



NHS Western Isles/Comhairle nan Eilean Siar

Health and Social Care Western Isles Partnership

Occupational Therapy Service

Joint Policy for Provision of Adaptations

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1 Introduction

1.1 The availability of appropriate good quality housing and housing services has been identified as making an important contribution to improving health and wellbeing outcomes and to the success of integrated health and social care. Being able to live safely and comfortably at home is important to many older and disabled people who want to live independently and stay in their own home for as long as possible.

Outcome 2 of the *National Health and Wellbeing Outcomes* acknowledges the important role which housing plays in people's lives:

“People including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.” (Scottish Government, 2015, p6).

1.2 The definition of an “aid or adaptation” means any alteration or addition to the structure, access, layout or fixtures of accommodation and any equipment or fittings installed or provided for use in accommodation, for the purpose of allowing a person to occupy, or to continue to occupy the accommodation as their sole or main residence (Scottish Government, 2015).

2 Policy Statement

2.1 Access to assessment and provision should be fair and consistent, be focused on individual outcomes and enablement, have service users listened to, have a say, be respected and responded to and be reliable. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief. Health boards and local authorities have responsibilities under equality legislation for ensuring that discrimination does not occur and for promoting equality of opportunity. They are also subject to a proactive duty to promote race, disability and gender equality.

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3 Policy

3.1 Legislative Framework

- 3.1.1 The National Health Service (Scotland) Act (1978) requires Scottish Ministers to promote a comprehensive and integral health service to improve the physical and mental health of the people of Scotland and to provide or secure services for the prevention, diagnosis and treatment of illness. There is also a general duty to promote the improvement of physical and mental health. The discharge of these functions is essentially delegated to health boards. Their duties under the 1978 Act includes duties to provide medical, nursing and other services.
- 3.1.2 The Social Work (Scotland) Act (1968) places a general duty on local authorities to promote social welfare by making available advice, guidance and assistance. There are also specific duties to assess needs and decide whether those needs call for the provision of services. Local authorities have the lead responsibility for co-ordinating the assessment of all community care needs, on an inter-agency basis.
- 3.1.3 Section 2 of the Chronically Sick and Disabled Persons Act (1970) is effective in Scotland through the Chronically Sick and Disabled Persons (Scotland) Act 1972. It applies to any chronically sick and disabled person, to whom section 12 of the 1968 Act applies, or if the person is under 18 years of age, to any disabled child to whom section 2 of the Children (Scotland) Act (1995) applies.
- 3.1.4 Sections 22 and 29 of the Children (Scotland) Act (1995) also place a duty on local authorities to provide services that promote and safeguard the welfare of children.
- 3.1.5 The Education (Additional Support for Learning) (Scotland) Act (2004) introduced a single structure for meeting the needs of children who require additional support to ensure they can make the most of their education.

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3.1.6 Local authorities have a duty to assess the needs of any person for whom they may have a duty or power to provide community care services and, under the Housing (Scotland) Act (2006), mandatory assistance may be available to adapt their home, depending on the assessment of need.

3.1.7 The UK Data Protection Act (2018) requires data controllers and processors of personal data to have a legal basis when doing so. Information shared to facilitate client adaptations is necessary for the performance of a task carried out in the public interest and for the provision of health or social care or treatment or the management of health or social care systems and services. The UK Data Protection Act (2018) legislates the appropriate, necessary and proportionate sharing of personal data (including special category data), where required, to facilitate the provision of adaptations internally and with partner organisations.

Housing (Scotland) Act (2006)

3.1.8 The main purpose of the Act is to address problems of condition and quality in private sector housing, as well as setting out the requirements for delivering disabled adaptations. The 'Scheme of Assistance' replaced what was previously known as the Home Improvement Grants.

3.1.9 Part 2 of this Act sets out the detail of the Scheme of Assistance for housing purposes. This allows local authorities to provide assistance to home owners to undertake adaptations to the property.

3.1.9.1 Section 72 requires a local authority to publish a statement of the criteria it has set to decide whether to provide assistance and in what form. The statement must also include any circumstances in capping the costs of any works undertaken via the grant.

3.1.9.2 Section 73 states that the local authority must provide assistance to the owner of a house in relation to works required to make a house suitable for a disabled person. In relation to the provision of standard amenities

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(toilet, bath or shower, wash hand basin or sink) this assistance must be in the form of a grant.

- 3.1.9.3 Section 75 states that the grant cannot be given retrospectively after works have started.
- 3.1.9.4 Section 76 states that the local authority may not limit the approved expense available in the case of grant funding for adaptations for a disabled person.
- 3.1.9.5 Section 77 relates to the means testing of grants. Everyone will get 80% of the costs covered by a mandatory grant. If an owner is in receipt of certain benefits they will receive 100% grant to cover the costs of work undertaken.
- 3.1.9.6 Section 84 states that the local authority must record the provision of the grant in the appropriate land register – General Register of Sasines or Land Register of Scotland.
- 3.1.9.7 Section 88 prevents the local authority from awarding a further grant for the same work for which a grant was previously approved unless something unforeseen occurs.
- 3.1.9.8 Local authorities have their own policies on the assistance they provide so the help available will vary depending on where you live.

Public Bodies (Joint Working) (Scotland) Act (2014)

- 3.1.11 Following the introduction of the Public Bodies (Joint Working) (Scotland) Act (2014), there has been a change in the way private sector housing adaptation grants are administered by the local authority, however, this does not change the way they are accessed by the public.

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- 3.1.12 A tenant in the social rented sector (either local authority or housing association) can apply for grant in the same way as an owner or private sector tenant. However, the Government has made it clear that such applications should be the exception.
- 3.1.13 Finally, it is important to be aware that the local authority has a duty to meet the needs of a disabled person where these needs have been assessed as being above the local eligibility threshold. This means that if other funding is not available, the local authority is still required to meet the individual's needs, whether through an adaptation or some other solution.
- 3.1.14 Each year, housing associations receive funding from the Scottish Government to pay for adaptations to their properties to make them more suitable for people with disabilities. Most housing associations will request an occupational therapist report from the local Social Services department.
- 3.1.15 Health boards and local authorities should bear in mind that a carer providing regular and substantial care has the right to an assessment of their own needs as a carer. Under the Community Care and Health (Scotland) Act (2002), NHS Boards have developed Carer Information Strategies. These strategies, in place since May 2007, should improve carer identification, information and training to help carers continue in their caring role.

3.2 Assessment

- 3.2.1 The person must be resident in the Outer Hebrides.
- 3.2.2 The adaptation must be at that person's only or main residence.
- 3.2.3 The adaptation/equipment must be necessary and appropriate to the person and property based on assessment of need and risk.
- 3.2.4 Maintenance and repairs of adaptations in private property are the responsibility of the home owner – exceptions are stair lifts, step lifts and ceiling track hoists.
- 3.2.5 Assessment of individual circumstances underpins provision.

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3.2.6 Assessment should reflect the comprehensive needs of the individual and the needs of carers and take into account both current and long term needs.

3.2.7 Prior to recommendation of an adaptation or equipment provision the following points should be borne in mind:

3.2.7.1 Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques may eliminate the need for adaptation or equipment.

3.2.7.2 Unless the assessor considers it clearly inappropriate to do so, all adaptations, particularly major, should be preceded by trial of removable, re-useable equipment, where such equipment is available, technically feasible, and offers a cost-effective solution.

3.2.7.3 The possibility of a “move” to more suitable housing will be discussed with all applicants at an early stage. Where this is available and no other factors contra-indicate a move, such as the disruption of established support networks, or increased isolation of the disabled person, major permanent adaptations to property will not be recommended.

3.2.7.4 Adequate, relevant and proportionate information will be shared between agencies to ensure the appropriate health care professionals (including education and psychology services, where appropriate), involved in clients treatment and care have all the information they need. The parties will ensure that individuals will only be *authorised* to access information where they require to access, alter, disclose or destroy personal information as part of their role; and that authorised individuals act only within the scope of their authority and should only process health or social care records to the extent necessary to perform their role.

3.2.7.5 Where there is a suitable room (second sitting/dining room or bedroom for a non-permanent family member) these rooms will be considered to accommodate adaptations to meet the person’s need.

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3.2.7.6 Where a person declines to consider any of the options (3.2.7.1 to 3.2.7.5) above, the adaptation request cannot be progressed.

3.2.7.7 Permanent adaptations should only be considered where the applicant can reasonably be expected to enjoy increased independence and/or an improved quality of life, for a significant period (at least six months) following completion of the work.

3.2.7.8 In the case of people with (deteriorating) life limiting conditions, often where prognosis is uncertain, care should be taken to be as honest in decision making as possible, bearing in mind the unfortunate possibility of the assessor holding more information about the condition and prognosis than the applicant. It may be necessary, in some circumstances, to make a judgement to proceed rapidly with an alteration in order to afford the applicant as much use of it as possible. Likewise, it may be necessary to delay work where it is clear that the applicant will be unable to make use of the adaptation (see 3.2.7.7).

3.2.8 Adaptations and equipment may be provided where they increase or maintain safety and functional independence, dignity and self-esteem, and assist in protecting existing relationships.

3.2.9 A consensus over the type of assistance to be provided will be sought with the person, carer, other members of the household and other appropriate agencies.

3.2.10 Where the person or their representative wish to have an alternative adaptation other than the assessor's recommendation grant assistance will not be provided.

3.2.11 The provision is dependent on structural feasibility.

3.3 Decision Making

3.3.1 Assessment and recommendations may be discussed with other Occupational Therapists/Health and Social care Partnership/Communities Department/Tighean Innse Gall/Hebridean Housing Partnership/ Registered Social Landlord (RSL) staff.

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Joint visits may be carried out. Technical advice will be sought. **The decision to provide adaptations or specialist equipment rests with the Occupational Therapy service. No commitment can be given by another agency.**

3.3.2 The person will be provided with a copy of the recommended adaptations.

3.3.3 The Occupational Therapist will include clear advice as to the specific requirements of the person and will continue to provide advice throughout the planning process and completion of the work.

3.3.4 The person or owner can exercise their right to refuse assistance, or withdraw their cooperation by speaking to one of the agencies involved at any time.

3.4 Confidentiality

3.4.1 It may be necessary to share relevant information regarding a persons' health or social circumstances with other staff, departments or agencies. We take care to ensure clients' personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure and confidential. The parties will aim to be as transparent as possible in the processing of Personal Data carried out in relation to this policy and must ensure the relevant privacy notices are in place regarding each service and data subjects rights under the Data Protection Act (2018) (NHS Western Isles, 2020).

3.5. Finance

3.5.1 Financial assistance may be obtained from the following sources:

3.5.1.1 Adaptations Grant assistance available from Housing Services, Communities Department Comhairle nan Eilean Siar (CnES) for adaptations to private property.

3.5.1.2 Hebridean Housing Partnership/Registered Social Landlords.

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- 3.5.1.3 Occupational Therapy budget for minor adaptations to private property.
- 3.5.1.4 Community Care Grants. Initial contact is through the Citizens Advice Bureau.
- 3.5.1.5 The person's own resources. This will include situations where there is an anticipated compensation pay-out due for injuries sustained, (leading to the requirement for an adaption). The CnES will fund the adaptation upfront, but there will be a requirement to repay any grant awarded once the compensation payment is received.
- 3.5.1.6 Charitable bodies.

3.6 PROCEDURES

MAJOR ADAPTATIONS

The procedure for the major adaptation of a property is as follows:

For housing rented from a Registered Social Landlord (RSL):

- 3.6.1 Assessment by the Occupational Therapy Service and recommendations based on the criteria.
- 3.6.2 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.
- 3.6.3 Recommendations for adaptations are made to the Registered Social Landlord in writing.
- 3.6.4 Regular meetings are held between the Occupational Therapy Service and Registered Social Landlord to discuss adaptations and monitor progress.

For privately owned property:

- 3.6.5 Assessment by the Occupational Therapy Service and recommendations based on the criteria.

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3.6.6 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.

3.6.7 Applications for an Adaptations Grant may be made through the Communities Department, CnES. Tighean Innse Gall can act on an applicant's behalf as their agent and they will obtain quotations for the recommended works and submit the completed grant application paperwork to the Communities Department. It should be noted that applicant's are responsible for meeting any shortfall between the cost of works and the grant award. Tighean Innse Gall may also assist in making applications for funding requests to charitable bodies when necessary.

The person can opt to progress the application themselves without support from Tighean Innse Gall.

3.6.8 The Occupational Therapist will liaise with the person, Communities Department, Tighean Innse Gall and contractors as required.

For privately rented houses:

3.6.9 Assessment by the Occupational Therapy Service and recommendations is based on the criteria.

3.6.10 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.

3.6.11 Written permission to carry out the adaptation must be obtained from the property owner/landlord.

3.6.12 Proof of a 12 month minimum tenancy must be provided before grant assistance can be provided.

3.6.13 Responsibility for any shortfall will be clarified and agreed i.e. will the landlord or tenant meet funding shortfall between grant amount and actual cost. Charitable funding can also be considered.

3.6.14 Responsibility for returning the property to its original state belongs to the owner/landlord.

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3.7 MINOR ADAPTATIONS

3.7.1 Minor adaptations can be recommended by the Occupational Therapy Service. All adaptations will be subject to funding availability.

The procedure for minor adaptation of a property is as follows:

For housing rented from a Registered Social Landlord:

3.7.2 Assessment by the Occupational Therapy Service and recommendations based on the criteria.

3.7.3 Written requests are made from the Occupational Therapy service to the registered social landlord in line with criteria.

3.7.4 The RSL will then instruct the work subject to funding being available.

For privately owned property:

3.7.5 Assessment by the Occupational Therapy Service and recommendations based on the criteria, subject to funding being available and a maximum cost of £900. This figure is reviewed annually.

3.7.6 Funding is available annually through the Minor Adaptations budget provided by Comhairle nan Eilean Siar. Written instruction is sent from the Occupational Therapy Service to a local contractor specifying the work to be carried out either instructing them to proceed if work can be done within the specified costs or requesting a quote. Alternatively, the family can carry out the work. In these circumstances material costs only will be reimbursed and the family take responsibility for the quality and effectiveness of the work.

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For privately rented houses:

3.7.7 Assessment by the Occupational Therapy Service and recommendations based on the criteria, subject to the funding being available and at the maximum cost of £900. This figure is reviewed annually.

3.7.8 Written permission to carry out the adaptation must be obtained from the property's owner/landlord. Responsibility for returning the property to its original state becomes that of the owner/landlord.

3.7.9 Funding is available annually through the Minor Adaptations budget provided by CnES. Written instruction is sent from the Occupational Therapy Service to a local Contractor specifying the work to be carried out and instructing them to proceed if the work can be done within the specified costs.

SECTION 2: CRITERIA FOR ADAPTATIONS/EQUIPMENT

3.7 Access

3.7.1 Intercom and Door Unlock Systems

The person has severely restricted mobility and is unable to open/close the main access door and is alone for significant periods of time.

3.7.2 Ramps

Wheelchair users may be provided with ramps where feasible and technically possible, and in the most cost effective way. In exceptional circumstances people using a wheeled rollator may be provided with a ramp.

Temporary ramps may be provided where the use is expected to be short-term or for the period awaiting completion of the permanent ramp.

Only one entrance will be ramped.

In some circumstances provision of a ramp may be contra-indicated.

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3.7.3 Steps and Rails

- Rails can be provided to assist with external or internal steps where there is a high risk of falls and where an alternative option of completing the essential task is not available.
- Grab rails can be provided indoors in the following circumstances: rails at toilets, showers or baths to enhance independence and safety in activities of daily living where there is a high risk of injury to self or carers.
- Steps can be altered to reduce the rise or extend the tread to enable safe access.
- Only one access to the home will be altered.
- Rails in corridors will not normally be provided.

3.7.4 Access Paths

Access Paths may be considered in the following circumstance:

- Where the person is a wheelchair user and a path is required to facilitate access to the vehicular access.
- The maximum length of eligible path is 30 metres long x 1.50 metres wide.

3.7.5 Other access/external issues

Assistance may be available in the following circumstances:

- Safe play fencing for children with additional needs may be considered where an exceptional risk has been identified and the proposals meet the child's identified needs e.g. non-climb fencing. The area of fencing will be based on an assessment of the child's needs but will not exceed the existing footprint of the house. Surfacing of the play area is not eligible for grant assistance.

3.7.6 Items which cannot be supported

- Repairs to broken or uneven surfaces of paths and steps.
- Additional paths and steps around the property.
- Improved external lighting.
- Driveways or access roads.

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- Cattle grids/external gates.
- Storage for mobility scooters, electrically powered vehicles.
- Through floor lifts.
- Access to washing lines.

3.8 Bathing

3.8.1 The aim of any provision will be to enable the person to remain or become independent in personal care or to assist carers to manage more easily and safely.

Bath Lifts

3.8.2 Powered bath lifts may be considered for a person if the following criteria apply:

3.8.3 Non powered bath equipment has been tried and proved to be unsuitable for the person's degree of functional loss.

3.8.4 The provision will enable the person to remain independent in personal care or enable carers to deliver personal care with reduced risk.

3.8.5 The person or carer is able to take responsibility for charging the equipment following the manufacturer's instructions.

3.8.6 The person must be able to transfer on to the bath lift safely.

3.8.7 A powered bath lift will be issued on temporary loan if the person is receiving palliative care.

3.9 Overbath Showers

3.9.1 The provision and installation of a shower over the bath to be used either seated or standing. The shower will have thermostatic control and meet British Standards Institution standards.

3.9.1.1 Bath equipment has been considered/tried and is inappropriate due to the person's degree of functional loss.

3.9.1.2 Person preference alone cannot be the only factor for this provision.

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3.10 Level Access Shower Facilities

3.10.1 Level access shower will include half height doors, curtain, grab rails and thermostatically controlled shower unit.

Or

3.10.2 Wet room with appropriate accessories as above.

3.10.3 The provision will enable the person to remain/become independent in personal care or will enable the carer to deliver personal care.

3.10.4 Seating for the shower will be provided according to assessed need.

3.10.5 Bath equipment has been considered/tried and is inappropriate due to the person's degree of functional loss.

3.10.6 Person has been assessed as being unable to access existing facilities.

3.10.7 Person preference alone cannot be the only factor in this provision.

3.10.8 A shower would only be removed and replaced with a bath in exceptional circumstances due to medical need.

3.10.9 Wherever possible existing sanitary ware will be retained or re-used.

3.11 Toileting

3.11.1 Additional Standard Toilet

3.11.1.1 The person's functional ability to reach the existing toilet is severely restricted due to the nature of their condition.

3.11.1.2 Where access to existing toilet cannot be provided by stair rails, stair lift or ramp.

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3.11.1.3 Where there is a permanent medical condition which severely affects frequency/urgency of need and the person's mobility is impaired.

3.11.1.4 Where the person's need is urgent/frequent and there are several other occupants in the home.

3.11.1.5 A commode or chemical toilet has been considered and is inappropriate due to problems emptying or lack of privacy.

3.12 Toilet with integral Bidet and Drier Washing and Drying facility.

3.12.1 The person is unable to maintain hygiene after toileting due to degree of functional loss.

3.12.2 The provision would give the person a substantial degree of independence and privacy in toileting.

3.12.3 Where the person finds it unacceptable for carers to assist with personal cleaning.

3.13 Combined Toilet/Shower Unit

3.13.1 The criteria for a level access shower and an additional toilet are met but limitations of the accommodation preclude the provision of separate facility.

3.14 Stair lifts

Considerations

- Re-housing to more suitable accommodation should always be considered as an alternative to installing any form of lift.
- Health and Safety/Building Standards/Fire Regulations affecting the proposed installation must be achieved.

Contra-indications for stair lifts:

- Progressive conditions which will affect transfer to stair lift.

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- Poor sitting/standing balance.
- Movement disorders are present.
- Cognitive impairment that is likely to deteriorate.
- Where behaviour inhibits safe use or presents risk.

3.14.1 The person's functional ability to climb the stairs is severely restricted due to the nature of their condition.

3.14.2 It is medically contra-indicated for the person to climb the stairs, even with additional stair rails.

3.14.3 Short rise lift (platform lift): Internal and External

- Where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home e.g. toilet.
- Provided it is a cheaper option than ramp provision.

3.15 CEILING TRACK HOISTS

3.15.1 Mobile hoists and other lifting equipment have been considered and are inappropriate due to the degree of functional loss, capacity of carers, or lack of space.

3.15.2 Provision can facilitate single carer use.

Gantry hoists may be provided as a temporary measure while waiting for ceiling track installation or if the person is receiving end of life care

Note: Stair lifts and ceiling track hoists in private sector housing will be serviced and maintained via the CnES Servicing Contract. The Community Department, CnES will

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inform the Assets, Finance and Resources Department of new stair lift and ceiling track hoist installations.

3.16 Alterations or extensions to living space

Any alteration must be essential to meet the needs of a person with disability and not just a desirable improvement. Any alteration or extension will be confined to that section of the property principally used by the person with a disability and will not be provided as a general house improvement.

3.16.1 Washing and Toilet Facilities

- The person meets the criteria for the facility.
- The person has extreme difficulty in negotiating stairs and the prognosis indicates that there will be deterioration of function in the future.
- It is not technically feasible to install a stair lift or it is not appropriate due to the person's functional ability or a safety hazard for other household members.
- The existing facilities are not accessible and cannot be reasonably adapted to make them suitable for the person with a disability.
- Where there are two toileting facilities the most appropriate to meet the person's needs will be used.

3.16.2 Redesign/adaptation of facilities of an existing kitchen

- The person is a permanent wheelchair user or a user of one of the larger types of walking equipment and would need to use the kitchen routinely to prepare and cook food and can no longer access the facilities.
- Alternative kitchen facilities need to be provided because the kitchen space is compromised as a result of encroachment by additional adaptations.

The extent of adaptations will depend on whether the person is the predominant kitchen user. Access should be available to an appropriate height work surface and the facilities to use a cooker, kettle and the sink. Any adaptation will take into account the needs of other users of the kitchen e.g. family or carers.

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3.17 Additional Living Accommodation

Grants to provide additional living accommodation are not a mandatory requirement for assistance for this type of work in the Housing (Scotland) Act (2006). Grants to provide extensions will only be considered where a case meets the required criteria set out below and cannot otherwise be provided or contained within the existing house or an alternative, more cost effective solution cannot be achieved.

- 3.17.1 The amount of eligible expense for additional living accommodation will be calculated in strict accordance with CnES policies on cost limited works and may not necessarily cover the whole cost of the works.
- 3.17.2 This should include investigating a move to more suitable, alternative accommodation. Otherwise, the following will apply:
- 3.17.3 Consideration has been given to the possibility of installing a stair lift (see relevant criteria).
- 3.17.4 Where there are two reception rooms one would be expected to be used as a bedroom. If two separate rooms have previously been converted into a "through" room it is reasonable to expect the adaptation to involve restoring the property to provide two rooms again (to achieve a separate bedroom).

Where there are two reception rooms one would generally be expected to be used as a bedroom, unless there is insufficient provision within the remaining living room.

- 3.17.5 For provision of additional bedroom/living space the individual would usually have multiple disabilities and complex management/care needs.
- 3.17.6 Where the request is for an additional bedroom to meet the care of someone who has not previously lived in the household, work will only proceed where provision of an additional bedroom is the only solution to the person

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remaining in the community. The house to be adapted must be the sole residence of the person for whom the adaptation is to be carried out.

3.17.7 Only minor adaptation will be completed and removable equipment will be supplied until it can be demonstrated that the level of care can be sustained at home for a minimum of three months.

3.17.8 Where a person's family wish to make more complex adaptations a proportion of the cost will be given for the essential works required due to disability as assessed for/by an Occupational Therapist as providing for current and future needs.

Where care is unavailable at the point the need for the adaptation is identified there will be close coordination between Occupational Therapy and Social Care Services.

3.18 Safe spaces

3.18.1 Assessment and advice will be given on the provision of safe spaces. Criteria for the provision of a safe space are the following:

Challenging behaviour – self harm, harm to others, smearing/soiling.

- Disturbed sleep patterns. Psychological features e.g. severe anxiety.
- Family stress. Known to Social Communication Team.
- Predictable routine and visual strategies already established.
- Indication that sensory strategies such as weighted blanket, deep pressure, are helpful.
- Environmental adjustments e.g. calm colours, distraction free already in place.
- Where quiet area has worked and is used in school, evidence that this strategy can be transferred in another environment e.g. home.

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4 Accountability and Responsibilities

It is the responsibility of all Partners to ensure the aims and arrangements developed through the Adaptation Policy are communicated to staff and managers to ensure effective implementation.

Decision making on aspects of the policy must be agreed by the Partners and proactively managed to ensure an equitable service.

5 Implementation, Education, Training, Monitoring and Reviewing

5.1 Implementation

This is a review of an existing policy which supports practice across a range of agencies including NHS Western Isles Health Board, Comhairle nan Eilean Siar, Hebridean Housing Partnership, Tighean Innse Gall, and Social Care. All partners were involved in the review and wider consultation took place before approval of the policy.

5.2 Education and Training

There is a requirement that the staff in all of the Partnership agencies involved in the implementation of the policy fully understand its implications for their working practices, including joint working practice.

5.3 Monitoring and Reviewing

The Occupational Therapy Services Manager in collaboration with the Partner agencies will monitor and review the policy.

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7 Appendices

7.1 Appendix 1: Patient Focus Public Involvement

7.1a: Please show how this policy will address the area of patient focus and how you will deliver against the national programme for Person Centred Health and Care and how this will be monitored.

Person centred assessment which takes into account person's and carer's views.

7.1b: Please outline what steps have been or will be taken to involve the public in the development of this policy.

On an individual basis, we review with the client/carer whether the adaptation provided is satisfactory and whether it has had the impact anticipated. This is captured in patient records

7.1c: Please outline what mechanism is most appropriate to ensure good governance regarding participation that relates to this policy.

The person and carers are key in devising the goals and treatment programme

7.2 Appendix 2: Fairness Assessment

Key steps for conducting a Fairness Assessment

1. Identify the key aims and outcomes of the policy.
2. Gather information and evidence around protected characteristics and identify the gaps.
3. Assess the impact: consider alternatives and mitigate negative impacts.
4. Involve and consult on impact assessment, internally and externally.
5. Make a decision: develop an Action Plan based on evidence.
6. Send to the Strategic Diversity Lead for sign off.

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7. The final Fairness Assessed policy will be published on the NHS WI Show website.
8. Monitor and review the final assessment.

Section 1: About your Policy

Please answer the following questions:

1. Is this a new policy?

Yes ☐ No ☒

If yes, please explain why it is being done and what the effects of it will be.

2. Have you checked if there are any other current guidance on this topic in the Health Board?

Yes ☒ No ☐

If the answer is No, please stop and check now.

3. Please list who is likely to be affected by this project and how they will be affected

Who?	How?
Client/Users	Recipients of adaptation
Health and Social Care referrers	Referrers
Care and Repair	Agent acting on behalf of client to complete grant application and interact with contractors, Development Department and Occupational Therapy
Hebridean Housing Partnership	Registered Social Landlord
Development Services, CnES	Managing grant funding

4. Please tell us how you are going to involve these people in the project

Section 2: Protected Characteristics

These are about the people or groups of people whose rights are specifically protected under the 2010 Equalities Act.

This page gives you information on each of the nine protected characteristics.

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1. Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds, 65-80 year olds)

How will these groups be affected?

The service is delivered to people of all ages. No age group has any adverse effects

2. Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.

How will this group be affected?

There might be potential communication needs to people with special needs, such as BSL, large print, etc. NHS WI's services such as BSL, large print or any other appropriate communication services will be used to mitigate the barriers.

3. Gender Reassignment

The process of transitioning from one gender to another.

How will this group be affected?

They can access the service without any adverse effects

4. Marriage and Civil Partnership

Same-sex marriage has now been enshrined in legal statute, in England in March 2014 and in Scotland in December 2014. Both mixed-sex and same-sex couples can now marry in the eyes of the law, while respecting the freedom of religious bodies and celebrants not to perform these ceremonies. Couples in a civil partnership in England can now convert this into marriage in England, although this option is not yet available in Scotland. Civil partnership is not available to mixed-sex couples throughout the UK.

How will this group be affected?

They can access the service if service criteria met and there are no adverse effects to this group

5. Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Under the terms of the 2010 Equality Act, action can now be taken in the

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civil courts when a person has suffered a disadvantage because of unfair treatment because of pregnancy, breastfeeding or having given birth.

How will this group be affected?

They can access the service if service criteria met and there are no adverse effects

6. Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

How will this group be affected?

There might be potential language barriers to those who cannot speak English. Telephone and/or video interpretation services via Languageline Solutions will be used to address such needs.

7. Religion and Belief

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instil a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

Does your proposal discriminate or disadvantage any religious or non religious group?

They can access the service if service criteria met and there are no adverse effects

8. Sex (Gender)

A man or a woman (male or female).

Does your proposal discriminate between men and women, if so how and why?

They can access the service if service criteria met and there are no adverse effects

9. Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

How will this group be affected?

They can access the service if service criteria met and there are no adverse effects

10. Negative Findings

If you have found negatives in the above assessments, how do you intend to deal with these and why?

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Not applicable

Section 3: Human Rights

It is unlawful for a public authority to act in a way which is incompatible with a European Convention of human rights requirements. There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.

- The right to life - protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

Does your proposal affect this right?

No

- The prohibition of torture and inhuman treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

Does your proposal affect this right?

No

- The right to liberty and freedom - you have the right to be free and the state can only imprison you with very good reason for example, if you are convicted of a crime.

Does your proposal affect this right?

No

- The right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you in a court of law.

Does this proposal affect this right?

No

- Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

Does this proposal affect this right?

No

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- Freedom of thought, religion and belief - you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

Does your proposal affect this right?

No

- No discrimination - everyone's rights are equal. You should not be treated unfairly because for example, of your gender, race, sexuality, religion or age.

Does your proposal affect this right?

No

Equality Lead's Use

Received for review: 18th August 2020

Checked by: T K Shadakshari

Owner of Fairness Assessment: Sonja Smit

Comments and recommendations: Checked and found it fine

Signed:



Date: 18th August 2020

By Strategic Diversity Lead

7.3 Appendix 3: Audit Checklist

Audit Criteria	C	N/C	O	Comments
The policy document is present in all locations required and is the current version.				
Staff know where the policy is located and can access it.				

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Staff can demonstrate a working knowledge of the policy.				
Add additional criteria as required.				

KEY: C Compliance **N/C** Non-compliance **O** Opportunity for improvement

Auditor's Signature: Date Completed:

Auditor's Name:

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