



The Scottish  
Government  
Riaghaltas na h-Alba

# Housing, Regeneration and Planning

## Housing Adaptations: Options for Change and Improvement

### An Analysis of Consultation Responses



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# **Housing Adaptations: Options for Change and Improvement**

## **An Analysis of Consultation Responses**

**A Report by ekosgen for the Scottish Government**

Scottish Government Social Research  
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# 1 INTRODUCTION AND APPROACH

## Introduction

- 1.1 This report provides an analysis of responses to the independent Adaptations Working Group's consultation on options for change and improvement to the future organisation and funding of housing adaptations for older people and disabled people.
- 1.2 The consultation is set out in a document published by the Scottish Government in June 2012<sup>1</sup>.
- 1.3 The Scottish Government has a longstanding policy of 'shifting the balance of care'. This means enabling disabled people and older people to live independently in their own homes, instead of in hospitals or care homes. A Wider Planning Working Group was established to explore issues in relation to independent living. The group completed its final report in 2010, identifying housing adaptations as one of the key services supporting older people to live independently. In February 2011, an independently chaired working group was established to consider whether fundamental change to the organisation and funding of housing adaptations across all tenures is required and to make recommendations to the Scottish Government by September 2012 (now amended to October 2012).
- 1.4 The Group's membership is drawn from a broad range of stakeholders and includes organisations representing both older and disabled people, housing organisations, COSLA and the College of Occupational Therapists.
- 1.5 The consultation sought views on the future organisation and funding of housing adaptations in Scotland. The consultation document sets out ten questions regarding the housing adaptations framework. It comprises a mix of qualitative and quantitative questions and is based on five themes:
  - Views on the current arrangements for housing adaptations (questions 1 and 2);
  - Views on proposed streamlining changes to improve current arrangements for delivering adaptations (question 3);
  - Views on approaches to organisational delivery (questions 4,5 and 6);
  - Views on funding approaches (questions 7,8 and 9); and
  - Views on the consequential changes and other issues relating to the future delivery of housing adaptations (question 10).

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<sup>1</sup> Consultation document: *Adaptations Working Group Consultation Paper, Housing Adaptations: Options for Change and Improvement, 2012, Scottish Government:*  
<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/ROOPH/ADWG/ADWG>

1.6 The analysis of these responses has been undertaken by ekosgen on behalf of the Scottish Government Communities Analytical Services.

### The Consultation Process

1.7 The consultation document went live on 31<sup>st</sup> May 2012, with the closing date for responses set as 27<sup>th</sup> July 2012.

1.8 In addition to written responses submitted electronically or in hard copy, six regional events were held which were based around obtaining feedback on the proposals. Three of these were held in June 2012 and attended by nearly 50 people from local authorities, housing associations care and repair, disability and other organisations. Three other events took place in August 2012, organised by Capability Scotland and involved gathering feedback from service users of which around 40 people attended. This report summarises findings from both the written responses and the events.

1.9 The completed questionnaires comprised responses from a variety of different organisations and individuals as set out in the table below.

<b>Completed Questionnaires - Respondent Types</b>		
<b>Respondent Type</b>	<b>Number</b>	<b>%</b>
Housing associations or housing association representative bodies <sup>2</sup>	23	32.9
Local authorities or local authority representative bodies	20	28.6
Care and repair organisations	9	12.9
Occupational therapy respondents	6	8.6
Other groups or representative bodies <sup>3</sup>	9	12.9
Individuals	3	4.3
<b>Total</b>	<b>70</b>	<b>100.0</b>

1.10 The vast majority of the responses provided to the written questionnaires were from organisations involved in housing adaptations. Only 3 written responses were received from service users and there were few responses from representatives in the health and social care sector. The findings of the report therefore largely represent the views of organisations and not individual respondents and should therefore be used accordingly. Feedback was obtained from 40 service users during three consultation events and the views expressed from service users are outlined in chapter 7.

### Analysis Methodology

1.11 Firstly, the data from the completed questionnaires was inputted into an Excel database of responses. The next stage involved analysing the responses to

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<sup>2</sup> One of these responses to the consultation was not included in the questionnaire format. Therefore whilst the qualitative feedback provided in this response have been assessed as part of this analysis report, this response is not reflected in subsequent data tables.

<sup>3</sup> These bodies included disability organisations (x4), carers' organisation (x1), older people's organisation (x1), third sector representative body (x1), tenants association (x1) and housing policy association (x1).

each of the ten qualitative questions. These were reviewed and for each proposal a thematic framework was developed to code the responses to the qualitative questions according to key themes emerging. The key emerging themes and arguments behind these were then presented in this report. The report outlines where there were clear differences in the views of different types of respondents. The views expressed during the three consultation events for organisations were reviewed and where these were not reflected in the questionnaire responses, these were highlighted within the text. Separate sections are provided which summarise the findings from the three service user consultation events.

- 1.12 For the quantitative elements of the questionnaire, a tick box response form was not provided. Consequently, some respondents did not directly answer all of these quantitative questions with a yes/no response. Where this occurred, a judgement was made, where possible, regarding the answer provided by the respondent in light of the respondent's overall answer.
- 1.13 The report has attempted to provide a balance between summarising the key themes from the consultation responses, as well as highlighting the range of views expressed. Some of the responses are provided by bodies who represent a number of individuals, groups, local authorities or housing association. No weighting has been given to reflect this and so the percentages quoted should just be used as a guide to the range of responses provided. It is therefore important that where appropriate, the full written responses should also be reviewed when formulating policy in response to the findings set out in this report. This is particularly important where bodies represent a large number of individuals or groups.

### **Report Structure**

- 1.14 This report is structured around the analysis of responses to each of the key issues set out within the consultation document as follows:
- Chapter 2 – Views on Current Arrangements
  - Chapter 3 – Views on Proposed Streamlining Changes
  - Chapter 4 – Views on Approaches to Organisational Delivery
  - Chapter 5 – Views on Funding Approaches
  - Chapter 6 – Views on Consequential Changes and Other Issues
  - Chapter 7 – Views of Service Users
  - Chapter 8 – Summary and Conclusions
- 1.15 The consultation questionnaire is provided as an annex.

## 2 VIEWS ON CURRENT ARRANGEMENTS

### Introduction

- 2.1 The current arrangements for undertaking housing adaptations include following the guidelines set by the Chronically Sick and Disabled Persons Act 1970. The Equality Act 2010 sets out duties for local authorities which prevent those ill, older or disabled people from being at a disadvantage in accessing services. Moreover, guidance has been issued through the Housing (Scotland) Act 2006 with further direction for the responsibilities of NHS Scotland. Currently, there are different funding streams for different housing tenures and delivery arrangements vary both locally and across sectors. Existing arrangements may change in the next few years due to policy shifts e.g. the introduction of self-directed support.
- 2.2 A number of issues have been raised by the adaptations group on topics such as: the complexity of the system; increasing pressure on the system as demand increases; boundaries between equipment and by those which are funded by health and social care; multiple delivery arrangements; and different arrangements according to postcodes.
- 2.3 Two questions were asked relating to the current arrangements as follows:

**Question 1: Do you agree that there are issues with the current arrangements for housing adaptations, which need to be addressed? If so, has the Adaptations Working Group identified the main issues? Which issues are most important to address?**

**Question 2: Are there parts of the current arrangements that you think work well and should not be changed?**

### Views on Issues with Current Arrangements (Q1)

#### Question 1a

- 2.4 All respondents felt that there were issues with the current arrangements for housing adaptations which need to be addressed as set out overleaf. There was also overwhelming agreement amongst both service users and organisations at the regional events that changes are needed to the systems for delivering adaptations.

<b>Question 1a – Do you agree that there are issues with the current arrangements for housing adaptations which need to be addressed?</b>						
<b>Respondent Type</b>	<b>Yes</b>		<b>No</b>		<b>Not sure</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Housing associations (n=22)	22	100	0	0	0	0
Local authorities (n=20)	20	100	0	0	0	0
Care and repair organisations (n=9)	9	100	0	0	0	0
Occupational therapy respondents (n=6)	6	100	0	0	0	0
Other groups & representative bodies (n=9)	9	100	0	0	0	0
Individuals (n=3)	3	100	0	0	0	0
<b>Total (n=69)</b>	<b>69</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

2.5 Despite all respondents agreeing that there were issues with the current system, some respondents felt that the current system worked relatively well in certain areas and there were some who felt that significant change was not required. Even these respondents felt, however, that there were some issues to address;

“Our members have advised that housing adaptations for their tenants generally work well. The main difficulties they have relate to the levels of funding made available and detailed process issues. Our members do not regard the present system as having the fundamental weaknesses that are described and would prefer to see targeted actions to improve matters rather than the “whole system” changes that are rehearsed in the current paper.” (Housing Association/Housing Association representative body)

2.6 The consultation feedback suggests, therefore, that the Adaptations Working Group were right to gather views on the future organisation and funding of housing adaptations for older people and disabled people.

### **Question 1b**

2.7 Respondents were asked whether the Adaptations Working Group had identified the main issues associated with the current arrangements. The majority of respondents (over 70%) felt that the main issues had been identified as set out in the table.

<b>Question 1b – Has the Adaptations Working Group identified the main issues?</b>						
<b>Respondent Type</b>	<b>Yes</b>		<b>No</b>		<b>Not sure/unclear</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Housing associations (n=22)	17	77	5	23	0	0
Local authorities (n=20)	14	70	3	15	3	15
Care and repair organisations (n=9)	5	56	3	33	1	11
Occupational therapy respondents (n=6)	4	67	1	17	1	17
Other groups & representative bodies (n=9)	8	89	1	11	0	0
Individuals (n=3)	2	67	1	33	0	0
<b>Total (n=69)</b>	<b>50</b>	<b>72</b>	<b>14</b>	<b>20</b>	<b>5</b>	<b>7</b>

2.8 The care and repair organisations were the only respondent group for which less than two thirds of respondents agreed that the Adaptations Working Group had identified the main issues. The additional issues noted by these respondents included adaptations in new build housing; the technical

knowledge of occupational therapists in deciding on suitable adaptations; the duplication of effort between occupational therapists in the community and hospitals; the need for preventative measures and early adaptations; and the lack of funding for adaptations for owner occupiers or private rented tenants.

### **Question 1c**

- 2.9 The respondents noted a variety of issues which were important to address with the current arrangements. The most common issues noted in order were as follows:

#### **The level and nature of the current funding arrangements** (55% of respondents)

- 2.10 A large number of respondents made reference to **the lack of funding available**, particularly given the increasing demand for adaptations in part due to the ageing and growing population and a focus on the personalisation agenda. This highlighted the need to **plan ahead** to ensure that the increasing demand for adaptations is met.
- 2.11 Others made reference to **public sector spending cuts** which would further put a strain on the ability of local authorities and housing associations to meet their duties in this regard;
- “Most of the main issues have been identified but insufficient funding is not specifically mentioned yet the RSL budget for adaptations has been cut and the local Housing Association had already committed all of its adaptations.” (Housing Association/Housing Association representative body)
- 2.12 Another theme raised was that it would **be beneficial and more efficient for funding to come from a single source**, or at least there should be a streamlining of funding arrangements. This included ensuring efficient and simplified funding for individuals;
- “...ensuring efficient funding support. Most specifically, a grants system linked to individuals’ ability to pay and access to simplified supplementary funding i.e. loans, equity release, charitable organisations.” (Care and Repair organisation)
- 2.13 Other funding issues discussed related to the timing of when funding is made available, clarity on the funding criteria for equipment and the limited budgets available to fund adaptations for owner occupiers. Reflecting this, one respondent noted that funding has become the primary concern for many operating within this area as opposed to meeting the needs of individuals. The point was also made that adaptations can be an effective way of maintaining people in their existing homes and preventing hospital admissions which therefore supports the case for investment in this area.

#### **The complexity of the system** (46% of respondents)

- 2.14 The second most frequently discussed issue with the current arrangements related to the complexity and inconsistencies of the system. A number of areas were noted where the current arrangements were particularly complex not only for clients, but also in some instances for funding and delivery partners. These are summarised below.
- 2.15 **Geographical variations** - There is often a local variation in what is eligible and a priority for a grant, as well as inconsistencies in funding across local authority areas. This may lead to a 'postcode lottery' for the individual in terms of the time taken to deliver adaptations as expressed below;
- “There is a local interpretation of what is eligible for grant award – it should be clear what is and what is not eligible otherwise we have a postcode lottery.” (Individual)
- 2.16 **Tenure variations** – This involves the different approaches which currently exist across individual tenures, for instance the waiting times for adaptations for those within the RSL sector in comparison to the local authority or private sectors;
- “The most important issue to address is the different, complex and inequitable approaches currently adopted for different tenures. Instead the focus should clearly be on ensuring a holistic view of the needs of individuals irrespective of tenure, with prioritisation of cases based upon clear and consistent criteria and funding coming from a single source.” (Housing Association/Housing Association representative body)
- 2.17 In addition, there are also often differences within tenures for example the varied approaches adopted by different RSLs / local authorities. This is in contrast to a focus on the needs of the individual regardless of their property tenure;
- “There are differences across different tenures but also within tenure type e.g. RSL's do not all apply for funding in the same way – some apply in anticipation of adaptation needs, some after the need is identified, there are variations between different local authorities in how they approach adaptations.” (Local Authority/Local Authority representative body)
- 2.18 **Number of organisations involved** – There are a number of different organisations with a role in this area across the health and social care and housing sectors, instead of one service having ownership of the issue and funding, or having a co-ordinated approach across different partners. This can lead to inconsistencies and inefficiencies and not deliver cost effective services;
- “There are many operational and organisational issues affecting the delivery of services and there are a number of geographical, sectoral

and tenure-related inconsistencies and anomalies in the current system. Multiple delivery arrangements can be overly complex and lead to inefficiencies, inconsistencies and lack of cost-effectiveness.” (Local Authority/Local Authority representative body)

2.19 **Impact on time taken to deliver adaptations** – The complexities of the system often leads to delays to the funding of equipment maintenance, repair and replacement. This is often the case even for relatively minor adaptations.

2.20 **Variety of legislation and guidance** - The variety of legislation and guidance covering the current arrangements is confusing for both individuals and organisations;

“There is a variety of legislation and guidance governing the present arrangements and therefore as well as any proposals to revise structures and arrangements for delivery, it is essential that the statutory frameworks are capable of supporting the delivery. It would therefore be helpful to have a simplified legal and policy framework for the provision of adaptations.” (Local Authority/Local Authority representative body)

2.21 The complexity of the delivery systems for housing adaptations and the need for one system for everyone was also raised during the regional consultation events.

**The need for better communication, advice and training** (15% of respondents)

2.22 Linked to the issue of the complexity of the current system, around 15% of respondents felt that one of the key issues to address is to provide better communication, advice and / or training in the field of housing adaptations. This would be appropriate not only for clients but also partners operating in this area.

2.23 Respondents suggested a variety of forms which this advice, training and communication needs to take including:

- A co-ordinated communication, advice and assistance service for individuals to understand and navigate the system;
- Training for individuals in their responsibilities, use, servicing and maintenance of equipment once adaptations have been delivered;
- Maximising the number of people who receive the necessary tailored assistance to suit their requirements;
- A greater emphasis on links to the self-directed support agenda;
- More communication between all the agencies concerned; and

- Training to enhance the understanding of the law and ensure consistency amongst organisations operating in the area of adaptations.

2.24 The quote below highlights the need for better communication and advice for individuals

“We believe there are a number of current issues to be addressed.... Including: clear information on rights and grants (now and future, improved arrangements); advocacy and trained befriending to assist /steer individuals through complex system; similar information, advocacy and advice for carers; and improved marketing of rights and services available.” (Other group / representative body)

2.25 The quote below highlights the need for a greater understanding of the law on housing adaptations provision amongst organisations operating in the field.

“There needs to be a much better understanding of the law on adaptations provision – a complex area involving both housing and care legislation. We would offer two examples of poor understanding of the law (examples provided relating to housing association tenants being able to apply for a grant under the Housing (Scotland) Act 2006 and the duties of local authorities to provide adaptations under social work legislation notably the Chronically Sick and Disabled Persons Act.” (Other group / representative body)

2.26 The need for a single point of contact, ensuring that people know about their entitlements and who can advise them was also raised during the regional consultation events. Some specific feedback at these events also suggested that it would be good to have showrooms for adaptations or places where people could try out adaptations enabling them to see and experience what is available. A further point raised is that wardens in supported accommodation can be a good source of information and advice to make people feel safe.

### **Other Issues**

2.27 A number of other issues were noted by respondents including those set out below.

- The need for implementation at a local level to reflect best practice relating to **self-directed support**, rather than simply being an ‘add on’ to existing systems / procedures;
- Ensuring that there is clarity on the **boundaries between major and minor adaptations and equipment**;
- Ensuring **the appropriateness of what is delivered**, focusing on listening more to the people who need the adaptation, designing more user friendly adaptations and ensuring that architects have a clear brief about what is needed;

- **Prevention** needs to be highlighted and focused on as this would save resources in the longer term. This would also have better outcomes for the individual;
- **Unrealistic expectations** of what can be done to adapt some properties and the difficulties and appropriateness of persuading people to move to accessible new build properties;
- **Definitions used**, with adaptations classified differently in different budgets in social work and housing and different funding for installation and maintenance;
- **The timescales** for receiving adaptations; and
- Issues with a number of areas of **the assessment process**, including inconsistency across organisations in terms of how needs are assessed; a need for a wider range of staff to contribute to the process to ensure that resources are targeted towards those in greatest need; and the need to focus on individual needs rather than adhere strictly to guidance.

## Views on Positive Aspects of the Current Arrangements (Q2)

### Question 2a

2.28 Despite all of the respondents agreeing that there are some issues with the current system, almost all also felt that there were parts of the current system which work well and should not be changed. This was the case across all respondent categories, with the exception of other groups and representative bodies.

Question 2a – Are there parts of the current arrangements that you think work well and should not be changed?						
Respondent Type	Yes		No		Not sure/unclear	
	Number	%	Number	%	Number	%
Housing associations (n=22)	21	95	1	5	0	0
Local authorities (n=20)	19	95	0	0	1	5
Care and repair organisations (n=9)	8	89	0	0	1	11
Occupational therapy respondents (n=6)	6	100	0	0	0	0
Other groups & representative bodies (n=9)	4	44	2	22	3	33
Individuals (n=3)	2	67	1	33	0	0
<b>Total (n=69)</b>	<b>60</b>	<b>87</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>7</b>

### Question 2b

2.29 The respondents noted several elements of the current systems which were working well, particularly at the local level through the work of specific organisations, individuals and partnerships. The most commonly noted areas were as follows:

- **Instances where a partnership approach or joint working has been adopted to assessing need providing advice and delivering adaptations (39% of respondents).** Examples provided of a partnership approach include where care and repair organisations work in collaboration with local authorities, where there are good links between housing and surveying professionals and occupational therapists and where local adaptations partnership / advisory groups have been formed;

“The current assessment process through dedicated Housing OTs is an approach that works well (in our local area). This process allows for better joint working across Health and Housing Services and allows a holistic approach to be taken to the need for adaptations which includes consideration of Housing Options and housing need and demand.” (Local Authority/Local Authority representative body)

- **The role of the occupational therapists in the assessment process (32% of respondents).** Where the role of occupational therapists was highlighted, it was felt to bring a more holistic understanding of the needs of an individual as it is part of a wider assessment of individual care and support needs. This is highlighted in the response below;

“Assessment by occupational therapists (OTs) work well due to the holistic nature of an OTs assessment and their appreciation of social care and health issues. The use of OTs should be expanded upon.” (Individual)

- **The work of care and repair organisations in the process (28% of respondents).** The work of care and repair organisations in terms of assisting clients to undertake adaptations and providing information and advice was highlighted;

“The involvement of Care & Repair is essential. Not only do Care & Repair possess the necessary technical skills required to manage the adaptation process but they also have the essential “caring” aspect that customers need and fully appreciate. It cannot be overlooked that Care & Repair are impartial with no budgetary constraints nor waiting time targets having services that are built on the cornerstones of trust, flexibility and choice for the customer.” (Care and Repair organisation)

- **Where there is good local knowledge of the individuals needs of clients and a person centred approach is adopted (12% of respondents).** Examples were provided where good local knowledge was applied for instance through the work of care and repair organisations or the knowledge of their stock and tenants by housing associations.

- **The grant element of the current system**, some local approaches to procurement and grant assistance and the grant level of the current system with regards to the private sector.

2.30 A number of other examples were also provided such as instances where there are self referrals for minor adaptations; where organisations have been proactive in front funding a programme of adaptations; where adaptations work with the housing provider's investment and improvement programmes; and the wide ranging experience of individuals working in this area.

### 3 VIEWS ON PROPOSED STREAMLINING CHANGES

#### Introduction

3.1 The Adaptations Working Group has identified some relatively minor streamlining changes, which could be adopted within the current organisational and funding arrangements. The improvements identified relate to:

- Information and advice;
- Planning ahead;
- Self-help and self-referral;
- Design;
- Maintenance and replacement;
- Links to repairs;
- Recycling of adaptations; and
- Procurement.

3.2 The question which was asked in relation to streamlining changes was as follows:

**Question 3: Which of these minor (streamlining) changes do you think would improve the current arrangements for delivery of adaptations? Why?  
Do you think these changes would be sufficient to address the issues?**

#### Views on Proposed Streamlining Changes (Q3)

##### Questions 3a and 3b

3.3 Respondents were asked which of the minor streamlining changes they felt would improve the current arrangements for the delivery of adaptations as set out below.

<b>Question 3a – Which of these (minor) streamlining changes do you think would improve the current arrangements for delivery of housing adaptations?</b>				
<b>Improvement</b>	<b>Change referenced in response</b>		<b>Change not referenced in response</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Information and advice (n=69)	53	77	16	23
Planning ahead (n=69)	39	57	30	43
Self-help and self-referral (n=69)	40	58	29	42
Design (n=69)	36	52	33	48
Maintenance and replacement (n=69)	38	55	31	45
Links to repairs (n=69)	30	43	39	57
Recycling of adaptations (n=69)	37	54	32	46
Procurement (n=69)	36	52	33	48

- 3.4 Nearly 40% of all respondents felt that all of the changes would improve current arrangements. In addition, all but one of the suggested changes (links to repairs) were supported by over half of the respondents. The most commonly identified changes were: information and advice; maintenance and replacement; self-help and self-referral; and planning ahead.
- 3.5 Each of the proposed changes are considered in turn, including an assessment of why respondents supported each of these and the benefits which they could bring.

#### **Information and Advice**

- 3.6 Over three quarters of respondents felt that information and advice would improve the current arrangements for the delivery of housing adaptations. In particular, **a more co-ordinated and widespread delivery of information** was considered to be beneficial;

“Improved information and advice is essential in the short to medium term and would help customer awareness and understanding of existing complex arrangements. It is crucial now and will remain so whatever system might eventually be introduced.” (Other group or representative body)

- 3.7 There were a number of benefits mentioned relating to providing information and guidance, including:
- Providing clarity on the responsibility and process for individuals and agencies and preventing confusion e.g. by having a single point of contact for adaptations services;
  - Improving customer awareness about their entitlements and increasing accessibility for those that need the adaptations;
  - Ensuring an equitable provision of adaptations across all sectors;
  - Helping people navigate their way through the system and be better informed of long term housing options before making decisions;
  - Moving control and responsibility to the client (links to the personalisation agenda);
  - The benefits of linking more closely with the Housing Options hubs to ensure better quality information; and
  - The usefulness of the expansion and roll out of the database on accessible, adapted housing.
- 3.8 There were a number of views expressed about the nature of the information and guidance to be provided, with common themes including:
- Information needs to be more widely distributed (e.g. in hospitals and doctors surgeries);

- The information should be consistent in the advice which it provides and ensure that clients have all of the information they require to access and fund adaptations (e.g. standardised advice across a local authority area rather than by individual landlords and a ‘one stop shop’ service); and
- It needs to be more simplified, accessible and easily understood including for people with disabilities and clients for whom English is not their first language.

### **Planning Ahead**

3.9 The need to effectively plan ahead including factoring in the principles of good design at the construction or redevelopment stage was considered important by almost 60% of respondents;

“Planning ahead giving due cognisance to the nature of the disability, prognosis and likely changing needs of the individual due to their condition in the medium to longer term is particularly important.” (Local Authority/Local Authority representative body)

3.10 Reasons given for why planning ahead is important include:

- Cost effectiveness where housing providers can deliver adaptations as part of new build or retrofit schemes and as part of an ongoing asset management strategy which will assist in reducing the need for costly adaptations at a later stage;
- Better outcomes for the individual, including preserving service user’s independence, preventing falls and deteriorations in health, ensuring that the property meets their needs over the longer term and helping in the anticipatory care planning for individuals; and
- It would result in a more effective systematic approach, particularly predicting/anticipating needs of those clients with a long term diagnosis.

3.11 Some suggestions were made for how this could be implemented, including involving occupational therapists in the design of new build housing which may prevent design flaws, for instance in homes designed for wheelchair users.

3.12 Other suggestions included housing health checks and a promotional campaign to highlight the issues to be considered when downsizing such as: location; local facilities; type of house; internal and external stairs; bathing; and toileting facilities. In addition, properties with housing adaptations could be promoted in a more positive way by providers, estate agents or solicitors.

3.13 Some respondents were unsure, however, about how achievable this was on a significant scale given the operational and budgetary challenges currently

facing many organisations (e.g. funding to meet even priority needs is considered inadequate by some). It may conflict with existing arrangements that place a large focus on targeting resources to those in greatest need rather than a preventative approach. In addition, it was referenced that many people are largely unable or unwilling to plan ahead and therefore move to inappropriate housing.

### **Self-help and Self-referral**

- 3.14 Improvements identified relating to self-help and self-referral were considered important by almost 60% of respondents;

“This suggestion has significant merit and would address some fundamental issues in the delivery of adaptations. Increasing the availability of self-assessment, and the choice of service users to ‘self-help’ would mean that low level needs are met, the delivery of simple adaptations is speedy and efficient, and that Occupational Therapists and other professionals can concentrate on more complex needs and cases.” (Local Authority/Local Authority representative body)

- 3.15 Reasons given for the self-help and self-referral improving arrangements include:

- Many clients are capable of determining their own needs, particularly with regards to minor adaptations;
- It could reduce pressure on occupational therapists and enable them to concentrate on more complex needs and cases;
- It could speed up delivery and be more efficient, particularly in cases of low level adaptations;
- It increases choice for clients and gives them more control / empowerment over their personal situation; and
- There are close links to the prevention agenda which enables a much more sustainable system over the longer term.

- 3.16 Two examples were mentioned whereby self-help and referral is already taking place and is working well. Respondents did however suggest that this would bring some resource implications and issues to consider. As an example, it was suggested that a different information and advice infrastructure than is currently available would be required. It may lead to increasing pressures on funding and present management and auditing challenges. In some cases, individuals (for example older and vulnerable adults) may require support and advocacy to help them to develop the capacity and confidence to take account of value for money and long term needs. Finally, any moves towards self-referral need to be weighed against losing the input of the expertise of occupational therapists.

## **Design**

- 3.17 Just over 50% of respondents identified design as improving the current arrangements for the delivery of adaptations. Reasons provided and points made regarding design included:
- Designs would benefit from greater consultation and advice from the individuals themselves and occupational therapists to improve layout, flexibility and functionality and ensure that properties are fit for purpose to meet the changing demands of clients;
  - The design and forward planning undertaken by landlords during new build and retrofit schemes will assist in reducing the need for costly adaptations at a later stage;
  - More attractive / aesthetically pleasing adaptations would mean that more people would want them and mean that they are more 'recyclable' and are not removed from adapted housing; and
  - Correct design would contribute to avoiding unnecessary removal of the adaptation and facilitate early re-occupation.
- 3.18 Whilst the value of good design was referenced throughout the consultation responses, the importance of value for money considerations in design was also mentioned. This involved the need to take into consideration the funding limitations of customers and service providers.

## **Maintenance and Replacement**

- 3.19 Over half of the respondents felt that changes to maintenance and repair would improve the current arrangements for the delivery of adaptations. The reasons noted for this included:
- The need to eliminate inconsistencies across tenures in terms of costs and processes;
  - Reducing waste;
  - Ensuring better informed access to the service; and
  - Delivering a more cost effective service.
- 3.20 A recurring theme of these responses was the need to provide better information to make clear the responsibilities of the home-owner regarding maintenance and replacement.

### **Links to Repairs**

3.21 Just over 40% of respondents felt that changes to links to repairs would improve the current arrangements for delivery of adaptations – the least for all of the improvements. The key reasons provided were as follows:

- The close links between housing repairs and adaptations; and
- Maintaining the property of clients remaining in their own homes is a key priority.

3.22 A few respondents highlighted the need for these changes to be supported by suitable funding streams, which may include a maintenance loan / national lending unit.

### **Recycling of Adaptations**

3.23 Just over half of the respondents felt that changes to the recycling of adaptations would improve the current arrangements for the delivery of adaptations. The key reasons provided were as follows:

- It would be cost effective;
- It would make use of removed adaptations where there are difficulties in re-housing tenants who require adapted properties.

3.24 The consultation highlighted that there are costs associated with servicing the equipment, cost of removal/re-installation and administration as well as issues relating to storage, appropriateness and who funds the initial outlay. It was also suggested that a co-ordinated national or regional approach to recycling was required and that improved partnership working between RSLs and local authorities and the identification and creation of equipment stores would be beneficial.

### **Procurement**

3.25 Just over 50% of respondents felt that improvements identified relating to procurement would be beneficial. Reasons provided included:

- The bulk purchase of common adaptations could lead to savings;
- It could reduce waste;
- It could ensure better informed access to the service.

3.26 The process of bulk procurement has already taken place or is being considered in some parts of the country for small adaptations e.g. grab rails, ramping, installing and maintaining stair lifts. The consultation revealed some challenges and issues relating to this, including bulk procurement across rural areas and the need to carefully prevent waste and storage issues from developing. One response suggested that improved guidance for how local authorities can bulk procure for adaptations would be helpful.

### Question 3c

- 3.27 The respondents were asked whether they felt that these changes would be sufficient to address the issues within the current arrangements. As set out above, in most cases the majority of respondents felt that the suggested changes would improve the way in which adaptations are delivered with a number of benefits to the proposals. Indeed, some respondents suggested that some of these approaches are already being implemented in their local areas;

“All of the changes mentioned would improve delivery and in our LA areas many have already been implemented with notable results. For instance, due to resource limitations, Care & Repair are only able to project manage OT/grant supported cases. However, we are available for information and advice for self supported adaptations and this assistance enables people to negotiate the system by being suitably informed of procedures and referred to reputable external organisations i.e. contractors, consultants.” (Care and Repair organisation)

- 3.28 A few respondents also stated that these changes may not be as minor or straightforward as suggested in the consultation paper, for instance a move to planning ahead, and a focus on expenditure on prevention and early intervention would be a major change in some areas and further information on these arrangements would be required;

“The proposed streamlining changes would improve the current arrangements but consideration needs to be given to supporting their implementation which may be complex and require significant cultural change among service providers and the expectations of customers.” (Local Authority/Local Authority representative body)

- 3.29 Nearly all of the respondents who answered this question, regardless of their background, felt that whilst beneficial, these proposed changes would not be sufficient to address all of the issues associated with delivering housing adaptations. It was felt that there were also wider issues that would need addressing or other considerations that could further improve the way in which housing adaptations are funded or delivered. The quote below provides an example of this;

“There is merit in all of the minor streamlining changes proposed. Each has potential to make minor improvements to existing arrangements...None of these changes, nor indeed any of the others suggested in the consultation, fundamentally address the issues of complexity, inequality and lack of a holistic approach within the current system, but all could go some way to improving the current

system and would be essential components in any new cross-tenure approach.” (Other group/representative body)

- 3.30 There were a number of other fundamental issues noted such as the overall complexity of the current system, the funding arrangements, a greater emphasis on the personalisation agenda, and the issue of access to adaptations based on tenure.

## 4 VIEWS ON APPROACHES TO ORGANISATIONAL DELIVERY

### Introduction

4.1 The Working Group concluded that a more fundamental change is likely to be required to tackle some of the underlying issues with the current system to speed up delivery of adaptations and ensure that provision relates to the needs of the individual, rather than the tenure of their home. The Group has identified key themes around different approaches which could be taken:

- Where best should organisational responsibility lie for housing adaptations?
  - Local housing authority;
  - Health and social care; or
  - The individual requiring the adaptation.
- How should housing adaptations be funded?
  - Housing resources;
  - Health and social care; or
  - The individual requiring the adaptation.

4.2 Three questions were asked in relation to approaches to organisational delivery as follows:

**Question 4: Which of the three approaches to organisational responsibility (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?**

**Question 5: Are there issues or risks with any of the three approaches to organisational delivery that are not covered above?**

**Question 6: In the context of personalisation, what are the most important things to put in place to ensure that people who need adaptations and their carers are at the centre of the process and have choices?**

## Views on the three Approaches to Organisational Responsibility (Q4)

### Question 4a

- 4.3 Opinion was varied amongst respondents regarding the most effective approaches to organisational responsibility as set out in the table below. The most common approach amongst respondents related to the local authority taking responsibility (just over one third of respondents) followed by the individual and through health and social care partnerships. Some respondents also felt that a combination of these approaches would prove the most effective.

Question 4a – Views on approaches to organisational responsibility by respondent type (% of respondents)					
Respondent Type	Local housing authority	Health & social care	Individual	Through a Combination	Don't know / blank
Housing associations (n=22)	50	18	14	14	5
Local authorities (n=20)	25	10	20	25	20
Care and repair organisations (n=9)	33	22	33	11	0
Occupational therapists (n=6)	50	17	0	0	33
Other groups & repress. Bodies (n=9)	0	33	56	0	11
Individuals (n=3)	66	0	0	33	0
<b>Total</b>	<b>35</b>	<b>17</b>	<b>22</b>	<b>14</b>	<b>11</b>

- 4.4 There was some variation by organisation. The local authority approach was most popular amongst housing associations, occupational therapists and individual respondents; the health and social care approach was most popular amongst other groups and representative bodies; whilst the individual approach was most popular amongst other groups and care and repair organisations.
- 4.5 The regional consultation events for organisations explored the different options for organisational and funding responsibility. Opinion was divided at these events, although having the individual at the centre was considered key as well as consistent and clearly defined national structures and boundaries. At the service user events, the individual approach was favoured as set out in chapter seven.

### Question 4b

- 4.6 Where the respondent preferred the **local authority approach**, a variety of different reasons were provided. It was felt by these respondents that the knowledge, skills and technical expertise which exist amongst local authority housing officers would continue to provide the best option for tenants. As the strategic housing authority, the local authority approach would also enable greater co-ordination with other related policy areas such a building control, planning and investment in housing for older people. It would also ensure consistency across tenures and enable the development of partnerships at a local authority level;

“We believe that adaptations should continue to come under the scope of the strategic housing authority. The main benefits of this approach are: this will allow a strategic approach to housing adaptations that is consistent across all tenures; many of the structures and processes are already in place and only minor reorganisation would be required; one stop shop approaches could be developed more readily; and the strategic housing authority is best placed to advise on alternative housing options and address imbalances in the supply and demand for housing for older people.”  
(Local Authority/Local Authority representative body)

- 4.7 The local authority approach would also represent the simplest option organisationally given the current role in this field and it would take less time than the other options. Finally there would be consistency with existing legislation e.g. local authorities’ existing duty to ensure that housing adaptations needs are met under the Chronically Sick & Disabled Persons Act 1970.
- 4.8 Some respondents who favoured this option also highlighted issues with the other options; some felt that under Option 2 (health and social care partnerships) there would be a lack of property management experience and it would take the service away from people who are not in the social care system. The health and social care partnerships are also in the early stages of development. In addition, Option 3 (the individual) may be problematic for vulnerable individuals and present a number of practical and budgetary issues.
- 4.9 Under the local authority approach, some respondents felt that there is still a need for closer collaboration with occupational therapists, care and repair organisations and health and social care partnerships as well as consideration given to incorporating a more person centred approach.
- 4.10 Where the respondent preferred the **health and social care approach**, reasons included that the health and social care is founded on person centred principles, so this approach would promote a personalised approach consistent with the integration agenda;

“The Health and Social Care model is felt to offer the most holistic approach. It incorporates the opportunity to ensure the individual and their carer are at the centre of the process, while providing the management structure and support required to facilitate a more equitable, value for money, streamlined service. In line with Health and Social Care Integration as well as SDS principles, a much more holistic approach could be taken to the provision of support to the individual and their carers, allowing for a more preventative approach and better planning for long term management of Social Care and

Health services.” (Local Authority/Local Authority representative body)

4.11 Under this option local partners could align adaptations as one part of the overall system of care and support for older people and disabled people and the involvement of occupational therapists would be retained. It may also be easier to arrange major adaptations for clients who are due to be discharged from hospital under this option and it would enable a more preventative focus. Local control would be retained under this option and it provides the management structure and support required to facilitate a more equitable, value for money, streamlined service.

4.12 Where the respondent preferred the **individual approach**, a variety of different reasons were given in particular that it has the greatest fit with the personalisation and self-directed support agendas. It would deliver the greatest benefits to those needing the adaptations and meet their needs, delivering what works best for the individual. This option would also result in the focus being on the needs of the individual and these would be addressed in a holistic manner, irrespective of tenure and with a single funding mechanism. It was also felt that this option will lead to an improved service being provided by organisations operating in the sector as they will need to respond to what individuals want, provide choice and flexibility and operate within reasonable timescales for the customer;

“The person-centred approach would be the most appropriate means of delivering an improved and more timely response to the needs of individuals. This model sits perfectly with the ‘empowerment’ agenda, in which people are supported to achieve outcomes that best suit their needs and preferences. This would, of course, need to be backed up by an effective and comprehensive resource in terms of information and advice and guidance to take the individuals, their carers and their families through the process.”  
(Other group/representative body)

4.13 Those who favoured the individual approach highlighted issues with the other options, including the complexity of the local authority system and whether health and social care partnerships are able to administer and co-ordinate the delivery of adaptations effectively within the context of other competing operational priorities.

4.14 Under this option, the individual would need access to high quality independent information and advice to assist them in the process. It was also felt that this approach may not be suitable for all individuals so some form of flexibility may be required in the process.

4.15 Some of the respondents favoured a **collaboration approach** whereby elements of each proposal combined would provide the most effective basis

for the future delivery of adaptations or where local areas decide which the best arrangement to meet specific local circumstances is.

### **Views on the Issues or Risks with the Three Approaches (Q5)**

- 4.16 The majority of respondents – two thirds – mentioned some risks with one or more of the approaches in addition to those already identified within the consultation document. The main risks noted for each of the approaches are set out below. Some of the risks identified are similar across the first two options (local authority and health and social care). The option which respondents associated the most risks with was the individual approach, reflecting the major change which this represents from the current arrangements.

#### **Local Authority**

- 4.17 A series of risks were identified relating to the local authority approach. The first of these involved individual needs not being met through this approach and the need to ensure that they are at the centre of the process when the approach is lead by a local authority. There were also concerns that as local authority budgets and remits are so wide, funding in this area may become 'lost', 'bogged down in local bureaucracy' or 'be used for other local authority expenditure commitments'.
- 4.18 Other risks included the continued involvement of occupational therapists and care and repair services under this approach. This relates to ensuring that there is a continued involvement of occupational therapists in the assessment process and that their knowledge and expertise in this area is not lost to ensure the best outcomes for the user. Similarly, the ongoing participation of care and repair services in organisational delivery would need to be ensured under a local authority approach. This will ensure that their expertise is not lost and they are able to continue to play a role in sourcing additional funding for both clients and associated programmes which local authorities themselves may be unable to access.
- 4.19 As this approach is similar to how adaptations are currently organised, there is a risk that some of the issues with the current system highlighted previously (e.g. complexity and funding issues) would remain under this approach. Finally, there may be potential confusion over issues of responsibility between local authorities and RSLs and the need to agree common standards. In addition there could be conflicts of interest for local authorities between their strategic and landlord roles.

#### **Health and Social Care**

- 4.20 A series of risks were identified in relation to the health and social care approach. As with the local authority approach, under this option there was some concern over how a system with health and social care services as the lead body would lead to an increased emphasis on the personalisation and

self-directed support agendas and ensure that the individual is at the centre of the process. There is also a need to ensure the ongoing involvement of care and repair services in organisational delivery to ensure that their expertise is not lost and they continue to work well with the social care sector and alleviate some pressure on their services.

- 4.21 There were various concerns raised regarding budget issues, including that any integrated budget would need to be ring-fenced to ensure that the required outcomes are achievable and that funding for adaptations are not 'lost' or 'diluted' within the integration process. The lack of continuity in provision was also highlighted – this relates to the need for new systems, policies and procedures to be put in place at a time when the health and social care sector is already undergoing significant change and re-organisation;

“The integration process will produce massive changes across many services including the need for huge financial reorganisation. It is important that adaptations are not 'lost' or diluted within the integration process.” (Local authority/local authority representative body)

There were some concerns that many health and social care professionals may not have the detailed expertise of housing issues, the delivery of adaptations, housing legislation and the complexities of housing tenure. Linked to this, this option involves the risk that the 'strategic housing focus is lost'; for example there may be less direct linkages to local housing strategies, allocation policies, the understanding of housing need and demand at the local level, and housing services that would exist through the local authority approach;

“The strategic housing focus is lost which will impact on landlord functions, Local Housing Strategies and the understanding of housing need and demand at a local level.” (Local authority/local authority representative body)

Also, this could result in too much emphasis being placed on the health and care needs of individuals rather than their practical housing needs.

- 4.22 Health and Social Care services are not best placed to take a 'housing options' approach as part of the assessment for adaptations, as this requires detailed knowledge on all local housing providers, housing legislation and the housing market.
- 4.23 A final risk identified was that this model may deter some people from seeking an adaptation as they don't wish to be identified as 'a social care case' simply in order to access an adaptation.

## **The Individual**

- 4.24 A number of risks were identified relating to an approach based around the individual, reflecting that issues such as individual budgets represent a major change in approach albeit there is a general acceptance of the need for a focus on the individual in whichever approach is adopted.
- 4.25 The first risk identified relates to the ability of individuals to manage or control the process. It was felt that some people may be unwilling or unable to commit to the time and responsibility required of them. This is particularly the case where vulnerable individuals are involved and could lead to increased stresses or worries for the individual;
- “The individual taking responsibility for the adaptation is laudable, but nearly 30 years of experience has shown me that the majority of clients and their families do not wish nor have the ability to take on this responsibility.” (Occupational Therapist)
- 4.26 Under this approach there is also the risk that outcomes could be varied and dependent on the ability of the individual to deal with the process. The self-directed support process is still at an early stage and the full issues, risks and successes with this approach are not yet clear.
- 4.27 Linked to the above, it was felt that under this option the most comprehensive support and guidance would need to be provided, which in turn has resource and responsibility implications. Where the organisation providing advice to an individual also provides adaptation services, there would need to be assurance that there were no conflicts;
- “Consolidation of the process around the individual would be a challenge. There would need to be commitment by the individual and not all clients may wish to be involved in the process. Consistency and funding will be issues and the support mechanism would have to be comprehensive.” (Care and Repair organisation)
- 4.28 A number of funding issues were noted with regards to this approach. This includes ensuring that there are mechanisms in place to ensure that money is being used appropriately, the extent to which the individual would contribute and ensuring that these individual costs do not affect personal care budgets. A particular example was provided which related to how the costs of adaptations to multiple units on a shared site can be allocated to individuals when the adaptations are shared and there is an integration of technologies. There would also need to be clarity on whether there would be any penalties for the individual for the inappropriate use of funds through self-directed support especially where the individual requires further adaptations at a later date.

- 4.29 A final risk is that under this approach, adaptations will be focused on individual needs to the detriment of strategically planning ahead and a focus on prevention and the ‘plan ahead approach’.
- 4.30 Some risks were noted which relate to all three options. These include references to the tensions between providing better designed adaptations and achieving procurement savings; the impacts of welfare reform on the ability of individuals to contribute to the payment for adaptations; the different administrative boundaries used by local authorities, health and social care partnerships and RSLs; and the lack of a joint or partnership approach amongst these three options (reflecting the fact that some respondents favoured a combination of the three approaches proposed).

### Views on Personalisation (Q6)

- 4.31 The consultation examined the issue of personalisation and the most important elements which need to be put in place to ensure that people are at the centre of the process. The issues are set out in the table below.

<b>Question 6a What are the most important things to put in place to ensure that people who need adaptations and their carers are at the centre of the process and have choices?</b>		
<b>Issue</b>	<b>Number</b>	<b>%</b>
Information, advice and assistance	45	65
Providing choices for the individual	20	29
Transparent assessment process / criteria	19	28
Ensuring that the individual is at the centre of the process	16	23
Other	34	49
Blank	4	6

- 4.32 The main items proposed relate to the provision of better information or advice, providing choice for the individual and ensuring a transparent process. Each of these is considered in turn below.

#### **Better Information / Advice**

- 4.33 Ensuring that the individual (and any carer) involved is provided with high quality advice and information to enable them to make informed decisions was the most common issue noted both in the written responses and at the service user events (see chapter seven). Some of the common themes referenced included having more and better information at regular points in the process, impartial and informed support, and flexible advice and assistance;

“It is important that support is provided to equip people with the necessary information to make these choices themselves and negotiate the legislative minefield. This support must be impartial, professional, and customer focussed.” (Care and Repair organisation)

- 4.34 In addition, some respondents noted that the personalisation agenda means that advice needs to be tailored and in a range of formats to meet the individual needs of the client rather than generic advice being provided;

“Home visits and a personalised approach are the key, with one service taking the lead. This allows people to communicate and discuss their concerns with a trusted advocate who is experienced and knowledgeable in the field and able to offer and interpret advice and information. It is not enough to provide people with written information or leaflets, as people often want a particular result and do not want to understand the whole process behind it.” (Care and Repair organisation)

- 4.35 The range of information and advice sought included funding, options for adaptations, and equipment.

### **Providing Choice for the Individual**

- 4.36 Ensuring that individuals have a wide range of options or choices was considered to be the second most important component of the personalisation approach to adaptations. This involved providing appropriate alternatives to consider and presenting all of the realistic options open to the individual;

“Good housing options: ensuring service users have good information and advice regarding all of the housing options available to meet their long term housing needs; one system/holistic assessment: ensuring that service users’ needs are considered at the same time, by all relevant professionals, and that they are therefore at the centre of understanding all the options available to them – including to meet health, social care and housing needs.” (Local Authority/Local Authority representative body)

- 4.37 The quote below highlights the need to ensure that clients and carers are fully briefed on options and have choice in the adaptations process regardless of tenure.

“Through the private adaptations the client and their carers are fully consulted and advised through the whole process along with the recommendation and support of the occupational therapists through the care and repair process. To replicate this process across all adaptations would ensure that the client has the choice in the consideration of the adoption and choice of contractor etc.” (Housing Association/Housing Association representative body)

- 4.38 In addition, it could also involve providing the option of the individual being involved in the adaptations process or it being lead by a client or care and repair organisation.

## **Transparent Assessment Process**

- 4.39 For over a quarter of respondents, ensuring that there is a transparent assessment process was a key component of a successful personalisation approach to housing adaptations. This involves providing a clear, transparent and appropriate framework for assessment and the establishment of equitable criteria as highlighted in the response below;

“It would be essential to have a fair and transparent model for resource allocation (which would be tenure neutral).” (Housing Association/Housing Association representative body)

- 4.40 In addition, this means involving carers and individuals closely in this process as well as ensuring that the appropriate knowledge and skills are available at the assessment stage;

“The person and their carers need a face to face individual assessment of need by a professional who is skilled in considering the current and expected long term need. They need to ensure that the person and carers are consulted and given choices within realistic boundaries.” (Occupational Therapist)

## **Ensuring that the Individual is at the Centre of the Process**

- 4.41 In addition to providing individuals with extensive advice and information, ensuring that individuals are at the centre of the process including consulting with them and taking on board their views was seen as central to the personalisation agenda.
- 4.42 Consultation was viewed as important at each stage in the process (e.g. the assessment, funding and design). This would help to ensure that the individuals’ needs and personal circumstances are the key driver for each adaptation;

“All clients and carers should be consulted at the very early stages and every option should be put forward to them. The client may be able to help fund a better option than the selected agency can afford.” (Group/representative body)

## **Other Responses**

- 4.43 A series of other things were referenced as being important to put in place to ensure that people are at the centre of the process. These were:
- 4.44 Issues relating to **professionals/organisations** operating in the field include ensuring that they have an up to date understanding of the processes; that they understand that user-led solutions may be very different (and as valid) as professional-led solutions; and their performance is held to account (e.g. through the outcomes focused approach, robust service level agreements and focus on achieving ‘homes for life’ building standards).

- 4.45 With regards to **funding issues**, other points raised include personalisation not being used to implement cuts to funding for major adaptations; that resources allocated match the true costs of the installation of the adaptation and not just represent a notional budget; and that individuals are encouraged and given the ability to contribute their own resources if they wish additional features to the adaptation.
- 4.46 Other points raised include mitigating stress factors for the individual and making services such as care and repair available to clients across tenures.

## 5 VIEWS ON FUNDING APPROACHES

### Introduction

- 5.1 Demand for housing adaptations is expected to increase as a result of the ageing population; increasing numbers of people with disabilities; the emphasis placed on using existing housing; and the continuing drive to reduce the use of institutional forms of accommodation. Increased levels of funding are likely to be required, whatever the organisational arrangements. There is also a need to put in place funding arrangements which, if possible, encourage 'preventative' provision of adaptations, enabling relatively low cost investment which would save money in the longer term.
- 5.2 The consultation outlined three potential funding approaches for delivering housing adaptations:
- Through the local housing authority;
  - Through Health and Social Care Partnerships; and
  - Through the Individual.
- 5.3 The local housing authority approach would build on the current arrangements for funding these adaptations as a housing sector responsibility. The health and social care approach would be based on adaptations being funded from the integrated budget managed by Health and Social Care Partnerships. Some allocation of housing resources would be included within the integrated budget. This would enable funding decisions to be made within a broader understanding of total expenditure on health and social care services. It would place any investment (expenditure) in adaptations within the context of potential savings.
- 5.4 For people with personal budgets under self-directed support arrangements, adaptations could form part of the support that they are able to purchase with these budgets. The individual requiring the adaptation approach focuses the responsibility for funding the adaptation on the individual. Overall, it would be important that in accordance with the Group's principles for the delivery of adaptations, financial support would continue to be provided, taking account of ability to pay so that those who do not have personal resources would not be disadvantaged. For individual owners, there might be a removal of the 80% minimum and an expansion of grant levels between 80 and 100%, with greater use of loans and a greater expectation that equity within the property should be used to pay for adaptations. Alternatively, this might mean a new cross-tenure financial support mechanism could be established. This approach would also require investment in support so that the complexities associated with managing the adaptations budget and any personal contributions (as well as navigating the process more generally) do not act as a disincentive.

5.5 Three questions were asked in relation to funding approaches as follows:

**Question 7: Which of the three approaches to funding (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?**

**Question 8: Are there issues or risks with any of the three approaches to funding that are not covered above?**

**Question 9: Do you think we currently have the fairest arrangements for people, who have personal resources, including both income and equity in their current home, to contribute to the cost of their own adaptations? If you would like to see changes, what would these be?**

### Views on the three Funding Approaches (Q7)

5.6 Opinion was varied amongst respondents regarding the most effective funding approaches to deliver housing adaptations. The most common approach favoured by respondents related to the local authority taking responsibility (just less than 40% of respondents) followed by the Health and Social Care partnerships (just over one quarter of respondents) and a combination or mixture of approaches. Very few respondents (just 7%) felt that placing the responsibility on the individual for funding the adaptations would be the most effective approach.

**Question 7a – Which of the three approaches to funding do you believe would provide the most effective and deliver the greatest benefits?**

Approach	Number	%
Through the local housing authority	27	39
Through the Health and Social Care partnerships	18	26
Through the individual	5	7
Other / combination	14	20
Don't Know / Blank	5	7
<b>Total (n=69)</b>	<b>69</b>	<b>100</b>

5.7 There was some variation by organisation as set out in the table below which sets out the responses by organisation type. The local authority funding approach was most popular amongst local authorities, occupational therapists and care and repair organisations and less popular amongst housing associations. The health and social care funding approach was most popular amongst other groups and housing associations; whilst the individual approach was most popular amongst other groups and representative bodies. That feedback from service users via the regional consultation events suggested that they did not have a particular preference with regards to funding sources as long as there was increased choice and sufficient funding (see chapter seven).

Question 7a – Views on funding approaches by respondent type (% of respondents)					
Respondent Type	Local housing authority	Health & social care	Individual	Other / Through a combination	Don't know / blank
Housing associations (n=22)	36	32	0	32	0
Local authorities (n=20)	55	15	10	15	5
Care and repair organisations (n=9)	44	22	11	22	0
Occupational therapists (n=6)	50	17	0	0	33
Other groups & repres. bodies (n=9)	0	56	22	22	0
Individuals (n=3)	33	0	0	0	67
<b>Total</b>	<b>39</b>	<b>26</b>	<b>7</b>	<b>22</b>	<b>7</b>

- 5.8 Where the respondent preferred **the local authority funding approach**, a variety of reasons were given. These include the historical experience and structures which are in place within local authorities to deal with different funding streams and a complex policy area such as this. This includes experience of cross-service and inter-agency engagement and collaboration as well as outcome monitoring and financial systems.
- 5.9 The point was also made that local authorities already have a strategic housing role, and through a local authority funding approach there would be close links with other housing funding and delivery streams and wider housing policy. Examples were provided of where this may be beneficial, including:
- The alignment of resources, for example, to establish a link between equipment and adaptations and a local authority's asset management strategy.
  - This would optimise the use of existing housing stock and maximise the effective matching of persons and properties;
  - It would enable repairs to be delivered in tandem with adaptations; and
  - It would provide a single point of contact for the client in relation to a variety of housing issues.
- 5.10 Other reasons provided include that it would enable an integrated funding pot for all adaptations across all sectors, which would result in priority given to the individual based on need not on funding availability. It may also enable some procurement savings where there are links to other elements of housing policy and funding. Finally, this approach would allow housing adaptations (which are mainly building related and site specific) to be dealt with by housing professionals rather than health and social care professionals.
- 5.11 Despite favouring a local authority approach, a number of the respondents stated that there would still need to be collaborative and flexible working with the health and social care sector (particularly in relation to preventative services) as well as focusing on the needs of the individual when taking funding decisions. In addition, some respondents mentioned the need for a

ring-fenced funding pot in order that the funding is not lost within wider local authority budgets.

5.12 Where the respondent preferred the **health and social care funding approach**, reasons included:

- That it would allow for contributions through self-directed support and more personalised solutions for individuals and carers;
- This approach would enable a holistic assessment of the long term individual health/social care needs, including a potential evaluation of preventative or consequential savings; and
- Housing adaptations are health related and therefore should be funded through health budgets, especially as they may prevent other health related issues via preventative spend impacts.

5.13 Again, under this arrangement some respondents highlighted the need for a partnership approach, particularly in relation to the physical building works which would be undertaken. As with the local authority options, some also mentioned the need for a ring-fenced funding pot in order that the funding is not lost within wider health and social care budgets.

5.14 Far fewer respondents favoured **the individual funding approach**. Where this was preferred, the reasons provided mainly revolved around the approach most closely fitting with the principle that adaptations are for the benefit of the individual, should be based on their individual needs and the approach should fit with the self-directed support agenda.

5.15 The view was also expressed that people increasingly want to take control of their own budgets in relation to health, social care, and housing; and that this approach may provide the most flexibility for the individual. Some respondents stated that the funding arrangements must be based on the ability of the individual to pay regardless of tenure.

5.16 A **collaboration approach** was also suggested in a limited number of instances, whereby elements of each proposal combined would provide the most effective basis for the future funding of adaptations; bringing together the range of benefits outlined above. The example below involves a mix of the Health and Social Care approach and the individual approach;

“We would see a high extent of overlap between the Health and Social Care Partnerships and individual approaches with an opt-in/opt-out model being adopted (in the short term this being based on the Health and Social Care Partnership as the default but with a longer term move, reflecting the self directed support agenda, of moving towards an individual approach being the default).” (Housing association/housing association representative body)

- 5.17 The example below involves contributions from all of the potential funders identified.

“An integrated budget with contributions from all parties should be set up and administered by the Local Authority. Allocation should be on a means tested basis to all clients irrespective of tenure and Landlords would have the option of recharging through a service charge for maintenance etc.” (Housing association/housing association representative body)

### **Views on the Issues and Risks with the Three Approaches (Q8)**

- 5.18 The majority of respondents – nearly 70% – mentioned some risks with one or more of the approaches in addition to those already identified within the consultation document. The main risks noted for each of the approaches are set out below.

#### **Local Authority Approach**

- 5.19 Four core risks were identified relating to the local authority approach. Firstly under this approach, the focus would continue to be placed on the property and not the health and care needs of individuals. Secondly, there would need to be a ring-fencing of funds to ensure that funding is targeted at this activity – this would be counter to the concordat which discourages ring-fenced funding. It is also unlikely that local authorities would create an integrated budget for adaptations as this would effectively result in local authority tenants through the HRA cross-subsidising tenants in the housing association sector, tenants in the private rented sector or home owners.
- 5.20 The final risk identified was the issue of how and at what level social landlords, particularly housing associations should contribute to the local authority pot. This would need to be resolved although this may be challenging.

#### **Health and Social Care Approach**

- 5.21 A series of risks were also identified relating to the health and social care approach. Firstly, there may be tension between funds required for preventative adaptations and those required for long term care/support. There is also a risk of losing adaptations funding within the broader health and social care agenda if it were to be incorporated in health and social care partnerships, particularly at a time of significant change and restructuring. This may result in priority being given to emerging services.
- 5.22 As with the local authority funding approach, funds would need to be ring fenced to ensure that funding is targeted at this activity – this would be counter to the concordat discouraging ring-fencing. The integration of health and social care partnerships may also create issues around inclusion of housing services and funding priorities.

- 5.23 The funding of adaptations is not being resourced sufficiently and there are additional pressures resulting from the need for a focus on prevention. One care and repair organisation also felt that budget savings through adaptations within health and social care are not being invested in prevention.
- 5.24 Traditionally, adaptations are accepted as key to preventing major expenditure within the health and social care system but when set against crisis intervention and management; it does not have the same profile and is not funded by these organisations to any large degree.

### **The Individual Approach**

- 5.25 As the individual funding approach proved the least popular, a large number of risks were identified by respondents of all backgrounds. Firstly, encouraging individuals to use their own resources/means testing or qualifying barriers may place too great a burden on individuals (particularly those who are vulnerable). This may discourage some people with significant needs and modest means from seeking assistance, resulting in them not proceeding with necessary adaptations. This could be exacerbated by changes to benefits which are very likely to have an adverse impact on people's ability to contribute towards the cost of adaptations.
- 5.26 Another funding issue was also noted relating to loans and borrowing. There may be risks associated with the current financial climate where banks are resistant to approve loans, and often those requiring adaptations are least likely to be working or are retired, making it difficult to meet the criteria for borrowing and repaying loans. There would need to be substantial progress made in relation to the development of loans/equity release, otherwise this option may not be viable. There is also a strong cultural resistance by older people to 'get into debt' by taking out loans in later life. Many older and disabled home owners may also have difficulty accessing and releasing equity in their home to fund adaptations.
- 5.27 Individual assessment of funding for an adaptation will not necessarily equal the actual cost of the adaptation when this is carried out by the individual or the landlord and may result in higher quotes than through a traditional care and repair service. There is also risk of personal care budgets not entirely matching the funding required for adaptations, possibly leading to the client having to make a difficult decision between mobility and care, or even having the decision made for them.
- 5.28 If the funding for adaptations sits with the individual it will be necessary to ensure there are independent, trustworthy, and reliable organisations available to assist the individual plan, budget, and (if required) access resources to fund adaptations. It will be necessary to ensure such organisations cover all areas and are easy to access.

5.29 A number of core generic risks were referenced which relate to all three options including the following which were made by just one or a few respondents each:

- With an ageing population and increasing need for adaptations, demand might outstrip available funding particularly given the current period of public sector funding cuts and the impact of the Welfare Reform Agenda, not covered in the consultation;
- None of the three options provide a combined housing and health agenda – if one or other partnership is not involved in the funding and organisational responsibilities, there may be a lack of communication and loss in knowledge, experience, and contribution from that particular sector;
- If funds are used by individuals on adaptations as part of a self-directed support process, there would not be sufficient funds remaining for wider care requirements;
- The funding approaches suggested concentrate on the installation period only. There are significant financial pressures on landlords to maintain such equipment and as such this needs to be addressed;
- There remains an issue of what role private rented landlords should have in funding adaptations and in the future maintenance of an adaptation;
- Social landlords currently receive stage 3 grant funding through Scottish Government and if this was to be discontinued and a contribution to the cost of adaptations required, rental levels would inevitably be affected and potentially result in tenants waiting longer for essential adaptations to be carried out given budget limitations;
- The risk is that eligibility and criteria for level of need are not clear; and
- Note needs to be taken of the variation in what is constituted equipment and what is adaptation across tenures/providers.

5.30 It was noted that a comprehensive risk matrix should be completed for each option prior to a decision being made on how to fund the delivery of adaptations.

## **Views on the Arrangements for People with Personal Resources (Q9)**

### **Question 9a**

5.31 The majority of respondents (over three quarters) felt that there are issues with the current arrangements for people contributing to the cost of their own adaptations, as set out in the table overleaf.

<b>Question 9a – Do you think we currently have the fairest arrangements for people, who have personal resources, including both income and equity in their current home, to contribute to the cost of their own adaptations?</b>						
<b>Respondent Type</b>	<b>Yes</b>		<b>No</b>		<b>Unsure/unclear</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Housing associations (n=22)	4	18	15	68	3	14
Local authorities (n=20)	1	5	17	85	2	10
Care and repair organisations (n=9)	1	12	8	88	0	0
Occupational therapy respondents (n=6)	1	17	3	50	2	33
Other groups & representative bodies (n=9)	1	12	8	88	0	0
Individuals (n=3)	0	0	2	67	1	33
<b>Total (n=69)</b>	<b>8</b>	<b>12</b>	<b>53</b>	<b>77</b>	<b>8</b>	<b>12</b>

5.32 The majority of the respondents believed that the system is not currently fair with regards to assessing the ability of people to contribute towards the cost of their own adaptations. One of the main reasons cited was that it only takes into account income; not considerations such as capital in property as provided in the example below;

“The current means testing arrangements are not fair as clients with high amounts of capital, often in property, but who declare low incomes are better off than those with slightly higher incomes but very little capital. There is no penalty for people who move properties after they have grant funded work done and then request further grant funding at another property in the same area.” (Housing Association/Housing Association representative body)

5.33 Few individuals felt the current system works well, is simple to operate, and represents a fair approach to assessing the contribution from home owners’ personal resources. Even those respondents who are of the view that the scale of changes are not necessary still felt that there were some issues to address as set out in the example responses below; including ensuring that children are always funded and that the current system is changed to give local authorities more power and thus more return on capital;

“The current arrangement of 80% plus a sliding scale following financial assessment is fair. Many older people cannot access equity and will thus avoid doing anything to address their needs. This will inevitably result in a burden on public services further down the line... Adaptations for children should be 100% funded... A system which would give local authorities the power to reclaim a percentage of the selling price if an individual sells the property within 5 years of a major adaptation (extension to the property).” (Occupational Therapist)

5.34 This feedback suggests that changes are required to the current system, making it fairer for those individuals who have personal resources to contribute to the cost of their own adaptations.

## **Question 9b**

- 5.35 Respondents were asked whether or not they would like to see changes and, if so, what these changes would be in order to make it fairer for people with personal resources. As the responses to question 9a revealed, the majority of survey respondents felt that the current system is not arranged in the fairest way for those with personal resources. The following sections detail three suggested changes which could alleviate these problems.

### **Based on Individual Social and Financial Circumstances**

- 5.36 The most frequent issue seen as significant to tackle was that housing should be awarded primarily based on the needs of individual tenants, particularly with regards to housing adaptations.
- 5.37 A large number of these respondents suggested that the system in place currently does not truly account for personal resources. These respondents felt that adaptations presently ought to be considered, prioritised, and awarded funding based upon a wider examination of individual social and economic needs; as well as a complete review of housing options available to individuals. Furthermore, a significant proportion referred to the introduction of a resource allocation system. This would allow personal resources to be measured and subsequently taken into consideration when resources are allocated to individuals as set out in the quote below.

“It is clear that the current arrangements (for RSLs) are unfair in that no account of personal resources is taken into account. A resource allocation system linked to an ‘entitlement’ for individuals would appear to allow personal resources to be taken into account when resources are allocated.” (Housing Association/Housing Association representative body)

- 5.38 The quote below sets out examples of what other information should be taken into account.

“The current mandatory 80% grant should be means-tested, or there should be a ceiling on grant contribution to limit the spending on any one case. In addition, scope to take into account income from compensation payments within trust funds should be explored. The value of or income from second / other homes should be taken into account in the grant calculation.” (Local Authority/Local Authority representative body)

- 5.39 The majority noted that this should be means-tested as so to best meet individual need; potentially including a limit on grant contribution to help limit the spending on any individual case. Furthermore, respondents believed that the current system is merely based on tenure and does not ensure equity;

“Often individuals are unable to fund 20% of the adaptations even if they are assessed as being able to do so, for example parents of a child with a disability. The current arrangements do not ensure equity of provision as this is based ultimately on tenure. Ultimately it would be beneficial to see a level playing field in respect of funding criteria eligibility across tenures.” (Local Authority/Local Authority Representative body)

### **Reconsidering the Current Grant Funding Allocation System**

5.40 Linked to the issue of means-testing, the second most frequently referenced issue related to the way in which grant funding is currently allocated to households and individuals. A number of areas were identified where the current arrangements could be developed or altered to deliver sustainable solutions, which will help to create a fairer system for individuals with personal resources.

5.41 Firstly, greater clarity and transparency would be beneficial. This relates to the belief that the current system of providing grant assistance to individuals needs to be amended and loans and equity release options could be developed;

“This is an area in need of clarity. Work is required on how grants are disbursed and on the development of loan and equity release options.” (Local authority/local authority representative body)

5.42 There was reference amongst a large proportion of these respondents to the percentage grant which is reasonable. It was felt that reducing the minimum grant from 80% could provide a fairer way to guarantee that each individual is contributing an affordable amount. This could be achieved by altering the minimum grant to a 0-100% or a 50-100% scale. This may help those households facing difficulties in affording to pay for the adaptations, whilst ensuring that those who are able to contribute do so. Such a change is proposed in the example below:

“I think consideration should be given to reducing the grant funding from 80% to what it used to be – 50%, as this seems the fairest way to ensure those who can afford to contribute do so without being heavily penalised for requiring an adaptation.” (Occupational Therapist)

5.43 The following example suggests even more flexibility of 0-100% depending on individual circumstances.

“We regularly see recipients of 80% minimum grants who could easily afford to self fund more or all of their adaptations and believe that the grant regime should be changed up to a 0 – 100% system. Those who feel they cannot self fund their remaining share should have available, an accessible loan and/or equity release support

mechanism. This would be invaluable for income poor asset rich people who without a doubt are terrified of dealing with banks and building societies – with good reason, especially given events of the past few years.” (Care and Repair organisation)

- 5.44 In summary, it was felt by these respondents that a funding system which distinguishes those individuals who are able to fund a larger proportion as opposed to those who have no assets will help to produce fairer results.

#### **Remove Inconsistencies Across Local Authorities**

- 5.45 The third change proposed related to removing the inconsistencies which are currently present across the 32 local authorities in Scotland. This change would be appropriate not only for clients but also partners operating in this area.
- 5.46 These respondents referenced geographic variations in minimum grant funding; conflicting agendas and priorities; local authorities not uniformly adhering to guidelines set by the national Government; and the need to better communicate the inequality and misunderstood ‘system’. An example of such inconsistencies is provided below:

“Owner occupiers presently contribute to adaptations and although there is a minimum 80% grant this may vary from local authority area. This inconsistency should be removed.” (Care and Repair organisation)

- 5.47 The example below highlights how the current system has resulted in a postcode lottery for housing adaptations grants:

“Based on Government guidelines each Local Authority has developed its own grant criteria, this has created a postcode lottery for grant assistance...we need to take a fresh look at who can and who should, pay towards their adaptations. Access to low/no interest loans would be a great advantage.” (Care and Repair organisation)

- 5.48 The example below highlights the potential inequalities across local authority areas:

“The current ‘system’ is unequal and not well understood by homeowners. In practice different local authorities will set their own priorities which leads to geographical inequalities.” (Other group/representative body)

- 5.49 There was an awareness amongst these respondents of local authorities across Scotland working towards different aims and objectives; creating unfair inconsistencies which need to be removed. It was suggested that these can be removed by enforcing stricter and more transparent guidance; improving leadership and ambition from the top-down; and educating and better communicating with one another to deliver fairer results.

5.50 A number of other issues were raised by respondents, including the need for consistency in terms of personal contributions across tenancies.

## 6 VIEWS ON CONSEQUENTIAL CHANGES & OTHER ISSUES

### Introduction

6.1 The Adaptations Working Group recognises that some of these changes to organisational responsibility and funding would require alterations to the policy and guidance framework, and possibly also the legislative framework. These could involve changes to statutory or advisory guidance. However, the Group is not consulting on the action required to implement any of the approaches. Further work would be required to develop an implementation programme, following decisions on any changes to be made.

6.2 The question asked was as follows:

**Question 10: Do you have any comments on any other issues related to the future delivery of housing adaptations, which aren't covered above? If yes, please provide details.**

### Views on Consequential Changes and Other Issues (Q10)

6.3 The majority (67%) of respondents felt that there were other issues which were not covered in the consultation document. These primarily centred on four key emergent themes:

- Concern over funding;
- Care and repair service;
- The need for review of the current system and greater clarity and guidance; and
- Better communication through partnership-working, to meet individual needs.

6.4 Each of these is considered in turn below.

#### **Reconsider, review and provide further clarification and guidance on the current system (29% of respondents)**

6.5 Of those who provided other concerns, a significant proportion took the opportunity to reinforce that the current system of housing adaptations must be reviewed, reconsidered, clarified, and guided to deliver an improved system.

6.6 It was felt by these respondents that the lack of guidance and clarity from key stakeholders at the national level remains a key problem in the current system. It was felt that information and advice are crucial and that more in the way of informing the public; through strategic forward planning and

consultation, should be done to mitigate the impact of problems arising later on;

“We need very clear guidance around private lets. This continues to be a problem nationally. Currently we cannot prevent people moving from one private let to another and having to adapt each time. As the person in a private let does not have equity to release we need to ensure that the system allows them also to take responsibility for the adaptation and that the landlord is not automatically expected to pick this up as it may be more difficult to increase rent in this sector...”

(Local Authority/Local Authority representative body)

- 6.7 Respondents also felt that the current system needs to be reconsidered and that any changes must be well-informed, clear, structured, and done quickly to prevent any further problems. Some of these respondents also felt that the current grant criteria needs to be re-visited and more transparent in nature, as it is unfair to certain groups;

“Information and advice are key: and in particular the forward planning aspect for older people so that they have support and info to consider their likely future housing needs before it becomes a huge issue or a crisis. Personal Housing Plans may have a role and if we could re-instate the old age 65 ( or 60) health check that GPs used to have to do for all of their patients – it could include a PHP element. The other most important issue in this challenge is the ‘clout’ of this consultation and the follow up with Ministers. Many of us have been trying to put many of these improvements in place for very many years and it needs strong leadership and direction and power to move this forward!” (Individual)

### **Concern over funding (20% of respondents)**

- 6.8 Almost one fifth who expressed other concerns mentioned issues relating to availability of funding, as this was considered a major issue when trying to formulate and implement any further changes. This included funding issues requiring further clarity in order to standardise the current funding allocation system;

“Availability of funding will be the major constraint when trying to implement any changes and further consideration should be given to increasing the co-ordination processes and the development of common standards and protocols.” (Housing Association/Housing Association representative body)

- 6.9 The changing demographic at different spatial scales – locally and nationally – were also recognised, with an increasingly ageing population which will present further pressures on the housing and social care sectors, as well as how adaptations are granted funding, in future;

“The level of funding is the single most key issue moving forward. We have an ageing population who will increasingly reside in non specialist housing or housing not designed for those level of needs and this will create increasing pressure on adaptations funding.”  
(Housing Association/Housing Association representative body)

- 6.10 Other comments also drew upon the current funding model, which suggested that the existing structure is overly complex both for those who award funding and those in receipt. This could lead to unfair access to adaptations and will not be sustainable in the long term due to the forecasted rise in demand;

“The current arrangements for the delivery of RSL adaptations support Link in providing an efficient service to our tenants, once the assessment of the requirement for an adaptation has been completed. We would not want a new system to jeopardise our ability to provide this service. It is, however, recognised that the current organisational and funding arrangements can be confusing (for both customers and officers), result in inequitable access to adaptations and are inadequate to respond to the projected increase in demand for adaptations.” (Housing Association/Housing Association representative body)

**Encourage partnership working and better communication (19% of respondents)**

- 6.11 A further key theme which emerged from the consultation responses was the need to develop a more sustained and multidisciplinary approach. This includes references that the current system examines individual needs by key professionals who are often involved in treating the tenant as their patients rather than considering wider needs. However, the consultation responses revealed that this system is not necessarily working as well as it could and suggested that partnership and collaborative working between key agencies – such as the patient, their wider family, their carers and advocates – should be encouraged in future, which will better address and meet individual needs;

“Individual needs are currently assessed by professionals who often treat the person as a patient or a tenant or an owner, rather than as someone central to the process. This treatment has been supported by the divisions in funding and responsibility between health, social care, and housing. It is crucial there be a partnership approach which includes the person needing adaptations, their family, carers, and advocates. A more consistent approach to funding is required.”  
(Local Authority/Local Authority representative body)

- 6.12 Furthermore, bringing together different social groups and working with them may create new networks and relationships which would, otherwise, have been less likely to exist. Respondents noted that working closely with often

excluded groups, such as disabled individuals, will integrate them and help them to voice their individual needs. For example, partnership working with disabled children and their families helps inform them of the different adaptation services that are already in place; how it can meet their individual needs; and building these needs and groups into the strategic planning going forward, shaping future improvements and change – as their agendas are often dissimilar;

“As part of the impact assessment it should be noted how few disabled children or their families respond to consultations such as this. Parents of disabled children do not know that a disabled adaptation service exists until they need it and then they find the confusing and depressing state of play that currently exists, to layer on top of the other practical and emotional issues that need dealt with just as they are at arguably the busiest period of their own life cycle. This excludes them from most carer groups and consultation event meetings...” (Individual)

#### **Care and Repair service (7% of respondents)**

- 6.13 Around 7% of respondents (involving care and repair organisations and local authority/local authority representative bodies) made additional comments in relation to the role of the care and repair service within the adaptations process. This included believing that the care and repair service could be extended and maximised in future to deliver further and improved services, which would thus encourage multidisciplinary working; improved and faster service provision to clients; enhanced knowledge transfer, and greater flexibility. The quote below highlights the benefits of the role of care and repair within adaptations:

“The role of care and repair within adaptations could be extended with options such as projects having in house occupational therapists, which has been tried with success with borders care and repair. This speeds up waiting times, and provides on-site expertise for care and repair staff. Projects could get more heavily involved with hospital discharge and falls prevention if funding was made available, and systems were more flexible.” (Care and Repair organisation)

- 6.14 The quote below supports the further involvement of care and repair services within the delivery of adaptations.

“Care & Repair services already have a crucial role to play in supporting older people to remain safely and independently in their own homes. This resource should be developed as a central part of a consistent approach to the delivery of adaptations across the country.” (Local authority/local authority representative body)

6.15 There were other issues raised by various different consultation respondents which focused on issues such as the administrative aspects of the adaptations; e.g. the introduction of a register for rented housing for subsequent use, as well as the nature and design of the consultation paper itself, and the desire to become involved in further consultation on the subject.

## 7 THE VIEWS OF SERVICE USERS

### Introduction

- 7.1 The review of consultations provided during the previous sections is largely weighted towards the views of organisations operating within the adaptations sector as opposed to service users – responses were received from just three individuals. This should be taken into account when assessing the implications of the findings from the consultation exercise.
- 7.2 The views of service users were sought through three consultation events in Glasgow, Edinburgh and Inverness during August 2012. These were attended by approximately 40 service users. This section summarises the feedback provided at these events which sought views on the main issues associated with the current system for delivering adaptations and the future organisation and funding of adaptations.

### Views on Changes and Issues Identified

- 7.3 Service users at the regional consultation events also overwhelmingly agreed that changes are needed to the systems for delivering adaptations. They raised a number of issues, notably relating to:
- Communication and information;
  - The assessment process; and
  - The appropriateness of what is delivered.
- 7.4 With regards to **communication and information**, feedback included: making reference to the need for a single point of contact, clearer and more concise information for users about their entitlements, and where to get support, and the usefulness of having showrooms for adaptations so that people are able to see what is available.
- 7.5 A number of points were raised regarding the **assessment process** including: the need for greater emphasis on individual needs and what the individual wants rather than strict adherence to guidelines, the importance of muted colours and appropriate lighting for people on the autistic spectrum, and the need for greater transparency and better information regarding self-assessment.
- 7.6 With regards to the **appropriateness of what is delivered**, the main point made was the need to ensure that the adaptations are appropriate to the disabled person living in the property, not just disabled people more generally. In addition, reference was made to improving choice and designing adaptations that are easy to use.
- 7.7 Other views expressed by service users included the length of waiting times for adaptations, the need to plan ahead particularly to take account of the

changing needs of children, and to ensure that disabled peoples' needs are taken into account in the refurbishment programmes in social housing. Other points raised included the need for streamlining change to building standards, the pressures which changes to housing benefit rules would place on adaptations budgets, and the potential procurement savings which could arise from the integration of health and social care.

### **Views on Changes and Issues Identified**

- 7.8 The service users were most in favour of the **individual option** for the delivery of housing adaptations. Generally, service users did not have a preference with regards to the management and funding of the system as long as the chosen approach provided increased choice and control as well as sufficient funding. A number of general points were also emphasised including that everyone should be entitled to the same service regardless of housing tenure, the need for consistency and clearly defined national structures and boundaries (including a suggested 'National Care Service for Adaptations').
- 7.9 The greatest support and most commentary was provided for the individual option. Key points made were that the maximum involvement of an individual in the choice and adaptations would speed up the process and provide the best results. Some service users, however, acknowledged that in some circumstances people may not be able to take the lead in planning their adaptations and that independent and easy to access advice and support would be extremely important. A number of views were provided regarding the nature of individual budgets including the need to take maintenance costs into account and the fact that the person's needs may change and that new technology could become more appropriate. In addition, there is a need to guard against increasing bureaucracy with personal budgets.
- 7.10 With regards to the **health and social care option**, it was felt that health and social care bodies were still 'finding their feet' and there was not yet enough clarity on the integration process for them to assume control of housing adaptations. The point was also raised that the health sector should not pay for adaptations that are not medical and that there are concerns about the development of boundaries between the delivery of adaptations for adults and children. With regards to the **local authority housing option**, the point was made that currently, most people would look to their local authority (or landlord) if they needed adaptations.
- 7.11 An alternative model – a local third sector organisation operating the model linked to the model for respite care, Shared Care Scotland – was also suggested. However, in summary, the majority of service users agreed that changes were needed to the current system and that the individual option for the delivery of adaptations would be the most appropriate.

## 8 SUMMARY AND CONCLUSIONS

### Summary

- 8.1 This report provides an analysis of responses to the independent Adaptations Working Group’s consultation on options for change and improvement to the future organisation and funding of adaptations for older people and disabled people. The consultation was based around ten key questions. The majority of responses to the consultation questionnaire were from organisations who either deliver or support the delivery of adaptations – therefore the views within this document are heavily weighted towards these groups. Likewise, there were few responses from organisations within the health and social care sector. Feedback from service users was obtained through three consultation events,
- 8.2 The consultation process was welcomed by respondents, who were primarily those involved in the delivery or supporting the delivery of adaptations. All of the respondents were of the view that there were some issues with the current system. Overall, the feedback regarding the changes suggested was positive – over 70% of respondents to the questionnaire felt that the correct issues were identified and there was majority support for nearly all of the streamlining changes supported, although most felt that these streamlined changes would not be sufficient to address all of the issues. There was also overwhelming agreement amongst the service users consulted through the regional events that changes are needed to the systems for delivering adaptations.
- 8.3 With regards to the approaches to the organisational responsibility and funding for housing adaptations, responses were mixed, as set out below. The local authority approach was most popular for both organisational and funding responsibility.

<b>Question 4a and 7a – Which of the three approaches to organisational and funding responsibility do you believe would provide the most effective and deliver the greatest benefits?</b>				
	<b>Organisational</b>		<b>Funding</b>	
<b>Approach</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Through the local housing authority	24	35	27	39
Through the health and social care partnerships	12	17	18	26
Through the individual	15	22	5	7
Through a combination	10	14	14	20
Don't know / Blank	8	11	5	7
<b>Total (n=69)</b>	<b>69</b>	<b>100</b>	<b>69</b>	<b>100</b>

- 8.4 There were a number of positives and negatives highlighted for each approach. Reasons for favouring the local authority approach included that it

would be one of the easier options to implement given their structures and experience of dealing with funding streams as well as their links to the wider strategic housing agenda and housing skills. However, there is also a danger that adaptations budgets and issues may 'get lost' within the variety of services provided by local authorities.

- 8.5 Similar issues were raised regarding the responsibility being passed to health and social care partnerships. This approach may enable a holistic approach to assessing the health and care needs of the individual and that as adaptations were health related services, it was right that they should be funded through health and social care streams. However, drawbacks to this option were highlighted, stating that it would be difficult to absorb adaptations into the sector at a time of significant change.
- 8.6 Finally, the greatest number of issues were highlighted in relation to the individual approach, however this approach was seen to fit most closely with current policy agendas (e.g. personalisation and self-directed support) in terms of meeting the needs of the individuals. However, the service users consulted via the regional consultation events, however, were in favour of the individual option for the delivery of adaptations. Service users also emphasised the need for high quality, independent support to make this work as well as increased choice and control for the individual and sufficient funding.
- 8.7 This report provides an analysis and collation of the overall themes and trends emerging from a review of all of the responses to the consultation. Due to the profile of the respondents to this consultation, it needs to be recognised that the views within this document are heavily weighted towards organisations who either deliver or support the delivery of housing adaptations.

## ANNEX 1 CONSULTATION QUESTIONNAIRE

### QUESTIONNAIRE

A questionnaire is attached for your response. It covers all the questions included in the consultation paper. Please note that the response boxes will expand as you type. Responses are invited by **27 July 2012**.

Please send the completed questionnaire (including the respondent information form) as a Word document or PDF by e-mail to:  
[housingsupport@scotland.gsi.gov.uk](mailto:housingsupport@scotland.gsi.gov.uk)

or post your response to:

Independent Living Team  
Housing Services and Regeneration Division  
Scottish Government  
Mail Point 22  
Area 1-H South  
Victoria Quay  
Edinburgh EH6 6QQ

Please ensure that you complete the respondent information details on the first page of the questionnaire to allow your response to be analysed. If you choose not to use the questionnaire for your response, please ensure that you include the information requested on the first page of the questionnaire. If you ask for your response not to be published, we will regard it as confidential and will treat it as such.

Respondents should note that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002. This means we have to consider any request made to us under the Act for information relating to responses made to this consultation exercise.

If you have any queries about how to reply, please contact a member of the team on 0131-244-5527, or e-mail us at [housingsupport@scotland.gsi.gov.uk](mailto:housingsupport@scotland.gsi.gov.uk)

## **ADAPTATIONS WORKING GROUP**

### **CONSULTATION ON OPTIONS FOR CHANGE IN THE DELIVERY OF HOUSING ADAPTATIONS**

#### **Questionnaire**

##### **Respondent information form**

**Organisation name (if applicable)**

**Surname**

**Forename**

**Postal address (including postcode)**

**Telephone number**

**E-mail address**

**The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you content for your response to be made available? (Yes/no)**

**Are you content for the Scottish Government to contact you again in relation to this consultation exercise? (Yes/no)**

**Question 1**

**Do you agree that there are issues with the current arrangements for housing adaptations, which need to be addressed?**

- **If so, has the Adaptations Working Group identified the main issues?**
- **Which issues are most important to address?**

**Question 2**

**Are there parts of the current arrangements that you think work well and should not be changed?**

**Question 3**

**Which of these minor (streamlining) changes do you think would improve the current arrangements for delivery of adaptations? Why?**

- **Do you think these changes would be sufficient to address the issues?**

**Question 4**

**Which of the three approaches to organisational responsibility (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?**

**Question 5**

**Are there issues or risks with any of the three approaches to organisational delivery that are not covered above?**

**Question 6**

**In the context of personalisation, what are the most important things to put in place to ensure that people who need adaptations and their carers are at the centre of the process and have choices?**

**Question 7**

**Which of the three approaches to funding (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?**

**Question 8**

**Are there issues or risks with any of the three approaches to funding that are not covered above?**

**Question 9**

**Do you think we currently have the fairest arrangements for people, who have personal resources, including both income and equity in their current home, to contribute to the cost of their own adaptations?**

- **If you would like to see changes, what would these be?**

**Question 10**

**Do you have any comments on any other issues related to the future delivery of housing adaptations, which aren't covered above? If yes, please provide details.**

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