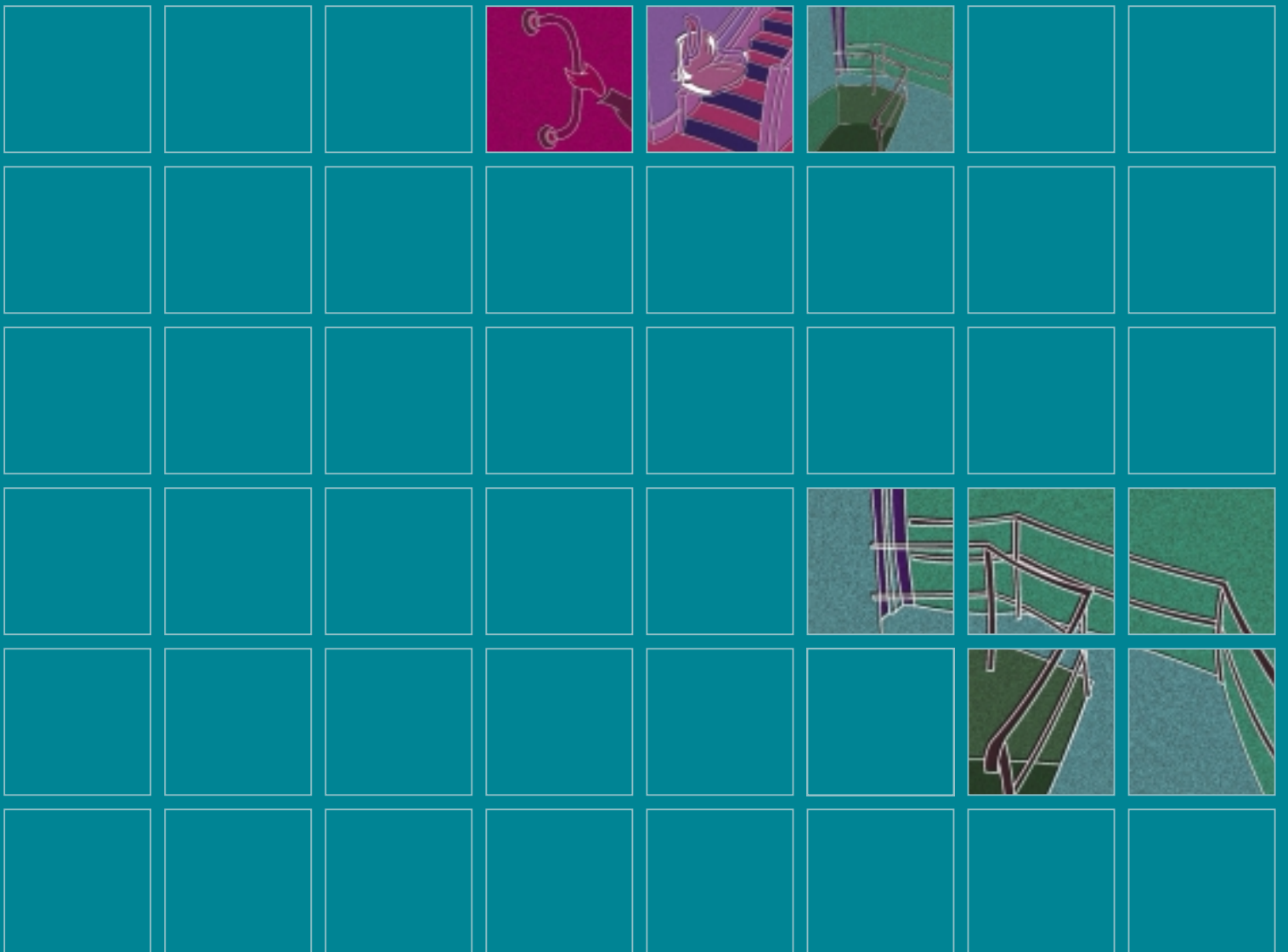


Equipped for Inclusion
Report of the Strategy Forum:
Equipment and Adaptations



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June 2003

**The views expressed in this report are those of the Strategy Forum
and do not necessarily represent those of the Department or
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Foreword

The Strategy Forum: Equipment and Adaptations was established from a recommendation in 'Community Care: A Joint Future' to achieve a much needed sense of direction for equipment and adaptation services. A wide range of interests was represented in the membership of the Forum to reflect the span of the agenda. This report represents their findings.

It should be read alongside the companion publication '**Using the law to develop and improve equipment and adaptation provision**' which was commissioned to inform the work of the Strategy Forum, and seeks to provide a positive perspective on the legal and regulatory framework that underpins the provision of equipment and adaptation services.

'Equipped for Inclusion' provides an overview of the deliberations of the Forum and sets out recommendations for the way forward. Although it represents advice to the Scottish Executive, before Ministers consider their response it is recommended that anyone in Scotland with an interest in equipment and adaptations should have the opportunity to comment.

Comments by 26th September 2003 are invited on:

- the overall direction of the strategy
- the content of each individual recommendation
- priorities for action

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Executive Summary

All too often, environmental barriers limit the potential of disabled and older people to take part in mainstream employment, educational, social and recreational opportunities. Equipment and adaptations help to overcome these barriers, they can have a significant and positive impact on people's lives, and those of their carers, and can influence the need for other care services. They help people of all ages to carry out ordinary activities of daily life that have become difficult or impossible due to impairment, ill health, traumatic injury, the effects of ageing or a change in circumstances.

The current dislocation of the component parts of equipment and adaptations within a variety of sectors, organisations, departments, and professional specialisms has contributed to the inefficiencies, bureaucracy, and delay that blight the delivery of assistance to the very people who could benefit.

During exploration of the issues, a multifaceted and intricate picture was exposed, arising from a broad range of products, services and people. Consideration of the overall impact of equipment and adaptations is therefore required, so that informed policy and service decisions can be made. The Strategy Forum's analysis indicated that there is considerable scope for existing resources to be managed and organised more effectively. Status quo is therefore not an option.

It was considered imperative from the outset to promote a much wider and longer-term improvement agenda for the availability of equipment and adaptations within society. The recommendations are extensive and interconnected, and if addressed, will have a significant impact on raising awareness, increasing general availability, and improving and supporting service delivery. The development of a tasked agenda with the resources to support it is recommended to achieve this, and it is vital that this vision is revisited regularly to ensure that the changes instigated are realising what they actually seek to achieve. This does not mean that the vision cannot be adjusted, but this should be deliberate rather than accidental.

The strategic vision for equipment and adaptations goes beyond service provision and seeks to address the way in which issues of equality in relation to illness, disability and getting older are approached. Four key areas were identified:

1. Equipment and adaptations as part of very day life: the promotion of social justice through the mainstreaming of equipment and adaptations.

Equal rights and equality of opportunity for all demand that everyone should have the possibility to participate to their potential in all aspects of society as well as being able to have control over their own lives at every level. This vision for the future of equipment and adaptations recognises each individual as an expert in his or her own situation, and acknowledges that the changes and transitions that people experience require a lifetime approach.

Executive Summary

In addition to providing people with the assistance that they need in accordance with current legislation, the following are important related tasks:

- raising awareness of equipment and adaptations within the general population
- increasing access to equipment and adaptations through commercial settings
- the inclusive design of products, housing and the environment
- harnessing the potential of emerging technologies

2. Extending and sharing knowledge: by improving the information available and improving how information is provided, supported by advice and demonstration.

The Joint Future Group acknowledged that information was key to the successful development of effective community care services. It is also fundamental to the process of change that is sought in relation to equipment and adaptations, and to empower people so that they can make informed choices. The Strategy Forum considers this to be central to creating modern and effective equipment and adaptation services.

The vision for extending and sharing knowledge about equipment and adaptations is:

- centred on the needs and preferences of people
- underpinned by the mainstreaming of equipment and adaptations as part of everyday life
- acknowledges that many people do not need professional expertise to achieve the best outcome for them, but that some people do

3. A joint future: equipment and adaptations integrated with one another, integrated within community care, and across care groups through joint resourcing and joint service management, single shared assessment and care management.

Where people require assistance that includes equipment and adaptations there should be simple processes to access integrated and holistic local information, advice, demonstration, support, products and services.

The Joint Future agenda provides mechanisms that offer an unparalleled opportunity to overcome the gaps, overlaps and unhelpful demarcations that hinder delivery of equipment and adaptation services. It supports person centred planning, enables decisions to be taken jointly over a wider use of resources and directs a broader range of services and resources to needs. It enables equipment and adaptations, together with habilitation and rehabilitation, to be fully incorporated within community care as valuable and intrinsic components of, and alternatives to, community care services.

4. Assuring quality and innovation: by auditing and improving service standards, a knowledge base evidencing and evaluating the impact on people's lives and the impact on other care services, and by encouraging and supporting innovation.

People want and expect quality products and services, which offer a choice of modern, safe, functional equipment and adaptations, supported and provided by

people with relevant and current expertise and experience. All of which should be regulated and inspected by the appropriate agencies.

Advice on equipment and adaptations should be based on a holistic assessment of the person, their environment and their care needs, and the application of knowledge from an established evidence base.

Credible research, audited outcomes and consumer opinion should inform equipment and adaptation development, innovation and service provision. Comprehensive and reliable data that can inform the quantity, quality and effectiveness of resources and services should be collected.

To achieve this a partnership is necessary between people who use equipment and adaptations, people and organisations that provide them, and designers, manufacturers, and the construction industry.

Summary of recommendations and questions

Comments by 26th September 2003 are invited on:

- the overall direction of the strategy
- the content of each individual recommendation
- priorities for action

To establish the strategic direction:

Recommendation 1: to influence, lead and sustain change, encourage innovation, and support implementation of the strategy through a tasked agenda, the Scottish Executive should establish a national forum, the 'Implementation Steering Group: Equipment and Adaptations'. [Page 17]

Recommendation 2: to ensure that equality underpins all training, the Scottish Executive should commission an audit of education and training providers delivering 'pre' and 'post' qualifying courses for people involved in equipment and adaptation services. [Page 18]

Recommendation 3: the Scottish Executive should actively promote, through commissioned research and publishing further guidance as required, Direct Payments for people who want to use them to organise equipment and adaptations. [Page 21]

Recommendation 5: to promote mainstreaming, the Scottish Executive should commission a base line appraisal of the availability of equipment and adaptations in conventional commercial enterprise, against which the measurement of change can be established. The Implementation Steering Group should work with designers, manufacturers, retailers, and people who use equipment and adaptations to replace disabled and older stereotypes with a view of consumers coming from a broad spectrum of physical capabilities, irrespective of age and medical condition. [Page 22]

Recommendation 6: the Scottish Executive should encourage industry to expand the range of products that are available 'off the shelf', and to incorporate features that make everyday items easier for everyone to use. The International Year of Disabled People in 2003 should be used to 'kick start' this. [Page 22]

Recommendation 7: the Scottish Executive should encourage all sectors to place greater emphasis on universal housing. This should include amendment of the building regulations to increase the space standards for occupiers, and the introduction of an accessibility [or universal design] standard across all sectors. [Page 24]

Summary of recommendations

Recommendation 8: the Implementation Steering Group should consider how best to capture the potential of technology, to create an integrated portfolio of products and services. It should also consider how to ensure that all sectors include the basic physical requirements, and the cabling and wiring capacity, for the flexible use of SMART technology in all new build property and conversions. [Page 25]

Recommendation 9: all services should ensure the inclusion of disabled and older people in the development of policies, priorities and objectives, relating to the delivery of equipment and adaptations. [Page 25]

Recommendation 10: to establish a lifelong approach to the implementation and development of this strategy, those responsible for implementing the agenda for children, together with partners across education, lifelong learning and employment should work with the Implementation Steering Group. A sub-group of the Implementation Steering Group should be formed to review equipment provision in care homes as a priority, and the Scottish Executive should commission an addition to the design guide series 'Housing for Varying Needs' for Care Homes. [Page 26]

Recommendation 15: local partners should ensure that equipment and adaptations are integrated fully with one another, and as integral components in the planning and delivery of community care. The Scottish Executive should assist in establishing a 'Joint Future Equipment and Adaptation Network' to share promising practice, to address any difficulties that may arise and to work with the Implementation Steering Group to ensure the expectations of the agenda for equipment and adaptation services are being realised. Particular attention should be paid to any potential barriers to the effective pooling of resources. [Page 34]

Recommendation 16: the Scottish Executive should evaluate progress to date on the sharing of storage premises, and advise the Implementation Steering Group on the benefits achieved and any issues raised. They should also commission a feasibility study on the concept of a Scotland wide store ['virtual' or otherwise], building on the achievements of the e-Care project in the Scottish Borders [see recommendation 11, page 29], and other alternative approaches that would deliver the same outcomes. [Page 34]

Recommendation 17: Local Partnership Agreements should be developed to include specific information on the joint resourcing and joint management of equipment and adaptations services. [Page 35]

Recommendation 19: the Scottish Executive should review the 'triggers' and indicators for professional expertise in specific areas of equipment and adaptations included within arrangements for Single Shared Assessment across Scotland, and work with the Implementation Steering Group to address any anomalies. This expertise should be made available to advice and demonstration services for people who wish to make their own purchases. [Page 36]

Recommendation 20: the Implementation Steering Group should commission a review of the training and resources available to assessors to assist them in the selection of equipment and adaptations, within a framework of finite resources. [Page 37]

Recommendation 21: the Implementation Steering Group should commission an audit of expertise in equipment and adaptation services, to inform an accreditation framework that ensures the competencies and expertise required in the assessment process leading to the provision of equipment and adaptations are clearly identified, agreed, and monitored. [Page 37]

Recommendation 22: the Implementation Steering Group should commission a review of existing Single Shared Assessment tools to advise on a sub-set of information, and available software packages, to support assessment for and selection of equipment and adaptations, including self-assessment. [Page 38]

Recommendation 23: local partners should ensure that care management is considered where individual circumstances suggest that a significant package of equipment and adaptations [and/or a change of accommodation] may be necessary to achieve an acceptable relationship between the person, their environment and their care needs. [Page 38]

Recommendation 24: the Scottish Executive should ensure that in determining the 'joint envelope' and developing Single Shared Assessment, local partners review the processes and procedures involved and challenge why they are there. [Page 38]

Recommendation 25: the Joint Performance Information and Assessment Framework should be developed to capture the effects of the integration of services on equipment and adaptation provision, and its contribution as a component of community care services. [Page 39]

Recommendation 29: the Implementation Steering Group should advise on minimum waiting times to be achieved across the equipment and adaptation spectrum. [Page 42]

Recommendation 30: the Implementation Steering Group should set targets for the recycling of equipment and adaptations [including those to capture the impact of registers of special and adapted properties]. [Page 42]

Recommendation 31: The Implementation Steering Group should review the way in which equipment and adaptation services [statutory and commercial] are currently regulated to see if and how essential 'care components' are captured, and consider the action required to address any gaps. All local partners involved in the provision of equipment and adaptation services should ensure that requirements for routine maintenance and repair are met, and that systems are in place for any unforeseen events, including emergencies. [Page 43]

Recommendation 32: the Implementation Steering Group should advise on the development of the competency framework required in response to the Joint Future agenda [recommendation 21, page 37] and to meet the needs of the future. [Page 43]

Recommendation 33: the Scottish Executive should establish a 'Scottish Centre of Excellence and Development for Equipment and Adaptations', to support innovation and development and provide a national service focus. [Page 44]

Summary of recommendations

Recommendation 34: the Rehabilitation Technology Services Advisory Group and relevant partners should consider the applications of the equipment and adaptation strategy for orthotic and prosthetic services, outlining the benefits of this approach. [Page 44]

[See also recommendation 4, 18 and 22, the self-selection of equipment and adaptations.]

Question 1: should reference to 'equipment and adaptations' continue, or should the phrase be replaced with a more encompassing and modern expression? If so, what should this be? [Page 12]

Identify core information requirements and minimum service standards for information, advice and demonstration, for service users and assessors:

Recommendation 11: the Scottish Executive should ensure that the work of the Scottish Borders e-Care project is developed, in partnership with the Implementation Steering Group, to create the comprehensive information resource described, including mechanisms to maintain and develop the content. [Page 29]

Recommendation 12: once the comprehensive information resource is available, a range of publicity and marketing initiatives should be put in place to increase access to this information for all. This should be underpinned by a robust system to deal with resulting enquiries. [Page 29]

Recommendation 13: the Scottish Executive should commission an audit of local information networks and how they link together, to identify any areas in need of support. They should also commission work on minimum standards for equipment and adaptation information provision, making use of existing mechanisms wherever possible. [Page 30]

Recommendation 14: the Scottish Executive should commission the Disabled Living Centres Council to audit the organisation and delivery of advice and demonstration services for equipment and adaptations across Scotland, to DLCC standards, and support local partners in the development of services that can reach the population of Scotland. [Page 32]

[See also recommendation 19, to establish the strategic direction.]

Advise on the self-selection of equipment and adaptations:

Recommendation 4: all services offering equipment and adaptation information, advice, demonstration, assessment and provision should actively promote risk taking as a reasonable component of daily life. [Page 21]

Recommendation 18: local partners should promote self-assessment and assessment by a wider range of assessors, for 'simple' equipment and adaptations. A national perspective should be encouraged through the 'Joint Future Equipment and Adaptation Network' [recommendation 15, page 34] where examples of promising practice can be shared and any concerns addressed. [Page 35]

[See also recommendation 22, to establish the strategic direction]

Question 2: what additional material would assist professionals to support disabled people taking risks as a reasonable component of daily life? [Page 21]

Suggest areas for research on the effectiveness of equipment and adaptations, and rehabilitation services:

Recommendation 26: the Scottish Executive should commission work to identify the current annual expenditure on equipment and adaptations across all sectors, itemised to compare the cost of providing equipment and adaptations and the cost of the equipment and adaptations themselves. [Page 40]

Recommendation 27: the Data Standards Project should work with existing initiatives and relevant partners to develop standard definitions for data relating to equipment and adaptations, in consultation with the Implementation Steering Group. [Page 41]

Recommendation 28: the Implementation Steering Group should commission work to explore approaches to the allocation of resources for equipment and adaptations. Specific attention should be paid to those that capture the dynamic relationship between equipment and adaptations, rehabilitation and care. [Page 41]

Recommendation 35: The Scottish Executive should commission a review of the evidence available on the effectiveness of equipment and adaptations, the impact they have on people's lives, and the relative impact of equipment and adaptations in terms of costs and effectiveness in relation to other health and care services. This should inform the commissioning of subsequent work to fill any gaps. [Page 45]

[See also recommendation 25 and 33, to establish the strategic direction.]

Chapter 1

Setting the scene

1.1 Joint future and beyond

In its report 'Community Care: A Joint Future' [November 2000] the Joint Future Group acknowledged the very positive and significant impact that equipment and adaptations can have on people's lives in helping them to stay at home for longer, and in reducing demand for high level and crisis intervention. They recognised the need to move from marginalised and fragmented service arrangements to modern, effective equipment and adaptation services that are fully integrated with the rest of community care services.

The changes that are taking place in response to the recommendations of the Joint Future Group represent significant first steps towards modern and efficient, person centred equipment and adaptation services. Changes that will deliver tangible improvements in service delivery for the people using community based care services. This largely structural change will not however in itself deliver radical cultural or societal changes in the way we respond to the effects of illness, disability, and ageing.

Although much can be achieved through the Joint Future agenda, the modernisation and improvement of equipment and adaptation services needs a strategy of its own. The Strategy Forum was established to review existing services and how they interact, and to develop a programme of change. Its remit was to:

- establish the strategic direction
- identify core information requirements and minimum service standards for information, advice and demonstration, for service users and assessors
- advise on the self selection of equipment and adaptations
- suggest areas for research on the effectiveness of equipment and adaptations, and rehabilitation services

The approach that the Strategy Forum took to their work is outlined at Appendix 2. They began by establishing an overview of the issues.

1.2 Scope

The span of the agenda extends beyond social work service equipment and [temporary] adaptations for daily living, and health nursing equipment. It includes health provision of environmental control systems, wheelchairs, and other mobility equipment, communication equipment, building adaptation and design across all tenures, voluntary sector provision, and the rapidly developing technology arena. The range of equipment and adaptations covered by this report does not however include anything that is invasive to the body, or that is used for medical treatment.

1.3 Terminology

For the purposes of this report reference to 'equipment' and 'adaptation' has been used to reflect the language used by the Joint Future Group, and that used within the general population. However consideration of the language that best captures this agenda for the future is required. Appendix 1 details some of the deliberations that took place.

Question 1: should reference to 'equipment and adaptations' continue, or should the phrase be replaced with a more encompassing and modern expression? If so, what should this be?

1.4 Who meets need

The responsibility for funding, planning and provision of community care, and therefore equipment and adaptation services is a shared one [Community Care: A Joint Future, November 2000], and is much wider than those services associated with local authority social work and housing services. People often require a combination of equipment and adaptations, and current boundaries of organisational and service responsibility are unhelpful to people who use them.

Responsibility rests with statutory agencies and the independent, voluntary and private sectors, and a range of professionals working within these agencies and organisations. This can include physiotherapists, speech and language therapists, occupational therapists, nurses, clinical engineers, technical officers [sensory disability], architects, surveyors, engineers, housing professionals, and a range of support staff.

Organisational responsibilities for equipment and adaptation provision are detailed within legislation and guidance. There are specific areas of overlap and duplication, and where funding is limited gaps appear or widen as areas of organisational responsibility are debated, while new and emerging technologies cut across traditional organisational boundaries of responsibility. The companion document to this report: **'Using the law to develop and improve equipment and adaptation provision'** provides a comprehensive picture.

Some equipment and adaptations are available from local centres, some from regional or national centres. Some are integrated and others are discrete. Some are low volume-high cost; others are high volume-low cost. This mixed economy of provision and shared responsibility can only be effective within a strong framework for, and commitment to, joint working. Throughout Scotland there are many examples of good practice, however access to equipment and adaptations remains fragmented, unpredictable and variable in quality.

1.4 Awareness

There is a lack of awareness of the range of equipment and adaptations available and the potential effectiveness - not only by people who could use them and their carers, but also people who assess and provide and those involved in the wider health, social care and housing services.

The lack of awareness in the general population of what is available and what can be achieved undermines the huge potential for people to lead more autonomous and inclusive lives. In addition to this, sources of information about equipment and adaptations, costs, assistance, funding and charges vary across Scotland, and routes to assistance may be unhelpful and complicated.

1.5 Resources

People may wish to finance their own solutions, they may wish to contribute towards statutory provision to achieve a better outcome, or they may seek assistance with the total cost of the equipment and adaptations they require.

The legislative and funding framework for health, housing and community care that has developed over the past forty years, has led to current financial arrangements that are complex and fragmented, and involve a number of government departments, each using a number of funding routes, channelled through a variety of organisations. With some local interpretation of funding responsibility contrary to national guidance.

There is no easily discernible information on the resources for the provision of equipment and adaptations. Some useful indicators are detailed at appendix 4. Where activity is detectable, it is recorded in different ways in different service areas and in different organisations:

- between 1988 and 1998 there was a 91% increase in the number of social work cases where equipment for daily living was issued [50,110 to 95,790], and a 15% rise in cases where adaptations to property were made [21,418 to 24,635]. [SWS Forms M1 97-98 Scottish Executive statistical return - no longer issued].
- 25-40% of all referrals to social work services were for occupational therapists delivering equipment and adaptation services [Summary report of the Joint Strategy Group on Local Authority Occupational Therapy Services 1997]. In 1999-2000 around £17 million was recorded as having been spent, but there were no figures available for recycling activity. More than one study has shown that over 70% of this provision was for people over the age of 65 years.
- between 1996/7 and 2000/01 housing capital programme data suggest a 25% increase in permanent adaptations carried out by local authority housing services [those that are the responsibility of the housing provider]. In the same period Scottish Homes [now Communities Scotland] expenditure on permanent adaptations for housing associations rose by 148%, amounting to £2,342,304.21.
- Glasgow City Housing has estimated that adaptations to the value of at least £200,000 are removed each year due to the inability to find a suitable tenant.
- in 2000/01 Home Improvement Grant to a value of £9,220,562 was awarded on 3,620 properties. A further £161,005 was awarded on 77 properties to landlords and tenants in the public rented, private or housing association sector.
- the growing cost of adaptations reflects both increasing numbers of requests [largely due to demographic changes] and the increasing costs of individual adaptations [partly due to advances in technology, partly to rising building costs]. For homeowners the maximum Home Improvement Grant capacity limit [i.e. the 'eligible expense'] is being increased from £12,600 to £20,000 to reflect this, but for the first time will be linked to a test of resources.

Chapter 1

- environmental control equipment does not appear to have a very high profile in Scotland, and in some areas is rarely used, or known about. Responsibility was devolved to health boards in 1979, and has shown little change, or has subsequently become impossible to identify [1997/8 SCOTReT survey].
- there is no easily discernible information for community nursing and walking equipment as, in addition to Scottish Healthcare Supplies [SHS] contracts, NHS Boards and Trusts purchase directly from the manufacturer.
- it is not possible to identify how much the voluntary sector spends on equipment and adaptations, or to quantify how much private individuals spend.

Research undertaken for the Care Development Group indicated that the provision of equipment and adaptations is one of the most significant unmet needs among older people. In October 2000 an additional £100 million was announced to support older people at home, including £5 million specifically for the provision of equipment and adaptations.

1.6 The market

Where people wish to fund equipment and adaptations for themselves, equipment can be purchased directly from some pharmacists and by mail order from a range of private companies who specialise in equipment for disabled people, while adaptations to the home can be organised directly with a contractor.

The market is however dominated by the statutory sector including the National Health Service [NHS], private hospitals, residential and nursing homes, local authorities, clinics and general medical services, medical centres, schools for disabled children, hospices, charities and voluntary organisations.

There are relatively few large companies among the principal suppliers, as manufacturing activity is characterised by a large number of relatively small specialist companies.

Most of the technical changes associated with primary equipment used by the health care services are refinements on existing products. However, advances in technical knowledge are being applied more quickly to new equipment for sight, hearing and speech, and mobility. More radical advances in innovation and performance, including those made possible through advances in technology, are introduced slowly because of market uncertainties and the dominance of the statutory sector in the purchasing arena.

1.7 Social and economic impact

If a person cannot get into or out of their home, or if their home environment is so unsympathetic that it takes them all of their time and energy to do basic daily living tasks, this can significantly impact on their ability to access and do well in education, and employment. Labour force statistics show that 50% of disabled people of working age are not economically active. This is a waste of human potential, and a personal tragedy for the individuals who are excluded and marginalised.

The Centre for Independent Living in Glasgow [CILiG] developed an employment and training project for disabled people to help people with medium to high levels of impairment, and in its first pilot year achieved a 70% success rate. It is estimated that over the next two years a positive contribution in excess of £576,000 will be made through reductions in benefit payments and increasing employment related taxes paid by the disabled workers involved in an extension of the project.

The number of people disabled from birth, as a result of accidents and from illnesses which develop during life, is expected to stabilise because of advances in medical science with expectations of a longer life being feasible for the majority of the population. However, the general population is ageing and a high proportion will become impaired and unable to perform daily tasks unaided.

1.8 Delay and uncertainty

Provision can be highly unpredictable. There may be long delays for assessment, and for subsequent service delivery. There is variation in the number of people waiting and the length of time they have to wait, both between and within localities and organisations.

The Audit Commission report 'Home Alone: the role of housing in community care' [2000] detailed the cost of delay:

"In one authority a door widening adaptation took seven months and cost £300.00. The occupant required 4.5 additional home care hours per week while waiting for the work to be done. The cost of additional home care over this period was £1,440.00 [32 weeks x 4.5 hours @ £10.00 per hour].

In a second authority, the installation of a stair lift took 18 months and cost £2,700. The applicant required five additional home care hours per week while waiting for the work to be completed, at a total cost of £3,850 [77 weeks x 5 hours @ £10.00 per hour]."

Where equipment and adaptations require co-ordination by social work, health and housing, poor liaison and gaps between different organisational and professional areas of responsibility make this difficult to achieve in practice.

1.9 Guidance

Guidance includes indicative lists of equipment and adaptations and while not considered exhaustive, it is often referred to at times of dispute over responsibility for funding. Although guidance seeks to clarify responsibility, areas of debate persist. Some of these demarcations were made almost forty years ago, during which time life span and life style have changed considerably. People now expect to live at home and where necessary be supported by the most up to date equipment and technology.

For example, mobile hoists were not in common use until moving and handling legislation and guidance came in to effect. When resources are stretched there can be debates over where responsibility lies: with the nursing service for the patient, with the home care service for its employees, or with the person using the hoist as an employer of personal assistants funded through Direct Payments.

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The interpretation of legislation, regulations and guidance relating to the provision and/or use of equipment and adaptations is complex. Concerns in relation to liability and potential litigation can result in a 'can't do' rather than a 'can do' attitude by organisations and professionals with a role in equipment and adaptation services. The companion report '**Using the law to develop and improve equipment and adaptation provision**' explores this in detail.

1.10 Comprehensive approach

The wide-ranging impact of investment in equipment and adaptations across the health and social care spectrum is not always considered, including:

- the impact on the person from the ability to live a more autonomous or independent life
- the costs and savings to one service area are not always balanced with the implications for another
- the impact of early investment on the longer term
- perverse incentives, particularly in the welfare benefit system, that discourage a reduction in dependency

Services are characterised by a lack of strategic planning. Across health and social care other national strategic priorities have often resulted in limited capacity for a focus on the planning of equipment and adaptation provision. Responsibility often sits in a range of planning processes further limiting opportunities for a strategic approach and joint redesign of existing provision. There are a number of consequences:

- equipment and adaptation services are not always integrated within the broader structures, systems and procedures in either social or health care. As such the funding for equipment and adaptations depends on particular organisational and departmental systems. Consequently there are variations in commissioning arrangements across Scotland, and services may be commissioned to match budget rather than need.
- there are variations too in eligibility criteria for services, differences in decision-making, differences in respect of delegated funding, and differences in charging policies. Budgets for equipment and adaptations are continually and increasingly under pressure. Assessors will not necessarily be responsible for provision.
- existing resources are not used in the best possible way; for example there has been limited tracking and recycling of items. Insufficient time and effort are put into research, leading to limited evidence gathering, innovation and subsequent commercial investment. Planned review and maintenance is rare.
- there is a poor record of involving people who use services in designing and developing provision, and there is little use of Direct Payments.
- there is an overall lack of joint and shared training of the wide range of professionals involved.

1.11 People to influence and lead change

The process of ongoing change that we seek to influence and achieve is considerable, and will require enduring effort to sustain. A key task will be to encourage and support the development of innovative new products and design options. The technology agenda in particular is developing rapidly, but it is important to remember the merit of simplicity and to support innovation in all areas.

To achieve this a partnership between people who use equipment and adaptations, people who provide assistance across health, housing, social care and the voluntary sector, the designers, manufacturers, suppliers and those in the construction industry and commerce more generally is required.

Recommendation 1: to influence, lead and sustain change, encourage innovation, and support implementation of the strategy through a tasked agenda, the Scottish Executive should establish a national forum, the 'Implementation Steering Group: Equipment and Adaptations'.

Chapter 2

Equipment and adaptations as part of every day life

2.1 Promoting social justice

Equipment and adaptation services need to be seen in the context of social justice: equality of opportunity and barrier free access. A wide range of potential support strategies, both informal and formal, may provide a 'step-up' into inclusion. These include social networks, voluntary and statutory organisations, involvement in education or paid work. The potential of these support structures to prevent exclusion and promote inclusion can be enhanced by appropriate focus on equipment and adaptations.

Since the early 1960s disabled people have been seeking to redefine disability into a human rights or political issue, which society as a whole should address. Disabled people who feel that the individualist model does not provide an adequate explanation for their exclusion from mainstream society have developed the social model. Their experiences have shown that in reality most of their problems are not caused by their impairments, but by the way society is organised.

The social model of disability makes the important distinction between 'impairment' and 'disability', and encourages people, organisations and social systems to anticipate and respond appropriately to everyday needs of people who happen to have an impairment of some description. Given that 'disability' may affect everyone in time, it should be considered an issue of concern for everyone.

Within this context, the provision of equipment and adaptations is a crucial area of social policy in which the objectives of social inclusion and equality of opportunity for disabled and older people need to be more rigorously addressed to underpin all development for the future.

Recommendation 2: to ensure that equality underpins all training, the Scottish Executive should commission an audit of education and training providers delivering 'pre' and 'post' qualifying courses for people involved in equipment and adaptation services.

2.2 The Disability Discrimination Act

The Disability Discrimination Act 1995 [DDA] is the first legislation in the UK to address the issue of discrimination against disabled people. It makes unlawful discriminatory treatment in relation to:

- employment [Part II];
- the provision of goods, facilities and services [Part III];
- the selling, letting or managing of land or premises [Part III].

Measures are being introduced over time. For service providers, including businesses and organisations:

- since December 1996 it has been unlawful to treat disabled people less favourably than other people for a reason related to their disability
- since October 1999 reasonable adjustments for disabled people, such as providing extra help or making changes to the way they provide their services must be made
- from 2004 reasonable adjustments to the physical features of their premises to overcome physical barriers to access may have to be made

In addition, the DDA requires schools, colleges and universities to provide information for disabled people, and allows the Government to set minimum standards to assist disabled people to use public transport easily.

2.3 European Year of Disabled People

To provide a conceptual framework for action for the European Year of Disabled People at all levels, the Madrid Declaration takes as a starting point the analysis of the current situation of people with disabilities in the European Union that very often leads to discrimination, social exclusion and poverty. It proposes a general vision, in which disabled people are not objects of charity and patients, but independent citizens fully integrated in society.

To achieve this vision, the 600 participants from 34 different countries at the European Congress of People with Disabilities held in Madrid in March 2002, developed a programme and suggestions for actions, in which all relevant stakeholders have a role to play. Local and national authorities, disability organisations, employers, media, teachers, parents, decision-makers can contribute to the process that will bring about real equality for all disabled people and their families.

2.4 Consumer choice

Every one needs equipment to manage everyday activities. When people purchase products and adaptations for themselves they are consumers who bargain in an open market and on a contractual basis. However equipment and adaptations for disabled people have become associated with rehabilitation and professional control.

When professionals are prescribing equipment they should act in a consultative rather than an authoritarian way so that people can still be consumers. However many people would have the confidence to purchase products if they could have access to reliable information and were able to try them out first. Professional advice would still be of value in anticipating potential difficulties and directing people to alternative options.

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The National Consumer Council suggests seven key consumer principles: access, choice, information, equity, safety, redress, representation. For equipment and adaptations this translates into:

- awareness generally that equipment and adaptations exist
- awareness either of what specific equipment exists, or of how to find out about it
- awareness of how to get equipment, or where to find out how to get it
- awareness of where to get information or advice, before obtaining equipment
- ability, alone or with assistance, to achieve any of the above; and to be able to purchase or otherwise obtain the equipment or adaptation.

The consumer approach to buying equipment and adaptations and receiving advice from professionals, gives people the opportunity to make choices if they are able and wish to do so, to obtain equipment and adaptations that may be essential to basic, everyday living functions. The Citizens' Charter, the Patients' Charter and local Community Care Charters will help to clarify the concept of consumerism within the NHS and local authorities.

2.5 Direct Payments

There is a strong case for a consumer approach to equipment and adaptations supported by the use of Direct Payments: '...a payment made by a local authority to an individual whom it has assessed as needing Community Care Services. The local authority makes the payment instead of arranging the services it has assessed the person as needing. The person then uses the payment to secure for him or herself the relevant services.' [Scottish Office, Social Work Services Group, 1997]

The companion publication '**Using the law to develop and improve equipment and adaptation provision**' considers the application of direct payments for equipment and adaptations according to legislation and guidance.

Direct Payments in lieu of service provision can increase the choice and control disabled people have over the arrangement of their care needs. They can increase independence and autonomy, and aid social inclusion. The Strategy Forum equated this area of development to that already achieved in relation to spectacles, where test and prescription have effectively been separated from dispensing, and where someone is eligible for assistance with the costs, this can be used flexibly towards their final choice. Using this approach, people should also have the option to 'top up' to their preferred [more expensive, higher specification] option.

The supply of equipment and adaptations is dominated by provision through statutory organisations, and many products are not available through conventional commercial enterprise. From 1st June 2003 people in receipt of direct payment can purchase services, including [some] equipment and adaptations from the local authority.

Issues of ownership and responsibility for maintenance and repair require clarification. Some areas of service rely heavily on refurbishment and reuse to supply as many people as possible. This recycling can extend available resources considerably.

Recommendation 3: the Scottish Executive should actively promote, through commissioned research and publishing further guidance as required, Direct Payments for people who want to use them to organise equipment and adaptations.

2.6 Risk taking

Everyone uses equipment to manage his or her daily life, irrespective of age and ability, and we all adapt and change our environments to reflect our own individuality and preferences. We also all take risks, and expect to exercise choice and control in relation to lifestyle. The same principles should apply to the selection and use of equipment and adaptations. **'Using the law to develop and improve equipment and adaptation provision'** seeks to clarify professional concerns that can hinder this [see paragraph 6.5 amongst others].

Recommendation 4: all services offering equipment and adaptation information, advice, demonstration, assessment and provision should actively promote risk taking as a reasonable component of daily life.

Question 2: what additional material would assist professionals to support disabled people taking risks as a reasonable component of daily life?

2.7 Mainstreaming equipment and adaptations

The term 'mainstreaming' is used to describe an inclusive approach to products, services and opportunities for people who use, or could use equipment and adaptations.

Mainstreaming promotes a social model of disability, seeing the person as the expert, and only providing specialist advice and expertise where it is required. It is based on the premise that:

- varying ability is not a special condition of the few but a common characteristic
- if design works well for disabled and older people it works better for everyone
- personal esteem, identity and wellbeing are inextricably linked to our ability to function in our surroundings

Society as a whole tends to overlook the needs and aspirations of those who do not fit with the image of youth and fitness. A research project funded by the Engineering and Physical Sciences Research Council, found that:

"Many products continue to be designed to appeal to the younger generation and the lucrative, and growing, older market sector is being ignored. Consequently, large sections of the population are being excluded by industry attitudes. For example, of the FTSE 100 companies only 37% aim to produce products for the over-50's; 31% take end-user age into consideration when designing a new product or service; 29% agreed that ageing will affect how they run as companies; and only 18% employ significant numbers of over-50's."

Many equipment products and adaptations currently available are rejected by some older and disabled people because of the appearance of the product and the image it presents to those around them. The ageing population is a global issue and so

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needs a global perspective: equipment and adaptations that suit particular ethnic groups may not necessarily suit others. It is therefore essential to build an international dialogue.

Recommendation 5: to promote mainstreaming, the Scottish Executive should commission a base line appraisal of the availability of equipment and adaptations in conventional commercial enterprise, against which the measurement of change can be established. The Implementation Steering Group should work with designers, manufacturers, retailers, and people who use equipment and adaptations to replace disabled and older stereotypes with a view of consumers coming from a broad spectrum of physical capabilities, irrespective of age and medical condition.

2.8 Mainstreaming products

Mainstreamed products can be achieved by making existing 'specialist' products more widely available, and by designing products that meet the needs of a much wider range of people.

Universal Design is a worldwide movement based on the concept that all products, environments and communications should be designed to consider the needs of the widest possible range of people. It encompasses seven principles:

1. equitable use
2. flexibility in use
3. simple and intuitive use
4. perceptible information
5. tolerance for error
6. low physical effort
7. size and space for appropriate use

The Disabled Living Centres Council [DLCC] campaign for easier living "*challenges the perspective that all equipment should be viewed as 'specialist' and 'medical', and acknowledges the informed decisions [and risks] that people take in every day life*". Initiatives such as 'ideas into action groups' have explored how products for easier living can be promoted as a useful part of everyday life, with findings published in a summary report 'into the mainstream! bringing products for easier living out of the disability closet'.

By promoting products to be more accessible to the mainstream, rather than specifically developed for individual user groups, retailers can make a significant contribution to social inclusion.

Recommendation 6: the Scottish Executive should encourage industry to expand the range of products that are available 'off the shelf', and to incorporate features that make everyday items easier for everyone to use. The International Year of Disabled People in 2003 should be used to 'kick start' this.

2.9 Mainstreaming housing

Housing is the cornerstone of independent living for everyone. Without user-friendly, appropriate housing it is more difficult to access employment, education or recreational and leisure opportunities. Government policy promotes the importance of the central role that housing, adaptations and equipment play in building a more inclusive society. Good practice in all housing design should give equal emphasis to the needs of all members of society. For example:

- the Joseph Rowntree Foundation in 1991 developed the Lifetime Homes concept. It includes sixteen design features that ensure a new house or flat will meet the needs of most households including: a teenager with a broken leg, a family member with serious illness, or parents carrying in heavy shopping and dealing with a pushchair.
- Communities Scotland requires all registered social landlords seeking funding support to comply with barrier-free standards defined within the two volumes of 'Housing for Varying Needs' guidance. The key features of 'Barrier free' housing enable most people, including those who may use a wheelchair from time to time, to reach the entrance from a road or parking area and enter, move around inside the property, and access facilities in essential rooms including the bathroom. It reduces the need to move home if abilities change, and it can be adapted more easily to suit specific needs should this become necessary. The guidance covers the design of self-contained houses and flats to suit people's different and changing needs throughout their lifetime.
- the amendments to the Building Standards [Scotland] Regulations in September 2001 incorporating standards for building work to accommodate the needs of disabled people in all other standards, as well as minimum requirements for 'visibility' of newly constructed property, represent an important first step towards supporting inclusive housing design.
- Local Housing Strategies across all sectors, as required by the Housing [Scotland] Act 2001 will form the basis for investment funding for remodelling and refurbishment to create more accessible accommodation.

People need to be able to find properties that are suitable for their needs, and where a property has specific features or has been adapted, contributing to accessibility and lifetime use, it should be available to people who can benefit most.

Developments in hand to achieve this include:

- a common housing register involves a local authority and registered social landlords [RSL] developing a shared application form and single database of housing applicants. This means that people will no longer need to trail between different landlords, filling in separate application forms for each. There is an expectation enshrined in the Housing [Scotland] Act 2001 that every local authority will develop a register in partnership with RSLs.
- 'Ownership Options' is an approach that helps owner-occupiers move to more suitable housing when their own house cannot be adapted. They broker an agreement bringing together funding from Communities Scotland and the local authority to supplement the money a family has available so that they can purchase a house more suited to their needs. The package also covers any adaptation required to the new house.

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- Glasgow Disabled Persons Housing Services [GDPHS] is a user-led organisation providing a range of housing information, advice and advocacy services covering the Greater Glasgow area. It also provides employment and training opportunities for disabled people within the housing sector. GDPHS can search its databases of over 120,000 properties to find suitable adapted and accessible housing for disabled people in housing need. Disabled people can do their own searches using the 'Glasgow Housing Options Register' - a database of adapted and accessible housing available over the Internet. [www.glasgowDPHS.co.uk].
- 'Care and Repair' projects help older and disabled owner-occupiers to stay at home by helping them to access Home Improvement Grants and other sources of funding to carry out improvements, repairs and adaptations to their homes, and supporting them through the work where required. Projects currently operate in 25 local authority areas, through 40 projects, funded through a variety of local partnerships, and receive up to 50% of the revenue costs required for administration from Communities Scotland.
- the report of the Housing Improvement Task Force [March 2003] includes recommendations on the inclusion of a limited report on accessibility within the proposed single survey for the sale of private properties.

Recommendation 7: the Scottish Executive should encourage all sectors to place greater emphasis on universal housing. This should include amendment of the building regulations to increase the space standards for occupiers, and the introduction of an accessibility [or universal design] standard across all sectors.

2.10 Technology

Developments in microelectronics and telecommunications to support daily living are producing a range of applications that can be expected to grow as new technologies are tested and validated. The introduction of technology into the home can take place relatively easily if the changing lifetime needs of residents have been taken into account at the property design stage. However it is anticipated that much of this equipment will be of low cost/high volume, with two or three small items of technology the norm, rather than full 'SMART' houses.

There have also been rapid advances in communication aid technology and design over the past 15-20 years. Augmented assistive communication [AAC] describes any system that enables a person to participate in personal and social activities. AAC systems are utilised by people with speech and language disabilities to enable greater communicative participation in social activities. Most electronic aids to communication are microprocessor based and as microprocessors have become faster, more sophisticated and more readily available, so too have the communication aids on which they are based.

Technology alone does not always provide a complete answer, and it is important to remember the impact on health and wellbeing of contact with other people. Where technology is used, people need not only to have access to technology, but also to be familiar with their use in an environment that has been designed or organised to function smoothly.

Recommendation 8: the Implementation Steering Group should consider how best to capture the potential of technology, to create an integrated portfolio of products and services. It should also consider how to ensure that all sectors include the basic physical requirements, and the cabling and wiring capacity, for the flexible use of SMART technology in all new build property and conversions.

2.11 Inclusive services

'Care Management and Assessment - Summary of Practice Guidance' [Scottish Office, 1998] noted that in the past conventional services have not satisfactorily addressed the needs of disabled people. In order to do so, agencies will require:

- policies, priorities and objectives developed with representation from disadvantaged groups
- staff recruited and trained from backgrounds of disadvantage similar to those in the communities they serve

A growing awareness of the potential capabilities of many people with physical disabilities may lead to improvements in the funding arrangements for equipment and adaptations and open up increased opportunity of employment.

A recent feasibility study commissioned by Glasgow Disabled Persons Housing Service [GDPHS] to assist with Lottery/European Social Fund bids found that over 90% of disabled people thought that employing disabled people within the housing sector would improve service provision. Additionally, over 70% indicated that they would personally be interested in such employment opportunities.

This together with research from disabled people themselves signals the need to involve service users in planning, monitoring and delivering public sector services. Changes that will require employers to invest in facilities for training and employing disabled workers.

Recommendation 9: all services should ensure the inclusion of disabled and older people in the development of policies, priorities and objectives, relating to the delivery of equipment and adaptations.

2.12 Children, transitions and a lifetime approach

Although the remit of the Joint Future Group was specific to older people, developments and improvements will benefit other care groups. For example the principles of single shared assessment are being extended to people with learning disabilities and to people with mental health problems.

The report of the action team on better integrated children's services 'For Scotland's Children' [October 2001] recognised the importance of single shared assessment for children. Services being developed for children should consider equipment and adaptations, including the transitional arrangements required between child and adult services.

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The Education [Disability Strategies and Pupils' Educational Records] [Scotland] Act 2002 requires responsible bodies to prepare and implement accessibility strategies to improve over time access to education for pupils and prospective pupils with disabilities. Duties came into force in October 2002 and will ensure that long-term strategic planning is carried out across school education in Scotland to improve access for all pupils with disabilities.

This legislation aims to ensure that those who do not currently plan for pupils with disabilities begin to do so, helping to promote a positive attitude towards disability in all Scottish schools. Guidance on preparing accessibility strategies 'Planning to Improve Access to Education for Pupils with Disabilities' [September 2002] advises on:

- the legal position and coverage of this planning duty;
- the three strands which accessibility strategies must cover;
- the main processes local authorities and non-local authority schools should consider in preparing accessibility strategies.

The Beattie Committee report [September 1999] made recommendations on the needs of young people who require additional support to make the transition to post-school education and training, or employment. This includes young people who have few or no qualifications, low basic skills and poor attitude and motivation; and others who need support because they have physical disabilities, learning disabilities or mental health problems. The Further Education sector was identified as a key agency in taking forward the core recommendation of inclusiveness: that post-school learning should be designed and delivered to meet the needs, abilities and aspirations of all young people.

The Access to Work programme offers grant aid plus practical help and advice to disabled people and their employers, to help overcome work related obstacles associated with disability. It is delivered by Disability Employment Advisers or Access to Work Advisers, working in partnership with external organisations of and for disabled people.

Care home residents should have access to the same service as people living in individual houses [either their own or rented]. The consultation on physical standards for single care homes supported the proposal for equipment for individual use to be provided from the community rather than by the care home. Interest was also expressed in design guidance incorporating the new physical standards.

Recommendation 10: to establish a lifelong approach to the implementation and development of this strategy, those responsible for implementing the agenda for children, together with partners across education, lifelong learning and employment should work with the Implementation Steering Group. A sub-group of the Implementation Steering Group should be formed to review equipment provision in care homes as a priority, and the Scottish Executive should commission an addition to the design guide series 'Housing for Varying Needs' for Care Homes.

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Extending and sharing knowledge

"... if you go into any office - health, education or social work - you wouldn't think there was any problem with information because there's thousands of leaflets ... and yet people still say they don't get enough information. So to me that's the starting point of the problem. It's not simply that people aren't getting the information, it's why are they not getting it when they want it or in the form that they can absorb it ... So it's not enough for services to simply chuck the leaflets across and say there you are, there's the information because it doesn't work."

'User-friendly information for families with disabled children: A guide to good practice', Wendy Mitchell and Patricia Sloper, 2000.

3.1 Improving and inclusive information

It is important to achieve a balance between the construction of information in a standardised way and recognising the need for different approaches that acknowledge the different preferences and abilities that people have for assimilating and understanding information. Factors will include reading age, visual impairment, use and availability of technology, language, culture, pictures, diagrams, video, etc. The same information resources and sources should be available for people who use services, as for the people providing those services.

Different levels of information are required, ranging from simple and outline to complex and detailed. Acknowledging that alternative means will be required, the Strategy Forum considered how accurate and 'up to date' information could be organised in a way that makes sense for people seeking equipment and adaptations, using the most modern technology.

They recommend that information should be organised in categories that relate to daily living activities, such as kitchen, bathroom, bedroom, etc., together with some broader activities that are not confined to a location, such as communication and mobility. It should be possible to focus on an area of activity, where a range of difficulties can then be explored that have a range of potential equipment and adaptations linked to them.

The background resource for each type of equipment or adaptation, and for each area of activity needs to be produced, making use of existing evidence and material. These two perspectives need to cross reference with one another, and also with information on suppliers [including purchase costs, delivery charges, and ongoing service and maintenance implications], local protocols for financial assistance, and sources of advice and demonstration where this is required.

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Information on the wider housing arena should also be included so that alternative accommodation can be considered where it is the preferred option, or where adaptation is not feasible, and to provide links to other related services and assistance.

As a backdrop to each type of equipment or adaptation, and in addition to the information produced by the manufacturer, information would be available on the experiences of people using them, any important technical and safety factors, and the findings of the most recent product evaluations and audits.

The central database could easily be set up to have selection criteria based on the type of equipment or adaptation being looked for, suppliers and their locality. As new models and new products are manufactured suppliers would notify those compiling the central database of the existence of the new product and information providers would receive this information with the next update of the central database.

Such a resource would provide an important tool to support the wider modernisation and improvement of equipment and adaptation services. It would be of particular use in educating all staff involved in the delivery of statutory and voluntary services of the potential of equipment and adaptations, and in the training and accreditation of those providing either advice or assessment services. Producing this type of comprehensive information resource would support effective mainstreaming, and the development of a wide range of selection and assessment pathways.

Achieving this vision for equipment and adaptation information will need investment that capitalises on the broad partnerships of interest involved, including the commercial sector. The basis of this concept is already contained in the web site being developed by the Scottish Borders eCare project - a Scottish Executive 'Modernising Government Fund' sponsored programme to improve the delivery of community care services by developing a multi-agency strategy for Information and Communication Technologies.

The Scottish Borders project brings together two separately funded and run health and social work equipment services. The new service integrates operational systems and provides remote access to information and advice on services for staff and users alike. The project concentrates on achieving integration by the innovative use of information technology, with a web site that has been developed to be accessible on different levels to employees delivering services and to the public, and provides a broad foundation upon which to develop the 'virtual' house concept.

People using equipment and adaptations, and those who assist them, should be central to the production of information, its dissemination, and the evaluation of its effectiveness. Local information networks should be linked to and informed by, as well as inform the proposed national comprehensive information resource. Local information providers should feed in to the national information resource.

Recommendation 11: the Scottish Executive should ensure that the work of the Scottish Borders e-Care project is developed, in partnership with the Implementation Steering Group, to create the comprehensive information resource described, including mechanisms to maintain and develop the content.

3.2 Publicise the information

To increase the availability of this information to all will require a range of publicity and marketing initiatives, using the expertise of industry and commerce. There are a number of providers who could assist with this such as Public Service Announcements [PSA], the Health Education Board for Scotland [HEBS], NHS Direct, HomePoint and UPDATE.

Publicising services is likely to generate an upsurge in enquiries and it will be essential to anticipate and have arrangements in place to deal with these. Any such campaign must clearly signpost where further information can be obtained, using 'free phone' numbers to access local sources of information, or a web site address where a postcode or map search identifies local sources of information and advice.

Recommendation 12: once the comprehensive information resource is available, a range of publicity and marketing initiatives should be put in place to increase access to this information for all. This should be underpinned by a robust system to deal with resulting enquiries.

3.3 Improve how information is provided

Information, knowledge and expertise should be shared. People need to be able to make informed choices, whether they are looking for assistance to fund equipment and adaptations or seeking to tackle a difficulty for themselves.

The right information at the right time should be provided in an open, transparent and equitable manner. At times of vulnerability people may not wish to have all the information available at once. Sensitivity to the needs and abilities of the individual is required, whilst acknowledging their right to self-determination.

Some people turn for advice to those whose job it is to advise on health or care matters, including pharmacists, GPs, community-nursing staff, those in charge of care homes, those who work in education, etc. Others turn to the familiar advice and information providers such as Citizens Advice Bureaux or libraries, or contact the relevant voluntary organisations, or may ask at the special school or centre they go to. Some people learn of equipment and adaptations that may assist them from their family and social networks, or respond to publicity in magazines and on television.

Existing local information provision varies, and all areas of Scotland are not necessarily covered. Consideration is required as to the merits of leaving local information networks to work together organically, as opposed to promoting some form of co-ordinated network. It is important to do this with regard for the wider information agenda.

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Good information provision requires an accessible and linked network of accredited local providers informed by a current, comprehensive and independent resource, working to established standards, with simple and reliable linkages between them, available and accessible to a wide range of people, and free at the point of use.

To achieve this, partner organisations in each locality will need to map existing services of this type, to identify and link the information network, and identify gaps that require to be filled. This should include Citizens Advice Bureaux, Age Concern, and Centres for Independent Living, Disabled Living Centres, other voluntary sector organisations, Healthy Living Centres, etc.

Standards and qualifications for information provision already exist: for example, the Federation of Information Advice Centres [FIAC] and the Disabled Living Centres Council [DLCC] have standards for membership, and the Scottish Qualifications Authority [SQA] manages a Scottish Vocational Qualification [SVQ] in advice and guidance. However there is no minimum or mandatory requirement in relation to information about equipment and adaptation provision.

The report 'Enabling Information' highlighted issues relating to information provision and established the Scottish Accessible Information Forum [SAIF]. SAIF set standards and prepared a specification for a national disability information service. The Disability Discrimination Act, Human Rights Act, and the NHS and Community Care Act include a duty to have essential information available in a variety of formats.

The HomePoint housing information and advice unit of Communities Scotland promotes a consumer-focused approach in its work to support providers of housing information and advice services and has published the 'National Standards for Housing Information and Advice Providers'. They also disseminate good practice and general information through a range of publications, award grants to support good practice in the provision of housing information and advice services, and manage the delivery of electronic training courses on housing issues.

Recommendation 13: the Scottish Executive should commission an audit of local information networks and how they link together, to identify any areas in need of support. They should also commission work on minimum standards for equipment and adaptation information provision, making use of existing mechanisms wherever possible.

3.4 Advice and demonstration

To exercise consumer choice and make decisions about a product or adaptation, the opportunity for discussion with an informed person, a demonstration of what is available, and the opportunity to try out potential options, or any combination of these, can be of immense help.

Under the umbrella of the Disabled Living Centres Council [DLCC], Disabled Living Centres [DLC's] provide information, advice and demonstration specific to equipment and adaptations. By offering the opportunity to compare the quality, function, price and aesthetics, they provide a unique opportunity to increase and empower disabled and older people's choices about how they live.

Advice requires an awareness of the features of any product and the potential that it offers, impartiality, respect for the expertise and autonomy of the person, together with the ability to communicate this information to the person seeking assistance.

The DLCC has developed standards for accreditation as an equipment information and advice service. Features include:

- management accountable to service user board
- purpose built or via Internet or CD-ROM in libraries, supermarkets, GP surgeries and other public places integrate with other retailers
- pleasant, accessible, user friendly environment
- open when other retail outlets are open
- focus not on 'disability'
- funded through partnerships e.g. with statutory agencies, voluntary sector, equipment suppliers and manufacturers

Demonstration requires knowledge of all features and the ability to indicate those that are potentially positive and those that are potentially negative in any given situation. The demonstrator can be a representative of the manufacturer or supplier, but some people prefer someone independent of any potential commercial pressure.

The DLCC members' handbook provides a reference manual on setting up and running an advice and demonstration service to DLCC standards. To do this effectively DLC's need to carry a comprehensive range of products, and rely on loan equipment from manufacturers and suppliers. Demonstration of adaptations can be more challenging than equipment but visual aids such as videos and computers can assist. In Denmark the 'Pressalit' company has constructed a variable size room to assist.

While the number of DLC's in the UK has grown to 50 dealing with more than 250,000 enquiries each year, the number in Scotland has dropped from 8 to 5 [Dundee, Edinburgh, Elgin, Grangemouth and Paisley]. This contrasts with Denmark, with one tenth of Scotland's population, where there are 50 of their equivalent Technical Aid Centres.

The Joint Future Group recommended that “*every area should have an advice and demonstration service*” however local factors will influence how this is delivered. Many people will travel to a good centre, but equally no one should be disadvantaged because of an inability to travel. The aim should be to achieve comprehensive advice and demonstration facilities within easy travelling distance of all areas of Scotland, together with imaginative alternatives. Larger populations may be able to support a dedicated physical environment where remote and rural areas will require more creative and mobile solutions. Partnerships with other appropriate services should be explored and considered, such as Centres for Independent Living [CIL's]. Local partners should consider working together to achieve a service that covers Scotland in the most appropriate way.

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Promotion of advice and demonstration services will be a key component for the success of the strategy, and the associated learning should be fed back in to the information sources at both national and local level.

Recommendation 14: the Scottish Executive should commission the Disabled Living Centres Council to audit the organisation and delivery of advice and demonstration services for equipment and adaptations across Scotland, to DLCC standards, and support local partners in the development of services that can reach the population of Scotland.

Chapter 4

A joint future

The Joint Future Group was established to identify ways to make existing community care policies work better and to dismantle obstacles to effective services. It acknowledged that responsibility for the success of community care is shared between a range of agencies and interests, and that there are some critical interfaces that could work better.

4.1 Joint resourcing and joint management of services

Services that support 'independent living', including equipment and adaptations, do so across all age ranges and service categories. The 'joint pot' or 'envelope' for any client group or area of activity should therefore include resources for equipment and adaptations. There are some issues that require further clarification:

- at times of funding shortage or where organisational responsibility is contested, the legislative and regulatory framework can be used as an exhaustive list or to stipulate inflexible arrangements. Consideration of the usefulness of the guidance in the light of joint working is required. [See the companion report **'Using the law to develop and improve equipment and adaptation provision'**, paragraphs 2.1.16.1 to 2.1.18.3]
- joint decision-making in respect of a wider range of resources would be supported by consideration of the transfer of funds from national or regional level [e.g. for wheelchairs] to local joint 'envelopes'. Although traditional commissioning processes could inhibit the flexible use of resources, before transfer can be achieved consideration of some form of service level agreement with regional and national centres of expertise may be required.
- there are different charging regimes across organisational responsibilities, different VAT arrangements for health and local government, and limitations on the use of Direct Payments. Legislation and guidance relating to charging for equipment and adaptation provision, and to the use of Direct Payments, are detailed in the companion document **'Using the law to develop and improve equipment and adaptation provision'**. The Department of Health, together with Customs and Excise issued guidance on VAT with regard to joint equipment services in June 2002. Clarification of accountability requirements where pooled budgets are in operation is required.
- the various anomalies and restrictions that exist in relation to the accessing of Scottish Healthcare Supplies safety information by local authorities, the independent sector and members of the public.
- the Home Improvement Task Force has recently reported on its comprehensive examination of the issues in improving quality in private housing, including assisting vulnerable, older and disabled people to improve, repair and adapt their homes. Whilst including Home Improvement Grant funding within the 'joint envelope' brings advantages to the individual, ensuring quality of work and maintaining links to the wider housing agenda are also important.

Recommendation 15: local partners should ensure that equipment and adaptations are integrated fully with one another, and as integral components in the planning and delivery of community care. The Scottish Executive should assist in establishing a 'Joint Future Equipment and Adaptation Network' to share promising practice, to address any difficulties that may arise and to work with the Implementation Steering Group to ensure the expectations of the agenda for equipment and adaptation services are being realised. Particular attention should be paid to any potential barriers to the effective pooling of resources.

4.2 Combined storage

The report of the Joint Future Group recommended that as agencies move towards joint resourcing and joint management of equipment and adaptation services they should "...consider the benefits of combined storage facilities...". Joint storage does not represent the 'joint envelope' for equipment and adaptation services, rather a delivery mechanism that is primarily for equipment.

One of the benefits of combined storage should be the ability to integrate delivery arrangements so that people receive fewer calls. There are other aspects of procurement, storage, delivery and installation where good practice could be developed and shared.

During the deliberations of the Joint Future Group the concept of a virtual store for Scotland was suggested. This was seen as a way of enabling one locality to help another with availability of equipment, particularly in cases of urgent or immediate need. It was also perceived as a way to achieve economy of effort across all local authority and health board areas. The potential benefits would appear to merit further exploration, so that some of the complex stock control issues, for example in rehabilitation technology, are adequately explored, together with the merits of moving towards a single purchasing framework.

Many localities have already made progress in the development of shared premises and support services for equipment [and some adaptation materials] from the local authority social work service and the community nursing service. However the agenda is much wider than these two areas, and the Joint Future Group recognised that whilst sharing physical premises may have financial and logistical impact, real change is about joint services that are modernised, simplified, and integrated with the rest of community care.

Recommendation 16: the Scottish Executive should evaluate progress to date on the sharing of storage premises, and advise the Implementation Steering Group on the benefits achieved and any issues raised. They should also commission a feasibility study on the concept of a Scotland wide store ['virtual' or otherwise], building on the achievements of the e-Care project in the Scottish Borders [see recommendation 11, page 29], and other alternative approaches that would deliver the same outcomes.

4.3 Local partnership agreements

Local partners should aim to strike a balance between the strategic vision and key milestones that are achievable and manageable locally. All localities are required to demonstrate clear programmes for local joint resourcing and joint management of community care services. These Local Partnership Agreements [LPA] provide action plans distilled from existing policy, and should be developed to include equipment and adaptation services.

Recommendation 17: Local Partnership Agreements should be developed to include specific information on the joint resourcing and joint management of equipment and adaptations services.

4.4 Single shared assessment

Together with joint resourcing and joint service management, single shared assessment [SSA] can help to break down the demarcations that have prevented equipment and adaptations being delivered as intrinsic components of, and alternatives to, community care services, and should produce quicker and easier access to services.

4.5 'Simple' equipment and adaptations

To reduce inefficiencies and improve choice the Joint Future Group recommended enabling people to identify their own need for 'simple' equipment and adaptations. Together with recommendations for information, advice and demonstration SSA provides the framework for this to happen. It supports the concept of people who are experts in their own situation and able to solve their own problems, and will help to promote equipment and adaptations as a central component of community based care. It also provides the framework for a wider range of assessors to access a variety of equipment and adaptations.

The Strategy Forum considered how best to define the concept of 'simple' equipment and adaptations referred to in the report of the Joint Future Group, and agreed that this should not be confined to a prescriptive list. Nor should it relate directly to cost, but rather to the person's individual circumstances and the simplicity with which a difficulty can be alleviated [rather than 'solved'].

It will be for local partners to consider the indicators that suggest when a situation is 'simple', so that they can publicise this to enable self-assessment and to include this in the training of all staff who will be completing simple assessments. There may be merit in considering this as part of a national exercise to share opinions and promising practice.

Recommendation 18: local partners should promote self-assessment and assessment by a wider range of assessors, for 'simple' equipment and adaptations. A national perspective should be encouraged through the 'Joint Future Equipment and Adaptation Network' [recommendation 15, page 34] where examples of promising practice can be shared and any concerns addressed.

4.6 Specialist assessment

Having a wider range of assessors with access to equipment and adaptations will release specialist expertise to support the training and provision of advice to others, and to focus limited specialist resources where they can make the most impact. Specialist assessment is appropriate to specific needs or needs requiring more in-depth investigation, and should be available to all, regardless of whether an individual intends to acquire their own equipment and adaptations or is seeking public sector support.

Where a person has complex needs it may be necessary to consult with more than one expert. For example:

- developments in electronic assistive technology make it possible for some people with complex needs to have communication equipment [aids], environmental control and wheelchair control functions provided by a single system. Such systems may involve a variety of professional experts working together to achieve a package tailored to the needs of the person.
- the provision of equipment and adaptations is much more than assessment of the person. The built environment has major implications for the overall success, and the right technical support is essential.
- where equipment and adaptations are unable to enhance the relationship between the person and the environment in which they live, it may be appropriate to consider a change of accommodation. Assessment of accommodation and housing support needs is part of SSA. The role of housing professionals in SSA will be decided locally but with the expectation that assessors have an appropriate level of knowledge and skills.

Indicators and triggers for specific expertise in equipment and adaptations, and for other assessment inputs are critical to the appropriate involvement of different professionals.

Recommendation 19: the Scottish Executive should review the 'triggers' and indicators for professional expertise in specific areas of equipment and adaptations included within arrangements for Single Shared Assessment across Scotland, and work with the Implementation Steering Group to address any anomalies. This expertise should be made available to advice and demonstration services for people who wish to make their own purchases.

4.7 Access to resources

For SSA to be effective local partners are required to agree access to community care resources. Assessors therefore need to be competent in the selection of equipment and adaptations and the allocation of finite resources. This should include awareness and knowledge about what is available, its acceptability and effectiveness, and consideration of all the options available.

Training is required in the potential range of equipment and adaptations, and the networks of information, advice and demonstration, including specialist expertise available, so that the most appropriate selection can be made for each individual

situation. Knowledge is also required of local eligibility criteria and priorities that have been established in consultation with relevant representatives of people who use services, together with levels and routes of authorisation required.

Some systems of eligibility have become dependent upon the opinion of the person's General Practitioner [GP], and do not make best use of the specialist expertise available that would minimise, if not eliminate the need to do so. It should not be necessary routinely to seek confirmatory statements from GPs about the nature of an impairment or illness.

Recommendation 20: the Implementation Steering Group should commission a review of the training and resources available to assessors to assist them in the selection of equipment and adaptations, within a framework of finite resources.

4.8 Competency framework

Ensuring that the competencies and expertise required and achieved in the assessment for and provision of equipment and adaptations are clearly identified, agreed, in place and monitored is paramount.

A framework that acknowledges the competencies of assessors currently involved in provision is required before parameters are set for those who are new to this area of work. These parameters should facilitate movement of staff around Scotland and further afield, and ensure that principles of equality and social justice underpin the training of all staff involved in equipment and adaptation services.

Recommendation 21: the Implementation Steering Group should commission an audit of expertise in equipment and adaptation services, to inform an accreditation framework that ensures the competencies and expertise required in the assessment process leading to the provision of equipment and adaptations are clearly identified, agreed, and monitored.

4.9 Assessment tools

Tools to support the SSA process should be agreed and in place in accordance with Scottish Executive guidelines. The need for a subsidiary assessment tool to facilitate a wider range of assessors undertaking simple assessments and accessing equipment and adaptations should be based on the content of the local tool. This can be developed as the 'joint envelope' is widened to encompass a wider range of equipment and adaptations.

There are a few software packages available that link a person's abilities and potential home problems to possible products and ideas. 'Lifease' for example was developed from research evidence that many people whose lives could benefit from equipment and adaptations do not make the necessary changes in their homes or use appropriate products. A version of this for use in England [SARA: self-assessment and rapid access] is currently being developed by the Department of Health, in association with the work of the ICES [integrating community equipment services] team.

Recommendation 22: the Implementation Steering Group should commission a review of existing Single Shared Assessment tools to advise on a sub-set of information, and available software packages, to support assessment for and selection of equipment and adaptations, including self-assessment.

4.10 Care management

Care management is a complex activity that should be carried out by professionally qualified staff who have appropriate skills and experience. The Joint Future Group identified the need to redefine and reinvigorate care management to overcome lack of clarity of purpose and inconsistency in practice in many existing arrangements across Scotland.

Arrangements for care management should make efficient use of staff skills and experience. Skills and expertise in equipment and adaptations must be clearly documented, particularly in specialist areas, so that identification of the 'most appropriate' professional is a transparent and rational process, not biased by outdated and ill-informed attitudes.

Recommendation 23: local partners should ensure that care management is considered where individual circumstances suggest that a significant package of equipment and adaptations [and/or a change of accommodation] may be necessary to achieve an acceptable relationship between the person, their environment and their care needs.

4.11 Service redesign

The Joint Future agenda presents an unprecedented opportunity to review and challenge the people and processes involved in any service area. For example if a means of monitoring adherence to the comprehensive eligibility criteria available for accessing environmental control equipment was established, the process could be redesigned to reduce the number of professionals involved, and simplify the existing complicated medical pathway.

It also provides the opportunity to bring together environmental control equipment, rehabilitation technology, SMART, and Telecare. Many of the features found in demonstration SMART homes are very similar to environmental control systems supplied by the NHS and to those being incorporated into new, high priced home construction. The products and services being developed in each sector independently could be combined to provide a broad portfolio of products and services, alongside equipment and adaptations and other care services, to support independent living. [See recommendation 8, page 25]

Recommendation 24: the Scottish Executive should ensure that in determining the 'joint envelope' and developing Single Shared Assessment, local partners review the processes and procedures involved and challenge why they are there.

4.12 Measuring change

Community care services are traditionally provided by single agencies, and the current performance assessment frameworks reflect this. The Joint Future agenda is changing the way in which services are provided and requires new ways to monitor performance and gauge whether expectations are being realised.

The Joint Performance Information and Assessment Framework [JPIAF] is a high-level matrix approach to a consistent national and integrated picture. It seeks to measure whether integrated service provision achieves faster routes to services, less bureaucracy, and better use of resources. It begins with evaluation of two key elements of the Joint Future agenda: joint resourcing and management, and SSA. Equipment and adaptations are important sub-components of these two elements.

Recommendation 25: the Joint Performance Information and Assessment Framework should be developed to capture the effects of the integration of services on equipment and adaptation provision, and its contribution as a component of community care services.

Chapter 5

Assuring quality and innovation

We have already made recommendations for standards in information provision, for advice and demonstration services, and for accreditation of assessors. Promoting and encouraging change, and maintaining the impetus are essential. There are a number of ways in which this can be achieved:

5.1 Resource use

Existing spending on equipment and adaptations needs to be identified as a matter of urgency.

Recommendation 26: the Scottish Executive should commission work to identify the current annual expenditure on equipment and adaptations across all sectors, itemised to compare the cost of providing equipment and adaptations and the cost of the equipment and adaptations themselves.

To demonstrate that services are being provided in accordance with the principles of Best Value, information on resource use on equipment and adaptations is essential. There are some examples of helpful activity:

- Audit Scotland is carrying out a review of established baseline information on how [selected] community equipment and adaptation services are managed by the statutory agencies. The review aims to capture data on organisational structure, activity levels, expenditure, staffing, policies and procedures, management and performance information, as well as some basic information on joint working between local authorities and the NHS. The review will provide useful comparative information across Scotland, and will facilitate the change towards more seamless and person-centred care, and more effective and efficient services through joint resourcing and joint management.
- the new single regulatory framework operated by Communities Scotland includes performance management for the provision of adaptations in registered social landlords [RSL] including local authorities. An audit of the new self-assessment process is being piloted in five authorities this year.
- the Rehabilitation Technology Information System [ReTIS] is working to improve the information available for wheelchair and seating services, which together with the work of the Scottish Rehabilitation Technology Providers Forum [SCOTReT] aims to provide information to assist in the commissioning of these services.
- the national Social Work Information Review Group [SWIRG] was set up in 1998 to address longstanding concerns about the quality and availability of social work performance and management information. A data standards project, funded by the Modernising Government fund was set up to produce data definitions and standards to improve the consistency and quality of social care information, both locally and nationally.

Recommendation 27: the Data Standards Project should work with existing initiatives and relevant partners to develop standard definitions for data relating to equipment and adaptations, in consultation with the Implementation Steering Group.

The targeting of resources including priorities and eligibility criteria should be explicit. Traditionally the greater the perceived need in terms of cost or dependency, the higher priority it will receive for provision. There are however other factors to consider:

- the cheapest option may not always be the most cost-effective, when taking in to consideration the frequency of use and the need to service, maintain, and replace. The service and back up support included in the manufacturer price may be an important consideration. An alternative basis for resource allocation could include a 'cost utility' approach, where a range of such factors is considered.
- safety can be compromised by incorrect installation, and usage can be improved by spending time with the person. Visits to check the installation, demonstrate use and evaluate effectiveness are important, as is challenging traditional demarcations between delivery, installation and demonstration so that the number of people involved is kept to a minimum.
- supporting autonomy and independence in routine activities of daily life may encourage greater participation in the local community and in employment. This whole life cost of equipment and adaptations includes Value for Money [VFM], durability, and 'recyclability'.
- having the right piece of equipment or the right adaptation at the right time may delay or negate the need for other health and care services.

Mechanisms such as the Community Dependency Index appear to allow resources to be targeted to where they have the greatest impact, while the Resource Use Measure [RUM] is being developed as a tool linked to SSA to validate the process of resource allocation across Scotland.

Recommendation 28: the Implementation Steering Group should commission work to explore approaches to the allocation of resources for equipment and adaptations. Specific attention should be paid to those that capture the dynamic relationship between equipment and adaptations, rehabilitation and care.

5.2 Waiting times

The report 'Equipment and Adaptation Services in Scotland: A Survey of Waiting Times for Social Work Provision' [Scottish Executive Central Research Unit, 2001] highlighted the wide variation in ability to gather the data required, both in terms of quality and quantity. It noted that: "*the improvement of data collection and the use of data to manage the demand and supply of equipment and adaptations could play a major role in improving provision. Until this is achieved, the measurement of the effectiveness of provision and outcomes for people using services cannot be contemplated*".

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The introduction of a standardised system of recording the component parts of waiting times for equipment and adaptation services will support measurable minimum waiting times across a wide range of service perspectives, that can be included within existing national waiting times reports.

Recommendation 29: the Implementation Steering Group should advise on minimum waiting times to be achieved across the equipment and adaptation spectrum.

5.3 Recycling

People want to be able to return items on loan for others to use, and mechanisms for selling on purchased items would be useful. The latter could potentially be assisted by the development of information and advice services, and also mechanisms such as the web based resource in the Scottish Borders.

Better use could be made of existing resources if the recycling of equipment and adaptations was more effective and widespread. Some areas of equipment provision rely on rigorous recycling for the service to survive, whilst in others there is considerable potential to extend available resources by establishing the facilities required to achieve this. Matching special and adapted housing to people who require the facilities is just as important as cleaning and repairing equipment.

Recommendation 30: the Implementation Steering Group should set targets for the recycling of equipment and adaptations [including those to capture the impact of registers of special and adapted properties].

5.4 Standards of care in equipment and adaptation services

The way in which equipment and adaptations are delivered, either from the commercial or statutory sector will have a bearing on the outcome for the person. A good experience will support, and a poor experience may undermine the success of equipment and adaptation use.

Routine servicing and maintenance, particularly where there are mechanical and electrical components, ensure effective operation and can reduce the need for costly and unpredictable repair and replacement. Assistance for unforeseen events and emergencies should be available at all times.

There are some mechanisms in place that seek to influence delivery and aftercare in a positive way, such as the standards required for membership of the British Health Trades Association, or those of the Association of Alarm Providers.

The Scottish Commission for the Regulation of Care [the 'Care Commission'] is a new, independent non-departmental government body, set up under the Regulation of Care [Scotland] Act 2001, to regulate care services throughout Scotland. Its purpose is to put in place a new, unified and effective system of regulation, which puts the safety and wellbeing of users at its heart. It aims to ensure improvement in the quality of care services in Scotland, respecting the rights of people who use those services to dignity, choice and safety.

In the same way that a wide range of care services are to be regulated by the Care Commission, the provision of equipment and adaptations should also be subject to scrutiny. Where provision is easily identifiable from the assessment process, such as an equipment store or a technician's service, this should be straightforward. However, some consideration of the implications of this for certain areas of provision is required, for example where the specialist assessor also provides the service.

Recommendation 31: The Implementation Steering Group should review the way in which equipment and adaptation services [statutory and commercial] are currently regulated to see if and how essential 'care components' are captured, and consider the action required to address any gaps. All local partners involved in the provision of equipment and adaptation services should ensure that requirements for routine maintenance and repair are met, and that systems are in place for any unforeseen events, including emergencies.

5.5 Developing competence

Professionals have acquired and developed specific and overlapping expertise in equipment and/or adaptations. Whilst we seek to acknowledge this within the SSA framework, consideration of the demands of the future are also required.

For example, the Centre of Rehabilitation Engineering [CORE] at Kings College London offers a MSc in Assistive Technology [AT]. The need for this grew from:

- the continuing growth of demand in the field of AT, from an ageing population and the increasing expectations of people with disabilities
- the increasing sophistication of AT equipment and the legislation surrounding it
- the demands of occupational standards now being introduced into the health service and elsewhere
- the repeated call for an integrated multidisciplinary approach to the provision of AT for disabled and older people

A new distance learning course, accredited by the University of Greenwich, has been designed for practitioners who inform and advise disabled and older people and their carers on matters relating to 'assistive technology' but as yet do not hold any formal qualification.

Recommendation 32: the Implementation Steering Group should advise on the development of the competency framework required in response to the Joint Future agenda [recommendation 21, page 37] and to meet the needs of the future.

5.6 Innovation and development

There would not appear to be any current links between the design, manufacture and construction of equipment and adaptations, and their provision, nor any formal links to people who use them. Partnership with all sectors is critical for research and development to improve the quality and range of products available.

The Audit Commission update 'Fully Equipped 2002: assisting independence' noted the lack of any national service focus within England and Wales, designed to support

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independence. Such a focus could bring together all stakeholders to *"promote shared learning, improve standards and establish collaborative practice in services designed to promote independence. Such a body could contribute to establishing national standards and competencies, as well as examining important issues, such as the health economics arguments underpinning these services"*.

In Sweden the Swedish Handicap Institute works towards full participation and equality for disabled and older people by ensuring access to high quality assistive technology and an accessible environment. The Institute's work includes stimulation of research and development, analysis of needs and testing of assistive technology. It also gives out information and provides training to professionals regarding assistive technology for different categories of disabilities. The Institute is also involved in international research and co-operation projects, demonstrating the health economics of, and providing inspiration in, the field of assistive technology and accessibility.

Recommendation 33: the Scottish Executive should establish a 'Scottish Centre of Excellence and Development for Equipment and Adaptations', to support innovation and development and provide a national service focus.

5.7 Orthotics and Prosthetics

It may be that the work of the Strategy Forum is transferable to the assessment for and delivery of artificial limbs and devices such as splints. Orthotics are currently provided from over one hundred sites across Scotland, and prosthetics from five sites. Consideration of this by the current multi-agency review of orthotics services would be helpful.

Recommendation 34: the Rehabilitation Technology Services Advisory Group and relevant partners should consider the applications of the equipment and adaptation strategy for orthotic and prosthetic services, outlining the benefits of this approach.

5.8 Evidencing impact and effectiveness

To achieve a balance between the needs of the person and the most effective use of statutory resources, we need know as much as possible about the factors that influence the effectiveness of equipment and adaptations, and the resulting impact of equipment and adaptations on people's lives.

This will inform decision making in resource use and will evidence the contribution that equipment and adaptations can make to the delivery of national and local priorities such as more care at home. It will also inform future policy development, and provide a baseline against which new innovations and designs can be evaluated.

Factors that influence the use of equipment [and adaptations] include:

- medical related: impact of diagnosis
- client related: age, preferences, coping mechanisms
- equipment related: safety, fitness for purpose

- environmental factors
- assessment related: value of home visits, involvement [person and family]
- training related: extent of instruction received
[Dr. Gail Mountain, DLCC conference 2002]

To establish the impact that equipment and adaptations can have we need to know:

- the impact of a particular product or design
- the relative impact of particular combinations of equipment and adaptations
- the wider benefits to the person: occupation, participation, social inclusion
- the impact on other health and care services

Products that support and maintain the independence and autonomy of the person can also be associated with habilitation and rehabilitation. These distinctions are not always clear cut but are important factors within the matrix of health and social care services. For example, the Victoria Project in London provided a community assessment and rehabilitation service for people aged 65 and over. It demonstrated a reduction in unnecessary domiciliary care packages, providing savings to social services of £65,000 in respect of the 27 clients included in the first intake, and a further £14,000 saving on a reduced need for equipment due to a problem solving rehabilitative approach.

Recommendation 35: The Scottish Executive should commission a review of the evidence available on the effectiveness of equipment and adaptations, the impact they have on people's lives, and the relative impact of equipment and adaptations in terms of costs and effectiveness in relation to other health and care services. This should inform the commissioning of subsequent work to fill any gaps.

Appendix 1: Terminology

Disabled and older people are often forced to live with the consequences of labels and definitions that are created by others and applied inappropriately. Stereotypes can be established, perpetuated and mishandled. The meanings of words can become confused. It is therefore important that we make it clear what we mean when we speak about disabled people and impairment. Consideration of the language that best captures this agenda for the future is required.

Medical model of disability

In what became codified as the International Classification of Impairment, Disability and Handicap [ICIDH] a three-tiered nomenclature was used to establish standard definitions rooted in a medical model, in which:

- **impairment** means lacking all or part of a limb, or having a defective limb, organ or mechanism of the body
- **disability** is the loss or reduction of functional ability
- and **handicap** is seen as the disadvantage or restriction of activity caused by disability

Impairment is a characteristic, feature or attribute of an individual that is long term and may or may not be the result of disease, injury or congenital condition. It may affect that individual's appearance in a way that is not acceptable to society, and/or affect the functioning of the individual's mind or body, either because of or regardless of society. It may also cause pain or fatigue, affect communication or memory and/or reduce consciousness.

Impairment can include an alteration in sensory perception. For example, it is possible for a person who has paralysis of a leg to deny that their leg exists; an inability to differentiate between hot and cold, sharp or blunt and other natural 'warning bells' can increase the risk of injury during many everyday tasks; a diminished sense of smell can result in an inability to detect a gas leak.

Someone with a severe communication impairment or limitation in their ability to make themselves understood via speech, writing, or whose ability to understand what others are saying or what is written, will be restricted in their ability to participate in information exchange via speech, writing or non-verbal means. They may also have impairment in specific functions such as attention, memory, perception, and language as well as in speech and voice, together with physical, motor and sensory impairments affecting their ability to compensate.

Researchers, writers and community activists [many of them disabled people] have worked to change this view of 'disability'. Their intention has been to shift the focus of attention from questions of medical and functional capabilities to an understanding of disability within a social model. As part of this effort there have been alternative definitions offered for some of the terminology used to discuss disability.

Social model of disability

Under a social model 'disability' is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity. Disability is therefore not the same as impairment. All equipment and adaptation services should be seen in this context.

Revised versions of the International Classification of Illness Disability and Handicap [ICIDH] categories have alternatives that suggest that:

- impairment is the lack of part of or all of a limb, or having a defective limb, organ or mechanism of the body
- disability is the loss or limitation of opportunities that prevents people who have impairments from taking part in the normal life of the community on an equal level with others due to physical and social barriers.

The Royal National Institute of the Blind [RNIB] had changed its terminology from 'visual impairment' to 'people with sight problems' to promote broader awareness to people who do not consider themselves visually impaired but who benefit from advice, information, equipment, etc.

Some groups representing disabled people have suggested the use of the term 'people with practical problems' rather than 'disabled', however this is not universally supported.

The Disability Discrimination Act

The Disability Discrimination Act 1995 [DDA] defines disability as: "*A person has a disability for the purposes of this Act if he has a physical or mental impairment, which has a substantial and long-term adverse affect on his ability to carry out normal day-to-day activities.*"

The difficulty with this definition, for many disabled people and their organisations, is that it ties the so-called problems of disability exclusively to the impairments of individual people. The Disability Discrimination Act confuses 'physical or mental impairment' with 'disability', when the latter is really about questions of disadvantage and discrimination. This perpetuates a medical rather than a social model of disability. The 1995 Act is based upon understandings of disability formulated during the 1960s and 1970s.

Equipment and adaptations

Legislation and guidance have historically used the term 'aids', however reference to 'equipment' is increasingly preferred as a more acceptable alternative.

The term 'equipment' is generally used to describe products that are portable in nature, and that help someone to carry out an activity that they were having difficulty with or were unable to do. For example:

- a walking stick to provide support and security when walking
- a seat for the bath when it is difficult to get up and down
- a guard for a dinner plate to push food against when using only one hand

Appendix 1

The term 'adaptation' is used where a change to the fabric of the building is required. For example:

- widening a door way so that a wheelchair can pass through
- fitting a second stair handrail to give extra support and reassurance
- taking the bath out and replacing it with a shower

However demarcations between the two are not always clear.

Occupational therapy

Within the context of community care there is a tendency for any reference to equipment and adaptations to be considered to be about the range of products and work provided by the local authority. These are usually assessed for and organised by occupational therapists [OTs] and support staff working with them. Because of this, equipment and adaptation services within local authority social work services are routinely referred to as 'occupational therapy' services. This tends to cause considerable confusion in relation to the potentially very different roles that occupational therapists perform in a wide variety of settings. Whilst core skills remain the same, interventions and expertise may be quite different.

Equipment and adaptation services involve a variety of professional disciplines working within a range of services and organisations, and although OTs have a key role to play in these services the two are by no means synonymous - a common misperception.

Alternatives

Rehabilitation technology is used to encompass wheelchairs and seating, prosthetics, orthotics, and environmental control systems, together with related developments in electronic assistive technology.

The Audit Commission report 'Fully Equipped' [2000] was criticised by organisations and groups representing people using services for using the term 'disability equipment'. The language was considered by some to be derogatory and the associated negative connotations a barrier to more people using such products. Preferences expressed included 'assistive technology' or 'equipment for independence'.

According to the Foundation for Assistive Technology [FAST] "*Assistive Technology is a product or a service that enables independence*". The scope of AT is therefore considerable, ranging from handrail and window catches to stair lifts, walk-in showers, environmental control systems and other applications of sensor technology also referred to as 'EAT' or electronic assistive technology. However, it is unlikely that 'assistive technology' would mean anything to the general population.

The Disabled Living Centres Council [DLCC] uses the phrase 'products for easier living' to refer to a group of products that have historically largely only been available through statutory services, following an assessment of need. They are increasingly acknowledged as not requiring any specialist knowledge to select or use them.

Appendix 2: Approach to the task

The National Strategy Forum: Equipment and Adaptations reviewed equipment and adaptations and technological developments in a holistic manner to formulate recommendations that will maximise organisational and professional co-operation and lead to greater efficiencies of service delivery. They focused on:

- the person who may require equipment or adaptations and those who assist them
- those involved in providing information, advice and demonstration
- those involved in diagnostic assessment and in assessing need for funding purposes
- those involved in the selection of equipment and adaptations
- locality stores and those technical professionals involved in the delivery of equipment and adaptations
- organisational managers and commissioners of service delivery
- manufacturers and commercial distributors of equipment

Members of the group are listed at Appendix 3. They concentrated on a vision for the future and the strategies to deliver this, and formed a number of groups:

- the **Joint Future Sub-Group** assessed the implications of the wider Joint Future agenda, including joint resourcing and joint management of services, and single shared assessment. It included consideration of **the self-selection of equipment and adaptations**, as defined in the remit of the Forum.
- the **Blue Sky Sub-Group** developed the strategic vision for the future of equipment and adaptation services, to ensure that the modernisation process continues far beyond the present work on joint resourcing and joint management of community care services, or single shared assessment. It included consideration of **areas for research on the effectiveness of equipment and adaptations, and rehabilitation services** as defined in the remit of the Forum.
- the **Information Sub-Group** considered the information that is required to empower people to find modern and effective equipment and adaptations. This is critical for the change process to succeed. It included consideration of **core information requirements and minimum service standards for information, advice and demonstration, for service users and assessors** as defined in the remit of the Forum.

The **Internal Reference Group** ensured that the equipment and adaptations strategy could be integrated with national policies and developments, notably:

- the Joint Future agenda
- the Free Personal Care agenda
- Direct Payments
- the Scottish Executive review of Audiology services
- implications of the Housing [Scotland] Act 2001
- Supporting People
- Care and Repair services

Appendix 2

- improving standards in care homes through the National Care Standards Committee and the work of the Care Commission
- quality and standards, monitoring and evaluation e.g. Social Work Services Inspectorate Annual Report, Audit Scotland review of equipment and adaptations

They carried out research and analysis:

- 'Equipment and Adaptation Services in Scotland: a Survey of Waiting Times for Social Work Provision' was commissioned to provide a snapshot survey of waiting times for a sample of equipment and adaptations available through local authority social work services
- **'Using the law to develop and improve equipment and adaptation provision'** was commissioned from Michael Mandelstam to review of the current legislative and regulatory framework

Members of the Forum actively encouraged discussion of its work with their representative interests. Meetings and discussions took place with people who are undertaking similar work in England and Northern Ireland, and with a range of interested groups and organisations, including the Nuffield Centre for Community Care Studies in Glasgow, the recently established Independent Living Network, the British Health Trades Association [BHTA], and the National Associations of Equipment Providers [NAEP].

One key conference 'Disability Equipment and Adaptations: Thinking Outside the Box' in May 2002 brought this wider thinking to the Scottish context.

Presentations were made to the Forum, including Alison Porter on her research project for Sheffield City Council 'Equipment and Adaptations: Information and Advice and Self-Assessment'.

Manufacturers of the iBOT wheelchair demonstrated this development as a potential alternative to adapting the environment to accommodate the use of a wheelchair.

A variety of organisational web sites were accessed throughout the course of the work of the Forum to establish remits of specific groups, and consider the range of activity relevant to the agenda.

Appendix 3: Who was involved?

NAME	NOMINATED BY	FROM	TO
Jane Arroll	Health Board General Managers Group	Jun-01	
Jess Barrow	Age Concern Scotland	Jun-01	Oct-01
Pamela Beer	Scottish Executive	Feb-02	
Peter Brawley	Centre for Independent Living in Glasgow	Jun-01	
Susan Buckle [nee Scott]	Scottish Executive	Jun-01	
Fiona Byrne	Royal College of Nursing	Jun-01	Feb-02
Jenni Campbell	Age Concern Scotland	Oct-01	
Jennifer Carr	Alzheimer Scotland Action on Dementia	Jun-01	
Grant Carson	Scottish Accessible Information Forum	Oct-01	
John Colvin	Rehabilitation Technology Services Advisory Group	Jun-01	
Jamie Cuthbertson	Royal National Institute of the Blind	Oct-01	
Julia Glass	United Kingdom Home Care Association	Jun-01	
David Gow	Rehabilitation Technology Services Advisory Group	Jun-01	
Linda Hunter	Communities Scotland [previously Scottish Homes]	Jun-01	
Rob Kay	Royal National Institute for the Deaf	Feb-02	May-02
Duncan McKay	Convention of Scottish Local Authorities	Jun-01	April-02
Kitty Mason	Association of Directors of Social Work	Jun-01	
Eva McCracken	Disabled Person	Jun-01	
Frances McDowall	Royal National Institute for the Deaf	Jun-01	Feb-02
Andrew McGhee	Disabled Living Centres Council	Jun-01	
Colin McLean	Scottish Federation of Housing Associations	Jun-01	
Elma Mitchell	Scottish Disability Equality Forum	Dec-01	Mar-02
Joseph Parfery	Lanarkshire Assembly [Better Government for Older People]	Feb-02	
David Pia	Scottish Executive	Jun-01	Nov-01
Jill Pritchard	College of Occupational Therapists	Jun-01	
John Rankin	British Medical Association Scotland	Jun-01	
Janet Scott	Royal College of Speech and Language Therapists	Oct-01	
Margaret Thomson	Chartered Society of Physiotherapy	Jun-01	
Sheila Williams	Scottish Accessible Information Forum	Jun-01	

Appendix 4: Facts and Figures

According to the 'Scottish Household Survey: Bulletin No. 4' 30% of all Scottish households contain one or more person with a long-standing illness, health problem or disability that limits their daily activities or the kind of work they can do. Of these:

- 44% had difficulty climbing stairs, 39% walking for ten minutes, and 35% standing for ten minutes
- 17% had difficulty with six or more activities, and 31% of these were over 75 years of age
- 23% had adaptations or special equipment, 46% of which were over 75 years of age
- 34% had between three and five items
- 46% had handrails, 45% bath or shower seats, 41% crutches or walking sticks
- 16% said that they had a need for additional adaptations or special equipment
- of these 23% indicated bath or shower seats, 22% handrails, 13% adapted toilet seats, 12% stair-lifts

The Disability Rights Commission publication 'Key facts and figures on Disability in Scotland 2001' collates statistical information from a variety of sources to provide a helpful overview. The Disability Rights Commission defines disability as 'long term disability substantially affecting day to day activities'. Although statistics collected by other organisations do not necessarily reflect this definition the following include:

- 800,000 disabled people in Scotland in 1999 [approx. 20% of adult population]
- 2 in 3 of these over 60 years
- 1 in 6 of working age population
- 59% of the overall population of disabled people are women, due to their longer life expectancy compared to men
- 38% of disabled people in Scotland are owner-occupiers [compared to 58% of total population; 46% of disabled population in Great Britain]
- 1.7% of population estimated to be visually impaired, 90% over 75 years of age
- 18% of population estimated to have some degree of hearing loss
- an increasing proportion of people become deaf-blind as a result of old age, an illness or accident
- 61% have a net annual household income of less than £10,000 compared with 45% of households that do not have a limiting condition
- 779,000 people of working age [25% of working age population] had health problems they expected to last more than one year [1999 figures]
- 484,000 people of working age [15.6% of working age population] had long term disability substantially affecting their day to day activities
- 235,000 people claim disability living allowance
- 2,200 people receive disabled persons tax credit

- 193,000 people receive incapacity benefit
- 43,000 people receive severe disablement allowance
- 235,000 people receive disability living allowance

- 124,000 households include someone with mobility difficulties
- 96,000 people registered NHS wheelchair users in Scotland in 1999 - 70% [67,000] of these over 65 years of age [14,500 new wheelchair users each year]
- 20,000 households where someone uses a wheelchair
- 1% [24,000] of Scotland's housing is barrier free, with 2,000 of these occupied by someone using a wheelchair, and 3,000 using walking equipment
- 5,000 dwellings of full wheelchair standard available
- 110,000 households included a disabled person requiring adaptations

- 5% of all pupils [37,700] have special educational needs, and 2% [16,000] have Records of Needs

Appendix 5: Glossary

Best value an open and transparent process for demonstrating best use of public resources.

Care management is a process of relating services to individual needs. It is founded on a needs-led approach to the provision of community care. It aims to respond appropriately to individual needs by enabling consideration of a range of options and by making effective use of available resources through concentrating on those people who have the greatest needs.

Circular No: SWSG11/91 5389

Cost utility is a method of evaluating the different kind of benefits arising from a use of resources, in addition to the prime consideration. Factors such as improved quality of life, reduction in productivity, need for other health and care services are components that could be used to evaluate the economic impact of any action.

Diagnostic assessment refers to the process of defining the specific nature of a difficulty, and the finding the right equipment or adaptation, through specialist knowledge and expertise.

Disabled people

See Appendix 1 for discussion of terminology.

iBOT wheelchair or mobility system is a new mobility device that is designed to function as a standard mobility device, to use its four wheels to cross rough terrain, to go up and down stairs, to rise vertically to eye-level and balance on two wheels. This is made possible by gyroscopes that are programmed to create balancing capabilities based on an individual's centre of gravity, emulating the principle by which humans are able to stand, balance themselves and navigate around and through various environments and terrain.

Joint management is the overall term that covers the elements needed to ensure a more co-ordinated and effective approach to services including planning, commissioning and operational management.

Circular No: CCD7/2001 5 September 2001

Joint resourcing is the overall term that covers all aspects of resources brought together to provide a single focus for the planning, commissioning and delivery of services.

Circular No: CCD7/2001 5 September 2001

Modernising Government Fund helps to take forward projects involving the innovative provision of improved services to the public and contributes to the development of 21st Century Government for Scotland.

Non-professional staff is used to refer to those employees who work within equipment and adaptation services, or within the wider organisations that deliver these services, who do not hold a recognised professional qualification, relevant to that service. Their expertise will vary according to experience, and the area of service in which they work.

Single shared assessment

Single Shared Assessment [SSA] creates a single point of entry to community care services that will lead to better use of resources and more effective outcomes for people. Professional barriers can be broken down; individual skill ranges can be expanded. Self-assessment and assessment in partnership with the person should be the norm when assistance is required, and specialist involvement should be there only when it needs to be.

Circular No: CCD 8/2001 29th November 2001

Rehabilitation is defined by the World Health Organisation [WHO] as "*restoring the basic function*". Habilitation is sometimes used where the function is being established for the first time.

Resource use measure [RUM] is a standardised tool that will group individuals according to their level of relative need following a Single Shared Assessment.

Circular No: CCD 9/2002 24th September 2002

ReTSAG, the Rehabilitation Technology Services Advisory Group, works in partnership with the Scottish Rehabilitation Technology Providers Forum [SCOTRet], the Scottish Seating and Wheelchair Group [SSWG] and the Scottish Executive to co-ordinate national policy on the commissioning and delivery of quality services for all types of rehabilitation technology.

ReTIS, the Rehabilitation Technology Information System, is jointly funded by all Scottish Health Boards to provide a national information service for rehabilitation technology: wheelchairs and seating, prosthetics, orthotics, electronic assistive technology.

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