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**Housing Adaptation Service Standards**

**Question 1:** Will the proposed service standards improve the way housing adaptations are delivered in Wales? If not, are there further service standards which should be included?

The Royal College of Occupational Therapists supports the proposed aim of improving consistency and delivery of housing adaptations throughout Wales. Occupational therapists play an essential role in supporting the delivery of housing adaptations in order that members of the public can to live safely and independently, improving the health and wellbeing of their families or carers and reducing pressures on frontline services, such as health and social care. However, we would like to highlight a number of issues that need clarifying with regards to the standards, as outlined below.

**Standard 1**- states that adaptions should be ‘necessary and appropriate’ and ‘reasonable and practicable’ and is the language used in within the Disabled Facilities Grant (DFG) legislation. What about smaller adaptions that don’t require DFG? We believe that this could be clearer.

The standard should emphasise values above in terms of meeting health and wellbeing outcomes of people with disabilities and their carers to support their ongoing lives in the community as part of a person centred plan.

**Standard 2** - talks about equality and diversity policies and we believe it would be helpful to give an example of good practice within this in the document or as part of an appendix. For example; to support a child going to regular child care services with their peers, thus supporting a parent to continue to work alongside their caring role; to provide access to family life that would be taken for granted for those without a disability.

**Standard 4** – it would be helpful to have a statement in the guidance on the criteria for a ‘suitability competent person’. Additionally, in regard to an assessment and recommendation is Standard 4 assuming this is occupational therapist or a trusted assessor (TA)? What about other professionals with the skills? Will TA training to be mentioned in the document or equivalent? (<https://www.dlf.org.uk/content/trusted-assessor-training>).

In the case of trusted assessors being used, it would be essential that they received clinical supervision and governance by an appropriate professional, which we would suggest would be a qualified occupational therapist.

Also, with regard to people using their own contractor it might be mentioning the support available from agencies like Care and Repair for advice, rather than saying they are left on their own. <https://www.careandrepair.org.uk/en/>. It would also be beneficial to note that support could be offered via a trust-a-trader, which offers a trusted online directory of reliable tradespeople.

**Standard 5** – talks about equipment. Are the standards for equipment and/or adaption? If the standards are to include equipment it could be helpful to define what is meant by equipment so it isn’t confused with disability equipment, unless this is to be included too? On warranty, service charges and maintenance, this should include responsibility. Additionally, where do equipment providers in local authorities and private funders come into this? For example; hoisting equipment, such as ceiling tracks are not included in definition yet this might be part of a DFG (combination of adaptations).

**Standard 7** – in regards to small adaptations it states occupational therapy assessment is not required, and TA assessment may not be required. Is it the intended suggestion that no assessments are required in some cases? If so, where do people receive this advice or are they organising this themselves? This could be clearer in our opinion.

**Question 2:** Are the proposed service standards on the ‘Expected Timeframes’ (Service Standard 6) challenging enough?

The consultation document has stated that the provision of support for housing adaptations in Wales is complex and is a reflection of the multiple partners involved in the care and support arrangements of the public. We would like more detail in what analysis has been done to check these timescales are achievable and realistic. It is important to analyze whether it is possible to meet these timescales.

Our occupational therapists have reported that the timescales are challenging and for priority adaptations, timescales will be useful (figure 2 – definitions in the report states small describes “immediate falls prevention” or “urgent hospital discharge”)

We recognise that the area of small works is varied and complex. Works directly accessed by the public to reduce low level risks would be preventative and would measure the provider’s timescales for delivery. However, hospital discharge cases and small adaptations to support reablement programmes at home are more urgent for healthcare professionals. Small adaptations are also used creatively in longer term cases to support someone’s independence – for example; the use of a grab rail on the wall to allow someone to stand briefly to adjust clothing independently. These times scales would not be relevant.

The two month timescale for medium and large adaptations will be challenging where occupational therapists are required, in a number of local authority areas because of the amount of work in relation to the number of occupational therapists employed and currently there are waiting list for assessments.

The standards also needs to be clearer on when the timescales starts and finishes as this still could be open to different interpretations across Wales and lead to continued inconsistency.

There is also a need to consider other delays that may occur- e.g. - citizen request to delay, adverse weather and landlord permissions. For example; galvanized rails and ramps take longer to fit and can be delayed due to adverse weather and occupational therapists report it can be difficult to find contractors who are able to fulfill this type of work in the timescale proposed. .

Finally, we again would like to highlight the importance of occupational therapy assessment and intervention- occupational therapy intervention may involve rehabilitation or trials of alternative options before an adaptation is prescribed. The timescale for this will vary in relation to the citizen’s choices and their health and well-being. This should be made clearer within the standards.

**Question 3:** Are the definitions for a small, medium and/or large adaptation sufficiently clear? If not, how could they be clarified?

**Small adaptations**

* Can also be used for rehabilitation purposes.
* Permission may be required if rails are going to be fitted to private property and social housing
* Some simple equipment may be needed for someone with complex needs.

**Medium**

* Again permission from landlord etc. may be required.
* Could there be clarification on what ‘A combination of adaptation installed as one job’ means
* In medium adaptations it says Disabled facility Grants, when it’s Disabled Facilities Grants. It is correct below in large adaptations.

**Question 4:** Are there any issues relating to impact on the Welsh language, equalities or children’s rights in relation to this draft guidance that you wish to highlight?

Our members feel that the consultation is too focused on older adults and needs more reference to paediatrics. Our members also believe that there could be a delay in provision when Welsh language services are required, as- our occupational therapists will try to accommodate such requests but there is a shortage Welsh speaking staff, particularly in certain areas of the country

The variety of provision in terms of discretionary top up grants/loans leads to inequality across Wales.

**Question 5:** Do you have any further comments to add?

The importance of co-production and a more personalised approach with people in receipt of adaptation needs to be emphasised further and additional work needs to be done to support people who decide to fund them adaptations themselves and where they could be signposted for support.