



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 26 October 2023  
**BY:** Chief Officer  
**SUBJECT:** Provision of Adaptations funded by Private Sector Housing Grants

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## **1 PURPOSE**

- 1.1 To update the IJB on actions underway to respond to a committed overspend in the East Lothian Private Sector Housing Grant (PSHG) budget. This is used to provide equipment and adaptations for people who live in privately owned or rented properties, in order to improve or maintain independent living and to avoid unnecessary hospital admissions or care packages.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Note the statutory functions applying to the provision of property adaptations and equipment to people with physical impairments, with the intention of assisting them in carrying out activities of daily living and maintaining independence.
- 2.2 Agree the mitigating actions by Community Occupational Therapy (ELC) and ELC Housing Services colleagues regarding adaptations/large equipment supply in owner occupied or privately rented properties.

## **3 BACKGROUND**

- 3.1 East Lothian Council Housing Service manages an annual PSHG budget of £363,710 on behalf of the IJB. An additional budget of £329,890 for the Care & Repair service supports homeowners in the adaptation process.
- 3.2 In June 2023, East Lothian Rehabilitation Service (ELRS) received notification from ELC Housing colleagues of an anticipated overspend in the adaptations budget and were asked to review criteria used to determine eligibility for adaptations grant funding.
- 3.3 The adaptations budget is almost fully committed, with only £15k remaining and 26 homeowners' adaptations delayed until the new

financial year. Those cases that become critical will be considered in the first instance to ensure risks are mitigated where possible.

- 3.4 There are currently 245 people with a range of physical conditions waiting for an Occupational Therapy assessment. Of those waiting for assessment, 167 live in owner occupied properties or are privately renting.
- 3.5 The Occupational Therapy Service reviewed and updated the Occupational Therapy Practice Guide (Appendix 1) to ensure staff considered all resources available to clients seeking an adaptation. This approach aimed to deliver cost effectiveness, with more expensive solutions only contemplated once all funding avenues had been explored.
- 3.6 The Occupational Therapy service uses eligibility criteria set by Adult Social Work (Appendix 2). These have been further developed to reflect Occupational Therapy specific areas of function and help Senior Practitioner Occupational Therapists and Team Managers in ensuring consistency in approval processes. (Appendix 3)
- 3.7 The Occupational Therapy service continues to provide assessment, interventions and recommendations based on individual client need. Emergency criteria were not considered appropriate as this should not affect occupational therapy assessment principles.
- 3.8 The Occupational Therapy approach is supported and evidenced in the following documents:
  - [Home Adaptations Without Delay Planning Guide - RCOT](#)
  - [Standards of conduct, performance and ethics \(hcpc-uk.org\)](#).
  - [Assessment & provision - Equipment and adaptations: guidance on provision - gov.scot \(www.gov.scot\)](#)
  - [Adult social care: independent review - gov.scot \(www.gov.scot\)](#)
- 3.9 The Chronically Sick and Disabled Persons Act 1970, advises that Occupational therapists have a **duty to assess**, provide and make recommendations based on a person's, needs, wants or areas of importance to them. If these needs cannot be met through lower cost equipment, advice, rehabilitation, or self-purchase options then they may be eligible for a grant towards the adaptation. <https://www.legislation.gov.uk/ukpga/1970/44/section/2>.
- 3.10 Occupational Therapists are guided by government legislation and professional guidance from two governing bodies: the Royal College of Occupational Therapists (RCOT) and the Health and Care Professions Council (HCPC).
- 3.11 The RCOT Professional Standards for Occupational Therapy Practice, Conduct and Ethics state that: *We should ensure that all reasonable steps are taken to ensure the health, safety and welfare of any person involved in any activity for which you are responsible.*
- 3.12 All Occupational Therapists must meet HCPCs (Health & Care Professions Council) [Standards of conduct, performance and ethics | \(hcpc-uk.org\)](#). Some of these refer to assessment of needs of

individuals, covering: *Promote and protect the interests of service users and carers; Manage risk; Report concerns about safety and follow up any concerns.*

- 3.13 Where an Occupational Therapist has made recommendations for equipment, adaptations or other relevant service provision and there remains a risk to the persons health or wellbeing, they have an absolute duty to escalate these concerns to the relevant service provider.
- 3.14 Until the budgetary and demand pressures became apparent, the Occupational Therapy Service has not had oversight of the PSHG budget and have not contributed to the planning and management of these pressures. The Service is committed to continuing involvement in supporting Housing with effective clinical decision making and prioritisation of referrals where appropriate.
- 3.15 To address the anticipated PSHG overspend in this financial year, an Adaptations Panel was established to work collaboratively in agreeing prioritisation of cases requiring works. This will enable a focus on people living with impairments which affect their ability to manage tasks safely or independently within their own homes.
- 3.16 Where feasible, occupational therapy staff will regularly review people waiting for a decision on an adaptation. This will assist managers in highlighting cases to the Adaptations Panel where client risk has increased.
- 3.17 Monthly meetings will be held between Housing and Occupational Therapy to present critical cases where occupational therapists have assessed an increased risk of harm or injury to an individual if they do not receive an adaptation or equipment.

#### **4 ENGAGEMENT**

- 4.1 There have been ongoing discussions with the HSCP, Housing and the Care & Repair service with regard to the funding challenges for PSHG.
- 4.2 Housing has presented a paper to the ELC Executive Management Team (EMT) noting the financial implications and concerns regarding risks to delivery of statutory duties.

#### **5 POLICY IMPLICATIONS**

- 5.1 Provision of adaptations to property is a theme that cuts across the Strategic Delivery Priorities of the IJB Strategic Plan 2022-2025, including:
  - Planning for an ageing population.
  - Improving the management of long-term conditions.
  - Meeting housing need.

## 6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has not been subjected to an impact assessment. However, it should be acknowledged that provision of adaptations to a person's environment to enable them to be as independent as possible with daily living tasks or in being supported by formal and informal carers. Non-provision of a necessary adaptation can also have a significant impact on physical and mental wellbeing and potentially prevents the individual from being part of their community.

## 7 DIRECTIONS

- 7.1 Further discussion is needed on whether a Direction is required for adaptations provision.

## 8 RESOURCE IMPLICATIONS

- 8.1 The adaptations budget is almost fully committed to financial year end, with only £15k remaining unspent. Further detail is available in the ELC Members Library Report of 31 August 2023.

## 9 BACKGROUND PAPERS

- 9.1 Hyperlinks are provided in the text above to papers and legislation.

Appendices attached:

- Role & Remit of Adaptations Panel.
- Private Sector Housing Grant & Requests for Equipment and Adaptations.
- Occupational Therapy Practice Guide September 2023.
- Community Occupational Therapy Eligibility Criteria September 2023.
- East Lothian Councils Criteria for Service Users.

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<b>DATE</b>	18 October 2023	

## Appendix 1

Committee name:	<b>Equipment &amp; Adaptations (Private Sector Housing Grants)</b>
Chairperson:	Lesley Berry – General Manager & Chief AHP, East Lothian Rehabilitation Service
Alternate:	Kirstie White or Morven McLelland
Remit:	<ul style="list-style-type: none"> <li>• Solely for owner occupied and privately rent accommodation</li> <li>• Assurance and governance of clinical decision making</li> <li>• Prioritisation of cases</li> <li>• Escalation process to IJB</li> </ul>
Role:	<ul style="list-style-type: none"> <li>• Multidisciplinary and collaborative approach</li> <li>• Ensuring equity across decisions made</li> </ul>
Reports to:	<ul style="list-style-type: none"> <li>• Fiona Wilson</li> <li>• Monica Patterson</li> <li>• IJB</li> </ul>
Members:	<p>Lesley Berry – <i>General Manager, East Lothian Rehab Service &amp; AHP Lead, East Lothian</i></p> <p>Morven McLelland – <i>Team Manager, Occupational Therapy</i></p> <p>Kirstie White – <i>Team Manager, Occupational Therapy</i></p> <p>Wendy McGuire – <i>Head of Housing</i></p> <p>Stephanie Irvine – <i>Team Manager</i></p> <p>Rebecca Pringle – <i>Team Manager for Housing Strategy in ELC</i></p> <p>Louise Dickson – <i>MSK Clinical Lead &amp; Physiotherapy Professional Lead</i></p> <p>Gerry McFeely – <i>Professional Lead Occupational Therapy</i></p>
Also inform of progress/ request reports from:	<ul style="list-style-type: none"> <li>• EMT</li> <li>• Cabinet</li> </ul>
Role of members	<ul style="list-style-type: none"> <li>• Attend meetings regularly or send named alternate</li> <li>• Report back to relevant area about outcome of meetings</li> <li>• Devise suitable group action plan and deliver actions in timely manner</li> <li>• Case discussions</li> <li>• Consensus of prioritisation</li> </ul>
Frequency:	Once a month
Circulations of minutes:	Members of the panel
Directives:	<p>NHS Healthcare Improvement Scotland Standards</p> <p>Adaptations without delay</p> <p>HCPC directions</p> <p>Independent review of adult social care</p> <p>Public bodies (joint working Scotland act) 2014</p> <p>Social Work Scotland Act 1968</p> <p>Chronically Sick and Disabled Persons Act 1970</p> <p>Housing Scotland Act 2006 &amp; 1987</p> <p>Rehabilitation Framework</p> <p>Health &amp; Social Care Standards: My Support, My Life</p> <p>National Carers Strategy</p> <p>IJB Strategic Plan 22-25</p>
Supporting documentation:	<p>Practice Guidance</p> <p>Eligibility Criteria</p> <p>Occupational Therapy Recommendation Process</p>
Review Date	March 2024

Private Home Sector Grant (PHSG) Requests for  
Maintainable Equipment & Major Adaptations

**Appendix 2**

August 2023.

**Background**

Due to current budget constraints with the PSHG, the Occupational Therapy service managers were asked to develop criteria for Housing to work with in order to help prioritise clients waiting for maintainable equipment and major adaptations.

The Occupational Therapy service will continue to carry out assessments and recommendations for equipment and adaptations and pass these recommendations onto the relevant housing provider. These will be approved in line with current local and national legislation and in addition in line with our professional and governing body of the Royal College of Occupational Therapists (RCOT) and Health & Care Professions Council guidance and recommendations.

*In order to support requests for maintainable equipment and adaptations will all be prioritised on a weekly basis. Occupational Therapy Team managers will be responsible for this task and will use East Lothian Councils current eligibility criteria. They will be rated Critical/Substantial/Moderate/Low Need. There is further guidance for Occupational Therapists and Managers to explore in more detail threshold levels. This can be found in the Occupational Therapy guidance for eligibility criteria.*

**Criteria Terms/Definitions**

East Lothian Councils eligibility criteria sets out the level of risk for each definition as follows.  
([Eligibility Criteria | East Lothian Council](#))

**Critical:** The risk of harm/ danger to a person or major risks to independence

**Substantial:** The risk of significant impairment to the health and well-being of a person or significant risk to independence

**Moderate:** The risk of some impairment to the health and well-being of a person or some risk to independence

**Low:** Promoting a persons' quality of life or low risk to independence.

Specifically in relation to Occupational Therapy provision of equipment and adaptations the threshold for service provision is established at **moderate**.

**Section 2:** Needs Relating to Your Personal Care / Domestic Routines / Home Environment

Critical	<ul style="list-style-type: none"> <li>• You are unable to do vital or most aspects of your personal care causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> <li>• You are unable to manage vital or most aspects of your domestic routines causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> <li>• You have an extensive / complete loss of choice and control over vital aspects of your home environment causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> </ul>
Substantial	<ul style="list-style-type: none"> <li>• You are unable to do many aspects of your personal care causing significant risk of danger or harm to yourself or others or significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You are unable to manage many aspects of your domestic routines causing significant risk of harm or danger to yourself or others or significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You have substantial loss of choice and control managing your home environment causing a significant risk of harm or danger to yourself or others or a significant risk to your independence and you need social care support.</li> </ul>
Threshold for Services	
Moderate	<ul style="list-style-type: none"> <li>• You are unable to do some aspects of your personal care indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your domestic routines indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your home environment indicating some risk to your independence either now or in the foreseeable future.</li> </ul>
Low	<ul style="list-style-type: none"> <li>• You have difficulty with one or two aspects of your personal care, domestic routines and / or home environment indicating little risk to your independence.</li> </ul>

*Please refer to the Occupational Therapy Practice Guide for detailed information on provision of equipment and adaptations. This provides detailed and up-to-date guidance on what we are able to provide and where people may need to source additional 'private' funding for more high-end non-essential equipment/adaptations.*

September 2023

### ***Palliative Care Requests for Equipment & Adaptations***

In cases where clients' either have a DS1500 in place or where there is a life expectancy of less than 6-months, the service may only be able to offer a short-term solution e.g., essential equipment such as commode/ chemical toilet or medium-term options including shower/ toilet cubicle. It must be realistic to achieve within timescales and not cause significant upheaval and distress to the client and family receiving equipment.

There are several situations where a client may have a life limiting condition (may not be palliative at time of request for assistance) such as MND (Motor Neurone Disease). A comprehensive assessment will be provided, however temporary equipment/adaptations may be recommended in these instances as opposed to longer term adaptations due to timescales currently taken for provision.



Appendix 2

ELIGIBILITY CRITERIA CHECKLIST

Community Care Services

Name: \_\_\_\_\_ Date of Birth: / \_\_\_ /

This form must only be completed following an assessment or review to determine if a person has social care needs that are eligible for services arranged or provided by East Lothian Council

**Section 1: Needs Relating to Your Physical and Mental Health**

Critical	<ul style="list-style-type: none"> <li>You have major health problems which cause immediate life-threatening harm or danger to yourself or others and need social care support.</li> <li>Serious abuse or neglect has occurred or is strongly suspected, and you need protective intervention by Social Work (includes financial abuse and discrimination).</li> </ul>
Substantial	<ul style="list-style-type: none"> <li>You have significant health problems which cause significant risks of harm or danger to yourself or others either now or in the near future and need social care support.</li> <li>Abuse or neglect has occurred or is strongly suspected in the near future, and you need social care support (includes financial abuse and discrimination).</li> </ul>
<b>Threshold for Services</b>	
Moderate	<ul style="list-style-type: none"> <li>You have some health problems indicating some risks to your independence and / or intermittent distress either now or in the foreseeable future.</li> </ul>
Low	<ul style="list-style-type: none"> <li>You have a few health problems indicating low risks to your independence.</li> </ul>

Note: Mental Health within Critical and Substantial: includes severe enduring mental illness / Regular episodes of severe mental illness, acute mental breakdown, life threatening or serious chronic substance misuse / neglect.

**Section 2: Needs Relating to Your Personal Care / Domestic Routines / Home Environment**

<p>Critical</p>	<ul style="list-style-type: none"> <li>• You are unable to do vital or most aspects of your personal care causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> <li>• You are unable to manage vital or most aspects of your domestic routines causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> <li>• You have an extensive / complete loss of choice and control over vital aspects of your home environment causing major and immediate harm or danger to yourself or others or major and immediate risks to your independence and you need social care support.</li> </ul>
<p>Substantial</p>	<ul style="list-style-type: none"> <li>• You are unable to do many aspects of your personal care causing significant risk of danger or harm to yourself or others or significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You are unable to manage many aspects of your domestic routines causing significant risk of harm or danger to yourself or others or significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You have substantial loss of choice and control managing your home environment causing a significant risk of harm or danger to yourself or others or a significant risk to your independence and you need social care support.</li> </ul>
<p>Threshold for Services</p>	
<p>Moderate</p>	<ul style="list-style-type: none"> <li>• You are unable to do some aspects of your personal care indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your domestic routines indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your home environment indicating some risk to your independence either now or in the foreseeable future.</li> </ul>
<p>Low</p>	<ul style="list-style-type: none"> <li>• You have difficulty with one or two aspects of your personal care, domestic routines and / or home environment indicating little risk to your independence.</li> </ul>

**Section 3: Needs Relating to Your Family and Social Responsibilities**

Critical	<ul style="list-style-type: none"> <li>You are unable to sustain your involvement in vital or most aspects of work / education /learning causing a major and immediate loss of your independence and you need social care assistance.</li> <li>You are unable to sustain your involvement in vital or most aspects of family / social roles and responsibilities and social contact causing major distress and / or immediate loss of your independence and you need social care support.</li> </ul>
Substantial	<ul style="list-style-type: none"> <li>You are unable to sustain your involvement in many aspects of work / education / learning causing a significant risk to your independence either now or in the near future and you need social care assistance.</li> <li>You are unable to sustain your involvement in many aspects of your family / social roles and responsibilities and social contact causing significant distress and / or risk to your independence either now or in the near future and you need social care support.</li> </ul>
<b>Threshold for Services</b>	
Moderate	<ul style="list-style-type: none"> <li>You are unable to manage some aspects of your involvement in work / learning / education indicating some risk to your independence either now or in the foreseeable future.</li> <li>You are unable to manage some aspects of your family / social roles and responsibilities and social contact indicating some risk to your independence either now or in the foreseeable future.</li> </ul>
Low	<ul style="list-style-type: none"> <li>You have difficulty undertaking one or two aspects of your work / learning / education / family and / or social networks indicating little risk to your independence.</li> </ul>

**Section 4: Carers**

Critical	<ul style="list-style-type: none"> <li>Your carer has major physical / mental health difficulties due to the impact of their role as a carer causing immediate life-threatening harm or danger to themselves or others and they need social care support.</li> <li>There is a complete breakdown in the relationship between you and your carer and your carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.</li> <li>Your carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities and needs social care support.</li> </ul>
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<p><b>Substantial</b></p>	<ul style="list-style-type: none"> <li>• Your carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others either now or in the near future and they need social care support.</li> <li>• There is a significant risk of breakdown in the relationship between you and your carer and your carer is unable to sustain many aspects of their caring role either now or in the near future.</li> <li>• Your carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities either now or in the near future and needs social care support.</li> </ul>
<p><b>Threshold for Services</b></p>	
<p><b>Moderate</b></p>	<ul style="list-style-type: none"> <li>• Your carer is unable to manage some aspects of their caring / family / domestic / social roles either now or in the foreseeable future.</li> </ul>
<p><b>Low</b></p>	<ul style="list-style-type: none"> <li>• Your carer has difficulty undertaking one or two aspects of their caring / domestic role.</li> </ul>



# OCCUPATIONAL THERAPY PRACTICE GUIDE

September 2023

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## Introduction

This document has been prepared with the aim of providing guidelines for the provision of several types of equipment, adaptations, and alterations in the homes of children and adults with disabilities. The document refers to the Scottish Government Eligibility Criteria as it applies to Occupational Therapy and East Lothian Rehabilitation Service

Should anyone wish to see a section of the document it is essential that page 2 (Description of Service, Conditions, Criteria) is also given.

## Description of the Service

East Lothian Health & Social Care Partnership and Housing provides people with physical impairments with equipment and/or adaptations to use in their own homes to help them be as independent as possible in activities of daily living.

Disability ( now known as Physical Impairment) is defined in the legislation as “a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.” (Disability Discrimination Act 1996).

## Criteria for Occupational Therapy

The criteria for this service is that the person is:

- A person with a physical impairment (disabled person) as defined in the Disability Discrimination Act 1996. Any disabled person will be entitled to an Occupational Therapy Assessment. However, assessment will indicate whether the person meets the criteria for equipment and/or adaptation provision.

Specific Guidance on provision is noted below.

Specific Criteria can be found in additional guidance (Occupational Therapy Eligibility Criteria Guidance 2023)

## Considerations for Service Provision

- The equipment and/or adaptation must be at the person’s only or main residence as defined in the relevant Housing Acts



East Lothian Rehabilitation Service  
Occupational Therapy Practice Guide

- The type of service provided will depend on the person's condition, level of need, and the technical suitability of the property and site.
- Where a property is unsuitable to be adapted (i.e., where multiple adaptations and maintainable equipment is required to make the property more suitable, or the cost is prohibitive), rehousing may be recommended.
- Where appropriate, the Landlord may offer suitable alternative accommodation instead of adapting the property
- Equipment and/or Adaptations will not be considered if the person has applied for or is considering moving house.
- A major adaptation will only be carried out on one house for a person and ELH&SCP or Housing will not contribute towards adapting a subsequent house. One exception to this would be where there is a substantive reason for moving house such as moving to retain employment. A second exception is where the council's contribution to the adaptation is the subject of a Minute of Agreement. Any exceptions noted above should be presented to the Joint Complex Cases Panel (JCCP) for consideration.
- Occupiers/owners of properties affected by the adaptation e.g., a ramp on a common pathway, must give their permission for the adaptation.

### General Advice for Clients requiring an Adaptation

1. The planning of the adaptation should consider the client's current and long-term needs.
2. The timescale of a major adaptation is lengthy. The process should be fully explained to the client and advised of the indicative waiting times for completion of adaptations.
3. Generic property repairs are the responsibility of the property owner and cannot be undertaken by East Lothian Health & Social Care Partnership (ELH&SCP).
4. Adaptations and some large maintainable equipment, unless otherwise stated in the legal letters, become a part of the property and the responsibility for the maintenance and repair rests with the property owner.
5. It should be noted that a new tenant moving into a previously adapted house accepts the house as seen, i.e., ELH&SCP and Housing do **not** remove adaptations or reinstate the property (see legal letters).

6. There may be other work considered desirable by the client, which cannot be funded by the ELH&SCP. Advice and information will be offered on alternative funding for such work.

## GUIDANCE NOTES FOR PRACTITIONERS

### 4. ACCESS

- 1.1 Paths
- 1.2 Paved areas
- 1.3 Rails on steps
- 1.4 Ramps
- 1.5 Shallow steps
- 1.6 Entryphone's
- 1.7 Door opening devices
- 1.8 Flashing Doorbells

#### 1.1 Paths

**Description** - Any altering, relaying, or repositioning of an essential access path within the confines of the client's property.

The width of the access path should be no less than 900 mm (preferably 1000mm), with a safety edge where appropriate.

**ELH&SCP will not provide a rail alongside an access path.**

It is normally expected that a client can walk along a path using a walking aid. If after joint assessment with a physiotherapist the client is assessed as being at risk a rail can be provided at the discretion of the Senior Practitioner Occupational Therapist.

#### **Criteria:**

- Where a person is at risk of falls whilst using a path which is not fit for purpose and would not fall under a 'repair' requirement
- A suitable path for use of a wheelchair user (attendant or self-propelled) i.e., chipped path would not be suitable.

#### **Factors To Consider**

- a) If the disabled person has prime responsibility for household chores and can use the washing line or rotary drier, consideration may be given to providing a suitable path to access these facilities. The existing surface must be adequate for an ambulant person to undertake the same chore that is considered hazardous for the disabled person.
- b) It is the responsibility of the occupier to treat the path to remove ice.
- c) If a path requires maintenance or re-laying for routine use, then this is seen as the responsibility of the property owner.

## 1.2 Paved Areas

**Description** - A level area either with slabs or a suitable safe material.

**Criteria:**

- Where a person is at risk of falls whilst using a path which is not fit for purpose and would not fall under a 'repair' requirement
- A suitable path for use of a wheelchair user (attendant or self-propelled) i.e., chipped path would not be suitable.

**Factors To Consider**

- a. A paved area under a washing line may be provided where it is needed to assist a person to be functionally independent.
- b. A play area for a child would be paved to assist with mobility. The normal area to be paved will be to the maximum of 15 square meters.

## 1.3 Rails on steps to Main Access Points of Property

**Description** - Metal or wooden handrail by steps or stairs.

**Criteria**

- Where a client is unable to manage 2 or 3 steps to their main door.

**Factors To Consider**

- a) It is the responsibility of the house owner to provide, repair or replace one rail:
  - for an outside stair which rises more than 600mm above the ground.
  - for an internal staircase. (Building Regulations).
- b) A second handrail will only be provided if one rail is insufficient for the need. e.g., due to a hemiplegia where the person is only able to use one side of their body.
- c) If a second rail is considered it is necessary to check that the steps are of sufficient width. Second rails can cause obstruction especially in narrow areas.
- d) It is the responsibility of the occupier to treat the path to remove ice.

## 1.4 Ramps

**Description** - There are three types of ramps: -

- Portable – that is, easily removed for short-term, intermittent, or urgent use.
- Temporary Modular – fixed reusable ramp.
- Permanent – considered for long-term use where the property is wheelchair accessible.

#### Criteria -

- Where you can only gain access to the house using a wheelchair, we may provide a ramped access if it is practical and feasible to do so.
- ELH&SCP only provide a ramp at one entrance to a property.
- A permanent ramp will only be considered if the house is wheelchair accessible throughout e.g., bungalow
- If the principal areas of the house are **not** wheelchair accessible, we will only install portable or temporary modular ramping.
- If you can negotiate steps to gain access to your property, a ramp will not be provided. This also applies if you are only able to do so with the aid of a helper.
- ELH&SCP will only consider providing ramped access if you meet the criteria for provision of an NHS (National Health Service) wheelchair.

#### Factors To Consider

- Ramp Gradient – removable and permanent ramps have a preferred gradient of 1:20, although no steeper than 1:12.
- Portable ramp provision is subject to a risk assessment as it may be difficult to achieve an ideal gradient.
- All ramps will be installed subject to current building regulations.
- Ramp Width for a for a domestic dwelling must be a minimum of 1200mm. (Housing for Varying Needs Standards (HFVN))
- Ramp Handrails - Building Regulations require that handrails be provided to ramps with a change of level over 600mm, except where the side is against a stable structure. The recommendations would be that: -
  - Any ramp with a total rise of more than 600 mm shall be provided with a handrail:
    - on each side if the ramp is 1000mm or wider;
    - on at least one side in any other case; and
  - Any such rail shall
    - be designed to afford adequate means of support to persons using the ramp;
    - be continuous for the length of the ramp;
    - be securely fixed at a height not less than 840mm nor more than 1000mm (measured vertically from the top of the surface of the ramp);
    - where requirement dictates be terminated by a scroll or other suitable means;
- A platform at the entrance door of 1500 x 1500mm is essential and the same space available at the bottom of the ramp.
- When a ramp is over 5m long, planning permission and building warrants are required.

- A maximum length of 10 meters between landings is required of gradients 1:20 – 1:15 and 5 meters with slopes steeper than 1:15. Housing for Varying Needs (HFVN)
- It is the house occupier's responsibility to treat the ramp to remove ice.

N.B For further information consult Housing for Varying Needs (1998)

## 1.5 Graded Steps

**Description** – Steps can be adjusted (height and depth) to improve access with a fixed removable step (permanent alterations have not been provided since October 2022).

### Criteria

- Unable to negotiate current steps with or without a walking aid, does meet criteria for a ramp.

### Factors To Consider

- a) If a client uses a walking frame e.g., a Zimmer, it is a necessary to ensure that the depth of the new step is sufficient to take the frame and feet of client safely.
- b) The client's ability to step up must be measured to ensure that the height of the steps fall within their capability.
- c) A fixed removable step should be considered when a permanent alteration is inappropriate due to prognosis or environmental constraints.

## 1.6 Entryphone

**Description** – An intercom to allow a client to talk to the person at the door and let them in by activating a door lock release device.

### Criteria -

- The client cannot reach the door, or the effort is detrimental to his/her health and the client lives alone or is left alone for prolonged periods.

### Factors to consider

- a) ELH&SCP will not provide an entry phone on the grounds of security for clients with a visual impairment. Advice or signposting will be given on Intercom systems.
- b) ELH&SCP may be able to provide a handset which may be either free-standing or wall mounted.
- c) An entry phone may form part of Environmental Control System.
- d) Keypad entry system or Key Safe boxes should be considered, which permits access to those who know the coded system.

## 1.7 Door Opening Devices

**Description** - A radio-controlled device which, when activated, unlocks, and opens a door, with time delayed closing. Can be installed on external or internal door.

**Criteria** -

- The client is unable to physically open or close a conventional door but can operate this device and the client lives alone or is left alone for prolonged periods.

**Factors to Consider**

Depending on the condition and any additional needs the person may have, consideration of referral to Environmental Controls Team may be more appropriate.

## 1.8 Flashing Doorbells

Provided for people with hearing loss. Equipment assessed by Deaf Action and provided by ELH&SCP. Fitting of equipment arranged through Deaf Action.

## 2. BATHROOM & TOILET ADAPTATIONS

2.1 Bathroom and/ or toilet

2.2 Overbath shower

2.3 Wet floor shower/ level access shower tray

2.4 Additional toilet

2.5 Combined shower/ toilet unit e.g., converted WC room or a shower/loo

### 2.1 Bathroom And/or Toilet

**Description** - Provision of a suitable washing and toileting facility.

**Criteria:**

- The existing facilities are not accessible and cannot be reasonably adapted to make them accessible and/or suitable for the disabled person.
- Access to the existing toilet cannot be provided and alternatives, e.g., a commode or chemical toilet, are assessed as being inappropriate
- Where there is sufficient space elsewhere no consideration will be given to providing an extension.

**Considerations:**

The decision will consider medical condition and longer-term outcomes for the individual.

## SHOWERS

**Description** –The provision and installation of a thermostatic shower that meets British Standards Institution recommendations.

The options are:

- Overbath Shower
- Wet Floor Shower Area
- Level access shower tray.
- Combined shower/WC unit e.g., converted WC room or a Chiltern shower/loo.

For more information see each of the following sections

### Criteria –

- If the person has had a period of rehabilitation and is no longer able to use bathing equipment safely independently or with assistance, ELH&SCP would consider one of the above options.
- There is a medical or behavioural risk associated with having a bath e.g., severe autism
- ELH&SCP will only remove the bath if the person is unable get in and out safely with equipment or help.

## 2.2 Overbath (OB) Shower

**Description** - The provision and installation of a thermostatically controlled overbath (OB) shower that meets British Standard Institution recommendations.

### Criteria -

- Ability to transfer in/out of the bath with or without equipment to use the OB Shower.
- The client will have the ability to use this method for the foreseeable future.
- Submersion in water is not advised.

### Factors To Consider

- a) All showers should be located at an appropriate height for the client's ability, position, and, if necessary, carers use.
- b) The showerhead should be detachable and on an adjustable slide to allow height variation. This adjustable slide should be set at a height appropriate to the client's needs.
- c) Are controls specific to client's disability required.
- d) The removal of the bath would not increase the client's independence or relieve the carer of difficulties.
- e) Where the installation needs to be achieved quicker and with as little upheaval as possible.
- f) Other family members' physical need for a bath.

- g) People with an uncontrolled seizure disorder are advised to use the OB shower seated on the bottom of the bath.

**NB:** Colostomy/Ileostomy/Urostomy. People with these should be able to use the bath in the normal way. If, however, the person has another condition which necessitates the use of a shower this may be considered.

### 2.3 Wet Floor Shower Area/ Level Access Shower

**Description** – a barrier free shower area where the floor has a slight gradient leading to drainage to enable showering independently or assisted by a person using a wheeled shower chair.

**Criteria -**

- All bath equipment has been tried and proved unsuccessful.
- The client cannot access the existing shower cubicle.
- A shower adaptation will meet the long-term need of the client

**Factors To Consider**

- a) All showers should be located at an appropriate height for the client's ability, position and, if necessary, carers use.
- b) Need for appropriate screen/curtain to contain water and enable carer to assist if required
- c) The gradient to the drain should be gently sloping in order to ensure the stability of any floor standing equipment, wheeled shower chair etc.
- d) There should be adequate sealing round edges e.g., toilet pedestal base.
- e) This option allows optimum circulation space in a limited environment.
- f) A level access shower tray may need to be considered where the property is not suitable for a wet floor shower area.

### 2.4 Additional Toilet

**Criteria –**

- The client is assessed as being unable to reach and/or use the existing toilet and it is not possible or practical to provide access.
- Alternative solutions are assessed as being inappropriate e.g., bottle, commode, or chemical toilet. A stairlift could be considered as a more cost-effective solution.
- There is a permanent medical condition causing frequent and urgent bowel movements.

### 2.5 Wash Dry Toilet



**Definition** – a toilet with wash/dry facility, e.g., Closomat or Bio bidet

**Criteria:** -

- The client is assessed as being unable to maintain proper hygiene after toileting and alternatives have been assessed as inappropriate.
- The client has tried a wash/dry toilet and finds it an acceptable solution.
- The provision would give the client independence in toileting and may reduce care needs for personal hygiene tasks.

**Factors to consider**

- a) A plinth may be required to raise toilet to the appropriate height, especially if used with a shower chair. Due consideration should be given to other family members.
- b) Where possible it is advisable for these wash/dry toilets to be trialled in case clients are unable to tolerate them.
- c) Type of flush mechanism e.g., back bar, foot pedal.
- d) Weight limit of the client will inform the type of wash/ dry toilet being considered
- e) Check manufacturers recommendations for further information

### **3 SEATING (CHILDREN AND ADULTS)**

**Description** – Specialist adjustable chairs provided on loan by the department.

**Criteria** -

- The client requires postural management to reduce risk of contractures and further deterioration of posture.
- To allow improved nutritional intake in a more upright position.
- To allow good positioning for socialising and stimulation.

### **4. HOISTS, STAIRLIFTS & STAIRCLIMBERS**

4.1 Mobile hoists

4.2 Overhead hoists

4.3 Stairlifts

4.4 Stairclimbers

#### **4.1 Mobile Hoists**

**Description** – mobile hoists are available on request via Community Equipment Loan Store (CELS).

**Criteria:**

- Client is unable to transfer independently with support from a carer
- Other equipment e.g., Sara Steady, Patient turner or Standaid hoist are not appropriate
- A suitable risk assessment has been completed by an appropriately qualified/ accredited clinician

**Factors to consider**

- a. Suitable space for circulation of the mobile hoist
- b. 2. Clearance for legs underneath chair/bed and wide enough to accommodate toilets etc.
- c. 3. Suitable staff trained to use the equipment
- d. 4. OT must complete a risk assessment and safer handling plan and pas to relevant care provider to support the care at home.
- e. 5. All Moving and handling tasks should be placed on Statutory review list (annual review).

**4.2 Fixed Overhead Hoists**

**Description** - Electric hoist that is suspended from a length of overhead track fitted in one of these ways.

- Ceiling fixed
- Full coverage (e.g., H or X & Y systems)
- Wall mounted
- Floor fixed i.e., Gantry

**Criteria -**

- Mobile hoists have been considered and tried and are inappropriate due to ability of carer or lack of space.
- Where single handed care could be provided (with appropriate training) by a formal or informal carer
- The person has severely limited function making transfers inadvisable without mechanical assistance.
- The provision will increase the clients' independence in transfers.

Please note, there are occasions where a client may be able to self-transfer using a ceiling track hoist without assistance. If a client has been assessed as being able to self-transfer using a ceiling track hoist, this MUST have a detailed risk assessment completed and uploaded to Mosaic.

**Factors To Consider**

- a) The provision is dependent on structural feasibility and an asbestos survey may be required.
- b) Safe use of hoist requires correct positioning of the client and sling and adequate fastening of the sling. Where the client lives alone or will use the hoist alone the presence of symptoms impairing the judgement needed for safe use of the hoist may preclude the supply of the hoist.
- c) More than one track hoist may need to be installed.
- d) In some instances, the track may run between rooms.
- e) Safe use of hoist requires training in correct positioning of client and correct sling; adequate fastening of sling; appropriate sequencing of ascent/descent/traverse controls etc.
- f) OT must complete a risk assessment and safer handling plan and pas to relevant care provider to support the care at home.
- g) All Moving and handling tasks should be placed on Statutory review list (annual review).

### 4.3 Stairlifts

**Description** – A straight or curved piece of track fixed to the stair with a suitable chair which allows a person to ascend/descend the stairs to access essential facilities in the persons property.

#### **Criteria -**

- The client cannot negotiate stairs or is unsafe doing so, even with additional stair rails.
- The client does not have access to internal essential facilities of bathroom and bedroom, nor can accessible facilities be created.
- It is medically contra-indicated for the client to negotiate stairs.

**N.B A stairlift would not be installed on a common or shared staircase.**

#### **Factors To Consider**

- a) The persons abilities - to sit down, to transfer to a seat, to manage the controls, whether they need a specific height of seat, specialised seat, or harness and whether their abilities will change in the near future.
- b) Client has a cognitive impairment affecting ability to safely use controls and/ or learn and follow instruction
- c) Spatial orientation problems are present.
- d) Severe epilepsy
- e) Anxiety factor unresolved by trial use.
- f) The clients weight

- g) Progressive neurological conditions where ability to transfer will be affected e.g., if the client requires to use a Patient turner or hoist
- h) Turning space available to the top and bottom of the stairs
- i) Whether track would require to cross a door
- j) The supplier must ensure that the lift complies with current building regulations.
- k) If HIG (Home Improvement Grant) funded the owner is required to LOLER check the stairlift especially if paid care staff are required to assist client with transfers on/off.
- l) Other people in the household - others who will be using the stair and ensuring safe access for them and the needs of other people in the household.
- m) If there is space for a bedroom downstairs but no toilet/bathing facilities it may be more cost effective to provide a ground floor toilet/shower.
- n) All Stairlifts provided/funded by ELC (East Lothian Council) will have an annual service and LOLER check as standard.

**N. B** A stairlift can be operated by a carer if the client is unable to do so themselves.

#### 4.4 Stair climber

**Description** – Carer operated mobile transporter to carry wheelchair and passenger up and down stairs. These are provided by CELS.

##### **Criteria -**

- The carers must be willing to undertake training and be competent in the use of the equipment.
- The client cannot negotiate stairs or has been medically advised not to.
- The client cannot get to internal essential facilities, as access cannot be created.

##### **Factors To Consider**

- a) An assessment visit has been completed by the relevant trainer (organised through the Community Equipment Loan Service)
- b) The stair is wide enough for a Stair climber, particularly where bends must be negotiated.
- c) The suitability of the wheelchair and whether it can fit onto a Stair climber safely and securely.
- d) Client and carers must receive training in the use of the Stair climber by the supplier.

## 5 GENERAL ALTERATIONS TO LIVING SPACES

### 5.3 Bedrooms

### 5.4 Kitchens

#### 5.1 Bedrooms

**Description** - Provision of an accessible bedroom.

**Criteria:**

- The existing facilities are not accessible and/or suitable for the disabled person.
- Where there is sufficient space elsewhere no consideration will be given to providing an extension.
- It is not possible to provide stairlift access to the existing bedroom.
- There is only one public room on the ground floor and there is more than one person in the household.

**Factors To Consider**

- a) Rehousing to suitable accommodation should be considered.
- b) The decision will take into account prognosis.
- c) Alterations or extensions to living space may only fulfil the essential requirements of the disabled person.
- d) Where there is a downstairs bathroom, and a sitting/dining room, consideration should be given to partition off the dinette to form a bedroom

N.B. ELH&SCP do provide accessible bedrooms in owner occupied properties but may contribute to provision of essential bathroom facilities should the client wish to progress this type of adaptation privately. East Lothian Council Housing may consider an adaptation of this type in their housing stock if other options for re-housing have been exhausted. Any recommendation for an accessible bedroom must therefore be presented to JCCP for consideration.

## 5.2 Kitchens

**Description** - The redesign or reorganisation of kitchen facilities.

**Criteria -**

- The person with the disability is the predominant user of the kitchen and is responsible for the preparation and cooking of food for self-and/or family.

**Factors To Consider**

- a) The decision will take into account medical condition and longer-term outcomes for the individual.
- b) Alterations or extensions to living space will only fulfil the essential requirements of the person with disabilities and will not include the provision of replacement white goods.
- c) The adaptation will consider the use of the kitchen by other household members. i.e. The extent of a kitchen adaptation will depend on whether the person with the disability is the predominant user. Where minimum use only is envisaged, the provision might only be access and a single accessible work surface.

## **6. HOME SAFETY**

- 6.1 Window/ door locks
- 6.2 Smoke alarms
- 6.3 Gas isolation
- 6.4 Baby alarm/ intercom communication
- 6.5 Monitoring equipment
- 6.6 Glazing
- 6.7 Padded walls
- 6.8 Fencing
- 6.9 Gates (internal and external)

### **6.1 Locks on Internal Doors and Windows**

ELH&SCP may provide these if required for the safety of a child or adult. However, a fire safety risk assessment should be completed by the Scottish Fire & Rescue Service and discussion with the landlord is required.

### **6.2 Smoke Alarms**

It is the homeowner or landlords' responsibility to ensure linked smoke detection is in place within their property in line with current legislation. ELH&SCP may provide specialist smoke detection in properties for people with a hearing or visual disability following an assessment from sensory disability services.

### **6.3 Gas Supply – Alarms or Isolating Switches**

Carbon monoxide monitors should be available when gas central heating is in place. They can also be considered as part of a Telecare/ TEC assessment. ELH&SCP can arrange gas isolation if risk is identified with a client accessing gas appliances e.g., if the client has a cognitive deficit.

### **6.4 Baby Alarms/Intercom Communication**

These are no longer provided by CELS. However, there are now Technology Enabled Care (TEC) options available for people to self-purchase including use of Google Home, Alexa etc. These options are often requested where there needs to be communication between two rooms in a house.

These are not provided for monitoring small children, when the use of a baby alarm is considered as a normal responsibility of the parents.

## 6.5 Monitoring Equipment

Will be considered when safety is an issue and to provide carer support. TEC options may also be privately purchased by a client or carer to support someones' needs at home. e.g., Alexa, Google Home etc.

## 6.6 Glazing

Toughened glass can be provided where a person with challenging behaviours may be liable to smash windows and/or glass doors and cause injury to self or others.

## 6.7 Padded Walls

Padding to walls can be provided where a person with challenging behaviours' may be liable to punch walls and cause injury to self or others.

## 6.8 Fencing

**Description** – A fenced area in a domestic garden providing a safe space for children to play. Fencing provided will meet the following standard:

- Wire mesh to a maximum of 1.8m height or wood with upright slats to a maximum of 1.8m height.
- The area to be fenced will depend on the layout of the garden but should be no greater than 40 square meters.

### Criteria -

- The existing recreation space does not provide safety and security for the person with a disability; and/or
- The carer has a disability which prevents safe supervision of the person they care for.

### Factors To Consider

- Communal access

### **Fences will NOT be considered in the following situations:**

- a. To keep out other children and dogs.
- b. To solve disputes between neighbours
- c. Only one secure area will be provided.

## 6.9 Gates (Internal & External)

**Description** - This will be a wood or metal barrier to make an external area secure.

### Criteria -

- A gate would be fitted to complete a safe area that would prevent a vulnerable person from wandering into a hazardous area.

**Description** - A secure fixed barrier to make an internal area secure.

**Criteria** -

- A gate may be fitted where a person needs to cross the stair head and is in danger of falling.

**Factors To Consider**

- a) A gate would not be fitted to resolve problems of vandalism or trespass.
- b) A risk assessment must be carried out before proceeding.

## **7. TRANSPORT, DRIVEWAYS, DROPPED KERBS**

- 7.1 Adaptations to cars
- 7.2 Special car seats & harnesses
- 7.3 Parking signs
- 7.4 Disabled parking bays
- 7.5 Driveways for cars
- 7.6 Dropped Kerb for a car
- 7.7 Sheds for outdoor power wheelchairs

### **7.1 Adaptations to Cars**

ELH&SCP do not fund adaptations to cars for either a disabled driver or passenger as the Personal Independence Payment (mobility component) should be used for this purpose.

### **7.2 Special Car Seats and Harnesses for Children**

ELH&SCP is not responsible for supplying and fitting such equipment when it is normally required by law for a child of that age, apart from exceptional circumstances.

**Criteria** -

- A child cannot be held safely and securely by any of the above equipment.

**Factors to consider**

Please refer to the guidance leaflet

### **7.3 Parking Signs**

**Description** - Metal sign with the legend "Disabled Person - Please leave parking space" which is attached to the client's boundary fence or similar.



These signs can be privately purchased from DIY stores and therefore are no longer funded by ELH&SCP

N.B. These signs have no legal standing but rather they exert a moral pressure on other drivers to leave a parking space.

#### 7.4 Disabled Parking Bays

**Description** – a bay specifically marked for use by a person owning a blue badge.

An Occupational Therapist can request the Roads service mark the road with a disabled bay for a person. However, the person must be advised that it is not possible to allocate a parking space for an individual disabled driver on a public road in East Lothian. Therefore, if there is a parking bay directly outside a persons' house, anyone else with a blue badge may use this space.

#### 7.5 Driveways for Cars

**Description** - A suitably solid surface (concrete, slabs, tarmac, or chips as appropriate) within the boundary of the client's home which allows access to their car.

N.B. Local regulations for construction of driveways needs to be taken into account.

**Criteria -**

- The driver is a Blue Badge holder who is unable to walk or propel a wheelchair to the car parked at the kerb.
- The passenger is a Blue Badge holder, and the driver is unable to push a wheelchair from the kerb.

**Factors To Consider**

- a) Although a client/carer may meet the above criteria, it may not be possible for the provision to be made due to local planning or traffic considerations.
- b) Passengers will not normally qualify as it is not unreasonable to expect that an able-bodied driver should 'double park' if necessary to set down the disabled passenger and remove the vehicle afterwards. Although this may entail short-term obstruction of the highway, as it is not either 'unnecessary' or 'wilful' it is unlikely to be considered an offence.
- c) Exceptions may be made where the passenger requires constant attendance or, where the driver is of advanced age or frailty and must lift equipment, which could put themselves at some risk if doing so in busy streets etc. wheelchair etc.
- d) Consideration will not be given to provision of a run-in to prevent vandalism

N.B. Consideration will **not** be given to provision of a driveway where the person has difficulty finding a suitable parking space.

## 7.6 Dropped Kerb for a Car

**Description** - A section of kerb lowered to provide access for a car into a driveway

**Criteria** -

- If a driveway is formed the kerb will require to be dropped. A client who meets the criteria for a driveway would therefore be provided with a dropped kerb as part of the adaptation.

N.B. If a client already has a driveway but the kerb is not dropped, the client requires to meet the criteria for a driveway before ELH&SCP will authorise the dropped kerb.

### Factors To Consider

- a) The specification for the dropped kerb and permission to drop the kerb must be obtained from the Roads Department who will subsequently inspect the work.
- b) If a client is arranging a driveway themselves, they require to be informed that they will need to arrange for the kerb to be dropped. They require to notify Roads Department of their intention. Roads will then supply specification permission and will inspect the kerb drop when complete.

## 7.7 Sheds/Accommodation for Electric Outdoor Chairs

The maintenance and shelter of privately obtained outdoor power chairs, scooters or vehicles is the responsibility of the owner.

ELH&SCP do not provide paved areas, dropped kerbs, driveways, charging facilities or shelter/storage for any electrical/battery operated vehicles.

**8. Previous Criteria (now removed as no longer pertinent) - *information held in case of exceptional circumstances.***

## 8.1 Heating

ELH&SCP do not provide alternative forms of heating, unless in exceptional circumstances. Staff will advise or assist the client in making applications for funds where appropriate.

**Criteria** -

- Client is physically unable to manage their existing source of heating independently without risk.
- All occupants of the house meet the criteria.

### **Factors to consider**

- a) Where a client has difficulty turning on/off a gas fire it may be possible to fit an extended handle. This would be done by the Gas Board, whose Home Advisors will give advice.
- b) Moving the controls on the actual fire is seldom an option and it may be necessary to advise the client to replace a fire with low controls by one with high controls. This is not something the Social Work Department will fund.
- c) Where a client is unable to reach the gas supply tap, (not the control on the appliance) it may be possible to move the tap to a more appropriate position. This would be at the client's own expense.
- d) Making any modification to a gas fire is potentially hazardous. Any modifications that affect the gas flow should only be done by a CORGI registered contractor.
- e) For people with dementia, it is appropriate to consider the provision of an isolator or other suitable alternative on the inflow pipe to a fire. Any CORGI registered contractor could fit this.

**N.B** Local authority grant provision is only available to replace existing facilities. The social work department does not contribute.

Refer to appendix for regulations that apply to rooms used for sleeping in which have gas appliances.

## **8.2 Standing Stairlifts**

### **Description: -**

Stairlifts for use Standing for those with conditions severely affecting sitting abilities arthrodesis etc.

### **3 Stairlifts for use with Wheelchairs**

- Client is unable to transfer to a stairlift with a seat.
- Progressive disability makes further transfer difficulties likely.
- Environmental conditions may preclude this.

### **Criteria -**

- The client cannot negotiate stairs or is unsafe doing so, even with additional stair rails.
- The client does not have access to internal essential facilities of bathroom and bedroom, nor can accessible facilities be created.

- It is medically contra-indicated for the client to negotiate stairs.

**N.B** A stairlift would not normally be installed on a common stair.

### Factors To Consider

- a. Poor sitting/standing balance due to medical reason.
- b. Client is confused or spatial orientation problems are present.
- c. Severe epilepsy.
- d. In some instances, multiply handicapped children.
- e. Anxiety factor unresolved by trial use.

## **9. Non-Essential Adaptations**

### 9.1 Step lift

### 9.2 Through Floor Lifts

These adaptations are classified as non-essential as other options could be explored and provided for a person which may include rehousing as the property may be unsuitable for adaptations ( if 2 storey multiple apartment)

In *some* circumstances, if clients wish to adapt their owner-occupied property with a through floor lift, the department *may* provide a contribution to this through a direct payment. The contribution would amount to the cost of a suitable alternative i.e., ramp/stairlift

### **9.1 Step lift**

**Description** – powered platform lifts for internal or external access.

#### **Criteria-**

- All other options must be explored before consideration of a step lift will be considered including rehousing.
- Where there is insufficient space to provide a ramp and the client is unable to access the property or to reach internal essential facilities.
- It is medically contra-indicated for the client to climb steps or the client's functional ability no longer allows them to climb steps even with rails on both sides.
- To overcome differing ground levels which are inappropriate to ramp due to gradient or lack of space a step lift may be a solution.

### Factors To Consider

- a. The supplier must take account of Health & Safety
- b. Client needs to be made aware of the level of noise.

- c. Where there is a possibility of vandalism it may not be considered appropriate to make this installation.
- d. Safety and access for others not using the steplift.
- e. Weight limit of the steplift.
- f. Weatherproof power supply if external site.

## 9.2 Through Floor Lifts

**Description:** - A lift that transports people through floors.

### **Criteria -**

- Used where stairlifts are contra-indicated by the person's physical condition
- The stair is unsuitable for a stairlift.
- This is a long-term option used where the persons condition is static or deteriorating

### **Factors To Consider**

- a) Re-housing should be considered in the first instance
- b) The layout of the house, the position of rooms and the availability of a space on the ground floor with a suitable space above.
- c) The loss of essential space for the household.
- d) The size of the wheelchair and therefore the size of the lift.
- e) If there is space for a bedroom downstairs but no WC/bathing facilities it may be more cost effective to provide a ground floor WC/shower.
- f) The capability of the user - most lifts are designed for single occupancy and therefore the carer cannot travel with the user.
- g) In some instances, a through floor lift may be more cost-effective than a stairlift.

East Lothian Rehabilitation Service  
Occupational Therapy Practice Guide  
**Appendix One – Painting and Decorating**

When an adaptation is undertaken by East Lothian Council, the decoration offered is as listed below. East Lothian Council will only pay for basic decoration.

**1. Internal banister**

A wooden rail fixed to a back plate and plugged and secured to walls. No varnish or paint supplied.

Metal rail – one coat of paint.

**2. External rails at steps or on a ramp**

Metal Handrail – one coat of black paint.

**3. Rehangng doors/sliding doors and removing doors**

No decoration will be undertaken. This is the responsibility of the householder.

**4. Walls e.g., Widen Doorways or Hallway**

Structural damage will be made good up to plaster level. This wall will be decorated to a minimal standard. If the wall is rough finished, wood chip and one coat of emulsion paint is deemed sufficient. If the wall is smooth finished one coat of paint only is applied.

**N.B.** The client may elect to undertake alternative decoration without the department's assistance.

**5. General Extensions**

Walls and Ceiling – Basic decoration is undertaken within the tender i.e., one coat of paint.

Doors and Windows – Basic decoration is undertaken within the tender i.e., one coat of paint.

Toilet – Walls and ceilings – basic decoration is undertaken within the tender i.e., one coat of paint.

Shower-rooms –

Walls: - One coat of paint on affected walls. The regulation area around the shower will be covered with wall boarding. Should the client wish a more expensive wall covering/tiling, the client will pay the difference.

Ceiling: – basic decoration, one coat of emulsion.

Floor Covering – No additional material will be provided e.g., vinyl/carpet.

**6. Downstairs Toilet**

If the adaptation is to the existing accommodation, we will carry out basic decoration and make good the affected areas.

**7. Shower in Existing Accommodation**

If we remove the bath and replace it with a shower, we will make good the plaster and coat with one layer of paint.

Water-resistant board will be used to cover the regulation area around the shower. If you would like a more expensive covering, for example, tiling, you will have to pay the difference.

## **Appendix Two – Reinstatement**

When a piece of equipment is no longer required by the client and is being removed the following level of reinstatement will be undertaken by East Lothian Council.

### **10. Bath Hoist- floor fixed**

When a bath hoist is removed East Lothian Council will not take responsibility to make good the floor covering.

### **11. Specialist shower cubicle or combined shower/toilet unit.**

If the alteration involves installing a Shower/Toilet unit or similar in a room other than the bathroom East Lothian Council will consider removing it and sealing off the plumbing. We will not undertake redecoration.

### **12. Fixed Overhead Hoists**

Within one room - If we remove a hoist and track, we will make good to plaster level and cover with one coat of paint.

Inter room - Remove hoist and track, we will make good structural damage to plaster level and cover with one coat of paint to affected walls.

### **13. Radiators**

It may be necessary to move a radiator to enable equipment to be installed. Under these circumstances East Lothian Council may pay for the radiator move but will not take responsibility for redecoration.

N.B. If the equipment for disability is removed East Lothian Council will not resite the radiator to its original position.

### **14. Stairlifts**

When a stairlift is removed East Lothian Council will not take responsibility to make good the floor covering.

If the stair is left without a banister i.e., contravening building regulations East Lothian Council will reinstate the banister.

Where possible the client should store the existing handrail for reinstatement at a later date.

Where the stair has been altered and the removal of the lift would leave the stair in a dangerous state, East Lothian Council will reinstate the stairs to comply with building regulations.

### **15. Steplifts**

When a steplift is removed, steps will be reinstated. If they rise more than 600mm above the ground, we will provide one rail. If an unguarded platform is left, we will provide rails.

### **16. Through Floor Lift**

When a vertical lift is removed East Lothian Council will reinstate the floor and ceiling. One coat of paint will be applied to the whole ceiling.

We will not replace floor coverings. The carpet needs to be carefully cut and stored for future replacement.

If the lift was within a room the wall will be made good to plaster level and one coat of paint applied on the affected wall. We are unable to match existing decoration.

### **17. Specialist W.C. with automatic wash and dry operation**

When you no longer require the specialist toilet, we must remove it and replace with a standard W.C. Scottish Water must be informed that the closomat has been removed.

N.B. It is the client's responsibility to store the original W.C. for reuse whenever possible.

### **18. Temporary removal of equipment to undertake maintenance within the home**

If you have a piece of equipment removed for any reason (e.g., new carpets) you will be responsible for the cost of reinstatement of the equipment. Specialist equipment must be removed and refitted by an approved contractor.



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This eligibility criteria has been developed to be used as a guidance tool for all Occupational Therapists in helping to determine eligibility criteria for provision of Equipment and Adaptations following Occupational Therapy assessment and intervention.

The criteria is based on East Lothian Councils eligibility criteria that uses Critical/Substantial/Moderate and Low. This helps clinicians and clients receiving services understand the rationale behind whether they are eligible to receive a service.

This specific guidance has been further developed and broken down into very specific Occupational Therapy areas of need. It should be assumed that when clients have been recommended provision of maintainable equipment and/or a major adaptation, rehabilitation will have already been explored and exhausted and therefore moved to the next stage in provision of equipment/adaptations.

It is important to remember that all people with a physical impairment or long-term condition are entitled to an assessment of their needs. (Chronically Sick and Disabled Persons Act 1970)

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HEALTH & SAFETY/ACUTE ILLNESS	CRITICAL (Life or Death)	SUBSTANTIAL	MODERATE	LOW
	<b>URGENT/SOON Requests (usually seen within 48 hours – 10 days): Prevention of Admission / Reduce risk of carer stress /breakdown in care arrangements and requires immediate stabilisation of situation at home. If clients fall under Moderate / Low they are likely to be placed on Routine Waiting Lists for Assessment.</b>			
<b>Prognosis</b>	Terminal Diseases, with rapid deterioration likely within less than 1 month, client is at risk with medical (or other) emergencies, e.g., alarm needed, critically severe effects of the illness will be present. E.g., Lung Cancer	Very poor prognosis, where deterioration is likely within the near future; with very severe effects of the illness, client is at risk with medical (or other) emergencies, e.g., alarm needed.	Poor prognosis, where client is at risk with medical (or other) emergencies, e.g., alarm needed. Illness at risk of deterioration in foreseeable future if help is not given.	Few health problems, or minor symptoms. Limited risk to independence within foreseeable future.
<b>Environmental Hazards e.g., stairs / steps</b>	All areas of hazard are unavoidable to access essential rooms and facilities. Client is totally unable to negotiate immediate environment safely. Unable to move independently, and safely.	Majority of hazards are unavoidable whilst accessing essential rooms and facilities. Unable to move independently and safely, causing concern for safety without assistance.	Many hazards can be avoided temporarily e.g., bed downstairs/ commode. Presents only limited difficulty, but the risk to independence in the foreseeable future is present.	1-2 hazards are avoided temporarily, having minor impact/distress on the client. Limited difficulty and risk to independence in the foreseeable future.
<b>Risk of Fall</b>	Client is at imminent risk of both a serious fall, when performing an essential daily activity, as well as likely hospitalisation. Likely loss of independence. <b>Risk of fracture or previous fracture from fall, and/or previous fall on the stairs or other.</b>	At a significant risk of fall and therefore loss of independence within near future. Equipment provision, e.g., rails etc, could increase safety. <b>Falls experienced at some frequency</b>	At risk within the foreseeable future, if equipment is not provided or advice given. Likely risk loss of independence in long term. <b>Some risk of falling during specific activities.</b>	Low risk of fall, and loss of independence. Basic Equip provision and advice would not greatly alter the level of risk encountered on a daily basis. <b>Low Risk of falls but not frequent falls</b>
<b>Carers</b>	Responsibility is too 'great to manage, and carer is at high risk of severe injury to themselves or others, where carer has very low or no support network. Or No carer present or an imminent risk of breakdown of current care routine. Critical neglect occurring/ high risk from Carer.	Carer has significant physical difficulties, and is at risk of injury in near future, where carer has very low support network. Or Risk breakdown of care in near future. Neglect occurring/ Risk of neglect in near future.	Manages with difficulty, or unable to manage some aspects or role. Limited support network is available for carer, resulting in a possible risk of breakdown of care in foreseeable future. Risk of neglect in foreseeable future.	Carer has good support network and has little difficulty and no significant risk of breakdown in the foreseeable future. No/minimal risk of neglect in the foreseeable future.
<b>Understanding Risks (Cognition/memory)</b>	Very poor cognition/ memory. No understanding of risks, and client is constantly putting themselves at risk, of severe injury /accident. Total lack of independence, due to unsafe nature of behaviour	Usually very poor cognition/ memory. At risk for majority of tasks, limited understanding but still putting self at significant risk, resulting in a loss of independence now or in the near future.	Sometimes cognition/ memory very poor. Partial understanding or risks, with awareness causing intermittent stress now or in foreseeable future. Client lost much of their independence due to inability to do many tasks safely	Sometimes cognition/ memory very poor. Cautious of risks, client has clear understanding and will be able to contact the department when their situation deteriorates. Level of risk may cause client intermittent stress now or in foreseeable future.

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<b>Make needs known</b>	Unable as client is unaware of their needs, or their full extent. Review needed.	Client is not aware of a majority of their needs and is not likely to notify of needs. Review needed.	Likely to notify of needs, as client understands the significance of most needs and their extent.	Can/will make needs known. Review not necessary.
<b>Arm and hand Function</b>	None. No weight bearing.	No grip. Excessive tremor. No weight bearing.	Poor grip. Limited weight bearable. Joint protection (preventative).	Some discomfort, but possible.
<b>M &amp; H Transfers: Chair</b>	Non-weight bearing. Completely unable - needs physical assistance	Able with assistance, but with Great difficulty. Equip/ carer needed.	Able with assistive equipment.	Able to transfer with difficulty, but with no foreseeable risk to independence.
<b>Bed</b>	Completely unable - need physical assistance	Able with assistance, but with great difficulty. Equip/ carer needed	Able with assistive equipment.	Able to transfer with difficulty, but with no foreseeable risk to independence.
<b>Bath / Shower</b>	Non-Critical in OT: People have the ability to be washed down – i.e., there is an alternative	Able with assistance, but with great difficulty. Equip/ carer needed. <b>Some risk of breakdown in skin integrity.</b>	Able with assistive equipment.	Able to transfer with difficulty, but with no foreseeable risk to independence.
<b>Toilet</b>	Completely unable - need physical assistance	Able with assistance, but with great difficulty, Equip/ carer needed.	Able with assistive equipment.	Able to transfer with difficulty, but with no foreseeable risk to independence.
<b>Wheelchair</b>	Completely unable - need physical assistance	Able with assistance, but with great difficulty. Equip /carer needed.	Able with assistive equipment.	Able to transfer with difficulty, but with no foreseeable risk to independence.
<b>Adult Support &amp; Protection</b>	Client at critical risk and without Occupational Therapy assessment, risks are increased. M & H related / Carer stress / Challenging behaviour etc	Client at substantial risk without intervention	Client at moderate risk – may still need assessment and intervention, ensure full discussions with senior to ensure routine is appropriate and other risk needs met by SW.	Client at no Occupational therapy risk – may need referring back to Social Work
<b>Mental Health Issues / Challenging Behaviour / Substance Misuse</b>	Person with mental health issues/challenging behaviour/substance misuse issues or carer is at critical risk of harm/injury. Ensure correct team involvement as may be better placed with specialist team if not already involved.	Person with mental health issues/challenging behaviour/substance misuse issues or carer is at moderate risk of harm/injury. Ensure correct team involvement as may be better placed with Mental Health / Paediatrics/ Learning Disability	Client at moderate risk – may still need assessment and intervention, ensure full discussions with senior to ensure routine is appropriate and other risk needs met by more appropriate teams.	Client at no Occupational therapy risk – may need referring back to more appropriate teams.

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PERSONAL & DOMESTIC ACTIVITIES OF DAILY LIVING (PADL & DADL)	CRITICAL (Life or Death)	SUBSTANTIAL	MODERATE	LOW
Most PADL activities will not come under CRITICAL unless at risk of to health (incontinence – skin integrity and fluid and nutritional intake).				
<b>Dressing</b>	Non-critical in OT.	Total inability/ Unable to do the majority of the task. No carer. Lack of independence	Cannot do some/ many dressing tasks, needs some assistance. Some risk to independence in the foreseeable future	With difficulty can complete task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Hair</b>	Non-critical in OT.	Total inability to wash or groom. Lack of independence. Major risk to independence in the near future.	Cannot do some of task, needs some assistance. Some risk to independence in the foreseeable future.	With difficulty can completed task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Bathing</b>	Non-critical in OT.	Medical need for maintained personal hygiene Unable to strip-wash? Some risk to independence in the foreseeable future. Challenging behaviour	Non-medical need. Unable to strip wash? Some risk to independence in the foreseeable future.	Able to strip wash, with difficulty, but can complete task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Toileting</b>	Double incontinence No carer Lack of independence	Incontinence. Only informal carer. i.e., New Hip Replacement Major risk to independence in the near future.	Cannot do some of the tasks, needs some assistance to fulfil task. Some risk to independence in the foreseeable future.	With difficulty can complete task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Oral Care</b>	Non-critical in OT.	Total inability, no carer. Lack of independence. Major risk to independence in the near future.	Cannot do some of the tasks, needs some assistance to fulfil task. Some risk to independence in the foreseeable future	With difficulty can complete task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Shaving</b>	Non-critical in OT.	Total inability, no carer. Lack of independence. Major risk to independence in the near future.	Cannot do some of task, needs some assistance to fulfil task. Some risk to independence in the foreseeable future.	With difficulty can complete task but limited risk Unable to do 1-2 aspects of the task independently.
<b>Feed Self</b>	Non-critical in OT, except when there is a malnutrition issue	Total inability, no carer. Major risk to independence in the near future.	Cannot do some of these tasks. Needs some assistance to fulfil task Some risk to independence in the foreseeable future	With difficulty can complete task but limited risk. Unable to do 1-2 aspects of the task independently.

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<b>Hand / Toenail care</b>	Non-critical in OT	Total inability to wash or groom. Lack of independence. Major risk to independence in the near future.	Cannot do some of task, needs some assistance. Some risk to independence in the foreseeable future.	With difficulty can completed task but limited risk. Unable to do 1-2 aspects of the task independently.
<b>Access Facilities</b>	Total inability, nor carer. Need adaptation of property e.g., sink/ light switches/plug, socket/ taps/ appliances Lack of independence Health and safety risk	Cannot do majority of the tasks Informal carer- needs adapt. e.g., sink/ light switches/ plug socket taps/ appliances Major risk to independence in the near future	Formal/ informal care. Needs some assistance - equipment e.g., <b>sink/</b> light switches/ plug socket/ taps/ appliances. Some risk to independence in the foreseeable future	With difficulty but limited risk to independence. Carer present. e.g., sink/ light switches/ plug socket/ taps/ appliances Unable to do 1-2 aspects of the task independently.
<b>Food Prep</b>	Total inability, no carer Lack of independence	Cannot do majority of the task. Major risk to independence in the near future.	Limited risk. Needs some assistance. Some risk to independence in the foreseeable future.	With difficulty but limited risk to ind. Unable to do 1-2 aspects of the task independently.
<b>Prepare Drink</b>	Total inability, no carer Lack of independence	Cannot do majority of the task. Major risk to independence in the near future.	Limited risk. Needs some assistance. Some risk to independence in the foreseeable future.	With difficulty but limited risk to ind. Unable to do 1-2 aspects of the task independently.
<b>Do Housework</b>	Non-critical in OT, as other arrangements can be made ie care or other support.	None or minimal can be done, with great difficulty. Major risk to independence in the near future. No assistance.	Limited risk. Needs some assistance. Some risk to independence in the foreseeable future.	With difficulty but limited risk to ind. Unable to do 1- 2 aspects of the task independently.
<b>Shopping</b>	Non-critical in OT, as alternative arrangements can be made i.e., care or other support.	Total inability/ cannot do majority of the task. No carer present. Major risk to independence in the near future.	Limited risk. Needs some assistance. Some risk to independence in the foreseeable future.	With difficulty but limited risk to ind. Unable to do 1- 2 aspects of the task independently.
<b>Laundry</b>	Non-critical in OT. <i>As above</i>	Total inability/ cannot do majority of the task. No carer present. Major risk to independence in the near future.	Limited risk. Needs some assistance. Some risk to independence in the foreseeable future.	With difficulty but limited risk to ind. Unable to do 1- 2 aspects of the task independently.

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AUTONOMY	CRITICAL (Life or Death)	SUBSTANTIAL	MODERATE	LOW
<b>Get to toilet</b>	Unable to mobilise to access toilet on time. Equip could not be provided temporarily.	In majority of cases is unable to get to on time. Temporary Equipment Loan.	Sometimes will not. Temporary Equipment Loan	Occasionally (1-2 times) has been unable.
<b>Access in and out of home</b>	Non - critical in OT.	No access possible. Very difficult even with assistance. Essential need.	Access difficult but possible with assistance - Non-essential need.	Limited mobility outdoors.
<b>Only able to Few steps</b>	Totally impossible, with no alternative. Essential need.	Possible with assistance, but still with much difficulty. Non-essential need.	With difficulty, but possible with equipment provision. Non-essential need.	With difficulty but with no risk of accident within the foreseeable future.
<b>Flight of stairs</b>	Totally impossible, with no alternative. Essential need.	Possible with assistance, but still with much difficulty. Non-essential need.	With difficulty, but possible with equipment provision. Non-essential need.	With difficulty but with no risk of accident within the foreseeable future.
<b>Use walking frame</b>	Non - critical in OT.	Cannot access essential facilities due to frame, and no temporary options.	Diff. Moving through doors etc. Managing with difficulty.	Able to do but is awkward.
<b>Wheelchair: Electric</b>	Internal access to essential facilities. Cannot manage with interim measures for short period.	Difficulty accessing a majority of essential facilities.	Difficulty accessing some facilities, i.e., Front/ Garden (non-essential)	Unable to access 1-2 non-vital facilities.
<b>Self-propelled</b>	Internal access to essential facilities. Cannot manage with interim measures for short period.	Difficulty accessing a majority of essential facilities.	Difficulty accessing some facilities, i.e., Front/ Garden (non-essential)	Unable to access 1-2 non-vital facilities.
<b>Attendant propelled chair</b>	Health/ ability of carer /Threshold. Very poor mobility.	Carer able but with difficulty. Poor mobility indoors.	Some problems accessing some non-essential facilities.	Unable to access 1-2 non-vital facilities.

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<b>Hospitalisation / Bed Blocking</b>	Would require imminent admission to residential/hospital care without support.	Assistance will help to avoid the risk/ need.	Hospital likely if no assistance in the foreseeable future.	Low risk of hospitalisation in the foreseeable future.
<b>Social situation / Arrangements</b>	Non – critical in OT	Alone - No social support network. No family/ relationship. No carer present. Health and Safety risk. No formal carers present.	Social network at risk in the foreseeable future of breakdown, causing health and safety risk. Family present but none acting as carers.	Family present as informal carers. Social network is wide and at no Risk of breakdown in the Foreseeable future.
<b>Reliance / dependence on others</b>	Fully dependant on others. Total lack of independence now or in the near future. No carer present.	Significant risk to independence. Problems, e.g., inability to hear doorbell to let carer in.	Informal carer/ family.	Formal carer/ family

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Inv. In Family and wider life	<b>CRITICAL (Life or Death)</b>	<b>SUBSTANTIAL</b>	<b>MODERATE</b>	<b>LOW</b>
<b>Paediatric Cases</b>	Most Paediatric cases will also have links with NHS Lothian Childrens' service. Please ensure work isn't already being carried out by these teams. Rehabilitation will be progressed via NHS Lothian Teams but longer-term adaptation work will be progressed via Community Occupational Therapy / ELRS Teams			
<b>Lifestyle Preferences / Cultural Needs</b>	Non-critical in OT.	Serious risk of loss of independence in near future. Unable to maintain religious role/ social depression/ isolation. Majority of needs not met, may damage client's mental/physical health, due to exclusion. Very high importance to client.	May cause depression or isolation in the foreseeable future, as some of client's religious/ cultural needs are unmet.	1-2 needs are not fulfilled but have little damage on client. Client does not hold these activities in a high importance.
<b>Social role</b>	Non-critical in OT.	Most of social role not possible. Cannot be sustained without help. Exclusion is beginning to damage client's mental and physical health in near future. Risk of loss of independence and social exclusion is likely in the near future, causing major distress. Social role is a major part of client's life.	Risk of social exclusion is likely in the foreseeable future, as some of the client's previous social role is no longer possible without assistance. Social exclusion will cause limited distress to client.	Low risk of social exclusion in the foreseeable future. Wide social support group.
<b>Relationships</b>	Non-critical in OT.	Major difficulties with maintaining a relationship. Sexual function not possible/ highly difficult and likely to break down in near future due to unsustainable levels of stress. Health at possible risk in near future due to stress/ distress.	Some difficulties maintaining a relationship, but could be overcome with assistance, equipment provision and advice. Possible risk of breakdown in foreseeable future causing damage to client's health.	Client's relationships are not seriously put at risk as a result of disability. A limited stress is put on others in situation, helped by equipment provision/ advice.
<b>Family role</b>	Non-critical in OT.	Cannot be sustained without assistance. Puts health/well-being at risk, due to social exclusion and major distress. Immediate loss of independence. Puts unacceptable strain on others. Many members are dependent on client, so <u>Vitally important</u>	Could be sustained without help. Puts health at limited risk of exclusion. Loss of independence possible in the foreseeable future due to unacceptable strain on others.	Could be sustained without help. Puts health at very low risk of exclusion. Loss of independence limited in foreseeable future.



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<b>Support Systems</b>	Non – critical in OT	Cannot be sustained without help, puts health at risk, due to social exclusion. Significant risk to breakdown in near future. Unacceptable strain on others - imminent danger of relationships breaking down. No support systems in place - client is isolated-dependent for social integration.	Limited risk to support systems in the foreseeable future. Client not fully dependent on support. Partial isolation.	Low risk to support systems in future. Could be sustained without intervention. Client not really dependant on support. Limited isolation.
<b>Education</b>	Non – critical in OT	Activity is putting health at some risk - exclusion and therefore distress cannot be stopped without some assistance. Loss of independence possible in near future. Essential need.	Limited risk of exclusion /distress/ loss of independence in the foreseeable future. Unable to perform some aspects of the task.	Low risk of exclusion/ distress/ loss of independence in the foreseeable future. Unable to perform 1-2 aspects of the task.
<b>Leisure</b>	Non – critical in OT	Cannot be sustained without some help. Puts physical mental health at risk, due to distress caused by exclusion. Loss of independence possible in near future. Essential need.	Limited risk of exclusion/ distress/ loss of independence in the foreseeable future. Unable to perform some aspects of the task.	Low risk of exclusion / distress/ loss of independence in the foreseeable future. Puts health at very low risk due to exclusion from vital leisure role.
<b>Work</b>	Non – critical in OT	Cannot be sustained without some help. Puts physical/ mental health at risk, due to distress caused by exclusion. Loss of independence possible in near future. Essential need.	Limited risk of exclusion/ distress/ loss of independence in the foreseeable future. Unable to perform some aspects of the task.	Could be sustained with difficulty, without help. Puts health at very low risk of exclusion.

- i. Near future = Within three months
- ii. Foreseeable future= Within the next 12 months

## ELIGIBILITY CRITERIA CHECKLIST

### Community Care Services

Appendix 5

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This form must only be completed following an assessment or review to determine if a person has social care needs that are eligible for services arranged or provided by East Lothian Council**

### How the Eligibility Criteria are used

- ◆ Alternatives to the need for social care assistance **must** always be explored during the assessment to include the contributions from family / wider community / voluntary sector / other agencies.
- ◆ A person is **only** eligible for social care services where needs are identified above the threshold line and where there is no -one else willing / able / appropriate to assist.
- ◆ If needs are identified below the threshold line then information and advice about available services **must** be given.
- ◆ The emphasis should be to arrange short term interventions to enable people to be independent where possible.
- ◆ Peoples' needs and risks alter over time. Needs will be reviewed to check whether there are eligible needs.
- ◆ The assessment / review will have identified the interaction between **all** a person's needs and risks, the individual's views and attitudes towards the risks and the predictability and time frames within which they are likely to occur. This information will inform decision making on the Checklist about the level of seriousness of the risks in terms of harm or danger and the level of impact to an individual's independence.

### Definitions of Levels of Risk

<b>Critical:</b>	The risk of major harm / danger to a person or major risks to independence.
<b>Substantial:</b>	The risk of significant impairment to the health and well being of a person or significant risk to independence.
<b>Moderate:</b>	The risk of some impairment to the health and well being of a person or some risk to independence.
<b>Low:</b>	Promoting a person's quality of life or low risk to independence.

## Section 1: Needs Relating to Your Physical and Mental Health

<b>Critical</b>	<ul style="list-style-type: none"><li>• You have major health problems which cause immediate life threatening harm or danger to yourself or others and need social care support.</li><li>• Serious abuse or neglect has occurred or is strongly suspected and you need protective intervention by Social Work (includes financial abuse and discrimination).</li></ul>
<b>Substantial</b>	<ul style="list-style-type: none"><li>• You have significant health problems which cause significant risks of harm or danger to yourself or others either now or in the near future and need social care support.</li><li>• Abuse or neglect has occurred or is strongly suspected in the near future and you need social care support (includes financial abuse and discrimination).</li></ul>
<b>Threshold for Services</b>	
<b>Moderate</b>	<ul style="list-style-type: none"><li>• You have some health problems indicating some risks to your independence and / or intermittent distress either now or in the foreseeable future.</li></ul>
<b>Low</b>	<ul style="list-style-type: none"><li>• You have a few health problems indicating low risks to your independence.</li></ul>

**Note: Mental Health within Critical and Substantial:** includes severe enduring mental illness / regular episodes of severe mental illness, acute mental breakdown, life threatening or serious chronic substance misuse / neglect.

## Section 2: Needs Relating to Your Personal Care / Domestic Routines / Home Environment

<p><b>Critical</b></p>	<ul style="list-style-type: none"> <li>• You are unable to do vital or most aspects of your personal care causing a major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.</li> <li>• You are unable to manage vital or most aspects of your domestic routines causing major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.</li> <li>• You have an extensive / complete loss of choice and control over vital aspects of your home environment causing major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.</li> </ul>
<p><b>Substantial</b></p>	<ul style="list-style-type: none"> <li>• You are unable to do many aspects of your personal care causing significant risk of danger or harm to yourself or others <b>or</b> significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You are unable to manage many aspects of your domestic routines causing significant risk of harm or danger to yourself or others <b>or</b> significant risks to your independence either now or in the near future and you need social care support.</li> <li>• You have substantial loss of choice and control managing your home environment causing a significant risk of harm or danger to yourself or others <b>or</b> a significant risk to your independence and you need social care support.</li> </ul>
<p><b>Threshold for Services</b></p>	
<p><b>Moderate</b></p>	<ul style="list-style-type: none"> <li>• You are unable to do some aspects of your personal care indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your domestic routines indicating some risk to your independence either now or in the foreseeable future.</li> <li>• You are unable to manage some aspects of your home environment indicating some risk to your independence either now or in the foreseeable future.</li> </ul>
<p><b>Low</b></p>	<ul style="list-style-type: none"> <li>• You have difficulty with one or two aspects of your personal care, domestic routines and / or home environment indicating little risk to your independence.</li> </ul>

### Section 3: Needs Relating to Your Family and Social Responsibilities

<b>Critical</b>	<ul style="list-style-type: none"> <li>You are unable to sustain your involvement in vital or most aspects of work / education /learning causing a major and immediate loss of your independence and you need social care assistance.</li> <li>You are unable to sustain your involvement in vital or most aspects of family / social roles and responsibilities and social contact causing major distress and / or immediate loss of your independence and you need social care support.</li> </ul>
<b>Substantial</b>	<ul style="list-style-type: none"> <li>You are unable to sustain your involvement in many aspects of work / education / learning causing a significant risk to your independence either now or in the near future and you need social care assistance.</li> <li>You are unable to sustain your involvement in many aspects of your family / social roles and responsibilities and social contact causing significant distress and / or risk to your independence either now or in the near future and you need social care support.</li> </ul>
<b>Threshold for Services</b>	
<b>Moderate</b>	<ul style="list-style-type: none"> <li>You are unable to manage some aspects of your involvement in work / learning / education indicating some risk to your independence either now or in the foreseeable future.</li> <li>You are unable to manage some aspects of your family / social roles and responsibilities and social contact indicating some risk to your independence either now or in the foreseeable future.</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>You have difficulty undertaking one or two aspects of your work / learning / education / family and / or social networks indicating little risk to your independence.</li> </ul>

## Section 4: Carers

<p><b>Critical</b></p>	<ul style="list-style-type: none"> <li>• Your carer has major physical / mental health difficulties due to the impact of their role as a carer causing immediate life threatening harm or danger to themselves or others and they need social care support.</li> <li>• There is a complete breakdown in the relationship between you and your carer and your carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.</li> <li>• Your carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities and needs social care support.</li> </ul>
<p><b>Substantial</b></p>	<ul style="list-style-type: none"> <li>• Your carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others either now or in the near future and they need social care support.</li> <li>• There is a significant risk of breakdown in the relationship between you and your carer and your carer is unable to sustain many aspects of their caring role either now or in the near future.</li> <li>• Your carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities either now or in the near future and needs social care support.</li> </ul>
<p><b>Threshold for Services</b></p>	
<p><b>Moderate</b></p>	<ul style="list-style-type: none"> <li>• Your carer is unable to manage some aspects of their caring / family / domestic / social roles either now or in the foreseeable future.</li> </ul>
<p><b>Low</b></p>	<ul style="list-style-type: none"> <li>• Your carer has difficulty undertaking one or two aspects of their caring / domestic role.</li> </ul>

## Glossary of Terms

<b>Near future:</b>	Up to three months.
<b>Foreseeable future:</b>	Up to twelve months.
<b>Health:</b>	Includes physical, sensory, learning, behaviour, cognitive disabilities and impairments, mental health.
<b>Social Care Support:</b>	May be short term, time limited or ongoing. It includes care, assistance, personal support, enabling, supervision and equipment arranged by East Lothian Council
<b>Personal Care:</b>	Any activity that requires close personal and physical contact or personal support from another person and which does not fulfill a medical function.
<b>Domestic Routines:</b>	Support required to assist a person to manage their living environment and which does not involve personal or intimate care.
<b>Home Environment:</b>	Includes mobility, access, accommodation, ability to manage money and so on.

If you or your carer are unhappy with the decisions recorded, please discuss this with the care manager or their manager. If you are still unhappy, please ask the care manager for a copy of the complaints procedure.

### For office use:

Completed by: _____	Date: ___/___/___
Copy to service user / carer? Yes <input type="checkbox"/>	Date: _____ No <input type="checkbox"/> Reason: _____

