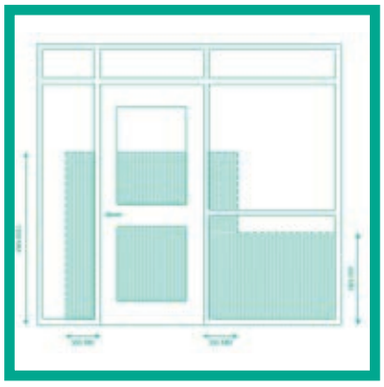
College of Occupational Therapists

Minor adaptations without delay

A practical guide and technical specifications for housing associations



HOUSING CORPORATION

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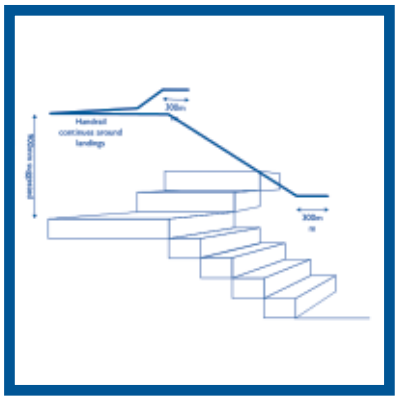
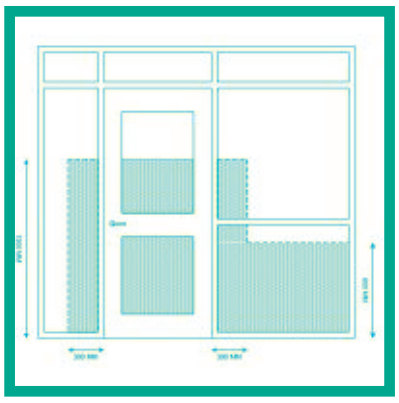
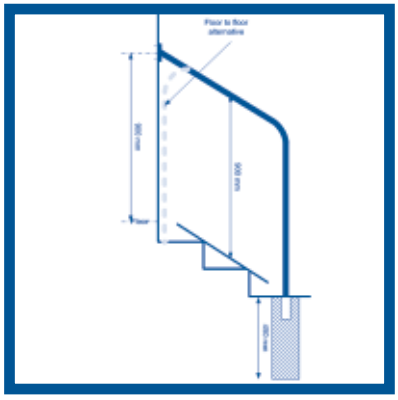
Part 1: A practical guide for housing associations







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College of Occupational Therapists

Minor adaptations without delay

Part 1: A practical guide for housing associations

College of Occupational Therapists
Housing Corporation

Minor adaptations without delay - A practical guide and technical specifications for housing associations

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Contents

The research report that informed development of this guidance may be accessed on the College of Occupational Therapists' and the Housing Corporation's web sites.

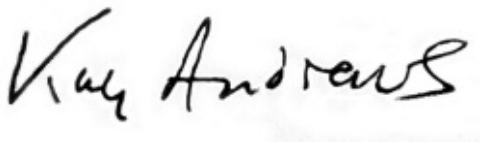
Joint Ministerial foreword

A home is a haven but it is also the place where most accidents happen. It can become a hostile environment when disability or the loss of fitness mean that everyday obstacles, such as outdoor steps that become slippery in bad weather, power points that are too low to reach without discomfort, or steep stairs without good hand rails, become a challenge. But that need not be the case ~ most of these obstacles can be resolved by the provision of minor works of adaptation and tenants and home owners very often know exactly what would alleviate their difficulties.

However, too often requests for minor works are not considered a priority when judged alongside more complex needs and waiting lists have become a mechanism that disguises the extent to which quick and simple solutions can have a huge impact on the safety and wellbeing of disabled or older people. In the absence of solutions, fear can generate the lack of confidence that may result in a fall and hospitalisation, or result in people becoming unnecessarily house-bound. That is not good enough. This Government is committed to enabling older and disabled people to maintain their independence and ensuring that their homes are safe and convenient to use will help us to achieve that objective. We also want to see more emphasis being given to early, simple, interventions that support prevention, particularly of accidents that expose so many of our older people to injury and pain.

This guidance illustrates a range of good practice where local agencies have worked together to streamline their policies and procedures to deliver quick and responsive minor adaptations services. We commend the joint commitment and effective collaboration that they demonstrate and we want to see these services becoming the rule and not the exception.

It is clear that where there is a will, it is possible to deliver ***Minor adaptations without delay***.



Liam Byrne

Baroness Andrews

Introduction

Background

The need for this guidance emerged from discussion at a meeting of the Advisory Group on development of the Housing Corporation's strategy for housing for Older People when representatives of older people's organisations raised the familiar topic of lengthy waits for assessments for housing adaptations.

A significant proportion of referrals made to community occupational therapy services for housing adaptations involve relatively small and inexpensive 'minor works', such as the provision of stair rails, grab rails, the re-positioning of socket outlets, removal of door thresholds or the fitting of simple ramps. These minor adaptations are often needed by older people, either to facilitate their discharge from hospital or to safeguard their safety and independence at home. They are often needed quickly but, when judged against requests for more complex adaptations or service provision, they often receive low priority.

Traditionally, all these referrals have been assessed by an occupational therapist, or occupational therapy assistant, (usually from social services) and the majority of Registered Social Landlords (RSLs, hereafter termed housing associations), including former local council housing departments, have felt that they needed to direct requests through this expert process.

The College of Occupational Therapists and the Housing Corporation shared the view that the system for providing minor adaptations was unnecessarily bureaucratic, inflexible and over-professionalised. Put simply, local policies and procedures often fail to distinguish between levels of formal process that may be appropriate for major housing adaptations but are not appropriate or justified for the provision of minor works. Looked at from the perspective of older people, it would not be necessary to raise power points if they had been positioned at a sensible height in the first place - needs often arise from poor design of the environment and older and disabled people usually know what needs to be done to help them cope with these common obstacles in their homes.

The College and the Housing Corporation were aware that:

- where housing associations do not have explicit policies on the level of minor works they are willing to fund, all requests may be routed indiscriminately to occupational therapists for assessment, including for determination of eligibility (often inappropriately) for Disabled Facilities Grants as a first source of funding;

- housing associations may use waiting lists for occupational therapy assessment as a mechanism for deferring demand on their resources. This simply compounds the delay of waiting lists, often unnecessarily;

- occupational therapists dealing with housing adaptations need to develop policies and procedures and effective working relationships with each housing association in their area. There may be numerous housing associations in an area, therefore achieving a consistent approach can be challenging and time-consuming. The diversity of housing providers may work against the ideal of operating one service model across a health or social services area. In the absence of clear working arrangements, historical practice persists and scarce resources are not used to best effect.

However, they were also aware that across the country there were many agencies that had worked together to find practical ways of delivering minor adaptations quickly and efficiently. The Housing Corporation therefore awarded a Good Practice Grant to the College to conduct a project to identify these new services, analyse their characteristics and the features that contribute to improved outcomes for service users.

A Practical Guide for Housing Associations

And so this practical guide was developed. It identifies a range of minor adaptations for which there is a clear consensus that initial assessment by

an occupational therapist is not required unless during the information gathering process, it appears that the potential user may have more complex or additional needs that require assessment. The guide identifies characteristics of best practice drawn from many different types of service that have grown through the goodwill and shared commitment of local agencies. No one model fits all, but it is evident that where there is a will, there is a way.

The guide is supported by a technical handbook that provides a recommended specification for the provision or fitting of the specified minor adaptations. These specifications are designed to assure a sound and consistent standard of provision and they will be particularly valuable to housing associations with limited experience of carrying out these works themselves.

Most importantly, the guide sets out to dispel some of the myths that have resulted in persistent failures to achieve well co-ordinated and sensible responses to the simple needs that older and disabled people experience because of practical obstacles in their home environment. Annex 3 provides a useful overview of current policy.

Although this work has been focused on the housing association sector, readers will find that it features the important contribution being made by Home Improvement Agencies, across all types of housing tenure. It follows that in reviewing the opportunity to implement this guidance, all local players should be brought to the table to achieve a single integrated minor works service that ensures *'Minor adaptations without delay'*.

The College of Occupational Therapists
The Housing Corporation

Section 1
How to use this guide

The guide is designed chiefly as a source of ideas, for people to dip into or refer to as it suits them.

Table 2.1 on page 7 tells you what we are recommending as minor adaptations suitable for 'no visit' supply, and these are the items for which a technical specification is offered in the separate booklet.

If you want to think through the advantages and disadvantages of fitting minor adaptations without waiting for an occupational therapist visit, key arguments are set out in the introduction on page 4.

On page 11, the main practical problems that have to be overcome if you are setting up a 'no visit' minor works system are laid out.

Table 4.1 on page 12 gives signposts to different ways of tackling each of the problems and to examples in the good practice and case study sections that illustrate different approaches.

Annex 1 sets out the criteria by which we judged 'good practice' in the delivery of minor adaptations, and which may also be used as a checklist or benchmarking tool.

The section from page 13 to page 21 gives short examples of good practice gathered from all over England during the research for this guide. These are intended as a source of ideas or encouragement. They are set out under the headings:

- Models of service delivery
- Aspects of implementation (training, risk assessment, information)
- Strategic approaches or aspects (future proofing, prevention, hospital discharge)
- Some additional information on outcomes.

Finally, there are three longer, more holistic case studies of places where a 'no visit' system is well established.

There is a glossary at the back, for any unfamiliar terms, and Annex 2 gives more information about Home Improvement Agencies.

Section 2

Minor adaptations included in this guide

The list of items given here is based on consultation with housing professionals (including hands-on technicians), occupational therapists, and tenants with experience of needing adaptations. There was not universal agreement, and of course particular circumstances always have to be considered, but these are the items where there was great consensus that they were suitable for installation without the necessity of an occupational therapy assessment visit. This is not meant to be an exclusive list, and it is perfectly proper to consider expanding these categories as expertise grows and knowledge develops.

Table 2.1 Minor adaptations included in the guide

1. Visual Impairment needs	Staircase applications External lighting
2. Hearing Impairment needs	Flashing doorbells Smoke alarm alerts
3. Rails	Main entrance support rail Grab-rails Newel rails Hand-rails Stair hand-rails
4. Access	Internal door threshold ramps Improved access and widened pathway to main entrance Door entry intercom
5. Kitchens and bathrooms	Window opening equipment Kitchen lever taps Kitchen cupboard handles Bathroom lever taps W.C. lever flush handles Bathroom grab-rails
6. General needs	Door and wall protectors Alter heights of electric faceplates
7. Safety matters	Safety glass
8. Highways	Drop kerbs

Technical specifications for fitting these items are provided in the separate technical specification document that accompanies this guide.

Section 3
Introduction

Strengths, Weaknesses, Opportunities and Threats

Opportunity: Why this idea is being proposed

This guide has been put together to help any housing association that wants to give its tenants a good and timely service in fitting minor adaptations. As one of the greatest causes of delay is often the wait for an assessment visit by an occupational therapist, the guide suggests which items may safely be fitted *without* such a visit.

We live in an ever- changing world and items like grab-rails that used to be thought of as specialist adaptations can now be purchased at any DIY store. The College of Occupational Therapists acknowledges this change and takes the view that some of these items may quite reasonably be fitted without assessment and that the benefits of doing so are considerable.

This is especially important for housing associations. A recent Mori survey commissioned by the Housing Corporation found that 42% of people living in social housing have a long-term illness or disability (Mori 2001). This means that the provision of adaptations to make the housing suitable is increasingly a crucial part of the housing provider's role.

It is also in the spirit of the social model of disability to respect the ability and good sense of the tenant to know what they need to overcome the barriers in their home.

Strengths: What are the benefits?

The benefits of this proposed approach are as follows:

- **Removes cause of delay**
  One of the common causes of delay in delivering minor adaptations is the wait for the occupational therapist assessment. This approach removes that delay so that the tenants get their adaptations more swiftly.

- **Reduces risks to tenants**
  The swift supply of these small adaptations then reduces the risks to the tenants who have need of them, so that accidents and all the consequent problems and costs are much less likely to happen. The high cost of treating the health and care consequences of falls in older people is well established (DoH 2001). The evidence is clear that, where the need for rails is identified, the longer it takes to put them in the longer the person is at increased risk of falling.

- **Produces positive benefits for tenants**
  Adaptations promote well-being, and help to keep people out of hospital or residential care (Awang 2004; Cabinet Office 2004). In particular, research also shows the beneficial effects and cost-effectiveness of minor adaptations such as grab rails and hand-rails. People feel safer and healthier because of them and they even enable people to care for others (Heywood 2001; Nikolaus and Bach, 2003, cited in NICE 2004).

- **Reduces wait for assessment for major adaptations**
  If occupational therapists are freed from the need to assess minor adaptations, they will be available more quickly to carry out assessments for other services where their skills are essential, and there will be good consequences from reduced delay all the way down the line.

- **Gains in efficiency and job satisfaction**
  And finally, there will be efficiency and cost gains from the improved use of workforce capacity, and increased job satisfaction for all those who may take satisfaction from improving the quality and effectiveness of services for older and disabled people.

Threats and weaknesses

Since minor adaptations are so beneficial, are relatively inexpensive and are quick and easy to fit,

it seems sensible that the systems for delivering them should be as simple and efficient as possible. But if swift and efficient systems are to be developed, certain difficulties have to be recognised and overcome.

Anxieties about excess demand

In the research for this project, we learnt that it is quite common for associations to use occupational therapists as a means of rationing demand as well as for their professional expertise. Housing officers have had experience where the fitting of an adaptation in one property leads to an increase in requests from neighbouring tenants to have the same thing. It is natural for the officers to want someone external to decide where the need is greatest, so as not to use up resources and have nothing left when someone in really great need comes along.

In response to these concerns, we have deliberately excluded from this guide such things as fencing and hard standing which might be seen as inherently attractive for any tenant. Grab-rails and the other items in this guide would not, we feel, generally be requested by those who had no need of them at all, so perhaps there is no need to use occupational therapists to ration their supply.

There is another practical economic point here, too. If the fitting of a rail does lead to a stream of requests from neighbours, it might be better value for money to accept the demand and fit (for example) 30 category-1 bungalows with a grab-rail in one go than to have a series of separate occupational therapist visits followed by technician visits to individual properties carried out on separate occasions. The experience of the FAST scheme (see case study 2) and of other similar schemes, is that the rails themselves are cheap, and the time taken by a specialist to fit them very little, so it is travelling time that is the greatest part of the cost.

Anxieties about risk, liability and responsibility

The second major concern expressed as we consulted housing associations and occupational therapists about this proposal was of the risk to the association if it provided minor adaptations without a 'professional assessment'.

The concern related to a housing officer or fitter being responsible for fitting an adaptation at the tenant's request when that officer may not have had specific training in the ergonomics of disability or, indeed, insurance cover should an accident subsequently occur. This is partly answered by reminding associations of the mainstream nature of many of these items that formerly had a medicalised label, and of the real risks faced by tenants who need them and are left without them.

Research for this guide established a consensus amongst occupational therapists that the items listed in the guide do not require their input. And TRAINING - extensively covered in section 8 of the good practice examples below - is the final piece of the jigsaw. This is not training to turn housing staff into occupational therapists but training that will allow them to feel confident about when it is advisable to refer for a full assessment[1].

In addition, however, this view of personal risk and liability needs to be set within the wider context of the housing association's risk management strategy. All housing associations will have policies and practices for dealing with risk – be that asbestos in buildings, storage of substances hazardous to health or moving and handling heavy items. In each of these scenarios, what is required of the organisation is to demonstrate that it has reasonable policies and procedures in place to deal with the foreseeable hazards which the object/situation/substance may cause and that the liability cover is sufficient to deal with foreseeable incidents.

Thus the installation of minor adaptations should fall within the risk management policy, as it is the organisation, rather than the individual, that needs to demonstrate proper procedures and policies to minimise risk and promote safe working practice. The policy of Wigan Council in carrying out a general risk assessment (see examples in item 10a) is one way of dealing with this matter. Other approaches are illustrated in the examples and case studies.

Against this question of risk and liability is also set the responsibility of the organisation to provide for the full range of its tenants and, under the Disability Discrimination Act 1995, to provide reasonable adjustments for individual needs within the curtilege of the property.

[1] *See also 'Trusted Assessor training', in the glossary*

It is encouraging to see that some housing organisations have found ways of dealing with the problem sensibly and satisfactorily. The statement below sums up a balanced position taken by a housing association that specialises in providing housing for disabled tenants but is happy to have some adaptations fitted without occupational therapist assessment:

'HABINTEG's aim is to provide homes that are accessible, adaptable and affordable. We have over the last thirty years encouraged our on-site staff to order small adaptations up to £150. We have found that this service allows our tenants to receive much needed adaptations within a reasonable time frame. Since the instigation of this policy, we have covered our liability under our general insurance and, to date, have never had a claim against our staff. We support the need for specialist assessment for complex needs, but believe strongly that the partnership working between our tenants and staff allows for flexibility to meet individual needs in the most efficient way'.

Mike Donnelly, Chief Executive, Habinteg Housing Association
November 2004.

Conclusion on the reason for this guide

This guide has been produced because minor adaptations are so important; because of the benefits of cutting out the wait for an occupational therapist assessment and because the problems that are perceived can be, and are being, overcome. Exactly how these minor adaptations are delivered to housing association tenants will be shaped by local circumstances, and one model will not fit all. However, it should be possible to deliver a satisfactory adaptation to a tenant in a timely manner, and suggesting ways to do this is the purpose of the rest of this guide.

Section 4

Practical problems and ways of solving them

All over England, housing associations who want to provide minor adaptations without assessment delays have worked out ways of doing so. Some have been doing it for years. They have done it independently or in co-operation with occupational therapists, Home Improvement Agencies, Age Concern services or Integrated Community Equipment Services, according to local circumstances. They have worked with preventative health agendas or seen an opportunity and role for their 'Supporting People' staff.

What are the practical problems?

In preparing this guide, the researchers asked housing association and occupational therapy staff and managers, and a range of tenants, what they saw as the problems in setting up this kind of 'no visit' system. The key problems identified were:

a) How, and by whom, is the decision made on whether an occupational therapist visit is necessary?
b) If no occupational therapist is visiting, who will decide what to supply and where it will go?
c) How can non-occupational therapist staff be confident in knowing what is needed or when to refer on?
d) How can the housing association cover itself for liability?
e) What advice and information is given to tenants so that they know what is possible, understand the risks and are enabled to make decisions for themselves?

The examples we give here solve these problems in a variety of ways. No single approach is necessarily right for another organisation but we hope these examples will be a source of ideas, and will give encouragement that adaptations without an occupational therapist visit are possible and practical.

What is good practice?

The criteria of good practice we applied for this guide are listed in full at Annex 1, which is designed as a checklist to be used by anyone who wants to benchmark their own system. Briefly, they include: good proactive information to tenants; a reliable screening system with right of return for full assessment; swift, cost effective delivery of good quality and appropriate items by experienced or well trained staff; adequate resources; cultural sensitivity; flexible approaches (especially from large national housing associations) and systems for monitoring outcomes that include tenant satisfaction and measurable health and life-quality outcomes.

Examples

The rest of this chapter gives examples of ways in which the problems listed above may be overcome and other examples of good practice. They are arranged as follows:

- Models of service delivery
- Aspects of implementation (training, risk assessment, provision of information)
- Strategic approaches or aspects (future proofing, prevention, hospital discharge)
- Some additional information on outcomes

This information was accurate at the time it was collected and verified during 2004, but it is likely that policy and practice will have changed in some places.

Table 4.1 gives signposts to the different ways of tackling each of the practical problems listed in a-e above, and to examples that illustrate these different approaches.

Table 4.1 Quick guide to ways of tackling the practical problems

Problem	Options
a) How, and by whom, is decision made as to whether a social services occupational therapist visit is necessary?	1) A screening service is in place at first point of enquiry for tenant. **Examples: 4a-d** 2) Housing Association employ own staff capable of making assessment. **Examples: 5a-b** 3) An assumption of 'supply on request' is made by housing association for agreed items, but surveyor or technician who goes to supply item uses judgement to decide when further assessment is necessary. **Examples: 2a-b**
b) If no occupational therapist is visiting, who will decide what to supply and where it will go?	1) Tenant asks for what they want: negotiates with technician about details. **Examples 1a-c** 2) Experienced technician effectively assesses and specifies. **Examples 2a-c, 7a-b** 3) Tenant visits an assessment centre and receives guidance there on what they need. Technician makes decision about the placing and fixing. **Example 4c**
c) How can non-occupational therapist staff be confident in knowing what is needed or when to refer on?	1) Staff are experienced. **Examples 1a-c, 2a-c, 4a-b** 2) Training by an occupational therapist is provided Guidance on when to refer back is provided. **Examples 8a-i** 3) All involved know where to seek guidance if in doubt. **Examples 1a-c, 2a-c, 4a-b, 8a-i**
d) How can the Housing Association cover itself for liability?	1) Local occupational therapists or the housing association (or both together) have done a general risk assessment on minor adaptations and provided guidelines for when fitting without an occupational therapist visit is appropriate. **Example 10a** 2) Organisation is covered by public liability insurance. **Examples 2a, 10b-c (includes case study 1), case study 2**
e) What advice or information is given to tenants to enable well-informed choices?	We did not acquire any detailed information on methods so cannot offer any helpful examples. **Case study 1** refers to well informed tenants. **Examples 7b and 8b** both result in about half of all requests coming direct from tenants.

Section 5
Examples of Good Practice

5.1 Models of Service Delivery

Service delivery model 1: Minor adaptations provided as standard part of landlord service

Although some housing associations are hesitant about providing minor adaptations without the protection of an occupational therapist assessment, other social landlords take a different view and see it as their duty to supply minor adaptations in a timely manner as part of the process of making reasonable provision for disabled tenants under the Disability Discrimination Act. This model may well incorporate training for staff, as in the CDS example.

1a **CDS Housing Association** (not LSVT[2]) does all minor adaptations, including grab-rails and smoke alarms, on demand from tenants, or on request from local RNID, RNIB or Age Concern services, without requiring an occupational therapy assessment unless an occupational therapist is already involved. They use partner contractors who have to show that they have experience and a proven track record in this kind of work. Training on when to refer on is also provided (see 8g). This service is also well advertised to the tenants (see 11).

1b **South Cambridgeshire District Council** will fit items costing up to £900 without requiring an occupational therapist assessment. Work covered includes grab-rails, half-steps, lever-taps, banister rails, extended door-handles, door access systems, door-swing reversal and other minor items.

1c **Harvest Housing group** will supply items up to £500 on request from the tenant.

Service delivery model 2: Use by social landlords of voluntary sector minor adaptation or handyperson services[3]

These examples all describe the provision of 'no visit' adaptations by agencies who specialise in working with older and disabled people. Housing associations can make use of these to obtain a good and cost-effective service.

2a **Bristol Care and Repair**: **Minor Adaptations Service** Bristol Care and Repair Agency is a very large one. It has good working relationships with the City Council and receives funding for its handyperson scheme from them, as well as from charitable trusts, regeneration budgets and both of the City's Primary Care Trusts. This enables them to employ seven handypersons, who are covered by public liability insurance for all the work they do. These are skilled trades-people (men and women) who particularly like working with the older client group. They are engaged in a range of work, including the fitting of minor adaptations without an occupational therapist assessment when appropriate. However, if a case is complex it will always be referred back for an occupational therapy assessment. Labour is free but clients pay for materials, except in cases of hardship. The service has also been used by a Bristol hospital as part of its discharge service while its own occupational therapy technician has been unavailable, and in this case the hospital pays for the materials.

These handypersons have not had specific training by occupational therapists

[2]*LSVT: Large Scale Voluntary Transfer- see glossary*

[3]*These are most commonly run by Home Improvement Agencies (see Annex B) but also by local Age Concern or other voluntary sector organisations sometimes in conjunction with the Joint or Integrated Community Equipment Service.*

but there is now a plan for an occupational therapist, who will be able to give advice and support, to be seconded to the agency by Bristol social services. The handypersons feel that their input can relieve the burden on occupational therapists and that they also have skills and knowledge that complement those of the occupational therapists. Whilst the agency's traditional client group is home owners, it does work across all tenures when minor adaptations are needed to facilitate hospital discharge. There is potential, however, for much fuller involvement and partnership with housing associations in the provision of minor adaptations.

2b Fenland Healthy Homes Partnership is a voluntary organisation managed by AGE Concern Cambridgeshire. Funding is provided on an annual basis by Fenland District Council, East Cambridgeshire and Fenland PCT and Cambridgeshire Social Services. The service is free of charge to individuals over the age of 60 who are patients at any of the East Cambridgeshire and Fenland PCT surgeries, and for people in all tenures, including housing association tenants. The organiser of the service has received training from an occupational therapist and is able to carry out assessments for minor adaptations and environmental hazard modification. Administrative support is provided via a 15 hours per week post. Following the assessment, equipment can be ordered from the Joint Loan store or work is commissioned from a small group of contractors who have worked with the service over a number of years.

2c Cotswold Staying Put is one of the home improvement agencies[4] that carries out minor adaptations without occupational therapist assessment visits as part of the cross-Gloucestershire scheme set up in co-operation with social services. This service is described in detail in the case study of FAST (case-study 2) but the staff who carry out the work for Cotswold Staying Put are (unlike the Stroud technician) directly employed by the Agency. As with the Bristol Care and Repair project, this is a scheme whose potential has perhaps not yet been fully realised by housing associations with properties in the area.

Service delivery model 3: Use of ICES (Integrated or Joint Community Equipment Service[5])

These examples describe the possibilities for social landlords to make use of the adaptation services now offered by some ICES.

3a Wigan Social Services, since June 2003, has offered a limited range of *equipment* from the Integrated Community Equipment Store on the basis of self-assessment. Items are on loan and are supplied after users fill in a form that asks about their problems and some verifiable information such as receipt of disability allowances or assessment by a medical consultant. This has been a success in that good numbers of people are using it. In addition, there is now a 'contact' (ie no visit) assessment scheme for minor adaptations (stair-rails, grab rails, path rails and rails at front and rear doors) done by filtering at the stage of referral to the occupational therapist duty team (see 4b). This system was set up in conjunction with a formal risk assessment about which items it would be reasonable to offer (see 10a).

3b Manchester Equipment and Adaptations Service (MEAS) has been in existence since 1999 (see Case Study 3) and is jointly funded by Social Services, Housing and Health agencies. All referrals come through the central Social Services Contact Service. Those concerned with equipment and

[4]For more details on 'Home Improvement Agencies', see Annex B

[5]ICES (Integrating Community Equipment Services) is a Government initiative that was instigated in 2001 to ensure the provision of joint equipment services between the NHS and social services by 2004. More information at http://www.icesdoh.org/

adaptations are sent to the MEAS Assessment Service Administration who check whether what is requested is listed as a 'demand led item'. Items that are not on the list will be passed to an assessor but demand led items, such as grab rails, raised sockets and kick plates, are sent straight to the Installation Service, which is part of MEAS, for actioning. A member of the Installation Service then visits the client and fixes the rail, or other demand led item, as requested by the client.

3c **Salford Integrated Equipment Service** is long established and has full working arrangements with housing associations. Health and social services budgets have been pooled and a joint adaptations service, operating across all tenures, is in place. They have blanket agreements with housing associations for the installation of minor adaptations without the need to seek landlord's permission each time. At present all these minor adaptations for housing associations are funded from the joint equipment service budget. Screening for items that may be fitted without a visit is done by the occupational therapists who staff the Store's access team. The Stores have four technicians who carry out the work within 5 working days or 24 hours if urgent (see also 8i, 10b,15f).

Service delivery model 4: Systems of screening at point of enquiry[6]

In these examples, the model is that a screening system is put in place at the point of enquiry. This screening may lie with the housing association or with social services or occupational therapy.

4a **Rosebrook Housing Association.** A Customer Service Officer decides whether referral to occupational therapist is required. Rails and lever taps are regularly fitted without assessment.

4b **Wigan Social Services** has set up a system of 'contact assessment', copying, as they explain, the lead taken by Birmingham Social Services. There is a dedicated occupational therapist duty system, so all referrals come direct to them. The team uses the Single Assessment Process used across the Borough but then ask some additional, occupational therapist-specific questions and, in appropriate cases, order direct provision without an assessment visit. This means that some people who are assessed as in only 'moderate' need according to the criteria of FACS[7], and who would otherwise face a long wait, are able to make the request by phone and to receive safety-enhancing minor adaptations quickly. This does not preclude them going on a waiting list for assessment for additional or more complex requirements as well.

4c **Kingston on Thames social services** also operate a screening system which allows the swift provision of some minor adaptations. All items issued in this way are reviewed (usually by phone call) after they have been supplied. Bathing adaptations are not included in the fast-tracking system but enquirers are given an appointment within 2-3 weeks at one of the borough's assessment centres. Kingston comment that one of the reason the scheme works so well is that they have a very good contractor.

4d **Gloucestershire Social services: see case study 2, page 22**

Service delivery model 5: Direct Employment of Occupational Therapist

When the waiting list for social services occupational therapist is too long or social services are using FACS criteria to restrict access to assessment, even though they should not be doing this (see ICES website, guidance), some housing associations have employed an independent occupational therapist.

[6] *see also Glossary: 'Screening forms for self assessment'*
[7] *Fair Access to Care Services: see glossary for further details*

5a **Mendip Housing Association** (LSVT) has 4000 properties and employs its own occupational therapist on a part time basis. Assessing minor works is part of her job and she can approve works up to £2,000. Demand has grown so she does have a waiting list but, once the occupational therapist has visited, minor works are completed within 28 to 50 days, depending on complexity.

5b **Paddington Churches** and **Orbit Housing** Association are examples of associations which, to help their tenants, will sometimes use an independent occupational therapist for one-off assessments. Paddington Churches will do this when the wait for social services assessment is too long; Orbit are more likely to do it when they cannot get an assessment any other way.

Service delivery model 6: Accepting requests from professionals other than community occupational therapists

In these models, the problem of the long wait for an occupational therapy visit is overcome by accepting the recommendations of other professionals who would themselves be able to judge when a full occupational therapy assessment is necessary.

6a **Home Housing** makes use of its specialist 'Supporting People' staff. See 7a for details.

6b The **Nottingham PAD** scheme (see 7b) accepts requests for direct supply of minor adaptations from hospital occupational therapists, practice nurses, GPs, housing officers, wardens of sheltered housing, social services personnel, Age Concern and any other group seen as appropriate.

6c The **Hyde Housing Group** will accept the written recommendations of a range of professionals for adaptations up to the value of £500. These include district nurses, GPs, physiotherapists, social workers and care managers. This flexibility enables the Hyde group to give a swift response.

Service delivery model 7: Proactive approaches: use of Supporting People and partnerships with health to identify needs

These are some exciting examples of models that are proactively seeking out tenants who need minor adaptations, with systems for supplying them without occupational therapist visits. Strategically, these models link directly to an agenda of preventing accidents or admission to residential care for older people.

7a **Home Housing** (not LSVT), has appointed four Supporting People visitors under the Supporting People Programme for its 1,800 'category 1' (ie not sheltered) bungalows located in 13 different social services authorities. These visitors are not occupational therapists but they are very experienced in housing for older people. Their brief has been to visit every tenant to discuss support needs in the broadest terms (social, financial, practical). They spend 1-3 hours on the first and second visits and then agree a pattern of subsequent visits or contact. They are in a position to observe and to hear where there is a need for adaptation. Where it is a straightforward minor adaptation, these visitors request the items directly from Home Housing's responsive maintenance team. For more complex items they will encourage the tenant to ask for an occupational therapy assessment. No formal training has been given, but these visitors have set up informal contacts with social services and occupational therapy to check on the appropriateness of what they do. They also keep up to date about what is available by attending exhibitions. Much unmet need has been discovered through this programme and the effects appear to be very beneficial to the tenants.

Home Housing Association knows that even in its general needs stock, 52% of the tenants are over 55 years old and would like, when resources permit, to extend the scheme.

7b **Nottingham PAD (Preventative Adaptations for older people)** This is a partnership scheme between the

Housing Department, Social Services Department and local NHS Trust. Each of the partners was involved in setting it up and each has contributed to its finances. It is operated on a day-to day basis by the occupational therapy service, primarily using their technicians to undertake minor works. It offers a menu of minor adaptations that can be installed without professional assessment. Items covered include grab-rails, stair-rails, lever-tap adaptors and the removal of thresholds and other tripping hazards, as well as such equipment as smoke-detectors and chair-raisers. The only rules applied are that the client lives within the city of Nottingham and is aged 60 or over. About half the referrals come direct from service-users whilst the rest are from a range of professionals (see 6b). The PAD technicians have had additional training from the occupational therapists and carry out a risk assessment for the client while they are visiting the property. PAD also works closely with other prevention and health promotion schemes in Nottingham, such as Age Concern and Heating at Home, and cross-refer clients to these organisations.

Examples of good practice

5.2 Aspects of implementation

Aspects of implementation:

8 Training of housing staff by occupational therapists

To allay anxiety about risk, (and, indeed, to reduce the risk itself) training clearly has a very important role to play.

8a **Havebury Housing Partnership, Bury St Edmunds** and **Mid-Suffolk District Council** have jointly piloted a training session, paid for and run by Suffolk social services occupational therapists, for housing officers and wardens of sheltered accommodation. The training covers assessing for and siting of grab-rails and other small items of equipment and how to spot when a referral for full assessment is needed. After the training, the housing staff are able to fit grab rails and other items without requiring an occupational therapist visit.

8b **Basildon District Council** has made use of training from Essex County Council Occupational Therapists to enable housing officers to assess and supply without an occupational therapy visit. There is a register of people who have received this training and registration lapses if a person has not been carrying out assessments, until they are trained again. Although this an example from a council housing department, not a housing association, (and, like LSVTs, it has the advantage of operating in just one social services area) the general principle is transferable.

8c **Moat Housing Group Care and Repair in Essex and all Home Improvement Agencies in Essex** Moat Housing Group's Care and Repair Agency sought training for itself and other Essex home improvement agencies from Essex County Council Social Care (see also above, Basildon). As a result, all The Moat Care and Repair visiting staff have received approved assessor training, enabling them to assess for minor adaptations and order minor adaptations from the Essex County Council joint equipment store. Each assessor has a unique pin number for ordering and the service is free of charge. This eliminates both occupational therapist screening and waiting lists. As with many housing association-sponsored home improvement agencies, however, this service is not extended to the parent association's own residents.

8d **Fenland Healthy Homes Partnership,** run by Age Concern, Cambridgeshire (see 2b and 15d). Here again, the staff have received training from social services to enable them to be confident in fitting minor adaptations in appropriate cases.

8e **Care and Repair East Cambridgeshire** has arranged training for its staff by an independent occupational therapist.

8f **Manchester Care and Repair.** The staff of this home improvement agency regularly fit second stair-rails and grab-rails after home safety checks and when the clients feel they need them. They have received training from the local occupational therapy team on when to make an onward referral.

8g **CDS Housing Association** has partnering arrangements with selected contractors. Those partners have to have a proven track record and experience of working with the relevant tenant groups and have to attend training about such work. The training, provided by social services occupational therapists, covers such matters as when to refer on and how to identify when additional support is needed.

8h **Nottingham PAD** scheme (see 7b and 6b). The technicians on this scheme have been trained by the local occupational therapists in risk assessment as well as in fitting the minor adaptations.

8i **Salford Integrated stores (see 3c, 10b and 15f).** The local authority takes care to appoint technicians with suitable experience. In addition they are offered an internal induction-training package and access to general social services training courses.

Aspects of Implementation:

9 Training of front-line health and social-care staff by housing professionals

This is less common than training of housing by health or social services, but clearly no less important and valuable.

9a **Healthy Homes Assessment Training** Healthy Homes Assessment Training aims to encourage front line health and social care professionals to incorporate housing needs as part of their assessments. The training has been delivered in Bristol for the past three years as a joint initiative between Bristol Care & Repair and the Bristol Primary Care Trusts. Healthy Homes Assessment Training is a half-day workshop that covers the health implications of poor housing and provides solutions to housing needs.

Topics covered include: adaptations for disabled people, falls prevention, accidents in the home, fuel poverty, damp, disrepair and safe services (gas, electrics and water).

This successful initiative has received a National Health Service award and is being adapted by Care & Repair England for a national initiative called 'Healthy Homes, Healthier Lives'. Further information from info@careandrepairengland.org.uk

Aspects of Implementation:

10 Risk assessment/ protection from liability

This question is discussed more fully in the section on risk in the introduction (page 9).

10a **Wigan social services. Generalised risk assessment to cover policy of provision without further assessment** Wigan occupational therapists carried out a formal risk assessment on items it would be safe to supply without individual assessment before setting up their systems for self-assessment and contact assessment (see 3a and 4b). They used the ICES information on the legislative context as their reference point and did the risk assessment in conjunction with the ICES project manager, the sensory team manager and the administration manager.

10b **Salford Integrated Stores. (See 3c, 8i and 15f)** The work of the technicians who fit the minor adaptations under this scheme is covered for liability under the general Local Authority policy. During the 21 years of providing this service there has never been a claim against the service.

10c **Habinteg Housing Association** has a 'no assessment required' policy for small adaptations. Liability is covered under the association's general insurance policy and there has not to date ever been a claim against the staff.

Aspects of Implementation:
11 Information to tenants

Whatever system is operated, there should be a way of telling the tenants what is available and how they could get help. From this point of view, the Home Housing Supporting People proactive approach (see 7a) is highly commendable. In general, it has proved very hard to find information on housing association websites about getting minor adaptations, and it looks to be a question that needs addressing. There were some honourable exceptions, though, like this entry on the **CDS website**, inside the tenants' handbook:

> 'For minor adaptations such as grab-rails, simply write to your neighbourhood officer stating what you need and where you would like it fitted. Minor adaptations will be provided within 6 weeks. In some cases, they may be provided sooner.' Underneath this information, along with a phone number for a contact person, it has the statement 'translation available on request' in a variety of languages, and in large font [note to editors and printers, sic], it offers large font, Braille, audiotape or other languages.

Aspects of Implementation:
12 Funding

12a Setting appropriate budgets. Some associations, seeing the demand for small adaptations, have substantially increased their budgets for these items.

12b The Blackpool Care and Repair hospital discharge scheme (see 16b) has been funded through a Department of Health 'Access and Systems Capacity Grant' part of which was ring-fenced for home improvement agencies to use for new initiatives that would address bed-blocking by enabling safe discharge from hospital. This goes into its third year in 2005-6. After this, it is expected it will become part of the general commissioning budget.

12c Care and Repair Bristol manage a budget, provided by Social Services, to enable them to fund and carry out urgent adaptation work, for example level-access showers or widening doorways and providing ramps to improve access.

12d Care and Repair Northampton receives revenue funding for its core services from Northampton Borough Council, Northamptonshire County Council and Supporting People. It also has funding from Northampton NHS Primary Care Trust, given to enhance the Agency's handyperson service with its links to hospital discharge and accident prevention. (See 15c and 16a for the service offered).

This Agency is typical of a number of Home Improvement Agencies whose services (with a reasonable financial agreement) might be employed by housing associations to carry out minor adaptations very efficiently.

Examples of good practice

5.3 Strategic approaches

Strategic approach:
13 Future proofing during modernisation programmes

A number of housing associations have taken or are taking steps to incorporate some simple adaptations into decent homes modernisation programmes, seeking the advice of occupational therapists to do so. Where occupational therapists are directly employed by a housing association, giving advice on the design of refurbishment is likely to be part of their brief. These programmes may prevent the need for some future minor adaptations by incorporating certain features as standard.

Homezone and Sunderland Housing Group are amongst the associations that are tackling this problem proactively.

14. Strategic approach: Disability Champions

Some associations, like Places for People and Willow Park, have appointed 'Disability Champions' The officer from one of these has written:

> 'Most medium to large Housing Associations/Trusts will be split into Housing, Maintenance (Direct Labour Organization (DLO) if they have one) and Development teams. It is very easy for one team to finish up with all the responsibility for disability matters whilst others withdraw from the problem completely and simply pass the buck. It's not that one central point of information and control is a bad thing – it's not – but the other parts of the organisation need to be involved, not just informed. To this end the use of "champions" in each team (no matter who has the central function) keeps an interest and level of current knowledge going throughout the whole organisation. This is achieved by simply meeting up every couple of months and discussing cases and the oddities that regularly arise and then this information being disseminated to all staff by Team briefings etc.'

15. Strategic approach: Preventative strategies

These examples illustrate how policies for the swift fitting of minor adaptations are often part of broader strategic policies where housing organisations are working with health and social care partners to help prevent accidents or admission to hospital or residential care. Details given in section 12 about the funding sources of these schemes are also relevant.

15a Home Housing (see example 7a)

15b Nottingham (Preventative Adaptations for older people) see example 7b. The operators believe this scheme has increased the self-confidence of older people to stay living independently, has reduced A&E admissions for falls, has facilitated speedier hospital discharge and reduced need for major adaptations.

15c Care and Repair Northampton. Funding from Northampton NHS Primary Care Trust enabled Northampton Care and Repair to enhance their handyperson scheme to carry out preventative minor adaptations. Following funding from Big Lottery, local businesses and trusts (for a Home Security Service), the organisation now has two vans from which to provide its minor adaptations work. In 2003-4, 477 such adaptations were carried out, including 172 grab-rails, 80 stair-rails, and 43 ramps. While most of these followed an occupational therapist assessment (see 16a), the handypersons, if called out for one item (such as a key-safe) will, if the householder gives permission, also supply extra items of safety such as a grab-rail without further assessment, as long as it is clear who will pay for the work.

15d Fenland Healthy Homes Partnership (see details at 2b and 8d)This project has, like others in this group, been conceived as part of a broad preventative project addressing the problems in older peoples' homes that might otherwise put them at risk. It is run by Age Concern Cambridgeshire and offers help on energy conservation and nutrition as well as adaptations and repairs. The joint funding of the project by health, housing and social services with use of a voluntary sector agency to deliver seems a very useful model.

15e Healthy homes training (Bristol) See example 9a for another programme in which minor adaptations are part of a broader general approach to linking matters of housing and health and putting programmes in place to promote the latter by improving the former.

15f Technicians visiting a property for **Salford Integrated Stores** (see 3c, 8i, 10b) are asked to carry out any further safety related work such as the annual checking of bath-hoist and other equipment. This is cost-effective and means someone familiar to the client is carrying out the work.

16. Strategic approach: Systems for hospital discharge: links with hospital occupational therapists

Some minor adaptations schemes are directly set up to assist in hospital discharge, a key strategic issue for NHS professionals in which they need the help of housing colleagues.

16a The Northampton Care and Repair Agency handyperson service works closely with hospital occupational therapists (and some community occupational therapists) to provide adaptations for discharge swiftly and efficiently. They have vans equipped with standard items and are often able to fit them immediately after meeting the occupational therapist on site, enabling discharge the same day. This is not adaptation without an occupational therapist visit, but it does reduce the need for a community occupational therapist visit in addition to a hospital occupational therapist recommendation. Also, as explained at 15c, the agency will fit some extra items without assessment. The agency carries out some works for council tenants in recognition of the revenue funding it receives from the council and could do the same for housing association tenants if a reasonable financial arrangement could be agreed.

16b Blackpool Care and Repair also has a system linked to hospital discharge. In partnership with the NHS Occupational Therapy service and Blackpool Borough social services, a scheme has been set up whereby hospital occupational therapists fax through requests for minor adaptations to the Care and Repair agency, leading to very swift response (same day to maximum 7 working days). The project has been running since 2002 and in 2003 received an ODPM-endorsed national award for 'Targeting and partnership working with health providers' (see also 12b for funding details).

Examples of good practice

5.4 Some additional information on outcomes

- The Gloucestershire system of fast tracking, (see Case Study 2) combined with their safer bathing scheme[8], brought occupational therapist waiting lists from 1,200 to 311 in 14 months. In the case of the safer bathing scheme, it was not a case of *no* occupational therapy assessment, as occupational therapy assistants seconded to the home improvement agencies still did the assessing. But these staff were freed of the duty to complete a 2.5 hour care plan for every piece of bathing equipment issued.
- In the Basildon experiment (see 8b), 600 out of 1,600 recent referrals came direct from the tenants. This suggests an ethos and expectation of good, direct service.
- Hyde Housing Group comment that their policy of accepting recommendations from non-occupational therapist professionals (see example 6c) enables them to reduce risk to clients by supplying them swiftly with such items as hand-rails and inter-coms.

[8]*this was discontinued when the funding for the scheme expired*

Section 6
Good Practice: Three Case Studies

These studies describe more holistically, and in more detail, three different schemes where minor adaptations were being delivered without occupational therapist visits during 2004-5. As with all the examples given, it is likely that there will have been further developments since the case studies were completed.

Case-study 1: HABINTEG Housing Association

HABINTEG is a small housing Association with 2,130 homes, situated all over England from Humberside to Cornwall and Kent to Liverpool. It is classified as a general needs provider under the Housing Corporation guidelines.

All HABINTEG's homes are accessible and more than one in four are designed for wheelchair users, with the general needs properties to lifetime homes standards (JRF) after 1994.

HABINTEG provide on-site or peripatetic Community or Housing Assistants (CA). The CA's role is to be the first port of call for tenants who require any help or information. They are locally based and are aware of local provision, how to access services or where to go for further advice.

Community Assistants (CAs) and adaptations

The CAs are allowed to order work up to £150 for each tenant at any one time. This is completed via the general maintenance procedure and can include items such as grab rails, lever taps and additional banister rails.

There is no direct referral system; tenants are able to call the CAs when the need arises. The CAs will often find they are visiting tenants about another matter and the need for small adaptations arise.

The tenants appear to be aware of the service and it is advertised in the tenants Newsletter and Web site. The most common form of communication appears between individual neighbours, who have had work completed themselves and passed on the information to friends in the local area.

The tenants expected this service provision from their landlord and were surprised that it was not a universal provision by all Housing Associations.

The greatest need for small adaptations was for the elderly tenants, whose needs are slowly changing due to the impact of old age. The three most commonly ordered adaptations were: rails by the toilet, rails by the bath and additional bannister rails.

The CAs find they often do small adaptations and then refer on to an occupational therapist for a specialist assessment, but feel strongly that minor works prevent further falls or accidents.

Once the work is ordered the CA can indicate the urgency of the adaptation required and can prioritise it as urgent or standard. Urgent work will be completed within five working days and standard in 20 days.

The provision of small adaptations is covered under the general liability insurance and risk schedule. To date no claims have been made against any CA recommending an adaptation.

The CAs receive formal training in Disability Awareness and the Social Model of disability. They feel their best training is visiting all their tenants on their patch and getting to known them as individuals, also being aware of what adaptations have already been carried out.

The CAs build up good working relationships with the local social services departments and particularly with the occupational therapists and learn from joint visits and problem solving in conjunction with the tenants.

The CAs see their role as an enabler, promoting independence; they felt that their ability to order small works benefits their tenants hugely.

Case-study 2: Gloucestershire FAST adaptations system

FAST is a scheme for delivering some minor adaptations without a home assessment visit by an occupational therapist. It has been operating in

Gloucestershire since October 2002, growing and evolving with changing circumstances.

This scheme exists through co-operation between Gloucestershire Social Services, the six Gloucestershire Home Improvement Agencies and Stroud District Council for its own properties. Housing associations are also working in conjunction with the FAST system but some are more pro-active than others. It also involves some hospital occupational therapists in cases of non 'safe discharge' patients, and other parties with an interest in the swift and efficient provision of minor adaptations.

Summary

Customer Service Officers, taking referrals for Gloucestershire social services, are able, after checking with their own occupational therapy manager/adviser, to refer straightforward requests for minor adaptations on to the county's Home Improvement Agencies. Clients must be older people or have a permanent and substantial disability. They do not, however, have to meet the Critical or Substantial level of Fair Access to Care Services (FACS) criteria, as this work is seen as preventative. The cost limit is £250 (with a certain amount of flexibility). Referrals are sent by e-mail to Care and Repair Stroud who oversee the budget and do the administration. They forward the details by e-mail to whichever home improvement agency is relevant to the address (e.g., Cheltenham, Cotswold) and the adaptations are fitted within seven working days. Technicians are trained to advise the home improvement agency or Helpdesk if they identify any problems that need further assessment.

The individual agencies send invoices for the work done back to Care and Repair Stroud, who in turn claim back from Gloucestershire social services under the terms agreed, or invoice the relevant landlord.

In the seven months April to end October 2004, 777 minor adaptations in Gloucestershire were carried out in this way, thereby saving 777 home visits by a community occupational therapist.

Details

Screening:

The FAST system begins with the screening that is done at the point of first referral to social services. The customer service officers (CSOs) are part of a social services help-desk, dealing with all telephone enquiries relating to adults, for the whole range of services offered by social services. Although this is part of the general referral service, it includes two expert occupational therapists (now NHS employed) as manager/advisers. (The specific occupational therapy team is quite separate.) If a customer enquiry coming in to the CSO includes a request for a minor adaptation, the CSOs are trained to ask a series of relevant questions and then to refer to the duty occupational therapist, who decides whether the case is straightforward and appropriate for FAST or whether it should be referred to occupational therapy for a visit. A holistic approach is taken in accordance with the philosophy of FACS, and CSOs check the home environment, support systems, mental health and medical diagnosis. They also, where necessary, check details with relevant professionals such as physiotherapists or district nurses. Every case is discussed face to face with the referral team's occupational therapist manager/adviser before proceeding to FAST. Thus there is always an occupational therapist input and occupational therapist clinical reasoning and challenging. But what is avoided is the delay of waiting for a visit. For relevant cases, it is 5-10 minutes of occupational therapist time rather than 2 hours (allowing for travel and visit and paperwork). Hospital occupational therapists can also make requests for FAST adaptations. In these cases there is no re-assessment. The request is accepted and passed on.

The tiny number of cases coming back to the CSOs after referral to FAST (4 in 2002; 0 in 2003), show how effective and efficient this initial screening is. Only a minority of calls to the CSOs are suitable for FAST, but the small numbers add up and around 900 occupational therapist visits a year are saved.

Caveat:

At the time of our visit, the official policy was that a person being supplied with an item through FAST could not at the same time be put onto the list for an occupational therapist visit. This is in contrast with other fast-track systems, which do not rule out a subsequent occupational therapist visit. Gloucestershire themselves are considering a more flexible approach so that rails may be put in quickly as an interim health and safety measure.

Items included:
The scheme was originally quite restricted but has now expanded to include not only all kinds of rails and grab-rails but also Swedish-rails and half-steps. If a hospital occupational therapist has visited and made a recommendation, the technicians may also fit small concrete ramps without a community occupational therapist visit. The technicians also fit intercoms, loop systems and key-safes (though these last are charged to social services, not the FAST system).

Cost Limit:
In 2004 the cost limit for a FAST adaptation, including travelling time, materials and labour was £250.

Referral to the home improvement agency:
Once the occupational therapist adviser has agreed to the FAST route, the CSO completes a well-designed data entry system with the details of the client and what is required, and e-mails it to Care and Repair Stroud. Their system has been set up to receive the referrals and give them a unique number. The staff at Care and Repair Stroud refer the details on immediately to the appropriate home improvement agency, who allocate the work to their technicians.

Notifying the client:
Once the CSOs have forwarded a referral to Care and Repair, they send a letter to the client (and referrer where different) and ask them to inform the CSO if there has been no action in two weeks. At the Care and Repair end, staff in the relevant agencies telephone the clients or their agents, or write if no contact can be made by phone, and arrange appointments for the technician's visit.

The fitting of the adaptation:
Some of the Gloucestershire home improvement agencies employ technicians directly. Others work with particular self-employed technicians. In either case, the people who go out to fit the minor adaptations are skilled and experienced in this specialist area of work. They meet regularly with occupational therapists when working on more complicated items and there is a constant interchange of knowledge and ideas. In their vans they have the necessary materials to carry out most jobs. Of course, with FAST, because there has been no home assessment visit, they will not know in advance whether a staircase that needs a second rail is a very unusual shape or whether there are any other unforeseen problems. If the item specified on the referral form turns out not to be what is needed (eg form says 'external grab rail' when longer external rail down a ramp is needed) they will refer back to the agency and return a few days later to fit the right thing. If there is any doubt or any complications, the case will be referred back to social services. But mostly, they arrive, fit what is needed quickly and efficiently, leave everything clean and tidy and leave people safe and pleased.

Feedback:
A feedback questionnaire and pre-paid envelope are left with every client and about half are returned to Stroud Care and Repair. The feedback is very positive indeed.

Liability:
Either the home improvement agency, if it is the employer, or the self employed technician have public liability insurance that covers them for any problems that may arise.

Financing the FAST scheme:
Social services have a nominal budget of £70,000 for the FAST scheme which comes from the community care, not the occupational therapy budget. A single schedule of rates has been agreed for these jobs, applicable to the whole county and all the home improvement agencies. Once a job has been done, the home improvement agencies send the invoice to Care and Repair Stroud, who invoice Social Services, or the landlord in the case of local authority or housing association properties.

Use of scheme by social housing landlords:
Stroud District Council has decided to use the FAST system for all its minor adaptations, and pays Care and Repair Stroud for work done in accordance with the agreed rates. Gloucester City Council makes use of FAST for some cases. Housing association tenants are also sometimes able to benefit from the system but none of the associations have yet made a formal arrangement. It is more common for the CSOs to refer housing association cases back to the housing associations for them to implement in their own ways.

With reference to Table 6.2, it should be noted that the introduction of the FAST scheme was accompanied by the 'Safer Bathing Initiative', which also contributed to reducing the occupational

therapist waiting list. It is unfortunate that the funding for this additional service was withdrawn.

Conclusion

The FAST system seemed on our visit to represent a really useful example of skill-mix and joint-working to provide what people needed in a swift, economical, careful and human way. It worked despite the problems of serving a rural area with separate social services and housing authorities. It is available for use by any housing association with properties in the county who would like to join the system.

Case-study 3: Manchester Equipment and Adaptations Service (MEAS)

Manchester Equipment and Adaptations Service has been in existence since 1999. It was established by a combination of Manchester social services and housing staff and budgets "to provide a coordinated, streamlined and comprehensive range of services for older and disabled people" with respect to major and minor adaptations. The service was expanded by the addition of a Joint Equipment Store, which was partly funded by the local Community Health Trust. Finally, a re-housing service was added. In 2001-2 it was funded to the level of £8 million (of which £3.9 million was capital funding for major adaptations) and employed 98 staff (Robertson 2002).

Routes through the service

1. Referrals may come from service users direct, from social care and health professionals or lay people associated with the service user.
2. All minor adaptations referrals come to the Social Services Contact Service which takes referrals for the full range of Social Services functions including equipment and adaptations which are currently running at 40% of the total referrals and comprise 250 to 400 calls per day plus 60-80 faxed referrals.
3. The Contact Service establishes whether it is a valid referral, redirects the referring agent if not, and takes the referral if it is valid.
4. Taking the referral involves establishing whether this is a new or open case and collecting information from the referring agent according to protocols and proformas relevant to the area to which the referral will be passed. Information for minor adaptations will include the tenure of the service user.
5. The completed referral is passed to the Assessment Service administration via an IT link.
6. Assessment Service administration check whether this is a referral for an assessor to visit or whether it is a request for a demand led item i.e. an item the service user has requested but which will be exempt from assessment before fitting. Urgency categories include crisis, dealt with by three days, and standard which may take 2-4 weeks.
7. Demand led items including grab and stair rails, raised sockets and kick plates, are sent straight through to the Installation Service for actioning.
8. For referrals requesting an assessor visit, administration passes it to an assessor and books a time for the visit. Following a visit by an assessor, there may be minor adaptations as well as equipment recommended. Minor adaptation requests will be passed to the Installation Service and equipment to the Equipment Store.
9. As the installation service purchases its own rails, the only item handled by the equipment store which the Installation Service may deal with is the floor fixed raised toilet seat and surround.
10. The Installation Service, receiving referrals under demand led service, assessor recommendations and hospital discharge referrals, has appointments booked by administration and visits service users at home to fix the minor adaptation. Most visits are conducted by one man but a few items, such as bump-over strips at the front, door require 2 people to manage the work.

    For assessed rails, the assessor or hospital occupational therapist leaves marks on the wall denoting the required rail position. Should the service user refuse a rail, the refusal is accepted and recorded on the post visit proforma, sometimes with a specific note to the assessor in cases where safety is a problem.

    For demand led rails, the installer asks the service user where it is wanted or how they will use it and installation is recorded on a proforma after the visit.

For external grounded rails, the Installation Service passes the referral to the council works department.

Components of service

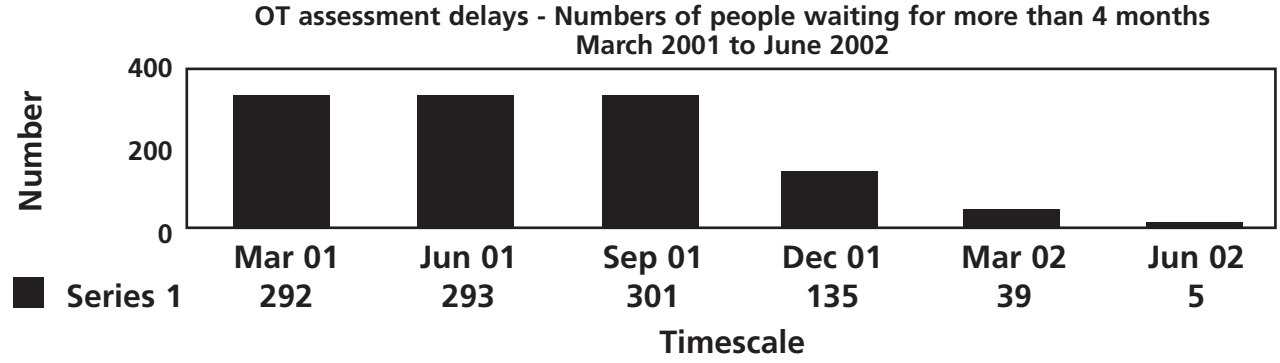
1. The Contact Service is managed and funded by Social Services. Adaptations and equipment are only part, though a major percentage, of the referrals that pass through this service. This is not MEAS itself but provides a route to MEAS in keeping with access routes to Social Services' major functions.
2. The Assessment Service is part of MEAS and is jointly managed and funded between Social Services and Housing. Staffing consist of administration, main grade assessors who deal with assessment for equipment through minor adaptations to stair lifts; senior assessors who can also deal with more major adaptations such as level access showers and extensions; and qualified occupational therapists who focus on complex major work. Physiotherapists also work in these teams. All minor adaptations pass through this service, demand led items through administration and referral for assessment through the assessors.
3. The Installation Service is also part of MEAS and jointly managed and funded between Housing and Social Services. Staff include administration, joiners, electricians and plumbers. Joiners deal with installation of rails marked for them by assessors, fit demand led items to the service user's direction for positioning (except where structural problems such as wires or pipes in the wall prevent this) and referrals are taken for discharge from hospital preparations according to hospital discharge protocols and targets. External grounded rails are passed on by the Installation Service to council works for actioning.

Advantages of the FAST system

Table 6.1 Minor adaptations carried out in Gloucestershire, 2002-4, through the FAST system (without occupational therapist assessment visit): (These figures cover 6 housing authorities)*

Year	Referrals private sector	Total Cost of work Private sector	Average Cost, Private sector	Referrals social housing	Total Cost of work Social housing	Average Cost, Social housing	Total Referrals All sectors	Total costs, all sectors
2002	907	£58,114	£64	87	£2,658	£31	994	£60,772
2003	801	£50,147	£63	90	£4,135	£46	891	£54,272

Table 6.2 Impact of FAST and 'safer bathing' on assessment waiting lists in Gloucestershire March 2001-June 2002*



(*Figures courtesy of Gloucestershire County Council.)

4. The Joint Equipment Store is the last part of MEAS. It holds and delivers a standard range of equipment accessible to a range of health and social care staff. It is jointly funded and managed between health and social services.

Demand led service, Fair Access to Care Services (FACS) and the Single Assessment Process (SAP)

Minor adaptations currently have a very speedy passage through the system. The idea of designating demand-led items pre-dates MEAS itself and was a response to perceived slow assessment times in a system when all referrals required assessment and minor works often came low on the priority list when there was a backlog. At that point, cutting out the service assessment visit for a grab rail recommendation and jumping straight to the installation allowed service users to receive their grab rails promptly.

When this research was carried out, in 2004, assessment times for assessor visits had been substantially reduced, and plans were under consideration to do away with the demand-led system and return to assessment for all referrals. This proposed alteration was based on a concern that demand-led referrals were not receiving a comprehensive assessment of need.

SAP documentation was not yet applied to these quick, demand led items at the time of our research and neither did FACS criteria apply to them. Exemption from FACS may be helpful in that FACS applies to social services, and not to housing services. Consequently, this single approach ensures that a consistent and fast response is given to users, whatever their housing tenure.

Decisions on application of SAP documentation are not yet made but currently the shorter, focussed, referral proforma that is used to collect demand-led referral information is swift and easy to apply and appears to offer satisfactory information for the fitters.

Joint equipment and adaptation service funding and management

From inception, the joint service was led by a Head of Service reporting to an Assistant Director in each of Housing and Social Services, with a subcommittee of council members to provide strategic direction, and the service was jointly funded (Robertson 2002). The addition of a Joint Equipment Store required joint management and funding of that aspect with the community NHS Trust.

Minor Adaptation Provision

A history of demand led service for a range of minor adaptations in this organisation shows that these items have been offered promptly by a fitting service and to service user direction. The MEAS system for dealing with minor adaptations has allowed a user-centred and flexible approach, in that a service user requiring just a simple rail will get one promptly and with the minimum of administration, whilst a service user who is identified at referral to require a rail among other possible items or interventions will receive an assessment visit.

This organisation which brings together social services, housing and health for management and funding of a comprehensive range of equipment and adaptation services has shown one way to commission and structure joint working. It appears to have expanded and developed its structure as the interconnectedness of social care, housing and health interventions when meeting people's needs became clearer in practice.

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Disability Discrimination Act (2005) www.hmso.gov.uk (a-z, under United Kingdom, Acts of Parliament

Glossary

Adaptation A fixed alteration to a dwelling that makes it accessible and suitable for a disabled person. A **minor adaptation** is one which is relatively inexpensive (up to about £1000) and may be fitted relatively easily and quickly.

Care and Repair England (www.careandrepair-england.org.uk) is a charity set up in 1986 to improve the housing and living conditions of older people and disabled people. Its aim is to innovate, develop, promote and support housing policies that enable older and disabled people to live independently in their homes for as long as they wish. It is in close touch with the network of Home Improvement Agencies.

Direct Labour Organization (DLO) A body of workers employed (in this context) to carry out maintenance and repair work on, originally, council housing. Although the workers are directly employed by the council, the DLO has to be self supporting.

Equipment Within occupational therapy, health and social care, 'equipment' is used to describe anything portable whereas 'adaptations' are fixed. Since the Community Care (Delayed Discharges, etc) Act 2003, there has been a requirement on Social services agencies to provide all items of equipment up to £1000 free of charge and within 7 working days of the referral.

Fair Access to Care Services (FACS) In 2002, the Department of Health issued guidance about eligibility criteria for adult community care services provided by local authorities (LAC (2002)13). The FACS guidance states that in all local authorities people's needs for care services must be categorised in terms of critical, substantial, moderate or low risk to independence. Local authorities are then free to decide at which of these four levels to provide services, and many have chosen to intervene only if the risk is 'substantial' or 'critical'.

The issue has caused confusion, especially for professionals (including occupational therapists) working in the context of a Single Assessment Process where the mandatory nature of the Disabled Facilities Grant as specified in the Housing Grants, Construction and Regeneration Act 1996 is often not known or forgotten. This legislation is not normally used to give minor adaptations but it does enshrine people's rights to have them. The view may be taken that it is unlawful to use FACS criteria (which are non-statutory tools) to deny people access to an assessment for a statutory right. This relates not only to the 1996 Housing Grants etc Act but to the fact that responsibility to consider ways of meeting a need for housing adaptations derives from the Chronically Sick and Disabled Persons Act 1970.[9]

The important point is to be sure that FACS screening is not preventing tenants' access to the minor adaptations they need.

Foundations www.cel.co.uk/foundations is the ODPM appointed National Co-ordinating Body for Home Improvement Agencies (HIAs) in England.

Home Improvement Agency See Annex 2

ICES (Integrating Community Equipment Services) is a Government initiative that was instigated in 2001 to require the development and provision of joint equipment services between the NHS and social services by 2004. More information at http://www.icesdoh.org/

LSVT (Large Scale Voluntary Transfer) The process by which all or part of the housing stock owned by local authority is transferred to a housing association (either existing or newly created) or local housing company. The council tenants have to vote in favour of such a transfer.

National Service Framework for Older People (NSF) Policy and guidance published by the Department of Health in 2001. Amongst its provisions is a requirement on the NHS to take action on the promotion of health and active life and a reduction in the number of falls for older people.

RNIB Royal National Institute of the Blind

[9] *see, for example Mandelstam (2004) section 2.2 " eligibility criteria used to determine whether people are entitled to services or equipment..should not be used to exclude people from assessment"*

RNID The Royal National Institute for Deaf People

Screening Forms for Self Assessment One of the key points in ensuring a safe approach to tenants self-assessing for minor adaptations is a tool for screening that discriminates between those jobs that are straightforward and those that actually need further assessment by a health or social care professional. Health, social care and housing services develop these tools to suit their local circumstances but there are items in self-assessment and telephone screening tools that are commonly useful:

- Questions that establish whether it is the tenant making the referral or someone else on their behalf. Also that the tenant understands that this is a self-assessment, fast track service that will not deal with more global needs
- Questions that establish whether the tenant is already in contact with a health or social care agency who may be assessing them
- Questions that establish level of risk and potential need for referral for health and social care assessment, such as very restricted mobility, a very low level of independence or a history of recent falls
- Questions that identify the need and urgency for the minor adaptation
- Questions that identify what minor adaptation is requested and any factors that may affect installation.

Confidentiality and appropriateness should be considered in the construction of these forms since, for instance, the specific and detailed items about using the toilet, which may be investigated in an occupational therapy assessment tool, may be both embarrassing and unnecessary for a telephone screening tool used in a housing service.

Single Assessment Process (SAP) A process, introduced in the NSF for older people, to make sure older people's care needs are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies. Detailed guidance was published in January 2002[10]. http://www.dh.gov.uk/

Social Model of Disability A way of looking at disability that turns away from the idea that it is the individual who has the problem, (often defined in a medical way). Instead it proposes that it is *society* that disables people, by its attitudes, its policies and the environment it creates. When these things change, the individuals will still have physical impairments but will no longer be disabled.

Supporting People was introduced in 2003 to replace the use of housing benefit to pay for support services. It brings together the main funding sources for supported housing and devolves them to local authorities to manage. It is the name both of a programme and of a cash-limited pool of funding supporting the programme, whose purpose is to support 'vulnerable' people to live independently in their homes.

Trusted Assessor training A two-day course operated by the Disabled Living Foundation. It is designed for community based health, housing and social care staff who have access to, and are authorised to provide 'assistive technology' through integrated community equipment services. The course is mainly to help people assess for equipment but it does also embrace fixed equipment such as rails. Also, the principles of risk assessment, falls prevention, assessment of need and fitting of equipment are transferable to minor adaptations. More details at www.dlf.org.uk.
The Department of Health is currently funding a project to development a nationally agreed set of competencies to underpin the future training of trusted assessors. More information from the Disabled Living Centres Council:
http://www.dlcc.org.uk/

[10]*Department of Health (2002)* ***Health Service Circular / Local Authority Circular HSC 2002/001; LAC (2002)1***

Annex 1: Checklist. Criteria for judging good practice in the delivery of minor adaptations without an occupational therapist visit

Good information for tenants and staff For staff and tenants seeking information on what is available and how it may be obtained, the information is ***easy*** to find in handbook or on website. Tenants are proactively told of possible minor adaptations. Languages and impairments are taken into account in the provision of information.	
Appropriate screening Good systems are in place to ensure that cases are passed through for swift fitting or on for full occupational therapist assessment as appropriate.	
Swiftness In all cases where full assessment is not needed, minor adaptations are supplied within 7 working days of the request being made.	
Quality safety and reliability The minor adaptations fitted meet the tenant's needs and prove to be of good quality, reliable and safe.	
Value for money The practice leads to efficient use of resources: that is, high levels of satisfaction and met needs in return for well targeted expenditure.	
Sufficient resources The housing association has made an assessment of levels of reasonable demand and made sufficient resources available to meet the need.	
Cultural sensitivity The system is able to provide minor adaptations appropriate to different cultures.	
Right of return Tenants who are given a minor adaptation swiftly are not automatically excluded from a subsequent full occupational therapist assessment.	
Quality of screening - staff knowledge/training Staff responsible for screening requests are well trained or experienced and well supported.	
Quality of fitting-staff knowledge Staff responsible for supplying and fitting are experienced and confident about when to refer back for help or a fuller assessment.	
Monitoring Systems are in place to monitor outcomes. This monitoring includes service-user satisfaction; outcomes relating to health and quality of life and evidence that information about the service reaches those who need it.	
Collaboration and flexibility The housing association works collaboratively with other organisations and makes use of good local schemes. It does not have rigidly set national policies that make this difficult or impossible.	
Prevention and well-being It is likely that the policy helps to prevent accidents and improve well-being for tenants.	

Annex 2: Home Improvement Agencies

Definition

Home Improvement Agencies are small, locally based, not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their homes.

Origins

Home Improvement Agencies (HIAs) came about in response to the housing needs of older people in poor condition properties in the early 1980s. One stream - the 'independent agencies' were set up chiefly through the housing association movement, to help people in the private sector to whom they could not offer re-housing. The Housing Associations Charitable Trust was behind 'Care and Repair' agencies, whilst the sheltered housing specialist, Anchor, set up the 'Staying Put' agencies. There are also other local, voluntary, not-for-profit HIAs with different names.

At the same time, in the era of large-scale urban renewal and improvement grants, many local authorities saw that people needed help to negotiate the system. This led to the second stream of home improvement agencies: the 'in-house' agencies situated within local authorities, offering services to anyone receiving grant aid to tackle problems in their home.

In 2005, there are home improvement agencies (including both types) in 247 local authority areas in England.

What does a home improvement agency do, and who does it serve?

The independent HIAs specialise in work with older and disabled people. They work mainly, but not exclusively, with owner-occupiers and private tenants. They will help organise planning and grant applications, draw up designs, help select and supervise builders and deal with practical issues like moving the furniture. They will organise very small jobs as well as big ones and often run a 'handyperson service'. They are person-centred organisations, very experienced at giving the kind of support older people want.

They do not have any capital resources to give to clients but are skilled in liaising with local authorities to help access grants, and also in maximising benefits for clients and seeking funding for clients through charities.

The local authority agencies help mainly lower income owner-occupiers and private tenants to deal with the process of renovation or adaptation. They will help to overcome the problems of drawing up plans, finding builders and checking the quality of the work.

Home Improvement Agencies in 2004 were responsible for helping to deliver roughly half of all disabled facilities grants

How is a home improvement agency staffed?

Most HIAs are small, having only 3-5 members of staff. Others have taken on extra projects such as hospital discharge, moving-on projects or handyperson services and so have a bigger team.

How are home improvement agencies funded?

Each local agency is separate. The local authority HIAs, mainly funded by their local authority, will also usually recover part of their costs through fees for which part of any grant to an individual may be used.

For the independents, fee income is also important. Running costs may also come partly from a housing association or charitable source. HIAs used to get 50% core funding from central government, but this has ended and they must now compete with other organisations for a share of the local authority's '*Supporting People*' funding. Hospital Trusts and PCTs sometimes contribute small amounts for health related projects.

Co-ordinating bodies

There are two national bodies. **'Foundations'** (www.foundations.uk.com) is the official co-ordinating body responsible to Government through the Office of the Deputy Prime Minister.

'Care and Repair England' (www.careandrepair-england.org.uk) is a charity set up in 1986 to improve the housing and living conditions of older and disabled people and it is in close touch with the network of Home Improvement Agencies.

Role of Home Improvement Agencies in delivering minor adaptations for housing associations

There is no reason why housing associations should not make use of the services of a home improvement agency in delivering minor adaptations for their tenants, as some already do. Because of capacity problems, however, this is something a housing association needs to negotiate properly with the home improvement agency, which may need to expand in response to the proposal. The home improvement agency needs to be paid either through a general contribution to the service or on a rate-per-job basis. Examples where housing associations use the service but contribute nothing are clearly not going to be sustainable.

Annex 3: The Policy Context

Policy frameworks

Currently, government policy is urging the development of joint working practices between relevant organisations to offer comprehensive, accessible and timely services to older people (National Service Framework for Older People, Department of Health 2001). Many of the housing association tenants who need minor adaptations are older people and particular concern is focussed on the prevention of falls in this group.

Social inclusion is also high on the agenda, and there is growing interest in encouraging inclusive design of domestic and public buildings. Design guides include the British Standard BS.8300 which feeds into the Building Regulations via Approved Document M (2004 edition). These guides offer models for developing new build schemes with better accessibility for the population as a whole, and flexibility for alterations should specific tailoring of the property be required for a tenant's needs.

The Joseph Rowntree Foundation has a range of work available on its website outlining the requirements for 'Lifetime Homes', the plans of which give priority to accessibility and flexibility. These also stress the importance of planning new build in a way that reduces the need for, and/or cost of, future adaptations. 'Lifetime home" standards are now included in the London Plan, supplementary planning guidance (April 2004). Likewise, future needs may be considered in refurbishment programmes. For instance, why put taps with minimal grip surface into properties that are likely to be occupied by older people in the future? Now that the market for them has grown, lever taps are not much more costly than crystal taps.

The Decent Homes definition does not yet include accessibility, but the Building Regulations part M section 0.6 state that, when a building is altered, the level of provision after alteration should not be worse in terms of access and facilities (ODPM 2004). Several examples in this guide relate to the incorporation of adaptations by housing associations during refurbishment programmes.

For all these reasons therefore: to meet the policy objectives of social inclusion and effective hospital discharge; to keep people living in their homes in the community and to meet the health and safety needs of many older and disabled tenants, minor adaptations are a very important tool. If the delay caused by waiting for an occupational therapist assessment visit can be removed in at least some cases, the cumulative benefit to tenants will be very worthwhile.

Specific policy on lower-cost minor adaptations

Delivering Housing Adaptations for Disabled People: A Good Practice Guide, was published by the Office of the Deputy Prime Minister (ODPM) in November 2004. This indicates clearly (paragraph 2.26) that the responsibility for funding adaptations under £1,000 falls on the Local Authority Social Services, regardless of tenure. This is a provision of the 2003 regulations concerning delayed discharges. It is not limited to adaptations for people who have been in hospital, but it would still require an assessment by an occupational therapist and be subject to the FACS eligibility criteria.

Housing Associations still have a duty to provide a reasonable, effective and timely service to their tenants under the DDA 1995. This does not amount to a duty to alter buildings to help disabled tenants[11], but good practice would suggest that offering the minor adaptations indicated in this guide would partly fulfil the general requirement.

[11]*There will, however soon be a change in the law regarding consent to adaptation. Under the Disability Discrimination Act 2005 which will be coming into force in, probably, 2006, there are new duties stating that a landlord cannot unreasonably refuse consent where a disabled tenant wishes to make an adaptation to rented accommodation.*

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Minor adaptations without delay

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