

# Health and Community Care Research Findings No. 17

## Equipment and Adaptation Services in Scotland A Survey of Waiting Times for Social Work Provision

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A 'snapshot' survey of equipment and adaptation provision accessed through an assessment by an occupational therapist or assistant in all 32 of Scotland's local authority social work departments was undertaken to assess the level and extent of waiting. The research examines the number of people waiting, the length of wait, the agencies involved in provision and initiatives to address the situation. The impact that joint working between authorities and other agencies can have on reducing waiting numbers and times was also explored.

### Main Findings

- Waiting continues to be a problematic area for equipment and adaptation provision within local authorities across Scotland.
- There is considerable variation in the number of people waiting and the length of time they have to wait, both between and within local authorities. Provision as a result is highly unpredictable.
- The provision of adaptations experiences far greater waiting problems than the provision of equipment.
- The main 'blockage' point in provision, and in particular for adaptations, was the authorisation of funding. The analysis showed that this was associated with a lack of delegation of funding decision-making.
- While many agencies are involved, social work departments are central to provision. Within this, occupational therapists and occupational therapy assistants, undertake the vast majority of assessments, and about half of all installations and demonstrations; it is only at the funding stage that other/senior staff play a more central role.
- There is evidence of joint working, to greater and lesser extents, in almost all local authorities. The arrangements vary from simple co-ordination and communication to sophisticated joint working arrangements and systems.

## Introduction

The research forms part of the ongoing modernisation of community care in Scotland and, more specifically, it informs one element of the Joint Future Group's development and dissemination of good practice.

The survey was undertaken in August 2000 (although some authorities completed the survey in December 2000) by the Occupational Therapy Adviser to the Social Work Services Inspectorate, and involved a request to a senior local authority officer (commonly a senior occupational therapist) to provide the following information:

- On a set of 'tracking sheets', the dates and agency/professionals responsible, at the six stages of provision – referral, allocation, assessment, funding, installation and demonstration – for the last six items of six selected types of equipment and six selected types of adaptations across the local authority. In addition, the number of people waiting for each type of equipment and adaptation at the time was requested.
- Answers to seven open questions, regarding the use of joint working in the authority's provision, and the hospital discharge interface.

All 32 local authorities responded to the survey, but some provided partially or inaccurately completed details, reflecting the difficulties of data collection in this area.

The data were analysed in several ways: the numbers of individuals waiting; the waiting times between referral and installation, and between all stages of provision; the agencies and professionals involved in provision; and the evidence of joint working. Waiting 'timelines' across the stages of provision and the agency/professional involvement were analysed in detail for three authorities, and evidence of relationships between waiting times and numbers, and joint working initiatives were analysed in detail for five authorities.

## Waiting numbers and times

The efficient and rapid provision of equipment and adaptations is essential if a disabled or older person is to avoid hospital admission and enjoy a good quality of independent living. Waiting times for provision have, however, remained a longstanding problem and, importantly, the level and experience of waiting varies

considerably across Scotland.

The 'snapshot' survey found that there were 5,364 people waiting for 12 selected types of equipment and adaptations. The numbers waiting varied across the 32 authorities, from 4 to 758 people. The number waiting for adaptations dominated – 4,005 of the total – and within this there was also variation, from 223 people waiting for building extensions to 1,343 people waiting for shower trays. The 1,359 people waiting for equipment, included 38 people waiting for toilet frames and 864 people waiting for bathlifts. In many authorities there was no-one waiting for several types of equipment.

Average waiting times per person were explored. While there were some common themes – in particular, adaptations on the whole take longer to provide – the most important feature was the variation in provision between the authorities.

The waiting times between different stages of provision – termed the 'waiting timeline' – were analysed for three local authorities. The analysis revealed that major delays occurred in the stage between assessment and funding authorisation, in particular for adaptations. In addition, for some adaptations there were significant delays between the date of funding authorisation and the actual installation of the item.

The enormous variation in waiting times existed both between and within local authorities. Moreover, variations in waiting existed for the same equipment and, in particular, for adaptation type and within the same time period. The defining feature of provision, particularly for adaptations, was therefore its unpredictability. In addition, delays can be experienced at any stage of the provision chain, and progress at one stage can lead to delay at a later stage. In a small number of authorities there were examples of zero waiting times, but for a limited range of equipment types.

## Agency and professional involvement

The provision of equipment and adaptations is a people-centred and people-led service, involving a wide range of agencies and professionals.

Overall, hospitals made about 20% of referrals for the items studied, with other referrals being made by other parts of the health sector, social workers, disabled people themselves and their carers; referral is the stage where most agencies are involved. Almost all – 96.6% – of assessments were made by

occupational therapists and occupational therapy assistants employed by social work departments. Although social work staff account for 70.8% of funding decisions, other agencies including housing departments and disabled and older people are also involved. Installation is dominated by social work staff for most items of equipment and by external and internal contractors for most adaptations. Social work occupational therapists (and occupational therapy assistants and technicians) dominate the demonstration stage of provision (61.8% of cases). That a quarter of items are *not* demonstrated and that 6.2% are demonstrated by external contractors is a matter of concern.

Occupational therapists are closely connected to equipment and adaptation provision, but appear not to be using the full extent of their skills. In particular, many of the funding decisions were not delegated to occupational therapists but were taken by team leaders and other managers.

## Joint Working

In most authorities there was evidence of joint working through equipment stores or systems, (though the arrangements varied considerably), ranging from social work departments allowing health staff access to a few types of equipment to formal joint operations; such joint stores and systems had far less of an impact with adaptations. 'Rapid response teams' and other 'fast track' initiatives existed in many authorities, aimed at reducing waiting times through improved co-ordination, faster and more effective discharge from hospital and reduced readmission to hospital.

All of the authorities recognised the delaying consequences of repeating an assessment, and in most cases avoided this through collaboration between health and social work staff. Care management of individuals was sustained between hospital and social work staff through a range of methods, from regular contact to established protocols. However, in several authorities arrangements varied significantly between different hospitals.

For joint working to succeed there must be a culture of information sharing. The data suggested that this took place in the authorities to varying degrees, from informal contact, to case conferences between staff from different agencies, and to the standardisation of computer records across the partnership agencies. The former is common, the latter rare.

## Waiting times and joint working

In the five selected authorities, when a 'rapid response team' or similar initiative was in place, waiting times for equipment were, on the whole, lower, with individuals moving swiftly through the provision chain. However, there were always individual items of equipment that involved longer waiting times at particular stages of provision. Understanding the reasons for this is a major challenge for local authorities. In addition, in one of the selected authorities, a partnership agreement had not had a significant impact on waiting times. Again there is a challenge for the local authority to understand why this has not occurred.

Adaptations seemed much less affected by joint working arrangements, experiencing delays particularly at the funding stage. Funding was perhaps the major difference between equipment and adaptations, and also where differences within equipment and adaptation provision were evident. The overall picture was that where an item is expensive or involves substantial change – such as a building extension or a shower tray – then funding authorisation was usually delayed, and less expensive and more easily fitted adaptations – such as internal and external handrails – were on the whole fitted fairly rapidly. For equipment, raised toilet seats were usually rapidly supplied (mostly from equipment stores), while bathlifts are expensive and involve more complex installation.

## Conclusion

It is the nature of health and community care provision that there will always be individuals waiting for equipment and adaptations. The key issues then become the numbers waiting, the length of wait and the experience of waiting. To manage the waiting list a system by which both demand and supply are addressed – the encouragement of appropriate and realistic referrals combined with the more efficient delivery of equipment and adaptations – is essential.

The wide variations in waiting time for provision, and resultant issues of equity, between and within authorities must be a central priority for authorities and their partners, including the Joint Future Group and the Scottish Executive. Individuals expect some form of waiting for provision, but it is the unevenness of the journey through provision – for example, rapid assessment followed by delayed funding authorisation – and its unpredictability that is problematic.

While forms of joint working are in place in most authorities, in many cases their extent and impact has been limited to certain aspects of provision and to certain types of equipment. For these limited successes to become widespread within and amongst authorities, greater efforts need to be made to develop joint working arrangements that involve formal arrangements, including shared resources, budgets, staff and information; in other words, the formation of semi-autonomous teams of professional staff. Adaptations remain a sticking point for all authorities and provide a greater challenge for joint working; paradoxically, because of their higher costs and complexity, the need for such arrangements is greater.

Occupational therapists remain central to provision, a situation that does not use the full breadth of their skills. There is a need for occupational therapists to be gradually untangled from equipment and adaptation provision, perhaps by reshaping their role to include increased responsibility for funding authorisation (a major blockage point in provision).

The 'snapshot' survey revealed the unevenness of data collection amongst the local authorities, and also strongly indicated that comprehensive data collection is essential to monitor the development of provision, and to enable successful joint working.

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