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**Sent:** 27 January 2008 16:20  
**To:** Housing Consultation 2007  
**Subject:** Firm Foundations - Response



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(3 KB)



firm  
undations.doc (63 K)

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Please find response attached.  
yours faithfully

Mary Stobie  
Housing Occupational Therapist  
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response form 1

Housing and Regeneration Directorate  
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Victoria Quay, Edinburgh EH6 6QQ  
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T: 0131-244 7753 F: 0131-244 5596  
E: housingconsultation2007@scotland.gsi.gov.uk  
RESPONDENT INFORMATION FORM

FIRM FOUNDATIONS: THE FUTURE OF HOUSING IN SCOTLAND

Please complete the details below and return it with your response to the above address. This will help ensure we handle your response appropriately. Thank you for your help.

Name: \_\_\_\_\_Mary  
Stobie\_\_\_\_\_

Postal Address: \_\_\_\_\_9 Earlswell Drive, Bieldside, Aberdeen AB15  
9NW\_\_\_\_\_

1. Are you responding: (please tick one box)

(a) as an individual

go to Q2a/b and then Q4

(b) on behalf of a group/organisation X

go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government website)?

Yes

(go to 2b below)

No, not at all

We will treat your response as confidential

2b. Where confidentiality is not requested, we will make your response available to the public on the following

basis (please tick one of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

♀

ON BEHALF OF GROUPS OR ORGANISATIONS:

3. The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Government website). Are you also content for your response to be made available?

Yes X

No

We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4. We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we

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require your permission to do  
so. Are you content for the Scottish Government to contact you again in the  
future in relation to this  
consultation response?

Yes X

No



College of  
Occupational  
Therapists

Specialist Section

## Firm Foundations: The Future of Housing in Scotland

25<sup>th</sup> January 2008

Housing

*Response from the College of Occupational Therapists*

### 1. Introduction

The College of Occupational Therapists Specialist Section - Housing is pleased to provide a response to The Scottish Executive's Discussion Document - **Firm Foundations: *The Future of Housing in Scotland***

The COT represents over 29,000 occupational therapists, students and support workers across the United Kingdom, of which over 2,000 are either working or studying in Scotland. Occupational therapists (OT's) work in Local Authority Social Services and Housing Departments, the NHS, Schools, Primary Care settings, Independent Practise and in a wide range of Vocational and Employment Rehabilitation services.

Occupational Therapists are regulated by the Health Professions council and work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupation as a crucial element of health and well-being. Practise is based on holistic, client centred care.

### 2. General Comments

It is clear that the focus of the document is

- to try to "achieve a good mix in the housing options available, thereby providing choices for people"
- "to increase the supply of good quality housing at prices which people can afford",
- "increasing housing supply to achieve a fairer system of housing"

We fully concur with the statement from Ms Sturgeon that " the housing system must provide a choice of accommodation that meets people's needs"

However, it is very disappointing to read further into the document to find that disabled people are only mentioned once, in relation to past legislation and Accessible Housing & Disability Adaptations receives only a brief mention.

- The 2001 census reported that 37% of Scottish Households contain at least one resident with a limiting condition or disability.
- The 2005 Scottish Household survey states that the disabled population has now increased to 18% and
- The General Register Office for Scotland warns that our ageing population (75+) is set to rise dramatically

Given this information it seems remiss not to have disability issues included in the forefront of any planning for the future.

Those with particular needs i.e. those with a disability have the right to expect equal treatment in every aspect of life today. The thinking behind the Medical and Social Models of disability (app1) highlight the need for our communities to be fully accessible for all members of our society.

The home is the hub of any successful flourishing community. As such it is incumbent on those in a position who put the legislation in place, to ensure that where housing is concerned i.e. Social housing, Private Rented or Privately Owned that equal opportunities are in place for all members of our society, especially those disadvantaged by disability.

In order to achieve this, future needs have to be taken into account now.

- Disabled individuals and groups i.e. DPHS's need to be included in the development of Local and Regional Housing Strategies
- Commitment should be ensured to respond to the expressed needs

### **3. Housing for Disabled**

- The estimated number of 'adapted dwellings' stands at only 1% of the total housing in Scotland. (2002 Scottish House Condition Survey)
- 96,000 individuals have indicated they require a wheelchair (Parliamentary Answer S3W-04750)
- There are only 5,800 fully wheelchair adapted properties in Scotland
- Despite adapting existing properties (this does not always fully meet the needs of the individual) there is an estimated shortfall of 30,000 fully wheelchair adapted properties in Scotland

It is vital that in the drive for providing housing to meet the needs for the future population, focus is not simply on number of units, but close consideration is given to the design and layout of properties and their general environment thus ensuring inclusion for all. Developer's understandably have to produce profit margin's for their investors, however, 'bulk building' of flatted properties may cause problems where it is necessary to adapt to meet the changing needs of the occupier.

Some examples of good practise exist where, co-operation between a variety of housing providers is ensuring that a percentage of family homes and other ground floor properties within new build schemes are designed with disabled

facilities. Potential tenants are identified and the property is 'tailored ' to their requirements. This practise must be applauded and expanded Scotland wide.

Legislation regarding Homes for Varying needs is having an impact and it is agreed that the design of a house or flat should not hinder a person's ability to live as independently as possible. Barrier free design is more convenient for everyone, it prevents people having to move because their abilities have changed and it is more economically adapted to suit specific needs if this becomes necessary. This way disabled individuals are enabled to become part of the mix desired by the document, if the private sector is required by law to provide accessible housing, then they would find a larger portion of the market opening up to them.

A recent government drive to reduce the increase in Delayed Discharges has highlighted the lack of suitable accessible properties. Many individuals are 'trapped' in hospital long stay wards and nursing homes because they cannot return to their own homes. Despite having high transfer points awarded by the various bodies, many are being temporarily re-housed in specialist residential rehabilitation schemes, however these are non-permanent and are simply masking the problem by shouldering the responsibility from the NHS to the Local Authorities. If sufficient accessible accommodation were available then the cost both socially and financially would be a lot less for the family's and the government to shoulder.

#### **4. Improving access and choice in lettings**

"We will consider whether the time is right to bring into force the provision in the Housing (Scotland) Act 2001 to make it mandatory for local authorities to develop and maintain a CHR."

We fully concur with the statements above and would ask that this is done as a high priority. Acknowledging the benefits of a combined housing register it is clear that the system works well for all concerned. Sadly, because of financial reasons in Aberdeen City the CHR has been disbanded and the disruption to professionals, and those applying for housing within the area is notable. Major factors i.e. the completion of multiple housing application forms as opposed to one generic one and ease with which to share information is now lost and the service to those on the various housing lists is markedly reduced.

#### **4. Financial Constraints**

Regarding costs, if an individual becomes disabled then unfortunately there usually is a financial downside with income being drastically reduced. Many families are forced to move, whereas if the house was built to a specific standard to begin with there would be less disruption at what can be a very stressful time.

Many individuals with a disability are on reduced income and dependant on disability and housing benefits. The Right to Buy legislation reduced the

variety and number of properties available for internal transfer within the housing departments in a local authority.

It is important to acknowledge that disabled individuals are disadvantaged by removing the option to purchase adapted properties, however irregardless of how this affects the rights of the individual, the sheer lack of suitable properties should be the sole reason for overriding this thinking. Therefore it is a positive move in no longer allowing individuals the Right to Buy.

### **Concluding Remarks**

Occupational therapist's working within Local Authorities spend a significant proportion of their working time adapting properties, making the 'best of a bad deal' for service users. If more suitable properties were available in the various housing markets then vast budgets could be spent in other areas.

The College of Occupational Therapist Specialist Section - Housing hopes that the Scottish Executive will give greater consideration to the housing needs and requirements of individuals with disabilities in the context of this document.

We are happy to be included in any further consultations on this subject should this prove to be necessary.

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## **App1.**

### **Medical model**

Under the medical model, disabled people are defined by their illness or medical condition. They are disempowered: medical diagnoses are used to regulate and control access to social benefits, housing, education, leisure and employment. The medical model promotes the view of a disabled person as dependent and needing to be cured or cared for, and it justifies the way in which disabled people have been systematically excluded from society. The disabled person is the problem, not society. Control resides firmly with professionals; choices for the individual are limited to the options provided and approved by the 'helping' expert.

The medical model is sometimes known as the 'individual model' because it promotes the notion that it is the individual disabled person who must adapt to the way in which society is constructed and organised.

The medical model is vigorously rejected by organisations of disabled people, but it still pervades many attitudes towards disabled people

### **Social Model of Disability**

The 'social model of disability' is about a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of impairment - whether physical, sensory or intellectual. The barriers disabled people encounter include inaccessible education systems and working environments, inadequate disability benefits, discriminatory health and social support services, inaccessible transport, inaccessible houses and public buildings and amenities, and the devaluing of disabled people through negative images in the media - films, television and newspapers.

The social model of disability can also be used to understand the family lives and personal relationships of disabled people. This is because the cultural environment in which we all grow up usually sees impairment as unattractive and unwanted.

Consequently parents often don't know how to bring up a child born with impairment so their feelings and the way they treat them are dependent upon what they have learned about disability from the world around them. People who acquire impairment later in life also have to rely on this cultural backdrop and so it is not surprising that many people with and without impairments do not know how to respond. This helps to explain why, for some people, coming to terms with a disabled lifestyle represents a personal or family tragedy.

Furthermore, the social model of disability does not ignore questions and concerns relating to impairment and/or the importance of medical and therapeutic treatments. A social model perspective acknowledges that in many cases, the suffering associated with disabled lifestyles is due primarily to the lack of medical and other services.

The social model also recognises that for many people coming to terms with the consequences of impairment in a society that devalues disabled people and disabled lifestyles is often a personal tragedy. But the tragedy is that our society, and increasingly other societies, continue to discriminate, exclude and oppress people viewed and labelled 'disabled' and this is the subject matter of emancipatory disability research.