Contents

Overview

Foreword

In 1995, as a Commissioner for the Disability Rights Commission and Inclusion Lead at B&Q, I saw first-hand that integrating inclusive design from the start improves accessibility and customer experience while saving on costly retrofits.

When Part iii of the Disability Discrimination Act was implemented, which was later built upon by the Equality Act 2010, this was the first customer duty to give disabled people the right to access goods and services. Landlords were included in this right to make reasonable adjustments to common parts of buildings (like entrances or hallways) to accommodate tenants with disabilities.

I was determined to show how inclusive design could enhance customer service. Features like step-free access, easy read signage and both visible and audible announcements benefit everyone, from wheelchair users to parents with buggies – and, of course, a full B&Q shopping trolley!

Kay Allen, OBE
Director, Age Irrelevance

I learnt a valuable lesson – inclusive design is the right design.

The homes we live in shape more than just our comfort – they shape our health, independence, our dignity and our connections to community. As our society evolves and our population ages, the case for inclusive housing design has never been clearer or more compelling.

This report is both a timely call to action and a hopeful roadmap for change. It brings together evidence, insight, and vision to show how adapting our housing stock is not simply a matter of bricks and mortar, but a cornerstone of national resilience.

I see two main areas of learning that must be acted upon:

Firstly: A simple national approach to a 'one-stop shop' for adaptations will save time and money. Driven by AI, an online shopping portal could help give advice, source products and speed up delivery. The research highlights brilliant examples – what we need now is scalability.

Secondly: All new builds must have inclusive design. It's vital we engage builders and architects to think about designing and building adaptable and age-appropriate homes. As this report clearly states, we have the knowledge and now is the time to act.

Accessible, adaptable homes enable people to thrive at every stage of life. They reduce pressure on health and social care systems, empower older and disabled people to live with autonomy, and support working families by removing daily barriers to wellbeing.

One quote really stood out for me in the research:

"For every £1 spent on equipment adaptations is a £6 saving across health and social care so it just has always seemed absolute lunacy to me that instead of actually investing in something that's going to save you £6 across health and social care for every £1 you spend, we continue to actually cut budgets [and] kick the can down the road. It's not the solution to the budget pressures. It's one of the causes of the budget pressures."

Occupational Therapist, Male, Mixed urban-rural area in Scotland

I could not agree more. We need a new narrative of inclusion for the era of longevity that connects the dots to enable people to live longer healthier lives. We need to stop working in silos.

"This report calls for the Scottish Government to prioritise accessible and adaptable homes, viewing them not as a budget for reduction but as vital investments in our future.

I add my call for action. We have decades of research and recommendations. Indeed, it is 30 years since the Disability Discrimination Act. Now is the time for collective action."

Kay Allen, OBE | Director, Age Irrelevance

"Please read this
welcome report,
to inform planning
to extend Scotland's
housing stock, enabling
it to be better adapted
to environmental
and personal needs."

ISPA Community Peer-Researcher

"The report is especially timely, as many
people with special and increasing needs live
longer, so that safer housing and relocation
options are essential, especially as many
unpaid caring friends and family also become
very aged. Indeed, safer housing must not
continue to be seen singularly as a matter of
affordable rents, prices or service charges."

ISPA Community Peer-Researcher

Executive summary

Scotland's population is ageing, but not healthily. While we are living longer, healthy life expectancy is declining, meaning that more people are spending later life managing illness, disability, or reduced mobility. Furthermore, the majority of people in Scotland will grow older living in general needs housing that has already been built. This shift places increasing pressure on housing, health, and social care systems.

Adaptations to homes, and to the wider environments that people live in, are a vital part of the solution. They enable people to remain safe and feel independent in their homes. They offer important environments for care support, while reducing the need for hospital admissions, residential care, or crisis interventions. But despite widespread recognition of their value, Scotland's adaptations system remains complex, underfunded, fragmented, and unequal.

For over 25 years, national and sector reports have included commitments to significant reforms, including reviews of funding, delivery, governance, and access to adaptations. Yet many of the same problems persist. The system's complexity, lack of accountability, and disconnect between housing, health and social care have repeatedly stalled progress at the point of implementation.

There is a great deal of excellent work happening across Scotland delivering adaptations, often in the face of considerable system pressures. However, services continue to face unnecessary challenges that make delivery more difficult than it needs to be. Access is shaped less by individual need and more by tenure, geography, and funding pathways.

This fragmented landscape in Scotland makes adaptations delivery disjointed. While responsibilities were formally delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014, implementation has been inconsistent and uneven across the country with no overarching accountable body overseeing adaptations funding, collecting data or reporting. The complexity is further compounded by multiple funding streams, including separate public sector budgets and significant contributions from landlords and homeowners, with no consistent framework to determine who gets what, or how decisions are made.

This research was undertaken to take stock of Scotland's adaptations system and future need in light of the upcoming Adaptations Review, as committed to in Housing to 2040. We explore what's working, what isn't, and what needs to change. It builds on a long history of policy reviews and lived experience research by focusing specifically on system-level delivery: funding models, data, governance, and performance. Our goal is not to re-tell lived experiences of adaptations, which have been documented elsewhere (see McCall et al. 2023), but to highlight why adaptations matter and map out the structural barriers that continue to cause delays.

Our goal is not to re-tell lived experiences of adaptations but to highlight why adaptations matter.

The system remains largely reactive, rather than proactive or aligned with a preventative approach.

Our research found growing demand for adaptations with significant variation by geography and tenure. Those in rural areas, private tenancies, or non-standard accommodation (such as Park Homes) face particular barriers. Key groups, including those with terminal illness, neurodivergence, dementia, and learning disabilities are often overlooked or delayed due to a mixture of barriers including bureaucratic thresholds and funding constraints.

Total spend by landlords on adaptations exceeded £26.8 million in 2023. Meanwhile, grant-funded adaptations fell by almost £378,000 between 2022 and 2023 - a concerning trend given increased need.

Alongside growing demand, the cost of the average adaptation continues to rise (due to a mixture of increased complexity, inflationary costs of materials, labour and construction):

> For Social landlords (ARC), the average cost rose from **£1,798** in 2019 to **£2,204** in 2023
> - For LA landlords average cost rose from **£1,763** in 2019 to **£1,943** in 2023
> - For mainstream RSLs average cost rose from **£1,804** in 2019 to **£2,255** in 2023
> For homeowners (SoA), it increased from **£3,432** in 2014 to **£5,286** in 2023

Our projections also show that Scotland is still not delivering the number of adaptations we would expect based on pre-COVID-19 trajectories.

Furthermore, fragmented processes, under-resourced assessment pathways, and unclear responsibilities all contribute to preventable delays that are reactive and often only prioritised after a fall, injury, or hospital admission, which can lead to higher costs.

While many local areas have made genuine progress in improving the delivery of adaptations, the underlying funding framework has remained largely unchanged, and it is this structure that continues to drive many of the system's inefficiencies and inequities.

Looking ahead, the pressure will only intensify

Using 2022 population projections and 2014–2022 Scottish Household Survey data, we estimate that:

The number of homes with adaptations will rise from **342,448** in 2022 to **372,627** by 2040

Adaptations delivered by Social Landlords (LA and mainstream RSLs) will increase from **20,675** in 2025 to **22,601** by 2040

Homeowner-installed adaptations will rise from **4,744** in 2025 to **5,186** in 2040

By 2025, Scotland could be spending over £68 million a year on housing adaptations across sectors, and this could rise to over £76 million by 2040 (in today's prices). Most of that spend will fall to local authorities and housing associations unless more support is provided for homeowners.

There is a lot of very positive delivery in very difficult environments, but stakeholders across Scotland agree that systemic challenges are making the delivery of essential adaptations ever more difficult to sustain.

Adaptations are often framed as a housing issue, but the consequences of inaction ripple far wider. Delayed or absent adaptations contribute directly to increased falls, avoidable hospital admissions, and delayed discharge from acute care, adding further strain to already overstretched health and social care systems. To put this in perspective in terms of costs in England, BRE (2024) reports that poor housing costs the NHS £1.4 billion a year due to the hazards such as injuries on stairs etc. Investing in adaptations is not just about accessibility; it is about sustainability, prevention, and the effective use of public resources.

We already have the solutions

Stakeholders across Scotland consistently emphasised key priorities:

1	A national legal and policy framework, including strengthened and clearer statutory guidance with enforceable standards, to ensure consistent, tenure-neutral access across all areas.
2	The Scottish Government must follow through on its commitment to review adaptations policy, updating national guidance and introducing consistent reporting mechanisms.
3	Sustained and sufficient funding for adaptations and the staffing, assessment, and coordination required to deliver them effectively.
4	A coordinated, cross-sector pathway for adaptations that joins up housing, health, and social care around shared roles and responsibilities. Scotland should look to unified national models, such as Foundations in England, which oversee the tenure-neutral Disabled Facilities Grant (DFG).
5	Smarter use of data and feedback loops to inform practice, track outcomes, and support ongoing system learning.
6	A clear commitment to early intervention, inclusive design, and technology to reduce delays, improve quality of life, and future-proof Scotland's housing stock.
7	Greater use of Self-directed Support, particularly Direct Payments, supported by clearer guidance, practitioner training, and access to trusted contractor networks.
8	Greater political leadership and public visibility, with adaptations recognised and resourced as essential infrastructure in the housing, health and social care portfolios, not an optional add-on.

The challenge is no longer knowing what to do, but when we will act. The evidence is consistent, the need is growing, and the cost of inaction will mount. Adaptations are key to a truly tangible preventative approach to future-proofing our homes and environments in response to inevitable demographic change.

Introduction

The ability to live independently, safely, and with dignity is a fundamental right. Yet for many older and disabled people in Scotland, this right is increasingly under threat. While Scotland's ageing population is something to be celebrated, we are not necessarily living longer in good health. In fact, Scotland now has the lowest healthy life expectancy in the UK, and that figure is declining.

In this report, we use the term 'adaptations' to refer to physical changes that make homes and wider environments safer and more accessible (also known as home modifications). These stand as a crucial bridge between extended lifespans and increasing health needs. These benefit individuals and households, and can include grab rails, technology, stairlifts, ramps, dementia-friendly design, lighting, accessible bathrooms, signage, kitchen redesigns and more. Adaptations help people remain in their homes and communities, reduce reliance on formal care, and avoid hospital or care home admission.

Despite strong evidence of their preventative value, this report presents insights from key stakeholders across Scotland that show an adaptations system that is often slow, inconsistent, and hard to navigate. There is a great deal of positive and impactful delivery happening across Scotland, often in extremely challenging environments. However, stakeholders consistently highlight systemic barriers, ranging from funding pressures to fragmented governance, that are making the delivery of adaptations increasingly difficult to sustain. Currently, delivery is shaped more by tenure, geography, and funding mechanisms than by need. For too many, support arrives only at the point of crisis, if it arrives at all.

This report, led by the University of Stirling and developed in partnership with the Scottish Federation of Housing Associations (SFHA), the Chartered Institute of Housing (CIH) Scotland, and the Association of Local Authority Chief Housing Officers (ALACHO), is part of the Intersectional Stigma of Place-Based Ageing (ISPA) research programme. It brings together national datasets, qualitative insights from practitioners, and decades of policy literature to assess:

> The current state of adaptations in Scotland

> Projected future demand

> The barriers preventing equitable and timely delivery

> The system reforms urgently needed to meet both current and future need, informed by lived experience of service users and key stakeholders

Scotland wastes precious resources by delay. With the right structures in place, adaptations can deliver on the promise of healthy ageing, independent living, and dignity for all.
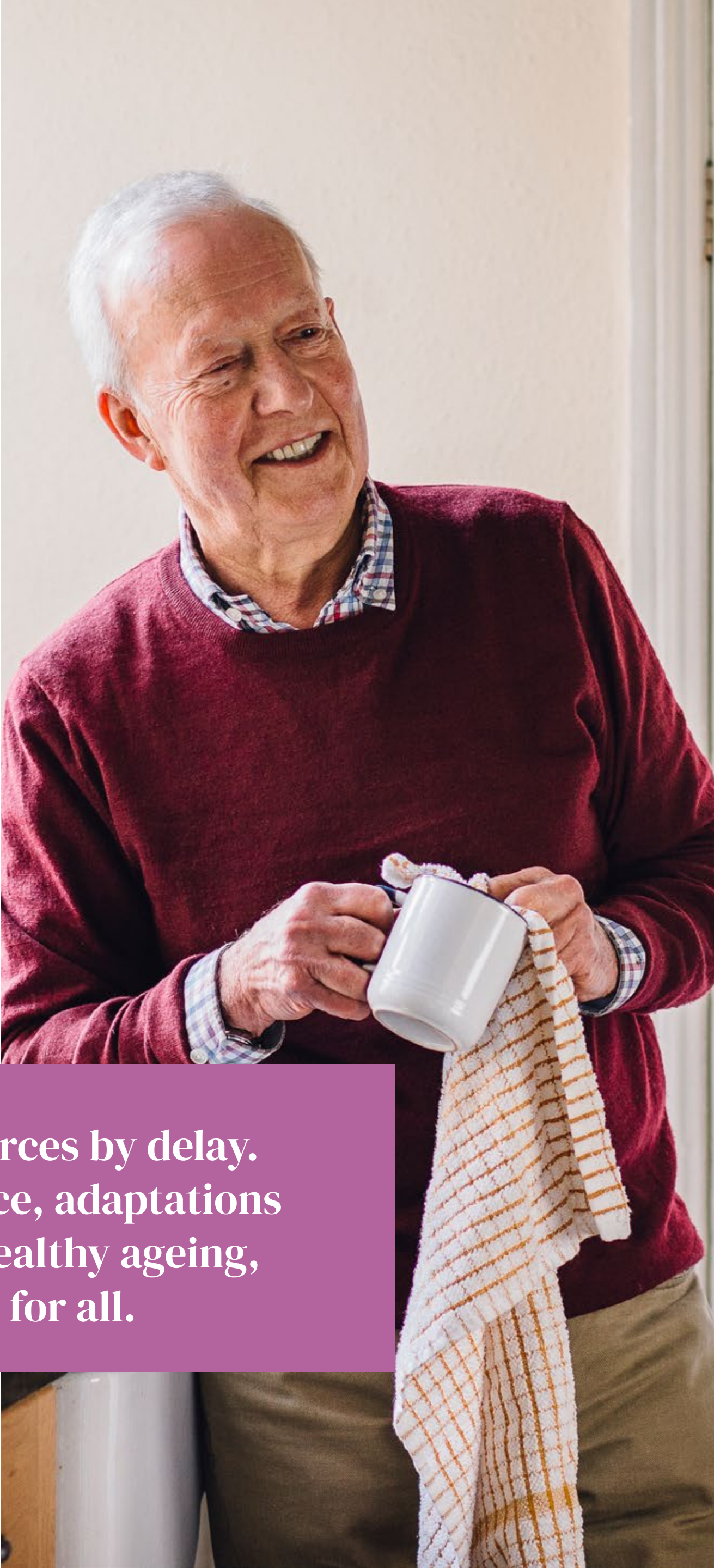
Adaptations as a statutory duty in Scotland

In Scotland, adaptations are governed by a fragmented mix of legislation and policy, including the Social Work (Scotland) Act 1968 and the Housing (Scotland) Act 2006. While adaptations are a mandatory service, the practical delivery is delegated to Health and Social Care Partnerships (HSCPs), although prioritisation and responsibility vary between partnerships in practice.

The funding to support adaptations is also fragmented, it can be split across departments, unevenly distributed, and still largely tied to housing tenure. Although some dedicated funding streams exist, they do not align clearly with where delivery responsibilities now sit. As a result, local authorities and partnerships must navigate a complex and inconsistent system, where the legislative intent is undermined by structural and financial disconnects.

> For **housing association tenants**, funding is typically drawn from a dedicated Scottish Government budget or from the social landlord's own resources. In several cases housing associations supplement this funding, and often front-fund essential works.

> For **local authority tenants**, adaptations are funded from rents via the Housing Revenue Account (i.e no ring-fenced Scottish Government funding supports local authority tenants).

> For **owner-occupiers and private renters**, funding comes from the Council General Fund and applications must be made through the local authority's Scheme of Assistance (SoA), supported by the Private Sector Housing Grant.

This fragmentation in funding mechanisms creates different access routes and timelines depending on who owns the home, an approach that complicates coordination and often undermines the principle of equitable, needs-based delivery.

In addition to the variety of funding streams, access to assessment is also inconsistent. Occupational Therapy (OT) input is typically accessed through local authority or HSCP 'front door' arrangements, though in some cases it may come via NHS Acute services or be sought privately. While professional OT input is not always required for minor adaptations, it remains the primary route for assessment in many cases. However, in many areas, an OT assessment remains the default route, even where quicker, lower-level alternatives may be more appropriate. The approach to assessment varies significantly between areas, with differing thresholds, timescales, and levels of support.

The goal is to broaden access and streamline delivery for adaptations that do not require clinical judgement or complex planning.

In the private sector, many owner-occupiers are likely to commission and install adaptations independently, often without access to professional advice, raising concerns about suitability, safety, and missed opportunities for preventative support. Research with Age Scotland notes that what we see in official systems is just the 'tip of the iceberg' (McCall et al., 2023). Much unmet need goes unrecorded, whether because people don't know how to access support, give up after delays, or adapt independently without guidance. This creates a landscape of both known and unknown unknowns, making it difficult to plan effectively or respond proportionately. The gap between recorded demand and actual need is likely far wider than current data suggests.

Some local authorities and HSCPs in Scotland have introduced self-assessment tools that allow individuals to assess their own needs and access straightforward adaptations, such as handrails or grab rails, without requiring a full OT assessment. These systems aim to remove unnecessary barriers for low-risk, non-complex cases and reduce pressure on professional services. In several areas, Housing Officers and frontline housing staff have also been empowered to commission minor adaptations directly. These protocols are often developed in partnership with local OT teams and, in some cases, include wider professional input such as non-social care OTs or physiotherapists.

The goal is to broaden access and streamline delivery for adaptations that do not require clinical judgement or complex planning.

Notable examples include:

> **Smart Life in Fife** – an online self-assessment and information platform guiding residents toward appropriate equipment and adaptations

> **AskSARA** – used in several areas including Glasgow, this tool offers guided self-assessment and signposting based on user-reported needs

These models are strongly supported by guidance from the Royal College of Occupational Therapists (RCOT), whose Adaptations Without Delay report (RCOT, 2019) calls for proportionate and timely access to adaptations. It recommends that non-complex adaptations should not be delayed by professional assessments where they are not required and encourages services to empower a broader range of staff. In Scotland, organisations such as Care and Repair Scotland and Housing Options Scotland also play key roles in supporting accessibility, adaptations and good practice.

Innovative approaches are emerging across Scotland, offering more responsive, preventative ways of delivering adaptations. However, these models remain unevenly adopted and are often confined to specific localities or projects. While they demonstrate what's possible, they are not yet embedded as standard practice. The challenge is not a lack of innovation, but a lack of consistency, scale, and support to mainstream what works. Wider adoption of these models, alongside better signposting and public awareness, could significantly expand early access and improve outcomes across all tenures.

Local authorities in Scotland have a statutory duty to support the provision of housing adaptations.

Although a statutory duty, the legal framework is more diffuse and less prescriptive than other areas. Due to the ambiguity of the guidance, the strength of this obligation can be questioned. However, a closer examination of the legislative landscape confirms that adaptations are indeed underpinned by a series of legal duties, which have evolved over decades and are now embedded in both housing and social care responsibilities.

The Social Work (Scotland) Act 1968, particularly Sections 12 and 12A, requires local authorities to assess individuals' needs and provide services to promote their welfare. This includes support for adaptations where required. The Chronically Sick and Disabled Persons (Scotland) Act 1972, Section 2(1)(e), goes further by specifying the provision of assistance for adaptations as a welfare service that must be arranged when necessary.

This duty is reinforced through housing legislation. The Housing (Scotland) Act 2006 introduced mandatory financial assistance for adaptations in the private sector, including grants of at least 80% (and up to 100% for some benefit recipients), meaning local authorities cannot lawfully refuse to support qualifying adaptations.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out which functions must be delegated to an Integrated Joint Board (IJB). This list includes adaptations across all tenures and the associated council budgets. In practice, however, in many cases the administration of adaptations, including budget setting, has continued to be managed by local councils.

ADAPTATIONS AS A STATUTORY DUTY IN SCOTLAND

Definitions of adaptations (as provided in Scottish Government statutory guidance under the 2014 Act):

"Any alteration or addition to the structure, access, layout or fixtures of accommodation, and any equipment or fittings installed or provided for use in accommodation, for the purpose of allowing a person to occupy, or continue to occupy, the accommodation as their sole or main residence."

The Scottish Housing Regulator (SHR) (2023) guidance outlines a wider definition:

"Adaptations: A collective term for a broad range of products and changes to the fabric of a building that enable people of all ages to carry out ordinary activities of daily life that have been affected by: impairment; ill health; traumatic injury; or the effects of ageing. This includes assistive technology."

These duties have been tested and clarified through practice and secondary legislation. For example, the Relevant Adjustments to Common Parts (Disabled Persons) (Scotland) Regulations 2020/21 strengthened disabled people's rights to make adaptations in shared areas of properties, affirming that neighbour objections must not be unreasonable and are subject to legal challenge.

While the language of legislation may appear less forceful in places – often phrased in terms such as "necessary" or "appropriate" – this should not be misinterpreted as optional. The combination of primary statute, regulatory frameworks, and evolving case law creates a clear legal expectation that adaptations are a right, not a favour.

Over time, the types of adaptations (or "home modifications") provided in Scotland have often been shaped by fixed lists, originally derived from a Scottish Government circular: NHS 1985 (GEN) 33 SDD 40?/85 SWSG 17/1985, which aimed to distinguish between "temporary" and "permanent" adaptations. This distinction was used primarily to determine whether funding responsibility lay with social work or the landlord/homeowner. This circular and the previous NHS circular No 1976 (GEN) 90 SW 19/1976 were superseded by SG Guidance on the Provision of Equipment and Adaptations, issued on the 1st Dec 2009[1].

However, the Occupational Therapy profession has consistently advocated for a person-centred, outcome-focused approach. Backed by professional clinical reasoning and practice guidance from the Royal College of Occupational Therapists (RCOT), this approach encourages the use of a full range of housing solutions, including equipment, assistive technology, adaptations, based on an individual's assessed needs.

The difficulties in delivering adaptations

While adaptations are a statutory duty and vital to enabling people to live independently and safely at home, the reality is that accessing and delivering them is incredibly challenging for both service users and also those delivering them. The principle of the right to adaptations is often overshadowed by the '*fight*' to make them happen - for both service users and at different stages of delivery (McCall et al., 2023).

Underpinning this, accessing adaptations is often crisis-driven rather than preventative. Older people may delay seeking support due to stigma, internalised ageism, or lack of awareness of what counts as an adaptation (McCall et al., 2023). It has been shown that the "othering" of ageing and housing-related stigma, obstructs proactive planning (McCall et al., 2024; McKee et al., 2024).

Internalised ageism and the framing of adaptations as clinical, institutional or unattractive can cause people to reject them until they are unavoidable or are forced in an emergency (McCall et al.,2023).

The *Barriers to Adaptations Framework* (McCall 2022) highlights this stigma as key issue, alongside seven additional stages where barriers routinely arise: governance, needs awareness, advice, assessment, funding, design, delivery, and evaluation. These barriers are cumulative and intersecting, creating a system that feels fragmented, opaque, and inequitable. Experts have described it as a 'postcode lottery', which they themselves find difficult to understand, rather than a predictable service (McCall 2022). This has been shown to be particularly challenging for some groups, such as in the 'no time to lose' report by MND Scotland (2022).

These personal and cultural barriers are further compounded by structural thresholds in service provision. Under the Scottish Government's National Standard Eligibility Criteria (2015), most OTs are only authorised to assess individuals whose needs are classed as "critical" or "substantial." While designed to manage demand, these thresholds leave little room for early, preventative intervention and make it harder for those with emerging or moderate needs to access timely support. In practice, this risks undermining the very preventative intent of adaptations.

ADAPTATIONS AS A STATUTORY DUTY IN SCOTLAND

The governance of adaptations in Scotland remains disjointed. While responsibilities were formally delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014, implementation has been inconsistent and uneven across the country (Scottish Government, 2015). There is no overarching accountable body overseeing adaptations processes, and many stakeholders highlight a lack of national leadership or coordination between housing, health, and social care systems. The complexity is compounded by multiple funding streams, including separate public sector budgets and significant contributions from landlords and homeowners. Yet there is no consistent framework to determine who receives what, or how decisions are made. The result is postcode variation, delays, and confusion for both practitioners and service users.

This picture differs in England where Foundations, the national body for Home Improvement Agencies, plays a central role in coordinating and supporting home adaptations. Foundations provides training, resources, and digital tools – such as Adapt My Home – to help local authorities and individuals navigate the Disabled Facilities Grant (DFG) system. They also support quality assurance through contractor networks and guidance for complex cases. While Scotland lacks a directly equivalent infrastructure, the Foundations model offers valuable learning on how national coordination, design standards, and support tools can improve adaptations delivery.

Despite the wide range of legislation and guidance that underpin the delivery of adaptations in Scotland, the landscape remains strikingly ambiguous in practice. There is no single body responsible for overseeing or coordinating adaptations across housing, health, and social care and this lack of leadership contributes to significant inconsistency in how rights are interpreted and implemented locally. Definitions vary, responsibilities are blurred, and the term "adaptations" itself is used in different ways across services and sectors. This ambiguity creates confusion not only for service providers, but more importantly, for those trying to access support.

Evidence

Methodology

To contextualise current challenges and understand persistent systemic issues, we undertook a comprehensive review of national and sector policy documents on adaptations spanning the past 25 years. This included 28 reports published between 2000 and 2025, covering Scottish Government strategies, parliamentary reviews, third sector publications, and professional guidance from housing, health, and occupational therapy bodies.

Policy review and thematic analysis

The work of many esteemed colleagues need to be acknowledged in this regard, including Julia Fitzpatrick who carried out an enormous amount of work in this field including leading on the 'Adapting for Change' Working Group, Report and Recommendations, many Joint Improvement Team members including Amanda Britain and Alison Docherty who worked on the Adapting for Change demonstration sites (latterly supported by the ihub), Tony Cain and Gillian Young who developed the work of the Equality and Human Rights Commission (EHRC) on 'Housing as a Human Right'. Also, many Occupational Therapy colleagues who worked on 'Minor Adaptations without Delay' and then produced the updated guidance 'Adaptations without Delay', including Kate Sheehan, Dr Marney Walker and Dr Rachel Russell.

Each document was systematically coded against a set of recurring themes and recommendations, including equity, timeliness, partnership working, and funding mechanisms, to assess the frequency and consistency of recommendations over time. The analysis reveals a striking repetition of key calls to action, underscoring long-standing awareness but limited implementation of solutions. A full list of the documents reviewed, alongside theme frequencies, is provided in Appendix A.

Data sources and analytical approach

This report draws on a robust combination of national datasets to provide a comprehensive picture of the current and future state of adaptations in Scotland. We analysed longitudinal data from multiple sources to examine trends in provision, demand, funding, and outcomes across housing tenures and local authorities. The following datasets underpin our findings:

> **Scottish Household Survey (SHS):** Nine years of data (2014–2022) comprising over 86,000 households, used to estimate the prevalence and type of home adaptations across Scotland by age, sex, and tenure.

> **Scottish Housing Regulator (SHR) Annual Return on the Charter (ARC):** Eleven years of data (2013/14–2023/24) covering nearly 2,000 observations across 190 Social landlords (LA and mainstream RSLs[2]), providing detailed insights into adaptation volumes, approval rates, waiting times, and funding breakdowns.

> **Scheme of Assistance (SoA):** Local authority-reported data on adaptation grants and loans for owner-occupiers (2014/15–2023/24), totalling over 51,000 adaptations and £207 million in spend.

[2] The ARC includes data can be classed as from social landlords, but it does make some distinction between RSLs and Councils in the reporting (councils aren't "registered").

METHODOLOGY

> **National Records of Scotland (NRS) and Office for National Statistics (ONS):** Population estimates, projections, and healthy life expectancy trends, used to model future demand for adaptations.

Together, these sources provide a multi-scalar view of adaptations in Scotland - historical, present-day, and projected. This is a complex analysis, so full methodological details and notes are provided in Appendix B.

This report focuses specifically on the system-level delivery of adaptations, including governance, funding, assessment, and integration.

Key stakeholder perspectives

This report focuses specifically on the system-level delivery of adaptations, including governance, funding, assessment, and integration. It does not include direct involvement from individual households or people with lived experience of navigating the system. This is not a gap, but a reflection of the project's remit: to complement existing lived experience research by examining the structural conditions that shape delivery. The ISPA Project is exploring the experiences of older and/or disabled people in greater depth, including through diary-based methods. While this report gives a flavour of some of that feedback, its primary purpose is to highlight what needs to change at a systemic level.

Key stakeholders and professional contacts included OTs and OT managers, housing association leads, representatives from ALACHO (Association of Local Authority Chief Housing Officers), with responsibilities for adaptations in council housing and under the SoA for owner-occupiers and private renters across Scotland and MSPs.

In total, 36 participants contributed to the qualitative element of the study through six focus groups (24 participants) and 11 interviews involving 12 individuals (one of the interviews included two participants from the same organisation). Each focus group included between two and nine participants, allowing for a range of group dynamics and perspectives. The focus groups were primarily composed of participants from the same sector, including two with OTs, two with local authority representatives, and one with Housing Association staff. One additional focus group was mixed, bringing together participants representing both local authorities and housing associations. See Appendix C for further details on the sample, approach and ethical framework.

Why this matters: The impact of adaptations

At its core, this report is about people's basic rights to live with dignity, safety, and independence in their own homes. Adaptations are not a luxury or an add-on. They are often the difference between someone being able to bathe, sleep in their own bed, or safely leave their home.

For Scotland, Young (2021) shows that adequate housing is a human rights matter, and accessibility is not simply a design feature, it is central to realising people's housing rights. Ensuring adaptations are available, timely, and equitable is essential to meeting international obligations set out by the UN Committee on Economic, Social and Cultural Rights.

The very human cost of non-accessible housing has been consistently shared by ISPAs Community Peer-Researchers (CPRs), a group of over 100 adults who are older and/or disabled who are currently keeping diaries of their lived experiences between 2024–2026. Feedback from service users highlight the importance of the home in supporting everyday tasks people take for granted:

"I was living in a house where I couldn't go to bed because the bedrooms were upstairs…. So, I was ending up having to sleep on the couch and just washing in the kitchen sink and use a bathroom downstairs because I couldn't really access upstairs anymore."

*ISPA Community-Peer Researcher, Female, Urban area in Scotland*

Adaptations support day-to-day essential living, recovery, relationships, and help to prevent or delay crisis situations that result in hospital admission or long-term institutional care. These are interventions that allow people to stay connected to their communities, retain control over their lives, and age in place with confidence (McCall et al., 2023).

With Scotland's population ageing rapidly - projected to exceed 1.7 million people aged 60+ by 2035 (Age Scotland, 2011) – the need for a coordinated, future-proofed approach to adaptations has never been more urgent. While longer lives should be celebrated, we are not necessarily living those extra years in good health. In fact, Scotland has the lowest healthy life expectancy (HLE) in the UK, and it is falling.

"There's a build-up of people who are waiting years now to get their property adapted, and that can obviously then mean they can't actually live a very full life, or they're having a very restricted life at home… And so, I'm not saying it's an easy feat at all, but it's something we need to look at more, as policy. And everyone's got warm words, but warm words don't adapt a house."

Policy Maker, Male, Mixed urban-rural area in Scotland

To examine this, we combined data on life expectancy (LE) and HLE at age 65 from 2000–2009 (ONS, 2014) and 2009–2021 (NRS, 2022) (Fig.1). Between 2000 and 2021, LE at 65 increased by 2.5 years for men and 1.7 years for women, but HLE decreased by 0.1 years for men and rose only 0.8 years for women.
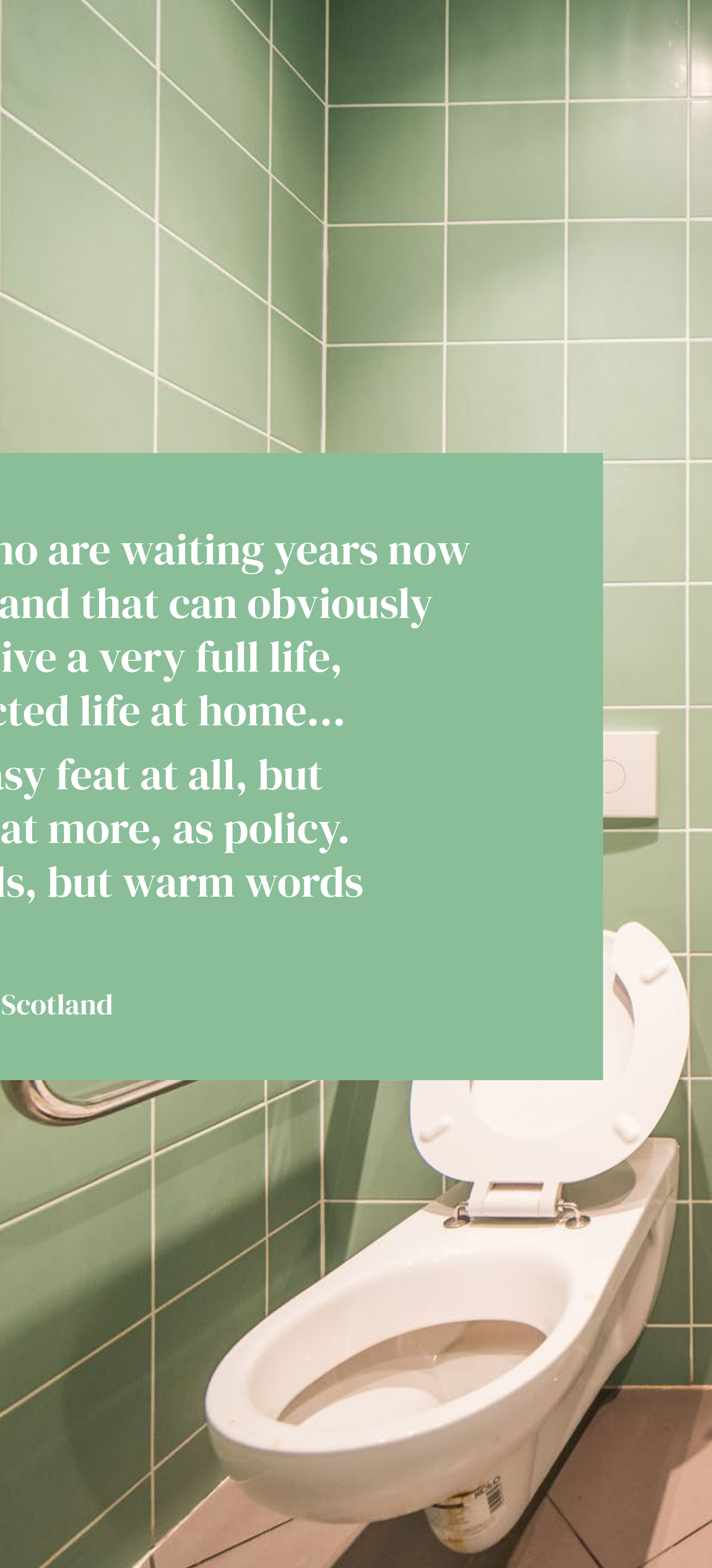
This means more people are living longer but with greater levels of illness, disability, and care needs, intensifying demand for home environments that support independence.

Life Expectancy and Healthy Life Expectancy at age 65) 2000–2021

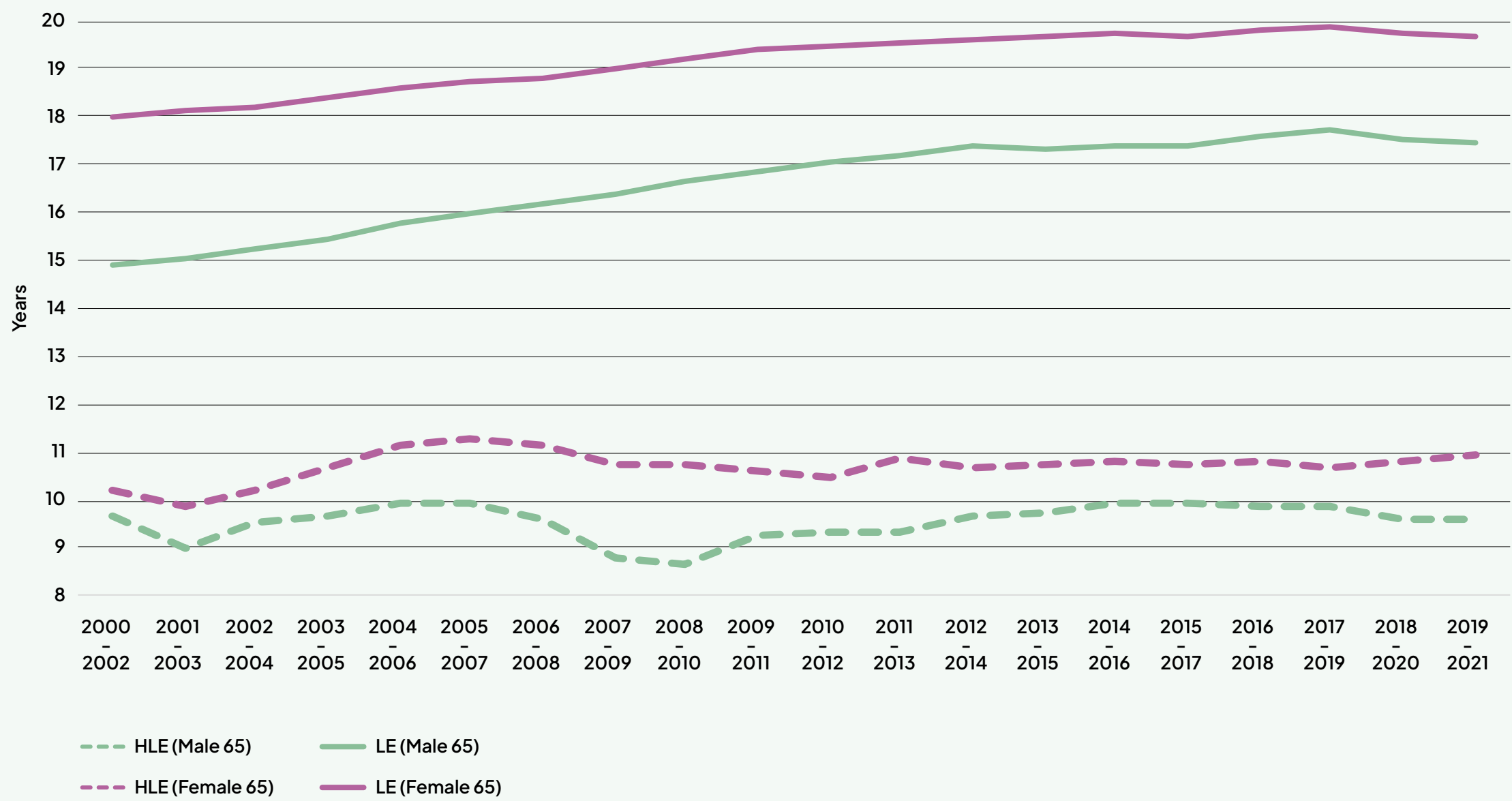Figure 1: Line chart showing life expectancy and healthy life expectancy from 2000 to 2021 at age 65 in Scotland

As more people spend a greater share of later life managing health conditions, mobility issues, or cognitive changes, housing becomes a frontline concern. Adaptations sit precisely at the intersection of health, care, and place and will play a vital role in how we respond to this demographic shift.

Deprioritisation, discrimination and overlooked groups

Therefore, we are living longer – but not necessarily healthier – and the country's health needs are increasing. Scotland is ageing rapidly, and the number of people living with chronic illness, disability or reduced mobility is growing. But this is not only a story of ageing: disabled people are born every day into systems that are already unequal and hard to navigate, and many will face barriers their entire lives.

Barriers including digital exclusion, complex processes, and tenure-based inconsistencies that disproportionately impact some groups, particularly those marginalised already. Stakeholders consistently identified groups excluded or disadvantaged by current provision, including people with terminal or degenerative illnesses, neurodiverse adults and children, those with dementia, ethnic minority communities, and people living in non-standard housing types:

" …The only thing we do discriminate against is prognosis. And that's for practical reasons, because if somebody's got less than six months to live, then you're not actually going to get the adaptation done within that time very likely. It's not written down anywhere [but] with the best will in the world, a shower is going to be three to four months anyway, if they've got prognosis of less than six months, then unless you could do it under a spouse's name on the basis that the spouse is going to benefit for it longer term, by the time it's happening, it's not really good benefit. "

Occupational Therapist, Female, Rural area in Scotland.

" …ultimately for people who have got a terminal illness …they can't necessarily wait 'til the next financial year in order to [receive adaptations]. "

Policy Maker, Female, has a Scotland-wide role covering both urban and rural areas.

These quotes highlight a worrying trend: delays and budget-driven decisions can result in people spending their final months without the support they need, even though these adaptations could significantly improve their comfort and dignity. As one stakeholder put it:

"I think it's quality of life, I think [it] can't be more important than that. "

Policy Maker, Male, Mixed urban-rural area in Scotland

Whilst interviewees noted that understanding of conditions like dementia has improved, adapting for complex, degenerative illnesses require a revolutionary approach to design that begins at the design stage:

"I think there's there are gaps and lack of understanding and lack of knowledge when it comes to building design for people with dementia. There were gaps in people's knowledge about how in terms of you know, building design for people with dementia, how to best actually meet people's needs. I think we're still kind of fixed in those boxes of saying we do this, this, this and this without the, you know, understanding to the nuances of design for people with dementia. "

Occupational Therapist, Male, Mixed urban-rural area in Scotland

WHY THIS MATTERS: THE IMPACT OF ADAPTATIONS

Considering preventative and adaptive design from the build-stage is further considered below concerning solutions, but similar concerns regarding a lack of adequate knowledge, policy, staff training and awareness for meeting the needs of people with neurodiversity and behavioural issues was also raised:

"We are really trying to come to an agreement around about neurodiversity and it's really, really challenging. I think when we get referrals for assessment for people that require safety needs, type adaptations, it's a very uncomfortable position to be in. Nobody is agreeing as to who's providing the budget for these items, for the adaptations and they're not written into any policy or criteria that I'm aware of. So that does absolutely disadvantage that community. We don't have that guidance. I do feel there's a real massive challenge and inequality for that particular group of people."

Occupational Therapist, Female, Urban area in Scotland

Ethnic minority groups also face inequities. Their experiences are often compounded by housing stock limitations and assumptions about household structure.

" ... if you look at the adaptations budgets like a cake, all you're really doing is you're dividing up the cake as best you can and then, you know, next year you realise, oh we've forgotten about, I don't know, people with dementia or adults on the autistic spectrum, oh we better give them a bigger slice of the cake. The cake doesn't really get any bigger. I think the cake could be cut more equitably and I think that's probably back to data and understanding."

Senior Housing Sector Leader, Female, national remit

Finally, issues regarding different types of home indicate the ways in which tenure as a framework is inadequate. For example, people living in Park Homes find themselves unrecognised:

" ... for park homes, it's clear in old [housing] legislation that park homes, caravans, and lodges should not be included. However, if you look at what the Council should be doing for their residents, they have, well obviously, a level of care to give, you know, to ensure that the people who are paying their Council Tax in their region, are getting supported."

Senior Housing Sector Leader, Male, national remit

The example of Park Homes and experiences of other groups such as Gypsy/Travellers raises the issue that different types of dwelling and living situations exclude people from getting the support they need, particularly when a tenured approach is applied.

However, recognition of overlooked groups does also require additional funding and efficient funding models to identify and serve unmet needs. Some groups need more support than others, but the system reflects and reinforces existing inequalities, with access shaped by geography, tenure, diagnosis, digital literacy, and even prognosis. Official procedures need to ensure that public resources enable those who need most support, while ensuring greater resilience is inbuilt, irrespective of current eligibility criteria.

Key findings:
The impact of adaptations

We are living longer, but not necessarily living well

Life expectancy is rising, but healthy life expectancy is falling. More people are living with illness, disability or mobility loss — increasing demand for accessible homes.

Adaptations are essential, not optional

They support people to bathe, sleep, move around, and stay in their homes safely, the most basic requirements for living with dignity and independence.

Housing is central to the health and care system

Adaptations are a frontline intervention that prevent hospital admissions, reduce care needs, and enable people to remain connected to their communities.

Delays and unmet needs have real human costs

When adaptations come too late, people are more likely to experience falls, crises, or unnecessary moves into care.
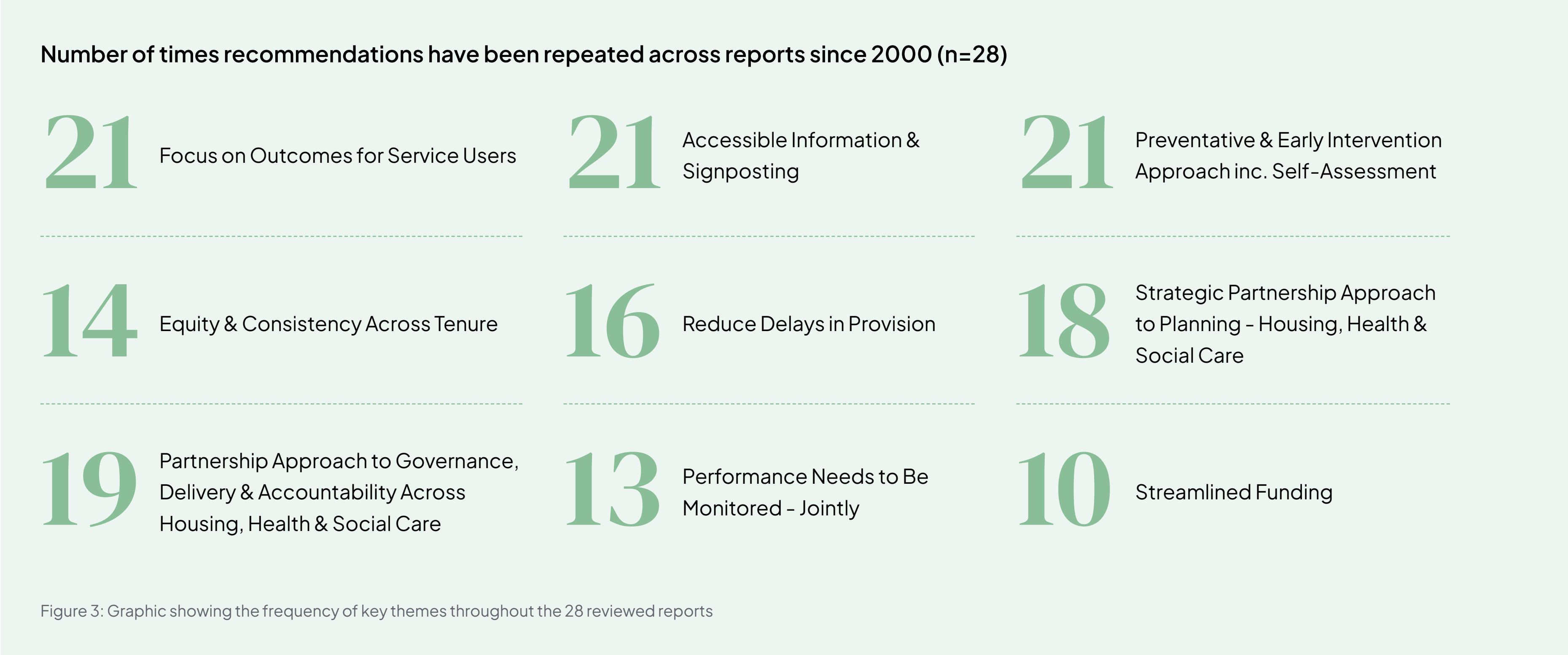
Figure 2: Summary of key findings – the impact of adaptations

Looking back to move forward: Repeated recommendations and persistent challenges in adaptations policy

Having explored the human cost of a complex and unequal system, we ask why improving the adaptations system is so challenging.

Over the last 25 years, a series of national and sector reports have consistently surfaced the same themes, pointing to well-evidenced solutions that have often stalled at the point of implementation. In reviewing nearly three decades of policy and practice literature on adaptations, it is striking how often the same recommendations are made, made again, and indeed, committed to, with limited implementation

A review of 28 key reports (see Appendix A) between 2000 and 2025 reveals that issues such as access, equity, prevention, partnership working, and funding have been persistently identified as priority areas. Yet despite this consensus, delivery on these fronts remains inconsistent and fragmented. To highlight this, Fig.3 below summarises the most frequently recurring themes and how many reports explicitly recommended each:

Number of times recommendations have been repeated across reports since 2000 (n=28)

21 Focus on Outcomes for Service Users

21 Accessible Information & Signposting

21 Preventative & Early Intervention Approach inc. Self-Assessment

14 Equity & Consistency Across Tenure

16 Reduce Delays in Provision

18 Strategic Partnership Approach to Planning – Housing, Health & Social Care

19 Partnership Approach to Governance, Delivery & Accountability Across Housing, Health & Social Care

13 Performance Needs to Be Monitored – Jointly

10 Streamlined Funding

Figure 3: Graphic showing the frequency of key themes throughout the 28 reviewed reports

These figures show not only broad sectoral agreement on what needs to change, but also reveal the limits of national reform. While many local areas have made genuine progress in improving the delivery of adaptations, the underlying funding framework has remained largely unchanged, and it is this structure that continues to drive many of the system's inefficiencies and inequities.

The repetition of the same recommendations across multiple policy eras points not only to systemic inertia, but to a mismatch between local innovation and national resourcing and accountability.

Reports have surfaced the problems, generated solutions, and yet the wider system has failed to evolve in ways that fully support timely, equitable access to adaptations.

Across both policy documentation and practitioner reflection, five overlapping recommendations stand out as persistent but under-implemented:

> **Make adaptations more accessible** through clear signposting and simplified processes (e.g Scottish Government 2012; RCOT 2019; Age Scotland [McCall et al.,] 2023)

> **Prioritise preventative** and early intervention models, including self-assessment options (e.g. Age Scotland [McCall et al.,] 2023; EHRC 2018)

> **Establish integrated governance** and delivery across housing, health, and social care (e.g. Audit Scotland 2004; Scottish Government 2017)

> **Address inequalities** in access to adaptations across tenures and geographies (e.g. MND Scotland 2022; EHRC 2018)

> **Improve funding** mechanisms to ensure timely, needs-based provision (e.g. Scottish Government 2021; Age Scotland [McCall et al.,] 2023)

Several additional insights emerge when also looking at the larger picture of how adaptations, inclusive design tackle ageism, stigma exclusion:

The gap between policy and practice: There is a striking lack of alignment between policy rhetoric and practical delivery. National strategies repeatedly affirm the importance of inclusive, preventative approaches, yet funding, referral routes, and coordination structures often work against those aims (Scottish Government 2016; Scottish Government 2021).

The adaptations system has imbedded inequalities: Local authority variation, tenure-based discrepancies, and postcode lotteries undermine the principle of fairness. This has been raised in reports such as Making Adaptations Work for Older People in Scotland (Age Scotland 2023) and No Time to Lose (MND Scotland 2022), which detail how fragmented access routes and eligibility criteria disadvantage those in greatest need.

There is a continuing separation of housing, health, and social care delivery systems: Despite almost universal recognition of the need for integration. While the Adapting for Change initiative (Scottish Government 2012) aimed to address this, its evaluation (Scottish Government 2017) shows that implementation has been uneven and lacking in accountability structures.

Lack of robust data collection and performance monitoring: This has made it difficult to track impact or adjust delivery in real time. Several reports, including Evaluation of Adapting for Change (Scottish Government 2017), recommend the development of common performance frameworks, yet this remains largely aspirational.

An undercurrent of systemic stigma: This is embedded in how adaptations services are designed and delivered. Bureaucratic hurdles, inconsistent language (e.g. "vulnerable" vs. "rights-based" framing), and poor communication all contribute to a sense of exclusion for older and disabled people. When system design reinforces negative experiences, the adaptations intended to support independence can become another site of disempowerment (McCall et al. 2023).

LOOKING BACK TO MOVE FORWARD:
REPEATED RECOMMENDATIONS AND PERSISTENT CHALLENGES IN ADAPTATIONS POLICY

As we look ahead, the challenge is not to discover new solutions but to implement the ones we already know work. The consistency of the sector's voice across decades is a strength to be harnessed. While local areas and delivery partners have driven much of the innovation to date, meaningful change now depends on stronger national leadership. While the housing and care sectors have made considerable efforts to implement recommendations and improve delivery, often under significant pressure, it is striking how little progress has been driven at the national level.

Despite repeated commitments, the Scottish Government has not meaningfully updated its approach to Stage 3 adaptations funding in over a decade. Budget allocations remained frozen for six years before being restored in a single uplift, with little discussion about equitable distribution or strategic planning. In effect, we are continuing to operate with frameworks and funding assumptions that were designed for a different policy era, despite clear demographic and service pressures. This inertia at the national level stands in contrast to the energy and innovation seen locally and raises urgent questions about accountability and leadership.

The Scottish Government must take a more active and accountable role. These commitments remain unfulfilled, and progress has stalled despite clear signals of intent. Realising the vision will require not just strategic alignment, but practical action: redesigning funding models, strengthening statutory guidance, and embedding performance and reporting frameworks that centred on lived experience.

If Scotland is to realise the ambitions set out in Housing to 2040, including a commitment to review adaptations policy and to publish the update Housing for Varying Needs (consultation closed a year ago - see Scottish Government 2023).

Without this, systems on the ground will remain overstretched and under-resourced, and the longstanding barriers to timely, equitable adaptations will persist.

Key findings: Repeated recommendations and persistent challenges in adaptations policy

We don't need new ideas – we need to act

Across 28 national and sector reports spanning nearly three decades, the same priorities have been consistently identified: accessibility, equity, prevention, partnership, and funding.

There is strong consensus, but limited implementation

Recurring recommendations reflect widespread agreement on what needs to change, yet delivery remains fragmented and inconsistent.

Five key solutions continue to resurface across time

1 Clearer signposting and simpler processes

2 Early intervention and self-assessment options

3 Integrated governance and delivery

4 Addressing tenure and geographic inequalities

5 Fairer, streamlined funding mechanisms

Policy has outpaced practice

National strategies endorse inclusive and preventative approaches but systems on the ground are often misaligned, with fragmented referrals, short-term funding, and limited reporting.

The system still embeds inequality and stigma

Tenure-based access gaps, unclear eligibility, and disempowering language continue to create barriers for those most in need.

Figure 4: Summary of key findings – repeated recommendations and persistent challenges in adaptations policy

The current situation: Unequal delivery

Findings from qualitative interviews, focus groups and national datasets reveal a system marked by inconsistency, delay, and inequity. Where a person lives and their housing tenure can significantly shape whether, when, and how they receive an adaptation. As one OT put it:

"We're constantly reacting instead of preventing."

Occupational Therapist, Male, Mixed urban-rural area in Scotland

Fragmentation, variation and delay

Although legal responsibility sits with local HSCPs, delivery for adaptations is split across health, social care, and housing in terms of operation. Stakeholders report that referral processes are opaque, workforce capacity is stretched, and budgets vary widely. These structural weaknesses feed a widespread postcode lottery, in which needs are met only when they become critical, not when early intervention could have the greatest impact.

"It's that chicken and egg thing — waiting on OTs to have the capacity, then it's another six months before anything happens. The demand is absolutely there."

Senior Housing Sector Leader, Female, Urban area in Scotland

With these pressing challenges in the current system, we can gain insight from the current patterns.

Quantifying the gaps: National adaptations data

To explore how these patterns play out at scale, we analysed three national datasets: ARC (social landlords), Scheme of Assistance (SoA) data (private homeowners), and the Scottish Household Survey (SHS).

> SoA data shows an average of **of 5,136 adaptations** per year in private housing since 2014, with a low of 3,092 in 2020 — reflecting pandemic disruption.

> ARC data from social landlords shows a much higher volume, averaging **9,023 adaptations** per year for Mainstream RSLs and **11,809 adaptations** per year for LA landlords, again dipping sharply in 2020.

ARC data, which represents social landlords (LA and mainstream RSLs) across Scotland, provides insights from 2013, with SoA data, which represents homeowners across Scotland, from 2014. On average there were 5,136 SoA adaptations per year, with the most adaptations installed in 2014 (n=6,487) and the least adaptations installed in 2020 (n=3,092). In comparison, ARC data reported an average of 9,023 adaptations per year for Mainstream RSLs and 11,809 adaptations per year for LA landlords, with the most adaptations installed in 2016 (n=10,255) for Mainstream RSLs and 2014 (n=14,919) for LA landlords and least adaptations installed in 2020 (n=5,617 Mainstream RSLs, n=5,771 LA Landlords).

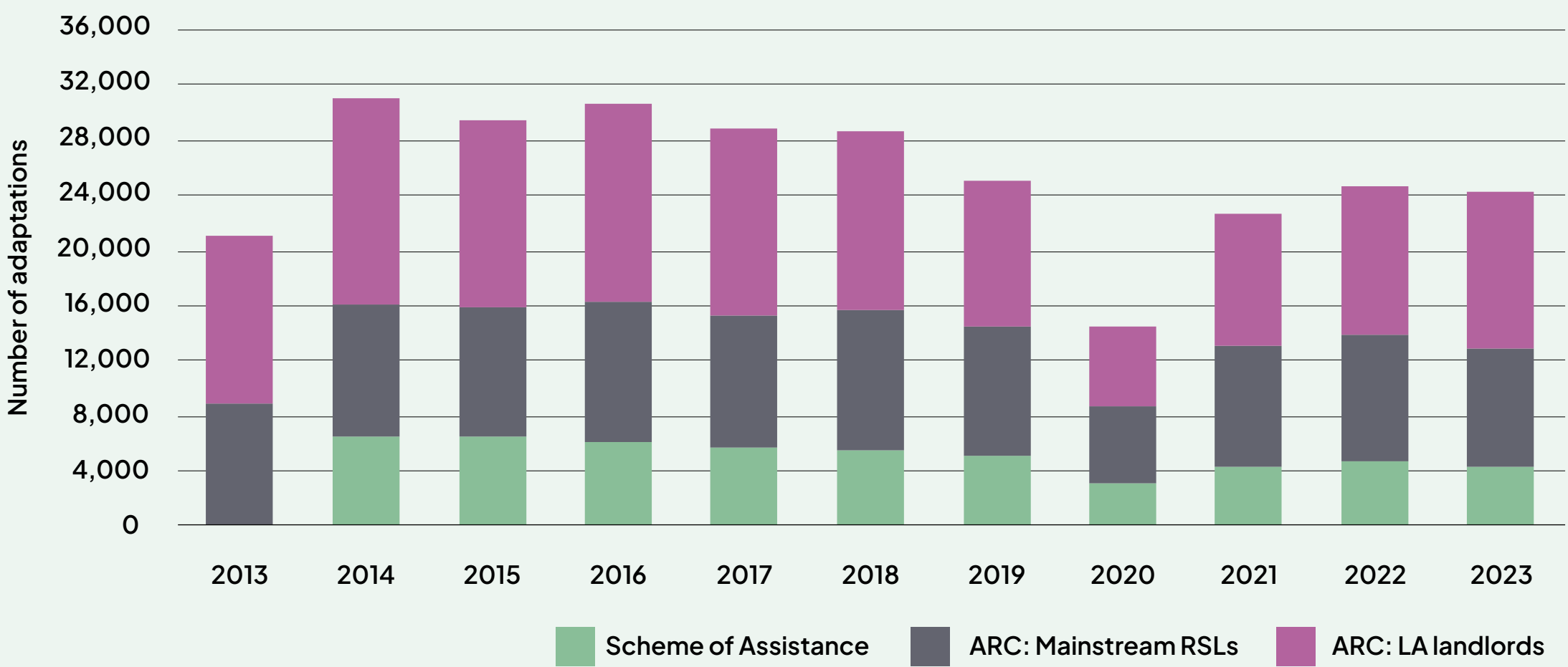## Number of adaptations installed by social landlords (LA and mainstream RSLs) and homeowners each year

Figure 5: Stacked bar chart showing number of adaptations installed from SoA and ARC data
Note: SoA data available from 2014/15 to 2023/24, all years are graphed as the start year i.e. 2022/23=2022

Further ARC analysis compared approvals by LA landlords vs mainstream RSLs across all 32 local authorities. While both experienced a pandemic-related drop, LA landlords recovered more quickly, with approvals exceeding pre-COVID-19 trends from 2022 onwards. In contrast, mainstream RSLs continue to show a 'COVID-19 deficit', suggesting different recovery trajectories (Fig.6).

Existing need: Adaptations already in homes

In all years LA landlords approved more applications than mainstream RSLs. The dotted lines show the predicted number of approved applications, i.e. the number of approved applications had no significant disruption from the COVID-19 pandemic and subsequent lockdown periods. The net applications are calculated from the actual applications approved minus the predicted applications, giving a 'COVID-19 deficit'. LA landlords have, since 2022, exceeded predicted values and have a considerably smaller 'COVID-19 deficit' of applications in comparison to mainstream RSLs.

Produced: 17:00:49 23 Jul 2025
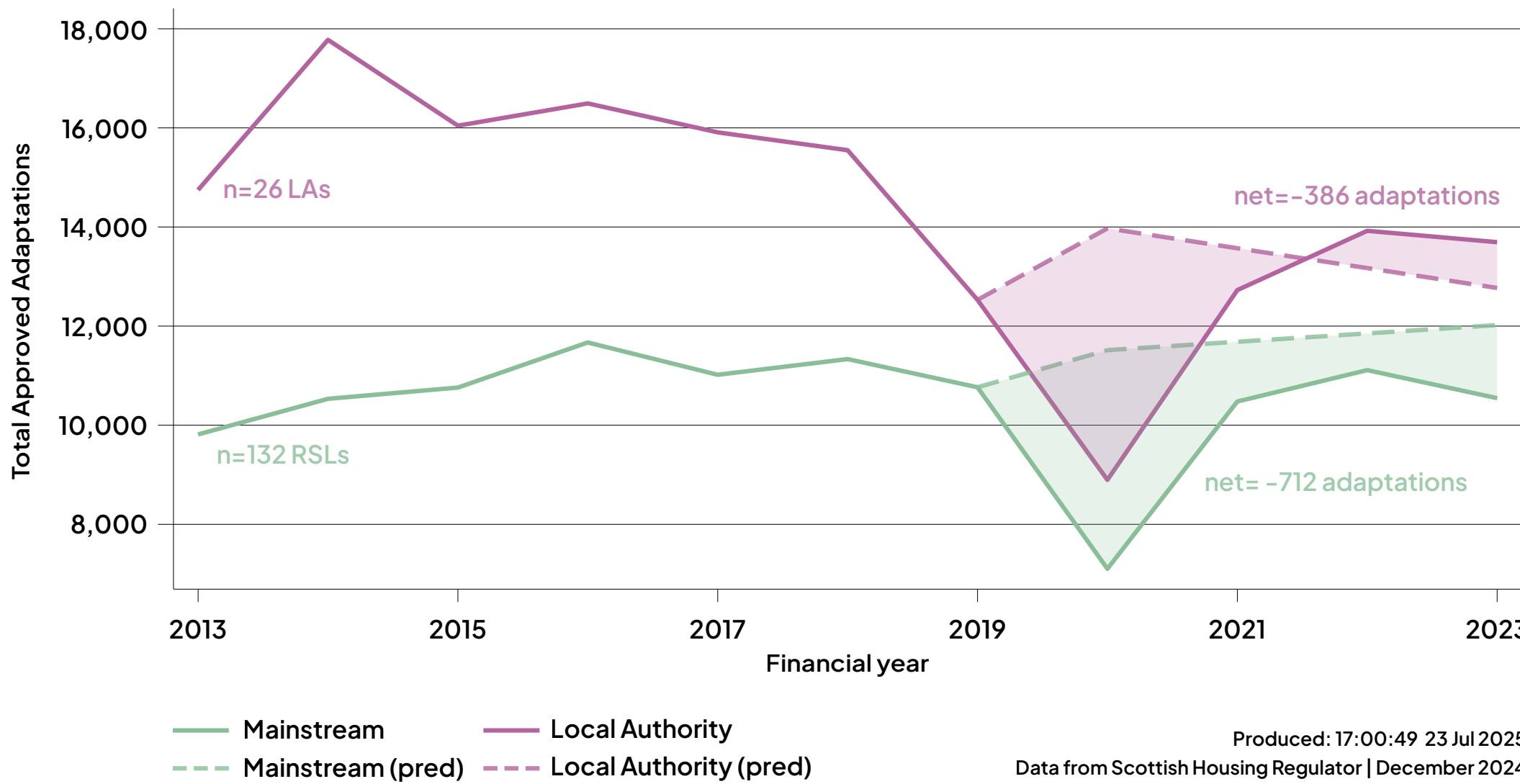Data from Scottish Housing Regulator | December 2024

Figure 6: Stata line chart showing approved adaptations, with post-COVID-19 actual vs predicted values from ARC data

THE CURRENT SITUATION: UNEQUAL DELIVERY

While ARC and SoA data reflect annual adaptations installed or approved, SHS data offers a view of pre-existing adaptations already in homes across Scotland. Drawing on responses from 86,454 households over nine years, we estimated the number of homes with adaptations, stratified by age and sex, and scaled this using NRS population data (2025a). (Fig.7).

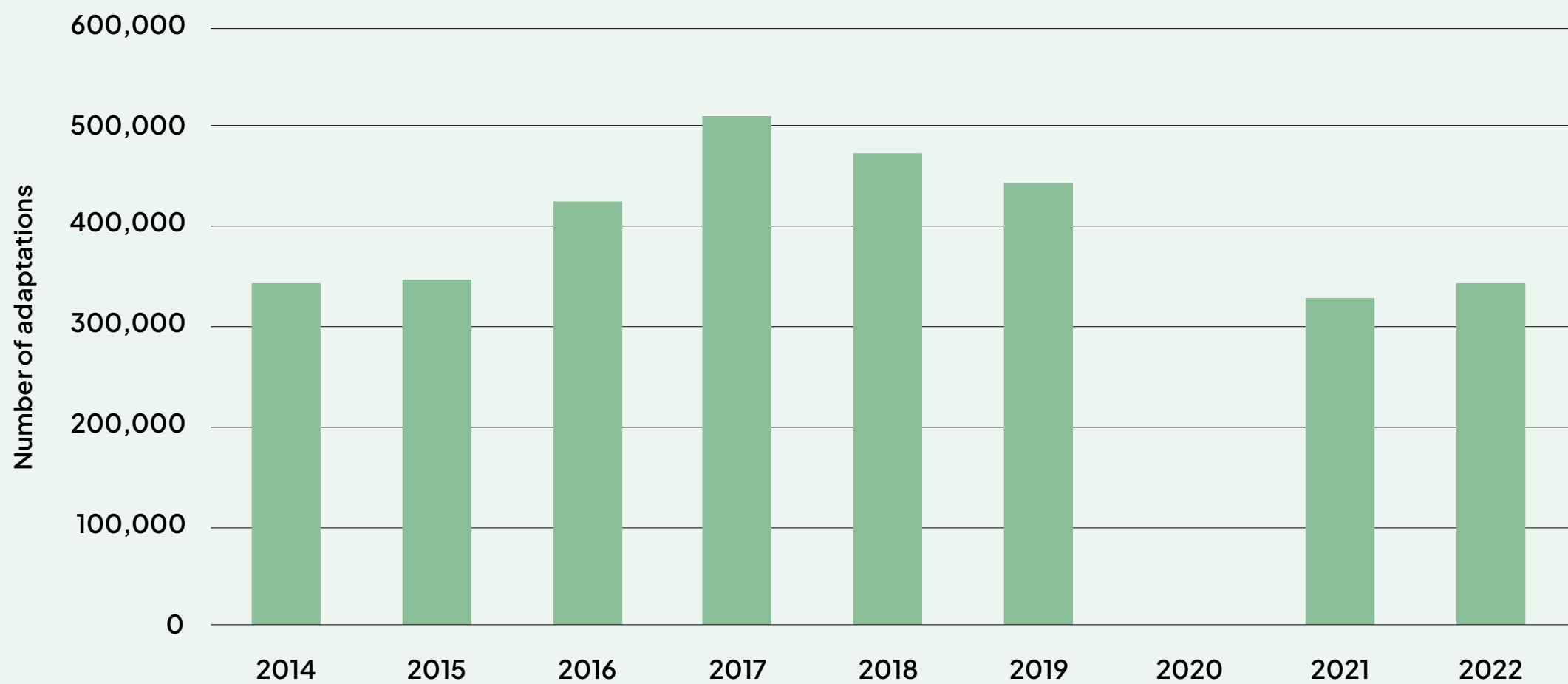Estimated number of adaptations in Scottish Households

Figure 7: Bar chart showing estimated number of pre-existing adaptations across Scottish households from SHS data
Note: 2020 data was omitted due to small sample sizes and disproportionate amount of households with adaptations installed

While these figures provide a valuable macro-level picture, they mask the delays, inconsistency, and unmet demand experienced on the ground. As one OT put it:

"By the time someone gets an adaptation, they've often already had a fall or ended up in hospital – it's backwards. We're constantly reacting instead of preventing."

Occupational Therapist, Male, Mixed urban-rural area in Scotland.

Even when individuals are eligible and referred, workforce and budget limitations often create long waits:

"We've got referrals stacking up – some haven't even been looked at after three months. We're doing what we can, but the demand just keeps growing."

Occupational Therapist, Female, Rural area in Scotland.

The quality and timeliness of delivery vary significantly across the country, reflecting deep structural fragmentation. Budgets and referral processes are managed differently in each area, with little national consistency. Many delivery bodies begin each financial year with a backlog, often due to delays and under-delivery in the previous year. This reinforces the need for closer scrutiny of adaptations spending, how it is allocated, managed, and whether it reflects actual levels of need.

Together, the data highlights a system that is under strain and not delivering to its potential. Demand for adaptations is increasing due to demographic and health trends, but Scotland is still not delivering the number of adaptations we would expect based on pre-COVID-19 trajectories.

The RSL sector in particular shows a persistent shortfall, as the funding provided falls significantly below the budget requested.

Adaptation spend

Spending on adaptations has gradually increased across both social landlords and homeowners. However, the burden of funding is shifting increasingly onto landlords. As Figure 8 shows, the proportion of landlord-funded adaptations (from ARC data) rose from 59% in 2019 to 64% in 2023, while grant funding declined from 39% to 36%. Other funding sources made up less than 0.4% in 2023, down from 1.8% in 2019. Most grant-funding is reported by mainstream RSLs rather than LA landlords, however, there are a small number of cases (n=4) whereby LA landlords report grant-funding in the ARC data.

Total spend by landlords exceeded £26.8 million in 2023. Meanwhile, grant-funded adaptations fell by almost £378,000 between 2022 and 2023 – a concerning trend given growing demand. When combined with the data on the number of adaptations (see Fig.5), it's clear that the average cost per adaptation is also increasing.

> For Social landlords (ARC), the average cost rose from **£1,798** in 2019 to **£2,204** in 2023

  – For LA landlords average cost rose from **£1,763** in 2019 to **£1,943** in 2023

  – For mainstream RSLs average cost rose from **£1,804** in 2019 to **£2,255** in 2023

> For homeowners (SoA), it increased from **£3,432** in 2014 to **£5,286** in 2023

This rise reflects inflation, contractor shortages, and rising material costs, as well as delays that push routine works into more complex (and costly) territory.

Adaptation spend by social landlords (LA and mainstream RSLs) and homeowners each year
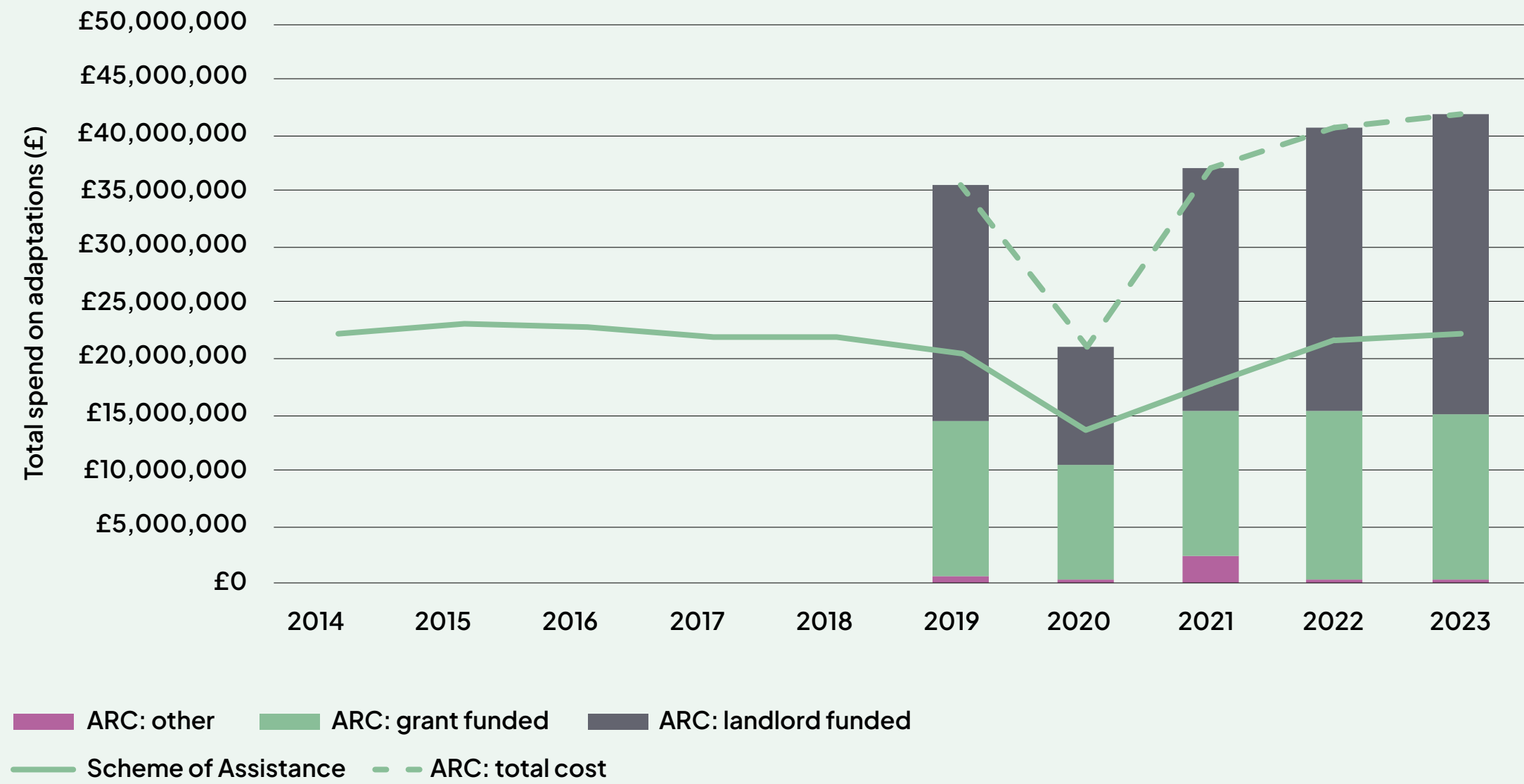

Figure 8: Combined stacked bar and line chart showing adaptation spend from SoA and ARC data. Note: SoA data available from 2014/15 to 2023/24, all years are graphed as the start year i.e. 2022/23=2022

To give further context, the qualitative data clearly highlights how current funding models are contributing to delays and, in some cases, preventing delivery altogether.

Funding allocations from Scottish Government to housing associations are frequently delayed, creating serious budgeting challenges and undermining forward planning:

"Do you spend all your budget within the first three months, or do you limit your budget over 12 months?"

Policy Maker, Male,
Mixed urban-rural area in Scotland

"Adaptations money ultimately isn't ringfenced... how local authorities spend it is up to them."

Policy Lead, Female,
has a Scotland-wide role covering
both urban and rural areas

"Well, I think for us there are main funding challenges is that it's not ring fenced. And so when we look back at the Green Papers that come with the Council's funding allocation that the Scottish Government is actually allocating us enough money to provide the adaptations that we need to over the course of the year.

But the Council and the councillors and the finance teams don't always - so until recent years, they were passing on the full amount to us. But in the last 2-3 years they've just reduced and reduced and reduced the amount. But luckily this year, I think they we're talking about reducing it down to less than quarter of what we had allocated previously.

I mean we were just going to be providing the bare minimum. But there's been a lot of noise, and because they've been reducing it slowly like that, there's been a lot of people affected who haven't had their adaptation progressed. And so ultimately, it seems people have to complain and make a lot of noise before anybody will listen."

Occupational Therapist, Female, Rural area in Scotland

THE CURRENT SITUATION: UNEQUAL DELIVERY

The current funding set up creates a lose-lose scenario: spend early and risk running dry by autumn; spend cautiously and risk leaving urgent needs unmet. Many stakeholders stressed the importance of significantly increasing budgets, but also ring-fencing funds and moving to multi-year planning models to allow for more effective, strategic delivery.

One interviewee captured the paradox clearly:

"Every £1 spent on equipment adaptations is a £6 saving across health and social care so it just has always seemed absolute lunacy to me that instead of actually investing in something that's going to save you £6 across health and social care for every £1 you spend, we continue to actually cut budgets [and] kick the can down the road. It's not the solution to the budget pressures. It's one of the causes of the budget pressures."

Occupational Therapist, Male,
Mixed urban-rural area in Scotland.

The average completion time for adaptations is represented in ARC data in days. Time taken for adaptations to be completed has remained stable over the nine-year period and is similar for LA and mainstream RSLs (Fig.9). Due to COVID-19 lockdowns, a significant delay in completion times was anticipated for 2020. Although a spike in average time to completion was observed in 2020, more prominent for LA landlords than mainstream RSLs, this had minimal impact on the median value and the 25th-75th centile range. This indicates that installations were delayed for only a small proportion of the sample, occurring more as outlier cases than as an overall increase.

'We need to spend to save'

Funding for adaptations should be understood as a crucial investment for our collective future; or, as one Policy Lead put it: *'adaptations are essentially spending to save'*. Timely and appropriate adaptations prevent hospital admissions, improve mental health and wellbeing and, in doing so, reduce pressure and cut costs on other statutory services.

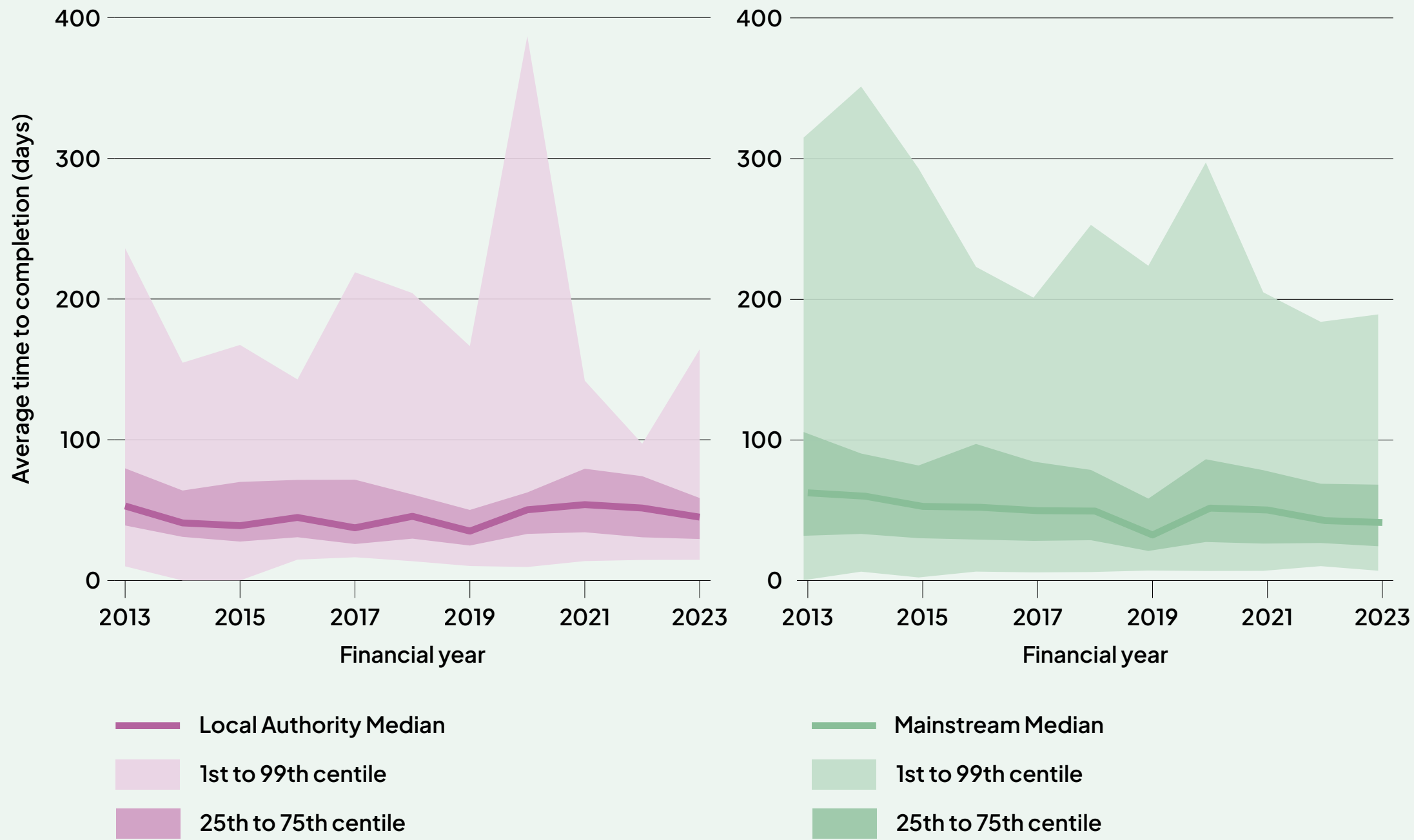Average adaptation completion time for Local Authority and Mainstream RSLs

Figure 9: Line charts showing average adaptation completion time for LA and mainstream RSLs from ARC data

THE CURRENT SITUATION: UNEQUAL DELIVERY

"I think there should be a lot more money for minor adaptations… but that should be the minor works is the most preventative thing. There shouldn't be an eligibility criterion for a banister or a handrail – if somebody's asking for them, it's because they need them and it should be done."

Project Officer, Housing Association, Female, Rural area in Scotland

Increasing funding and reducing bureaucratic barriers for minor adaptations should also be understood as both preventing slips, trips and falls (and therefore reducing pressure on primary care and unscheduled acute care such as hip fractures/replacements) and potential heading off the need for more extensive adaptations later on.

Responsibility for adaptations is fragmented across housing, health, and social care sectors, with no single body accountable for delivery. Communication breakdowns and opaque referral routes leave many individuals unaware of their options or unsure how to seek support, undermining national ambitions around Self-directed Support (SDS), early intervention, and a preventative approach to care.

"…it's definitely that sort of chicken and egg thing in terms of waiting on OTs to have the capacity to make those assessments and then you're looking at what like another six months plus actually before the adaptation actually comes in. And so it's really difficult to get that money out the door. Even though the demand is absolutely there. But when you combine it with the contractors – and there's small pool of contractors that you actually have. It's the same people doing the jobs constantly. It's really difficult."

Team Manager, Local Authority, Rural area in Scotland

Delays are often attributed to workforce shortages, particularly in OT, alongside limited contractor availability and under-resourced local systems. This means adaptations are often only approved once a person's need is assessed as "critical" or "substantial," missing vital opportunities for earlier intervention.

"…the challenge that we see is really about a lack of budget or being told there's a lack of budget even if the local authority is getting a much higher level allocated to them for adaptations. How that is spent and then split and divided is a real challenge for people. And obviously different local authorities will hold that budget differently. In terms of running out of budget, that then ultimately means that next financial year, you've got a backlog of people waiting for things and you're constantly working in deficit."

Policy Lead, Female, has a Scotland-wide role covering both urban and rural areas

Housing design, tenure and the uneven geography of adaptations

These system-wide issues are not only shaped by policy and funding, but also by the physical characteristics of Scotland's housing stock. The design, age, and location of a home can all influence whether an adaptation is possible and whether it's

likely to happen at all. The following section draws on data from the Designing Homes for Healthy Cognitive Ageing (DesHCA) project to explore which homes are receiving adaptations, and how this intersects with tenure and geography.

Which homes receive adaptations?

The design, age, and tenure of a home all influence whether — and what kind of — adaptations are installed. Drawing on data from the Designing Homes for Healthy Cognitive Ageing (DesHCA) project, we analysed 17,206 households from pooled 2014–2019 Scottish Household Survey (SHS) and Scottish House Condition Survey (SHCS) data. Adaptations were categorised into three groups based on how users engage with them:

> **Property-based adaptations** (e.g. widened doors, ramps, relocated switches) are passive in use

> **Movement-based adaptations** (e.g. stairlifts, handrails, special furniture) require conscious, active engagement

> **Bathroom adaptations** (e.g. adapted showers, toilets) are often early-stage interventions, given bathing disability is a known precursor to wider loss of independence (Whitehead et al., 2018)

THE CURRENT SITUATION: UNEQUAL DELIVERY

Findings show that property-based adaptations were more common in newer flats and tenements with larger floor areas, especially in homes owned by local authorities or housing associations. Movement-based adaptations were typically found in homes with ground-floor entry, built between 1919–2002, and less often in post-2002 builds. Social landlords were again more likely than private landlords or owner-occupiers to fund these. Bathroom adaptations followed a similar pattern: more common in older, ground-floor homes and more likely to be delivered by LA or HA landlords than in the private sector.

These patterns reinforce what is already evident in SoA and ARC data: Social landlords install significantly more adaptations than private landlords or homeowners (see Fig. 2). Private tenants and owner-occupiers remain underserved by current systems.

Variation in adaptation delivery is also shaped by local authority funding practices, rurality, and assumptions about financial capacity linked to tenure. Practitioners pointed to the lack of a national framework and inconsistent standards across regions:

"We're all doing different things in our little pockets… there's no national driver."

Occupational Therapist, Female, Urban area in Scotland

Local authorities manage and allocate budgets differently. Some run out of funds before the financial year ends, leaving people to wait until the following year.

"You've got a backlog of people waiting… and you're constantly working in deficit."

Policy Lead (third sector), Female, has a Scotland-wide role covering both urban and rural areas

In rural and remote communities, delays can be even more pronounced due to lack of contractors:

"Trying to get anyone to do work in the North and West is near impossible. Even private jobs can take a year."

Occupational Therapist, Female, Rural area in Scotland

Tenure intersects with these challenges, as funding models and processes differ across sectors. Housing association tenants are often caught in limbo when grant funding is delayed:

"We do the assessment and then it sits. Even for grab rails, we can't get them through without confirmed funding."

Occupational Therapist, Female, Rural area in Scotland

There are misconceptions about owner-occupiers' financial flexibility further restrict access:

"Just because someone owns their home doesn't mean they can afford to make it safe."

Senior Housing Leader, Housing Association, Male, Mixed urban-rural area in Scotland

These findings highlight that the type and location of a home continues to influence access to adaptations, often in ways that reinforce existing inequalities.

Key findings: The current situation

Scotland is not delivering adaptations at the level we would expect

Delivery rates have not returned to pre-COVID-19 levels, particularly among housing associations. Adaptations in the private sector remain lower than in social housing, with wide variation depending on where people live.

Delays are common and often preventable

Although average completion times appear stable, this masks delays caused by shortages in occupational therapy, limited contractor availability, and budgeting practices that lead to year-end pauses. Too often, people only receive help when their needs become critical.

Funding is slightly increasing, but unreliable and uneven

Landlords are funding a growing share of adaptations, while grant funding has declined. Budgeting remains short-term and unpredictable, with many areas reporting that funding is delayed or exhausted before year-end.

Not everyone is getting the same access to support

Adaptations are more likely to be delivered in council or housing association homes than in the private sector. People living in rural areas or in less typical housing, like Park Homes, face longer waits and fewer options. Owner-occupiers are often wrongly assumed to be able to fund their own adaptations.

The system is fragmented and reactive

There is no single organisation responsible for adaptations in Scotland. Referral routes are unclear, funding decisions vary between areas, and there is no consistent national approach.

Figure 10: Summary of key findings – current situation: unequal delivery

Predicting future needs

Adaptation projections

Using 2022 census–based population projections (NRS, 2025b), we predict the number of future adaptations using SHS data (2014–2022). Proportions of people with adaptations observed by age and sex were multiplied by the projected numbers of men and women at each age in the population over the next 15 years (Fig.11). Compared to Fig.7 which estimated 342,448 adaptations in 2022, by 2040 there will be an estimated 372,627 (95CI: 280,004 – 493,382) adaptations in Scottish households.

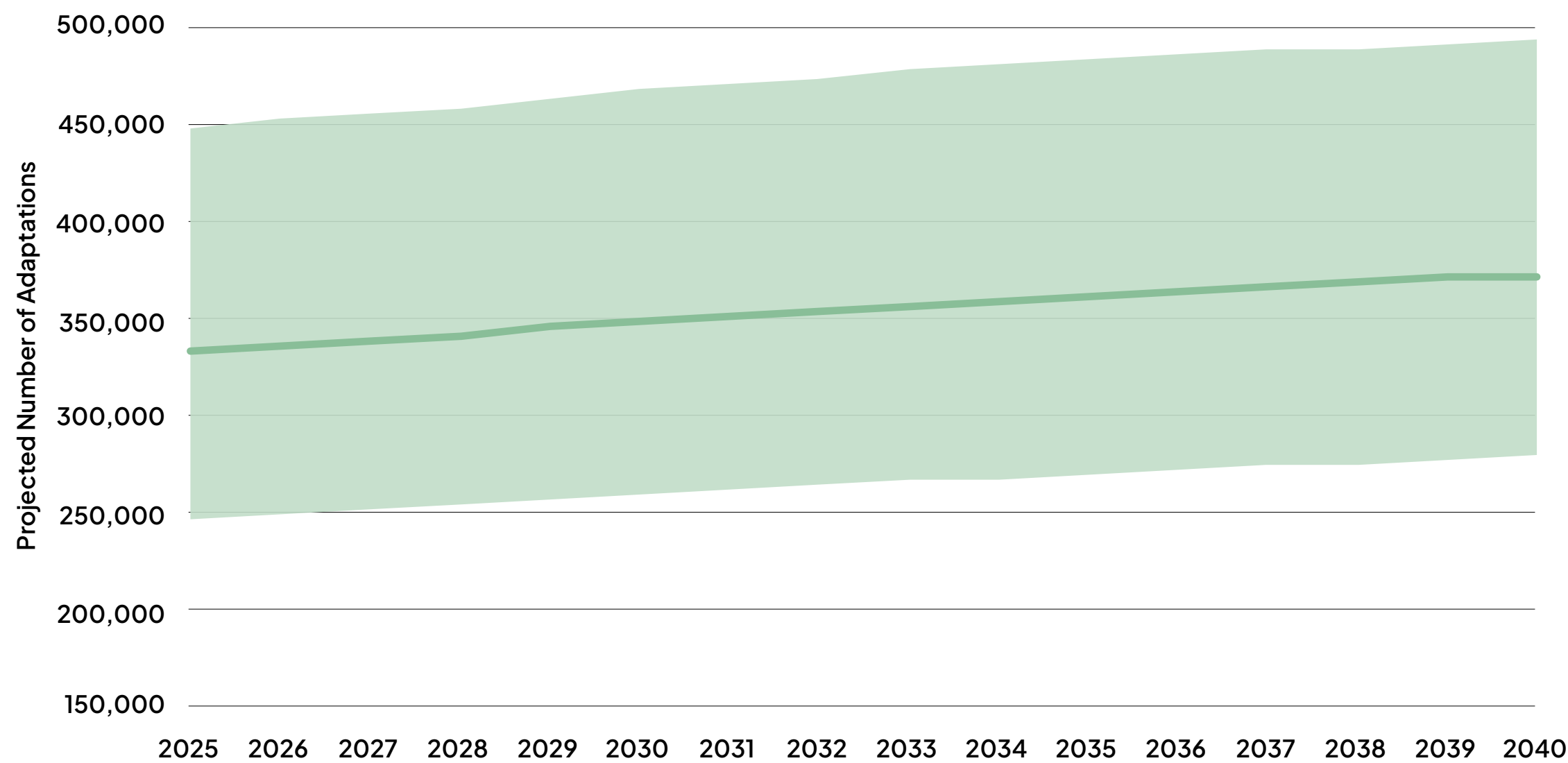## Projected total adaptations each year 2025–2040 with 95% confidence intervals

Figure 11: Line chart showing the projected number of adaptations each year from 2025 to 2040 with 95% confidence intervals using NRS population estimates and SHS data

PREDICTING FUTURE NEEDS

When accounting for adaptations being removed as well as installed, we estimate a net increase in adaptations each year. This net growth will slow over time – from +2,998 in 2026 to +1,294 in 2040 – not due to lower demand, but because more homes will already be adapted (Fig. 12).

However, the reduction in net increase over time (Fig.12) does not mean less adaptations installed. Gross estimates of new installations predict increasing demand on both homeowners (SoA) and social landlords.

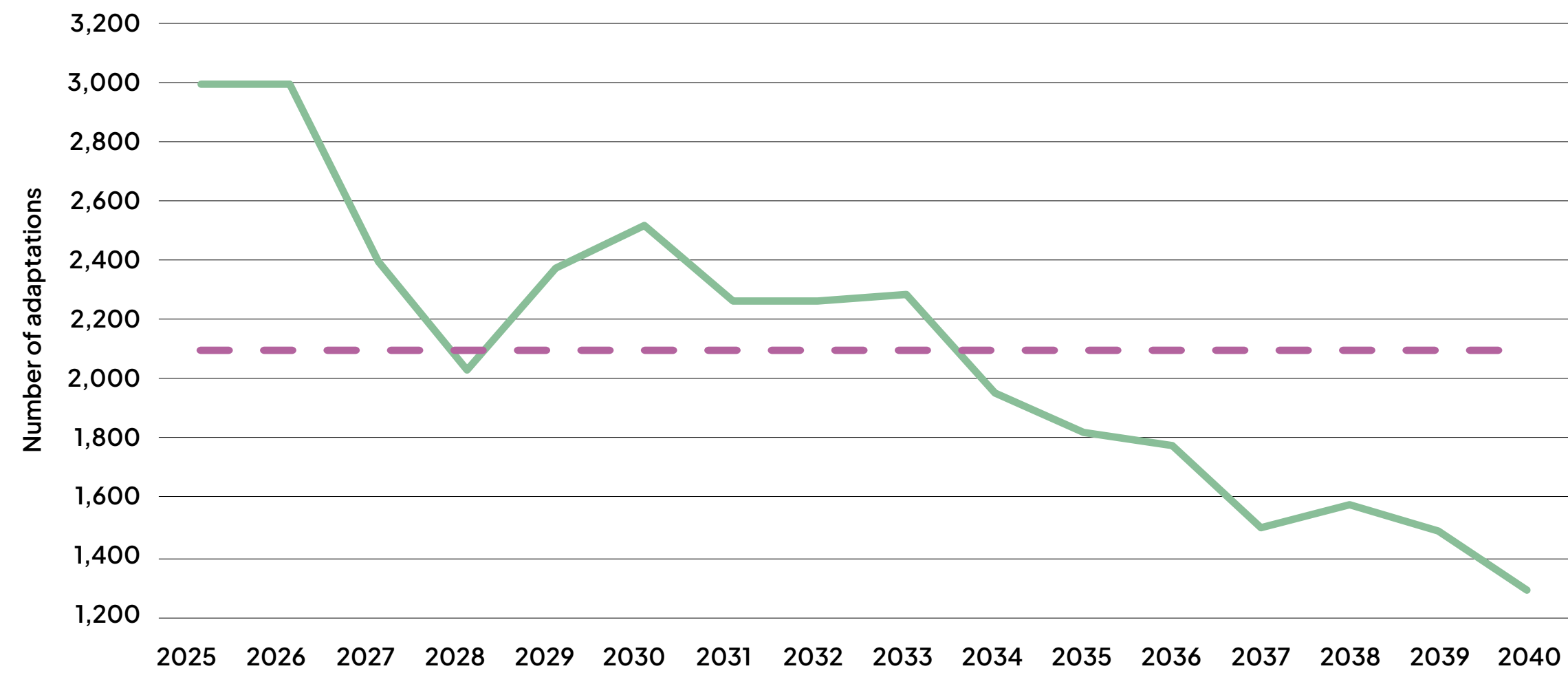### Projected net additional adaptations each year 2025–2040

Figure 12: Line chart showing the projected number of additional adaptations each year from 2025 to 2040 using NRS population estimates and SHS data

In 2025, we expect around 4,744 adaptations for homeowners, 11,217 for LA landlords and 9,458 for mainstream RSLs. By 2040, these figures are projected to rise to 5,186 (homeowners), 12,262 (LA) and 10,339 (mainstream RSLs) (Fig. 13).

Projected gross adaptations installed each year to 2040: Social landlords (LA and Mainstream RSLs) and homeowners

Scheme of Assistance   ARC: LA landlords   ARC: Mainstream RSLs
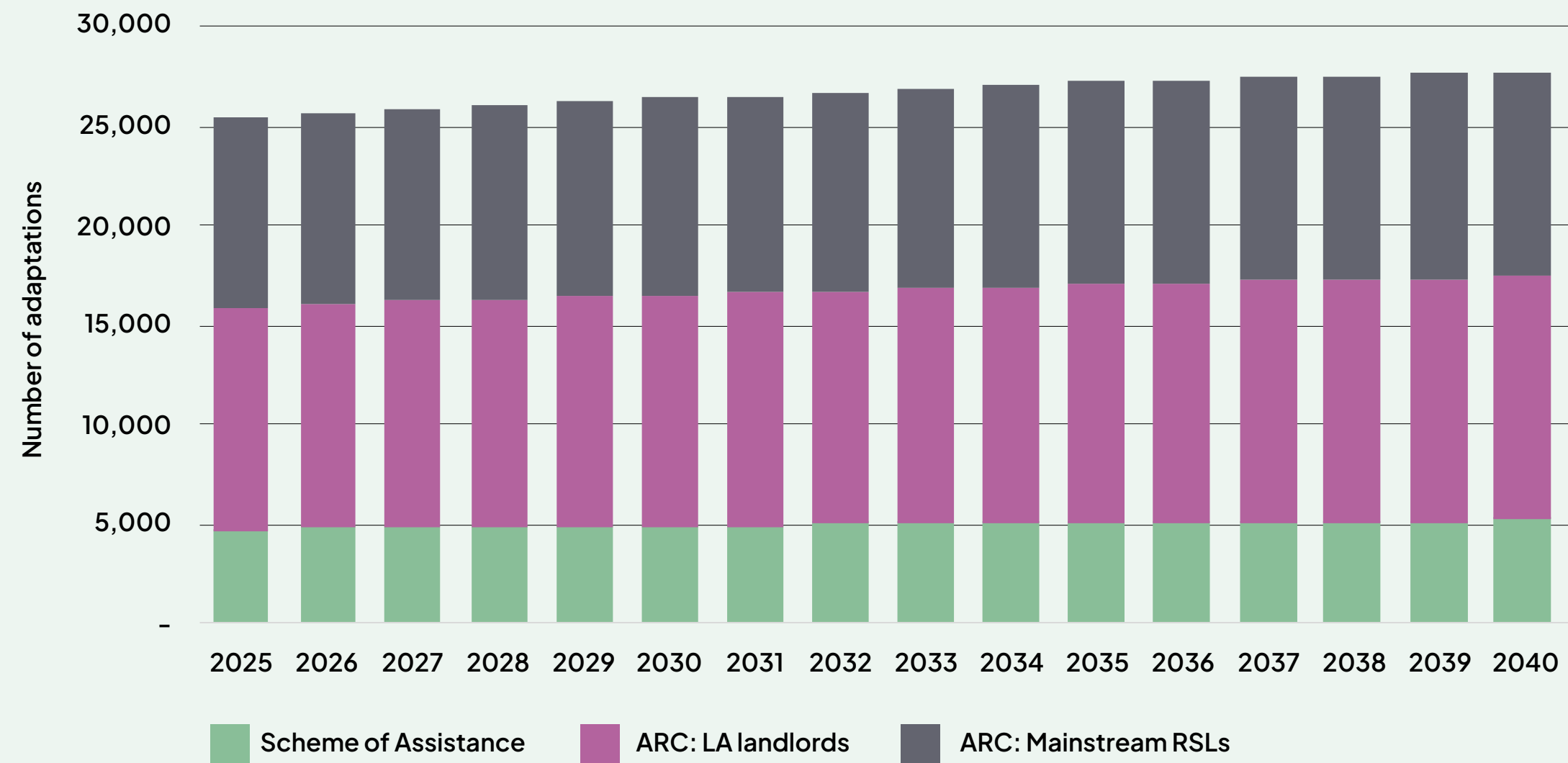
Figure 13: Bar chart showing the projected number of adaptations installed each year from 2025 to 2040 using SoA and ARC data

PREDICTING FUTURE NEEDS

The projected rise in demand for adaptations is not just a future concern, it requires action now. The growth in need, especially among older and disabled households, highlights the urgency of designing systems that are proactive, not reactive. The solutions outlined in the following section are not hypothetical as they are grounded in decades of evidence and have been repeatedly endorsed by those delivering and receiving adaptations. Now is the moment to implement what we already know works.

LA landlords (2023 average: £1,943) and mainstream RSLs (2023 average: £2,255) and the most recent values from SoA data for homeowners (2023 average: £5,286) we calculated an estimated future adaptations spend based on the number of projected adaptations 2025–2040 (Fig.11). In Figure 14 we estimate that the total spend on adaptations in 2025 will be approx. £25.2m for homeowners (95CI: £18.7m-£33.7m), £21.8m for LA landlords (95CI: £16.3m-£29.3m) and £21.4m for mainstream RSLs (95CI: £15.9m-£28.7m). This could rise as high as £28.1m for homeowners (95CI: £21.1m-£37.3m), £24.4.0m for LA landlords (95CI: £18.3m-£32.4m) and £23.9m for mainstream RSLs (95CI: £17.9m-£31.8m) by 2040.

Estimated adaptation spend for homeowners and social landlords (LA and mainstream RSLs) 2025–2040 with 95% confidence intervals

Figure 14: Bar chart showing the projected spend on adaptations each year from 2025 to 2040 with 95% confidence intervals

Based on projected demand and current average costs, Scotland is likely to spend over £68million annually on housing adaptations by 2025, rising to over £76million by 2040.

The largest share of this investment will fall to local authorities and housing associations, though homeowners will also require sustained support. These projections underscore the scale of future demand and the need for coordinated long-term funding strategies across all sectors.

What needs to Change

Solutions: What needs to change

Despite the complexity of the challenges outlined in this report, our interviews with stakeholders across housing, health, social care, and the third sector surfaced clear, grounded, and actionable solutions.

These conversations reflected a deep understanding of system pressures, but also a strong consensus around what needs to change. The five strategic priorities that follow are not theoretical ideals; they emerge directly from the experiences of those delivering and navigating the current system. They also build on decades of sector knowledge, reinforcing calls made time and again through policy reviews, pilot projects, and lived experience research.

Together, these priorities form the foundation for the key recommendations set out in the final section of this report.

"For me, I would say it's like three words, legislation, legislation and legislation... So unless it's actually forced upon local authorities, I think you will see variances in practice and you'll see a continuation of what we see happening locally and nationally. Guidance has no teeth."

Occupational Therapist, Male, Mixed urban-rural area in Scotland

Strengthening national adaptations statutory guidance and creating a national framework

Stakeholders consistently called for a national framework for adaptations, legally backed, clearly defined, and underpinned by consumer standards, to bring greater consistency, transparency, and accountability across Scotland. However, such a framework can only succeed if it also addresses the current inconsistencies in funding responsibilities and also the 'woolly' statutory guidance. In a system where most adaptation costs are met by landlords or homeowners, national standards must be matched by clearer expectations around who pays for what, and under what conditions.

A national framework should:

Enable data collection, cost tracking and reporting

Define minimum design and delivery standards

Move away from minimal compliance toward inclusive, future-proof design

(e.g., "wheelchair accessible")

SOLUTIONS: WHAT NEEDS TO CHANGE

A national framework could guide housing providers in terms of delivery and its possibilities:

"It may be an opportunity for Scottish Government and COSLA to come together to draw up some kind of framework which could be applied. Because I think is definitely a postcode lottery going on, now that's not just funding, that's actually to do with what can you adapt, what can you put in, how quickly can it be done?"

*Policy Maker, Male,
Mixed urban-rural area in Scotland*

Such a framework would empower and enable providers to tackle adaptations problems, from the minor to the complex, with guidance on challenging areas, timescales, costings and regulations.

"...as long as we continue to allow new house builders to continue to build what they build without design standards that are more effective in terms of being adaptable, then we're always going to be ending up having to pay out more for adaptations that maybe we need to."

Policy Maker, Female, Rural area in Scotland

Strategic coordination and joined-up working

Poor integration across housing, health and social care was repeatedly flagged as a barrier. Stakeholders described siloed budgets, incompatible systems, and missed opportunities for early intervention. While pooled budgets may not always be practical or appropriate, greater coordination of planning, referral routes, and roles across sectors is both feasible and necessary.

Joined-up working could include:

> Shared referral routes and language across sectors

> Involving housing in hospital discharge planning

> Cross-sector roles like "trauma connectors" or housing liaisons in primary care

Such wider processes should entail co-production at all levels with both occupational therapists and individuals affected, to ensure design standards properly meet current and future needs.

"It has to be joined up between us all - that's the thing"

Communications and Engagement Officer, Housing Association, Male, Urban area in Scotland

"A GP might be the only contact - so why not equip them to signpost early?"

Senior Housing Leader, Housing Association, Female, Mixed urban-rural area in Scotland

SOLUTIONS: WHAT NEEDS TO CHANGE

Improved funding models and ring-fencing

"You either spend it all at once, or you wait and let people fall through the cracks."

Policy Maker, Male,
Mixed urban-rural area in Scotland

The current funding model is under strain. Allocations are delayed, and many authorities start the financial year in deficit.

Stakeholders called for:

> Multi-year, increased funding arrangements to support a tenure neutral approach

> Increased budgets for both major and minor adaptations

> Faster access to low-cost, high-impact interventions

"Every £1 spent saves £6 across health and social care but we keep cutting."

Occupational Therapist, Male,
Mixed urban-rural area in Scotland

Empowering Self-directed Support

"We're only seeing the tip of the iceberg, people don't know what's possible."

Senior Housing Leader, Housing Association,
Female, Mixed urban-rural area in Scotland

Self-directed Support (SDS), as enshrined in the Self-directed Support (Scotland) Act 2013, is intended to give people greater choice and control over how their social care is delivered. This includes four options for managing support, ranging from council-arranged services to Direct Payments.

Direct Payments are particularly relevant for adaptations. In theory, after a social care assessment identifies the need for home modifications, funding can be included in a personal budget. This enables individuals to directly commission and manage their adaptations, choosing their own contractors, tailoring design to their needs, and avoiding lengthy waits tied to local authority procurement systems.

However, despite its potential, SDS is rarely used in this way. Focus group participants highlighted significant barriers to uptake, including lack of awareness, inconsistent interpretation by practitioners, and restrictive eligibility criteria. The system is often seen as too complex to navigate, with little proactive communication about what is possible.

There is untapped potential here to align adaptations policy with the principles of personalisation and choice. SDS should not be confined to care packages, it should be an enabling tool for independent living more broadly. Unlocking this potential will require clearer guidance, more consistent practice across local authorities, and cultural shift towards enabling people to take greater control over their environments.

Self-directed approaches should include:

> **Greater promotion** of Direct Payments as a route for funding adaptations

> **Training and support** for practitioners to include adaptations in personal budgets

> **Accessible public information** to explain SDS options for housing-related support

> **Widening access** to trusted contractors through clear quality assurance processes, balancing choice and flexibility with safeguards against poor or unsafe practice

"It's about empowering people to act earlier, not just when it's critical."

Occupational Therapist, Female, Rural area in Scotland

SOLUTIONS: WHAT NEEDS TO CHANGE

Better evidence, feedback and learning loops

"This is rich data — it should inform planning, design, and commissioning."

Policy Maker, Female, Rural area in Scotland

There is a strong appetite for smarter use of data to improve delivery and design. Stakeholders wanted better insight into:

> What works and for whom

> Which homes get adapted and why

> Where demand is growing

Frontline workers also stressed the need for real feedback channels to inform practice:

"They need to hear from people doing the job — not just the policy papers."

Occupational Therapist, Female, Rural area in Scotland

"We need feedback loops that show what difference it actually makes — and how to improve."

Policy Lead, Female, has a Scotland-wide role covering both urban and rural areas

Scotland is facing a steady, long-term rise in the number of households requiring adaptations. Our projections, based on demographic trends and existing installation rates, show that demand will continue to grow across all tenures, particularly for social landlords.

However, the current system is not yet equipped to meet this rising need.

Stakeholders across sectors have been clear: the solutions are not unknown, they are under-implemented.

SOLUTIONS: WHAT NEEDS TO CHANGE

Political priority

"I don't sense there's any political pressure to do this quickly… I think there are lots of things on people's wish–list, to–do–list, priorities. Housing is clearly an important one, but it's interesting, even in the new Housing Bill, which is going through parliament at the moment… There's nothing as far as I'm aware, well there is nothing in the Bill in regard to that… I don't sense any political pressure coming from disabled charities, from anything like that, to put this higher up the agenda."

Policy Maker, Male,
Mixed urban–rural area in Scotland

Despite the clear preventative value of adaptations and their potential to reduce pressure on health and care services, stakeholders noted a striking lack of political urgency around the issue. Unlike acute health crises or visible housing emergencies, adaptations often remain hidden from public view and, by extension, from political priority lists. This disconnect is particularly evident in Housing to 2040, which recognises the importance of housing in enabling people to live well and age in place, but has not progressed key commitments, including the long-promised review of adaptations and the update of Housing for Varying Needs.

As one interviewee pointed out, even the new Housing Bill currently before the Scottish Parliament makes no mention of adaptations or accessible housing. This is not simply an oversight, it reflects a wider pattern in which adaptations have been consistently deprioritised in ministerial decision-making. Over the past decade, the Scottish Government has frozen the Stage 3 adaptations budget for six years, delayed the review and update of Housing for Varying Needs, and chose not to include Stage 3 funding in the transfer of duties to Integration Authorities. Revised guidance was also issued without meaningful engagement with the sector. These are not passive omissions,

but active decisions that have contributed to the fragmentation, underfunding, and lack of progress now facing the system. Adaptations continue to be treated as operational issues, rather than the strategic infrastructure they are.

This creates a vacuum, where an urgent issue lacks a visible constituency, and therefore lacks political traction.

"I suppose, and like everything, until the mailbox starts to build up from MSPs, it won't become that priority, and many older people, disabled people just don't engage in that way. So I do think there's probably more work to be done by the SFHA, by all the organisations around that to say, look, this is an issue which we can help with, but it needs to have the appropriate funding."

Male, Mixed urban–rural area in Scotland

Key actions include:

🔍	Building a stronger evidence base to influence policy debates and consultations
🗣	Supporting older and disabled people's organisations to amplify their voices
📋	Ensuring adaptations feature in parliamentary briefings, manifestos, and Housing Bill scrutiny
🏅	Framing adaptations as essential infrastructure, not optional add-ons

What's needed now is bold, joined-up action that is crucially underpinned by legislation, long-term funding, better coordination, and a commitment to putting people's rights and lived experiences at the centre of delivery.

Key findings: The future

Demand is rising — and the system must be ready

By 2040, we estimate 396,267 homes will contain adaptations, up from 342,448 in 2022. The number of homes with adaptations will grow steadily over the next 15 years, with increasing pressure on both social landlords and homeowners.

The status quo isn't sustainable

Without bold change, the system will continue to fall short of its preventative promise. People will be left waiting, and costs will continue to rise.

We know what works - but it's not happening at scale

There is a clear roadmap: stronger legislation, better integration across services, funding reform, smarter use of data, and wider application of self-directed approaches. SDS is a key lever for enabling choice and control, but it remains underused in the context of housing. These are not new ideas - key stakeholders understand what's needed and can point to practical solutions. The challenge now is turning knowledge into action.

The opportunity is now

Scotland's ageing population, worsening health trends, and housing crisis demand a national response.

Figure 15: Summary of key findings – predicting future needs

Conclusion: From known challenges to action

The need for adaptations is not just increasing, it is shifting, becoming more complex, and more urgent. The question is: who steps up to meet this need? Housing is already at the frontline. Homes are where care and health interventions happen, where recovery begins, and where independence is either supported or lost.

The most effective, preventative response we have is a robust, proactive adaptations service, one that doesn't wait for crisis, but aligns our housing stock and environments with people's changing and future health needs. This means resourcing housing providers, local authorities, and integrated services not just to react, but to plan, design and deliver adaptations as a core function of inclusive, preventative care.

The evidence is clear. We are not short of ideas, data, or insights when it comes to making adaptations work better in Scotland. What we are short of is implementation. For too long, a fragmented system, short-term funding, and siloed responsibility have left too many people waiting, sometimes in pain, in danger, or isolation.

Yet the need for adaptations is only growing. With Scotland's population ageing and more people living with long-term conditions, accessible housing is no longer a specialist concern it should be a national priority. The next 15 years will see tens of thousands more homes requiring adaptations, not as crisis interventions but as core infrastructure for healthy, independent living.

The evidence is clear. We are not short of ideas, data, or insights when it comes to making adaptations work better in Scotland. What we are short of is implementation.

1 Establish a national legal and policy framework for adaptations, underpinned by strengthened statutory guidance and clear consumer standards. This should define minimum delivery expectations, ensure tenure-neutral access, and support consistent, rights-based provision across Scotland. The Scottish Government must follow through on its commitment to review adaptations policy, ensuring it leads to updated statutory guidance and national standards that eliminate postcode inequality.

2 Secure sufficient, sustained funding to cover both the cost of adaptation works and the staffing, assessment, and coordination required to deliver them well. Funding should be multi-year, transparent, and enable earlier intervention and not crisis-led responses.

3 Create a single, coordinated pathway for adaptations, with shared referral routes, clearer roles, and joined-up working between housing, health and social care. Opportunities include embedding housing in hospital discharge planning and developing cross-sector liaison roles, such as "trauma connectors" or housing navigators in GP practices.

4 Strengthen data systems and feedback loops to connect policy, practice, and lived experience. This includes tracking what works, where demand is growing, and whether adaptations are meeting their intended outcomes and supporting continuous learning and responsive commissioning.

5 Embed early intervention, inclusive design, and smarter use of technology to future-proof Scotland's housing stock. A national framework should move beyond minimum compliance (e.g. "wheelchair accessible") toward adaptable, inclusive design from the outset.

6 Clarify and expand the role of SDS, particularly Option 1: Direct Payments, as a funding mechanism for adaptations. This will require improved guidance for both practitioners and the public, wider promotion of SDS options, and access to trusted contractors with quality assurance safeguards.

7 Scale up effective local models and improve public awareness, ensuring earlier access to adaptations, more informed choices, and stronger support across all housing tenures. This must be matched by greater political leadership and visibility, with adaptations recognised and resourced as essential infrastructure across housing, health and social care, not treated as an optional add-on.

We already know what works, as evidenced from the last 25 years. As the adaptations process is to be reviewed, now is the time to act to avoid the human cost of inaccessible, non-decent, stigmatising homes now and in the future.

Intersectional Stigma of Place-Based Ageing (ISPA) Project

The ISPA project is an ambitious five-year participatory mixed method study that will explore and understand how the stigma attached to where people live can intersect with experiences of disability and ageing. This will provide nuanced insights into the structures and systems that drive exclusion and allow us to tackle the inequalities experienced by older disabled adults.

We aim to develop interventions related to home and environmental modifications that encourage interventions for inclusive approaches within housing, health and social care delivery. This in turn supports people to age well within homes and communities across England, Scotland, and Wales. The project is funded by the Economic and Social Research Council (Ref: ES/W012677/1) and runs from September 2022 to September 2027.

The ISPA Project is a collaboration between the University of Stirling and the University of St Andrews, Newcastle University and University of Bristol. We are also partnered with the Housing Learning and Improvement Network (Housing LIN) and Scottish Federation of Housing Associations (SFHA).

Do visit youtube.com/@ispaproject for an audio and visual overview

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Appendix A: Report analysis table

Author(s)	Date	Title	Publisher	URL
Unison Scotland	2000	Joint Future Briefing No 22– 'Joint Future' recommendations issued in 2000, then enshrined into the Community Care & Health (Scotland) Act 2002– Part 2	Unison Scotland Policy & Information Team	View link here
Strategy Forum Scotland	2003	Equipped for Inclusion: Report of the Strategy Forum : Equipment and Adaptations	Scottish Executive, Social Work Services Inspectorate	View link here
Audit Scotland	2004	Adapting to the future: Management of community equipment and adaptations. A baseline report	Audit Scotland, Auditor General, Accounts Commission	View link here
21st Century Social Work Review Group	2006	Changing Lives: Report of the 21st Century Social Work Review	Scottish Executive	View link here
College of Occupational Therapists, Housing Corporation	2006	Minor adaptations without delay. Part 1: a practical guide for housing associations	College of Occupational Therapists	View link here
Scottish Government	2007	Better Health, Better Care: Action Plan	Scottish Government	View link here
Primary and Community Care Directorate, Scottish Government	2009	Guidance on the provision of equipment and adaptations	Scottish Government	View link here
UK Government	2010	Equality Act 2010	UK Government	View link here
Joint Improvement Team, Scottish Government	2011	Good practice guide for the provision of major adaptations	Scottish Government	View link here
Scottish Government	2011	Homes fit for the 21st century: The Scottish Government's strategy and action plan for housing in the next decade: 2011–2020	Scottish Government	View link here
Adaptations Working Group	2012	Adapting for change: final report of the adaptations working group	Scottish Government	View link here

APPENDIX A: REPORT ANALYSIS TABLE

Author(s)	Date	Title	Publisher	URL
Scottish Government	2015	National health and wellbeing outcomes framework from the Public Bodies (Joint Working) (Scotland) 2014	Scottish Government	View link here
Joint Housing Policy and Delivery Group	2015	Joint Housing Delivery Plan for Scotland	Scottish Government	View link here
Commission on Housing and Wellbeing	2015	A blueprint for Scotland's future	Commission on Housing and Wellbeing	View link here
Scottish Government	2016	A fairer Scotland for disabled people	Scottish Government	View link here
Scottish Government	2016	Health and Social Care delivery plan	Scottish Government	View link here
Brown M, Tolson S, Ritchie L, Sharp B, Syme K, James K, Tolson D	2017	Being Home. Housing and Dementia in Scotland: Key Findings	University of the West of Scotland	View link here
Scottish Government	2017	Evaluation of Adapting for Change	Scottish Government	View link here
Equality and Human Rights Commission	2018	Housing and disabled people: Britain's hidden crisis	Equality and Human Rights Commission	View link here
Horizon Housing Association and North Star Consulting and Research	2018	Still minding the step? A new estimation of the housing needs of wheelchair users in Scotland	Horizon Housing Association	View link here
Scottish Government	2018	Age, Home and Community: next phase	Scottish Government	View link here
Scottish Government	2019	A fairer Scotland for older people: a framework for action	Scottish Government	View link here

APPENDIX A: REPORT ANALYSIS TABLE

Author(s)	Date	Title	Publisher	URL
Royal College of Occupational Therapists	2019	Adaptations without delay	Royal College of Occupational Therapists	View link here
MND Scotland	2022	No time to lose: addressing the housing needs of people with MND	MND Scotland	View link here
Scottish Government	2022	Rehabilitation and Recovery: a once for Scotland person-centred approach to rehabilitation in a post-COVID-19 ERA	Scottish Government	View link here
Scottish Government	2023	Equipment and adaptations: guidance on provision	Scottish Government	View link here
Scottish Government	2023	Dementia in Scotland: Everyone's story	Scottish Government	View link here
McCall V, Wang Y, Pritchard J, Cooper R, Hodges M, Gibson G, and Petrie D	2023	Making adaptations work for older people in Scotland	Age Scotland, University of Stirling	View link here

Appendix B: Detailed Quantitative methodology note

Data

For this analysis, we used a range of data sources including the Scottish Household Survey (SHS), Scottish Housing Regulator (SHR) Annual Return on the Charter (ARC), Scheme of Assistance (SoA), National Records of Scotland (NRS), and Office for National Statistics (ONS) data on life expectancy (LE) and Healthy Life Expectancy (HLE). Below we summarise each data source.

Scottish Household Survey

Data from the 2014–2022 waves of the SHS were pooled together to investigate adaptation installations across the nine-year period. The total SHS sample was 86,454 with an average of 10,500 respondents each year except in 2020 (N=3,021) and 2021 (N=9,886) where data collection was impacted by the COVID-19 pandemic.

In the survey, household members are asked "Which, if any, of these adaptations do you have in your home, whether they are currently needed or not?" and are able to report from the following list: ramps, widened doorways, relocated light switches and power sockets, individual alarms, stairlifts, through floor lifts, handrails, adapted kitchens, adapted toilets, adapted bathrooms/showers, door entry phones, home extensions to meet accessibility requirements, special furniture, or other adaptations with scope to specify.

Scottish Housing Regulator Annual Return on the Charter

SHR collects annual data from Registered Social Landlords (RSLs) in Scotland. We utilised data from the Charter data: All Social Landlords dataset from 2013/14 to 2023/24. Across the 11–year period there are 1,926 observations, which represents 190 total RSLs providing data on adaptation installations: 158 mainstream landlords, 26 Local Authority (LA) landlords and six other landlords. On average 180 RSLs provide data each year, with 151 RSLs providing data across all time points.

Data includes the number of adaptations approved, the number of adaptations completed, average days adaptations took to complete, and the number of households waiting for adaptations. In the technical guidance the SHR indicates that adaptations are "a collective term for a broad range of products and changes to the fabric of a building that enable people of all ages to carry out ordinary activities of daily life that have been affected by: impairment; ill health; traumatic injury; or the effects of ageing" (SHR, 2023, p.29) Aside from assistive technology, which it specifies is included, there is little clarity on the types of adaptations installed. The SHR reports on both applications and adaptations. An application refers to a single household and may contain more than one adaptation.

Scheme of Assistance

The SoA is a source of assistance for homeowners when repairs or adaptations are needed within their homes. The assistance is provided by local authorities and can include guidance, practical help, or financial assistance, such as grants or loans (Scottish Government, 2025). Data is collected annually from the Housing Statistics Annual Return and includes the types of assistance provided and money paid. For this analysis we focus on grants and loans for disabled adaptations between 2014/15 and 2023/24. Over the nine-year period a total of 51,363 adaptations were reported with a spend of over £207million

National Records of Scotland

The NRS publishes data on population estimates and projections. Population estimates for 2013–2022 were taken from mid-year population estimate time series data (NRS, 2025a) and population projections through to 2040 were determined from the 2022 census-based projections (NRS, 2025b).

Appendix C: Focus group and interview participants

Approach

The coding framework developed for the analysis of the qualitative interviews has been formulated as a three-pronged approach, based on thematic threads identified in the literature, policy and evidence review, the discussion guide created for participants and preliminary inductive coding. By aligning our coding to the literature and policy review, we aimed to best identify data that spoke to this complex and fragmented policy area, with its persistent challenges and the repeated recommendations over the years. At the same time, it was vital to reflect this rich dataset's capturing of current policy, practice and issues, so the discussion guide and inductive coding reflected the 'state of the nation' aims of this report.

Ethical framework

Ethical approval for this project was granted by the University of Stirling (GUEP 2025 22312 16391). A participant information sheet, consent form, equalities monitoring form and a focus group/interview discussion guide were sent to participants at least one week prior to participation. All participants returned a completed consent form ahead of participating in the focus groups or interviews. Participants were also invited to voluntarily complete an equalities monitoring form collecting information including age, gender, disability status, and any problems connected with ageing.

Discussions were structured around themes such as service integration, funding mechanisms, and challenges in delivering housing adaptations. All discussions were audio-recorded, transcribed verbatim, and analysed thematically using a framework approach. Each participant was assigned a unique code reflecting their professional background or employing organisation type. These codes were used in reporting findings to maintain confidentiality while providing contextual clarity. The coding schema is as follows:

> **OT:** seven participants working as Occupational Therapists (OTs) or in OT leadership roles within HSCPs or local authorities (e.g., OT01, OT02).

> **LA:** 12 participants employed by local authorities, working in roles related to housing policy, grants, adaptations service delivery, and strategic planning (e.g. LA01, LA02).

> **HA:** five participants from housing associations, holding strategic or operational roles related to housing management, service innovation and community engagement (e.g. HA01, HA02).

> **INT:** 12 individual interview participants represented national housing and care organisations, third sector policy and advocacy bodies, housing associations, local government, and political offices. They held senior leadership, policy, operational, and elected roles, such as Chief Executive, Director, Head of Service, Policy Officer, Local Government Officer, and Member of the Scottish Parliament (MSPs) (e.g. INT01, INT02).

APPENDIX C: FOCUS GROUP AND INTERVIEW PARTICIPANTS

Sample

Focus groups and interviews varied in length. Focus groups typically lasted between sixty and ninety minutes, while individual interviews were shorter, ranging from thirty-five and sixty minutes. Together, these combined methods engaged key stakeholders from a variety of sectors, roles, and local authority areas. Participants also provided demographic information on age, gender, disability status, and any problems connected with ageing to describe the study sample.

*Categories of problems connected to ageing are only reported for those who indicated 'yes'

** Participants working in more than one, but not all, Local Authority areas are included in the count for each area they cover. This means the total number of Local Authorities may be different from the total number of participants. Participants who 'Work across all Local Authority areas' are recorded separately and not included in individual counts

Characteristics	Focus Groups (N=24)	Interviews (N=12)
Age group		
25–34	1 (4.2%)	3 (25%)
35–44	2 (8.3%)	1 (8.3%)
45–54	9 (37.5%)	2 (16.7%)
55–64	9 (37.5%)	4 (33.3%)
65–74	-	1 (8.3%)
Not specified	3 (12.5%)	1 (8.3%)
Gender		
Female	18 (75%)	7 (58.3%)
Male	3 (12.5%)	4 (33.3%)
Not specified	3 (12.5%)	1 (8.3%)
Disabled		
Yes	1 (4.2%)	3 (25%)
No	20 (83.3%)	8 (66.7%)
Not specified	3 (12.5%)	1 (8.3%)
Problems connected with ageing		
Yes	1 (4.2%)	1 (8.3%)
No	20 (83.3%)	10 (83.3%)
Not specified	3 (12.5%)	1 (8.3%)
Categories of problem connected to ageing	1*	1*
Osteoarthritis	1 (100%)	-
Limited mobility	-	1 (100%)

Characteristics	Focus Groups (N=24)	Interviews (N=12)
Local Authority Area	**23****	**54****
Aberdeenshire Council	1 (4.2%)	-
Angus Council	1 (4.2%)	2 (3.7%)
Argyl and Bute Council	-	2 (3.7%)
City of Edinburgh Council	1 (4.2%)	3 (5.6%)
Dundee City Council	3 (12.5%)	2 (3.7%)
East Ayrshire Council	-	2 (3.7%)
East Dunbartonshire Council	-	2 (3.7%)
East Lothian Council	1 (4.2%)	4 (7.4%)
Falkirk Council	-	2 (3.7%)
Fife Council	2 (8.3%)	3 (5.6%)
Glasgow City Council	2 (8.3%)	4 (7.4%)
Highland Council	2 (8.3%)	-
Inverclyde Council	2 (8.3%)	2 (3.7%)
Midlothian Council	-	2 (3.7%)
North Ayrshire Council	-	2 (3.7%)
North Lanarkshire Council	-	3 (5.6%)
Orkney Islands Council	1 (4.2%)	-
Perth and Kinross Council	-	3 (5.6%)
Renfrewshire Council	-	2 (3.7%)
Scottish Borders Council	2 (8.3%)	2 (3.7%)
South Ayrshire Council	1 (4.2%)	-
South Lanarkshire Council	1 (4.2%)	2 (3.7%)
Stirling Council	3 (12.5%)	2 (3.7%)
West Dunbartonshire Council	-	2 (3.7%)
West Lothian Council	-	3 (5.6%)
Work across all Local Authority areas	1 (4.2%)	3 (5.6%)

Appendix D: Table of acronyms

ALACHO	Association of Local Authority Chief Housing Officers		**NHS**	National Health Service
ARC	Annual Return on the Charter		**NRS**	National Records of Scotland
CIH	Chartered Institute of Housing		**ONS**	Office for National Statistics
DesHCA	Designing Homes for Healthy Cognitive Ageing		**OT**	Occupational therapy
ESRC	Economic and Social Research Council		**PRS**	Private Rented Sector
Fig.	Figure		**RSLs**	Registered social landlords
HLE	Healthy life expectancy		**SDS**	Self-directed Support
IJBs	Integrated Joint Boards		**SFHA**	Scottish Federation of Housing Association
ISPA	Intersectional Stigma of Place-based Ageing		**SHCS**	Scottish House Condition Survey
LA	Local authority		**SHS**	Scottish Household Survey
LE	Life expectancy		**SHR**	Scottish Housing Regulator
MND	Motor Neuron Disease		**SoA**	Scheme of Assistance

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