



# NHS Western Isles/Comhairle nan Eilean Siar Policy

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 delivery of effective Integrated Health and Social Care relies heavily on appropriate good quality housing and Housing Services as well as the seamless provision of equipment and adaptations following formal assessment.

Western Isles Integrated Joint Board is committed to the principle of improving the health and wellbeing outcomes of people affected by disabilities and health conditions and for them to live independently within their own homes for as long as possible.

As a cost-effective model of intervention this requires effective strategic and operational joint working with housing partners to help with the better planning and delivery of barrier free housing solutions.

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

**Please Note:** It is recommended that all Occupational Therapy staff refer directly to the Scottish Government's Equipment and adaptations: guidance on provision (Scottish Government, 2023) alongside this localised Policy and Procedure, in the assessment and provision of equipment and adaptations.

*"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).

## 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. All Scottish 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 Context

#### 3.1 Legislative Framework

**3.1.1** This joint policy and procedure contains direct references to the Scottish Government's Equipment and adaptations: guidance on provision (Scottish Government, 2023)

#### 3.2 Housing Services and Integrated Health and Social Care: housing advice note

**3.2.1** 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 (Scottish Parliament, 1978). 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.

**3.2.2** The Social Work (Scotland) Act (1968) places a general duty on local authorities to promote social welfare by making available advice, guidance, and assistance (Scottish Parliament, 1968). 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.

**3.2.3** Section 2 of the Chronically Sick and Disabled Persons Act (1970) (UK Government, 1970) is effective in Scotland through the Chronically Sick and Disabled Persons (Scotland) Act 1972 (Scottish Parliament, 1972). It applies to any chronically sick and disabled person, to whom section 12 of the 1970 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 (Scottish Parliament, 1995).

**3.2.4** 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 (Scottish Parliament, 1995).

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- 3.2.5** 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 (Scottish Parliament, 2004).
- 3.2.6** 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), assistance may be available to adapt their home, depending on the assessment of need (Scottish Parliament, 2006).
- 3.2.7** The UK Data Protection Act (2018) requires data controllers and processors of personal data to have a legal basis when doing so (UK Parliament, 2018). Information shared to facilitate 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 Act (2018) management of Health or Social Care services and systems. The UK Data Protection 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

### **3.3 Housing (Scotland) Act 2006**

- 3.3.1** 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.
- 3.3.2** 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 homeowners to undertake adaptations to the property. For additional detail refer to the Housing Scheme of Assistance.
- 3.3.2.1** 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.
- 3.3.2.2** 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 (toilet,

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bath or shower, wash hand basin or sink) this assistance must be in the form of an adaptation grant.

- 3.3.2.3** Section 75 states that the retrospective grant aid will only be given after works have started where there is a good reason provided by the applicant for works starting ahead of grant application consideration.
- 3.3.2.4** Section 76 states that the local authority may not usually limit the approved expense available in the case of grant funding for adaptations for a disabled person.
- 3.3.2.5** Section 77 relates to the means testing of grants. Everyone will get 80% of the costs of the adaptation to which a grant applies. If an owner is in receipt of certain benefits, they will receive 100% grant to cover the costs of work undertaken.
- 3.3.2.6** 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.
- 3.3.2.7** Section 88 prevents the local authority from awarding a further grant within 10 years for the same work for which a grant was previously approved unless the need for the new work was not foreseeable at the time of the original grant awarded.

### **3.4 Public Bodies (Joint Working) (Scotland) Act (2014)**

- 3.4.1** 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 (Scottish Parliament, 2014).
- 3.4.2** 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.

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- 3.4.3** 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.
- 3.4.4** 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. The local housing association will request a report from the Occupational Therapy Department.
- 3.4.5** The Carers (Scotland) Act (2016) ensures the right for carers to be given an assessment of their own support needs which Social Work will use to provide the carer with an Adult Support Plan (Scottish Parliament, 2016).

### 3.5 Local Policy

Local policy decisions are required to reflect the context of resourcing statutory obligations. The demand for adaptation grant assistance as evidenced by application trends for the 2 recent capital programmes far exceeds the available financial assistance. To this end the local policy conditions are included to advise potential applicants of the measures put in place to maximise available resources for unforeseen and existing tenants or property owners.

Properties will not be considered eligible for grant assistance for 12 months following purchase as it could be reasonably expected that any new owner should have made financial provision for the required works prior to purchasing the property.

Major adaptations to a property will not be recommended when the possibility of a move to a more suitable property is feasible in terms of the assessment criteria.

Where a person declines to engage in a full assessment process as defined in this policy, an adaptation request will not be progressed to grant application.

The scope of adaptations is focussed on mandatory works. Grant aid will relate only to the mandatory elements of adaptations as per the legislation. Extensions as per definition of the

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guidance are not classed as mandatory in Guide to funding a Major adaptation, Aug 2010 (Scottish Government, 2010).

## 4. Defining Adaptations

- 4.1** 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).
- 4.2** The purpose of an adaptation is to modify an environment to restore or enable independent living, privacy, confidence and dignity for individuals and their families. As defined by The Public Bodies (Joint Working) (Scotland) Act 2014 (Scottish Parliament, 2014).
- 4.3** The form of the adaptation can be wide ranging and is not restricted to defined types. Rather, the emphasis is on the intended goal, to maximise independence and ensure people of all ages are supported to live safely in their own home.
- 4.4** Financial assistance towards the construction of a new build will be restricted to the cost of providing the necessary adaptations in the new home. This may include, for example, the provision of appropriate bathroom fittings being incorporated at the building stage. If any other grant assistance is being received towards the cost of building the new house – e.g., a Croft House Grant or other similar affordable housing funding, then the Housing Services Manager, Comhairle nan Eilean Siar, must be informed in writing of the amount and type of grant being received.
- 4.5** Adaptations can improve confidence, skills and mobility and reduce symptoms. They can form part of a range of options available to people experiencing a disabling environment. This could include, but is not limited to:
- 4.5.1** Adaptations to a bathroom, e.g., replacing a bath with a wet floor shower.
- 4.5.2** Improvements to support access into, and around the home e.g., widening of a door frame to allow wheelchair access and external access improvements.

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**4.5.3** Adaptations and equipment which provide safety features for people with diagnosed neurodivergence.

## 5. The Assessment Process

### 5.1 Guiding Principles

Good assessment practice is fundamental to the provision of an effective adaptation service. This should be in the context of promoting independence and should balance risk with the need to maximise functional potential and avoid over-prescription.

Adaptations can support a range of needs and complement interventions including rehabilitation and the management of conditions and should be viewed as integral to the delivery of wider service objectives.

The following general principles apply:

- 5.1.1** The person must be resident in the Western Isles
- 5.1.2** The adaptation must be at that person's sole or main residence.
- 5.1.3** The adaptation must be necessary and appropriate to the person and property based on assessment of need and risk.
- 5.1.4** Maintenance and repairs of adaptations in private property are the responsibility of the homeowner – exceptions are stair lifts, step lifts and ceiling track hoists provided through grant assistance.
- 5.1.5** Assessment of the persons circumstances underpins provision.
- 5.1.6** Assessment should reflect the comprehensive needs of the person, other household occupants, and the needs of carers' current and long-term needs.
- 5.1.7** Prior to recommendation of an adaptation or equipment provision the following points will be considered as part of the assessment:
  - 5.1.7.1** Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques may eliminate the need for adaptation or equipment.

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- 5.1.7.2** 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.
- 5.1.7.3** 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.
- 5.1.7.4** Adequate, relevant, and proportionate information will be shared between relevant agencies to ensure the appropriate health care professionals (including education and psychology services, where appropriate), involved in client’s 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.
- 5.1.7.5** Where there is a suitable room (second sitting/dining room or bedroom for a non-permanent family member) this room will be expected to accommodate adaptations to meet the person’s need.
- 5.1.7.6** Where a person declines to consider any of the above options, the adaptation request will not be progressed to grant application.
- 5.1.7.7** 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.
- 5.1.8** 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.

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**5.1.9** Where the person or their representative wish to have an alternative adaptation other than the assessor's recommendation, grant assistance may be considered provided the alternative plan will meet the person's long-term needs and the difference in cost is met by the person.

**5.1.10** The provision is dependent on structural feasibility and compliance with current building standards.

## **5.2 Decision Making**

**5.2.1** Assessment and recommendations may be discussed with other Occupational Therapists/Health and Social Care Partnership/Housing Services, Chief Executive's Department Department/Tighean Innse Gall/Hebridean Housing Partnership/Registered Social Landlord (RSL) staff. Joint visits may be carried out. Technical advice will be sought. The assessment for provision of adaptations or specialist equipment rests with the Occupational Therapy service. The decision regarding awarding of grant rests with Housing Services, Chief Executive's Department, CnES. No commitment can be given by another agency.

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

**5.2.3** 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.

**5.2.4** If a grant application has been processed and approved, but the client passes away before the works are commenced, the works will not routinely go ahead.

## **5.3 Finance**

**5.3.1** Financial assistance may be obtained from the following sources:

**5.3.1.1** Adaptations Grant assistance available from Housing Services, Chief Executive's Department Comhairle Eilean Siar (CnES) for adaptations to private property.

**5.3.1.2** Hebridean Housing Partnership/Registered Social Landlords.

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- 5.3.1.3** Occupational Therapy budget for minor adaptations to private property.
- 5.3.1.4** Community Care Grants. Initial contact is through the Citizens Advice Bureau.
- 5.3.1.5** 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.
- 5.3.1.6** Charitable bodies.

## 6. Confidentiality

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) (UK Parliament, 2018).

## 7. Procedures

### 7.1 Relevant Adjustments

The Relevant Adjustments to Common Parts (Disabled Persons) (Scotland) Regulations (2020) have been developed by the Scottish Government to allow disabled people to adjust the property to their needs (Scottish Government, 2020). The term "Relevant Adjustments" has been used because it is a legal requirement, but it means the same as adaptations. Whenever you see the term "relevant adjustments" or "adjustments" it can be read as "adaptations".

Please refer to: Scottish Government issued guidance: Adapting common areas of property (Scottish Government, 2021).

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## 7.2 Major Adaptations

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

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

- 7.2.1.1** Assessment by the Occupational Therapy Service and recommendations based on the assessed need.
- 7.2.1.2** Investigation of alternatives to adaptations is carried out i.e., provision of equipment, move to more suitable accommodation.
- 7.2.1.3** Recommendations for adaptations are made to the Registered Social Landlord in writing.
- 7.2.1.4** Regular meetings are held between the Occupational Therapy Service and Registered Social Landlord to discuss adaptations and monitor progress.

### 7.2.2 For privately owned property:

- 7.2.2.1** Assessment by the Occupational Therapy Service and recommendations based on the assessed need.
- 7.2.2.2** Investigation of alternatives to adaptations is carried out i.e., provision of equipment, move to more suitable accommodation.
- 7.2.2.3** Applications for an Adaptations Grant are made through the Housing Services, Chief Executive's 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 Housing Services, Chief Executive's Department. It should be noted that applicants 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.  
  
Alternatively, the person can opt to progress the application themselves without support from Tighean Innse Gall.
- 7.2.2.4** The Occupational Therapist will liaise with the person, Housing Services Team, Tighean Innse Gall, and contractors as required.

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### **7.2.3 For privately rented houses:**

- 7.2.3.1** Assessment by the Occupational Therapy Service and recommendations is based on the assessed need.
- 7.2.3.2** Investigation of alternatives to adaptations is carried out i.e., provision of equipment, move to more suitable accommodation.
- 7.2.3.3** Written permission to carry out the adaptation must be obtained from the property owner/landlord.
- 7.2.3.4** Proof of a 12-month minimum tenancy should be provided before grant assistance can be provided.
- 7.2.3.5** 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.
- 7.2.3.6** Responsibility for returning the property to its original state belongs to the owner/landlord.

### **7.3 Minor Adaptations**

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:

#### **7.3.1 For housing rented from a Registered Social Landlord:**

- 7.3.1.1** Assessment by the Occupational Therapy Service and recommendations based on the assessed need.
- 7.3.1.2** Written requests are made from the Occupational Therapy service to the registered social landlord in line with criteria.
- 7.3.1.3** The RSL will then instruct the work subject to funding being available.

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### **7.3.2 For privately owned property:**

- 7.3.2.1** Assessment by the Occupational Therapy Service and recommendations based on the assessed need, subject to funding being available and a maximum cost as agreed with the Housing Services.
- 7.3.2.2** 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 agreed material costs only will be reimbursed, and the family take responsibility to ensure that the adaptation meets current building standards.

### **7.3.3 For privately rented houses:**

- 7.3.3.1** Assessment by the Occupational Therapy Service and recommendations based on the criteria, subject to the funding being available and at the maximum as agreed with Housing Services.
- 7.3.3.2** Written permission to carry out the adaptation must be obtained from the property owner/landlord. Responsibility for returning the property to its original state becomes that of the owner/landlord.
- 7.3.3.3** 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, requesting quote and instructing them to proceed if the work can be done within the specified costs.

## **8. Implementation, Education, Training, Monitoring and Reviewing**

### **8.1 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

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Partnership, Tighean Innse Gall, and Social Care. All partners were involved in the review and wider consultation took place before approval of the policy.

## 8.2 Education and Training

- 8.2.1** There is a requirement that the staff in all the Partnership agencies involved in the implementation of the policy fully understand its implications for their working practices, including joint working practice. Trainers should take special notice of all references to Training contained within the Scottish Government’s Equipment and adaptations: guidance on provision (Scottish Government, 2023).
- 8.2.2** Importantly, training modules to support the Housing Solutions programme, and encourage a multi-partnership integrated approach to identifying and assessing for local solutions have also been developed.
- 8.2.3** The aim is to ensure that needs can be assessed, and solutions provided, by a wider range of frontline staff across Housing, Health, and Social Care, and third sector settings, removing the traditional requirement for an occupational therapy assessment for every adaptation solution. The core half day module (1) is for all relevant staff across all services and third sector partners. Additional modules (2&3) are available for supporting wider groups of staff to be able to assess for adaptation provision.
- 8.2.4** The Adaptations without Delay 2019 publication, commissioned by the Royal College of Occupational Therapists (RCOT) from the Housing Learning Improvement Network (LIN), was developed to demonstrate how adaptations can be delivered with the individual at the centre (Royal College of Occupational Therapists, 2019). The document highlights how, and when occupational therapists add value to the process, where complexity of individual circumstances dictates this is appropriate. However, the important message in this publication is clarifying that for many types of straightforward adaptation provision, an Occupational Therapist is not required to assess these needs.
- 8.2.4.1** The focus is about avoiding unnecessary delays, empowering housing associations to take a pro-active approach to providing straightforward

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adaptation solutions for their tenants with non-complex needs, without the need for an OT assessment.

**8.2.4.2** This opens the opportunity for services and agencies to develop self-selection where appropriate and to explore the meaningful involvement of other staff and professions in the service pathways to ensure a more streamlined, responsive, and effective approach to meeting the adaptation needs of people in our communities. The Housing Solutions approach and Adaptations without Delay are complimentary and can be used as a catalyst for improvement (Royal College of Occupational Therapists, 2019). They provide a framework for all stakeholders across Social Care, Health, and Housing (and third sector where appropriate) to review current service pathways and agree a strategic operational improvement plan, regardless of the starting point.

Currently in the Western Isles all assessments, universal, targeted and specialist, are carried out by the Occupational Therapy Service, as this is the most effective use of resources and provides uniformity.

### 8.3 Monitoring and Reviewing

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

## 9. Criteria for Adaptations

### IMPORTANT NOTE

When purchasing or inheriting a property it is the responsibility of the homeowner to ensure it meets their needs and the needs of their family members. Grant assistance will only be considered for a property purchased or inherited if there is a significant and unanticipated change in the person's health condition.

Where the home-owner wishes to make changes to the agreed lay-out of the adaptation and it still meets the disabled person's needs, any difference in cost will be met by the home owner.

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Grants to provide extensions to properties are not a mandatory requirement. Guide to Funding a Major Adaptation 2010 (Scottish Government, 2010).

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<b>9.1 Intercom and door unlock systems</b>	<ul style="list-style-type: none"> <li>The person has severely restricted mobility and is unable to open/close the main access door and is alone for significant periods of time.</li> </ul>
<b>9.2 Ramps</b>	<ul style="list-style-type: none"> <li>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</li> <li>Temporary ramps may be provided where the use is expected to be short-term or for the period awaiting completion of the permanent ramp.</li> <li>Only one entrance will be ramped.</li> <li>In some circumstances provision of a ramp may be contra-indicated.</li> </ul>
<b>9.3 Steps and rails</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Steps can be altered to reduce the rise or extend the tread to enable safe access.</li> <li>Usually only one access to the home will be altered.</li> <li>Rails in corridors will not normally be provided.</li> </ul>
<b>9.4 Access paths</b>	<p>Access Paths may be considered in the following circumstance:</p> <ul style="list-style-type: none"> <li>Where the person is a wheelchair user, and a path is required to facilitate access to the vehicular access.</li> <li>The maximum length of eligible path is 30 metres long x 1.50 metres wide.</li> </ul>

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<b>9.5 Other access/external issues</b>	<p>Assistance may be available in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Safety 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.</li> </ul>
<b>9.6 Items that cannot be supported</b>	<ul style="list-style-type: none"> <li>• Repairs to broken or uneven surfaces of paths and steps.</li> <li>• Additional paths and steps around the property.</li> <li>• Improved external lighting.</li> <li>• Driveways or access roads.</li> <li>• Cattle grids/external gates.</li> <li>• Storage for mobility scooters, electrically powered vehicles.</li> <li>• Through floor lifts.</li> <li>• Access to washing lines.</li> </ul>
<b>9.7 Over bath showers</b>	<ul style="list-style-type: none"> <li>• Bath equipment has been considered/tried and is inappropriate due to the person's degree of functional loss.</li> <li>• Personal preference alone cannot be the only factor for this provision.</li> </ul>
<b>9.8 Wet floor showers</b>	<ul style="list-style-type: none"> <li>• The provision will enable the person to remain/become independent in personal care or will enable the carer to deliver personal care.</li> <li>• Seating for the shower will be provided according to assessed need.</li> <li>• Bath equipment has been considered/tried and is inappropriate due to the person's degree of functional loss.</li> <li>• Person has been assessed as being unable to access existing</li> </ul>

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	<p>facilities.</p> <ul style="list-style-type: none"> <li>• Personal preference alone cannot be the only factor in this provision.</li> <li>• A shower would only be removed and replaced with a bath in exceptional circumstances due to medical need.</li> <li>• Wherever possible existing sanitary ware will be retained or re-used.</li> </ul>
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<b>9.9 Toileting</b>	<p><b>Additional Standard Toilet</b></p> <ul style="list-style-type: none"> <li>• The person's functional ability to reach the existing toilet is severely restricted due to the nature of their condition.</li> <li>• Where access to existing toilet cannot be provided by stair rails, stair lift or ramp.</li> <li>• Where there is a permanent medical condition which severely affects frequency/urgency of need and the person's mobility is impaired.</li> <li>• Where the person's need is urgent/frequent and there are several other occupants in the home.</li> <li>• A commode has been considered and is inappropriate due to problems emptying or lack of privacy.</li> </ul> <p><b>Wash/dry toilet</b></p> <ul style="list-style-type: none"> <li>• The person is unable to maintain hygiene after toileting due to degree of functional loss.</li> <li>• The provision would give the person a substantial degree of independence and privacy in toileting.</li> </ul> <p><b>Combined Toilet/Shower Unit</b></p> <ul style="list-style-type: none"> <li>• The criteria for a wet floor shower and an additional toilet are met but limitations of the accommodation preclude the provision of separate facility.</li> </ul>
<b>9.10 Stair lifts</b>	<p><b>Considerations</b></p> <ul style="list-style-type: none"> <li>• The person's functional ability to climb the stairs is severely restricted due to the nature of their condition.</li> <li>• It is medically contra-indicated for the person to climb the stairs, even with additional stair rails.</li> <li>• Re-housing to more suitable accommodation should always</li> </ul>

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	<p>be considered as an alternative to installing any form of lift.</p> <ul style="list-style-type: none"> <li>Health and Safety/Building Standards/Fire Regulations affecting the proposed installation must be achieved.</li> </ul> <p><b>Contra-indications for stair lifts:</b></p> <ul style="list-style-type: none"> <li>Progressive conditions which will affect transfer to stair lift.</li> <li>Poor sitting/standing balance.</li> <li>Movement disorders are present.</li> <li>Cognitive impairment that is likely to deteriorate.</li> <li>Where behaviour inhibits safe use or presents risk.</li> </ul> <p><b>Step lift- Internal:</b> may be considered where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home e.g. toilet.</p>
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<b>9.11 Ceiling track hoists</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• Provision can facilitate single carer use.</li> <li>• 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.</li> </ul> <p><b>Note:</b> Stair lifts and ceiling track hoists in private sector housing will be serviced and maintained via the CnES Servicing Contract.</p>
<b>9.12 Kitchen</b>	<p>Redesign / Adaptation of an existing kitchen:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Alternative kitchen facilities need to be provided because the kitchen space is compromised because of encroachment by additional adaptations.</li> </ul> <p>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 consider the needs of other users of the kitchen e.g. family or carers.</p>

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## 11. Appendices

### 11.1 Appendix 1: 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. Decide: develop an Action Plan based on evidence.
6. Send to the Strategic Diversity Lead for sign off.
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:

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**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
Sustainable 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.

**1. Age**

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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?**

There are no adverse effects to this group

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## 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 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?

There are no adverse effects to this group

## 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 Language 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?

There are no adverse effects to this group

## 8. Sex (Gender)

A man or a woman (male or female).

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

There are no adverse effects to this group

## 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?**

There are no adverse effects to this group

## 10. Negative Findings

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

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

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- 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

- 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

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### Equality Lead's Use

**Received for review: 28<sup>th</sup> Feb 2024**

**Checked by: T K Shadakshari**

**Owner of Fairness Assessment: Sonja Smit**

**Comments and recommendations: Checked and found it fine.**

**Signed: \***



**By Strategic Diversity Lead**

## 11.2 Appendix 2: Patient Focus Public Involvement

**11.2a:** 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.

**Response:** Person centred assessment which considers person's and carer's views.

**11.2b:** Please outline what steps have been or will be taken to involve the public in the development of this policy.

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

**11.2c:** Please outline what mechanism is most appropriate to ensure good governance regarding participation that relates to this policy.

**Response:** The person and carers are key in devising the goals and treatment programme.

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Approval for use within NHS Western Isles: Clinical Policies Group 29/04/2025		Review date (2 years max): April 2027

### 11.3 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.	x			
Staff know where the policy is located and can access it.	x			
Staff can demonstrate a working knowledge of the policy.	x			
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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