

HARINGEY COUNCIL

Scrutiny Services

Report of the Scrutiny Review of Adaptations

April 2005

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Executive Summary

This Executive Summary outlines the key findings and recommendations contained in the report of the Social Services and Health Scrutiny Panel's Review of Adaptations.

The terms of reference for the review were:

"To review the current arrangements by the Council and its partners to provide adaptations for all disabled people and their carers within the Borough and, in particular, consider issues relating to meeting of local needs, value for money and funding levels and to make recommendations on possible improvements to the service to Overview and Scrutiny Committee"

During the review, a Panel of seven Councillors and one co-optee gathered and considered evidence from a range of witnesses including:

- Council officers from Environmental, Housing and Social Services,
- Users, carers and parents and their representatives
- External pressure groups
- Two Registered Social Landlords
- Haringey Teaching Primary Care Trust
- Other local authorities
- The adviser to the Panel, Nigel Appleton

This evidence related specifically to how the adaptations process performs within Haringey, the barriers it faces, plans to develop the service and how it could be enhanced. The Panel reached a number of key findings and recommendations for service improvement.

Key Findings and Recommendations

A Strategic Vision

- A shared vision of why the service is undertaken and its values and principles would provide a means of ensuring corporate ownership as well as providing clarity on what the Borough is seeking to achieve.

Our recommendation:

Recommendation 1

That a statement of corporate commitment is drafted, in consultation with the local community, and that this is publicly endorsed by Members and senior officers as a way of demonstrating our dedication to developing the service and to the principles which will guide it.

Resources

Our Key Findings

- ▶ While it should be possible to make improvements in the efficiency of the process, this could merely lead to further problems in the absence of there being any corresponding increase in available resources and if action is not balanced so that it addresses the whole of the process.
- ▶ Many high performing local authorities have very restrictive eligibility criteria, such as the "medical bathing" rule. Such punitive criteria are not acceptable and, if the alternative is longer waiting times, this is a price that is worth paying.
- ▶ The Council and its partners should review overall funding levels but this should not be done before improvements in overall efficiency have been introduced including "start to finish" information systems that are able to highlight performance issues such as the level of demand and overall waiting times.

Our Recommendations:

Recommendation 2

That, further to the implementation of the recommendations of this Review and the current Business Process Re-design exercise, a review of the adequacy of long term overall funding levels for adaptations and its sources be undertaken by the Council and its partners with particular reference to comparative data from authorities similar to Haringey.

Planning and Co-ordination

Our Key Findings

- ▶ The service would benefit from having a specific individual who is directly accountable for the overall performance of the process and who is known to the community. Although it is not crucial who this is or from which Directorate, we would suggest that they should come from Social Services due to their position as the welfare authority.
- ▶ The service provided needs to be seamless to the customer, and the various services involved in the process should work more closely together in order to improve planning and co-ordination. Complete service integration would be premature and we would recommend a "virtual team" structure as a way of developing a team ethos and looking at outcomes from the perspective of the user rather than that of the individual service.

Our Recommendations:

Recommendation 3

That a specified senior officer within Social Services be given overall responsibility for the management and performance of the adaptations process.

Recommendation 4

That a “virtual team” structure is adopted for the adaptations process, with officers working as a team to progress applications for adaptations and monitor the performance of the process.

Publicity

Our Key Findings:

- ▶ Adaptations are a well kept secret and there is currently no dedicated publicity on them. Although the service might have difficulty in coping with any upsurge in demand that might take place as a result of wider publicity, those currently applying might not necessarily be those whose need is the greatest. Measures need to be taken to ensure that relevant information is reaching all sections of the community.

Our Recommendation:

That, in accordance with the principles contained within the Good Practice Guide and in consultation with users and carers, specific publicity is produced on the availability of adaptations, how they can be applied for and specifying what financial help is available, and that this information is made available in community languages and a range of formats.

Information Systems

Our Key Findings

- ▶ There is currently no "start to finish" information system and performance data is lacking. A system that covers the whole of the process should be set up. This will enable better information to be provided to customers and provide detailed performance data.
- ▶ The information system that is set up should be simple and would benefit from being administered by a single person. This person should be non-professional and also be used as a progress chaser.
- ▶ Locally agreed targets need to be agreed based on what is deliverable within Haringey and benchmarked with neighbouring authorities.

Our Recommendations

Recommendation 6:

That a simple "start to finish" information system, using software such as Access or Excel, is developed to track and monitor applications to inform the amended structure.

Recommendation 7:

That a specific role of progress chaser, that requires the postholder to be suitably trained and experienced, is created for the adaptations process to track and monitor applications.

Recommendation 8:

That an appropriate system of targets for delivering adaptations is set up, based on what is realistic and achievable locally, and including provision for differing levels of priority.

OT Assessments

Our Key Findings:

- ▶ OTs are a scarce commodity and their time needs to be used to its fullest effect. A flexible approach to assessment should be adopted including encouraging non-professional staff to undertake simple ones.
- ▶ Work should be undertaken to reduce the number of ineffective visits through actions such as re-confirmation.
- ▶ OTs are difficult to recruit and when an appointment is offered, the Council needs to move speedily and avoid unnecessary delays.
- ▶ The integration of OT services provided by the PCT and Social Services is welcome and should help a more seamless service and produce economies of scale.

Our Recommendations:

Recommendation 9

That consideration is given to setting up a re-confirmation system for OT visits in order to decrease the number of ineffective visits.

Recommendation 10

That the Business Process Re-design initiative to examine the Council's recruitment systems is welcomed and that urgent consideration is given to fast-tracking OT appointments.

Recommendation 11

That the Council should explore the possibility of arranging secondments to specialised RSLs for housing management staff in order to develop greater awareness of disability issues and simple assessment skills.

Recommendation 12

That the new provision at the Winkfield Centre to enable clients to view adaptations is welcomed and consideration is given to involving disabled people in organising and providing the service.

Voluntary Sector

Our Key Findings

- ▶ The Handyperson Project is very popular and undertakes a considerable amount of basic adaptation work for the PCT, Social Services and other partners as well as dealing with self-referrals. The PCT and Social Services should review the level of grant that is provided in order to ensure that the project is able to continue to provide this level of service and possibly extend its role.
- ▶ Consideration needs to be given by the PCT and Social Services as to how adaptations fit into the strategic work being undertaken on falls. The Handyperson Project and its Home MOT scheme have the potential to play a particular role in this.

Our Recommendations:

Recommendation 13

That, as part of strategic work on falls prevention, Haringey PCT and Social Services enter into negotiations with Age Concern on the possible development of the Home MOT scheme to provide a free service to check and assess the homes of residents over the age of 75 in order to identify and remedy any potential hazards and determine whether any aids or adaptations are required.

Recommendation 14

That, following development of the Home MOT scheme and proposals for evaluation of its performance, appropriate funding is applied for from available or external budgets with a view to piloting the scheme in a small number of electoral wards.

Recommendation 15

That the PCT and Social Services review the level of grant provided to the Handyperson scheme in order to ensure that the project is able to continue to provide the current level of service and to possibly extend its role in providing simple adaptations.

Housing Issues

Our Key Findings:

- ▶ We would support the setting up of a Disabled Housing Register. Its success would require the involvement of as many landlords as possible in order to ensure that there are sufficient numbers of properties to make it viable.
- ▶ The use of adapted properties should be maximised. Where properties become available, efforts should be made to match the property to a disabled person seeking an adapted property.

Our Recommendations:

Recommendation 16

That, in partnership with local RSLs, consideration is given to setting up a Disabled Housing Register for the Borough.

Recommendation 17

That, in order to make specially adapted properties available for letting to another disabled person, the Housing Service is requested to explore ways – legal and operational - of seeking possession of properties where the person for whom the adaptations were intended is no longer living there.

Housing and Disabled Children

Our Key Findings:

- ▶ There is a significant number of children with disabilities living in unsuitable accommodation within Haringey. This can have an adverse effect on their health and, in some cases, can even be unsafe. This also puts considerable strain on their parents and carers.
- ▶ There is insufficient housing suitable for their needs within the Borough and, in particular, there is a severe shortage of larger homes. This means that families can wait a very long time to be re-housed to more appropriate accommodation.

Our Recommendations;

Recommendations 18

That further work is carried out within Haringey on the particular housing needs of families with disabled children and what flexibility there could be within our existing systems to meet their needs more effectively.

Recommendation 19

That resources are allocated to collect information on such children and families far more systematically than at present.

Disabled Facilities Grant

Our Key Findings:

- ▶ Speedier processing of Disabled Facilities Grant (DFG) applications, including a preliminary financial assessment of resources, would help reduce pressure on the service. It will give customers the option of exploring alternative means of funding their adaptation at an earlier stage.
- ▶ It is extremely difficult for families with children to receive DFG funds due to the means testing regime that has to be applied. We endorse the views of the consortium of children's charities that are currently campaigning for, amongst other things, an end to means testing for children and for DFGs to remain mandatory.

- ▶ The current system for funding adaptations for RSL tenants is unsatisfactory. As responsible landlords, RSLs have a responsibility to facilitate adaptations for their tenants, and the concerns of many local authorities about them using DFG funds to fund adaptations are understandable. The willingness of some RSLs to enter into an agreement on possible match funding is therefore very welcome.

Our Recommendations:

Recommendation 20

That a preliminary financial assessment of applicants' means for DFG is undertaken in order to determine at an early stage the likelihood of their being eligible for assistance.

Recommendation 21

That the Council endorses the current campaign to maintain the mandatory status of DFGs and the removal of the means test for children and that the Leader and the Executive Member for Social Services and Health are asked to write on behalf of the Council to both local MPs expressing this view and seeking their support.

Recommendation 22

That the Council enter into negotiations with relevant RSLs on the possibility of reaching a broad agreement with them on providing match funding for any applications for DFG funding from their tenants.

Recommendation 23

That the facility that is shortly to be set up at the Winkfield Centre includes, as part of its brief, advice and guidance to self funders.

Recommendation 24

That the Council enter into negotiations with Metropolitan Care and Repair with a view to enhancing their current role.

Completion and Aftercare

Our Key Findings:

- ▶ Some attention needs to be given to completion and aftercare. There is evidence that customers are not always aware of the servicing and maintenance requirements of special equipment. It is also not unknown for pieces of equipment to be unused and this should be avoided wherever possible through effective follow-up procedures.

Our Recommendation:

Recommendation 25

That a multi disciplinary group of professionals is set up to review case completion and follow up procedures in order to ensure that needs are being met successfully and that equipment is being used to its full potential.

Conclusions:

There is much work going on to improve the way that adaptations are provided as it has been recognised that performance in this area requires improvement. We were encouraged by the dedication of officers and particularly the commitment to enhance the service. Haringey is not alone in being in this position - we were unable to find many examples of authorities that perform well in this area and the few that have come to light often have eligibility criteria that we would regard as punitive and therefore unacceptable.

Adaptations have considerable potential to deliver real improvements to the quality of life to many residents and should become a higher priority for the Council and its partners. They are a crucial part of community care provision for all age groups, but especially for our ageing population. They also allow many children to live more independent and fulfilling lives as well as reducing pressure on their carers. Resources are finite and likely to remain so but a seamless, responsive and efficient service with transparent and equitable criteria should be aspired to and we would hope that Members and senior officers can commit themselves to achieving this.

1.

Introduction

- 1.1 This report gives the findings and recommendations of the Social Services and Health Scrutiny Panel's in-depth review of adaptations for people with disabilities.
- 1.2 Adaptations have the potential to offer substantial improvements in the quality of life of residents. Focussing on quality of life is known as the social model of disability. The Government's Good Practice Guide ¹ takes this approach. The aim is: "to modify disabling environments in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. It is not primarily a matter of building work, the provision of equipment or otherwise modifying a dwelling but providing an individualised solution to the problems of people experiencing a disabling environment".
- 1.3 It's easy to underestimate the impact of even a small adaptation to someone's home. One of the Panel went out with one of Haringey's OT assistants installing stair rails for an elderly resident. The delight of the resident was mirrored by the pleasure of the Occupational Therapy Assistant (OTA) in doing something so worthwhile.
- 1.4 The Rowntree Trust Report "Money Well Spent" by Frances Heywood, showed both minor and major adaptations having a highly beneficial effect on the quality of life of those receiving them. They are also a highly effective use of public money ². They can:
 - Avoid unnecessary hospital admission through falls
 - Prevent admission to residential care
 - Support independence
 - Increase self-confidence, dignity and self respect
 - Reduce pressure on carers.
- 1.5 Of course, not only older people benefit. Many younger people with disabilities require aids and adaptations to enable them to live more dignified and independent lives and to reduce the pressure on their families and carers.
- 1.6 We were also strongly reminded by parents and carers giving evidence, that there are many children with disabilities. We include a short section describing some of these problems in more detail. (See below paras 7.1 to 7.12).

¹ Delivering Housing Adaptations for disabled people: A Good Practice Guide. DES, DOH & ODPM November 2004. Quotation from para 1.6, page 3.

² Money well spent: The effectiveness and value of housing adaptations Frances Heywood, School for Policy Studies, University of Bristol Joseph Rowntree Foundation August 2001

- 1.7 The age profile of people in Haringey who have benefited from adaptations within the last 3 years shows the following different age groups that benefit:

	No.	%	Total
Age Under 18 Minor Adaptations	25	1.0%	
Age Under 18 Major Adaptations	22	0.9%	1.9%
Age 18-59 Minor Adaptations	328	13.3%	
Age 18-59 Major Adaptations	213	8.6%	21.9%
Age 60-64 Minor Adaptations	128	5.2%	
Age 60-64 Major Adaptations	74	3.0%	8.2%
Age 65+ Minor Adaptations	1124	45.4%	
Age 65+ Major Adaptations	561	22.7%	68.1%
Overall Total (2475)	2475	100.0%	

- 1.8 Despite the many benefits of providing adaptations, their resourcing does not fully reflect them. There can be very long waits for assessments and, even when these have been undertaken, people can find themselves having to wait until such time that funds become available. Waiting leads to frustration and anxiety for clients, carers and parents. In some cases it will prolong pain and discomfort. Delays also lead to enquiries, and complaints, which add a further burden to a service that is already stretched.
- 1.9 It is also clear that pressure on the service is likely to grow further. An ageing population nationally is reflected in Haringey. At the same time, social care policies are moving away from residential care towards care in the community. Due to advances in medical science, many people with disabilities are now living longer and more independent lives and therefore have a continuing need for adaptations and equipment. Similarly, there are higher survival rates for many children with disabilities.
- 1.10 Resources are finite and improvements in performance could merely lead to more problems, particularly if there is no corresponding increase in funding and this has the potential to create frustration and dissatisfaction amongst the community. It would also be a futile exercise to merely look at one area of the process, such as assessments, as this would only result in clients waiting for something else in another part of the process. Action to improve the process needs to be balanced and should look at the process as a whole.
- 1.11 We would caution against measuring success merely by the length of the waiting list. Fair Access to Care Services allows authorities to

restrict access to services where appropriate. Many Councils that appear to perform well in this area do so by having very clear but restrictive eligibility criteria. Similarly, we were told that some Local Authorities have made dramatic inroads in reducing their waiting list but – again - this has often been achieved by severely restricting eligibility. An example of this is the so-called “medical bathing” rule used by some Local Authorities. This means that only people who have a specific medical need to bath can receive any assistance with bathing equipment. In our view, such criteria are harsh and unacceptable. If the price of providing for a wider range of needs is having longer delays, it is a price worth paying. The objective should be to provide a service that is as fair, efficient and speedy as is possible within the resources that may be available and where the needs of disabled people are paramount.

- 1.12 It was also clear that the problems we heard about Haringey’s delivery of Adaptations services are not unique. We were told that the majority of Local Authorities appear to be having similar pressures and difficulties. We asked Greater London Action on Disability (GLAD) to recommend an Authority that was an example of good practice in the London area or thereabouts. They did not feel that there were any that could be described in this way.
- 1.13 As we have said, adaptations assist people to live independent lives in their own homes. Haringey recognises that this is an area with shortcomings, and has a desire to make real improvements.
- 1.14 As well as this Scrutiny Review, there are other steps currently being taken to achieve change. A Business Process Re-design (BPR) is seeking to analyse and simplify the processes of the Occupational Therapy (OT) service and of the adaptations process in general.
- 1.15 We also welcome the fact that the proposal for the Scrutiny Panel to review this area was strongly supported by the Executive Member for Social Services and Health and the Director of Social Services.
- 1.16 In undertaking this Review, we were assisted by our adviser Nigel Appleton who has authored several key pieces of work in this area including the recently published Good Practice Guide. We found his assistance invaluable.
- 1.17 A number of meetings were held with key stakeholders including;
 - Council officers from Social Services, Housing and Environmental Services
 - Users of the service and their representatives
 - Carers met us at the Black and Ethnic Minority Carers Forum at the Selby Centre.
 - Two Registered Social Landlords - Habinteg and Metropolitan Housing Trust

- Haringey Teaching Primary Care Trust
- The adviser to the review, Nigel Appleton
- Haringey Age Concern.

1.18 In addition, Members of the Panel went on visits with OTs and OT Assistant/Technician Social Services in order to observe the process at first hand. Written evidence was also received, including information from other authorities such as Kirklees, Derby City, Staffordshire, Newcastle-Under-Lyme, Greenwich and Essex County Council. The Panel also received information from GLAD and Mencap.

1.19 The Panel who undertook the review were the Council's Social Services and Health Scrutiny Panel:

Councillors: Alan Stanton (Chair), Ron Aitken, Ron Blanchard, Peter Floyd, Viv Manheim, Brian Millar and Irene Robertson

Co-opted member: Dhirendra Halder - Race Equality Joint Consultative Committee.

2. User Perceptions of the Service

- 2.1 We have outlined the benefits of the adaptations service and the range and numbers of people receiving it. Feedback from clients in Haringey on completion of the adaptation process shows very high levels of customer satisfaction - *once adaptations are installed*. But against this broadly positive picture we need to balance the following criticisms which we heard first-hand from some of the users who gave evidence to us.
- 2.2 They told us that, too often, the adaptations process suffers long delays.
- 2.3 They said Carers are often unclear about what exactly was being offered and there can be confusion regarding what exactly was to be installed.
- 2.4 Too often, individuals seem to have to find things out for themselves. There is a lack of basic information. Families who need assistance are often vulnerable and do not necessarily have any knowledge of the system of applying for adaptations. This may be particularly true amongst ethnic minority communities where language difficulties may make the problem worse.³
- 2.5 Information about personal circumstances may have to be repeated each time. They felt that getting things done always needs somebody pushing.
- 2.6 Some users told us that equipment could sometimes be inadequately installed. There could also be confusion over maintenance. Users may not be aware of their own responsibilities and the need for equipment to be serviced regularly.
- 2.7 Sometimes the standards of workmanship of outside contractors were not always as high as they should be.
- 2.8 We were told that the flow of tasks from one Department to another is not always smooth – the service is not seamless. Sometimes there are even simple difficulties with one service - such as getting through to the OTs by telephone. Another complaint was that, due to the frequent turnover of staff, it is unusual to speak to the same person twice.

³ Bryony Beresford and Christine Oldman (2002) found ethnicity was a significant variable with non-white families less likely to be living in a home which was suitable to their needs than non-white families. Housing Matters: National Evidence relating to disabled children and their housing, Bristol/York: The Policy press/Joseph Rowntree Foundation

- 2.1 To understand why these criticisms arise and what needs to be done, we now look at how the services are organised in Haringey. Who delivers them? How are they co-ordinated? How can we improve access, information and publicity? And how do we achieve the seamless service which users want to see?

3.

Towards a Seamless Service

A Strategic Vision

- 3.1 There is currently no overarching strategic view of the role of adaptations either within Health agencies or the Council. Although there is a shared understanding of how each agency's work impacts on the others. (For example adaptations can play a particularly key role in preventing falls, avoiding hospital admissions and facilitating hospital discharge and within intermediate care.) A shared vision of why the service is undertaken and its values and principles could be a means of ensuring corporate ownership and accountability as well as providing clarity on what the Borough is seeking to achieve in this area. This could also present an opportunity to engage with the community and users and carers so that the vision and core values for the service could be jointly agreed with them.
- 3.2 The fragmented nature of the services doesn't facilitate community engagement. At the moment, each service involved has its own systems for obtaining feedback, such as questionnaires that are handed out to clients at the end of the process. There is currently no formal system for incorporating the views of representatives of disabled and older people and their carers into the planning and managerial process for the service as a whole. This should be a two-way process – a real dialogue. Agencies should listen to the views and concerns of clients and their carers. But there is also a need for professionals to inform and explain to service users about the realities and limitations of the service and the challenges that it faces - thus encouraging realistic expectations.
- 3.3 We recommend that a statement of corporate commitment is publicly endorsed by Members and senior officers as a way of demonstrating publicly our dedication to developing the service and of the principles that will guide it. We suggest the following form of words would provide a useful basis for this;

"Haringey Council is fully committed to supporting disabled people and their carers in achieving and maintaining independence.

In pursuing this aim we will:

- Involve disabled people and their carers in the design of services, and in their review and evaluation.*
- Provide information and advice to make our services accessible to those who might benefit from them.*
- Organise our services in ways that make them accessible and responsive to disabled people and their carers.*

- *Within the constraints of legislation and statutory guidance we will work flexibly to meet the aspirations of disabled people and their carers.*
- *Adopt a corporate approach to fulfilling these commitments that recognises that disability is an issue that requires a response from every element of the Authority.*
- *Work with our partners in Health, and in the voluntary and commercial sectors to achieve the best pattern of services and effective outcomes for disabled people and their carers.”*

Recommendation: That a statement of corporate commitment is drafted, in consultation with the local community, and that this is publicly endorsed by Members and senior officers as a way of demonstrating our their dedication to developing the service and to the principles which will guide it.

Resources

- 3.4 The installation of adaptations can lead to savings in care budgets both through enabling people to do more for themselves and through the prevention of falls and other accidents. Delays can cause additional costs to be incurred for a range of care services and can also lead to people becoming more dependent, therefore leading to a greater amount of care being ultimately required. Potential reductions in costs for social care do not appear to be taken into account as a factor in determining funding levels. Whilst improvements can and should be made by better and more efficient use of resources, the overall level and potential sources of funding should be reviewed and particularly the funds made available for private sector applications.
- 3.5 A major part of the funding for Adaptations is the Disabled Facilities Grant (DFG). The level of each Authority's DFG is set by the Government. However, we suggest that better data could strengthen the case for obtaining a level of DFG funding that better reflects demand. There are nevertheless areas of funding that the Council and its partners have some control over and these should be examined to ensure that they are adequate and, if necessary, consideration given to increasing them to a more appropriate level.
- 3.6 Health commissioners have a particular role to play in considering how the service can be better resourced, since adaptations play an important role in keeping many people out of hospital through, for instance, helping to prevent falls. Although the PCT stated that it was not currently in a position to contribute to the process financially, they would benefit from a greater emphasis on

prevention and we noted that there are areas of the country where PCTs are contributing.

- 3.7 Registered Social Landlords (RSLs) also have a role as responsible landlords, in providing adaptations for their tenants. Two RSLs gave evidence to the Scrutiny Panel and we were glad to note their willingness to enter into negotiations with the Council on possible match funding of DFG applications. There may also be funding options that have not yet been examined which may have potential for providing additional money.
- 3.8 We were told that the ratio of Social Workers to Occupational Therapists (OTs) was three to one in most local authorities. Consideration should be given to balance between the resources provided for the two professions and, to this end, it might be useful to compare the ratios that exist in Haringey with those elsewhere.
- 3.9 It would, however, be sensible to only consider funding issues once the current exercises that are taking place to improve the service have been implemented and, in particular, once the performance information systems that allow proper monitoring of the whole process are in place. This should bring to light resource issues and provide clearer evidence to back up any arguments on underfunding.

Recommendation: That, further to the implementation of the recommendations of this Review and the current Business Process Re-design exercise, a review of the adequacy of long term overall funding levels for adaptations and its sources be undertaken by the Council and its partners with particular reference to comparative data from authorities similar to Haringey.

Planning and Co-ordination

- 3.10 Several agencies have a key role in delivering the service locally. The principal ones are;

- *Social Services* are responsible for, amongst other things, the occupational therapy (OT) service. The OTs assess clients' needs and make recommendations on the sort of equipment or adaptation that may be needed. Social Services are also responsible for funding minor adaptations to private properties. These are classified as any piece of work costing less than £450.
- *Housing* is responsible for all adaptations to Council properties. This involves actioning recommendations made by OTs after assessments have been undertaken. Funding for these comes from the Housing Revenue Account (HRA).

- *Environmental Services* have key roles in providing major adaptations to properties within the private sector and in administering Disabled Facilities Grant (DFG), which is the main source of funding for adaptations costing over £1000.
- *Health*, whose main role is to provide assessments and basic adaptations to enable patients to be discharged successfully from hospital
- *Registered Social Landlords* have a responsibility in facilitating adaptations for their tenants.

3.11 In addition to their respective roles in service delivery, they all have strategic roles as key stakeholders. Officers from within the Council who are involved in the process - Social Services, Environmental Services and Housing - work closely together. However, while there are occasional meetings between staff involved if particular issues need resolving, there is no structured system for overseeing and managing the process as a whole. There is also currently no single agency or individual that has overall responsibility or acts as the principal point of contact. This depends on the type of tenure and the stage of the process that the application is at. Staff are located separately and have different and separate systems for recording and monitoring work.

3.12 In our view, the service provided should ideally be seamless to the customer, with someone directly accountable for the performance of the whole process and a single point of contact for enquiries. The Good Practice Guide suggests that it is not important who is ultimately responsible for the overall process just as *long as someone is responsible and this is generally known*. This will ensure that there is direct accountability.

3.13 The Chronically Sick and Disabled Persons Act 1970 places ultimate responsibility for the disabled person with welfare authorities in 'arranging for the carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience'. It would therefore appear appropriate for such responsibility to be given to a particular senior officer within Social Services. Our adviser felt that the appropriate level of seniority for this responsibility would be Assistant Director.

Recommendation: That a specified senior officer within Social Services be given overall responsibility for the management and performance of the adaptations process.

3.14 Being seamless need not necessarily mean being fully integrated and there are various structural options that could be explored in

order to facilitate this. Physical proximity would assist and we heard how a pilot project had been set up in Haringey where staff were co-located. Unfortunately resources were lost and it was not possible to follow through. This was generally felt to have been a helpful development, although there were operational difficulties in ensuring that appropriate OT provision was available for the adaptations work and balancing this against the other needs of the service. Any such initiative needs to be considered within the context of the national shortage of qualified Occupational Therapists (OTs) and surveyors.

- 3.15 One possible solution would be a single dedicated team. We were told that this could attract some staff who enjoy this particular sort of work. On the other hand, the scope of the work might be seen as too narrow for many professional staff who typically undertake a wider range. Moving straight away to a completely integrated service would probably cause confusion and be premature at this stage. We suggest that staff rotation or secondments could prove attractive whichever model is adopted.
- 3.16 The option that we would recommend, as the simplest and quickest means of building closer working, is a "virtual team" This can be successful where it is not feasible to set up a dedicated team and would involve officers from relevant services coming together on a regular – say fortnightly – basis to operate as an integrated team. Officers are generally focussed on their own particular area and such a structure has proven to help in breaking down barriers between services and looking at outcomes from the perspective of the user rather than the individual service. A system where a problem for one is a problem for all and which facilitates team building would appear to be the most desirable structure.

Recommendation: That a "virtual team" structure is adopted for the adaptations process, with officers working as a team to progress applications for adaptations and monitor the performance of the process

Publicity

- 3.17 Adaptations services can sometimes seem like a well kept secret, not just in Haringey, but nationwide. In Haringey at the time of the review, there did not appear to be any overall publicity about adaptations and how they can be obtained. There is separate information available about OT services and housing grants.
- 3.18 There is some evidence that not everyone who could benefit from the adaptations service may be aware of its existence or the fact that financial assistance can be provided. Those currently applying for adaptations may not always be those with the greatest need. Families and individuals needing assistance are often vulnerable and may not be familiar with support systems. Measures may also need to be taken to ensure that information was reaching hard-to-

reach sections of the community. Adaptations are a right and people are entitled to know about them.

Recommendation: That, in accordance with the principles contained within the Good Practice Guide and in consultation with users and carers, specific publicity is produced on the availability of adaptations, how they can be applied for and specifying what financial help that is available, and that this information is made available in community languages and a range of formats.

Information Systems

- 3.19 From the viewpoint of a client, the “work” begins when they, or someone on their behalf, refers them to one of the agencies in the process. The work is completed when their assessed needs are finally met. We were concerned to learn that there is currently no “start to finish” information system which matches the whole of this process. We were told that, overall, it is acknowledged that there is insufficient data on the adaptations process. However, we heard that this should be partially remedied partially by a new IT system shortly being installed.
- 3.20 Data on minor adaptations required in Council housing and private accommodation is kept but this only covers the date from when the OT orders the adaptations to the date of completion. Comparative data on the overall number of assessments undertaken is currently not available. There is also no easily extractable data on average waiting times for all tenure types nor are there ethnic monitoring statistics.
- 3.21 Waiting times appear to be getting longer although the numbers involved are not growing at the same rate. As we commented earlier, delays can generate considerable extra work which places extra strain on services. There are the phone calls, emails and correspondence. They can entail responding to outside advice agencies, local Councillors and MPs, and pressure groups. Formal complaints can be even more time-consuming. All this can tie up officer time that should be spent delivering the service.
- 3.22 The contact point for enquiries currently depends upon the stage at which applications are at and the type of tenure. Improvements that are currently being planned would allow Customer Services staff to deal with queries irrespective of what stage applications were at. The current lack of whole process information systems makes dealing with queries more difficult.
- 3.23 Information systems are being installed that will allow hospital based social workers to check whether Social Services are involved with particular clients and for information to be shared. Terminals are to be installed within the North Middlesex and the Whittington

hospitals. This should provide better co-ordination between Health and Social Services staff.

- 3.24 There is a clear need for a "start to finish" information that provides relevant information on what the service ought to want to know and which should enable it to become more accountable. A simple overall system that uses widely available software (such as Access or Excel) would be the most effective means of achieving this as it would be quicker to set up and simpler to resolve any problems. It is recognised that this may need to be an overlay on other systems but, if this is the case, it should nevertheless still be pursued. An Excel spreadsheet is used successfully in Newcastle-Under-Lyme to track applications. There is also the likelihood that the system for adaptations will be subject to some change following the current review of DFG funding and a simple system would be far easier to amend to take account of any changes.
- 3.25 The system would also benefit from having a single non-professional person or "progress chaser" to input information and track the progress of applications. We were told that many Councils, such as Derby City Council, have employed particular staff to undertake this role and have found them very useful. In addition, this could free up OTs from having to undertake routine clerical and administrative tasks.
- 3.26 There are currently no performance indicators for the whole of the process or targets but consideration is now being given to these. It should be noted that setting targets for dealing with adaptations is difficult because of variations in the complexity and urgency of cases. The indicative time targets in the Best Practice Guide break adaptations down into high, medium and low priority. They give an impression of the kind of issues that face the service. The target for low priority adaptations is 259 working days which seems extremely modest but the fact that it is considered realistic provides an indication of the level of service that is the norm nationally. It is an indictment of the priority given to the needs of disabled and older people that it is considered acceptable.
- 3.27 Whilst these targets may be useful guidance, the setting of appropriate local targets based on what is deliverable within Haringey would be more appropriate and benchmarking with similar authorities would assist in this process. Where they diverge from the indicative ones included in the Best Practice guidance, the reasons for this should be explained to the community and remedial action taken. It should be noted that there are likely to be areas within the overall targets which are beyond the control of officers.
- 3.28 We were also concerned to learn that some targets appear to measure "success" rather differently than from a client's viewpoint:

A minor adaptation such as fitting a grab rail has a Performance Indicator [PI] target of completion within 7 working days. A stair rail which needs say measuring up, cutting, and perhaps lacquering, would be excluded from the PI target. The fact that the two adaptations are of a piece from the client's viewpoint for the social functioning and benefit of the client makes no difference. The stair rail would not count for the P.I. targets however much it clearly does "count".

Suppose though, the client says: "Please don't come in the next seven working days. In any case, I prefer you didn't do a part of the job. Please come at a later date which is convenient both for me and you, and do the entire job."

Now both rails are excluded from the P.I.s. They simply don't count at all. The P.I. assumes that completing a minor adaptation within seven working days is always a good thing. The fact that the client chooses another date and is pleased that the service has been fitted around their needs and convenience, is simply disregarded from these "performance" statistics.

Recommendations:

- ***That a simple "start to finish" information system, using software such as Access or Excel, is developed to track and monitor applications to inform the amended structure.***
 - ***That a specific role of progress chaser, that requires the postholder to be suitably trained and experienced, is created for the adaptations process to track and monitor applications.***
 - ***That an appropriate system of targets for delivering adaptations is set up based on what is realistic and achievable locally and including provision for differing levels of priority.***
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4. Occupational Therapy Assessments

Introduction

- 4.1 Any person or agency can make a referral for an assessment by an Occupational Therapist (OT). Assessments are generally comprehensive in nature and look at how the individual functions rather than the particular condition. In other words, the assessment uses the social model of disability. Priority is given to cases where there is a high level of need such as:
- Where there are toileting problems
 - Where the care situation could break down without intervention; or
 - Where there are moving or handling difficulties. In such cases, a visit can be arranged within 24 hours.
- 4.2 Hospital discharges are given the highest level of priority and no financial penalties have yet been incurred by Haringey for failing to provide necessary adaptations on time. However, clients who are not high priority can wait for some considerable time for an assessment – a possible figure of up to nine months for low risk cases was suggested.
- 4.3 A major cause of these delays is the shortage of Occupational Therapists who carry out the assessments. There are particular problems in recruiting OTs and we were told there is a national shortage of qualified staff. While there are many OTs who are committed to and enjoy working on this type of work, many don't find it particularly attractive.
- 4.4 A high level of assessment is still needed for comparatively low levels of need. This has recently led to moves towards standardising assessments or using non-professional staff where the need is simple and straightforward. Some simple minor adaptations are already dealt with without the need for OT involvement
- 4.5 Clinics are now sometimes run where clients can consult directly with OTs and a facility is shortly to be introduced at the Winkfield Centre which will allow clients to view and try out equipment. The service will be by drop-in or appointment and it is possible that the service will be available eventually for five days per week.
- 4.6 As outlined in paragraphs 4.11 to 4.14 below, some clients are assessed and work carried out by the Health Service. Better cross-referencing is taking place with cases being dealt with by hospitals and, where appropriate, people are being removed from the waiting list if their needs have been met successfully by Health. It is also likely that the Single Assessment Process will reduce duplication

and it is hoped that better information sharing with Health will speed processes up.

- 4.7 There are also people on the waiting list with low level needs, and who are unlikely to qualify for any financial assistance. Consideration is being given as to how they can be more effectively dealt with.
- 4.8 As mentioned in the previous section, a Business Process Re-design (BPR) exercise was underway during this Review. This included a *mapping* exercise by external consultants of the processes within the OT service and also of adaptations as a whole. Outcomes of this Scrutiny Review will feed into the BPR.
- 4.9 One aim of the mapping process is to accurately understand the flows of work through the system as a whole. However, mapping these processes does not solve the problem of managing the flows and variation of demands for the service. Without doing this, one danger, for example, is that unblocking or speeding up part of the process simply creates another backlog at the next bottleneck. The Good Practice Guidance describes this as “queue shunting”.
- 4.10 Delays other than at the assessment stage can occur, for example, because budgets to carry out the adaptations are already fully stretched. This is particularly true of those for private properties. There are also shortages of surveyors and other technical staff who take over the process once assessments have been undertaken.

The Role of OTs in the Health Service

- 4.11 In addition to the service provided by OTs in Social Services, there are also OTs working within the Health Service. In particular, hospitals employ OTs who have a specific role in help with the discharge of patients. Haringey Teaching Primary Care Trust (TPCT) currently provides OT services for the North Middlesex Hospital as well as two rehabilitation wards and the Mental Health Trust site at St. Ann's Hospital. They operate on an integrated care basis and focus primarily on short-term rehabilitation, providing support for hospital discharges and helping to prevent unnecessary admissions. They also support the Intermediate Care Unit at Cranwood. They can help to prevent unnecessary admissions through actions such as working with older people who have had falls but, although shaken, have not been injured and require some rehabilitation but not hospitalisation. They work closely with physiotherapists and home carers.
- 4.12 Health OTs are deployed in the community as well as in hospitals and work in multi disciplinary teams. They have the necessary expertise to assess for a certain level of adaptation. However, their prime objective is to facilitate hospital discharges and, to this end,

they deal mainly with the immediate needs of clients and prescribe what is required for them to return home. If there is considered to be a need for any additional adaptations, cases are referred to Social Services.

- 4.13 Social Services have been looking at developing standard specifications as well as providing training for hospital based OTs to enable them to undertake more assessments so that fewer cases will need to be referred onwards.
- 4.14 Scrutiny Panel members queried whether more could or should be done at the hospital discharge stage. We were told that in the majority of cases, the professional view is to wait and see how a patient progresses at home before recommending any additional adaptations. We were also told that providing adaptations prematurely could lead to greater dependency, unused equipment and unnecessary expense.

Integration of OT Services

- 4.15 A Best Value review of OT services was undertaken in 2001 and made a specific recommendation that the joint provision and commissioning with Health of community occupational therapy services in Haringey should be investigated and that this should be within the structure of the TPCT whilst retaining a hospital based core of health occupational therapists managed by the acute trusts. It is currently the policy of both Social Services and the TPCT that the two services should be integrated.
- 4.16 The provision of community equipment has been integrated since April 2004. Work is now being undertaken to progress the amalgamation of OT services. It should lead to reductions in duplication, economies of scale and better communication. Complete integration will entail resolving the differences in working terms and conditions and communication systems between health and social services. Integration will not necessarily entail clients being able to deal with the same OT throughout as hospital based OTs will still not have the capacity to take on cases on a long-term basis.
- 4.17 Several joint training events for OTs, including one on the single assessment process, have taken place successfully and have proven to be a particularly useful way of bringing staff together. Further events are being considered on issues such as age equality, manual handling and prescribing. These are also open to paid carers.
- 4.18 We were told there is a national shortage of OTs. It follows that the expertise of OTs is even more scarce than ever and that their time therefore needs to be used to its fullest effect. We heard some

evidence that OTs are currently undertaking routine administrative tasks such as inputting data. We suggest that where particular administrative tasks do not require the use of an OT's professional expertise, it makes better sense to allocate these tasks to properly trained administrative and clerical support staff working with OTs.

- 4.19 Similarly, we heard the suggestion that arranged visits to clients are sometimes ineffective because people are not at home at the appointment time. To minimise the number of ineffective visits and save the scarce time of OTs and other staff, we suggest a trial of a simple system where administrative staff reconfirm appointments.

Increasing Capacity

- 4.20 Given the shortage of Occupational Therapists, it is vital that Haringey competes effectively in this job market. Many OTs wish to work part time and the Council's new flexible working scheme may be a good way to attract them to the Borough. On the other hand, we heard anecdotal concerns that other local authorities are speeding-up their OT recruitment process and that in some cases this leads to potential candidates taking up other job offers while Haringey is still following its slow procedures. We suggest that Haringey adopts fast-tracking, making every effort to process these appointments as rapidly as possible. In this context we welcome the Business Process Re-design exercise looking at recruitment.
- 4.21 Given that we are unlikely to fill all OT posts, a flexible approach to assessment needs to be adopted including training and support for professionals other than OTs to recommend simple adaptations where appropriate. We noted that some work has been undertaken to this end. The use of standardised assessments should assist. Habinteg told us that their housing officers are able to undertake simple assessments. We suggest that Haringey explores this possibility of extending their skills in this way.
- 4.22 Another possibility could be to second staff to specialist RSLs such as Habinteg who indicated that they would be happy to assist with this. This might help them take a more proactive role in identifying the needs of tenants with disabilities. It may also be beneficial to further increase the disability awareness of housing management staff, including a specific module within their training.
- 4.23 We welcome the new facility at the Winkfield Centre that will allow clients to view adaptations. We hope this will provide a valuable and cost effective way of enabling clients to view types of adaptation. We note that a similar scheme is running in Portsmouth. However, that scheme is run and managed by disabled people, who have also persuaded manufacturers to collaborate in the project. This has the benefit of enabling advice to be given to users by their peers and of

providing a means of empowering the community. An OT had been seconded to the facility from Hampshire County Council.⁴⁵

- 4.24 We noted that independent living networks are undeveloped within Haringey but nevertheless feel that involvement from the community could enhance the working of the facility at the Winkfield Centre. Possible routes for exploring this possibility are via that Direct Payment User Group or through Age Concern. We also suggest that equipment catalogues be made available to clients as well to give them more information on the sort of aids that are available.
- 4.25 We welcome the moves that have been undertaken to proactively manage the waiting list. Better liaison with Health colleagues should assist in this process as well as reducing duplication. It is not helpful for either clients or the Council to have people on the waiting list who are very likely to fall beneath the care threshold or have already had their needs addressed.
- 4.26 The integration of OT services provided by the TPCT and Social Services should improve the service given to clients by providing better co-ordination, less duplication and greater continuity in care. There should also be operational advantages through economies of scale.

Recommendations:

- ***That consideration is given to setting up a re-confirmation system for OT visits in order to decrease the number of ineffective visits.***
 - ***That the Business Process Re-design initiative to examine the Council's recruitment systems is welcomed and that urgent consideration is given to fast-tracking OT appointments.***
 - ***That the Council should explore the possibility of arranging secondments to specialised RSLs for housing management staff in order to develop greater awareness of disability issues and simple assessment skills.***
 - ***That the new provision at the Winkfield Centre to enable clients to view adaptations is welcomed and consideration is given to involving disabled people in organising and providing the service.***
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⁴ Support for this user-led approach is contained in the Government Green Paper "Independence, Well-being and Choice" (March 2005).

⁵ "They want to see more "user-led" services run by service users' own organisations, and there is now a strong body of evidence to show that these are particularly valued. "What service users want" - Professor Peter Beresford, The Guardian 23 March 23, 2005

5. An Example from the Voluntary Sector

- 5.1 The Green Paper “Independence, Well-being and Choice” (March 2005) highlights the contribution made by Voluntary and Community Sector groups. User groups giving evidence to the Scrutiny Panel were mainly support and advocacy groups. But one group is involved in providing a direct service including simple adaptations, and we would like to draw attention to this.
- 5.2 Age Concern Haringey runs a small “Handyperson Project” and Members of the Panel met its staff. The service aims to enable older people to maintain a safe and comfortable home environment by providing them with low-cost carpentry, plumbing and electrical repairs. They told us that following assessments, both Hospital OTs and the Integrated Care Team refer work to the Handyperson Project. It also receives some referrals from Haringey Social Services, generally for simple adaptations such as grab rails. In 2003/4, the scheme fitted 300 grab rails to properties within the Borough, an increase from 206 in the year before.
- 5.3 Also of particular interest is the “Home MOT” scheme run by the Handyperson Project in the Seven Sisters NDC and *Joining Up Northumberland Park* areas (these boundaries result from the funding source). The project consists of a comprehensive two-hour inspection which aims to identify and assist in remedying potential hazards around the home. The project carried out 41 of these inspections in 2003/4 and 37 in the previous year.
- 5.4 One of the aims of this project is to prevent falls – one of the main reasons why elderly people are admitted to hospital. We were told that in Greenwich the Primary Care Trust has set up a scheme which incorporates consideration of adaptations into assessments that are undertaken on older people who have either suffered a fall or are felt to be at risk of one. From the evidence we received, it appears that there is little strategic work undertaken in Haringey on specifically how adaptations can prevent falls, particularly amongst older people.
- 5.5 Funding for both schemes comes from several sources. Core funding is from Haringey TPCT and Haringey Social Services. This is supplemented in specific areas with regeneration funds such as: Neighbourhood Renewal Funding (NRF), New Deal for Communities (The Bridge NDC) and Single Regeneration Budget (Northumberland Park). These funds are time limited with no guarantee of continuation. This is an issue for 2006/7 and onwards. At present assessing the effectiveness of the scheme would be difficult as there is a lack of performance data, and the numbers of individuals who have had a “Home MOT” are comparatively small. They may also be people who are safety conscious and therefore at lower risk. Even so, we felt that the scheme has potential to be

developed, alongside evaluation to determine its long-term impact. This is not something that Age Concern have the resources to undertake themselves without assistance from partners. We would recommend that work should be considered by the PCT, Social Services and Age Concern to develop the scheme further and link it into the strategic work that is being undertaken on falls.

- 5.6 The Handyperson Project itself is very popular and can also take self-referrals. However, Age Concern are currently constrained by funding. Charges had to be substantially increased in 2004 from £5 per hour to £15. (There is a subsidised rate of £5 for referrals.) Age Concern get funding from a wide range of sources including £20,500 from the PCT and £30,000 from Social Services as well as significant sums from regeneration sources. They also commented that the paperwork required by different sources of funding can make administration more difficult and felt this is disproportionate to the small sums received from some sources.
- 5.7 Age Concern expressed concern about the long-term future of this work. SRB funding is one of the main sources of their income and ends in 2006. Either alternative sources will have to be identified or parts of the service may need to be reviewed.
- 5.8 It would also appear that the modest level of grant the scheme receives does not fully reflect the level of service provided. For example, we were told the Project is occasionally used by the Whittington Hospital who do not directly fund it and would otherwise have to use its own technicians. In our view, those who utilise the service should contribute a fair amount, particularly in the light of the current uncertainty of future funding.
- 5.9 We hope that both these schemes can continue, as they deliver a needed service and have considerable growth potential. With more secure and increased funding both schemes would benefit from wider publicity among residents and the relevant Service staff. We hope that an evaluation of the work can take place and that it is linked into the strategic work being undertaken by the PCT and Social Services in this area.

Recommendations;

- ***That, as part of strategic work on falls prevention, Haringey PCT and Social Services enter into negotiations with Age Concern on the possible development of the Home MOT scheme into a free service that checks and assesses the homes of residents over the age of 75 in order to identify and remedy any potential hazards and determine whether any aids or adaptations are required.***
- ***That, following development of the Home MOT scheme and proposals for evaluation of its performance, appropriate funding is***

applied for from available or external budgets with a view to piloting the scheme in a small number of electoral wards.

- *That the PCT and Social Services review the level of grant provided to the Handyperson Scheme in order to ensure that the project is able to continue to provide the current level of service and to possibly extend its role in providing simple adaptations.*

6. Housing Issues

Council Tenants

- 6.1 The budget for major adaptations for Council tenants is approximately £1.3 million and appears sufficient to meet demand. All adaptations for Council properties are funded from the Housing Revenue Account (HRA). The average time that it takes to process adaptations has fallen during the last 7 years from an average time of 77.14 days in 1997/98 to 25.03 days in 2003/04. We are told this compares favourably with other authorities. However, these figures refer to the period from when Housing becomes involved to the end of the process rather than from start to finish *as seen by the tenant*.
- 6.2 We were told that fast tracking mechanisms are being developed for simple and straightforward adaptations where it is clear what the individual requires. These involve the surveyor designing what is required and only involving an OT in order to gain approval for the proposed work.
- 6.3 We were told that the Council would not usually build an extension or a loft conversion in Council properties. Any change to this would have an impact on the overall budget for adaptations. Rehousing is considered instead. The majority of Council premises are not particularly spacious and therefore do not lend themselves readily to extensions. There is an upper limit of £25,000 on adaptations to Council properties. If this is exceeded, consideration is given to re-location. People exercising their statutory Right To Buy also take on the responsibility for maintaining any adaptations.

Registered Social Landlords

- 6.4 We heard that the appropriate role of RSLs in providing adaptations is open to question and, irrespective of this, the current system of financing is unsatisfactory. From 1996/7, the Housing Corporation firstly removed grant eligibility for adaptations under £500 and then further removed eligibility to housing associations based on their level of RSF (rent surplus fund), which is an accounting reserve. Many associations lost their eligibility to bid for funding for adaptations. The current policy of the Housing Corporation is unclear and varies from region to region. The London region of the Housing Corporation region has indicated that there will be a reserve held back for adaptation requests.
- 6.5 RSLs use a range of sources of funding. Some have specific provision within their own funds to cover adaptations. They can use DFG funding and this can be applied for by either the landlord or the tenant. They also use other sources of funding such as grants payable under the Chronically Sick and Disabled Persons Act 1970 or funding from charities. If Housing Associations are unable to

provide a suitable property for a tenant, they can be referred onwards to the local authority. Forty two per cent of households living in Housing Association properties have been identified as containing a person with a disability or long-term illness. We would therefore urge them to recognise this as high priority.

- 6.6 The Panel received evidence from Habinteg Housing Association and Metropolitan Housing Trust on how they deal with requests for adaptations. Scope, the disability organisation whose focus is on people with cerebral palsy, was involved with the setting up of Habinteg and they are therefore very much geared to the needs of people with disabilities - 25% of its stock is specifically designed with the needs of wheelchair users in mind. Their turnover is approximately £8 million and £160,000 of this is ring fenced for adaptations.
- 6.7 Habinteg told us its front line management has particular expertise in adaptations and small items can normally be provided without the need for an OT assessment. They are treated as a routine matter and in a similar way to repairs. OT assessments are required for larger and more complex adaptations. They see the need to refer to a Local Authority for an OT assessment as the major blockage. In some cases, they have had to wait up to 18 months for a Local Authority assessment and have resorted to using private OTs in certain circumstances as they feel that there are limits to how long their tenants should be expected to wait.
- 6.8 Habinteg are part of a specific scheme with other landlords in Hull that provides a disabled housing service which tries matching tenants to properties that meet their needs. They advocate the setting up of disabled housing registers whereby local authorities and RSLs keep a register of properties that are either purpose built or have been subject to significant adaptation works, as well as a database of disabled people seeking accessible properties and their needs
- 6.9 Habinteg support the "Lifetime Homes Standard" which aims to facilitate people staying in their own homes. This lays down specific standards for homes but is only discretionary. Specific reference has been made to this within the London Plan.
- 6.10 Metropolitan Housing Trust (MHT) currently have 23,000 properties of which 14,000 are for general needs housing purposes. They receive a comparatively low volume of requests but this is increasing. The figure for 1998/99 had been 48 but this had gone up to 150 in 2003/04. The supply of suitable properties has not kept pace with the growth in demand. Work costing under £250 is undertaken as responsive work and anything above this level requires a recommendation for an OT. Where necessary, they will

also hire an independent OT to speed the process up although they do not like using independent OTs as they have to pay for them.

- 6.11 In MHT properties, works costing more than £500 were previously funded through the Housing Corporation's Major Repair programme. Due to its size, MHT lost access to this some years ago but have replaced it with an allocation of £50 - £60,000 per region from their planned revenue budget but this has been insufficient to meet demand. However, in the last four years, they have been able to use Recycled Capital Grant Fund monies. This money has been used to fund adaptations of up to £5000 in value and has been sufficient so far in meeting demand. Works costing above £5000 are funded through DFG. The grant is payable to the individual and they can choose either the Housing Association or the Council to oversee the work if they did not wish to arrange it themselves.
- 6.12 MHT currently have no waiting list for adaptations as these are processed rapidly. Hospital discharges are given a high priority and dealt with as quickly as possible. Alternatives to adaptations are explored such as rehousing although this is often not possible.
- 6.13 MHT currently have no arrangements in place for recycling properties. This would be difficult as they do not have enough. They feel that it could be possible to match voids with other landlords within an area but the timescales for re-letting are tight and any matching would need to be arranged very quickly. They also felt that a central register might help to facilitate this and that matching individuals to suitable properties has the potential to succeed providing sufficient stock was included. MHT told us that the GLA have a current project to set up a London wide scheme, although reservations have been expressed by the ALG about whether this would be practical on a pan-London basis.
- 6.14 MHT prioritise work according to its urgency with each category having its own target for installation. In the last financial year, MHT hit these targets in 87% of cases, with the North Thames region achieving this in 96% of cases.

A Disabled Housing Register for Haringey?

- 6.15 Haringey's current policy is to retain any adaptations that have already been installed when a property becomes void. But Haringey currently has no register of adapted Council-owned properties. The Scrutiny Panel sees a strong argument for making the maximum use of properties that have been adapted. The Best Practice Guidance specifically advocates the use of disabled housing registers, which should involve all significant landlords within the Borough. Local Authorities and RSLs would then identify specifically adapted properties. This would be especially helpful in the case of properties suitable for large families as these are in short supply. A fast track

OT process could also be introduced in order to quickly match individuals to voids. In their evidence Both Habinteg and MHT felt that such a scheme would have potential locally provided that sufficient stock was included to make it feasible.

6.16 We recognise that this approach has limitations. For example, it could be seen as conflicting with the principle of choice-based lettings. Sometimes it is easier and more cost-effective to remove old equipment, particularly as it often has a finite life span, or to undertake adaptations from scratch. People have a diverse range of needs - sometimes these are very complex - so matching person to property may not be straightforward. It is unlikely that a perfect fit will be found very often but it would be feasible to "fine tune" a property that came close to matching a specific set of needs. If necessary, some works could be undertaken with the resident living in the property.

6.17 It is important to maintain rapid turnaround times for empty [void] properties. (The Good Practice Guide recommends putting aside the targets for mainstream lettings in such cases and suggests that alternative standards are developed.⁶) Overall we suggest that possible benefits of a Register and a matching process outweigh the drawbacks. We therefore recommend setting up such a Register for Haringey. We would strongly urge following the advice of the Good Practice Guide and seeking to involve RSLs operating in the Borough - the more properties included in such a database, the more it will maximise the use of adapted properties to meet residents' needs.

6.18 The Register would require:

- A database of adapted and accessible housing;
- A register of disabled people awaiting accommodation and of their needs, and;
- A service matching people to properties.

Recommendation: That, in partnership with local RSLs, consideration is given to setting up a Disabled Housing Register for the Borough

Homes no longer occupied by a disabled person

6.19 A related question is what happens if a family member, for whom a property was specially adapted, is no longer living there.

⁶ Page 43, Good Practice Guide

- 6.20 In its evidence to the Panel Habinteg Housing Association said it has a tenancy clause allowing them to seek possession of an adapted or accessible property if the adaptations installed are no longer required by the occupants. This appears essential for Habinteg as an RSL specialising in meeting the needs of people with disabilities.
- 6.21 We were told that some Councils offer cash incentives for individuals to vacate Council properties if adaptations are not required by the current occupants. We were told that this would require a change in tenancy conditions.
- 6.22 We recognise that this is often a delicate situation. For example, if the family member who needed the adaptation has died or gone into residential care, rapid action to re-possess a property would be very insensitive.
- 6.23 On the other hand, we received evidence of the high, growing and largely unmet demand for adapted properties – especially larger properties. Scarce properties include homes with wheelchair access, and with toilets and bathrooms on the ground-floor. People currently waiting for such properties include both adults and children. Some of these individuals and families are in temporary housing. Whether as a disabled person or as a carer, most will be under stress, often emotional as well as physical.
- 6.24 On balance we do not accept that the Council should simply accept this loss of adapted properties where the disabled tenant is no longer living there. We therefore recommend an exploration of ways – legal and operational - of making them again available for letting for another disabled person. At the same time, the Council should seek to meet the housing needs of the other family members.

Recommendation: That, in order to make specially adapted properties available for letting to another disabled person, the Housing Service is requested to explore ways – legal and operational - of seeking possession of properties where the person for whom the adaptations were intended is no longer living there.

Adaptations to Private Sector Homes

- 6.25 Minor adaptations for private tenants and owner-occupiers are funded from an annual budget within Social Services. (The 2004/5 budget for minor works is £26,000.) We were told that in previous years this budget was usually fully committed before the end of the financial year. As a result, for a period, the service had only been able to undertake minor pieces of work that either their technicians could do or to use Metropolitan Care and Repair. There are currently two technicians and it is felt that if another became available, it could make a significant difference to the amount of minor works that

could be done. It was also felt that a formal contract with Metropolitan Care and Repair would assist the service.

- 6.26 The budget is frequently quickly spent. The intention is to provide an equitable service irrespective of whether the client is a Council tenant, a private tenant or an owner-occupier. This is unfortunately only possible for as long as there is sufficient funding available within each of the different budgets that are used for different categories of tenure. Funding for works to private sector homes is subject to particularly heavy demands. There is also a need to ensure that funding is available all year round in order that urgent cases can be dealt with. There is a greater inequity affecting people who need adaptations and who rent homes in Haringey's large private-rented sector or who are among the very large numbers in temporary accommodation. They have no home equity to be released, of course.

Performance data for private sector adaptations:

- Average times following OT referral to completion for private sector applications are as follows:

- 1 -3 months for allocation to an officer
- 3 - 4 months for grant approval
- 2 - 4 months for completion of works

Total = 6 - 11 months.

- 93 major adaptations were undertaken on private property using DFG funding in 2003/04.

- Overall budget for major works in private property is as follows:

- £1.2 million in 2003/04
- £750,000 in 2004/05
- £800,000 in 2005/6

(N.B. the actual allocated amount for 2003/04 was £900,000 but this was increased as there was an underspend on other budgets and money was be transferred over).

- The average waiting time for minor adaptations in 2003/04 was 7 weeks from start to finish.

7. Housing and Disabled Children

- 7.1 We want to highlight the evidence given to the Scrutiny Panel by one particular group of service users. Some parents of disabled children came to tell us about their housing needs.
- 7.2 Haringey has an ongoing housing crisis, with over five thousand homeless families and thousands more families in varying degrees of overcrowding. Large numbers of the families affected have medical conditions which may be caused or partly caused by their poor housing conditions. This situation is steadily worsening as Haringey's population increases and the supply of affordable homes falls far behind.
- 7.3 Within this spectrum of hardship and misery, the plight of disabled people is even greater. But within this group, the position of disabled children and their parents and carers can often be overlooked.⁷ For example, it is possible to forget that while a small child can be carried up and down stairs, this task soon becomes difficult and eventually unbearable as the child grows older. We heard of many cases where parents suffered back injuries due to carrying a child upstairs to a bedroom or toilet in a small house unsuitable for adaptations. Sometimes, with parents unable to lift a child, Social Services have to provide paid staff to do these tasks.
- 7.4 The Social Services Team for Disabled children told us that about 75% of the families they see have housing as an issue in one form or another. About 18 families (out of a total of 80 families) had been approved for rehousing and were waiting – many for two years or more. This included families in properties owned by Registered Social Landlords (Housing Associations.)
- 7.5 In many cases a child's disability can mean that their home is actually unsafe, for example because their behavioural problems lead them to try to climb from windows or fiddle with cookers in the kitchen. What is limited space for play for a disabled toddler, becomes virtually an imprisoning space for an older child. Many autistic children, for example, are physically very active and they and their families would benefit from a safe enclosed outside play space. Houses with gardens are very scarce, in much demand, but this could make a huge difference for a family whose child has challenging behaviour.
- 7.6 The changing nature of the population of disabled children means that they are more likely to have very complex medical needs. This often means that equipment takes up a lot of space in what would otherwise be regarded as a living-room. A child may, for example,

⁷ In Frances Heywood's view they "slip through the net". (1994) Adaptations: Finding Ways to say yes. Bristol SAUS Publications.

have not only a wheelchair, but also a standing frame and possibly a separate seating system. For children with medical needs such as tube feeding, the medical equipment and supplies (tubes, feeds, nappies etc.) require a great deal of storage space.

- 7.7 Focussing on the needs of the child, we can also overlook the impact on the parents – both physical and mental. There is an impact too on siblings who have a profoundly disabled brother or sister in very limited space. Families have to consider the needs of all of their children, and not solely that of the disabled child. With Haringey's particular shortage of larger homes, bigger families are likely to wait a very long time for a suitable transfer.
- 7.8 Families with disabled children in temporary accommodation face particular hardship. There is reluctance to undertake even minor adaptations as housing will not be permanent. But many families are in temporary accommodation for lengthy periods. We were told of a number of children in this situation who are being carried up and down stairs, even as they enter early adolescence.
- 7.9 The Scrutiny Panel is aware that it has merely scratched the surface of this problem. And also aware that adequate solutions depend on Governments not individual Borough Councils. It is a matter for shame for parties of all political colours that this issue is not far higher on the political agenda.
- 7.10 We commend and recommend to our Council colleagues, members of Parliament and officers the publications on this topic by Christine Oldman and Bryony Beresford for the Joseph Rowntree Foundation.⁸ Sadly, their conclusions and recommendations from 1998 and 2002 remain only too relevant.
- 7.11 Further work should be carried out within Haringey on the particular needs of families with disabled children and what flexibility there could be within our existing systems to meet their needs more effectively. This might include, for example, discussions with our RSL partners about the suitability of homes within new planned RSL developments and consideration of the weight given to OT and Social Work advice in decisions about what accommodation is deemed suitable for a particular child and family's needs.
- 7.12 We recommend that resources are allocated to collect information on such children and families far more systematically than at present. This is firstly to facilitate our understanding the current and

⁸ Bryony Beresford and Christine Oldman (2002) Housing Matters: National Evidence relating to disabled children and their housing, Bristol/York: The Policy press/Joseph Rowntree Foundation

Christine Oldman and Bryony Beresford (1998) Homes Unfit for Children: Housing, disabled children and their families. Bristol/York: The Policy press/Joseph Rowntree Foundation

changing patterns of demand which could enable Haringey to meet these families' needs more effectively. At the same time, this information (suitably anonymised) could be used to support a call for increased resources from outside funders (e.g. Government, Housing Corporation, EU. etc.)

Recommendations:

- ***That further work is carried out within Haringey on the particular housing needs of families with disabled children and what flexibility there could be within our existing systems to meet their needs more effectively.***
 - ***That resources are allocated to collect information on such children and families far more systematically than at present.***
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8. Disabled Facilities Grant (DFG)

- 8.1 Works in excess of £450 are funded principally by Disabled Facilities Grant (DFG). This is a means tested, mandatory grant and can provide funding of up to £25,000. Everyone is entitled to an assessment for DFG funding, which specifies how the funding can be applied. The means test is similar to the one undertaken for Housing Benefit.
- 8.2 Where people are entitled to DFG grant, the work is tendered by Environmental Services to a list of Council-approved contractors. The case officer should keep the client updated on progress. However, some clients giving evidence to us cast doubt on whether this always operates smoothly.
- 8.3 Where works exceed £25,000, clients are advised to use the HouseProud scheme run by the non-profit Home Improvement Trust. This is a government supported scheme to improve homes both in London and nationally. It is part of a wider Government aim to encourage equity release where elderly owner-occupiers no longer rely on grants but instead borrow against the value of their property to fund improvements. HouseProud offer loans for people over sixty or households with a disabled member to repair or adapt their home. For a limited time, the Council is contributing £500 towards the set-up costs, will provide a schedule of works and will monitor the progress of building works to ensure quality.
- 8.4 Where Equity Release is not possible, additional grant can be offered to achieve the adaptation, with a 20-year condition attached. Consideration can also be given to reclaiming the cost of works from assets at a later stage but any money recovered in this way does not go back into the adaptations budget.
- 8.5 People whose income and/or capital exceeds the means-tested level have the option of funding the works from their own resources – this may also include equity release. Such self-funders may arrange for the work to be done themselves or they can also pay for either Metropolitan Care and Repair or Haringey Environmental Services officers to manage the works on their behalf on an agency basis.

Shortfall in Disabled Facilities Grant funding

- 8.6 60% of the funding for DFGs comes from the government whilst the other 40% comes from Council sources. The level of grant received from the government is set bi-annually, using criteria based on census and other statistical information regarding income levels and deprivation. Authorities can also bid for extra cash from allocations not used by other Councils and this is something that Haringey has successfully done.

- 8.7 Evidence we heard suggests that the DFG grant funding that Haringey receives is insufficient and representations have been made regarding this. This means that each year, Haringey's DFG funds are normally fully committed. This means that there is usually a backlog of people assessed for a DFG grant who must wait until future funding is available. In a few cases, people have had to wait two or even three years. We were told that the Courts have ruled in favour of other Authorities taking this course. People who do not want to wait have the option of self-funding adaptations if they have the resources.
- 8.8 We were told that the process for obtaining DFG grants is considerably more time consuming compared to accessing funds from within the Council's own Housing Revenue budget. Despite these complexities, we see a benefit if Haringey could successfully speed up processing DFG applications. Plainly, this won't provide extra cash to fund any more adaptations, but by giving clients early and clear information it could lay out the options they have: to wait until DFG funds are available; or to self-fund. A preliminary assessment of the means of clients could assist in this process by letting people know at an early stage if they are very unlikely to be entitled to DFG funding - removing the need for a full assessment and allowing the client to explore options, including equity release.

Recommendation: That a preliminary financial assessment of applicants' means for DFG is undertaken in order to determine at an early stage the likelihood of them being eligible for assistance.

RSLs and DFG funding

- 8.9 We were told that RSLs were applying for DFG funding for adaptations to the homes of their tenants and this is something that has the potential to sour the Councils' relationships with them. There have been some cases where local authorities have discriminated against Housing Association tenants and they often feel that RSLs should be responsible for funding their own tenants. We were encouraged by the approach taken by both Habinteg and Metropolitan Housing Trust who indicated that they would be willing to enter into negotiations with the Council over the possibility of their providing the match funding for any applications from their tenants. A scheme similar to this has been set up successfully in Leeds, where RSLs in the city have agreed to match fund DFG grants administered by the local authority. We recommend that such negotiations should be pursued.
- 8.10 Particular criticisms have been made of the DFG system about how it deals with children, which represents a small but significant number of requests. It is very difficult for families with parents or carers in full-time work to obtain the full level of grant. The means test does not take into account mortgage repayments, does not

accurately calculate the true additional costs of bringing up a disabled child, assumes that families will be able to borrow large amounts of money and penalises parents who are working to support their families.

- 8.11 DFGs are currently mandatory but it is unclear how long that this will continue. An ODPM Review is due to report in May. However, the unanimous view of local authorities in evidence to this review is to keep the mandatory grant. We support the current campaign that is being undertaken by a consortium of charities led by Mencap to influence the review that the ODPM is conducting. In particular, we feel too that that DFGs should remain mandatory and that the means test for children should be abolished, as has taken place in Northern Ireland.

Recommendations:

- ***That the Council endorses the current campaign to maintain the mandatory status of DFGs and the removal of the means test for children and that the Leader and Executive Member for Social Services and Health are asked to write on behalf of the Council to both local MPs expressing this view and seeking their support.***
 - ***That the Council enter into negotiations with relevant RSLs on the possibility of reaching a broad agreement with them on providing match funding for any applications for DFG funding from their tenants.***
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Alternative Sources of Funding

- 8.12 According to the recent ODPM Best Practice guidance and other literature, there are alternative sources of funding that can be used to fund adaptations;

- If a move to another private sector home is a possibility, there are discretionary powers available under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to help with the purchase and adaptation of a new property.
- The discretionary powers available under the RRO can be used as an alternative to DFG funding or to supplement the resources available within the DFG limits.
- Social Services Community Care funding - savings can be made by promoting hospital discharge or a reduction in costs of social care and these savings can be taken into account in considering the most cost effective way to proceed.

- Charitable sources
 - In the case of adaptations for children, there are a number of sources that can be explored such as Section 17 of the Children Act, adoption and fostering budgets, joint finance, mainstream health funding, the family fund trust and other public sources e.g. the Social Fund.
- 8.13 In addition, PCTs have powers under the NHS Act 1977 and the Health Act 1999 to transfer funds to housing adaptations if that will release beds by speeding up discharge.
- 8.14 These sources are generally at the margins but can be useful in particular cases. It is, however, helpful if agencies have some access to funds to cover contingencies and if there is some flexibility. In terms of access to charitable funding, home improvement agencies are generally in the best position to facilitate this.
- 8.15 The complexity of these potential funding sources poses a challenge to the principle that people should have choices and the information to make informed decisions. Many clients, their families and carers won't know about the funding sources. In addition, self-funders for adaptations will not always have the skills and experience to judge, for example, the quality of building work. Many elderly people are vulnerable to exploitation and assistance for them is essential. As mentioned, those who do not qualify for DFG assistance can currently use either Metropolitan Care and Repair or Haringey Environmental Services to assist them in getting the work done.
- 8.16 There is some scope for an enhanced role for home improvement agencies such as Metropolitan Care and Repair in providing adaptations. They currently can provide advice and technical help for clients as well as a Handyperson scheme with Age Concern for anyone over 60 within the Borough. We would recommend that the feasibility of expanding their role should be explored.

Recommendations:

- ***That the facility that is shortly to be set up at the Winkfield Centre includes, as part of its brief, advice and guidance to self funders.***
 - ***That the Council enter into negotiations with Metropolitan Care and Repair with a view to enhancing their current role.***
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9. Completion and Aftercare

- 9.1 On completion of the adaptation works, the OT and the surveyor visit clients to ensure that the work has been completed satisfactorily. Work has to be signed off with the client before money is released to the contractor. Feedback is obtained from clients by the OT and is generally very positive. It was suggested that feedback could also be obtained from contractors as they may also have valid things to say about the service.
- 9.2 Maintenance of aids and adaptations is provided for Council tenants but private clients and leaseholders are responsible for the maintenance of their own equipment.
- 9.3 From the evidence we received, the vast majority of adaptations carried out and equipment prescribed are much appreciated, with users telling us how much they benefit from it.
- 9.4 However, a few service users giving evidence to the Scrutiny Panel also gave some examples of poor levels of aftercare and service – especially by private contractors. They raised the further problem that some equipment needs regular servicing whilst others need to be replaced after a number of years. This is not always obvious to the user. We were told that sometimes full instructions were not provided for pieces of equipment. This may lead to expensive pieces of equipment not being used, or users not gaining their full benefit. Some of these problems may be solved through minor adjustments or training for the user.
- 9.5 We had evidence that equipment is sometimes unused because it doesn't fully meet the client's needs, or they find it is not essential. This could be due to the process being professionally led rather than client led with a possible tendency for over-prescribing and even an over-clinical approach. We were also told that some clients can rely too heavily on carers and will therefore carry on having tasks done for them rather than doing them themselves with the aid or adaptation.
- 9.6 It was suggested that in some cases, care packages are not always tapered down once equipment becomes available. This needs to be synchronised, with the equipment preferably preceding the care package.
- 9.7 Whatever the reasons, it is wasteful if prescribed equipment is unused. We welcome the focus now being given to this problem, including when equipment should be reclaimed for other people, if clients are either not using it or no longer need it.
- 9.8 To tackle these issues of completion and aftercare, we suggest a multi disciplinary group to review case closure and follow-up

procedures. The purpose of an assessment is to identify and meet clients' needs. It would be helpful to get OTs and technical staff together to ensure that outcomes reflect this. Although closures are undertaken on an individual basis, the resulting information was not currently collated. It is particularly important to ensure that equipment is being fully utilised and maintained. A simple review process that measures whether the outcomes have met the need would assist.

Recommendation: That a multi disciplinary group of professionals is set up to review completion and follow up procedures in order to ensure that needs are being met successfully and that equipment is being used to its full potential.

APPENDIX

LIST OF INDIVIDUALS INTERVIEWED:

Councillor Kate Wynne - Executive Member for Social Services and Health
Mr. B. Lanigan, Ms. H. Miall, Ms J. Chedzoy and Ms. O. Bhogal - Social Services
Mr. R. Watts and Mr. D. Solomon - Housing Service
Mr. S. Russell - Environmental Services
Ms. J. Privett - HCDC
Mr. D. Allen - Phoenix Group
Ms. M. Smith, Mr. F. Bell, Ms. P. Moffatt, Mr. P. Walker and Patience - User representatives
Mr. C. Brown - Metropolitan Housing Trust
Mr. P. Gamble - HABINTEG Housing Association
Mr. N. Appleton and Mr. I. Salt - Compact Consulting
Ms. R. Bowman and Ms. C. Cobb - Chief Executive's Service,
Ms. A. McTeare - Haringey Teaching Primary Care Trust
Ms. I. Mullins and Mr. A. Williams - Age Concern Haringey
Members of the Black And Ethnic Minority Carers Consultative Forum
Ms Susan Smith – Senior Medical Officer, Housing