. These top up contributions may be required from those living in the private sector – people are entitled to a 100% grant only if they have been assessed as needing an adaptation and receive certain benefits. For others, grants are generally for 80% of the cost of the work with the home owner or private renter required to cover the remaining 20%. However, local authorities do have discretionary powers to top up the grant. Each area's approach is set out within their Scheme of Assistance.

Both service users and key stakeholders working in frontline services provided examples of specific instances of people struggling to raise the funds to make their required top up or other contribution. The sums cited varied considerably (from a few hundreds up to many thousands of pounds) but the overall impact tended to be the same in terms of causing anxiety and, in some cases, considerable distress. It was also noted that this anxiety is likely to affect not only the person needing the adaptation but other members of the household and/or their carer(s) as well.

There were both first and second-hand reports of the time taken to raise the necessary funds sometimes being lengthy, with monies coming from a range of sources, including: gifts or loans from family or friends; redundancy or compensation payments; contributions from charitable bodies or funds; and, very occasionally, from releasing equity in their property. There were occasional reports of people's circumstances deteriorating significantly over the time taken to raise the funds and, in one case, someone felt that a lengthy stay in hospital had been the direct result of funding-related delays to having their home adapted.

In terms of the support people had received around raising any top up contribution, reports were varied. In general, where service users had been in contact with a Care and Repair service they had received advice and in some cases practical assistance. In a small number of cases, a financial contribution had been given, although the services involved stressed that they did not themselves have the resources to do this except in extreme cases. Where homeowners had not been in contact with a Care and Repair or other support service, they had sometimes found it extremely difficult to find the money required.

This issue of supporting people to cover top up contributions was one about which a small number of key stakeholders, and particularly those most directly involved in trying to help people who were struggling, often felt very strongly. These key stakeholders, along with a number of others, generally felt that more should be

done to support people. However, they sometimes felt that there was a limit to how much more can be done within the current structures and resources, and in some cases, that limit has already been reached. For many, and in particular for third sector and housing key stakeholders, the solution was increasing capacity within the services offering support. However some of these key stakeholders also saw the problems around top up contributions as pointing, again, to the need for a fundamental review of the approach to funding adaptations.

Enabling those who wish to pay for work

Whilst the need to make a financial contribution had caused considerable problems for some, if people had the necessary resources they were often very willing to contribute. In some cases, and particularly in relation to smaller works, this extended to suggesting they would happily have made a larger contribution or would have paid for the works in full if their local system had allowed. There were also examples of people exiting the process because they did not wish to undergo a financial assessment.

A number of key stakeholders, and in particular housing sector stakeholders, expressed frustrations at people being routed through unnecessary and often time-consuming assessment processes when this could be avoided. In one of the test sites, looking at ways to either avoid or at least streamline financial assessments for those happy to cover the costs is part of the on-going pathways redesign process (discussed at Chapter 6).

Works covered by grants

Although discussed only occasionally, a small number of key stakeholders, and particularly social care stakeholders, raised concerns about the types of work that are or are not covered by mandatory and/or discretionary grants. The issues raised tended to be complex and individual to each case; examples cited included cases of families needing major works to an owner-occupied house in order to meet the needs of children with a disability and/or degenerative condition. The more general and underlying concern tended to be that the type and extent of the work which can be funded is dependent on tenure rather than even the most extreme of needs.

As with the top up contributions, it was sometimes noted that review of the arrangements for the types of works covered by grant would most sensibly form part of a more fundamental review of the whole approach to grant funding for adaptations.

Streamlining funding arrangements and single funding pots

Irrespective of whether a test site had been looking specifically at funding processes, there was broad agreement that the current arrangements were not fit for purpose and are a key driver of inequity within the system.

However, there was a very honest recognition from some, particularly within local authority housing services responsible for delivering and funding adaptations, that the current approach is generally working well for them and their tenants. Whilst not

necessarily dismissing the case for change, there was a view that any changes should not be about 'averaging out' levels of grant and the associated processes, but should be about considering how the funding arrangements for everyone can be brought up to the level of those for whom the current system works best.

Although views were mixed in terms of the best way forward there were certain key themes which emerged; many of these spoke to the on-going challenges associated with moving towards a single funding pot and to a view that, while smaller, incremental changes in this area may have merit, greater tenure-neutrality is only really likely to be achieved through more fundamental change. Particular issues to emerge were:

- Very much in line with the concerns around whether adaptations and preventative services are already or will be a priority for the IJBs in the short to medium term (as discussed in Chapter 3), there was a concern that existing levels of funding for local authority and private sector adaptations could be vulnerable.
- Concerns about adaptations funding 'disappearing' into the comparatively large pooled budget pot associated with Health and Social Care Integration were common. Staff in council housing, private sector grant teams and housing associations were sometimes worried that adaptations would not be given a high priority relative to the other challenges facing Health and Social Care Partnerships. A small number of these key stakeholders felt that some form of ring-fencing of adaptations budgets would be desirable. However, others were of the view that this was at odds with the fundamental principles underpinning Health and Social Care Integration.

In many ways, the more fundamental concern was that any shortfall in existing levels of funding will not be solved simply by 'evening out the problem' - whether between housing associations through some form of a pooled budget or through a cross-tenure single funding pot - but requires a whole-system review of the resources available and how they can be put to best use. It was also noted that this would be most appropriately carried out as part of a wider review of prevention-focused spend.

The scale and complexity of this undertaking was well understood. It was felt that it was an issue that needed to be taken forward by the full range of health and social care partners. With specific reference to the adaptations-related component, particular issues identified as needing to be considered were: the implications of, and opportunities offered by, Self-directed Support; the Scheme of Assistance and whether it is, or will remain fit-for-purpose; and the return on investment delivered by adaptation-related spend.

On this latter issue, an example given was around making the connection between the resources required to carry out an adaptation compared to the very considerable costs associated with a move into specialist residential care because someone's home is no longer fit-for-purpose. However, whilst it was sometimes seen as the best way forward, those key stakeholders who raised this issue

generally did not expect their area to take such a 'whole-systems' approach in the short to medium term. Yet again, concerns about the relative priority being given to prevention-focused services by local Health and Social Care Partnerships tended to be driving these concerns.

Given the range of concerns raised, along with the understanding that significant changes to the funding arrangements are as yet untested, it is perhaps unsurprising that many key stakeholders were looking for support on this issue. In particular, it was a frequent suggestion that the Scottish Government could become involved. Varying suggestions were made including that:

- The Scottish Government should take measures which would enable or even require the ring-fencing of adaptations budgets. However, others noted that while they might have sympathy for this position, it was at odds with the ethos behind and arrangements underpinning Health and Social Care Integration.
- The Scottish Government, supported by a range of other key agencies across housing, health and social care, should continue to send very clear messages about the importance of prevention-focused services. Whilst recognising that this may already be the case, many of those key stakeholders who commented on this issue suggested that this message is not necessarily influencing the priorities being set by IJBs. Those who were aware of the situation in other local authority areas besides their own also tended to the view that this was a common problem across Scotland.

Summary conclusions

Despite the broad consensus that change was required, many key stakeholders also saw funding arrangements as an area in which their own test site had made limited progress; where some changes had been made, these were generally seen as beneficial but as not tackling the more fundamental changes that would be required to create a tenure-neutral approach.

Overall, it was clear that the AfC initiative has 'shone a light' on funding arrangements being at the heart of creating an equitable, tenure-neutral approach. While there have been positive changes - in terms of looking at ways of pooling housing association budgets in particular – more fundamental changes are yet to be tested.

Although views on this issue were both diverse and nuanced, there was a broad agreement that this will be a challenging area to take forward, particularly at a time when budgets are already tight and when people are concerned about the possibility of existing monies 'disappearing' into a Health and Social Care Integration pooled budget. Critically, and as across so many of the issues covered under this evaluation, concerns about the lack of focus on preventative services were central.

Chapter 8: Next steps and summary findings

Next steps in the test sites

The formal AfC initiative period has now concluded but the work and change process is continuing. A brief summary of the work to date and future plans for each of the test sites is set out below. As noted earlier, further information on the work they have and will be doing can also be found on [Scotland's Housing Network website](#).

Aberdeen

Aberdeen's experience highlights the benefits of bringing representatives from across a range of organisations involved in adaptations and housing together. They are clear that achieving strategic buy-in, and particularly creating links into the strategic planning of Health and Social Care Integration, has been key to taking forward some of their bigger areas of work. The Project Board is now looking at ways of ensuring that the joint-working approach can be maintained and built on going forward.

The Project Board have agreed a cross-tenure Single Major Adaptation Pathway and further work will be looking at procurement and making other links and developing other partnerships.

Another major focus has been Delayed Discharge. A Delayed Discharge Audit and subsequent work has focused on: early identification of the need for an adaptation or re-housing needs in patient's plan for discharge; agreement that if a patient is discharged home to "make do" in their current home, they do not lose their priority for re-housing needs with local authority or RSLs; and in principle agreement to make two interim housing options in the community for those who are medically fit and require no on-going therapeutic input. Other on-going joint work includes producing a housing leaflet for in-patients and multi-agency meetings around housing-related delayed discharge meeting with agreed actions being taken forward. All of this work will continue despite the AfC period concluding.

Falkirk

Falkirk aimed to develop a new service model for adaptations, which was outcome focused, and provided a common approach across all tenures. The new model would be supported by a clear governance framework, robust performance management, and a clearly set out funding framework. They have established a multi-agency steering group, including housing, social work, health and local RSLs. The group has developed a process map of the adaptations and the customer journey, developed definitions of adaptations and a number of standard specifications for different types of work; produced a common referral form and piloted a 'complex cases' panel. This is for cases where very expensive adaptations may be required.

Going forward, Falkirk are finalising leaflets for tenants and owners and working with the ihub to develop training packages and performance management tools. There are plans to begin rolling out the training and implementing the new systems. Looking to the future, Falkirk Council has put in a funding bid for a volunteer peer support system, which would be managed by a third sector partner. The Council is also looking at its Choice-based Letting system to ensure that people who needed to move because their current home is unsuitable for their needs receive sufficient priority. There are also plans to refine the Council's Asset Management system to improve identification of adapted properties. A new project manager was appointed in January 2017 and will be focusing on taking the AfC package of work forward.

Fife

Fife has placed a considerable emphasis on fully understanding their local challenges, and developing subsequent, shared solutions to improve the delivery of adaptations. This focus on a single pathway is currently being developed into an adaptations policy articulating expectation, standards and accountabilities across all partners. Several 'tests of change' are in place to tackle local issues, and learning from these will inform the pathways development. Examples include increased support and joint working from hospital to home, the development of early intervention initiatives, improved public information and self-assessment and the establishment of a multiagency decisions panel for complex cases. A priority for Fife in the short term is to evaluate these developments and finalise the associated adaptations policy. In support of this aim, information requirements are being reviewed and a survey to gather the views of service recipients is in the final stages of completion.

There is a recognition that the Adapting for Change principles require both executive recognition, but also influence within the health and social care agenda. To this end a proposal is being finalised to establish a formally integrated adaptations team with single management, to deliver and support this function across the partnership and with accountability to the IJB. Discussions have also commenced at senior level, and with elected members, to promote the value of not only adaptations but housing as a whole in the achievement of the IJBs aims and improve individual and collective outcomes within Fife.

Lochaber

The Lochaber project is local to a specific Highland community planning partnership area – Lochaber District Partnership - with objectives designed to improve the customer offer, experience and outcomes. A tenure neutral one-stop-shop has been developed and is based in Lochaber Care and Repair. It has been branded and promoted with a clear and distinct identity as 'Be@Home'. A single pathway, redesigned by local multi-agency stakeholders, provides service users with direct access to a structured menu of housing solutions: aids and equipment, handyperson services, adaptations, telecare and technology enabled care, housing options advice and information, and dementia home support. An OT has been seconded from the NHS to the project, with responsibilities including helping to connect the new pathway and the Be@Home service to the local integrated team.

The OT also developed a competency framework for Handyperson staff, providing them with assessment capability to OT Assistant level.

Baseline research on process and timescales provided evidence to help measure the impact of the Be@Home test model and a number of additional tests of change are in place. The baseline data also helped identify a number of process, policy and practice improvement opportunities which have helped gain Project Board support for the project to continue at a Lochaber level as an on-going work in progress.

Partners in Skye & Lochalsh have expressed an interest in developing existing Handyperson and housing adaptations services using the Be@Home model. More generally, a review of the housing adaptations system in Highland was included as a priority in NHS Highland's strategic plan from April 2016 - subject to the learning outcomes from the Lochaber demonstration project. A findings report on the Be@Home test model will be presented to NHS Highland's Adult Services Commissioning Group seeking recommendations for the future for the Be@Home model in Highland.

Scottish Borders

Scottish Borders aimed to further develop the Care and Repair service to establish a one-stop-shop approach for adaptations, to which individuals could self-refer direct. The assessment responsibility for adaptations would be transferred from the social work locality team OTs to the Care and Repair OTs.

The Scottish Borders pilot was aimed at developing and refining the existing Care and Repair service. An OT post was seconded from the Council to assess and manage adaptations, initially in three of the Council's five areas. Moving forward, there are plans to roll out the pilot to the other two areas, and carry out the recommendations within their internal evaluation report.

Summary findings for this study

The Scottish Government's decision to commission a process-focused evaluation has proved well-founded, since much of the learning to emerge to date has been around the challenges that may be encountered when looking to improve adaptations services and/or to implement the recommendations of the AWG.

There have been very real and significant challenges and addressing these has often slowed progress within the test sites. Nevertheless, many key stakeholders across all the test sites remain committed to further change and improvement. Many, although not all, are optimistic that a direction of travel has been set and that their area will move forward using a partnership-based approach to drive further change.

The power and potential of a strong, cross-sectoral partnership committed to working together to bring about positive change may be the single greatest achievement from across the test sites. Critically, it is an achievement which may well provide a foundation for driving positive change not only in relation to adaptations, but also for other prevention-focused services. Ensuring that housing

adaptations, and preventative services more widely, are seen as key and immediate priorities by the IJBs may be challenging, but a collective approach from across key services can only be of benefit.

It does need to be acknowledged, however, that the partnership-approach has proved easier to build in certain areas than others; there have sometimes been difficulties in getting important stakeholders to engage with the process or indeed with this research. It may reasonably be assumed, therefore, that not everyone agrees either with the approach being taken, or that adaptations should be a priority for change at this time. The sheer scale of other changes underway, and in particular those associated with Health and Social Care Integration may be behind this reticence.

Nevertheless, those who have been working to deliver change generally remain optimistic, not least because they may be starting to see tangible improvements to the services in their area. The pathways mapping and redesign process has been key to making many of these changes and has proved to be a powerful tool. The process has helped identify ways that systems could be improved and streamlined. Positive changes are already being seen and further positive change is expected as new practice is embedded. However, and as with many other aspects of the work being taken forward, it has proved to be resource intensive. The very fact that this and other work is progressing is testament to the enormous commitment and energy that some key stakeholders have invested in AfC.



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