



**Making Adaptations
Work for Older People
in Scotland**

MAKING ADAPTATIONS WORK FOR OLDER PEOPLE IN SCOTLAND

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FOREWORD

Being able to live independently, safely and well in your own home for as long as possible is the consistent aspiration of the vast majority of older people in Scotland. This has been highlighted loud and clear through a wide range of Age Scotland research as people want to keep that connection to their community, family and friends.

As our country ages rapidly, and faster than the rest of the United Kingdom, it is vital that the housing needs of older people in Scotland are met. Scotland can and should offer a robust and world leading adaptations framework and service to enable older people to make the necessary changes to their home to facilitate healthy, independent living.

Are we there yet, or what needs to happen for this to become a reality?

By 2035 there will be more than 1.7 million people aged 60 or over, a 35% increase from 2015, and around three quarters of a million people aged 75 and older, a 68% increase over these two decades. Effective planning and delivery are needed now if, as a country, we are to make Scotland fit for the future.

Age Scotland is delighted to have worked with the University of Stirling to co-produce this report focusing on the role of adaptations in future-proofing homes and environments for our ageing population. Together we have analysed the findings from national surveys which asked older people about their experience of home adaptations, followed by focus groups and interviews with people aged 55 and over across social and private sector housing tenures.

We believe that this report adds to the growing body of evidence on housing and ageing and is firmly grounded in the views of older people themselves. Through this extensive engagement hundreds of older people were able to identify and share what they believe contributes to a good life in older age, the role their home plays in that, and what needs to change to meet their housing requirements today and in the future.

Helping older people to live independently in their own homes for as long as possible is rightly also a key focus of Scottish Government policy on housing and support services, and this report highlights the steps which will be necessary if we are to achieve further progress.

It has a range of key recommendations, including the establishment of local and national-level adaptation hubs and investment in a 'Home Upgrade' campaign for older and disabled people. All of which will need strong collaboration between national and local government to make it a reality.

This report is for decision makers and the public alike and it is my hope that it shapes our housing policy and practice so that the needs of older people are much better met and improves their quality of life in the years ahead and for generations to come.



Mark O'Donnell
Chief Executive
Age Scotland

EXECUTIVE SUMMARY



This report places the experiences of older people at the heart of understanding home and environmental adaptations (or modifications) in Scotland. It presents new empirical findings via a mixed-method approach, including focus groups and interviews with older people, secondary analyses of three Age Scotland national surveys and a mapping exercise of current public data sources to generate nuanced insights into older people's experience of home adaptations in Scotland. The report also offers insights from interviews with front-line practitioners delivering adaptations in housing and social care and three case studies to outline good practice in adaptations delivery.

The importance of adaptations to support ageing well

The context of the report highlights evidence of adaptations that enable people to live independently at home and within their surrounding environment through **increased feelings of safety, social participation, confidence, control and self-respect.**

Adaptations for older people involve consideration of a range of factors that link to health, safety and wellbeing, including cognitive and sensory needs, heating issues, cost and consideration of energy efficiency measures and technology.

Survey results highlight that the most frequent adaptations include grab rails, specially designed bathrooms, lighting, ramps and alarms. Qualitative data also gives insight into how **adaptations are considered to be wider than standard modifications**, to include storage, alarms, everyday technologies and more.

The most conventional pathways or routes for accessing adaptations include a health crisis, long-term health diagnosis, difficulty in accessing home and wider environments, and support for caring roles. However, **pathways and criteria for support vary between area, tenure and eligibility criteria.**

Adaptations have an important role in prevention, although it is **difficult for service users to plan for the future** as future needs are hard to project

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and support is unclear. Preventative support is one of the most important, yet challenging, themes in housing and ageing. There were many examples of self-funded adaptations, with challenges of managing this in times of health crisis and changes in identity (such as becoming a carer).

Evidence highlights individual agency as an important aspect shaping older people's experiences of the adaptations process. However, consistent feedback (both in successful and unsuccessful adaptation journeys) is that **this process is a 'fight'**. People must push and chase to make progress. There is a need to focus on service-user involvement to promote feelings of empowerment and control in creating a positive impact.

Examples of both successful and unsuccessful adaptation journeys promoted the need for flexible systems and support for helping individuals manage the often complex adaptations process (especially when working with contractors). From the perspectives of older people, the report shows a future-facing understanding of adaptations that are simply **things that can make life easier and comfortable for people, especially those living with physical and/or mental health support needs**.

Information, advice and the importance of communication

Information and advice to support all aspects of the adaptations journey was a key theme that emerged from the data. The interviews and focus groups highlighted poor public awareness of where and how to access adaptation services, with little being known about the system itself. The range of information available within Local Authorities, key contact points and what is available for the private sector in particular highlights a complex and fragmented landscape for older people to navigate, which currently acts more as a barrier to accessing these vital services, rather than enabling older people to make informed decisions on how they wish to live in later life.

The mapping shows that information on equipment is difficult to access, and older participants noted that tangible and physical examples can be much more impactful ways of learning about effective adaptations.

To overcome the **diversity and difficulties in accessing information and advice**, participants asked for a 'flagship go-to place' that could give consistent information about eligibility and grants.

Insight into the front-line practice supporting adaptations

Three case study areas including the Scottish Borders, North Lanarkshire and Aberdeenshire highlight how adaptations are implemented and delivered on the ground. This gives insight into the different schemes that support older people across Local Authority areas.

Policy development in Scotland around adaptations is embedded in the integration of health and social care, with a new strategy for Housing to 2040 further committed to a wide range of adaptations-related interventions for supporting this process. The case studies offer insight into what this looks like at the front-line, with **good practice involving effective partnership working and the key role of assessment in person-centred and preventative modifications to homes**. Different funding pathways add to bureaucracy and waiting times.

The case studies highlight **challenges with capacity** and negotiation between increasing demand alongside constrained financial resources, Occupational Therapist (OT) recruitment and retention. Good quality, local **building contractors** are difficult to find and retain to service the capital programme. There were also **calls for evidence** to provide a strong business case for continued investment in adaptations in terms of positive health and wellbeing outcomes for older people plus savings to the NHS and Social Care.

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Re-imagining the adaptations process from older people's perspectives

The allocation and management of existing housing stock will have significant positive implications for the health and wellbeing of older people in Scotland in the future. The evidence gathered offers a re-imagining of the adaptations process from the perspectives of older people to support this. **Informal processes have a significant role** in understanding, accessing and leading to self-management around adaptations.

This research project has shown a much more complex web of informal assessment, pre-planning and management that are not a clear part of the formal adaptations process. There were also **significant overlaps between different policy agendas in Scotland such as energy efficiency and technology**. Adaptation processes and delivery must be expanded to involve wider household needs.

Recommendations:

- Invest in local and national hubs for a 'one-stop shop' for adaptations support.
- Redefine and expand adaptations criteria to include wider consideration of support needs within the home.
- Invest in a 'Home Upgrade' campaign for older and/or disabled people as an investment in preventative support focusing on upgrading current housing stock across Scotland that is not fit for purpose, which has the most potential for planning for ageing.
- Create consistent language, avoiding jargon, in information and advice around adaptations.

- Review the suitability of the private rented sector for healthy ageing.
- Expand support for adaptations to include informal stages.
- Ensure consistent funding mechanisms between areas and tenures.
- Ensure that all Care & Repair services are funded appropriately.
- Increase support for effective partnership working between housing, health and social care.
- Link in wider housing condition surveys and carbon neutral ambitions to adaptation processes.
- Improve evaluation processes and existing outcome measures.
- Establish a good practice review on contractor procurement.
- Take a proactive Inclusive Living Approach to planning for housing and adaptations.
- Enable advice services and the public in understanding what good, inclusive design looks like.
- Create a consistent, household approach to assessment across all tenures and throughout Scotland.

The conclusion section summarises the evidence and insight presented throughout the report to give evidence-based recommendations that can improve the adaptations process from the perspective of older people and front-line practitioners delivering key services in Scotland.

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INTRODUCTION



Helping older people to live independently and safely in their own homes for as long as possible is a priority focus for Scottish policy on housing and support services. Home and environmental adaptations (or modifications) play a central and important part in preparing for the housing, health and social care needs of an ageing population in Scotland.

This research, carried out by the University of Stirling in partnership with Age Scotland, explores how older people in Scotland use adaptations as a key mechanism supporting their independence and diverse health needs.

Empirical evidence is presented to give insight into the general experience faced by older people when adaptations are required in their homes, exploring ease of access to information, finance and accessibility of assistance and delivery mechanisms. Public information on Local Authority websites and the services available for older people are mapped across Scotland, highlighting elements of good practice and exploring the differences between services that

are available from each Local Authority. In so doing, we provide recommendations to help identify what steps need to be taken to improve adaptation processes for older people.

The evidence outlines a re-imagining regarding the understanding of the adaptations process from service user experiences, emphasising the important role of agency, control, informal networks, self-funding and management challenges when trying to understand, access and effectively deliver home modifications.

The report identifies good practice that supports the future challenges that will face older people in Scotland when required to make essential changes and repairs to their homes. This will involve linking adaptations with wider agendas, including property condition, technology and energy efficiency measures.

Overall, the report gives insight into the experiences behind the everyday delivery of adaptations, and how these impact people's lives. Without clear action being taken now

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to sustainably support adaptation services in Scotland, living independently within homes and communities will be an increasing challenge for older people and lead to increasing pressure across existing health, social care and housing policy frameworks in Scotland. With the momentum building inspired by Housing to 2040, Scotland has the chance to create a world-leading adaptations service that can future-proof for an ageing population.

The role of adaptations

Adapting existing housing is recognised as “the pre-eminent way of enabling people to continue to live at home independently” (McCall, 2022b, p.251) and delivers efficient ways for person-centred support (Royal College of Occupational Therapists, RCOT, 2019). It is also one of the tangible areas that housing and health service providers can support accessibility and usability needs of older people in the existing housing stock. These interventions support diverse groups, such as disabled people across the life course. This report, however, predominantly focuses on how adaptations support an ageing population.

Most often, home adaptations involve making physical changes to the immediate home environment. These modifications can include internal and external environments, equipment (such as a grab rail, or stair lift) or wholesale refurbishments (such as creating a wet room in a bathroom with a level access shower, widening the doorway, or installing a ramp). Adaptations can also include the installation of security devices, for example, outside lights and alarms, or heating devices that are made for the purpose of supporting healthy ageing. Costs of home adaptations vary accordingly in relation to complexity, from a few pounds for a grab rail to thousands of pounds for more comprehensive refurbishments. Investment in adaptations also includes other resources such as staff time and process costs as well as material costs of the physical adaptations (see McCall 2022a for more detail around the funding policy landscape).

Home adaptations have been proven to be crucial for older people to keep healthy and improve the quality of life through a variety of academic evidence, including key themes such as:

- The positive effect of home adaptations on improving older people’s functional performance and/or safety (e.g. Golding-Day & Whitehead, 2020; Petersson et al., 2009; Petersson et al., 2008; Whitehead et al., 2018);
- Reducing fall injuries (e.g. Keall et al., 2015; Keall et al., 2021);
- Increasing social participation (Chandola & Rouxel, 2022; Thordardottir et al., 2019);
- Boosting confidence, sense of control and self-respect in late life (Heywood, 2004; Whitehead & Golding-Day, 2019);
- Reducing family carers’ burden (Heywood, 2004);
- Supporting people to keep living in their communities (e.g. Hwang et al., 2011; Safran-Norton, 2010).

All these benefits can contribute to savings of monetary and/or labour costs to the health and social care sectors (e.g. Carnemolla & Bridge, 2019; Hollinghurst et al., 2022, Hollinghurst et al., 2020; Keall et al., 2015; Keall et al., 2017; Salkeld et al., 2000).

In Scotland, Local Authorities have the statutory duty to fund home adaptations and provide relevant advice, information, and assistance to get the work done. Home adaptations for the private sector are usually funded through The Scheme of Assistance (see the Housing (Scotland) Act 2006, Scottish Government, 2006). There are issues however with different pathways from referral to installation across different Local Authority areas (McCall, 2022a; Zhou et al., 2020b). For the social rented sector,

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routes differ depending on housing association or Local Authority governance. There are also nationally recognised third sector organisations, such as Care & Repair Scotland, Housing Options Scotland, Citizens Advice Bureau and Age Scotland, providing advice, information, and practical support with funding applications, home assessment, contractor allocations, etc. Care & Repair Scotland have contractual agreements with many Local Authorities. Alternatively, people may self-fund their adaptations without any input from the Local Authority.

Traditional understandings of home adaptations are gradually reframed by the growing use of smart technologies (for detailed examples, see a recent review from Ma, Guerra-Santin & Mohammadi, 2022). Assistive technology and training are important complementary interventions to home adaptations. Adaptations are often focused on internal home spaces, but transition through the wider environment to supporting ‘ageing in place’ is increasingly crucial and supports the Scottish Government’s wider conceptualisation of housing and place (Scottish Government, 2021).

Policy development

Since the delivery of home adaptations involves multiple departments/sectors, in particular the health and social care sector and the housing sector, the process can be sometimes complex, piecemeal and slow (Zhou, Oyegoke, & Sun, 2019, 2020a; Zhou et al., 2020b). The integration of housing sectors within the impetus of ‘Joint Working’ in Scotland is still ongoing.

In 2014, Scottish health and social care systems were integrated to improve the coordination of health and social care delivery and consequently deliver better health and wellbeing outcomes for individuals. The ‘Public Bodies Joint Working (Scotland) Act’ (Scottish Government, 2014b) provides a national framework to accelerate the progress of person-centred, integrated care across health boards and Local Authority areas.

One objective of this integration was to address the challenges associated with the current health and social care system in Scotland. This includes responding to and better meeting the needs of an ageing population by ensuring services and resources could be used more flexibly – partly through earlier intervention, which could reduce future demand from the system (Joint Improvement Team, 2015). There has been an ongoing interest in reviewing the adaptations process (see an outline of these important policy documents in the connected report by McCall, 2022a and Wang, Gibb & McCall, 2022).

Implementation initially focused on planning and resourcing service provision for older people, although this has since broadened to all adult services (Kaehne et al., 2017). The Improvement Hub Impact Report (ihub, 2017) reinforced that housing was a crucial part of health and social care integration. However, there was variation across Scotland, with only 17 of 31 SCPs containing a housing contribution statement (ihub, 2016). All statements now have housing included, yet a following report from Audit Scotland (2018) still noted concerns about the variation of engagement with the third sector (with a focus on housing). McCall et al. (2021) highlighted that, according to policy makers, practitioners and older people, housing has only been a peripheral part of health and social integration so far, and that more work is needed to place housing at the heart of integration and better support older people’s needs in Scotland. The Health and Social Care Alliance Scotland (the ALLIANCE, 2018) reinforces the importance of the third sector’s role in this area. The final Health and Social Care integration progress review noted that successful Integrated Joint Boards (IJBs) were ones with open and inclusive partnerships that “include representatives of key partners in integration, including the independent and housing sectors” (Scottish Government, 2019, see Appendix B for information on IJBs). Adaptations delivery in Scotland sits with the Integrated Joint Boards, but delivery often is with housing partners. This research will give insight into how the adaptation process is experienced

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from the point of view of older people, and reveal the journeys they have undertaken, or plan to undertake in supporting their current and future health and care needs.

Housing to 2040 sets out a vision for housing in Scotland and a route map to get there. It aims to deliver the ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be (Scottish Government, 2021). By 2040, it is projected that there will be over 730,000 people in Scotland aged 75 or over. This will put a much greater demand on housing and health and social care services to help people to live independently at home and our response must match the scale of the challenge (National Records of Scotland, 2019).

As part of Housing to 2040, the Scottish Government has pledged to take action so that homes support those with long-term conditions and disabilities (Scottish Government, 2021). A 2018 report on housing issues affecting disabled people by the Equality and Human Rights Commission set out a high level of need for adaptations (Equality and Human Rights Commission, 2018). Housing to 2040 has highlighted the following changes that will take place relating to adaptations:

- Improve the adaptations system by streamlining and accelerating the process;
- Better integrate the work of health and social care with housing services;
- New homes should be future-proofed for accessibility, avoiding costly adaptations in the future when people's needs change;
- Introduce new building standards from 2025/26 to underpin a Scottish Accessible Homes Standard which all new homes must achieve;
- Use NPF4 (The fourth National Planning Framework) to help make more accessible homes available by helping to deliver

tenure-neutral wheelchair housing targets, supporting sites for self-provided housing and delivering homes in accessible locations;

- Establish an inclusive programme of retrofitting social homes;
- Address the practical barriers faced by older and disabled home movers who wish to move to a home that better meets their needs;
- More opportunities for self-provided housing;
- A tenure-neutral approach to adaptations would be beneficial.

It is important to also note the other key policy transitions happening in Scotland that also link to the housing and home adaptations agenda. The National Care Service Bill, introduced on 20th June 2022, includes a focus on supporting people in their own homes, as well as prevention and early intervention (Scottish Government, 2022b). To address climate change, Scotland is aiming for net zero emissions by 2045. Buildings are a key focus, with heating, insulation, and technology innovation to be key energy efficiency measures (Scottish Government, 2020). This is similar to aims and objectives across the UK, for example with guidance for Local Authorities delivering disabled adaptations in England linking housing assistance policies to a range of other issues including energy efficiency (DLUHC & DHSC, 2022). The challenges and fragmentation around adaptations delivery is similar across the UK (McCall 2022a), but with the platform created by Housing to 2040, Scotland has the chance to take the next step and create a stand-out adaptations service.

Key Research Questions

The report aims to identify good practices in the provision of adaptation services across Local Authorities. The report examines the future challenges that will face older people in Scotland when required to make essential changes and repairs to their homes.

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1. How do adaptations support older people living independently within their homes and communities?
2. What information, advice and assistance are available across Scotland, broken down at the Local Authority Level?
3. What differences emerge between tenures (Owner Occupied, PRS, Social) for older people accessing adaptation services?
4. What actions are needed to sustainably support adaptation services in Scotland?

Structure of this report

This report places the experiences of older people at the heart of understanding adaptations and structures as follows.

Section 1 examines adaptation pathways, routes and journeys experienced by older people. It then discusses the impact that adaptations can have on people's lives, including the important role of prevention. The section concludes with insights into how adaptations were understood and viewed by older people, and how they can link to identity and unmet needs.

Section 2 goes into detail on the range of information and advice available to older people, highlighting it as one of the key themes of the research. The range of information available within Local Authorities, key contact points and what is available for the private sector in particular highlights a complex and fragmented landscape for older people to navigate.

Section 3 then moves on to give insights into the provision of adaptations from a professional practice viewpoint. The report offers three case study areas (Scottish Borders, North Lanarkshire and Aberdeenshire) to highlight how adaptations are implemented and delivered on the ground. This gives recognition to the different schemes that support older people across different Local Authority areas. The case studies also give insight into how important governance and culture are to a positive adaptation process.

Section 4 builds on insights from sections 1-3 to offer a re-imagining of the adaptations process from the perspectives of older people. This gives emphasis to the informal processes that happen around adaptations before the formal process begins. This also involves the overlap between different policy agendas in Scotland such as energy efficiency and technology and why the umbrella of adaptations delivery needs to be expanded.

Section 5 concludes and summarises the evidence and insight offered through the report to give evidence-based recommendations. These show how the adaptation process can be improved from the perspective of older people and front-line practitioners delivering key services in Scotland.

Methodology

In order to generate deep insights into the journeys that Scottish people experienced around the adaptations process, this research made a mixed use of different research methods and data sources. Specifically, these included:

1. A 'policy mapping' exercise which looked into the varied policies for home adaptations across different Local Authority areas in Scotland;
2. Secondary statistical analyses of survey data collected in three National Housing Surveys (2018, 2020 and 2022) led by Age Scotland to achieve a general understanding of older people's views of adaptations in Scotland;
3. Semi-structured interviews and focus groups were carried out with older people (aged 55 and over) which aimed to understand the lived experience of adaptations;

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- Interviews with frontline workers in three Local Authority areas (Aberdeenshire, Scottish Borders and North Lanarkshire) as three 'case studies of good practice' which offered insights into possible future improvements of adaptation services.

They are further elaborated on below.

Policy mapping

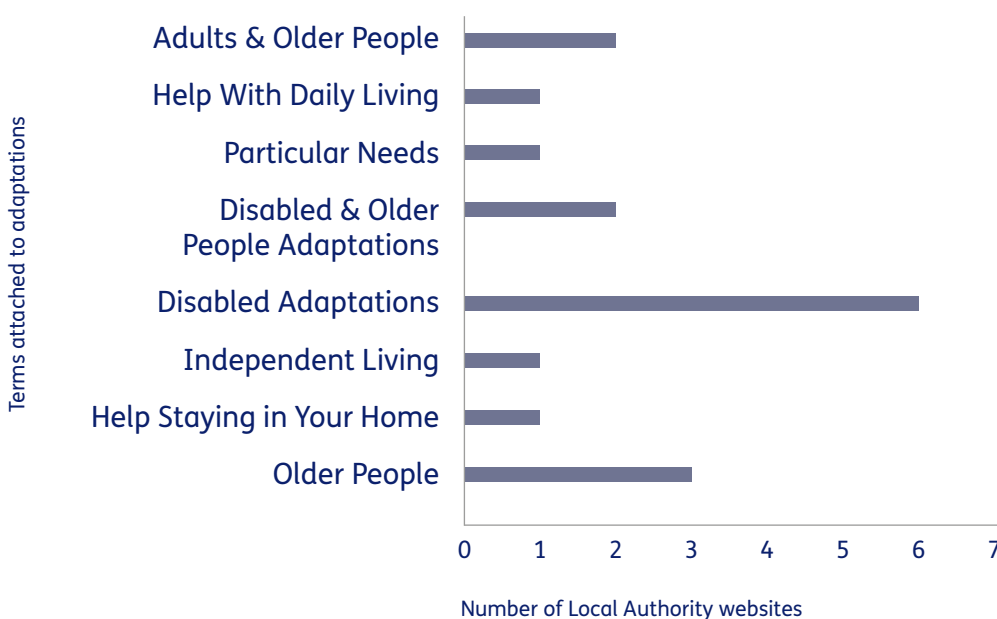
The mapping exercise provides insights into the information that is available for each Local Authority. This is a review of the publicly available information on Local Authority webpages, specifically on adaptations and the Care & Repair services they offer. This review included information on Care & Repair services provided by each Local Authority to help to identify what steps need to be taken in order for there to be a consistent approach to the availability and quality of these services across Scotland.

The mapping review provided quantifiable data from each of Scotland's 32 Local Authority websites, compiled in a Microsoft Excel spreadsheet. The mapping involved accessing the

site via the search bars to see what information was available on the site regarding adaptations. The information displayed for some Local Authorities included a variety of other words that had to be entered to try to obtain the information required. When mapping each Local Authority website for the term 'adaptations', not one site used the word adaptations on its own. Figure 1 highlights the variety of terms attached to adaptations.

This secondary data which was readily available on each Local Authority's website was to provide details on what services were available for adaptations for older people and identify any Care & Repair services that were available within each Local Authority. This analysis of previously collected data can be subsumed within the tradition of quantitative research (Bryman, 1988). The quantitative data can be analysed statistically to provide insight into available adaptation information and Care & Repair services, and it also provides the opportunity to highlight any gaps in the information available or services that are provided based on the Local Authority area.

Figure 1. Terms attached to 'adaptations' within Scottish Local Authority websites



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Secondary statistical analyses

Meanwhile, we examined the data collected from 2018, 2020 and 2022 Age Scotland's National Housing Surveys and carried out new statistical analyses. This secondary analysis, which involves sources of data and other information collected by others and archived in some form (Stewart & Kamins, 1993), created a unique opportunity to compare and contrast data on adaptations in Scotland over time. The three surveys contained both closed and open-ended questions which asked people about their views on issues related to adaptations. The sample sizes varied, and in particular, the 2020 survey which had 1,231 responses offered interesting insights (see Age Scotland, 2020). Comprehensive descriptive statistics of the three surveys' responses can be found in relevant reports (SCOTINFORM, 2018, 2020, 2022).

We explored the data in three ways. First, using logistic regressions and ordinal logistic regressions, a few telling associations were found between responses to some questions in the surveys. They link very well with the interview and focus group findings (introduced below). Second, the possible existence of a few trends was identified by comparing the 2018 and 2022 survey data on certain responses. Due to some inconsistency in terms of specific questions asked in each survey, this piece of analysis focused on the commonly asked questions only. Third, the 2018 and 2022 surveys also asked respondents to give their residential postcodes. Using postcode data, we linked the survey responses to SIMD (Scottish Index of Multiple Deprivation) data to explore whether the level of neighbourhood deprivation would give further insight. Only complete cases were included in our analytical

samples. All analyses were completed in the R statistical programming environment (R Core Team, 2021). Analysing the quantitative data was complementary to the qualitative methods as specific key codes were identified from the interviews. This data was then put into a variety of tables and charts to provide comparisons and show figures to complement or contrast with the views of the participants.

Focus groups and interviews with older people

The qualitative strand is the core of this research. We conducted three focus groups and twelve semi-structured interviews to collect qualitative evidence on people's lived experiences of adaptations in greater depth. Special attention was given to understanding barriers and facilitators people experienced on their adaptation journeys. There were also another three participants who chose to send in comments via email.

Overall, this formed a sample of twenty-five older people aged 55 years old and over comprised of sixteen women and nine men from various Local Authority areas across Scotland (from the Scottish Borders to Highland Council).

Although the majority of them were owner-occupiers (20), people from social renting (3) and privately renting (2) were also represented in the sample. In fact, having older people from different tenure groups was purposefully done in our selection of participants. This was because adaptations for social housing follow a different pathway (e.g. the funding scheme) from those for private housing, and private rented sector (PRS) is a largely under-represented tenure group in

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the literature as well as in Age Scotland's survey samples (with only 3% in 2018 data, 7% in 2020 data and 4% in 2022 data). The PRS was also viewed as more unprotected than other tenant groups in receiving adaptations (Centre for Ageing Better, 2021). It is also important to highlight that six participants also had experiences of caring roles (including parents and/or spouses). These individuals played a significant role in the decision-making of adaptations, as revealed in this research and the literature (e.g. Ekstam, Fänge & Carlsson, 2016; Granborn, Tai & Ekstam, 2017). Given carers' needs and user-experience of adaptations is an overlooked theme in the literature (Wang et al., 2022), these participants offered personal but invaluable insights into thinking about adaptations at the household level. Both focus groups and interviews were conducted online. Transcripts were coded using thematic analysis (Braun & Clarke, 2006).

Interview with professionals as case studies

A further ten interviews were conducted with housing and health and care professionals across Scotland, predominantly in Occupational Therapy (OT) and housing support-related roles within Local Authorities and Care & Repair services. This group of interviews focused on operational issues such as partnership working, people and professional interaction, and governance. It also provided a different lens to reflect on findings that emerged in the focus groups and interviews with older people.

Most professionals we interviewed were from three Local Authority areas: Aberdeenshire, Scottish Borders and North Lanarkshire. These three areas were identified because people revealed positive experiences and feedback in the previous focus groups and interviews stage. We thus presented the findings of these interviews in the form of three case studies revealing good practice of adaptations.

This project received ethical approval from The University of Stirling on 28th January 2022 (GUEP 2022 6536 5398).

Section 1

The Importance of Home Adaptations to Older People's Lives



SECTION 1: THE IMPORTANCE OF HOME ADAPTATIONS TO OLDER PEOPLE'S LIVES

Home adaptations are becoming increasingly important to supporting the health needs of individuals, their families, and carers in the home environment, as well as to the planning for health-related events and a future ageing population. This section focuses on older peoples' perspectives on key issues related to adaptations, including what adaptations ought to include (and might exclude), different pathways/journeys of adaptations, their impacts and the role they play in preventing health crises. Two participants' journeys are mapped out to give a visualisation of the process embedded in real-world experiences. This highlights what an individual adaptations journey can look like, showing parts that go well and parts that can go less smoothly.

Towards a more inclusive definition for home adaptations

Adaptations in people's homes revealed in Age Scotland's National Housing Surveys covered a variety of items, ranging from extensive structural changes such as specially designed bathrooms, kitchens and through-floor lifts to less complex adaptations like ramps, grab rails, and outdoor lights. It also covers furniture and supportive technology like individual alarm systems, pressure sensors and door entry phones.

For respondents who had adaptations in their homes, grab rails/handrails, specially designed bathrooms and outdoor lights were the three most frequently mentioned adaptations consistently found in all three surveys (2018, 2020 and 2022). There was then an explicit growing trend in terms of the use of specially designed toilets over the years, mentioned by 16% in 2018, increased to 20% in 2020 and 26% in 2022 (see Table 1).

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Table 1. Adaptations Made at Home

Adaptations Made	Percentage of Mentioning		
	2022 Data	2020 Data	2018 Data
Grab rails / Handrails	68	60	68
Specially designed bathroom	64	53	51
Outdoor light	32	35	40
Specially designed toilet	26	20	16
Widened doors for wheelchair access	16	14	13
Ramps	15	11	17
Individual alarm system	14	16	28
Relocated light switches and power points	13	13	13
Special furniture	11	8	9
Stair lift	9	9	8
Specially designed kitchen	7	6	11
Extension to meet disability need	6	2	3
Door entryphone	5	10	12
Through floor lift	3	3	3
Pressure sensors	1	2	2
Other adaptations	9	11	12

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There was also an 'other adaptations' category in the survey beyond the listed items. The answers reflected respondents' broad views towards adaptations as well as their needs. For example, a few people mentioned installing items to counteract increased energy costs, such as a log burner, insulation, underfloor heating, etc. For some respondents, adaptations also meant adaptive solutions as alternatives such as sleeping facilities on the ground floor instead of adding a stair lift. Adaptations also meant convenience and privacy (ensuite bedroom), and access to outdoor spaces (garden decking to enjoy the sunshine). Some respondents went into very detailed aspects of their lives such as having taps with levers for easier turning, making windows easier to open, transforming hinged doors into sliding doors, and so on.

Such broad views were also evidenced in older people's understandings of adaptations in the qualitative findings. One participant gave a multi-dimensional and holistic conceptualisation of home adaptations that includes physical, mental and emotional needs.

"I think that people tend to regard adaptations as being purely physical. For example, grab rails leading up to a house. Perhaps making doors wheelchair accessible and so on. Indeed, that's very valid, very important but I think it goes beyond that. I think we have to look at the whole picture of how someone is able to live with perhaps, an illness, a disability, whether that is physical, whether it is mental" (C15).

Participants frequently mentioned the use of assistive technologies such as remote-control doors, electric scooters, outdoor security cameras, portable stairlifts, alarms, etc. They also discussed insulation, heating and energy efficiency, which is another issue related to health although "that's a whole different other potato" (C10).

"Technology and energy efficiency measures should be counted as adaptations - I got cavity wall insulation put in and extra insulation on the loft 3-4 years ago - that has helped with energy efficiency. I also installed gas central heating 5 years ago - it's much easier and controllable than the warm air heating from before. I want anything that enables me to keep as active as possible for as long as possible" (C19).

Some also talked about cleaning and storage which has rarely been discussed in the literature, and broadband was referenced as an important adaptation that supports everyday living.

Participants' views of adaptations went beyond focusing on their home, to include their local communities and the surrounding physical environments. This included physical characteristics such as street furniture, road surfaces, and equipment that enable people to "go about their day-to-day business on public streets", even policy initiatives such as bus passes.

What we saw in the data was a widening of what can be considered an adaptation from service users' perspectives, which was succinctly summarised by participants as "things [that] can make life easier and comfortable for people living with illness and disability" (Focus Group 1). This diverseness in terms of what an adaptation includes aligns with the Royal College of Occupational Therapists (RCOT, 2019) definition and re-categorisation of adaptations. This involves consideration of a range of factors that link to health, safety and wellbeing that requires a negotiation between the complexity of the situation and solution, which must always be person-centred and person-led. Support needs are interrelated, encompassing whole household considerations. Adaptations should not just be about physical requirements. They should include cognitive and sensory needs, heating issues, and consideration of energy efficiency measures and technology.

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Adaptation journeys

The pathways (i.e. routes) that people take to gain an adaptation are made more complex by the partnership and governance landscape in Scotland, which is varied and fragmented across Local Authority areas, tenure groups, and organisational policy (McCall, 2022a). Divergent pathways to adaptations were in evidence for older people right at the beginning. Specifically, reasons for requiring adaptations varied which included, though were not limited to, predominantly the following cases:

- A health crisis event (e.g. a broken ankle);
- A long-term health diagnosis (e.g. a diagnosis of dementia);
- Difficulty in accessing parts of the house and the facilities (e.g. getting in and out of the bath);
- The desire to tackle 'clutter' and manage storage;
- Adjustments to support caring roles (e.g. parents post-hospital visit).

Mostly, having home adaptations was a reactive rather than pro-active/preventative response to one or some of these above mentioned events. Participants who were owner-occupiers were often in longer-term family homes not purchased with ageing in mind. Only a few participants said they had chosen their current homes for level access and lifestyle choices, for example through purchasing wheelchair-accessible homes for future needs. However, there were also examples of participants moving to areas to access 'different' types of Local Authority support. There were also examples from participants who had modified homes to support a spouse, though did not plan future adaptations for themselves.

“I live in a three-bedroom detached house. My wife and I moved here six years ago specifically to this property because it would lend itself to adaptation should that be necessary. She’s had mobility issues for probably thirty or so years. She became more ill in 2020 so we converted a downstairs room to a wet room and we’re able to convert when necessary, what was the lounge to a bedroom so that she could if necessary live on the ground floor. That was very satisfactory and particularly useful up to the period before she died about fifteen months ago”
(Focus Group 2).

Most of the participants from the focus groups and interviews self-funded their own adaptations, especially less complex ones, and thus did not connect to the formal funding process of adaptations, such as the Scheme of Assistance.

The pathway to formal adaptations for the private sector in Scotland often involves Care & Repair services that includes independent advice and assistance offered across the country by Care & Repair Scotland to help homeowners and private renters repair, improve or adapt their homes so that they can live in comfort and safety in their own community. The service is available to owner-occupiers, private tenants and crofters who are aged over 60 or who have a disability (Care & Repair Scotland, 2022). However, participants living in the private rented sector (PRS) were often unaware that such help was available for them to adapt their homes and had focused on smaller manageable adaptations that could be sourced and self-funded, or those that did not need landlords' consent (such as new non-slip flooring).

Focus group participants who had experience with Care & Repair service overall saw it as a well-performed and trusted model. Nevertheless, Care & Repair was also a good example of how pathways to adaptations can diverge even when

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it comes to providing a single type of service, as each Local Authority is able to choose what financial assistance it provides to owners. Policy mapping shows the differences with 84% of Local Authorities offering Care & Repair services but 46% of Local Authorities having a lack of information available about Care & Repair services they provide. The mapping exercise also found that criteria for support diverged from what is first visible on the public web pages. **Figure 2** sets out information available on each local authority website that stipulates the set criteria to access Care & Repair services at a Local Authority level.

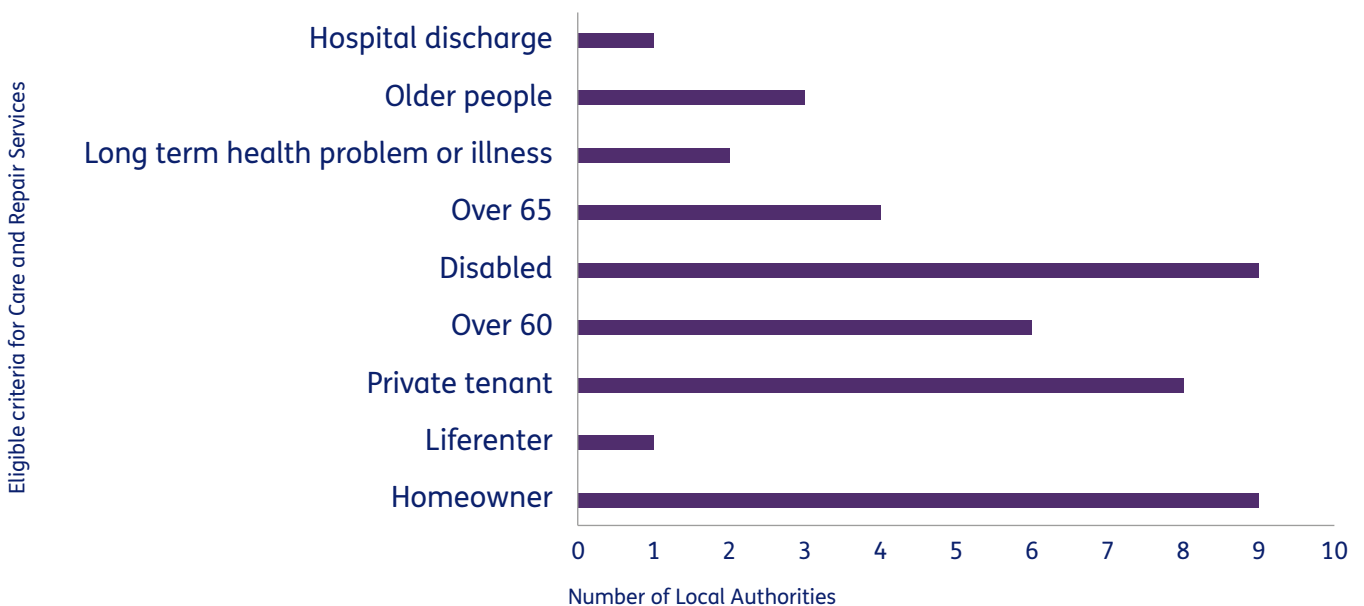
This data highlights that there is a variation of criteria stipulated on the websites about eligibility and pathways for support. It suggests that there

is variation in service provision across the country, which means that people may be receiving a varying level of service within a fragmented policy landscape (McCall, 2022a). Consequently, from the older person's perspective, the local response to presenting needs will vary by area, process and tenure.

Visualising the adaptations journey

To visualise some of the adaptations journeys, we present two participants' experiences below. Billy's journey has gone relatively smoothly, while Max's has been unsuccessful. These journeys are presented from their perspectives and highlight key facilitators and barriers that they experienced.

Figure 2. Criteria to be eligible for Care & Repair services



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Billy's (pseudonym, C3) Adaptations Journey.

58 years old, with diagnosis of Alzheimer's. Owner-occupier, living in a two storey, three bedroomed house

“ An OT came out, assessed me, gave me a bath board [laughing] and we decided that was not going to be very much use. She then came out again and we discussed further options and it was decided pretty much there and then that probably a downstairs wet floor would be more idealistic and to future proof the house for when I actually move downstairs

Pre-Planning	Billy lives in his family home, bought before diagnosis. It was not future-proofed, and everything had to be converted downstairs.
Experience	Billy luckily had expertise in architecture and working within the Local Authority, including the occupational therapists.
Diagnosis	Billy's diagnosis of Alzheimer's was the key point to begin adaptations.
Self-assessment	Billy planned his home adaptations. He self-funded some of the changes to his home, including widening doorways, creating open plan living in the kitchen, dining and living room with light walls, a dark feature wall, contrasting wood oak doors, grey with glass handles to contrast.
Contact	Billy began struggling in the bathroom, which triggered the need to contact the Local Council, which he did by phone.
OT assessment	Referred to the OT, Billy was assessed and given a bathboard. He was then very quickly reassessed for future proofing needs.
Approval	Billy was told work had been approved, and contractors came to measure for the work.
Managing	Billy was able to choose between two contractors.
Completion	It took five days to complete the bathroom, and the local council came out to inspect the work.

When I was diagnosed I then had to retire from my job. I knew straightaway that I would have to do something to the house and the idea was just to get it adapted there and then, so that it's ready for when things do progress to the worst. So probably within six months of retiring, we pretty much had the house adapted downstairs.

I knew exactly what I wanted. So that was done, I mean that was in my head anyway ”

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Max's (pseudonym, C16) Adaptations Journey.

65 years old, with diagnosis of epilepsy. Owner-occupier, living in a one storey house

“ I hadn't used a bath much actually because for many years I was aware of the fact that if I had a bath and, particularly if it was too hot I would think, fall asleep and get wobbly. I first started thinking about this in the autumn of 2018. Making practical steps to investigate the bathroom and that sort of thing having had the epilepsy diagnosis in 2017 and here we are in 2022

Pre-Planning	Max lives in his family home, which he designed for his family. It was not initially designed to support ageing but is on one floor, and generally adaptable.
Experience	Max has blackouts, as well as bumps and scrapes from collisions within the house. Max hadn't been using the bath much for years, as particularly if it was too hot, he was prone to "falling asleep" and feeling wobbly afterwards.
Diagnosis	In 2017 he received a formal diagnosis of focal epilepsy and Ehlers-Danlos, and given safety advice from Epilepsy Action. He also has some visual challenges. The formal diagnosis of epilepsy led to being strongly advised not to use the bath, especially as someone who lives alone, on safety grounds.
Self- assessment	Max investigated avenues to pay for adaptations on his own, as he didn't know support was available and was planning to connect and withdraw small pension pots (unsuccessfully). Had advice from his son who is a architectural technologist to support plans to the house.
Contact	October 2018 Max started making private enquiries about converting the bathroom and gathered independent quotes. He gained information on the adaptations process via a routine GP appointment in 2019, who informed him he would be eligible for a grant (as GPs parents had just accessed the private grant system).
OT assessment	Assessment of the bathroom involved a member from the Local Authority, OT and Care & Repair, who also recommended other changes to make the bathroom wheelchair accessible. Due to Max wishing to use his son's plans, Care & Repair were excluded, and he had to be responsible for all aspects of the project.
Approval	Max's plans did not align to the local authority Care & Repair contract criteria and had to access a second tender with contractors individually (with difficulty). Max also had specific ideas for how he wants his bathroom to be in regards to equipment. This led to a 'back and forth' with the OT and Grant Officer resulting in a 6 month delay for the technical approval.
Managing	Max had to chase paperwork, which was lost for 6 weeks in the system. In early 2020 Max received grant approval from the Council for the grant, but one week later the first COVID-19 lockdown began.
Completion	Max had to find contractor quotes again (which took a lot of time) and contractor cost increased post-COVID by £1000. Max was asked to reapply for the grant. Max has been attending a lot of hospital appointments, and has had difficulty finding a good time. The adaptation has still not been installed.

Early summer of 2019 that my GP suddenly threw in, "Well you could get a grant for this." And to which my immediate response was, "Well that would be means tested wouldn't it?" And I know from bitter experience that because of my particular circumstances... everything that I look into for any help at all, these days I now fall down the cracks.

It was straightforward to get the one tender with the person I was already talking to. But it meant that I had to go out and find a second, somebody who's willing to provide a second tender. That proved to be quite difficult because in fact when I tried most of the people I spoke to just weren't interested. ”

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Learning from Billy's adaptations journey

Billy's story was particularly insightful as it highlights an adaptations journey with work completed smoothly at each step. There was no significant waiting period for the assessment and delivery of the adaptation, and we saw a focus from both Billy and the supporting front-line staff on a future-facing assessment and implementation.

"...it's been very, very straightforward. As I said, I've been lucky because I knew the process because I worked for the council. I knew the OTs... So, I haven't found any problems whatsoever. I think it's just hanging around now waiting for it to happen, wanting the work to get done and completed, but you've just got to wait now until everything's set up and ready to go" (Billy).

Key facilitators for a smooth adaptation journey include good, clear information and advice on the process and effective partnership working between OTs, grant managers and contractors.

Billy's experience also demonstrated the importance of individual agency (decision making) in this process. Although not in a home purchased to support a dementia diagnosis, Billy shows clear drive, planning and skill in thinking through his future needs and managing the process. His experience in architecture, and a Local Authority background working with OTs, was noted by him several times as the key to his success in managing the process.

Learning from Max's adaptations journey

Max's journey, in contrast, did not go as smoothly. He firstly contended with a slightly rarer diagnosis and was informed about adaptation grants by chance after exploring his own options for some time. Max utilised his son's expertise to help with architectural plans and had specific ideas

and routes for the adaptations plan that did not align neatly with the Local Authority adaptations process. Max lives alone in the former family home, which he had a major part in the planning of (for combined residential/home office) when it was built some 30 years ago. Whilst it was not specifically designed to support ageing, the living space is on one floor and generally amenable to adaptation.

Max's focal epilepsy is manifested in multiple daily blackouts, absence and loss of concentration. He is also prone to suffering knocks and scrapes from misjudging and bumping into things as a consequence of a combination of short sight and poor binocular judgement. After years of toing and froing with doctors, in 2017 Max finally received the formal diagnoses of two life-long conditions: temporal focal epilepsy and hypermobile Ehlers-Danlos. Epilepsy Action strongly recommend against the use of a bath for anyone with a diagnosis of epilepsy, especially for someone who, like Max, lives alone.

Max set out expecting to have to meet the entire cost of the bathroom conversion himself. After determining that the cost would be beyond any available savings, he focused on trying to release funds from legacy private pension policies from past employers. This turned out to be difficult.

"Also worth noting perhaps that the grant eligible work only covered the specific level-access shower aspects of the creation of the wet room. Items not grant-aided, but still obviously essential to completion of the job, include for example: lining of the ceiling, wet walling of the opposite walls of the room, wall-hung toilet and wash basin, electric/CH towel rail, etc plus any other built-in shelves or cupboards, all of which have to be individually planned out and discussed with the contractor" (Max).

Max knew clearly what he desired as an adaptation (e.g. drop down wall mounted shower seat, removal of sharp edges in the house) but

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found he had to persuade the Occupational Therapist (OT) to agree to outwith the standard technical preferences. This led to a longer wait for the adaptations, during which there had been additional injuries sustained for Max, including a number of trips and bumps.

“And the frustration of talking to the Occupational Therapist, who would just wash her hands of any point that was in her mind, technical. But the Council person saw her as the deciding specialist when it came to determining whether I needed the work. So, I was just caught in this constant back and forward” Max.

Max was an individual who was caught in what he called a “triangle” in a system he described as lengthy, time-consuming, and inflexible. Because of the all-or-nothing nature of the standard contract arrangements between the Local Council and Care & Repair, there was no further involvement of Care & Repair in the project after this initial scoping visit. In the absence of input from Care & Repair, it fell entirely on Max to negotiate the details and Max thus found himself trapped in a Catch 22 between agreeing technical aspects between the OT and Grants Officer, which drew the process out over several months before the grant application papers could finally be submitted to the Council in December 2019.

COVID-19 had also negatively impacted the process by decreasing contractor availability, increasing contractor costs, and delaying the time for installation for so long that the grant had to be reapplied for. As lockdown restrictions were repeatedly relaxed only to re-tightened once again, Max had no chance to get the bathroom project underway in the face of supply difficulties and the backlog of customers waiting for the services of his small-business local contractor. Meanwhile prices for materials and fittings had leapt significantly since the amount of the grant was originally set back in 2020.

At the same time, Max was waiting for news of a date for major surgery, which had originally been anticipated for 2020 but which had also been put on hold because of the pandemic. In the circumstances, he was still anxious to try and have the bathroom conversion completed ahead of the hospital appointment and the extended convalescent period thereafter. Eventually though, the process became so drawn out that Max was advised by the Council that if he wanted to proceed with updated costs, he would need to cancel the 2020 approval and submit a fresh grant application with revised quotes, etc. Unfortunately, the contractor is not now expected to be available to carry out the work until towards the end of 2022 at the earliest, and with prices so volatile, there is reluctance to commit on cost until closer to the time, such that submission of the new grant application can still not proceed.

Impact of adaptations

Adaptations have a broad range of positive impacts on people’s wellbeing, independence and quality of life. For those participants with successful adaptations, they were seen as vital parts of everyday living. In focus group 1 for example, a participant who had a self-funded lift installed and a bathroom conversion would not be able to live in their current home with her spouse without these modifications. In fact, the ROCT’s (2019) report revealed that the majority of Local Authorities in the UK who undertake customer satisfaction surveys reported that older people value the intervention and recognise that it has helped improve their health and well-being and ability to live independently.

“I also put in rails at my outside steps, and they give me reassurance. The shower saves me climbing in/out of the bath and makes me feel safer and more confident” (C19).

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Benefits were also felt beyond the user of adaptations to include their carers and wider families:

“Once you get the adaptations in, it doesn't just help the person in need of those adaptations. It helps the carer as well and if that carer happens to be, for example, a husband or a wife or partner or whatever, their life is transformed in the same way... by helping with the adaptations for the disabled person, you're also helping the carer, which can be a family member or a friend or whatever. You're also helping the entire family and visitors and so on, who are able to come in and out and visit the house. I think there's a great impact. It really is a win-win situation” (C15).

Participants usually articulate the impact of adaptations as simply vital elements needed to support day-to-day living. This included broader issues about health, well-being and life quality such as pain relief (Focus Group 2). Heywood's (2004) research remains one of the only key bits of evidence dedicated to a discussion on the health benefits of adaptations. The impact was much more commonly articulated via the absence of an adaptation or difficulty in the process which had a negative impact on both physical and mental health when support is needed. For example, C17 shared clear negative impacts regarding her experience within the adaptations process. She had noted that the lack of proper assessment, flexibility and partnership working had an impact on her mental and physical health. She noted that the process did not support the perspectives of carers where “decisions seemed to be made behind my back”. The impact of information sharing, therefore, highlights the need for a clear household-led approach to assessing home modifications to

improve their full potential for positive health and care outcomes.

Another participant noted the effect of inadequate housing on delay in hospital discharge for her parent.

“Opaqueness could arise as Local Authorities exclusively focus on their duty under section 11 of the Homelessness Etc (Scotland) Act 2003, while then being blind to the ‘homelessness’ arising when someone has emergency hospital admission where reduced capacity means they get stuck in delayed discharge as their current home becomes unfeasible. How do hospital discharge teams link into e.g. <https://apply4homes.org.uk/> when someone has no additional welfare entitlement?” (C1).

The impact and cost of a lack of partnership to support individuals effectively working can be financial, emotional and long-term.

Prevention

There was evidence of planning for the future regarding adaptations, with good examples of people looking to future proof and plan for health changes. However, in most cases, this planning for the future had not been a consideration when selecting a person's current home. There were many examples of where housing options were explored and acted upon as mobility problems occurred (C4). As research has shown, people tend to not anticipate future needs and only respond when they reached the point of crisis (Ekstam et al., 2016; Kruse et al., 2010).

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“I mean, what we were finding when I was working with the council, the only time you're getting involved were when people were already in crisis. We used to be saying to the manager all the time, you need to get your clients and get the houses adapted for wheelchair accessibility, for future-proofing, again, sort of thing. But because it cost a bit [the] Council can't see further than like two years down the line, three years down the line, so that never ever happened which to me is absolutely ridiculous” (C3).

There were also instances of participants being reluctant to plan or think of the future. It was easier for people to identify hazards that cause problems to others in the household than be proactively thinking about preventative measures and how to implement them.

“This is where it makes it very difficult for me to comment, comment appropriately, because I'm not seeing me having the requirement for any adaptations to be frank, but that is purely and simply, touch wood, that I'm fit healthy and I don't anticipate having a problem but I don't really know” (Focus Group 3).

Changes and a realignment of identity for participants linked to the adaptations process were also notable. Participants had to experience a lot of discomfort before taking the step to acknowledge an adaptation is needed. This could often be a challenging experience, with elements of a new emerging identity or group membership (e.g. disabled, carer) which happens at the same time as learning how to access, manage and negotiate support in an often unknown, difficult and inflexible system.

“So when my husband first became ill, [...] I remember somebody saying to me that I was, well you're your husband's carer, and I was quite annoyed about that because I thought I'm not my husband's carer, I'm my husband's wife, and I'm doing it because I'm his wife. But in effect, you do become both and over time you learn to separate that because you're more than one thing” (Focus Group 3).

Preventative support is one of the most important, yet challenging, themes in housing and ageing. It has been shown to be a ‘hard sell’ with regard to housing delivery (McCall, 2022b) and within the delivery of aids and adaptations and technology-enabled care (Stirling & Burgess, 2021). However, preventative support is the area that is also the most difficult to evidence, owing to the need for longitudinal, long-term research. There were quite varied examples of how that would look in practice, from Billy being offered a bath board with a diagnosis of dementia, to the plan to support Max by increasing space for future potential needs. For example, in Max's example above he noted that there was a “fixation with a certain standard, you know one size fits all” that did not fit with his vision for his home. Although the OT had assessed his home for the future, looking to increase doorways and space for future wheelchair use, Max himself had different priorities. This difficulty in providing evidence makes it challenging for participants to plan for and for services to focus on.

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Summary

Overall, participants highlight willingness to adapt their homes, often via a variety of pathways. There is overall still an important driver for participants to maintain independence, which supports the idea that people often want to 'age in place' (Golant, 2015; Sixsmith et al., 2017). The ageing-in-place agenda stipulates that the preferred environment in which to age is the home and local community and should include consideration of wider environmental support and services (Woolrych & Sixsmith, 2017). This is still very clearly a top priority for this project's participants.

We see, however, a future-facing idea and understanding of what an adaptation is, and the idea of reconceptualising adaptations that can be summarised as things that can make life easier and comfortable for people, especially those living with physical and mental health support needs. This understanding of adaptations works well in a future-facing focus around prevention, with an action orientation in creating future

plans. It also links well with the concept of 'universal design'. Such an approach is more likely to be acceptable to older people themselves, who evidence suggests do not tend to engage with adaptations until they reach a crisis. A different approach and language to 'selling' adaptations that are more positive are needed.

Home and environment modifications can have an immediate and long-term positive impact on people's feelings of independence and wellbeing, but this is mitigated by experiences of successful and unsuccessful adaptations support processes. We gathered a variety of evidence where adaptations have made vital necessary changes to homes, but also evidence where people are still looking for key elements of support. Evidence highlights individual agency as an important aspect shaping older people's experiences of the adaptations process, and how difficult the process can be without prior experience.

Section 2

Information, Advice and the Importance of Communication



SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION

The increase in numbers of older people means concerns are growing about the suitable provision of housing and related services for older people, including having clear, complete and up-to-date information on housing choices and options. Difficulties in finding and sifting through information about housing options were found to have greater consequences for those in later life (Burgess & Morrison, 2016).

A significant gap has been identified in the provision of information about available support services that enable people to remain in their own homes, with many people struggling to find out what support services are available to help them ‘age in place’ (Sixsmith et al., 2017). The need to improve information and advice services regarding housing choices has become a key goal of Scottish and wider UK government policy for some time, for example, in the National Strategy for Housing in an Ageing Society (DCLG, 2008) or Age, Home and Community: A Strategy for Housing for Scotland’s Older People 2012–2021 (Scottish Government, 2011) and now Housing to 2040 (Scottish Government, 2021).

In addition to the housing sector, research across health and social care (Newton et al., 2017) and housing providers themselves (Boyle & Thomson, 2016) has shown that information about current housing stock, the range of available housing options, and support services that enable people to remain in their own homes are key concerns (Oldman, 2014). This suggests that a holistic and objective approach to information and advice services regarding housing choices, which includes information about transport, leisure, and an individual’s physical and social environments, must be put in place if the goal of enabling older people to age in place is to be achieved (Brown et al., 2017). Burgess (2016) identifies four major areas where older people seek advice about housing and housing options:

- Advice on moving (e.g. after a crisis or bereavement);

- Advice on staying at home (e.g. dealing with repairs, adaptations and finances);
- Knowing their housing options (staying at home, downsizing or moving into supported housing);
- General housing issues (including housing rights and benefits for example).

The needs of older people are likely to diverge significantly in these areas, depending on their individual circumstances. While mobility and health are good, housing options may be linked to positive changes such as moving to retire or downsizing to a more manageable property (Lindley & Wallace, 2015). However, when mobility and health decline with age, changes in housing are more likely to be driven by factors associated with changing health, having falls or accidents, bereavement, or a need for greater physical, mental or emotional support. Financial conditions and some wider social factors such as loneliness, crime or the availability of accessible services may also influence older people’s housing choices.

Information and advice are a key element of supporting older people to live independently for longer, with ongoing importance placed on existing advice routes such as ‘Silverline’ in the wider UK and the Age Scotland Helpline in Scotland. While many older people will have the resources to make decisions regarding housing choices, to enact these decisions independently and to locate any information sources necessary for such decision-making (Burgess & Morrison, 2016), a high number of older people, such as those facing frailty and poor physical health, or those living with illnesses such as dementia, may be unaware of the choices available to them, or may no longer have the capacity to access this information without support (Mountain & Buri, 2005; Burgess & Morrison, 2016). These older people are therefore more likely to need help accessing information, advice and support if they are to make appropriate decisions about their

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housing needs. Ideally, if advice and information are to be positively acted upon, the advice providers should be viewed as independent and trusted to give impartiality. There is inevitably an element of suspicion on advice provided by organisations with a commercial interest.

Accessing information and advice

The interviews and focus groups highlighted poor public awareness of where and how to access adaptations' services.

“I do agree there is a lot of things out there, but it was a bit of a quagmire trying to find it and you don't know exactly what to do”
(Focus Group 2).

“Need more communication & information on what's available. Maybe Age Scotland could be the go-to place?” (C18).

“I was unaware there was any help – I might have used a grant if I'd known that was available... If I could no longer manage at home I wouldn't know any other option than a care home. My family do not live nearby”
(C19).

Evidence suggested this was due to little being known about the system itself or that an individual could self-refer to an Occupational Therapist (OT). Yet the impact of this can be distressing.

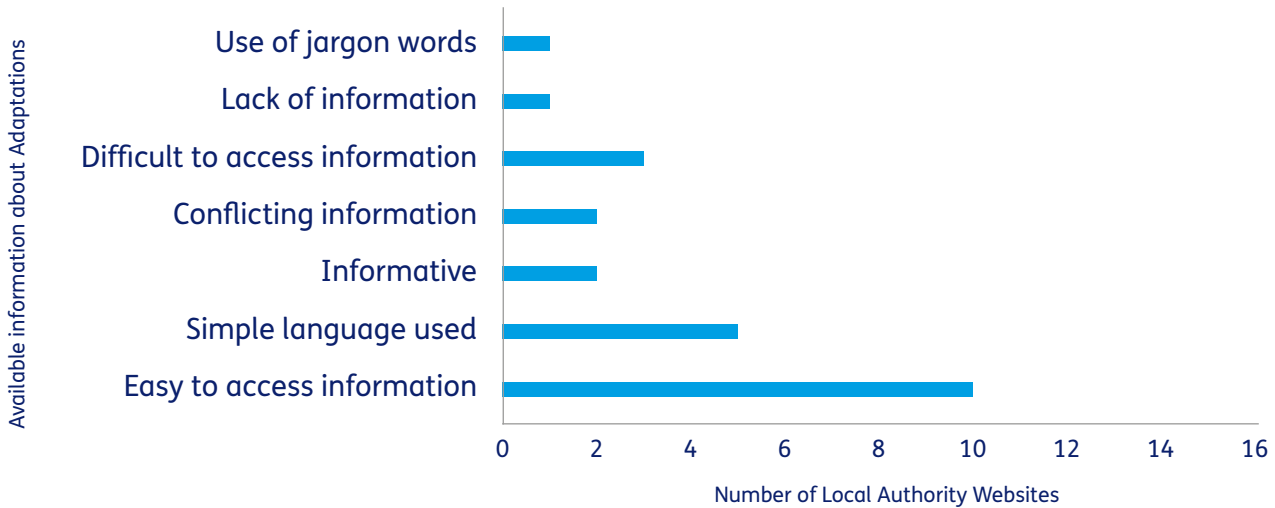
“But now the stairs are just, it's just a nightmare, and we've looked in, we've started the process, we got an architect to come, so I've got plans to get a wet room down the stairs and if I have to we can just

turn the front room into a bedroom, but I'm not sure what adaptations are the best things to get for in this wet room, though I had been going to try to go to the centre at Astley Ainslie, but I'm not very good on the telephone and I'm not very good at organising things, so now we've got the plans drawn up but we're stuck because we're not sure what to do next. So that's where I am at the moment” (Focus Group 2).

There was evidence of people drawing on the knowledge within community groups, charities and informal connections such as peer support. However, the most common route to accessing information was contacting the Local Authority. Most Local Authorities had information on their websites about getting adaptations completed on people's property. Yet not all Local Authorities have adopted the same language, pathways or information available. Figure 3 presents the information that is available online relating to adaptations on Local Authority websites. In the figure, 'jargon words' highlight terminology that is widely used within housing sector but may not be obvious to others outwith the sector e.g. neighbourhood services/asset management/tenancy management. Difficulties in accessing information on adaptations relates to instances where there were various pages that had to be read to find the information required. Easier to access information means that a simple search of adaptations provides all information required on one page. The figure highlights that work needs to be done to ensure that information on adaptations is more readily available and simplified so that the users can be easily informed and hence more likely to receive appropriate assistance.

SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION

Figure 3. Available Information about Adaptations on Local Authority Webpages



All 32 Local Authorities had information relating to adaptations on their website with 98% of Local Authorities providing information for all tenures (2% failed to provide information on adaptations for tenants in the social rented sector). Local Authority websites that provided information about adaptations required further contact to be made by the service user. Figure 4 (p33) indicates the methods of contact that were available to get assistance with adaptations. Many of the

Local Authorities offered a variety of different contact methods. This data highlights that the most available method of contact is via telephone closely followed by social media. Only 1 out of 32 Local Authorities had an online application as an option to contact. This data suggests that individuals looking for adaptations should be provided with at least one method of contact, and it would be beneficial if there were a variety of methods of contact with their Local Authorities.

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Method of Contact

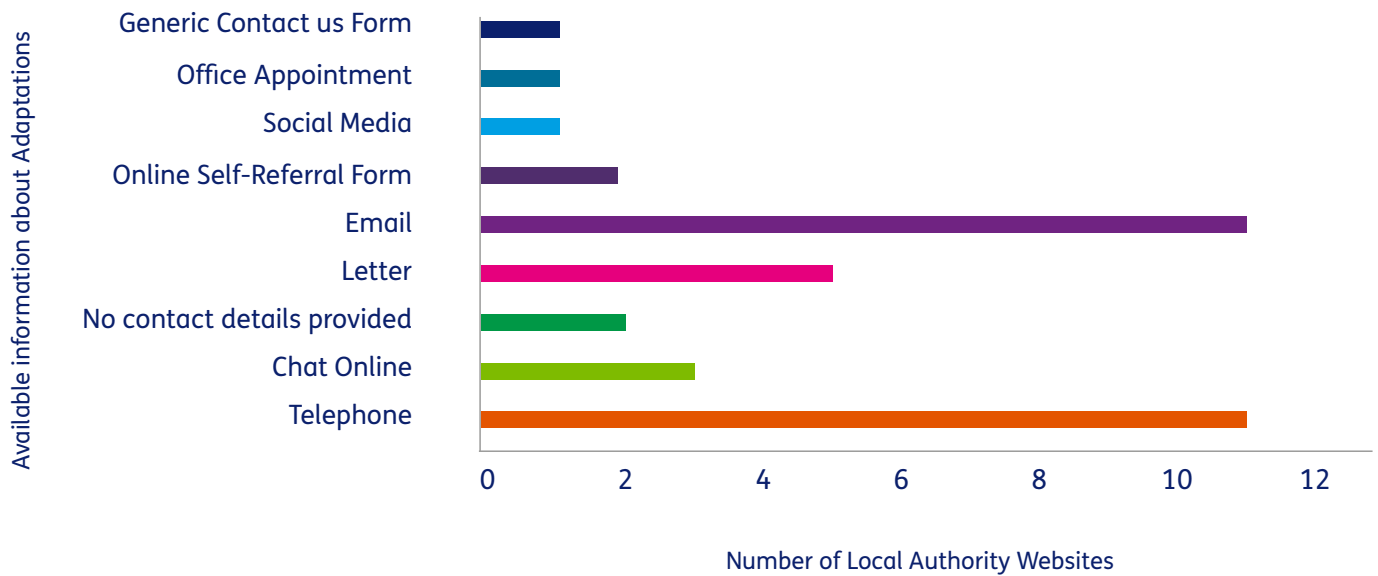


Figure 4. Contact Method

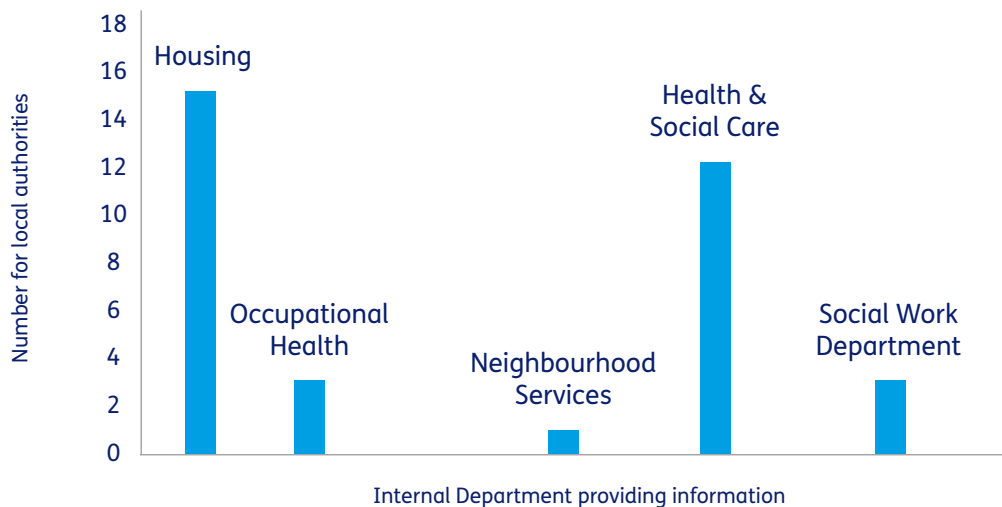
When collating the above data about method of contact, it was found that there was one Local Authority besides the contact detail that stated that there was a long waiting list for any individual requesting adaptations in their home.

This may be perceived as a demand management tool, or conversely a way of providing relevant information very early in the process to influence decision-making by the older person.

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The data below shows the varying departments within Local Authorities to which individuals are signposted to get further information and support with arranging an adaptation.

Signposts for adaptations information within internal local authority departments



The majority of information on adaptations is available for individuals who are owner-occupiers or living in private rented properties. It could be suggested that this is due to the legal requirement introduced by The Housing (Scotland) Act 2006 on how Local Authorities can offer homeowners assistance with property repairs and Section 72 of the Housing Act (2006) which requires a Local Authority to prepare and make publicly available a Scheme of Assistance

for private sector housing (Scottish Government, 2006). This data highlights that there is a lack of consistency in identifying a reliable first point of contact to commence the adaptation process. It should also be noted that there was only one website where it made reference to housing association tenants and advised that they should contact their landlord directly to discuss adaptations.

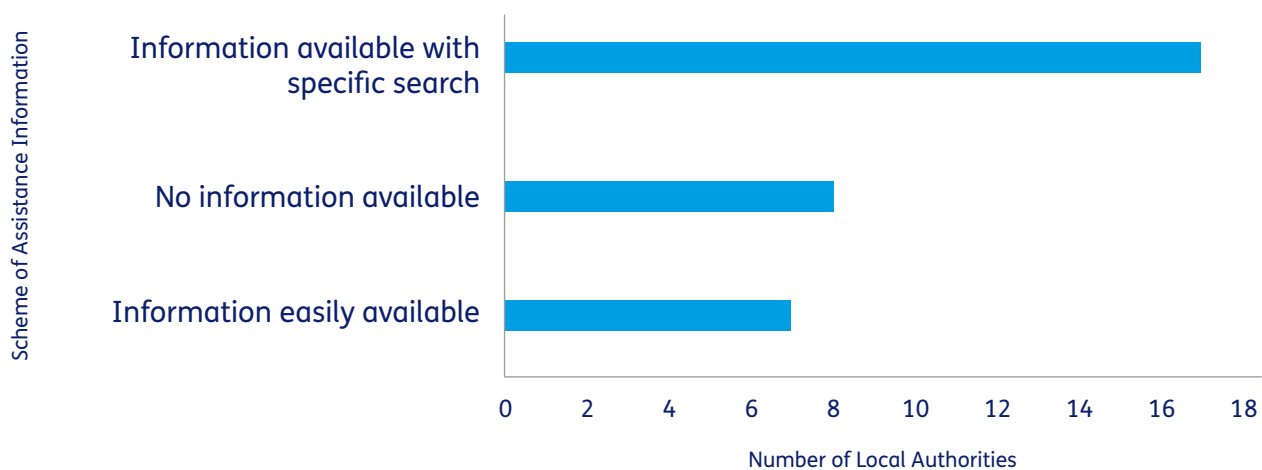
SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION

Scheme of Assistance

The Scheme of Assistance offers help for homeowners and private renters to access adaptations to their homes. The assistance is provided by Local Authorities and can include advice and guidance, practical help, or financial assistance by way of grants or loans (Scottish Government, 2022a). Figure 5 presents the

availability of information from Local Authorities relating to the Scheme of Assistance through Local Authority websites (with the definition of easily available as including a simple search of Scheme of Assistance that provided all information required on one page).

Figure 5. Scheme of Assistance



The data suggest that improvements could be made to ensure that homeowners and private rented tenants are aware of the scheme and financial assistance that is available for them to utilise should they need to carry out repairs or adaptations to their homes. For Local Authorities,

it was only through searching the term 'Scheme of Assistance' that the relevant information could be found. It would be advantageous if there was a more descriptive term used for the information to make it more easily accessible to the lay person.

SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION

Equipment

Adaptations equipment can be defined as any item, product, or system, whether acquired commercially off the shelf, modified or customised that is used to increase the functional capabilities of individuals with disabilities (Scottish Government, 2009). Figure 6 highlights the criteria/availability of equipment that is detailed on the Local Authorities that provided information on their website relating to equipment.

Figure 6. Availability of Equipment

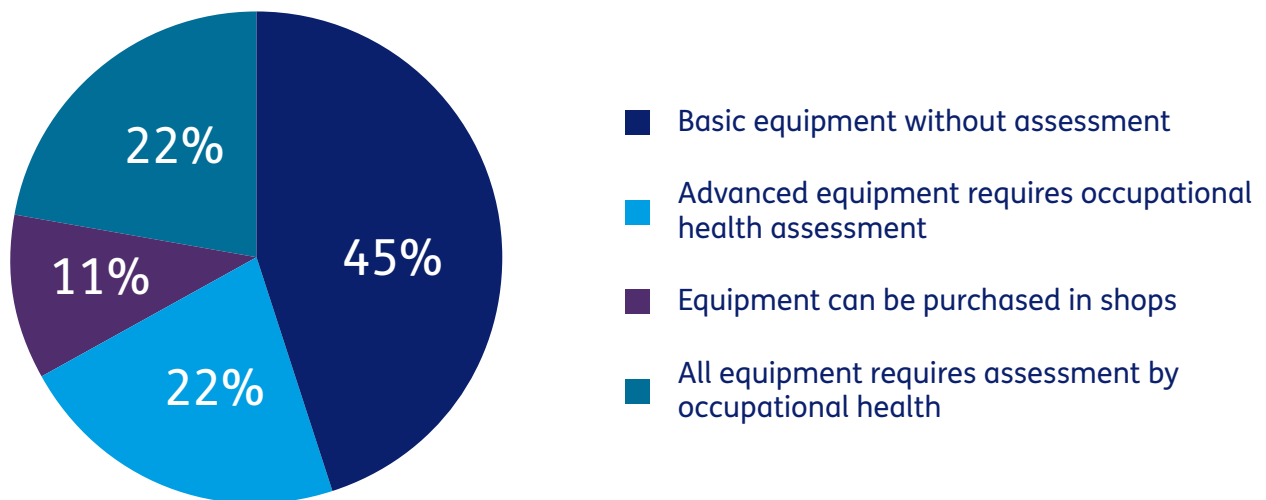


Figure 6 reveals only 28% of Scottish Local Authorities make information regarding equipment available alongside adaptation information on their website. In respect of relevant publicly available information, access to information needs to be improved especially as many of these items can be rapidly provided with the limited bureaucracy involved.

Interesting examples of good practice include East Dunbartonshire, Glasgow City and Scottish Borders Council Local Authorities either referencing and/or providing links to external support such as the AskSARA website (see Appendix B).

SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION

Meanwhile, participants noted that tangible and physical examples can be much more impactful ways of learning about effective adaptations.

“There’s a couple of really good places, not that many in Scotland, or anywhere really, which are fully adapted and that’s actually where we picked up some ideas as well to see how well so you would go and stay there for a fortnight’s holiday and you’d see the different adaptations that they have and you think that would be great. [...] And I think it helps to empower people as well because it is that loss of control that can really deflate you and just make you feel like this is just too hard” (Focus Group 3).

The need for a trusted ‘flagship go-to place’

To overcome the diversity and difficulties in accessing information and advice, participants asked for a ‘flagship go-to place’ (C18) that could give consistent information about eligibility and grants.

“An Amazon-type speedy delivery service would be great” (C18).

“Maybe when sending out info about pensions then send out info about what’s available for people – I’d rather hear 3 times about something than not at all. It would be good to know where to get info/advice” (C19).

“There’s no reason in theory why we couldn’t have some kind of service, whether we had to pay for it or whatever, at the point where you were perhaps sixty/sixty-five or indeed knew already that you were compromised for mobility, they get somebody to come and check out the loose rugs and the worn carpet and some of the shelves you couldn’t reach without standing on a wobbly stool, and give you the same sort of advice but this time about prevention for yourself, for your health, as the fire service was giving about fire safety” (Focus Group 2).

When someone was already in touch with one service, it was easier to get information and be signposted to others. Third sector organisations giving advice were often seen as more independent. Advice agencies can save people time in accessing information and making referrals to appropriate services.

“The common one, of course, is Citizens Advice Bureau. They’re very good. All of the cancer support groups, excellent. Age Scotland, I would thoroughly recommend... they can also cross-refer, which is excellent. They can signpost” (C15).

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“I think, the web, of course, you try and look at NHS Scotland and Edinburgh Council website, Age Scotland. First of all, when I was desperate for help with my husband, I asked whether there would be a possibility of somebody coming to help bath him and things like that. So social services I did ring up... And also my daughter said, oh no, mum, you will have to wait ages before they come and assess you whether you really need one and so on. So I gave that up. I did look for paid services, not a nurse or anything like that, just help, you know. I’ve been lucky in that. I’ve had home help, cleaning help”
(Focus Group 1).

“We have the Handy Person service in the HA (Housing Association) which is great, very good – they do things like hang curtains, assemble flat pack furniture, etc for any older or disabled person who needs anything done like that - its free and a great service. I think they did 300 visits last year” (C22).

There were also other routes emphasized outwith conventional pathways, such as the library development agency The Scottish Library and Information Council (SLIC), and its conversation services (e.g. <https://scottishlibraries.org/staff-development/slic-learning-platform/> and <https://scottishlibraries.org/advice-guidance/frameworks/a-collective-force-for-health-wellbeing>), handypersons, paid cleaners, and more importantly, community assets (from libraries to local newsletters) which were identified as the most trusted routes and pathways for information.

This section has highlighted the importance of clear routes and pathways to find information and advice, but also about providing support for the next steps by building on those pathways. Specifically, it emphasises the significance of community groups or, more generally speaking, a strong civil society. This theme of community groups, peer support, and civil society is largely underexplored since the literature mostly focused on the formal process of adaptations. Yet it is important to take a wider societal approach to adaptation research and integrate it as a priority within public policy.

SECTION 2: INFORMATION, ADVICE AND THE IMPORTANCE OF COMMUNICATION



Summary

The evidence suggests that more information should be made readily available to individuals. References to adaptations are made in Local Authority websites, but the majority of these websites simply advise service users to contact their local housing officer or office. There is also a lack of consistency in the descriptions attached to adaptations. The most frequently associated word with adaptations is disability, which may suggest that an older person who is looking at sourcing information about adaptations may not find a clear pathway if they do not identify as disabled. It could be suggested that using terms such as ‘independent living’ or ‘help staying in your home’ would be more inclusive to ensure both older and disabled people would know where to find information about adaptations.

The idea of a ‘one-stop shop’ was brought up repeatedly by participants. The framing of this would be helpful as both pathways to accessing information and advice about service and also a space to support prevention. Good advice and information that is consistent across geographical areas would circumvent a lot of confusion around

the services available. This is a recommendation also supported by key stakeholders in the adaptations process (McCall, 2022a).

A national advice hub would support the wider ambitions of future-proofing for ageing, which could be conceptualised and positioned as home and environment improvement namely a one-stop shop that supports and enables independence. Looking at models in some Local Authorities in England, this type of support can also support inclusive design. Some Local Authorities help older people visualise what the adaptations will look like and the degree of change in the appearance of their home. This can help older people make informed choices on whether to proceed or suggest amendments to the design that make the scheme more acceptable. This approach is very similar to that used by commercial installers in a range of industries when dealing with the home environment. Glasgow Centre for Inclusive Living (GCIL) has also developed online tools where older people can click on different rooms to see different solutions (GCIL, 2022).

Section 3

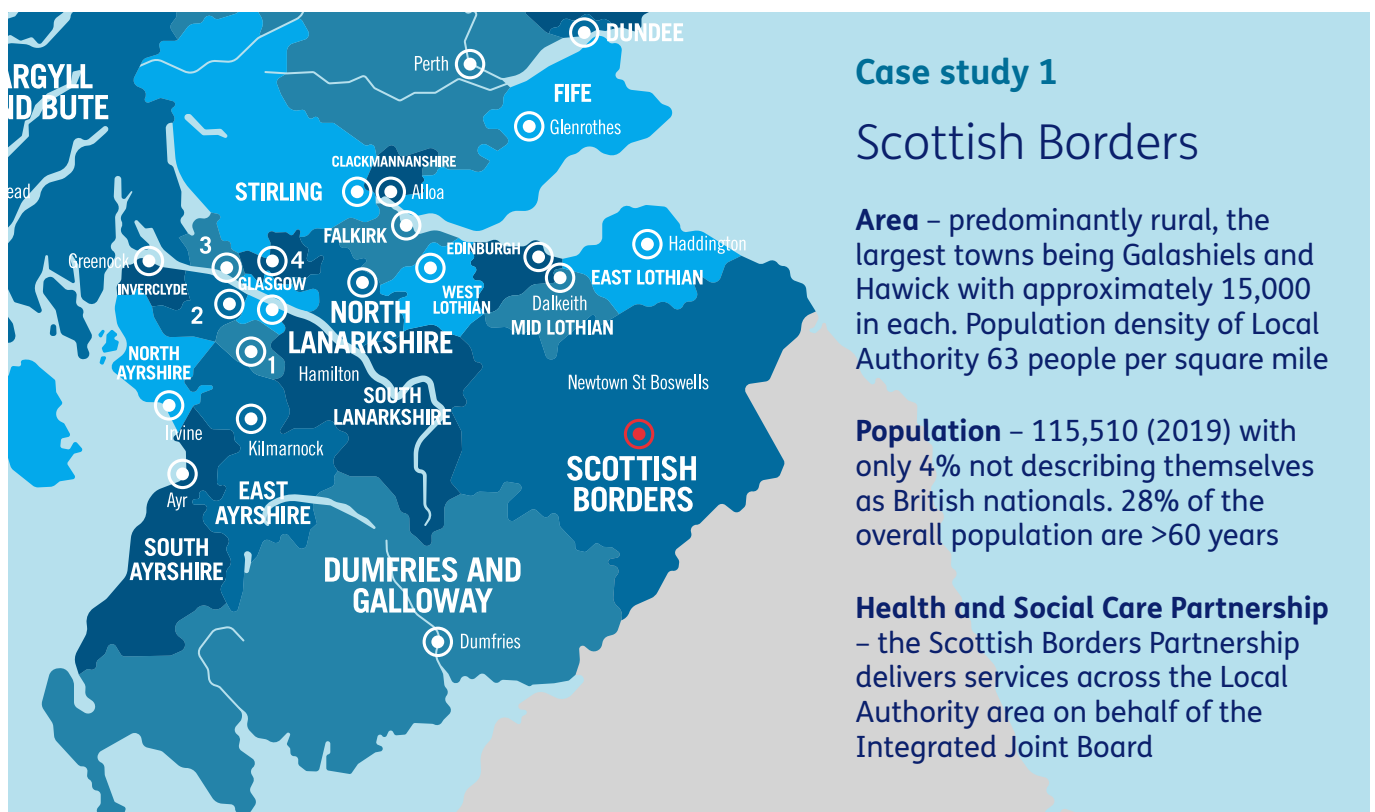
**Insight into the
Front-line Practices
supporting
Adaptations**



SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

In this section, we explore the adaptation process from front-line workers' perspectives through three case studies: Scottish Borders, North Lanarkshire and Aberdeenshire. Specific focus is given to front-line workers' views and experience of day-to-day support that older people can obtain from these Local Authorities. We fit our descriptions of these three cases into an 'adaptations process structure' presented in McCall (2022a, see Appendix A). The case studies present interesting insights into what adaptation processes look like in practice – and what front-line professionals in housing and Local Authority services do day-to-day to support older people.

Front-line practices: Three case studies



The Scottish Borders have a Care & Repair service, which works with both the private and the four main social housing associations (all stock transfer, with no Local Authority tenants) that include Eildon, Scottish Borders, Waverley, and

Berwickshire Housing Association. The Care & Repair service has front-line professionals that work with the adaptations process from beginning to end, managed by Eildon Housing Association, under contract for Scottish Borders Council.

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Needs Awareness and Information & Advice

Borders Care & Repair do a lot of marketing and showcasing at local events, attending clubs, community centres, and voluntary organisations. They have marketing items such as pens and fridge magnets that help to advertise their work. They also have a handyperson service, with vehicles liveried to advertise the Care & Repair (C&R) services and people tend to recognise them as they travel around the Borders.

Borders Health and Social Care Partnership (HSCP) have a number of community hubs. Several localities are covered, e.g. Duns, Central Peebles, Hawick etc. Anyone in the community that's has a question or is looking for advice can go along, even if they're not sure who to go to, what to do, and what is out there.

Individuals and carers may not be at the point of needing a service from a social work service, but they will be given information and advice and signposting where appropriate (for example to AskSARA, Care & Repair, the Red Cross). There is

both a social worker and an OT at the community hub that allows conversation and clarity when considering referrals. People can also self-refer to Care & Repair at any time, who pass on the referral to the OT team.

The C&R team also have a home environment questionnaire to support preventative work, for falls prevention, and anyone can self-refer for smaller items (such as grab rails) and even small repairs.

Assessment

OTs are embedded in Care & Repair but employed by the HSCP. This means that they have access to the Social Care case management system and so there is little chance of duplication.

“having that OT expertise to cast their eye over a referral from the locality and saying right, okay. Yes, well if they want this, we also need to consider x, y and z. It's having that knowledge within the team, without us having to constantly go back and forward to different places, to try and get that knowledge” (P1).

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C&R, the OTs and the HSCP have developed a range of pathways to assessment with responsive levels of assessment intervention depending on the issue. They have:

- AskSARA online screening/assessment tool, that includes Self-Assessment;
- Information & advice can be given over the phone if people want to source the solutions themselves;
- If people need grabrails or handrails/ bannisters etc they can access handyman services (people can pay a £40 yearly charge and access the Handyperson service throughout that whole year). The handyperson also installs sensory equipment – flashing door bells etc;
- There is an Occupational Therapy Assistant on the Team who can deal with straightforward (and indeed some more complex) cases;
- People can be assessed by the ‘Social Care’ OTs and recommendations made to the Care & Repair Team;
- People can go via the C&R-supported grants process;
- People can access grants without the support of C&R if they choose (they still need an occupational therapy assessment/ recommendation).

Changes in staff were highlighted as a key challenge in supporting smooth assessment, and services would benefit from more input from the NHS due to the increasing volume of referrals from the health service.

Funding

The social housing associations in the Scottish Borders (RSLs) access Stage 3 Major Adaptations Funding (see Scottish Government, 2010). Challenges include the funding cycle that begins in June/July and often runs out in November, which can increase the wait for an adaptation by 5 months depending on the time of application. Local HAs can and do front fund, particularly the larger ones, partly with their own money and partly in anticipation of the following year’s grant.

Owner-occupiers and private renters get at least 80% of the cost and often other sources such as charity funding can be accessed where people are struggling to find 20%. This is a particular issue with children’s adaptations where it is the parents who are means tested. There is good success with Cash for Kids and local Borders based charities to help support this. Minor adaptations are funded by the Council but they pass that pot of money over to C&R to administer. Several of the housing associations integrate replacing showers with baths when they are doing their modernisations/ bathroom replacement programmes and refer through for an occupational therapy assessment where that is needed.

Private sector grants also incur fees, which everyone pays regardless of their grant percentage. Currently, in the Scottish Borders, this is £225.20, comprising of a £80 recording fee to register the grant on the title deed and a £145.20 admin fee from Scottish Borders Council to process the grant. Borders Care & Repair take no fee. This continues to rise each year, The recording fee has increased by £20 in the past couple of years and the admin fee increases by 3% per year.

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Design

In terms of choice, for showers, the HAs offer three colours of wall board and sixteen colours of flooring. C&R have a standard specification and people can choose to do something more expensive and pay the difference themselves. If WCs and WHBs do not need to be replaced, but the person wants to do that, they can pay the extra themselves. Similar with ramps, C&R can use concrete or semi-permanent, re-usable depending on the situation, and if people want something more aesthetically pleasing, they can pay the difference.

Delivery

C&R have a list of approved contractors and a private sector client can choose two quotes from that list. If they have a favoured contractor who is not on the list, they can get a quote alongside one from the approved list. Some RSLs also have their own in-house teams, which have effective and established relationships with C&R.

The OTs work very closely with the Grants Officer. If they have a complex case it goes to a panel involving the C&R OT, the Social Work referring OT, the Grants Officer and the technical officer from C&R. The panel looks at the plans and reviews the options – an options appraisal type approach. If an OT conducts an assessment and thinks it has the potential to become complex, they can convene a panel with the Grants Officer and other colleagues to make them aware in advance. This means that the Grants Officer is prepared in advance and the process is smoother for approval.

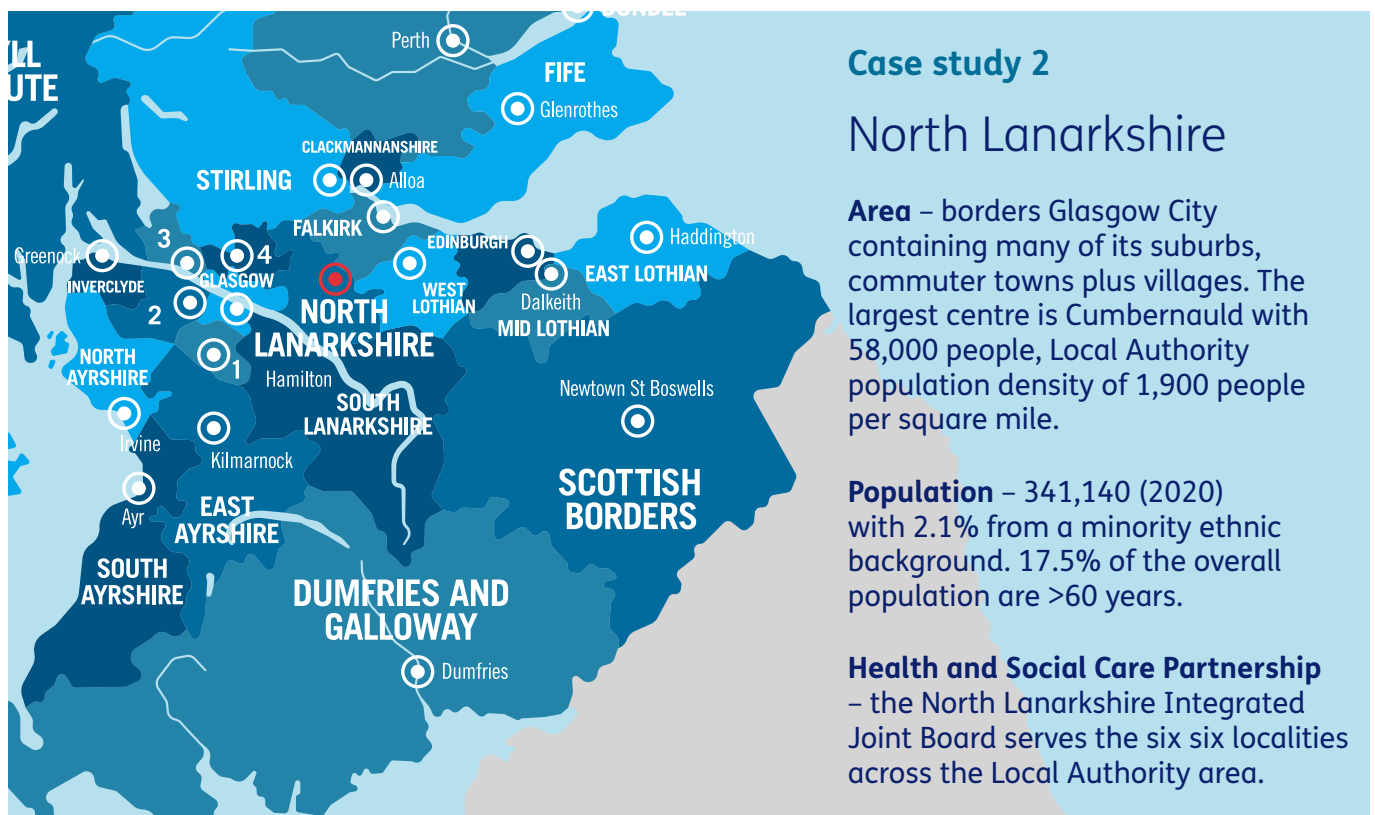
The bigger challenge at the moment is the availability of contractors, the Scottish Borders is a small place with not many large contractors and the small ones can get bogged down with work. Some of the smaller ones have gone out of business due to COVID-19. The OTs work very closely with the local contractors and have built up good relationships, often doing joint visits. Some contractors will prioritise C&R work over other work as they know it is for essential facilities.

Evaluation

C&R send out a satisfaction survey to all customers, including those of the handyman using the Canadian Outcome Performance Measure (COPM) with each client at assessment and then again at post-completion. There is a group currently looking at alternative evaluation tools in an effort to improve the process for service users.

Grants do not cover ongoing maintenance/ servicing of equipment or extended warranty for items such as stairlifts, tracking hoist or clos-o-mat. Scottish Borders Council offer a sign-over agreement option, whereby those in the private sector who have received such items through grant funding and most service users sign ownership of the item over to the council for them to maintain (servicing and repair) on the understanding that the council will take possession of the item once no longer required and will re-use it where possible.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS



Needs Awareness and Information & Advice

North Lanarkshire has a 'Making Life Easier' website which enables self-assessment, early intervention and self-selection. This is similar to AskSARA but has individualised clinical reasoning embedded in it so can go further in terms of checking whether the environment is suitable for the proposed equipment/adaptation and if the person is going to be able to follow through on the provision. It can then give options of the person getting a phone call, signposting, coming into a clinic or indeed an OT doing a home visit.

Carers organisations, people themselves and voluntary sector partners are all involved in the development of 'Making Life Easier' and 'champions' were trained up to be embedded in the community and promote it in libraries, carers organisations, and hospitals. There are two disability information officers in the team

who promote it as part of their work with a lot of awareness raising.

The 'Housing Solutions training modules' run with Housing Health & Social Care colleagues also raise awareness about 'early housing conversations' and different housing solutions and they have recently developed an eLearning version of this training which has gone out to the wider staff group.

A lot of the progressive approaches are based on relationships built up over years and building on the 'person-centred planning' training that all partners were exposed to some years ago and the fact that they have a shared value base in terms of being person-centred, outcome-focused etc. Also, working with communities to promote self-management approaches and put pathways in place to open appropriate alternative pathways.

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Assessment

The waiting list for assessment varies across North Lanarkshire and across time. Near Me was utilised a lot during lockdown and telephone assessments via Making Life Easier, they have also had some sessional staff in to help. Near Me is a video consulting service that enables people to attend appointments from home or wherever is convenient. Originally used by NHS Scotland, but now also by some Social Care/Council staff and more recently some Housing Associations.

There are Integrated Rehabilitation Teams working closely with all other partners and they include physiotherapists and OTs and assistants, they also work closely with district nurses and housing colleagues and so the person gets to see the right person depending on the issue – they all work very closely together. Focus and attention are given to avoid people being passed between services, which would increase waiting times.

A wide range of partners can access equipment & adaptations that are straightforward, and Making Life Easier can link people to strength & balance classes, as well as support for a banister or grabrail. They are about to roll out eLearning for training on their Single Shared Assessment across a wide range of partners and this will support wider access to equipment solutions.

Funding

Local politicians are committed to providing what people need and it is not just priority 1 and 2 who receive a service but 3 and 4 (NB All Local Authorities have eligibility criteria and prioritisation levels for Social Work Services including for occupational therapy assessments). There will be more pressure on budgets in the coming years. There is always pressure to push the boundaries of the equipment & adaptations budget envelope. The local housing associations vary with some processing adaptations on referral and some bundling up monthly or quarterly requests.

Design

In terms of choice, for showers in social housing, there are different colours of wallboard and flooring available and if people want something that costs more, they can pay the difference. North Lanarkshire Council have recently agreed on a superior quality build for new build houses and the OTs were heavily involved in the house types and plans. It is anticipated and hoped that this will raise the standard of adaptations for the future.

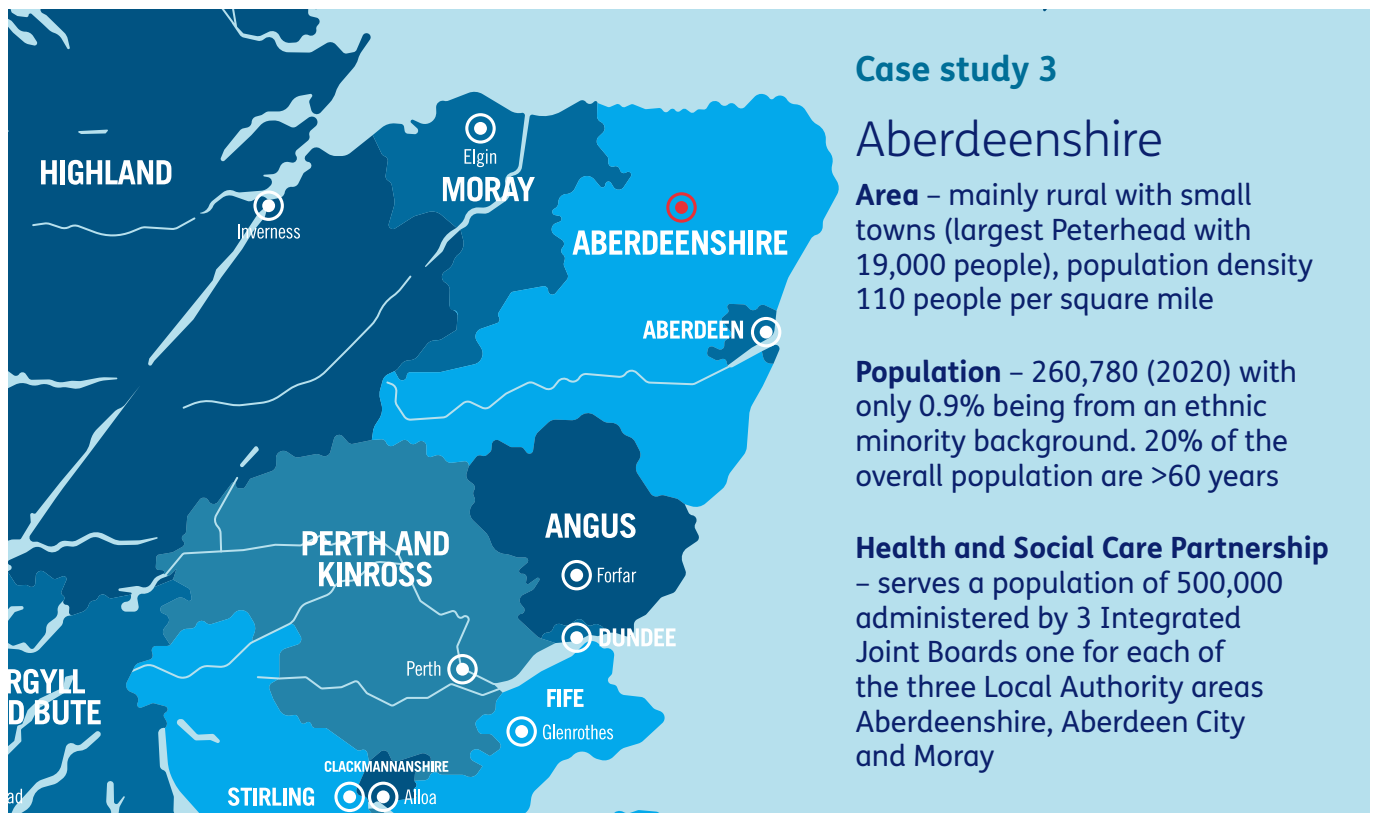
Delivery

The impact of Brexit etc is the biggest challenge with costs of materials going up and small contractors going out of business. Also, a new e-version of the building warrant process is challenging and causing problems for contractors. North Lanarkshire stopped out-sourcing C&R a few years ago but pan Lanarkshire C&R still have some input in the area. If people need project management support with their major adaptations the Disability Information Officers support them.

Evaluation

North Lanarkshire Council currently collect feedback individually and record it on their systems but do not aggregate data. They collect some feedback via Making Life Easier and are looking to do something with the 'Home First' and 'Reablement services. They also want to look at outcome measures for adaptation interventions.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS



Needs Awareness and Information & Advice

Most information available to residents is via the Local Authority website but there are some community outreach activities. There is a self-assessment tool for minor adaptations and some items of equipment, with an ability to make referrals to the joint equipment store. OTs are conscious that older people tend to have a lower awareness of services, partly as they are less likely to be digitally connected. Consequently, the ability for older people to speak to staff at the Local Authority contact centre seems to be appreciated. Hard copy information is available once contact has been made.

For specific housing advice and information local authority tenants can contact their Tenancy Services Housing Officer who link with the Private Housing Team's Care and Repair service. The council's Community Service facilitate regular meetings with external partner organisations including Citizens Advice and SCARF Energy and Advice. Direct referral pathways and signposting have been developed for individuals in greatest need. The Care and Repair service also has its own website and hard copy information can be provided to clients who prefer that format. There is also a contract with Houseability, an external organisation that provides information and advice for individuals living in hard to adapt homes. This includes a range of housing options across all tenures. Houseability accept referrals from housing and occupational therapy practitioners.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

Assessment

The overriding ambition of the OT service is to keep people safe at home with a central belief that if the home environment is barrier free older people can continue to live there, with support, if necessary, for as long as they want. This approach mirrors what most older people state they want to achieve. The intention is for the OT input to operate as tenure neutral as possible from the initial enquiry being received to when the referral is made to the appropriate housing service.

When adaptations are not easy to achieve alternative housing options are considered. The OT and housing services provide housing solutions training for staff within health and social care and external organisations. A leaflet entitled “Shall I stay or shall I go” supports this initiative and is tailored for service users.

There are a range of specialisms and settings for OT’s including staff that focus on home assessments. The service consciously attempts to be proactive, focus on early intervention with a risk assessed care approach. They do not overprescribe as they are keen for older people to remain active and self-manage their health whenever possible.

There are good and close working relationships with the NHS to raise awareness of what the Local Authority OTs provide. These working

arrangements encourage informed referrals into the service. This confers advantage to the older person but also reduces non-elective demand on the NHS and adult care by reducing falls in the home and facilitating prompt discharge from hospital to home to reduce intermediate care.

There is a joint equipment service with the NHS and a recognition of an increasing breadth of assistive technology items which can be successfully incorporated in a scheme of adaptations.

The OT service has experienced a high and increasing level of demand. Unfortunately, this can lead to waiting times, especially for simpler, less urgent cases as staff focus on complex urgent cases within the prioritisation system. However, the assigned priority can be reviewed at any time when new information or a change of circumstances occur. They are currently trying to retrieve service performance targets which have been impacted by COVID-19. The “health debt” especially amongst older people caused by the pandemic is very visible during the assessment.

The establishment of Grampian Health and Social Care Partnership which operates across three local authorities (Aberdeenshire, Aberdeen City and Moray) has facilitated an opportunity for OTs in each area to share good practice and training opportunities.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

Funding

As with other Local Authorities in Scotland the government allocate a non-ringfenced capital allocation which can be used to provide adaptations in the owner occupied and private rented sector (PRS). Adaptations have historically been viewed by senior managers and local politicians in Aberdeenshire as a key service to receive the necessary funding. Adaptations in the local authority stock are funded through the housing revenue account and the funding for the relatively small number of housing association tenants in Aberdeenshire is via the annual capital allocation from the Scottish government. In private housing approximately 80% of the relevant cost of an agreed scheme is viewed as a mandatory grant with the remaining 20% met from other sources (unless applicants are in receipt of a qualifying benefit which confers entitlement to a 100% grant). Historically, the 20% was deemed to be a client contribution and was financially means tested by all Local Authorities. However, when this arrangement was deregulated in Aberdeenshire the service adopted discretion to meet the full cost of the works via “top up” assistance in specific circumstances. This is not necessarily the approach adopted by other Local Authorities but the view from housing practitioners is that without that “top up” the scheme of works may not proceed at all so an assessed need could remain unmet. The process of administering “top up” funding is usually a speedy one as it is recognised that delay in providing adaptations can exacerbate the need of the individual. The discretionary funding for full grant does not apply to all applications as there are some charities in the area that can provide the necessary funding if required.

Design

Existing Stock

Owner Occupied Housing - Currently the grant approved scheme tends to cover common types of major adaptations with minor adaptations and equipment as required. However, heating system problems and fuel poverty issues are usually referred to other agencies for assistance. Joint visits between the housing technical officer and OT are arranged as soon as possible after the referral is received (usually a week). The Care and Repair Team facilitate the design in conjunction with the client, the OT and the clients preferred contractor if they have one. The level of service can be flexed to reflect the level of involvement required and whether the client prefers the contractor to be appointed by the service. The OTs aim to give the older person a voice in the assessment and scheme design. There are recognised specific challenges for scheme design in static caravan accommodation.

PRS - Interestingly, there are very few grant applications involving PRS tenants. However, when they do occur the service works with the landlord to try and incorporate their views and hence consent for the work to proceed. If consent is not secured advice and support is provided for the tenant on housing options

Local authority stock – the Care and Repair Team liaise with the Housing Service to work up a design

Housing Association Stock – similar to the working arrangements that exist in council stock

New Build – the Housing OTs have a good established working relationship with Planning and Strategic Housing colleagues to influence provision of accessible features in proposed developments, especially those involving affordable housing. Increasing numbers of local accessible housing helps to support the viability of rehousing options in appropriate cases.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

Delivery

When the in-house service assumed the grant administration responsibility a lot of effort was expended in conjunction with the OT service to simplify and speed up the end-to-end process to eliminate “no value steps”.

The service user living in owner occupied housing is given choice in the housing grant process, especially in regarding contractors. The first question asked of the grant enquirer is whether they have a preferred contractor. However, in cases where this choice is not the preferred option the grant team will provide a near to no cost full agency service (very modest legal fees still apply) appointing contractors from a list they manage.

Most local builders operating in the large rural area tend to be one-man bands or small-scale contractors. Local politicians are keen that local labour is used whenever possible as it helps to recycle money in the local economy. A full competitive tendering process is not an attractive prospect for this group of contractors. The alternative to a full procurement process involves obtaining competitive quotes from local contractors on a case-by-case basis to ensure value for money. This can be challenging and time consuming especially for older homeowners and PRS tenants. Adaptations are often viewed as specialist work due to the number of trades involved and that can be a dissuading factor for general builders to get involved as it means a lot

of sub-contracting. Consequently, the adaptations team now only require two quotes if the scheme cost exceeds £10k. The technical officers are all sufficiently experienced to judge if the single quote price is reasonable.

In terms of continuous improvement, the Care and Repair team are keen to benchmark their service and discuss challenges with colleagues outside of the council area and attend quarterly meetings with Care & Repair Scotland and also a Scottish network of colleagues.

During pandemic lockdowns the Care and Repair Team tried to progress cases as much as they could electronically up to the point of installation, and it was noticeable in cases involving older people, how involved their younger family members and relatives became in the process. The housing adaptations team were one of the first in the Local Authority to return to normal or near-normal working so that the service returned to “an even keel” by early 2022.

Evaluation

The OT service and the Care and Repair Team independently send out customer satisfaction surveys to older people. The former focuses on personal outcome measures. The latter sends the Care & Repair Scotland Outcomes questionnaire and a separate questionnaire focusing on the directly provided process from OT referral through to installation of adaptations.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

Discussions

Governance and Culture

The above case studies give insights into a variety of different practices around the adaptation process, with good examples of elements that also support a smooth procedure. Governance has been a central theme of the case study data which adds another dimension to McCall's (2022a) adaptations framework (see Appendix A). Governance is important because the division of responsibilities between housing, health and social care sectors (Zhou et al., 2019, 2020a; Zhou et al., 2020b) and different working cultures within each sector can cause delays in practices.

Good examples from the case studies include North Lanarkshire Council's 'moderating group', which includes Health, Housing, Children & Families and other social care staff on it. Assessors bring cases to that to discuss and that acts as a governance point. There is also an overarching Equipment and Adaptations Group, which stopped in lockdown but will re-start. The Support & Care Clinical Governance Groups also feed into the Local groups and then there is an overarching North Lanarkshire Partnership Board. There is also a weekly 'housing solutions' meeting in each locality where colleagues can discuss cases, support each other in their clinical reasoning and get financial sign-off. Then anything non-standard goes to the moderating group.

For Aberdeenshire, whilst being part of the Health and Social Care Partnership the OTs that focus on adaptations in the home are employed by the Local Authority. The Health and Social Care Partnership, although having direct accountability for the strategic delivery of adaptations, have devolved responsibility for delivering and managing adaptations to the housing service. There's a housing contribution statement within Aberdeenshire Council's health and social care partnerships strategic plan. In 2015 the adaptations service was subject to a

review within which four operational options were explored. The decision was to bring the day-to-day service in-house replacing the independent agency arrangements that existed before. However, the current adaptations service has retained an affiliation with the former service provider. There have been major improvements in service provision since 2015. Very recently the OT service has favourably benchmarked its current arrangements with the Scottish Government's Guidance on the Provision of Equipment and Adaptations. It was pleasing for staff to note that many of the recommendations had already been implemented in the Aberdeenshire service arrangements. However, across the case study areas in both the OT and housing adaptations services complacency is avoided as there is a recognition that challenges remain especially in the following topic areas.

- **Capacity** – increasing demand with constrained financial resources. OT, technically skilled staff, recruitment and retention is an issue shared with many other Local Authorities.
- **Building contractors** – attracting and retaining enough local contractors to service the capital programme was seen as the key area that can generate delays.
- **Evidence** – a need for research to provide a strong business case for continued investment in adaptations in terms of positive health and wellbeing outcomes for older people plus savings to the NHS and Social Care. Staff acknowledged how useful it would be to have some overarching standardised approach to monitor outcomes.
- **Funding** – evidence of general demand in all case studies and general overspend of budgets.

SECTION 3: INSIGHT INTO THE FRONT-LINE PRACTICES SUPPORTING ADAPTATIONS

Culture is important but is an under-explored area in the literature. For example, Grisbrooke and Scott's (2009) revealed that OTs positioned in the housing department found themselves facing challenges from learning the 'new' culture, language and skills to fulfil the remit in the housing sector which is different from what they obtained in the social and health care sector.

North Lanarkshire colleagues have developed a culture over the years where the focus is on early intervention and prevention. They have recently had a successful bid from the Scottish Government to further develop their 'Home First' approach. The OTs have been able to move away from a purely functional approach and focus on the outcomes for the person; what matters to them. This whole ethos based around a person-centred planning approach is shared across Housing Health & Social Care colleagues and promotes and underpins integrated joined-up working.

One of the main barriers outlined in the interviews is the need for more staff resources. Often in adaptations, the funding discussion is dominated by grant funding, but investment in adaptations is also about investing and retaining skilled staff. There are a lot of technical skills involved in adaptations, and a culture that supports prevention begins with a unified cultural approach within and across organisations.

Therefore, while there is still a long way to go in terms of integration (although Scotland is the leading nation of such a move in the UK), it would

be useful to think of innovative governance ideas which can help to meet immediate needs and improve the culture around adaptations.

Information provision and access to services is a challenge due to the complexity of the system behind adaptations, with confusion among both older people and the health and social care professionals who may direct people to services. For example, Newton et al. (2017) claim that GPs are frequently unaware of referral pathways for home adaptation services such as assistive technology or telecare. This was supported in this research, where referral pathways were diverse and sporadic. It is not only a question of making the best use of information, but of making the lines of communication clear, creating consistent longer-term messages, and trying to equalise availability and consistency throughout Scotland.

Effective partnership between the NHS and Local Authorities was recognised as a prerequisite for achieving good health and social care outcomes (Joint Improvement Team, 2015). The NHS in Scotland comprises 14 geographically based health boards and 7 national special-health boards, while 32 Local Authority areas or 'councils' are responsible for social care provision. Health boards and Local Authorities were required to establish integrated partnership arrangements, and, by April 2016, 31 integration authorities were set up, with the majority following an integrated joint-board model, and one (Highland partnership) following a lead agency model. The aim of these partnerships was to provide an organisational mechanism that allowed local

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leaderships to better plan service provision, which can be fed upwards into the integration authority's strategic commissioning plan (Burgess, 2016).

The Act requires each partnership to establish three-year Joint Strategic Commissioning Plans that must include a Housing Contribution Statement. Some housing functions have therefore become part of the integrated care arrangements. The inclusion of housing at the commissioning level is important because delivering adaptations to support national health and wellbeing outcomes will require people to be supported, for example through aids and adaptations, to live in their own homes longer (Joint Improvement Team, 2015). Specifically, Local Housing Strategy Guidance (Scottish Government, 2014a) requires that Housing Authorities work with their health and social care partners on their legislative requirements to assess housing needs and conditions.

Including housing within the national integrated care framework acknowledges the importance of the home to people's health and wellbeing, and the vital role that housing plays in improving it. While a policy focus on person-centred outcomes through integrated care has been commended, its impact has so far been limited: 'A series of recommendations [by Audit Scotland] included the need to define clear targets and timescales, and clarity for individuals on accountability for the care and support they received. Strategic plans should be more specific on resources and ambitions and there should be agreement on budgets (Kaehne et al., 2017, p.88). Similar to findings from Robinson et al. (2020) about wider housing options, there is a gap between policy and practice at local levels for adaptations as well.

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Summary

This section has given us insight into the key support mechanisms that work well for a smooth adaptation process. From exploring the case studies of the Scottish Borders, North Lanarkshire and Aberdeenshire, we can see that the key elements of good practice include:

- Effective governance;
- Staff training;
- Funding and complexity – discretionary funding to help residents meet their 20% contribution, the need for evidence-informed commissioners, processes, and eligibility;
- Staff skillsets, resources and time – to make the end-to-end process quicker and incorporate a broader range of interventions within a total scheme including assistive technology and energy efficiency;
- There is a significant impact of austerity and COVID-19, which sufficient revenue and capital resources would help to mitigate the impact of both factors;
- Partnership working is key between health, social care and housing. There is

a need for inter-organisational advocacy and mechanisms that support early case identification, speedy and appropriate referral, rapid assessment and effective delivery processes;

- Housing associations often integrate replacing baths with showers when they are doing their modernisations/bathroom replacement programmes and refer through for an occupational therapy assessment where that is needed to increase efficiency in the process;
- Both North Lanarkshire and the Scottish Borders case studies note work on improving evaluation processes and existing outcome measures.

Maintaining independence at home is an important goal of health and social care integration, and the role of housing in Scotland remains vital in delivering improved national health and wellbeing outcomes for older people. The current arrangements should, if implemented fully, enable shared ownership and shared responsibility for the effective provision of adaptations.

Section 4

Reimagining the Adaptations Process from Older Peoples' Perspectives



SECTION 4: REIMAGINING THE ADAPTATIONS PROCESS FROM OLDER PEOPLE'S PERSPECTIVES

The case studies in section 3, and the structure used in McCall (2022a), offered a simple outline to think through the various stages of the adaptations process from the perspectives only of key stakeholders in this process. Therefore, the adaptations process presented in Appendix A relates to the formal processes that support older people that are implemented once people are in the system. However, this research project has shown a much more complex web of informal assessment, pre-planning and management that is not a clear part of the formal adaptations process.

Adaptation process from older people's perspectives

Pre-planning

The majority of our sample were homeowners, and it was uncommon for participants to pre-plan for flexibility in their homes for adaptations. There were some examples of people selecting their current homes for level access, but on the whole, people tended to be in homes originally purchased as family homes.

For those privately renting, the main driver for selection was lifestyle, location and easy access to services. For those socially renting, the element of choice was not a feature of selecting their current home. When adaptations were needed, it was often 'problem driven', and reactive.

“Sometimes people themselves – they wait too long before looking for help. There should be more opportunity for earlier interventions. People often don't want to ask for help” (C23).

“It would be great if someone from housing associations and/or the Council could visit older people & look around their house to see what they might need – instead of waiting for people to approach them. Be more proactive than reactive” (C22).

Many participants noted they wished they had been able to future proof and pre-plan, with many examples shared of similar situations with peer groups. There were also some participants who were not planning any adaptations as they felt fit and healthy at this moment in time.

There was a high number of self-funded adaptation examples, especially involving less complex adaptations. This suggests a volume of home modifications that are not reflected in the current numbers around adaptations. Therefore, housing type/area selection can be planned, but current homes are rarely selected to support ageing. Many modifications and changes within homes will not be visible in the current data capture of adaptation processes.

Self-assessment

The informal, self-funded adaptations were also linked to activities involving self-assessment. Peer support, family and household members were the strongest influencers in the self-assessment process.

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“I think my wife already decided...I think just on the basis of what her friends told her and what we'd seen around, you know, we didn't consult any specialists... I mean our friends are all about the same age, and they were beginning to face the same problems” (C20).

This process of self-assessment can include a denial period and reluctance to access support. This resulted in ‘fudging’ of what is required, making changes to homes outside formal assessment processes. This reluctance to seek help via official support services indicates there may be work to do to tackle the stigma associated with age and the process of asking for advice about adaptations, care and fully engaging with the local community.

Need awareness

The participant's need awareness process often included several actors in the decision-making process that triggered planned home and environment modifications. The decision to make adaptations to homes was often connected to a particular diagnosis (some often waited for a formal diagnosis), suggestions from health support services and/or a potential health crisis. The main barrier in this stage was awareness of what was available regarding support processes, technical expertise, and equipment.

“I think the awareness, I think it's the awareness of people that there is such a thing and perhaps looking at what those possibilities are and how you access them. I think it's that, plus the key thing is getting out access to these things” (Focus Group 3).

The publicity of locally available adaptations support has been a long-standing problem (see Wang et al., 2022). The mapping exercise (Section 2) clearly highlighted the divergence in both the information that was available to the public online and in the routes to that information. Participants remarked that information in this topic area seems to be hidden and difficult to

access. There is a clear role for health services, with strengthened referral pathways from GPs and community health groups linked to the key diagnosis trigger.

Information and advice pathways

Routes and pathways to information were set out in Section 2, but there is an added element of informal pathways such as family and peers, which were seen as important pathways for information, advice and referral before formal pathways were embarked upon.

“On the part of the Local Authority or charities being much more active in engaging people, actually going out and looking for people, advertising what's available, just going out and talking to groups, groups of pensioners, just anybody, just evangelising what you have and what you can do for people. It's almost as if they're afraid, you know, if they put out what's there too many people will come and annoy them” (Focus Group 2).

Several participants stressed that hard copy leaflets are still important, especially when viewed through the prism of digital exclusion. To give an example, participants in Focus Group 1, while in the discussion, began helping each other and pointing to sources they had used for accessing adaptations and tradespeople and made plans to share and send a community newsletter in the post to one another. A common theme was confusion about where to start to access this information. There were also several debates on the timing of advice, covering when people needed advice and how this could inform decisions about their current home and housing options. Many prioritised face-to-face and phone call opportunities, looking for connections with people who can help in difficult periods of their lives.

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Individual management

The formal process from key stakeholder perspectives (McCall, 2022a) includes the agency of the individual which can sometimes be under-estimated. The evidence gathered for this project centralises the agency of the individual older and/or disabled person that spans across both informal and formal pathways. This aligns with RCOTs (2019) definition of adaptations and prioritisation of person-led solutions.

From the interviews and focus groups, the management of home modifications was mainly described as very challenging. Even for those where the process had gone smoothly (such as Billy in Section 1) the experience involved chasing and pushing the process along.

“But basically, in housing you really need a friend amongst the local councillors to fight on your behalf” (Focus Group 2).

“We were washing mum at the sink in the downstairs wc. We had carers in to help with that. The carers were on the back of a carers assessment, but the morning and evening services were at late and early times respectively and just did not suit mum’s routine – she got agitated with some of them too, so I stopped them” (C17).

The experience for many was viewed as a ‘fight’ (Focus Group 2) with the need to push, chase and manage the process in times of distress and change. Many were managing the process while conducting challenging new caring roles.

Exploration of design, contractors and housing options are key points of intervention. Many

older people have their own design expectations, tastes, needs and desires that they ideally wish to feed into the process. It was noted by participants that advocacy, having someone on your side and a good connection to services were key in helping to manage the process. This is a vital area of support for person-led choice and solutions.

Formal assessment

Formal assessment, design and funding were very connected in the minds of participants. Assessment was one of the dominant topics in the key stakeholder interviews (McCall, 2022a). However, the formal assessment journey for older people was a smaller step in the total journey compared to the informal processes before it. Diagnosis, rather than assessment, was more likely to be the key trigger for decisions to install adaptations. However, it was often a very welcome step as it included a real person. There were instances of people going to visit Local Authorities including housing practitioners and OTs as that relationship was very important.

“You need to meet the real person at building control, rather than just either you or your designer log the application at building control, it was well worth the trip to Motherwell because we formed a relationship with somebody at building control, when we got to the stage that we had a design that required approval they turned it around in less than a week” (Focus Group 2).

Some of the negative experiences of assessment included instances of providing adaptations against the wishes of a disabled person i.e. enabling or disabling at various stages of physical decline. When control was with individuals, this was a much more empowering process.

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Design

The design of the adaptation was very much linked to individual inputs with many older people having their own design expectations in relation to their home spaces. Design could in fact be a key barrier to installing adaptations, as the idea of 'institutional or medicalised looking' changes to homes was very unattractive.

“And I looked, you know she showed me the bathroom and I thought, oh God that is... oh I would hate to have that. It's got little half... like a sort of fence and gate arrangement around it, with a little opening door and the shower seat has legs and arms. And I'd look at it and think... well not only was I thinking God what a nightmare to clean, you know all those extra surfaces and cracks and corners and everything. But also all those things to bump into and trip over” (C16).

The stakeholder viewpoints in the formal process advocate universal access and include scheme features that integrate 'good' design. This can circumvent stigma as accessible design becomes more mainstream (McCall, 2022b). From older people's perspectives, there was an added nuance to this idea, with priorities for design elements that included storage as well as 'visitability' factors for friends and family. From the carer's perspective, it was easier for people to plan for changes that were intended for someone else. There were also important insights to the decision-making process with considerations over adaptations being easy to clean and maintain.

Funding application

Similarly, for assessment, funding was a dominant focus for key stakeholders working in the adaptations process (McCall, 2022a). For social renters, this was not a consideration. However, participants in the study in the private sector were often self-funding their own adaptations. For some homeowners (e.g. Max, Section 1), funding was highlighted as a key barrier due to:

1. The need for a 20% contribution;
2. Timing of grants within the financial year and;
3. The need to reapply if health, care, costs or funding circumstances change.

“Availability of funding is also an issue. People also often need help with the project management element of adaptations” (C23).

The majority of participants in this study self-funded their own adaptations, especially less complex ones. When accessing a private sector grant, this was often after privately investing in previous adaptations but then needing subsequent help with major modifications.

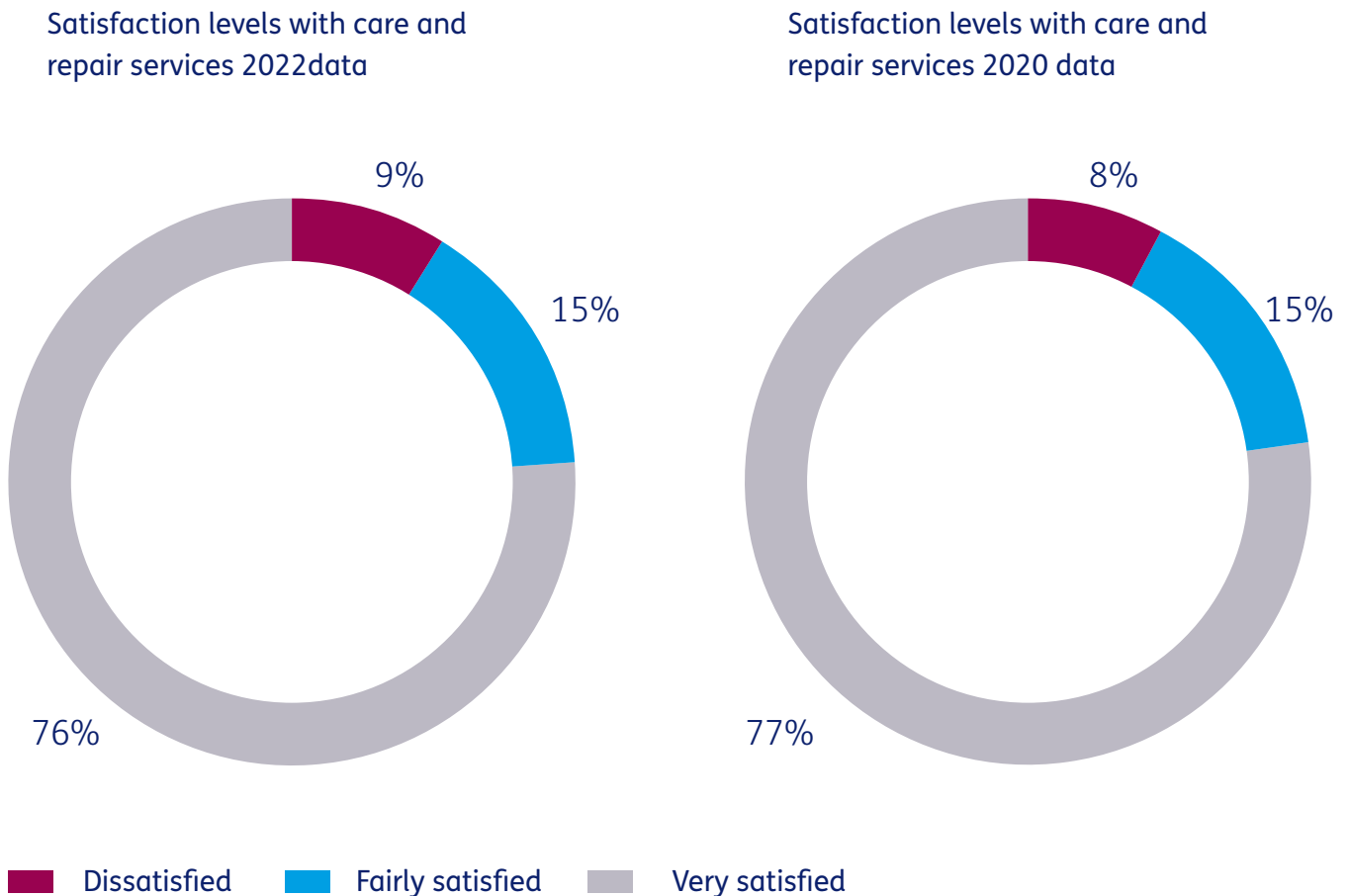
This was also evidently seen in the survey data. For example, around 70% of the 2022 sample had financed their adaptations using their own money, whilst 20% had received a grant to do the work. Similar differences could also be found among the 2020 and 2018 survey samples (see Table 2, Appendix C).

Delivery

Communication breakdown was reported in several stages, for example, funding. Communication was one of the two most important aspects of the adaptations service highlighted by the Adapting for Change Working Group in 2011. Project management support, from an organisation such as Care & Repair, was seen as very positive. A high level of satisfaction with Care & Repair service users has consistently been revealed in Age Scotland's 2020 and 2022 surveys (see Figure 6). Whereas people who did not or could not access Care & Repair reported difficulties in managing contractor elements (such as Max, section 1). In fact, people might not be aware of such services until they had used them. COVID-19 had been seen as a major impacting factor on waiting times for installation, contractor costs and access to materials.

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Figure 7. Satisfaction Levels with Care & Repair Services 2022 and 2020



Reimagining the adaptations process

Given the feedback and priorities above, we offer a reimagining of the adaptations process in the figure overleaf (Figure 8). What we see outlined in green is the informal adaptations process before formal processes begin (blue) when older people experience (or do not fully experience) important pre-planning, self-assessment, management and information and advice pathways. This informal stage is usually experienced without support or clear intervention and represents an area of real potential to fundamentally improve the overall experience of older people from the point of first acknowledging a need for home adaptations through to the installation of measures.

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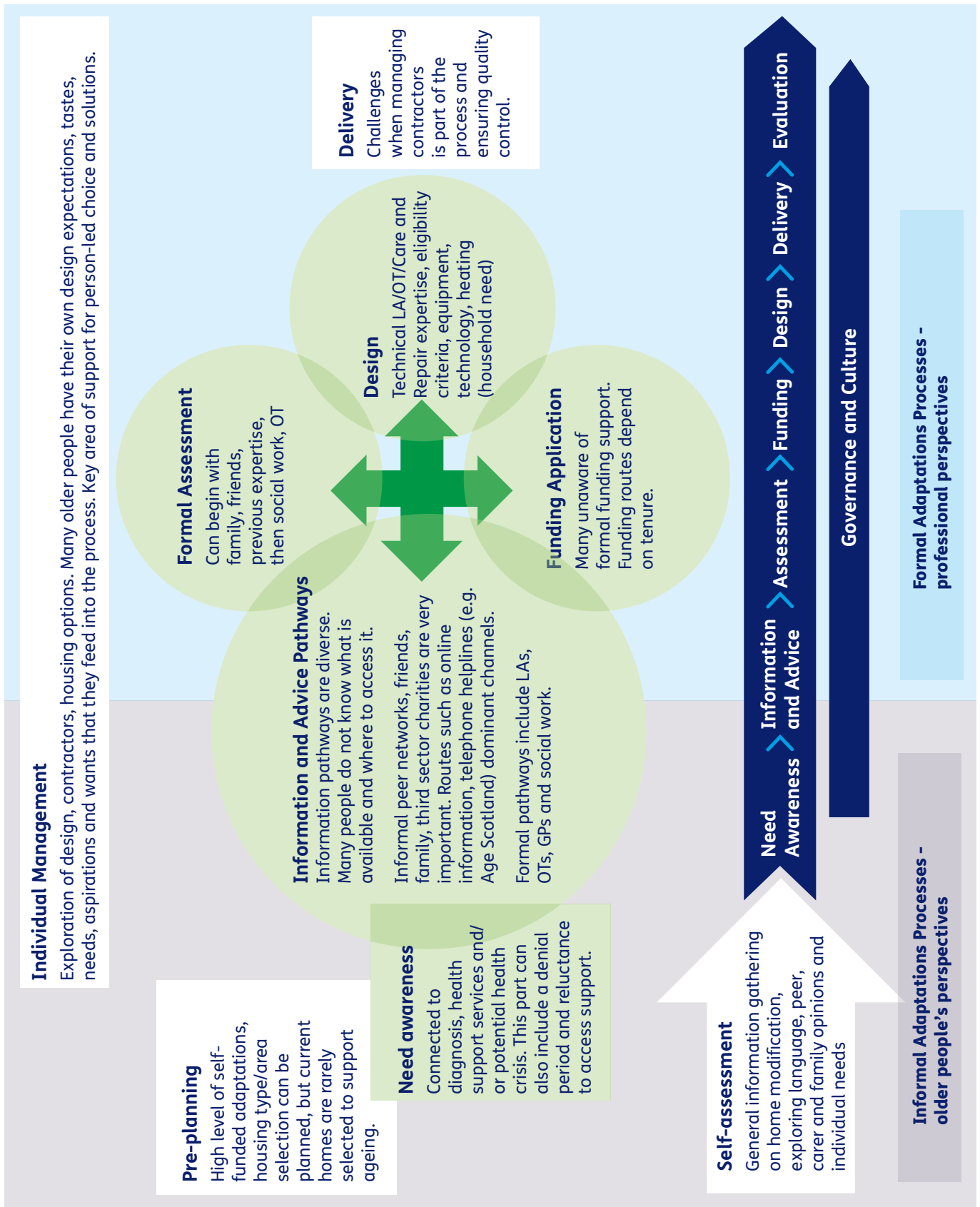


Figure 8. Satisfaction Levels with Care & Repair Services 2022 and 2020

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Integration into other agendas – widening out the umbrella of adaptations

A disproportionate number of older people are living in poor, non-decent or hazardous housing, or simply live in housing which doesn't meet their needs (Age UK, 2010; Preece et al., 2021). For people living with multiple morbidity issues, poor housing is likely to exacerbate their conditions (Cotter et al., 2012). And while many houses are high quality, they may become ill-suited to a person's needs as they age. Many older people live in high-value homes but the ability to use equity is unevenly spread, and many groups do not have the income to support housing in later life (Oldman, 2014).

Focusing on current stock

While attention has been given by some stakeholder interest groups to the need for new build housing developments for older people (retirement housing and specialist housing and care provision), the overwhelming majority of older people currently live in ordinary, mainstream homes as owner-occupiers (Adams, 2017). Given the prominence of supporting older people to 'age in place' (allowing them to live in their home of choice for as long as they are able, see Golant, 2015; Sixsmith and Sixsmith, 2008) within current government policy, the existing housing stock will be where most older people live in the future.

Data from the Scottish House Condition Survey showed that 74% of older people were living in housing with some level of disrepair, with 54% living in housing with critical elements of disrepair (Brown et al., 2017). In addition, 13% of houses occupied by older people were deemed to be unhealthy, unsafe or insecure. The majority of these people were owner-occupiers, with a minority living in either social housing or the private rented sector (PRS).

Data from the Age Scotland 2022 Survey showed that over thirty per cent of respondents felt the need for adaptations. Fifty-five per cent of respondents considered their home would be not suitable in the next 5 years and the number went up to over seventy-five per cent when suitability was considered in 10 years. Those fifty-five per cent were also more likely to feel the need for adaptations compared to the rest forty-five per cent who view their home would still be suitable in 5 years' time. That the higher likelihood of having adaptation needs was particularly the case in relation to people who had long-term health problems or disabilities (see Table 3, Appendix C for the logistic regression analysis result).

Evidence suggests that housing-repair services that intervene early can lead to cost-effective savings, and improvements to residents' quality of life (Donald, 2009; Stewart et al., 2014; Preece et al., 2021). As such, housing policy needs to consider its role in either providing repair services for housing or supporting older people to make repairs, adaptations or upgrades to their homes. This could be done through subsidised services, signposting, regulating home standards, or supporting repair, adaptation and upgrading of properties by the private sector (Stewart et al., 2014). This may be particularly important for those in privately rented accommodation who are struggling to meet the costs of the larger units they rent not by choice but through an absence of appropriate smaller homes.

Using postcode data from Age Scotland 2022 Survey, we linked the survey responses to SIMD (Scottish Index of Multiple Deprivation) data to examine the effect of neighbourhood deprivations (measured in SIMD ranking) on adaptation needs. Logistic regression revealed statistically significant positive associations between the level of deprivation and the need for adaptations ($p = 0.037$). Specifically, the less deprived the area/neighbourhood where people lived, the less likely it would be for them to feel the need for

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adaptations to their current home. This finding is revealing because it suggests for people living in deprived areas, poor economic conditions and limited access to public service might have exacerbated their housing needs. Yet, we need to be aware that SIMD ranks the deprivation of areas (data zones in Scotland), not individuals. People living in less deprived areas might not necessarily be better off.

The allocation and management of existing housing stock will therefore have significant positive implications for the health and wellbeing of older people in Scotland in the future. Furthermore, well-designed adaptations in a warm good condition home are likely to increase the likelihood of older and disabled people inviting friends to their homes and increase their ability to get out of the home and socialise in the wider community. This was highlighted as important in 'A Good Life in Later Years' report (Greasley-Adams et al., 2021) and the related co-produced community toolkit (see <https://towardsagoodlife.org/about>).

Energy efficiency

Quality housing, in the right place and connected to a range of community amenities and local health and social care services, is paramount in helping older people to remain in their own homes for as long as possible (Brown et al. 2017). Providing and, where necessary, redesigning support services to enable older people to achieve this is an important goal of Scottish housing policy. Remaining in the family home may not be possible for some, so good alternatives such as social housing, sheltered housing and residential care, that are integrated with their local communities, should be offered. While numerous examples of housing that have had positive impacts on older people exist, there is also evidence that much of the housing stock currently used by older people have high levels of disrepair and poor energy efficiency (Brown et al., 2017). Given that the majority of older people are owner-occupiers in existing housing, preventive

and support services must be equipped to support ageing in place within these homes.

Although for most interview participants, energy efficiency was viewed as an economic issue, a few of them did mention the importance of feeling warm at home at the same time.

“Well, I think energy efficiency elements yes for economic reasons really and you’ve got to be warm and the less mobile you are, the more important that is” (Focus Group 1).

Compelling evidence was also found in the survey data, suggesting feeling warm is an essential indicator of a suitable home, in particular for older people who have health problems and disabilities. First, the 2020 Survey asked participants about their satisfaction with the heating levels in their homes. Ordinal logistic regression analysis revealed strong associations between the level of satisfaction with the heating and the level of perceived suitability of the home in meeting needs. Specifically, people who were dissatisfied with the heating levels in their home were almost three times less likely to see their home as fairly suitable or very suitable (vs unsuitable) (odd ratios = 2.9, 95% CI [2.11, 4.00]) than that of people who felt fairly satisfied with the heating levels in their home. Compared to those who claimed to be very satisfied with the heating levels, the gap was even bigger (odd ratios = 8.76, 95% CI [6.26, 12.36]) (see Table 4, Appendix C). This will likely increase in priority as fuel prices rise.

Second, satisfaction with heating levels was found to be significantly associated with people's health, disability and tenure. People who reported long-term health problems or disabilities, and/or people who said they were living with others who have health problems or disabilities, were more likely to feel dissatisfied with heating levels in their homes. This finding suggested that these people were in need of better energy performance in their homes (see Table 5, Appendix C for the ordinal logistic regression analysis result).

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Meanwhile, people from the PRS were also found significantly less likely to feel satisfied with the heating levels in their homes compared to owner-occupiers. So did those who owned their home but with a mortgage, although the gap was much smaller (see Table 5, Appendix C for the ordinal logistic regression analysis result). Given both renting and paying a mortgage (in particular renting) indicate a relatively less well-off life for the tenants, it might be the case that these people could not afford to bring the heating level in their home to a satisfactory level. This is usually referred to as fuel poverty. In this sense, we cannot separate the economic aspect of the energy issue from the health impact it may have on people's lives, because the poor economic conditions could result in lower life quality – feeling cold.

There is an opportunity that an adaptation intervention could present in respect of referral to agencies that could assist older people with the thermal efficiency and affordability of keeping warm in their homes using net zero technologies. It is important for Local Authorities to have good knowledge of the housing stock (especially the private sector stock) in their area in terms of condition and accessibility to monitor trends and identify deficits against relevant legal standards. Regular local house condition surveys including a social survey element would assist for this purpose.

Technology

Assistive technologies, such as telecare, telehealth or self-care technologies, are also playing a growing role in supporting people to remain in their own homes. Technology-enabled care services are provided by all Local Authorities in Scotland, and many social housing providers also provide them. Telecare services originated in community alarm systems, which are now ubiquitous within housing and care services for older people. In addition to community alarms, which residents can use to summon assistance in emergencies, telecare systems also include passive monitoring sensors, which can raise

alarms in the event of incontinence or falls, or when a person's activities change beyond a predetermined norm (e.g. if a person stops eating). More advanced telehealth systems can also remotely monitor biometric data, such as pulse rate, blood pressure and blood oxygen levels, and can alert a medical professional if results vary from their norm.

Participants were generally happy with technology, but it must be simple and reliable to operate.

“I think technology should be standard for people with really severe mobility problems, or any other kind of physical or mental conditions that make communicating therefore difficult” (Focus Group 2).

“There's still a lot to learn for me and, like many of us, my brain is not so quick at learning these days and you forget. And in a way one of the things that is frustrating for me is not to be able to get help as quickly as possible on anything to do with your phone or your computer or your TV” (Focus Group 1).

Familiarity with technology instils confidence in using it, meeting wider needs associated with ageing and disability and not just disabled adaptations. Increasingly participants recognise the influence of technology to assist independent living but lack confidence in using it and more importantly knowing how to deal with any problems or malfunctions that occur. Some are willing to pay a trusted person to do this for them (e.g. C2). COVID-19 was seen as a key driver that enabled experience of, and changed attitudes to, technology.

Telecare services have been identified as a priority for development within health, social care and housing policy. Historic initiatives such as Building Telecare in England (Department of Health, 2005) in the early 2000s sought to mainstream telecare services, with subsequent initiatives such as '3 Million Lives' seeking to expand their use within social care further. Telecare and other

SECTION 4: REIMAGINING THE ADAPTATIONS PROCESS FROM OLDER PEOPLE'S PERSPECTIVES

assistive technologies also occupy an important part of Scottish health care policy, such as the National Dementia Strategy (2017-2020) (Scottish Government, 2017). However, currently, there are still significant challenges to the adoption of assistive technologies, including poor evidence for their effectiveness (Steventon et al., 2013; Forsyth et al., 2019), low awareness of available technologies among older people and provider organisations, as well as limitations in the range of technologies available and routes through which older people can access them (Gibson et al., 2016; Newton et al., 2016). While the range of technologies available is expanding, potentially useful products do not progress beyond the prototype stage. Often these wider items are not considered adaptations, fall into the wrong category or criteria for support or in the case of commercially available retail technologies, may have concerns regarding privacy and data sharing, which may constrain their use within current technology commissioning models within health and social care (Woolham et al., 2021)

However, presently there is not enough guidance on how services can operate to enable partnership-working with older people to identify solutions, rather than utilising rigid, 'one size fits all' approaches to home adaptations. The need for such guidance includes issues such as commissioning technologies, assessment procedures when ascertaining which technologies may be suitable for use. Ongoing support is also required in order to ensure technologies are suitable for the individuals, and to ensure that installed technologies are not subsequently abandoned. In addition, tensions may arise between what residents feel they need and the statutory provisions that are available through services (Stewart et al., 2017). For example, people frequently dislike the pendant alarms available via social care or technology-enabled care services, and either creatively 'misuse' them (e.g. place them on a bedside table at night), rapidly abandon them, or refuse to have them installed altogether (Gibson et al., 2019).

In contrast, many assistive devices, such as easy-to-use remote controls or clocks, may not be available through technology-enabled care services, leaving people to source these themselves (Gibson et al., 2015; Gibson et al., 2016). People also may not like the institutional feel that many home adaptations can promote, and therefore refuse to have them installed (Powell et al., 2017). Self-sourcing and self-funding commercially available retail products such as Amazon's 'Alexa' range of smart speakers outside of formal care pathways is also becoming more commonplace as people identify their potential to support themselves or their friends/relatives. Increasing attention is also being paid to the use of these retail technologies within statutory services such as Local Authorities, however, issues around data, ownership of resulting data and ability to use the collected data pose challenges to their adoption within social care services (Marston & Samuels, 2019; Woolham et al., 2021).

Housing organisations, such as housing associations, have also been identified as key partners in delivering digital health and social care services in the future (Scottish Government, 2018). For example, technology can enable remote consultation and monitoring of people living at home, enabling more efficient delivery of care services to people within their communities. As newer technologies emerge, telecare is likely to play an increasing role in supporting older people to remain at home. Some innovations that have been identified as priorities for technology-enabled care include the Internet of Things, expanded ranges of sensors and behavioural monitoring, remote consultations, and personalised electronic health records. However, such services are not a panacea and will require improvements to the technologies as well as significant service re-design if they are to be successfully implemented, including the continuing integration of IT systems with health and social care, and ensuring access to patient records across services and by patients.

SECTION 4: REIMAGINING THE ADAPTATIONS PROCESS FROM OLDER PEOPLE'S PERSPECTIVES



Summary

From the perspectives of older people, the points of intervention are complementary but slightly different. There are a lot of informal elements that lead up to the start of the formal adaptation process. Key points of intervention include:

- Advice, information and support for those independently self-funding adaptations;
- Support with consent (especially for private renters) and a better public understanding of the adaptations process – pathways, routes for contacts;
- Understanding what good, inclusive design looks like, and what is available that people can successfully integrate into their homes;
- Finding and managing trusted contractors;
- General help with project management – including key points of contact for smoother communications between services (to avoid the perceived ‘fight’ for updates and progress).

Points of intervention that coincide from the perspective of private sector residents and practitioners are the availability and reliability of contractors plus the difficulties of securing consent by PRS landlords for supportive adaptations.

Section 5

Conclusions and Recommendations



SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

The understanding of adaptations from older people's perspectives is quite straight forward yet inclusive: things that make life easier and comfortable for people, especially those living with health support needs.

It is the process behind adaptations that makes it complex. Key points include diverse and fragmented pathways for information and advice, issues of consent (especially for private renters), lack of understanding of 'good' inclusive design options and finding and managing trusted contractors. General help with project management is a clear place for additional support—including creating easy points of contact for smoother communications between services and service users. This would help to avoid the perceived 'fight' for help, information, updates and progress.

Older people have a range of interventions that help them with everyday living, the most popular being supporting equipment for moving safely and changes to bathrooms. This report highlights that older people will often begin by self-funding their own adaptations, and little is known about the informal processes that begin before any formal connections with health, social and housing services. There is a clear unmet need and willingness to adapt via a variety of pathways.

There is a requirement for consideration of household needs both for immediate and future physical, mental, and emotional support. When effective adaptations are in place, they can have a positive impact on not only service users but carers and other people in the network. This support can link with wider agendas such as energy efficiency and digitisation. From older people's perspectives, these different policy arenas are not visible. They perceive one household, network and area for support and adaptations to home environments can help with everything.

The report gives further insight into the process of delivering adaptations at the front-line of Local Authority and third sector services in housing, health and social care. Key areas for making the process smoother were seen to include:

- Effective governance and partnership working mechanisms;
- Investment in staff resources;
- Simplifying funding processes;
- Person-led 'say yes' culture to adaptations.

Like older people's experiences, front-line professionals had challenges finding and managing contractors and this is a key area for needed support. The methods that were applied in the research helped to provide an insight into what services Local Authorities were providing and help to identify good practice that other Local Authorities could adopt/interpret for their local circumstances to improve service provision.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Understanding the importance of adaptation within older people's lives

Recommendation

Invest in a 'one-stop shop' for adaptations support

This project has offered a reimagining of the adaptations process from the point of view of older people. Key intervention points for support are highlighted that begin with self-assessment and need awareness to delivery of adaptations. A single 'flagship go-to place' within each Local Authority (but linked nationally) should support all stages of this process – both informal and formal – was the key recommendation from older people.

Redefine and expand adaptations criteria to include wider consideration of support needs within the home

This report highlights a widening of what can be considered an adaptation by participants. Section 4 illustrates the blurred lines between other elements of support, including energy efficiency and technology. Support needs are interrelated, encompassing whole household considerations.

Invest in a 'Home Upgrade' campaign for older and/or disabled people

An investment in preventative support focusing on upgrading current housing stock across Scotland that is not fit for purpose, and which has the most potential for planning for future ageing. This policy initiative could give tips for protecting assets and how homes can improve health and quality of life. The prevention agenda is difficult for service users to apply to themselves, but it is the area that can make the most impact. A 'Home Upgrade' campaign could be a 'bundle' (for the private sector in particular) where an agency can offer a home review/assessment for future needs and point service users to funding and support. This should include a focus on accessibility, inclusive design, energy efficiency, and technology. This must coincide with longitudinal, long-term research to work with service users to investigate how prevention measures can be integrated into future-proof homes and provide evidence. This would be helpful for commissioners to substantiate an effective business case of how an accessible home in good condition can confer savings to the health and care sectors is a key ambition of this approach.

Responsibility and delivery

Scottish Government, Local Authorities, Integrated Joint Boards in partnership with Third Sector organisations such as Age Scotland, Care and Repair, Housing Options Scotland, Inclusion Scotland, Scottish Commission for Learning Disability etc.

Scottish Government, integrated into the Adaptations Review in Housing to 2040

Scottish Government Directorates, including:

- Local Government and Housing,
- Social Care and National Care Service Development,
- Health Performance and Delivery,
- Healthcare Quality and Improvement,
- Digital Health and Care Directorate,
- Energy and Climate Change, Equality,
- Inclusion and Human Rights
- to invest in all major policy areas to fulfil Housing to 2040 commitments.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Improving information, advice and communication

Recommendation

Create consistent language in information and advice around adaptations

The mapping review highlighted clear inconsistencies in the publicly available information regarding eligibility, criteria and contact pathways. There needs to be a consistent, Scotland-wide approach to speaking about and understanding adaptations and the connected support pathways.

Review the suitability of the private rented sector for healthy ageing

There is a need to review the issue of private landlord consent and increased awareness of support for the PRS to assist the increasing numbers of older private tenants. There could be consideration of an enhanced attractive universally accessible design scheme in this tenure for example to increase the likelihood of consent being granted.

Expand formal adaptations processes to include support for informal stages

Ensure that older and disabled people are engaged with through their adaptations journey, beginning from the informal stages identified through the research through to final completion of works so that they are actively involved in the process with the ability to co-produce and feed in their housing needs. Older people often prefer to speak to someone/see hard copy information rather than search online. Clear, accessible communication channels are needed.

Responsibility and Delivery

Local Authorities (specifically social work, housing departments) and Integrated Joint Boards working with wider Health organisations, GPs and community health groups. Third Sector agencies with specific support mechanisms – Age Scotland, Citizens Advice Bureau, Care and Repair Scotland, Housing Options Scotland etc. including Scottish Housing Associations.

Local Authorities working with the Scottish Association of Landlords utilising the momentum from the PRS Review

Age Scotland to promote across partners and be a conduit for promoting older people's voices

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Support front-line practice to improve adaptations

Recommendation

Ensure consistent funding mechanisms between area and tenure

Funding mechanisms must be reviewed to ensure consistency and sustainability of adaptations that link clearly to health and social care preventative agendas. The means-tested elements and service charges for the private sector can cause delays in the installation of adaptations, and the time of year in the social sector for availability of grants can increase waiting times. Delay is a key barrier to vital and timely adaptations in all tenures.

Ensure that all Care & Repair services are funded appropriately

With an ageing population, future proofing housing stock and ensuring decent standards is a clear priority. Care & Repair services must grow sustainably and build in resilience to adapt for Scotland's ageing population. Local authorities that do not currently fund a Care and Repair service or equivalent should invest urgently in this provision. Furthermore, contract periods need to be of sufficient duration to facilitate development of a suitably resourced and skilled service which allows for provision and evaluation of intervention outcomes, as the research has shown partnership building as the key to success in this area.

There is a need for increased availability of services for consistency across Scotland. Feedback from older people noted how vital Care & Repair had been, especially in trickier project management elements such as dealing with contractors. There must be scope for increased flexibility in the system to support people who wish to take individualised pathways to modify their homes. An increased remit for Care & Repair services can enhance accessibility, flexibility for person-led solutions and be a mechanism to support the often-invisible informal parts of the adaptations that include help with individual management, information and advice and design.

Responsibility and Delivery

Scottish Government working with COSLA and Local Authorities alongside Integrated Joint Boards

Scottish Government working with Local Authorities and Care and Repair Scotland

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Recommendation

Increase support for effective partnership working between housing, health and social care

Looking at the adaptations process, it is clear that housing is at the heart of health and social care integration. The case studies provided insight into different models, but with calls for more work between the NHS and housing and social work departments. Particular attention should be given to partnership working to tackle delayed discharge, especially if current homes are not adaptable. An evidence-based, cost-benefit methodology that looks at housing, social care and health outcomes when adapting a person's existing home could be a very desirable and valuable partnership tool.

Link in wider housing condition surveys to adaptation processes

This will support improvements to the wider housing stock. Little is known about the suitability and condition of housing stock that is ready for ageing in place. Housing condition surveys would be key (over an assumption model). Case studies highlighted the potential for efficiency in the social rented sector by linking in with cyclical maintenance plans for example. Increase a focus on the evaluation of effective adaptations. Local Authorities should undertake a regular local housing survey every four-five years to assess local housing conditions and projected need for adaptations by recording properties with adaptations and properties where occupiers require adaptations and levels of outstanding need.

Improving evaluation processes and existing outcome measures

Undertaking research to generate robustly evidence quantifying the links between property condition and accessibility of the housing stock would improve the impact and cost-effectiveness of adaptations to the health and care sectors i.e. a business case for investment in adaptations. This would assist integrated commissioning across the intersections of the housing, health and care sectors. This would support developing a business cost effectiveness model and the case for investment for adaptations.

Responsibility and Delivery

NHS, Local Authority Housing and Social Work departments, Integrated Joint Boards, Housing Associations, Care and Repair, RCOT

Scottish Government working with Local Authorities and Care and Repair Scotland

Local Authorities, Housing Associations, SFHA, CIH, Age Scotland, Scottish Universities

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Recommendation

We recommend the need for a good practice review on contractor procurement

This is such a key issue for older people and service providers. Feedback from older participants emphasised forging links with trading standards so as to build a contracting base as key to ‘information and guidance’ for people to “avoid dicey contractors in their homes” (Focus Group 1). Creating flexibility for the requirement for contractor quotes, and a trusted trader list for contractors with proven track experience of delivering adaptations is a clear route to support older people.

Responsibility and Delivery

Age Scotland, supported by the Scottish Government; Care & Repair Scotland

Reimagining the adaptations process from older peoples’ perspectives

Take a proactive Inclusive Living Approach to planning for housing and adaptations

This includes the overlap between energy efficiency and technology: a focus beyond the immediate home environment to the external environment and connections to the neighbourhood and the surrounding community will also be essential to integrate inclusive design and prevention. Existing tools such as the SFHAs Inclusive Living (McCall, Tokarczyk & Pritchard, 2020) and the ‘Towards a Good Life’ (Gibson et al., 2021) can be cross-tenure key mechanisms for community engagement to help identify what is essential for a good life at home and in the community.

Scottish Government to support key organisations such as SFHA / Age Scotland / Integrated Joint Boards to train in Inclusive Living approaches

Enable advice services and the public in understanding what good, inclusive design looks like

This should outline what is available to people to successfully integrate accessible design into their homes. Findings highlight reluctance for adaptations to appear “medicalised” and the importance of acceptable design for adaptations to tackle stigmatisation.

Third Sector agencies with specific support mechanisms – Age Scotland, Citizens Advice Bureau, Care & Repair Scotland, Housing Options Scotland etc. including Scottish Housing Associations working with wider industry to mainstream good inclusive design. Architects, designers and developers would be essential for integration.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Recommendation

Create a consistent, household approach to adaptations assessment across tenure and throughout Scotland

The report highlights the need for a clear household-led approach that gives family and carers a voice in the assessment of home modifications to improve their acceptability and optimise outcomes in meeting assessed needs. This could be something developed via the recommended 'Home Upgrade' campaign funded by the Scottish Government to invest and upgrade current stock across Scotland so that it is fit for purpose for current and future needs (including energy efficiency and net zero targets).

Responsibility and Delivery

Scottish Care, Who Cares Scotland, Health and Social Care Alliance Scotland (the ALLIANCE), Citizens Advice Scotland, Royal College of Occupational Therapists, ARC Scotland, Scottish Commission for People with Learning Disabilities (SCLD), Scottish Council for Voluntary Organisations (SCVO), Age Scotland, Alzheimer's Scotland, Sense Scotland, MND Scotland, Scotland's National Disability Information Service

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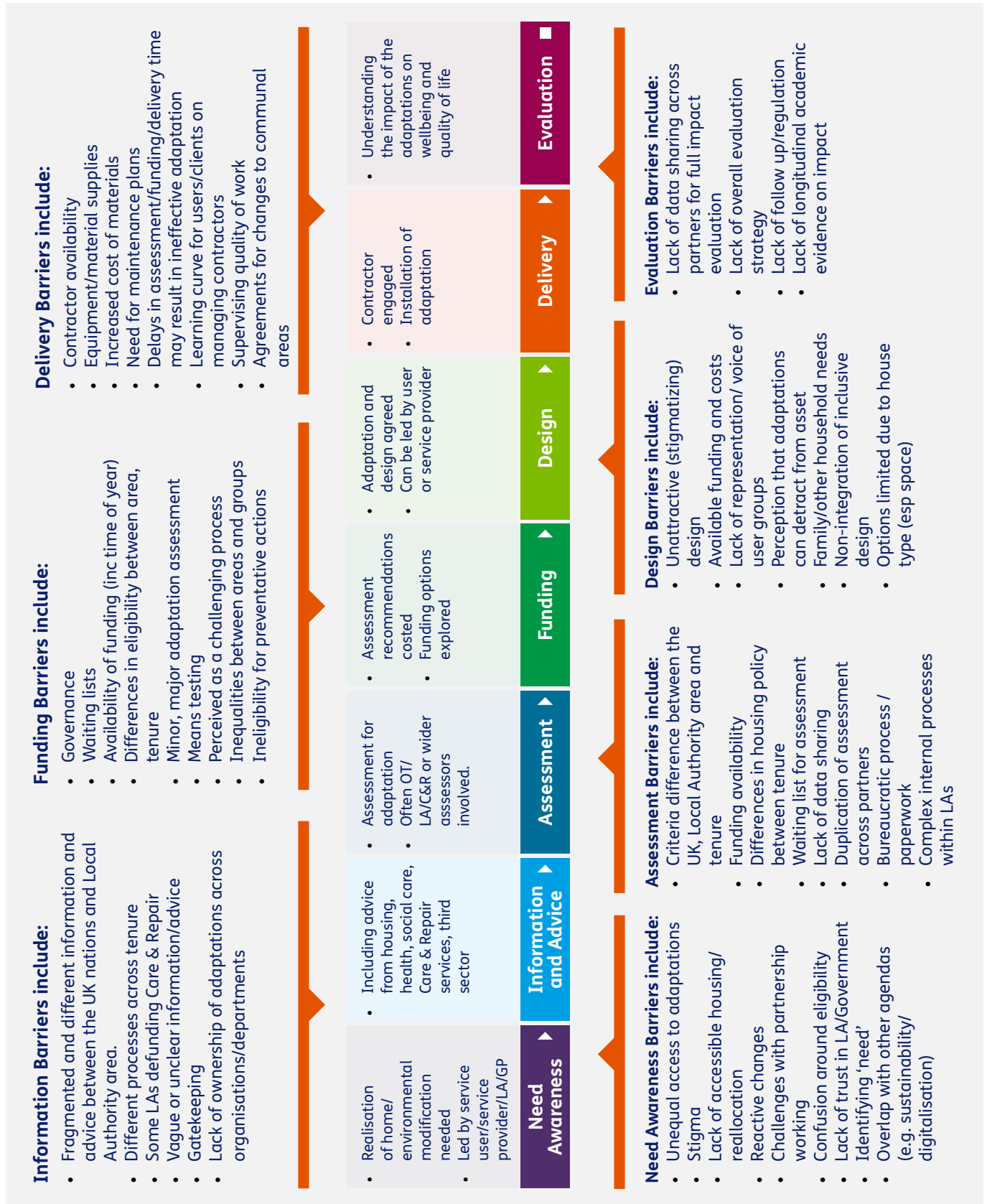
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Appendices



APPENDIX A: BARRIERS WITHIN THE ADAPTATIONS PROCESS (MCCALL, 2022A)



APPENDIX B: KEY TERMS AND ACRONYMS

Adapting for Change Working Group	Set up by the Scottish Government to review practice and delivery. The AWG published their report in November 2012, which recommended that fundamental changes were needed.
AskSARA	AskSARA is an award-winning online self-help guide providing expert advice and information on products and equipment for older and disabled people (AskSARA, 2022).
Assistive technology	The phrase ‘assistive technology’ is often used to describe products or systems that support and assist individuals with disabilities, restricted mobility or other impairments to perform functions that might otherwise be difficult or impossible.
Audit Scotland	Audit Scotland provides the Auditor General and the Accounts Commission with the services they need.
Care & Repair	Care & Repair services operate throughout Scotland to offer independent advice and assistance to help homeowners repair, improve or adapt their homes so that they can live in comfort and safety in their own community.
Care & Repair Scotland	Care & Repair services offer personal, financial and technical advice and support to people facing the difficult task of repairing, improving or adapting a home which is no longer suitable to the person’s needs.
Chi-square	Statistical test used to examine the differences between categorical variables from a random sample in order to judge goodness of fit between expected and observed results.
COSLA	COSLA is the voice of Local Government in Scotland. Councillor-led, cross-party organisation who champions councils’ vital work to secure the resources and powers they need. They work on councils’ behalf to focus on the challenges and opportunities they face, and to engage positively with governments and others on policy, funding and legislation.
Energy Efficiency	Energy efficiency simply means using less energy to perform the same task – that is, eliminating energy waste. Energy efficiency brings a variety of benefits: reducing greenhouse gas emissions, reducing demand for energy imports, and lowering our costs on a household and economy-wide level.
Equality and Human Rights Commission	Equality and Human Rights Commission in Scotland, work to: eliminate discrimination, reduce inequality, protect and promote human rights, build good relations between people ensure that everyone has a fair chance to participate in society.

APPENDIX B: KEY TERMS AND ACRONYMS

Focus Group	A focus group is a research technique used to collect data through group interaction. The group comprises a small number of carefully selected people who discuss a given topic.
Governance	Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.
Grab rail	Grab rails are safety devices designed to enable a person to maintain balance, lessen fatigue while standing, hold some of their weight while manoeuvring, or have something to grab onto in case of a slip or fall.
Grants officer	A grants officer would assess applications for grants and funding from charitable trusts, government or public bodies.
Home First Approach	Providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means people no longer need to wait unnecessarily for assessments in hospital. In turn this reduces delayed discharges and improves patient flow.
Housing Options Scotland	Housing Options Scotland are set up to help disabled people, older adults and members of the Armed Forces community to find the right home in the right place.
Housing to 2040	Housing to 2040 sets out a vision for housing in Scotland to 2040 and a route map to get there. It aims to deliver our ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be.
HSCP (Health and Social Care Partnership)	Partnership working in health and social care brings together separate organisations so that they can benefit from pooled expertise, resources and power sharing. The goal of a partnership is to enhance the efficiency and quality of service provision.
Integrated Joint Boards	"Devolved public bodies" for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that each Integration Joint Board is required to produce a code of conduct for members. The code should be based on the model code of conduct for members of devolved public bodies.
IJB Joint Strategic Commissioning Plan	Describes how health and care services can deliver services into the future that meet need, and continue to be safe, effective and of quality.

APPENDIX B: KEY TERMS AND ACRONYMS

Local Authority	Local authorities are responsible for a range of services including housing, education and social work.
Local Housing Strategy	Sets out how the Council and its partners plan to address housing issues and demand in our area over the next 5 years. The evidence for the strategy comes from a housing need and demand assessment which estimates the need for both private and affordable housing in the area.
Logistic regressions	Logistic regression estimates the probability of an event occurring, such as voted or didn't vote, based on a given dataset of independent variables.
Low and zero carbon technology	The term given to technologies, that emit low levels of CO2 emissions, or no net CO2 emissions. The incorporation of these technologies is more effective within buildings with a highly energy efficient fabric after heat demand and loss have been reduced to a minimum.
Making Life Easier	Website which enables self-assessment early intervention and self-selection. https://www.makinglifeeasier.org.uk/
Minor Adaptations	Minor adaptations are those that are easily installed and do not require structural changes to the home. These can include things like grab rails, stair rails and external rails.
NPF4	Scotland's fourth National Planning Framework (NPF4) will be a long term plan looking to 2045 that will guide spatial development, set out national planning policies, designate national developments and highlight regional spatial priorities.
Occupational Therapy	Occupational therapy aims to improve your ability to do everyday tasks if you're having difficulty.
Ordinal logistic regressions	Ordinal logistic regression is a statistical analysis method that can be used to model the relationship between an ordinal response variable and one or more explanatory variables.
Owner-occupier	A person who owns the property in which they live.
Panacea	A remedy that says it will cure all illness and difficulties.
Partnership working	Partnership working refers to a broad range of actions and can easily be defined as two or more groups coming together to achieve a common purpose.

APPENDIX B: KEY TERMS AND ACRONYMS

Peer Support	Peer support occurs when people provide knowledge, experience, emotional, social or practical help to each other.
Person-centred support	A person-led approach is where the person is supported to lead their own care and treated as a person first. The focus is on the person and what they can do, not their condition or disability. Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.
Policy Mapping	Policy maps use the power of data and spatial analytics to highlight a need for change in our communities. They help decision makers make data-driven decisions by providing clear narratives about where to intervene or change a policy strategy.
Private Rented Sector (PRS)	The Private Rented Sector (PRS) is a classification of housing in the UK. The basic PRS definition is: property owned by a landlord and leased to a tenant. The landlord, in this case, could be an individual, a property company or an institutional investor.
Qualitative Research	Qualitative research involves collecting and analysing non-numerical data (e.g., text, video, or audio) to understand concepts, opinions, or experiences.
Royal College of Occupational Therapists (RCOT)	Royal College of Occupational Therapists with over 35,000 members work to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.
Registered Social Landlords (RSLs)	RSL means a Housing Association or other organisation registered with the Housing Corporation as a Social Landlord.
Scottish House Condition Survey	This is the largest single housing research project in Scotland, and the only national survey to look at the physical condition of Scotland's homes as well as the experiences of householders. The survey fieldwork runs from January to December each year, with the survey now an integrated component of the Scottish Household Survey.
Scottish Index of Multiple Deprivation	The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones).
Scottish Public Health Observatory	The Scottish Public Health Observatory (ScotPHO) collaboration is led by Public Health Scotland, Scotland's new national public health body which launched on 1st April 2020. It also includes the Glasgow Centre for Population Health, the MRC/CSO Social and Public Health Sciences Unit, National Records of Scotland and the Scottish Learning Disabilities Observatory.

APPENDIX B: KEY TERMS AND ACRONYMS

Self-funding	Self-funded means that the individual has the sole responsibility to pay, and provide funds.
Semi-structured interviews	A semi-structured interview is a type of interview in which the interviewer asks only a few predetermined questions while the rest of the questions are not planned.
Social Rented Housing	Social housing is lower-cost rented housing provided by landlords registered with the social housing regulator, known as a social landlord. Social landlords could be a council or a housing association.
Stage 3 Major Adaptations Funding	A stage 3 adaptation is an alteration or addition to a property to suit the particular needs of an occupant with a physical disability or sensory impairment.
Statutory duty	A statutory duty means that the Council must comply with the requirements of the relevant legislation.
Telecare	Telecare is a monitoring service that offers remote support to elderly, disabled and vulnerable people who live alone in their own homes.
The Housing Contribution Statement	Provides a bridge between the Local Housing Strategy and the IJB Strategic Plan. The Scottish Government expects that a seamless strategic process will develop, focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-being.
The Scheme of Assistance	The Scheme of Assistance offers assistance for home owners who need to carry out repairs to their homes. The assistance is provided by Local Authorities and can include advice and guidance, practical help, or through financial assistance by way of grants or loans.
The Canadian Occupational Performance Measure	The Canadian Occupational Performance Measure is an evidence-based outcome measure designed to capture a client's self-perception of performance in everyday living, over time.
Thematic analysis	Thematic analysis is a method of analysing qualitative data. It is usually applied to a set of texts, such as an interview or transcripts. The researcher closely examines the data to identify common themes, topics, ideas and patterns of meaning that come up repeatedly.
Universal design	Universal design is the process of creating products that are accessible to people with a wide range of abilities, disabilities, and other characteristics.
Wet room	A wet room is a totally waterproofed or tanked bathroom with a shower area at the same level as the rest of the floor.

APPENDIX C: STATISTICAL TABLES

Table 2. Funding of Adaptations

Funding Sources	Percentage (%) of Mentioning		
	2022 Data	2020 Data	2018 Data
Own money	70	40	55
Adaptation grants	20	6	16

Table 3. Odd Ratios from the Logistic Regression Analysis where Adaptation Needs was treated as the Outcome Variable Explained by Health, Disability and Housing suitability in 5 years' time (Data used was from 2022 Survey, N = 276)

Variable Categories	p value	Odd Ratios	95% Confidence Interval
Have long-term health problems	0.001***	2.67	1.51, 4.82
Have disabilities	0.000***	2.79	1.61, 4.89
Suitable in 5 years' time	0.001***	0.36	0.20, 0.64

Table 4. Odd Ratios from the Ordinal Logistic Regression Analysis where Heating Satisfaction was treated as the Explanatory Variable for Home Suitability (Data used was from 2020 Survey, N = 979)

Variable Categories	Odd Ratio	95% Confidence Interval
Fairly satisfied with heating levels	2.90	2.11, 4.00
Very satisfied with heating levels	8.76	6.26, 12.36

Table 5. Odd Ratios from the Ordinal Logistic Regression Analysis where Heating Satisfaction was treated as the Outcome Variable Explained by Health, Disability and Tenure (Data used was from 2020 Survey, N = 979)

Variable Categories	Odd Ratio	95% Confidence Interval
Have long-term health problems	0.78	0.61, 0.99
Have disabilities	0.67	0.50, 0.89
Own a home with a mortgage	0.28	0.38, 0.80
Privately rented	0.96	0.18, 0.45

