UK COLLABORATIVE CENTRE FOR HOUSING EVIDENCE

Adapting the adaptations process

Tackling the barriers within policy and practice

Dr Vikki McCall

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About the author

Dr Vikki McCall is a Senior Lecturer in Social Policy and Housing and Deputy Associate Dean for Teaching and Learning in the Faculty of Social Sciences, University of Stirling. Vikki's work currently includes leading projects focusing on housing, ageing, stigma, co-production the role of front-line workers, service users, volunteers and the policy process. Dr McCall is currently PI on the *Intersectional Stigma of Place-based Ageing (ISPA)* project (an ESRC funded project 2022-2027) and the INVITE project looking at supporting Inclusive Living for older people in residential care (funded by the Longleigh Foundation). She is also Co-I on the UKRI funded *Designing homes for healthy cognitive ageing: co-production for impact and scale (DesHCA)* project. Vikki has worked in partnership with the Scottish Federation of Housing Associations (SFHA) and other key housing sector partners developing the concept of *Inclusive Living*, and related toolkit that supports a more inclusive approach to housing support. Vikki was part of the team that won the Sociological Review Prize for Outstanding Scholarship (2017) for work on tackling urban stigmatisation in disadvantaged communities. Vikki is Honorary Secretary for the Social Policy Association Executive Committee and Editorial Board member of *Social Policy & Society*.

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This report is part of The Adaptations Policy and Practice Project, co-ordinated by the UK Collaborative Centre for Housing Evidence (CaCHE) involving collaborations across the University of Glasgow, University of Stirling, Age Scotland, Horizon Housing Association and HACT focusing on understanding both the academic evidence and policy landscape behind home adaptations.

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Executive summary

Adaptations involve health and wellbeing-related home and environmental modifications for social, private renters and home-owners. In Scotland and throughout the UK, there are various adaptations processes that support the access, assessment and delivery of adaptations for service users. These modifications are essential for supporting health, social care and wellbeing needs, preventing health crises and future proofing homes for a diverse and ageing population. The processes that support adaptations, however, are fragmented, difficult to understand, and involve clear divergence between both local authority area and tenure.

There are many good practice examples throughout Scotland, and key stakeholders emphasised the important role for adaptations in the impact they make in people's lives. However, the current system that supports home adaptations in Scotland is fragmented, overly complex, and bureaucratic. These challenges undermine the preventive potential that adaptations can offer to service users.

This report gives insight to the fragmented policy landscape in Scotland, with further experiences gathered from England, Wales and Northern Ireland. Findings from in-depth interviews with key stakeholders underline how the adaptations process itself must be adapted.

Key barriers throughout the adaptations process have been identifited, including:

Governance: The governance and management of adaptations support is perceived as disjointed, with a lack of ownership that impacts all aspects of the adaptations process. The responsibility for delivery of functions relating to housing adaptations and equipment in Scotland was passed to the Health and Social Care partnerships (known as The Integration Authority or Integrated Joint Boards, IJBs) in 2015 (see Scottish Government 2015). Key responsibilities delegated to the Integration Authorities included: adaptations assessment, planning, resourcing and the duty to provide grants. However, this transition has been 'patchy' in terms of proactive adaptations delivery leading to complexity and a 'post-code' lottery for adaptations provision. This has resulted in a fragmented policy landscape in Scotland.

Need awareness: There are difficulties in identifying 'need' and an increasing overlap with other agendas (e.g. sustainability/ digitalisation) with unequal access to adaptations. Stigma attached to adaptations can result in reluctance to access support, which is amplified by the overall lack of accessible housing. This results in adaptations often being reactive (rather than proactive) with additional challenges with partnership working between health, social care and housing. This situation is compounded by current systems which do not support early intervention, and anticipatory care planning. Nor do they encourage wider front line services to engage in 'housing conversations' to help people consider at an earlier stage their likely long-term needs, before crisis happens.

Information and advice: Fragmented and different information and advice between the UK nations and local authority area and tenure make this a confusing area for both service providers and the public. Pathways to information and advice are unclear. There are also experiences of gatekeeping roles and lack of ownership for the provision of adaptations across organisations and services.

Assessment: Criteria, eligibility, assessment processes and allocated staff resources differ within the UK, and between local authority and health and social care partnership area and tenure, influenced by funding availability. The impact of this can be seen in waiting lists for assessment (also impacted by COVID-19), which are made more challenging by bureaucratic procedures and complex partnership working.

Funding: Diverse governance set ups, availability of funding (influenced by the time of year) alongside the differences in eligibility between area and tenure create a confusing funding landscape for adaptations. There are variances in how services handle and provide simple and complex adaptations. There is also means testing for the private sector, perceived as a challenging process and resulting in inequalities between areas and groups. This makes funding for preventative actions difficult to support.

Design: Adaptations can be perceived as an unattractive (stigmatizing) addition to a home, and good design is dependent on available funding and costs. This can lead to the perception that adaptations can detract from an asset (especially in the private rented sector). There is a further lack of representation/ voice of user groups, and family/other household needs taken into account in design. Integration of inclusive design and options are limited due to house type, and some homes simply cannot be adeqautely adapted.

Delivery: Contractor availability is a key challenge, as is equipment/ material supplies and increasing material costs, which can result in delays in assessment, funding and delivery time. There is a significant learning curve for service users who own their own homes, in managing contractors and supervising quality of work (often having to be done after a health crises) and additional agreements needed for changes to communal areas. There is further need for consideration of maintenance plans.

Evaluation & performance monitoring: Examining the effectiveness of an adaptation is a key gap, hindered by lack of evaluation strategies, follow up and data sharing across partners for full impact evaluation. There are also limited recycling mechanisms for re-use of adaptations. Future longitudinal academic evidence on impact is essential to help with ongoing efficiencies that give insight to 'what works' and this should also be evident in local performance monitoring arrangements so that this type of data is systematically gathered to evidence the outcomes and benefits from the provision.

The evidence offered in this report leads to a clear need for finding a common approach across Scotland for supporting adaptations.

Recommendations include:

- Creation of a simplified, tenure neutral adaptations process;
- Evaluate the full extent of adaptations investment as a system, including a review of the process for means tested adaptations grants for the private sector. The full funding landscape needs to be understood as little is known about private investment and the spread of spending with different types of adaptations via diverse routes.
- Creation of adaptation support hubs that focus on supporting partnership working, training and sharing good practice at the local level;
- Create consistent, integrated and sustainable local governance and partnership mechanisms between housing, health and social care that jointly agree strategy and policy, define integrated roles, and support the delivery of training which helps utilise the best use of resources;
- Take an Inclusive Living approach to design, building and retrofitting adaptable and flexible housing that supports all groups;
- Ensure systematic evaluation of the outcomes from adaptations (and other alternative housing solutions e.g. rehousing) to evidence 'what works' and influence future strategy and resource allocation;
- Increase funding for adaptations to address the increase in cost in materials and works.
- Integrate adaptations into planned maintenance programmes (e.g. repair and maintenance, energy efficiency upgrades) and integrate recycling options to future proof housing.

Learning from the rest of the UK, the need for high-level advocacy that can make connections between health, social care and housing is essential when reviewing the adaptations process. This would help support consistent partnership mechanisms between housing, health and social care.

The current system often does not work smoothly for key stakeholders, service users, or service providers (health, social care and housing) involved in supporting or delivering the service. When the adaptations process works well, this is often related to positive relationships between people, partners and services. If the ambitions of key policies such as Housing to 2040 are to be fulfilled, the current adaptations system in Scotland not only needs to be reviewed, but overhauled and reset to support investment, partnership working and integration of adapations into wider health, social care and housing priorities.

1. Introduction

Adaptations (also known as home, or environment modifications) are important in increasing the usability of home spaces, supporting independence, safety and preventing potential health crises. This report looks to explore how the adaptations process can be strengthened to tackle barriers within policy and practice across housing tenures, exploring the differences in process between owner occupation, social and private renting. Adaptations in this specific project are mainly focused on improving the home environment, which is often linked to adapting housing for the ageing population and disabled people across different age groups. This report will explore the gap between policy and practice around home adaptations, looking to map where and how adaptations sit in the UK policy landscape, with a particular focus on Scotland.

This report is part of **The Adaptations Policy and Practice Project**, co-ordinated by CaCHE (The UK Collaborative Centre for Housing Evidence) involving collaborations across the University of Glasgow, University of Stirling, Age Scotland, Horizon Housing Association and HACT focusing on understanding both the academic evidence and policy landscape behind home adaptations (see figure 1). This includes exploration of the preventative benefits, delivery of good quality responsive adaptations and funding processes behind adaptations.

Adaptations Policy and Practice Projects			
Evidence Review of Home Adaptations in the UK and Other OECD Countries Outlining key evidence around, and knowledge about, home adaptations. It has been led by Dr Yang Wang, supported by Professor Kenneth Gibb and Dr Vikki McCall	**Social Value Analysis of Adaptations** Horizon and HACT are leading on assessing the net benefits of home adaptations	**Adapting the Adaptations Process: Tackling the Barriers within Policy and Practice** Focusing on the voices of key stakeholders around the delivery of home adaptations throughout the UK. Led by Dr Vikki McCall in partnership with CaCHE	**Making Adaptations Work for Older People in Scotland** Led by Dr Vikki McCall in partnership with Age Scotland focusing on the experience faced by older people

Figure 1: Adaptations Policy and Practice Projects

The research activities involved in the four inter-related projects aim to understand and promote better housing adaptations policy and practice in Scotland. The University of Stirling, in partnership with CaCHE, are leading the development of this report focusing on the adaptations process, outlining key stakeholder perspectives to build policy and practice recommendations. It will link to insights generated from the Evidence review of home adaptations in the UK and other OECD countries and Social Value Analysis.

This report focuses on the voices of key stakeholders around adaptations delivery throughout the UK and explores the gap between policy and practice around adaptations. The adaptations process is known for its fragmentation and different delivery mechanisms throughout the UK (see Mackintosh 2020; Zhou et al 2019; McCall 2022) within a context of an ageing population and increasing issues around housing quality (Preece et al 2021). This is made further complex by the devolved and increasingly divergent policy landscape between Scotland, England, Wales and Northern Ireland (see McKee et al. 2017; Gibb 2021). This report looks to map where and how adaptations are understood in the UK, but predominantly Scottish, policy landscape and give key recommendations to help improve policy and practice to secure positive outcomes for older and disabled people.

1.2. Background context and policies

Key policy reviews and reports around adaptations consistently highlight complex and cumbersome processes involving numerous partners, services and procedures that make adaptations delivery challenging (see table 1). There is a long history of advocacy for adaptations and calls for simplifying processes to reach the preventative potential of adaptations (see the adaptations evidence review, Wang et al. 2022). The case for adaptations has a clear foundation of evidence and support in regard to the positive impact they can make in people's lives and the promotion of their individual human rights. The evidence review by Wang et al (2022) brings these insights together. This report does not aim to revisit the academic evidence but instead build on the insights in the evidence review and develop the policy focus.

Although this report focuses on the barriers to adaptations, there is very positive work happening across housing, health and social care in supporting adaptations in very challenging circumstances. The area of adaptations is a key area for preventing health and other crises while positioned as a key mechanism for promoting wellbeing and future proofing homes for the ageing and disabled population. The work conducted by local authorities, occupational therapists, health and social care, and housing staff in partnership with other vital services such as Care & Repair make a big difference in people's lives.

Therefore, this report begins with the foundation that adaptations are a positive intervention, and a process that is in need of support in light of the ageing population in Scotland. However, the structures supporting adaptations could be smoother. This report focuses on the bumps and the barriers that need to be overcome to make management and delivery of adaptations easier and more effective. Importantly, many of the insights presented reinforce clear recommendations already developed in this area - the following table gives a rough timeline of some key policies and strategies, with insight to approaches and recommendations to adaptations (table 1).

Reports	Timeline of key policy points and recommendations around adaptations
Housing to 2040 (Scottish Government 2021)	Aims to introduce new building standards from 2025/26, a new Scottish Accessible Homes Standard and improve and review the adaptations system 'to future-proof new homes for lifelong accessibility' (p.11). The Affordable Housing Supply Programme committed to reviewing Housing for Varying Needs supporting an 'Inclusive Living' approach (p.74).
Inclusive Living (McCall et al 2020b)	Key recommendations included calls for a lifecourse perspective to adaptations and need for a unified vision to break down silos between groups of people and types of housing. Practical recommendations to help this included the creation of an online cost/benefit indicator for the housing sector and review of the current standards and regulations.
Adaptations without Delay (RCOT 2019)	The report recognised the need for a more preventative approach to interventions, tackling social care assessment delays alongside the misinterpretation around funding of major adaptations. There needs to be a reset to the approach of focusing on type or cost of adaptations, rather than the person and to provide person-centred outcomes via collaboration in assessment, design and installation of adaptations.
Age, Home and Community (Scottish Government, 2011, 2018)	A part of the National Strategy for Older People, Age Home and Community was the key strategy for housing and ageing. Key areas of work included increasing choice, planning ahead and preventative support. Linking with the Homes Fit for the 21st Century policy, it highlighted the need for a simplified adaptations process and acknowledges the role of adaptations in supporting living independently, especially with an ageing population.
Adaptations, aids and equipment (Scottish Government 2015)	An important document that delegated housing adaptations to the new Integrated Authorities for health and social care, linked to the Public Bodies (Joint Working) (Scotland) Act 2014. Importantly, 'Integration Authorities will need to ensure, that in taking a person-centred approach, as required by the Act, they plan and direct delivery of adaptations that support preventative and anticipatory care' but delivery arrangements are to be decided locally (p.8).
Adapting for Change (Fitzpatrick et al 2012)	Adapting for Change promoted the case for a fundamental reshaping the adaptations system. Key recommendations included to move away from a tenure driven system, with clear local strategies supported by better information and advice. Furthermore, clarity in assessment, with scope for self-assessment with a single local funding pot created, encouraging a preventative approach are key. The report also advocated more attractive, sustainable design with inclusion of repairs, maintenance, and procurement efficiencies. This needs to be delivered with increased partnership, leadership, and management in the area of adaptations. The Adapting for Change pages in the ihub have examples of improvements in key case study sites, training, and housing solutions and guidance.

Good Practice Guide for the Provision of Major Adaptations (Scottish Government and JIT 2011)	This report focuses on different service models, providing checklists and benchmarks for key adaptations delivery. The report covers guidance on partnership arrangements, governance, access and information, assessment and provision, service delivery, communication, service user and carer involvement, performance and training and development. The aim here was also to encourage consistent terminology (pg 38-39).
Housing to Varying Needs Standard (Pickles 1998)	A detailed guide, still utilized today in housing provision that supports different client groups in different house types. Report noted 'considerable demand' for adaptations (p.3) and importance of designing for future adaptability.

Table 1: Timeline of key policy points and recommendations around adaptations

Housing is a sector that links into many key areas of public service delivery, with partnership working especially important between health and social care. There is evidence of both increasing demand and unmet need for particular groups, for example wheelchair users (Fitzpatrick et al 2018). There are compelling arguments for housing to be seen as a human right, with people entitled to adequate, accessible housing that supports people living independently (Young 2021; Chartered Institute of Housing Scotland 2022: 10). The Scottish Government (2022d) *Coming Home Implementation report* further advocates for a human rights approach focusing on the central role of housing, with added challenges and barriers highlighted for often very excluded groups. Without appropriate adaptable homes, people cannot be released from hospital or other settings. This is reinforced in the *No Time to Lose* report that highlights the challenges within the adaptations process for people diagnosed with Motor Neurone Disease (MND). The MND Scotland (2022: iv) report recommends:

- Fast-tracking applications for adaptations
- Anticipatory care planning for adaptations
- Clear and publicly available information about the Scheme of Assistance
- Making internal adaptations to a property
- Simplifying contractor and tender processes, but not at any cost

These reports highlight a policy shift and focus on adaptations from different angles and groups within housing, health and social care policy and practice. They also take a clear housing - focused approach as the way with the most potential to improving and delivering appropriately designed adaptations. This report aims to add to this insight by sharing the experiences of key stakeholders who are involved in the delivery of both policy and practice around adaptations.

1.3. Methodology

This report presents the voices of key stakeholders who have worked with evidence, policy, practice and/or adaptations delivery. The key stakeholders offer insights from different tenures, including experience with social, private renting and home ownership. The participants have varied experience in different elements of the adaptations process, including development of policy, research, funding, design and provision across the local authority, private, third and public sectors.

The research takes a qualitative approach, with fifteen semi-structured interviews conducted over 2021/2022 (eight women, seven men). Interviews were on average of 60 minutes long. Most stakeholders offered Scottish based experiences, but four participants were able to offer insights from throughout the UK (including England, Wales and Northern Ireland). Participant names are anonymous, for confidentiality and privacy reasons. This project received ethical approval from the University of Stirling 17th September 2021 (GUEP: 202137363046). Overall, the sample generates a variety of high-level stakeholder insights about what makes adaptations delivery work well, and what are the barriers that create gaps between policy and practice.

This report is particularly focuses on the process behind and supporting adaptations. A helpful sociological stance, therefore, includes figurational (or process) sociology. This positions those in the study as a network of interdependent actors, bridging insights between the structure and agency around a certain topic (Elias 1978, 1987) – in this case adaptations. Semi-structured interviews are 'a particularly productive data collection method for exploring social processes within figurations' to examine a particular social phenomenon (Thurston 2018: 115). Consequently, a grounded theory approach was taken utilizing predominantly inductive coding to the interview data to centralise the role of human actors.

The consequent insight to fragmentation around policy, practice, funding, assessment and delivery around adaptations makes the concept of 'boundary spanners' particularly relevant for the key stakeholders in this area. This is because there are cross-institutional (e.g. local authority, private contractors, housing associations, Scottish Government), cross-sectoral (e.g. housing, health and social care) and cross-professional (e.g occupational therapists, housing professionals, GPs, social workers) boundaries that must come together to deliver effectively in the area of adaptations. Adaptations are a clear area of what Stoker (1998) would describe as a changing world of governance that involves fragmented and blurred public service delivery. Boundary spanners must circumvent complex and interdependent processes, understand the areas of collaboration alongside the 'jigsaw of connections that tie, or potentially, tie them together to achieve some form of collective purpose and synergy' (Williams 2013: 25). This report tries to simplify this complexity into a structured framework that emerged from the data (from the perspectives of the 'boundary spanners').

1.3.1. Adaptations framework

There is no typical process for adaptations, as individual and person-centred practice can lead to diverse pathways. Those pathways are dependent on a variety of intersectional elements that can be influenced by disability, race, gender, age and more. However, taking a typical example of someone in the adaptations system, the process can start with need awareness, followed by accessing information and advice, leading to assessment, funding, design, delivery, followed by evaluation. Governance was also a central, integrated theme that connected all these stages. These are all essential steps that have connected interventions and activities attached to them in delivering adaptations for service users (for both policy and practice). This report is structured around that process to outline the insights from key stakeholders at each stage of the adapatations process.

To illustrate a smooth adaptations process this report offers an illustration (below).

Example service user: Jane is 78 year old and privately owns her home. Jane has been experiencing increasing mobility challenges resulting in some trips and falls on the steps at the front door and accessing parts of her home.

Needs Awareness: Jane has had increasing difficulty accessing the bathroom upstairs and leaving the house with confidence.

Information and advice: While in hospital once, Jane was given information and advice about post-operation recovery alongside a housing and care discussion to develop her recovery plan. She has also called her Local Council to ask for advice and been sent an information pack about the Scheme of Assistance.

Assessment: Jane self-refers via the Local Authority. This has resulted in a appointment for an assessment for adaptations to support her when home. Jane's home is assessed by an Occupational Therapist (OT) who is looking at immediate and future support needs, focusing on what is important to Jane and her personal outcomes. Jane is in an area with Care & Repair services who work in partnership with the OT and help support the design and technical elements of the adaptations.

Funding: A funding application must then be completed to apply to the Scheme of Assistance run by the Local Authority. The decision to approve is made by the Grant Manager, who approved 80% of the grant (Jane will be liable for 20% after a means-test).

Design: The assessment would make design recommendations that would be agreed by Jane. Care & Repair organize and manage contractors to finalise design, equipment and technical aspects.

Delivery: Adaptations are installed and delivered.

Evaluation: The work is checked for quality, with a satisfaction survey sent 2 weeks after the completion of the work. The OT visits to check with Jane that the intervention meets her personal outcomes.

The above example can diverge in in many ways. For example, if Jane was in social housing (via a housing association or local authority landlord) the process would be funded and delivered differently. Or if Jane lived in a different Local Authority area, they may not have a Care & Repair service and result in Jane finding her own contractors to give quotes for the work (or some Local Authorities have contractor agreements). Therefore, the adaptations process will diverge between tenure, area, and individual need.

Importantly, there was universal agreement from stakeholder interviews on the positive impact and effectiveness of adaptations on peoples' lives.

> "What it's really about is making a difference to health and wellbeing outcomes and if you're not assessing that all you're doing is changing someone's home" (participant one)

Adaptations for stakeholders were not just about home modifications, but the impact they have on activities and everyday quality of life. These include fundamental elements of everyday living – such as being able to wash yourself and cook food. Examples from the interviews also contained important preventative work such as taking away trip hazards and helping people access parts of their home and wider environment. Therefore, this was seen as an extremely important area, with essential and good work being conducted. However, adaptations have often been overlooked in regards to wider public investment and governance.

To explore the diversity and nuance in the process, the adaptations activities are explored via the adaptations framework below to help visualize the barriers (figure 2). These barriers have emerged from the evidence provided by key stakeholder interviews. Although the process is not truly linear (parts of this process interconnect/overlap), the diagramme gives a structure to explore and navigate the adaptations process.

Figure 2 summarizes the central processes under the headings of needs awareness, information and advice, assessment, funding, design, delivery and evaluation. Each of these key themes have related barriers connected to them summarised in the diagram. The report subsequently follows this structure and provides connected nuanced qualitative data around providing adaptations services.

Figure 2: Barriers within the Adaptations process

INFORMATION BARRIERS INCLUDE:

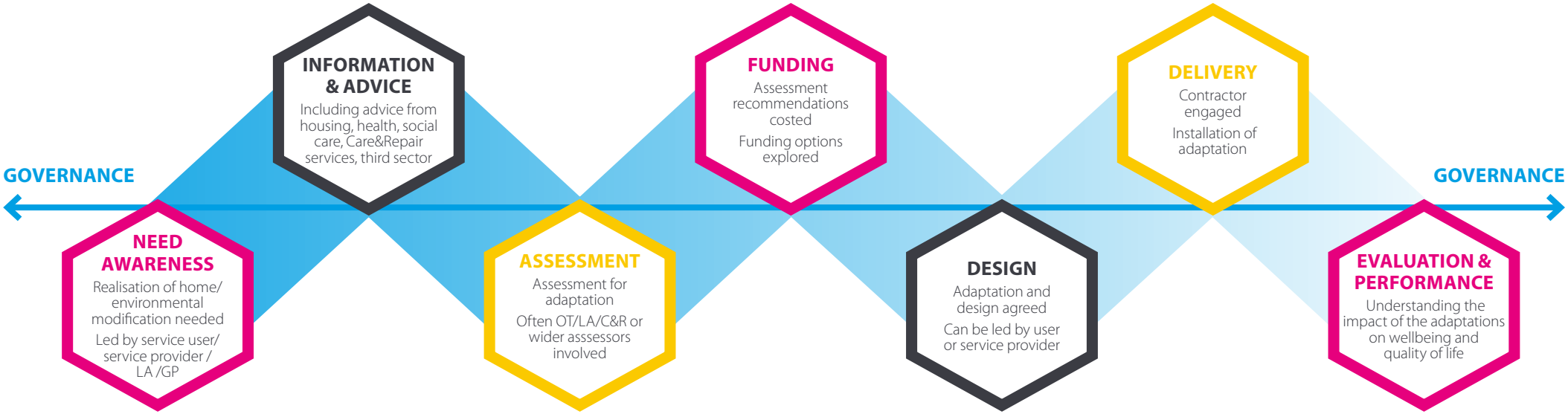
- Fragmented and different information and advice between the UK nations and local authority area
- Different processes across tenure
- Some LAs defunding Care & Repair
- Vague or unclear information/ advice
- Gatekeeping
- Lack of ownership of adaptations across organisations/departments

FUNDING BARRIERS INCLUDE:

- Governance
- Waiting lists
- Availability of funding (inc time of year)
- Differences in eligibility between area, tenure
- Minor, major adaptation assessment
- Means testing
- Perceived as a challenging process
- Inequalities between areas and groups
- Ineligibility for preventative actions

DELIVERY BARRIERS INCLUDE:

- Contractor availability
- Equipment/ material supplies
- Increased cost of materials
- Need for maintenance plans
- Delays in assessment/ funding/ delivery time may result in ineffective adaptation
- Learning curve for users/clients on managing contractors
- Supervising quality of work
- Agreements for changes to communal areas



NEED AWARENESS BARRIERS INCLUDE:

- Unequal access to adaptations
- Stigma
- Lack of accessible housing/ reallocation and little support for early intervention to support rehousing
- Reactive changes
- Challenges with partnership working
- Confusion around eligibility
- Lack of trust in LA/Government
- Identifying 'need'
- Overlap with other agendas (e.g. sustainability/ digitalisation)

ASSESSMENT BARRIERS INCLUDE:

- Criteria difference between the UK, local authority area and tenure
- Funding availability
- Differences in housing policy between tenure
- Waiting list for assessment
- Lack of data sharing
- Duplication of assessment across partners
- Bureaucratic process /paperwork
- Complex internal processes within LAs
- Lack of training to support staff to apply wider 'housing solutions' approaches

DESIGN BARRIERS INCLUDE:

- Unattractive (stigmatizing) design
- Available funding and costs
- Lack of representation/ voice of user groups
- Perception that adaptations can detract from asset
- Family/other household needs
- Non-integration of inclusive design
- Options limited due to house type (esp space)

EVALUATION BARRIERS INCLUDE:

- Lack of data sharing across partners for full impact evaluation
- Lack of overall evaluation strategy
- Lack of mechanisms for recycling adaptations and equipment
- Lack of follow up/ regulation
- Lack of longitudinal academic evidence on impact

2. Governance and the policy landscape in Scotland

The policy landscape behind the adaptations process is firstly important to explore. It has been well documented that the adaptations process throughout the UK is seen as fragmented, chaotic, piecemeal and complex (Mackintosh & Heywood 2015; Zhou et al. 2019a, 2019b, 2020; McCall 2022). This context is important when examining the process behind adaptations, as the related backdrop of key actors are built on historic interdependences and shape current processes over time (van Kriejen 2001). This section now presents insights from the perspectives of the key stakeholders on the policy landscape that shows adaptations as an under-represented, fragmented area.

2.1. The fragmented landscape around adaptations

From the experiences presented from the key stakeholders in this area, the policy landscape was still described as a *'Cinderella service'* where *'inconsistency is a problem'* (participant one). This fragmentation was seen as going beyond policy at a UK or devolved level, with fragmentation within and between local authorities and different institutions.

> "I don't know if you could even call it a landscape and if it's a landscape, then it gets massively potholed and filled with obstacles and just kind of blind alleys, you know, it's confusing. We find it confusing and we are so called experts" (participant six)

Glasgow was periodically given as an example that reflects the complexity of the policy landscape. Adaptations delivery in such a large urban area is made particularly complicated with a high number of different housing associations (all with different policy criteria), private landlords and owner occupiers. There are different interpretations of the Scottish guidance (which will, for example, impact on the chance of receiving an extension or a certain type of equipment) between local authorities.

> "We've ended up with thirty-two different versions of that. Some areas in Scotland have a Care & Repair services that help them, and others don't, and so there's now a lot of complaints about that. That is a big issue across Scotland" (participant two)

The provision of important adaptations support services, such as Care & Repair, was seen as inconsistent and 'patchy' (participant five) and was a concern for many participants. A fragmented landscape makes it difficult for service users to understand and navigate. However, there is also emphasis that person-led and local solutions are important:

> "I mean we have postcode lotteries, we have services that are not delivered consistently across the piece, but some of that inconsistency is a genuine local response to particular priorities… The challenge is going to be drawing those voices up into a national framework, which is genuinely a framework and not a straight-jacket and allows those kind of local nuances to be properly developed" (participant five)

Therefore, there is clear fragmentation around policy expectations at all levels of the policy process, especially at local authority and organizational level. It was noted that from the integration of Health and Social Care in Scotland and move to Integrated Joint Boards (IJBs), only a small number of Integration Authorities have proactively embraced the new responsibilities around adaptations (see Audit Scotland 2018). Local partnership arrangements are required to identify responsibility for the strategic management and governance of the service. This is essential for all stakeholders to support communication with service users and their carers, as well as internally across the relevant agencies from frontline staff, to senior strategic managers.

Overall, adaptations are seen to be an underfunded, underinvested area with little shared ownership across health,

social care and housing. Key stakeholders that were interviewed had noted the IJB's governance responsibility, but there is the potential for a more preventative approach if all partners, including housing, shared this responsibility together.

> "Occupational therapists that work in social care are the Cinderella of occupational therapy services, nationally. We're a tiny number of people and then, within that, social work occupational therapy group, if you're a housing occupational therapist, with almost, a special interest in adaptations and housing, you're even more of a Cinderella group and we haven't had a voice, at a high level, I think. The people delivering adaptations in the main, have not had a voice higher up within either their own structures within local authorities. Even health and health and social care partnerships" (participant twelve)

Participants noted areas where this worked well (the Scottish Borders was seen as a good example). Often the instances of smaller waiting lists had good governance and partnership set ups, with OTs, housing professionals (including Care & Repair), social care and health partners having clear lines of communication.

2.2. Tenure

The fragmentation experienced by the participants relates often to the complex system behind funding processes, which are connected to tenure. At the moment in Scotland, 58% of homes are owner occupied, 23% under social landlords (via a local authority or housing association) and 15% privately rented (4% vacant/second home) (Scottish Government 2022b). Depending on tenure, service users are involved in a different system and funding process (see Wane 2016 for more detail on funding set up for major adaptations by tenure, and the later section on funding).

The different tenure systems have been acknowledged as adding complexity (Wane 2016) and a consistent theme from the key stakeholder interviews included that adaptations provision should be tenure neutral as a way to addressing what was seen as a 'postcode lottery'.

> "the move towards a consistent tenure neutral process and system for adaptations to existing homes was understood to be the long term objective and we're no closer to that now than we were whenever Adapting for Change was published" (participant five)

> "I would say it's antiquated… I think financially it's a very difficult landscape and for governance because of the tenure related issues that they have. So having different criteria according to what your tenure is and also according to the location that you're in, as in a postcode lottery" (participant fourteen)

The tenure-related barriers were seen as complex in the social housing sector due to different housing association and local authority criteria. For owner-occupiers, financial constraints were seen as one of the key barriers. Another element includes permissions around adapting communal areas. However, the private rented sector was seen as the most complex and under-examined. Private landlords often did not know about the adaptations process, or funding and support that a private renter could apply for.

> "In the PRS, the big barrier is misinformation, or just information, people think that because I'm in the PRS, my landlord can't or won't adapt my property. We know that that's not the case and we encourage people to apply through occupational therapy for an adaptation, but they do need the landlord's consent. I'm trying to think over the past few years, I don't think we've ever had a successful PRS client" (participant six)

Permission and access to information and advice were seen as a key obstacle for private landlords, but also reluctance to apply or knowledge of eligibility for support from private tenants. Obtaining landlord consent was a key part of the process for the private rented sector, and seen as an obstacle, but little is known about this aspect of the landlord-tenant relationship in relation to adaptations. The framing and perception of private rented properties as assets, and the perception that adaptations can detract from the asset, was an added barrier. This key gap will be of increasing importance as those living in the private rented sector grow older looking to adapt properties to support health and mobility needs (see McKee et al 2019).

Overall, the various systems, permissions, consent, and funding linked to tenure was a complex challenge within the adaptations process, from needs awareness, information and advice to funding and delivery. This is consistent with the findings of previous reviews in Scotland (such as Fitzpatrick et al 2012) and remains one of the key barriers to a simpler and more effective adaptations system.

Solutions to overcoming the complex policy landscape

- Creation of simplified, tenure neutral adaptations process and aligned funding arrangements so they are accessible to all.
- Increased information and advice, for private landlords in particular, with clear guidance to support private, social tenants and home owners, highlighting the ways in which future proofing properties are a good investment.
- Increased clarification around permission and consent processes for the private rented sector.

3. Needs awareness

The difficulty in assessing future needs in housing, health and social care practice is akin to what Witkin et al (1995: xiii) call 'pinning jello to the wall'. For adaptations, looking strategically at future need is difficult when services are dealing with the immediate day to day chaos of delivery (McCall et al 2020b). Therefore, the adaptations process has a clear stage before the 'official' process begins. A more intangible element of adaptations delivery is both the individual needs awareness before people are linked to more tangible needs assessment processes. For a disabled person, the needs awareness may include diverse pathways (with involvement from the third sector). For changing or future health needs, awareness can be before, but is more typically, after a health crisis has occurred for consideration of the surrounding environment to be modified to support the individual.

Looking firstly at individual need, there is perceived reluctance from service users themselves in realising the help adaptations can offer. This has been connected to stigma around disability and ageing, which can often be attached to negative experiences (Dobbs et al 2008; Kruse et al 2010; Day & Hitchings 2011; Holm et al 2014; Bailey et al 2019; Jose et al 2021). When an individual does make contact, there can be reluctance and a perceived lack of trust in local authority or government intervention within the 'home'. The home space itself is a protected space, linked in with perceived identity for ageing in place – it is symbolic, not just physical and a cultural construction (Andrews and Phillips 2004). This complexity around the home space and identity makes it challenging for service providers to have early and important housing conversations that can involve a wider range of effective solutions, such as moving to a more adequate home.

There are also challenges linked to the conceptualization of adaptations, seen by some as 'off-putting' (participant six) alongside what is included as an adaptation and the different interpretations of policy, procedures and processes.

> "Changing the language maybe around what it is, and what's presented would be great. I would be really keen to see that synergy between the concept that we're putting forward as housing solutions so that we're not necessarily all coming up with describing the same thing, describing it in a different way or giving it a different title" (participant thirteen)

> "adaptation has this persona, that there's something about an adaptation that happens that only the privileged few know about, the sort of black art of adaptation that only the qualified, specialised actually deliver this" (participant two)

McCall (2022) argues for a conceptual shift in understanding adaptations, framing it as home and environmental modifications to integrate of inclusive approaches and 'normalize' adaptations to circumvent stigmatisation. Lack of common language around adaptations is seen as a key barrier to finding a simplified process. A simplified, and commonly understood approach is a key step for integrating adaptations and future proofing housing (e.g. via planned maintenance programmes). Key stakeholders noted good practice examples of services that do this. For example, the Scottish Borders is observed as an area where housing associations work in close partnership with Care & Repair. Some in-house teams integrate cyclical bathroom and kitchen upgrade work with needed adaptations, creating effective and efficient adaptations processes alongside future investment in their stock.

3.1. Adaptations and a widening agenda

These initial barriers can be reinforced by confusion around eligibility, the overlap of support with other integrated agendas (e.g. sustainability/ digitalisation) and challenges around partnership working that make it unclear where help can be accessed. Preece et al (2021) show a clear case where housing quality is an interconnected issue with energy efficiency, repair and condition, falls and hazards and digital connectivity.

The key stakeholders interviewed supported and understood technology to be a key part of adaptations delivery. This was seen as having more potential in wider groups that are often under-represented in the adaptations process (which has been traditionally focused on physical mobility). Technology was seen to have an increasing role with supporting people experiencing a learning and/or cognitive impairment. Energy efficiency and related green sustainability goals was a more recent consideration, perhaps not as closely framed as technology as a clear adaptation, but one that had been increasingly overlapping.

> "My concept of adaptations has been changing constantly from starting in the 80s to now, and it's still evolving. It's definitely evolving a lot now around energy and zero carbon targets and that whole agenda that may be synchronised to areas of movement. It's also very much inclusive of assistive technology" (participant eight)

> "I think the sustainability agenda is not a sustainability agenda unless it includes inclusive living and adaptations… We need an integrated approach. And when it comes to the retrofitting around the sustainability agenda, I just don't think we can go in and retrofit without thinking about retrofitting for inclusive living" (participant twelve)

This leads to a widening of what people consider to be in the umbrella of adaptations, especially when considering a person-led approach within the broader context. For some participants, this led to a discussion on the requirement to fundamentally provide adequate housing, *'which is about respecting and advancing human rights and not a single metric has been developed against it'* (participant five). It was noted by several participants that adaptations are not treated as a human right, and the mandatory elements that are legislative requirements are often overlooked, subject to gatekeeping or misunderstood.

Alongside these widening and integrated support needs of an ageing population, there are increasing energy prices and the cost-of-living crisis has challenged the integrity of the full social security system (Partick and Pybus 2022). The integrated nature of adaptations can create opportunities for utilizing this area of delivery for home and environment modifications to contribute to objectives across agendas.

3.2. Access to adequate housing

One of the key challenges around the adaptations process is that many homes are not sufficiently flexible to support changing health and other needs. Research conducted by Young (2021: 60) estimates that conditions of 1,832,000 households in Scotland fall short of the standards implied by the right to adequate housing. There is a further lack of housing options, where fulfilling housing aspirations are often unachievable in reality – what McKee et al. (2017) term the 'fallacy of choice'.

Remaining in the existing home for as long as possible and living independently remains the main mechanism that underpins Scottish housing policy. Yet, many people live in homes that cannot be adapted, and there is an overall lack of housing options to enable a move to more adequate homes. For many participants there was a tension between the re-housing or adaptation solutions, with both interventions being seen as necessary but having to be done sensitively and at the right time. Some participants thought re-housing discussions should be done as soon as possible, while others supported adapting current homes to avoid re-housing.

> "I really would like adaptations not to be referred to as adaptations and I think it is a tangible thing, an adaptation is a thing that somebody can see when it's done but actually what this is about is this idea about getting the pathways right for people, we have not invested enough energy around the need to encourage staff, and give staff confidence in properly exploring re-housing with people" (participant thirteen)

> "Ultimately moving house is probably more stressful and more detrimental to someone's health than actually just trying to adapt someone's home in the first place, and people don't want to move, they're happy, they like their neighbours, they like the area, they like their home, they don't want to see themselves as having to move because they're needing an adaptation type thing, if they can do something in their own home that's a much better solution" (participant eleven)

This highlights that both re-housing someone into an adequate home and/ or adaptations should be part of dual conversations to explore the right support for people. Crucially, rehousing conversations need to happen at an earlier stage and supported by wider services who can 'sow the seeds' (participant thirteen) before a person is in crisis an unable to contemplate moving from their home. Young (2021: 44) notes that different households need different types of support over time, and 'disadvantaged groups generally have less capacity to express their housing requirements as effective demand in the housing market'. This supports more targeted housing conversation processes, especially at earlier points, where a person's needs first change (e.g. a diagnosis or change in health) rather than only at the point of health crisis around re-housing and adaptations. Preece et al. (2021: 19) note that adaptability and functionality of homes are key to supporting an ageing population where 'evidence of adapting homes – even in smalls ways - can improve outcomes and the quality of life for those in later life, and do so in a cost effective manner'. This calls for a need to for robust, systematic and targeted housing conversation processes that include discussions of adaptations with a view to the overall adequacy and quality of current homes, for the long term needs of the person and full exploration a range of options and choices which may provide much better outcomes for individuals.

Solutions to improving awareness

- Review the adaptations grants for all tenures to create a fairer system and ease complexity of the process.
- Develop a nationwide, locally applicable method of needs assessment that is recorded and maintained to feed into a national data set.
- Integrate future proofing, preventative adaptations into planned repair and maintenance programs.
- Utilize this area of delivery for home and environment modifications that can fulfil objectives across agendas.
- Create robust, systematic and targeted housing conversation processes for long-term needs, especially as part of earlier intervention and anticipatory care planning processes, involving a wider range of staff and services, providing options and choices in advance of points of health crisis around re-housing and adaptations.

4. Information and advice

Access to information and advice is one of the strongest themes to be discussed by the key stakeholders, with all noting the contrasting information and advice between Scottish local authority areas (and also throughout the UK). The complexity of information and advice that is available differs across tenure, with some local authorities defunding Care & Repair services. There were examples also given of vague or unclear information and advice as well as different services gatekeeping information. This reinforced the observations from *Adapting for Change* that highlighted the need for clearer local strategies (Fitzpatrick et al 2012).

One of the reasons for this fragmentation was seen as a lack of ownership of adaptations across organizations and departments throughout the housing, health and social care sectors. Many participants mentioned unnecessary bureaucracy, needing to chase information, unclear pathways for information (i.e what is online, who to call, written brochures) that made the process difficult for potential service users and front-line staff delivering services.

> "I think from the client's point of view, one of the key barriers is lack of information. People don't know what they're entitled to. They don't know what's out there" (participant six)

> "I looked at websites as they came out to see what you found in different areas if you wanted to get an adaptation, and I didn't find a single website anywhere in the country that I looked at, and let's say I looked at about fifteen or twenty, I didn't find one where they gave the person the information about what they were entitled to" (participant seven)

> "I don't think it's the lack of adaptations that's caused the issue around COVID, it's lack of service in the round and they can't speak to anyone because it's all online… You try going through local authority websites at the moment trying to identify the service and speak to someone about what the hell's going on. I mean for me, I know key words and things, it's really difficult" (participant one)

> "We kind of see that in terms of what comes through from different local authorities and what one local authority will support and recommend, and what one won't… and knowing what would go through an adaptations panel as to what would come through to an RSL, the expectations that RSLs don't work to the same criteria, we might get one adaptation that maybe deemed more desirable in another area. So, it's a bit of a minefield really when you actually talk through it" (participant ten)

Information and advice therefore had challenges at all levels, from initially finding a pathway for advice for individuals, understanding who can help/refer to understanding local authority criteria, eligibility (which may again differ between other housing organisations).

Solutions to this centred around a central hub for advice and support, or 'centre for excellence' (Participant Twelve) that could give out and also gather important information. High-level advocacy of this would be key from both the housing, health and social care sectors. Research from McCall (2020d) would also reinforce the role of ground-level workers and the interaction with service users are the key to supporting integration, reach and connection between diverse services such as housing, health and social care.

A hub or 'one stop shop' model at the local level was a key recommendation in the *Adapting for Change* pilot. The focus on this is for local partners across all agencies to develop either physical service models or virtual ones that meet this objective. This needs to be done at the local level, although connected nationally to share best practice and consistency in language and approaches. This reinforces the weight of the need for a 'hub' that supports front-line practice around adapatations and support partnership working.

Solutions to improving information and advice

- Creation of local integrated models which provide a single pathway (one stop shop) approach for delivery, and have advocacy arrangements built in to provide good quality and wide ranging advice and public information materials on all aspects of housing needs and adaptation solutions.
- Development of a national hub for the sharing of good practice and advice.
- Clearer, inclusive pathways for accessing information and advice (online, audio, written).
- Develop all advice and guidance to be clear and accessible in regard to what people are fully entitled to and the consideration of all available options, promoting outcomes focused language and reflection of long-term needs.
- Develop training that increases awareness of adaptations and all housing solutions at the ground-level for increased support by front-level staff in housing, health and social care.

5. Assessment

Assessment processes for individuals going through an adaptations journey were seen as a key challenge due to the different criteria, eligibility and processes between the UK, local authority area, organisations and tenure. This often related to funding availability, which could be influenced by what area you live in or the time of year of application. There were also key challenges relating to waiting lists for assessment, lack of data sharing and duplication of assessment across partners.

The perception of complex processes, the difficult paperwork and consequent complicated internal governance processes within Local Authorities were also seen as a key area of improvement in the adaptations process (and areas for potential gatekeeping). This was often seen as challenging for professionals in occupational therapy and social work roles forced into gatekeeping as *'they're assessing people to fit into a box of what they provide, in terms of eligibility and resource gatekeeping"* (participant twelve). Key stakeholders note the negotiation in the process of need vs desire.

> "it's a mandatory right, they don't seem to get what mandatory right means, and even when the occupational therapists do if they're doing the assessment, the social services managers who haven't looked at the legislation and haven't been challenged about it, crush it, they sort of think that's optional, but it shouldn't be optional if it's mandatory" (participant seven).

> "at the moment it seems to me that what happens is the person's presented with a system, and they arrive maybe at the front desk of the local housing service, wherever they arrive first of all, the social work service, and they're told yeah, well, this is the system and you don't qualify, or you have to do something in order to get into the system" (participant two).

The time of assessment and full assessment phase is seen as particularly important in the adaptations process. There were also examples of duplication (e.g. assessment being done by two, or three different services). This is also the key opportunity where in-depth discussion and the potential window for developing longer-term person-led solutions can be made in the adaptations process.

> "the access to assessment and recommendations that is a barrier because there's a waiting list with most Occupational Therapy department… there has always been OT waiting lists. It's a sad indictment that it seems to be like it's accepted there will be OT, and it's as though we don't challenge it anymore to say, actually this service has such a massive impact, it's got such a good outcome in terms of benefits overall that there isn't a higher profile" (participant ten).

The drawbacks of the bureaucracy, or the 'hoops' also highlight the importance of effective partnership working in the adaptations process. RCOT (2019) note that an OT assessment is not always needed, especially for less complex interventions. Mackintosh and Frondigoun (2022) reinforce this point via their interviews with key stakeholders in England, highlighting clear case studies and evidence that support simpler assessment processes.

5.1. Partnership working

In the good practice guide for major adaptations (Scottish Government and JIT 2011) the importance of governance and partnership working is clearly emphasized. However, evidence has suggested that cross sectoral and cross organisational working in the area of adaptations has been generally inadequate, especially between health, housing and social care (Zhou et al. 2019a/b, 2020). What the participants mentioned as key barriers included:

- 'Referral mechanisms are poor' (participant one)
- 'Huge problem was the divide between social services and housing… Constant shifting of responsibility and not cooperation' (participant seven)
- 'Health has no idea what housing is about' (participant fifteen)
- 'A lot of people don't know about us until they need us, until they get possibly referred by an occupational therapist or physiotherapist or somebody else in social care' (participant three)

> "I actually firmly believe that for people with learning disabilities, you need a team around the adult. Housing is often a central partner, but are rarely at the table. I think that's such a gap. It's something that we really need to work to address, because where I have worked with housing colleagues, they are so proactive" (participant fifteen)

> "I got told off several times, an 85 year old tenant never had a bath replaced in all her life, she's got a 50 year old bath that's, you know, she's just about breaking a leg getting into it every time. I just said to the guys go put a wet room in, then get the OTs in. And it's like, well, no, wait a minute, there could be other things she needs. I know there could be other things she needs, but she's washing in a sink for goodness sake, get a wet room in and I had a bit of a wrestle around that" (participant five)

Here we see the advocacy of a focus on the housing sector and OTs as key facilitators around adaptations where *"if we want to get adaptations right, we have to get housing right"* (participant thirteen). Good practice examples were often focused on OTs working in effective partnerships with housing associations and Care & Repair services. RCOT (2019) emphasize this role and note the improvement of assessment and waiting times when the governance around adaptations supportive effective partnership working. Key stakeholders pointed to good examples where self assessment works very well in many partnership areas - eg AskSara, Smart Life in Fife. There have been increasing work within partnership areas such as Glasgow working towards smoother processes for assessment supported by the Housing Solutions training programme e.g. clear evidence of integrated health occupational therapists and other multi-disciplinary team professions, taking on a more central role in assessment of needs. Positively, this is demonstrating an increase in housing solutions approaches, exploring rehousing opportunities as a first stage, alongside good practice with more seamless provision of adaptations, not as end in themselves, but often part of wider therapeutic intervention.

Solutions to improving assessment

- Create consistent and clearer assessment pathway process guidance for cross-sector and local authority working. This would also help to address over-assessment by multiple organisations.
- Clarify and define integrated roles across health & social care , and housing, for the assessment of all housing based needs and provide systematic training programmes to ensure competency and consistency in practice.
- Enable secure data sharing mechanisms between partners.
- Widen referral practices and organisations that can process and assess for all housing based needs and solutions, including adaptations.
- Create consistent partnership mechanisms within local authorities and Integrated Joint Boards (IJBs) that bring together housing, health and social care practitioners (OTs, grants sections, Care & Repair, housing partners) around the table to develop ongoing person-led solutions which inform practice and policy.
- Increase engagement with GP practices and hospitals to support direct referrals from health professionals.
- OTs are a key service for integrating health, housing and social care provision and should be an area for development and investment for LAs and IJBs.
- Appropriate training would be required to facilitate consistent and clearer pathways and where more specialist knowledge is required (see also this recommendation from RCOT 2019).

6. Funding

Funding was a dominant theme that constituted one of the main barriers to a simple adaptations process. The tensions linked to funding included the governance of the process, availability of funding (including time of year) that are made more challenging by means testing (for homeowners and the PRS) as well as differences in eligibility between area and tenure.

In summary, less complex (often referred to as minor) adaptations are funded through social work budgets, while more complex adaptations (often referred to as major, Stage 3 adaptations) pathways change between tenure. Stage three funding (for major adaptations) is around £11million, with SFHA (2021) noting a £7 million funding shortage. However the data for overall investment from private and local authority routes is very unclear (as private investment is not captured, and spending via Housing Revenue Accounts variable).

Overall, the funding landscape for adaptations is complex, and there are gaps in what we know about public investment and private spend. This is quite a complex process, and for detail see the major adaptations guides (JIT and Scottish Government 2010; Wane 2016; Scottish Government 2022c). Figure 3 gives a high level summary below:

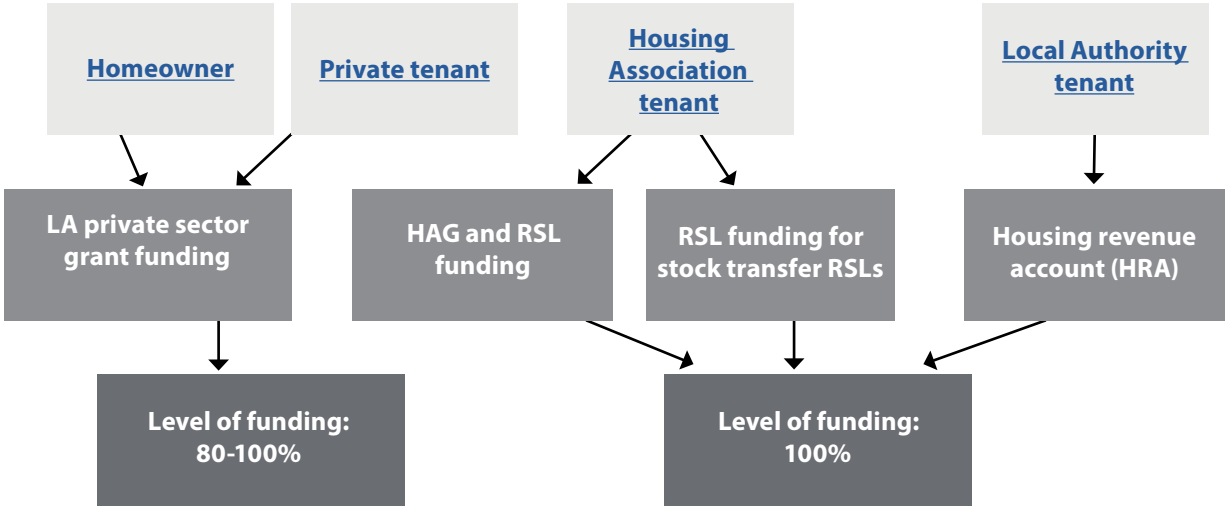


Figure 3: Simplified funding stream visualisation for major adaptations

It is interesting to note, there is no expense limit on major adaptations, but this must be classed as *essential works*. The definition of *essential* is different across Local Authority areas and within Local Authorities depending on assessor's background, employer (e.g. health or social work), professional judgement, and individual circumstances and preferences (i.e. what is viewed as not essential to one person may be essential to someone else).

Any mixed tenure options such as shared ownership or shared equity properties are not eligible, and if adapting a communal area all owners must give consent. For owner occupiers and those privately renting, the Scheme of Assistance would be the main mechanism and owners who are over 60 and/or living with a disability can receive help via Care & Repair services (if available in that local authority). If work is assessed as essential, there is a means tested grant of 80% (100% if receiving certain benefits) and the rest of the cost would be the responsibility of the homeowner or private tenant. Approval of any work in a private rented home must be applied for by the tenant but requires the consent of the private landlord.

This funding landscape was overall seen as a challenging process that contributed to longer waiting lists and hence, did not support more preventative measures that adaptations can support.

> "I think historically an awful lot of the discussions nationally around adaptations have always started with the money, and we've all got caught up in the money and what that looks like, and what causes the problems…. The problem with that is it's the tail wagging the dog" (participant thirteen)

> "I mean means testing is a big bureaucracy that takes a lot of time and money in my opinion and it's not worth it for adaptations that cost, say, up to a thousand pounds. They can be just really quickly, really effective, and have that preventative impact and I think that a difference is because you've got local authorities able to adapt their own local policies, you've just got differences in approach. In that respect, they're the good ones, I think, with more adaptations without means testing and the ones who maybe aren't as progressive, don't." (participant three)

Participants also gave examples of using procurement and the establishment of good, clear processes to increase business efficiency. There were also opportunities of being more effective at re-distributing equipment and linking available adapted homes with user needs more efficiently, which is also a challenge (see Anderson et al 2020).

Means-testing particularly is seen to be linked to creating a more complex bureaucracy around adaptations. However, different funding pathways such as using housing association resources are viewed as unfair, because it implies that social tenants are also paying for adaptations for other tenants. While those applying for private grant funding may not have the resources required for a contribution and/or related service charges. Furthermore, very little is known for those who fully self-fund their own adaptations.

6.1. Waiting lists

Waiting lists were applicable at multiple levels, including waiting for assessment from Occupational Therapists, additional technical expertise and contractor quotes. The impact of complex funding pathways also results in increased waiting lists. Although there were examples of good practice, there were also examples of long waiting times for assessment and funding decisions.

> "But for some areas we knew that they would get seen fairly quickly. Scottish Borders, for example, their referral rate and turnover was a lot quicker so we knew if we referred somebody there they could get a fairly quick assessment. Other areas were not so good, and even when we were trying to ask the local authorities saying, how long do you think … and some of it might be, how long is a piece of string and it depended on individual circumstances, about their priorities when they were screened but even so some were really reluctant to even give us a ballpark, are we talking three months, six months, nine months a year or more" (participant ten)

> "First of all, the system as it stands is so specific to local authorities. Two local authorities in adjacent areas will interpret the legislation very, very differently. They'll have different waiting lists, they'll have different priority criteria, they'll have different populations. So your experience in East Dun will be very, very different to your experience in North Lan although extensively they're all in the same, you know, they're all operating the same legislation" (participant six)

> "The time it takes to deliver adaptations can often be substantial and cause delays on people's clinical caseloads, which means that as further demand comes in there's higher stress on the OT as their caseload is getting higher and higher so people aren't keen to take on adaptations for that reason, because it can take a long time" (participant fourteen)

The consequences of longer waiting lists can be detrimental to peoples health, wellbeing and quality of life (see Wang et al 2022). Furthermore, the longer a waiting time the higher the chance that the required adaptation need can change. There were examples of items that, over a year later, can become inadequate for the support needed at that time. This point is made very clearly by MND Scotland (2022) report which highlights the rapid changes that people can experience, needing a rapid response to adaptations that can support health and wellbeing. Participants noted that flexible adaptations processes can help avoid hospital or care home admission with significant cost and quality of life impacts.

Solutions to improving funding processes

- Evaluate the full extent of adaptations investment as a system, including a review of the process for means tested adaptations grants for the private sector. The full funding landscape needs to be understood as little is known about private investment and the spread of spending with different types of adaptations via diverse routes.
- Establish robust integrated partnership governance arrangements which ensure that funding decisions are aligned around agreed priorities and demand making best use of all available resources.
- Invest in staff and resources (e.g. via an adaptations hub at the local level) to support and streamline services delivering adaptations to help with capacity to deliver and co-ordinate.
- Utilize this area of delivery for home and environmental modifications that can fulfil objectives across agendas, linking with energy efficiency and technology interventions.
- Ensure policy and criteria are aligned to support the need for rapid and urgent provision within clear prioritisation guidelines.
- Increase opportunities for self-assessment, and direct referral of straightforward, non-complicated adaptations.

7. Design

The design stage is an often-overlooked part of the adaptations process, as there are underlying assumptions around availability, eligibility and funding. Elements of gatekeeping, bureaucracy, assessment criteria and complex tenure pathways (explored above) are associated with control of funding – this then links with assumptions that the 'cheapest' option is the only way to deliver adaptations. There are also practical limitations around the options available (e.g. space, house type). Design of new build has drawn much more attention (e.g. White et al 2021) with design for retrofitting existing stock an under explored area. Yet, the majority of people live – and will be living – in already existing homes throughout Scotland as they age. For example, there were just over 20,000 all-sector new build homes completed in 2021 (25% private, 77% local authority and 13% housing associations, Scottish Government 2022b). To put that in perspective, there are an estimated 2.65 million dwellings in Scotland (Scottish Government 2022a). A wider, more effective adaptations process could be the key mechanism for retrofitting the existing housing stock for an ageing population.

Key barriers to utilizing the adaptations process for retrofitting purposes include perceptions that adaptations are 'institutional' looking solutions, that are not seen as attractive. They can also be attached to a perceived stigma, linked to a serious 'market failure' in this area that needs to be investigated (Centre for Ageing Better 2019a/b/c). This can also relate into a perception that adaptations can detract from the 'asset' and this was a particular theme when stakeholders were discussing the PRS. Design challenges in itself can be very complex, with White et al (2021) noting critical points of intervention that link to housing design quality. Although they focus on housebuilding, the key points around the need for expertise to deliver design value is applicable to all adaptations in looking to increase the quality of homes and environments.

The preventative potential of adaptations is undermined by the fragmentation and complexity of the process and can be lost within the chaos of everyday delivery.

> "We're there to provide a service to help people stay in their homes, but maybe it's about the way that we design homes in the first place, and if they were designed where they have a whole life in mind and they were easily adaptable, you wouldn't be having to look at doing expensive repairs…. I think we need to look at whole life housing. The housing that we build should have space enough to be able to be adapted in the future, and I think we need to design that in from the start, and we should design it in such a way that we are able to convert that at a low cost" (participant eleven)

Furthermore, in the design process there is a perceived lack of representation/ voice of user groups, and overall current design guides are not co-produced and have limited consultation (McCall 2022). There is further underrepresentation of wider assessment of family/other household needs.

> "We have the Housing for Varying Needs standard which has been in situ for twenty odd years. We know it's under review at the moment, but it is interpreted very differently by different organisations and that can lead to differing standards" (participant eleven)

> "So that's why when level access showers came in as the desirable thing for the young and fashionable that's really good, and that's why making them beautiful as Kate Sheehan has pushed for years, making them aesthetically desirable seems so important, not as a label, here is the pull or handrail, so it has to be something which is desirable and fashionable and in and that other people have too" (participant seven)

The adoption of inclusive design principles can overcome discriminatory stigmatizing processes connected to ageing and disability. Inclusive design means good design, which benefits all groups (c.f. Centre for Excellence in Universal Design; McCall 2022). Many of the participants felt that strategic planning for inclusion was one of the best ways to overcome barriers throughout the process and contribute to future proofing housing stock.

Solutions to design

- Include family/other household needs in assessment.
- Integrate future proofing, preventative adaptations into planned repair and maintenance programs.
- Integrate inclusive design as the 'norm' to circumvent the stigma surrounding their provision, taking an Inclusive Living approach.
- Design should be focused not only on immediate need, but projected to future need to allow the preventative potential to be met around adaptations delivery.
- Ensure adaptations are designed to meet specific needs and the process includes consideration of the time and skills of designers to ensure adaptations meet identified need.
- Increase role (when appropriate) of service users in the delivery stage to increase input and ownership.

8. Delivery

The above funding challenges also affect the availability and delivery of adaptations. For a more complex adaptation, there will be contractors involved in delivery. For the private sector this can range between a simple partnership model (e.g. via Care & Repair who have established service relationships), or through pre-set up contractors (for example Glasgow have their own preferred service for the works needed) or a process where the service user gains quotes from different providers and procures the specific service. For the social housing sector, models can include (but not limited to) established contractor agreements, in-house teams or usual procurement channels for individual works. The role of contractors is underexplored in the academic literature.

Whatever model, the delivery and design stage involves further partnership working and will be reliant on contractor availability, equipment and material supplies. This is affected by fluxuations in the costs of materials and works. This is also impacted by the capacity to procure, manage and monitor. Also at the implementation stage, there can be a learning curve for service users/clients on managing contractors and supervising the quality of work (bearing in mind also that these individuals may have just had or still be within a health crisis of some kind). For specialized equipment, and items, there are also maintenance plans to consider (e.g. for lifts). Delays in assessment/ funding/ delivery time may result in changes regarding the planned impact on the service user, where health support needs may have changed, as well as impact on carer stress, quality of life, mental health. Any changes to communal areas also need full agreement from all involved.

Within the delivery process, there will be need for additional technical assessment, projections around the working cost, time, design that involves people going into homes multiple times. This can lead to delays at multiple stages.

> "I think that our weakness is in the way in which we manage the process, how we engage with owners in particular and the extent to which they feel in control of the process. And that I think is likely to do with behaviours on the part of the folk in the council, you know, because they're there to do a job, they've got a whole load of them to get through, and they need to get it done as quickly as they can. I think there's just sometimes stylistic issues in there, which make a more relaxed or a more kind of being more confident about the relationship and the outcomes" (participant five)

Understanding the delivery mechanisms around adaptations is a gap in the literature, as well as the potential of adaptations processes in linking in with wider agenda's such as sustainability, technology enabled care and other fundamental housing-led programmes of work (e.g. via cyclical repair and maintenance or Energy Efficiency Standard for Social Housing (EESSH)). This linkage has been further challenged by the implications on the adaptations process from the COVID-19 pandemic.

8.1. The impact of the COVID-19 pandemic

The COVID-19 pandemic was seen by all participants as having had a detrimental impact on all stages of the adaptations process. It has increased waiting times, impacted budget cycles and made delivery of adaptations in homes very challenging. Many participants noted a detrimental impact on service users, but also frustration felt by front-line providers in not being able to help people through the pandemic (Participant Six described it as 'heartbreaking').

> "Yes, absolutely. We have not been able to deliver through the housing associations a huge number of adaptations so we've seen a real hit on both the housing association and the private sector budgets, they have halved, and that's directly down to being able to get access. People have been scared to let people into their house to do the adaptations or the contractors have been on furlough or they've been self-isolating, which has all had an impact on the budgets, so the amount of work that's been carried out has halved. What we've done is we've increased the budget this year to try and catch up, but then of course we went back into lockdown again so it has had an impact on budgets" (participant eleven)

The impact of COVID-19 on mobility, mental and physical health through the pandemic is another important argument for increasing investment in adaptations that can help people as their health needs change.

Solutions to delivery

- Increase grant funding and investment for adaptations to address the increase in cost in materials and works.
- Develop clear brokerage links with contractors (utilising key organisations such as Care & Repair, Housing Options Scotland, Age Scotland) linking to the adaptations hub recommendation earlier.
- Do a systematic review of home-related works and programmes (repair and maintenance, energy efficiency measures) and find quick wins to also integrate inclusive design to future proof homes.

9. Evaluation and performance

Evaluation was noted by participants as another overlooked part of the adaptations process. It is rare that a service will record or systemically check and feedback best practice. There was also limited evidence for any recycling schemes for adaptations equipment. Lack of evaluation can discourage investment as Commissioners and other key decision makers rely on evidence to create evidence-based solutions.

The barriers to effective evaluation include a lack of data gathering and sharing across partners for full impact evaluation and overall evaluation strategy at national, local and organizational levels. Follow up reviews are infrequent (the Scottish Housing Regulator for example asks for the amount of adaptation to be monitored, not the effectiveness). There are further gaps such as lack of longitudinal academic evidence on impact beyond research protocol (see Wang et al 2022).

> "One of the things we need is we need health and social care partnerships to be held to account for what they're doing with adaptations. I think they should be regulated and monitored. So, there should be some kind of performance monitoring. Scottish government, housing regulator. I don't know, I don't care. Just somebody should be holding people to account because right now, who knows that kind of service people are getting across Scotland? Who knows? There used to be an audit. Audit Scotland used to do an audit but that's years, and years, and years, and years ago" (participant twelve)

> "There's been very little research done in the topic area to robustly demonstrate the efficacy and cost effectiveness and practitioners strive for it in local authorities, but they haven't got the expertise to do it. Commissioners demand it, it's not available. And so whilst anecdotally people who work in adaptations know what difference it makes, they can't robustly prove it. So until they can prove it, they're struggling" (participant one)

This lack of evaluation also undermines any gap analysis or consistent inequalities analysis that should be undertaken. Some participants acknowledged that there are a lot of people self-funding adaptations and nothing is known about those who have not benefited from professional assessment. Therefore, there is also a lot not known about the unmet need and demand from older and/or disabled people.

The evidence highlights a need for urgent standardised data monitoring to inform both research, strategic and operational needs. This would help unpack micro case by case performance and the performance of the adaptations process as a whole. Information supporting evaluation would help investment and funding decisions for key partners such as Integrated Authorities in Scotland in early intervention and prevention and that would save on primary, secondary and acute costs in the future.

9.1. Inequalities in the process

Complex adaptations processes have a negative impact for groups with diverse support needs in particular. For example, Travelers were seen as a very unsupported group in relation to adaptations. There were also calls for more consideration of whole household approaches, which could help families who often live in a more inter-generational household.

"The incredible importance of the impact on other members of the household, hugely important, and in health terms it's more likely that their health is affected than the health of the disabled person directly, and I heard evidence of that just the other day from the mother of a four year old who's finding it so hard to lift him, he's a big boy, so impact on other members of the household, and the good it can do, and with things like autistic spectrum, it makes a difference between sanity and not sanity for the other children, tremendously" (participant seven)

"I think we've been very, very slow to pick up on that and to acknowledge and change provision to accommodate people with neurodiversity issues, cognitive issues. Even sensory issues, to a certain extent. So, I think people with those challenges might find it a bit more difficult to get a service, in some areas, in some places" (participant twelve)

Support for adaptations for cognitive impairment was also seen as a gap, and not taken as an integrated element of adaptations delivery which is still predominantly focused on physical disability.

Solutions to evaluation and performance

- Ensure integrated evaluation and performance data is collected as part of the governance arrangements for the local services, and systematically gathered to evidence the outcomes and benefits from the provision.
- Review and create recycling schemes for adaptations equipment.
- Build the academic evidence base around what works in adaptations, especially with longitudinal impact data. This should include full evaluation of all benefits across range of services, including cost/benefit and the social value of adaptations.
- Integrate and make sure of equalities assessments at each stage of the adaptations process.
- Standardise data monitoring across local authority areas.

9.2. Key insights from across UK policy

The fragmented policy landscape outlined in this report has predominantly focused on Scotland, but similar themes have been seen across the UK. Mackintosh and Frondigoun (2022: 5) note that in the English context the process barriers are very similar, where "rather than saying 'yes' to adaptations, barriers are often placed in the way". Four key stakeholders interviewed in this report were able to give insight from England, Wales and Northern Ireland and reported similar fragmentation of the policy landscape. The lack of ownership and status of adaptations as a service were common.

> "The issue about adaptations is it was always Cinderella, because unfortunately the community occupational therapists were employed mainly in social services departments and were considered of no significance whatsoever, and they were managed by social services managers who didn't understand the issues, were not particularly interested in disabled people or older people really, or they were completely wrapped up in the business of trying to provide minimal care services to older people so that this business of having social services managers of much better qualified occupational therapists, and that was a huge problem right across the board" (participant seven)

The insights from successful adaptations implementation in Northern Ireland pointed towards effective partnership working between housing, health and social care and increased prominence of adaptations at higher levels of policy decision making. When there were two particularly driven leaders in both health, and housing working together, this was seen to impact successful partnership working throughout a variety of organisations and led to positive policy changes (such as increased space standards for wheelchair users).

In Wales, the ongoing development of a national, consistent approach between local authority areas, through improved joint local service planning involving the LA, Care & Repair, RSLs, social care and health was seen as particularly positive. This has included for example the 'Enable' Support for independent living initiative, with new methods to monitor and report performance (Lock et al 2021) with the background context including a very challenging report on key gaps around housing adaptations from the Auditor General for Wales (Wales Audit Office 2018). The policy guidance here also moves away from the minor/major adaptations terminology that RCOT (2019) advocate against, to a simpler small, medium and large adaptations list. The impact of this has been highlighted in the Welsh approach to smaller adaptations (such as grab rails, hand rails and small ramps) via Rapid Response Adaptations programme, funded directly from the Welsh Government and delivered by Care & Repair. There are also a Hospital to a Healthier Home Service in Wales, embedding Care & Repair case workers into nearly all larger, district hospitals that targets quicker adaptations and other housing improvements to speed up discharge of older patients and reducing re-admissions.

Although the means tested Disabled Facilities Grants (DFGs, see Wilson 2021) is tenure-neutral, it was also seen as a segmenting process.

> "So you've got the people that don't come near a local authority for assistance, you've got the people that do, they actually get through and receive a service and there are people in between who either get assessed quite rightly the way they do, I suppose, if you agree with that politically, by adult social care, they don't get then referred onto DFG even if they're eligible. And then you've got the people who for one reason or other enter the DFG process, but don't go through to its completion. There's a whole segmenting of people" (participant one)

The DFG route is also seen as very bureaucratic and means tested and pretty difficult to navigate (participant three). The way adaptations were framed by housing associations in England was also seen as detrimental and aligned with the more 'asset-focused' approach seen as connected with the PRS.

Adam and Hodges (2018) note that helping older people to navigate the complex systems is a key priority, and advocate a wider adoption of ownership over adaptations (including handyperson services, home improvement agency services) with a more consistent approach to performance measurement in England. They note similar structural issues around tenure and the need to cross professional boundaries. Therefore, there are shared challenges and real scope for Scotland to learn from the UK and reset the system in a unique and creative way that makes it a UK leader.

10. Conclusion

Although this report has focused on the barriers to the adaptations, we cannot lose sight of the positive work across housing, health and social care in supporting adaptations in very challenging circumstances. The area of adaptations overall was seen to have potential for preventing health crises and positioned as a key mechanism for future proofing homes for an ageing population.

However, the current system that supports home adaptations in Scotland has real scope for improvement. In exploring key stakeholder perspectives, a fragmented, overly complex, and bureaucratic landscape is clear. At all stages of the process from governance, needs awareness, information and advice to funding and delivery there are challenging barriers that do not support the preventive potential that adaptations can offer to service users. There is clear fragmentation around policy expectations at all levels of the policy process, especially at local authority and organizational level. The different tenure systems have been acknowledged as adding complexity around funding and adaptations provision should be tenure neutral to address what was seen as a 'postcode lottery'. Scotland has a unique opportunity to address these barriers and develop a forward-focused process that would make it a UK leader.

To become a UK leader in this area, there is a clear need for finding a common approach across Scotland for supporting adaptations. The recommendation of the 'one-stop-shop' that would form local good practice hubs could support all aspects of the adaptations process from needs awareness, information and advice, design, delivery and evaluation. A cross-tenure centre for excellence could link these local hubs and support individual and organizational advice, understanding and analysis of local and national needs and be a practical link with trusted accredited contractors. The creation of linked adaptation support hubs for information, advice, training and clearer assessment pathways for home adaptations would help both service users and service providers.

The findings show that many of the barriers link to the way that adaptations are funded. There are calls from key stakeholders for a simplified, tenure neutral adaptations process and review of means tested grants. This also includes a focus on funding connected to all parts of the process, including investment in understanding need local community need, funding more diverse and clear routes for information and advice and resources to support staff time for health, social care, housing and technical assessment. Good practice examples were also linked to people being supported for self assessment and self management. In the design and delivery stage, investment in inclusive design that systematically and strategically future – proofs homes would both help service users and strategically prepare for an ageing population. This can result on preventing health crises and potential savings.

This report has also outlined some fundamental areas for future research including: 1. Understanding the scale and investment being placed into self-funded adaptations not linked to an official system. 2. The development of locally applicable methods of needs assessment that can connect to the development and maintenance of a national data set on adaptations and 3. Addressing the gap in knowledge around the private rented sector and the unknown dimension of the landlord - tenant relationship in supporting home adaptations.

Learning from the rest of the UK, the need for high-level advocacy that can make connections between health, social care and housing is essential if reviewing the adaptations process. This would help support consistent partnership mechanisms between housing, health and social care for a smoother home adaptations process. A key message around this is that it is not just one area that needs "fixing" or is "the weakest link" but numerous areas in need of review, which indicates the complexity of the process.

The adaptations process is a key area for a wide variety of support that makes a big impact on day to day lives. However, it could work much more smoothly for key stakeholders, service users, or any service (health, social care and housing) involved in supporting or delivering the service. The system not only needs to be reviewed, but overhauled, reset and redesigned. Fundamentally, we need to adapt the adaptations process and focus on reducing the barriers outlined within both policy and practice.

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