Home Adaptations for Disabled People

Good Practice Case Study: Suffolk
**Facts about the area**

**Locality:** Suffolk, East of England  
**Type of authority:** County Council working with City, Borough & District Councils  
**Population:** 734,400  

**Description:** The area includes the City of Ipswich and several large towns but Suffolk is mainly rural and coastal with many customers living in remote villages. Deprivation levels in much of Suffolk are low with over half of the Lower Super Output Areas being ranked among the 40% least deprived in England. However pockets of disadvantage and inequality exist.

**Health and Disability:** Life expectancy in Suffolk is high compared to most areas in England and is increasing. This means that over time many more people will be affected by health problems, particularly dementia and long term conditions such as diabetes, heart failure and chronic lung disease.

**Good practice illustrates:**

- Countywide holistic service to help people maintain independence  
- Cost effective adaptations service  
- Effective hospital discharge, falls prevention and dementia support services  
- Assessment of health and wellbeing outcomes
Home adaptations service at a glance

The service described is operated by a housing association managed Home Improvement Agency (HIA) working across the entire County (with exception of Suffolk Coastal District Council area). Orbit Care & Repair Suffolk is an established and successful partnership working with Suffolk County Council, 6 local councils and health services to enable people to continue living in their own homes. The service has been managed by Orbit Housing Association since 2009. The services include:

- Advice, support and practical help to enable people to carry out repairs, improvements and adaptations to their homes, including administration of Disabled Facilities Grants for some districts.
- Handyperson schemes – minor adaptations, small repairs, gardening and decorating, Home Safety Checks, installation of assistive technology and key safes.
- Hospital discharge – provision of equipment (in partnership with Health and Social Care) and minor adaptations as prescribed by OTs and hospital discharge teams.
- Supporting people to maximise their income.
- Supporting people to identify and obtain funding for repairs, improvements and adaptations.
- Home safety - advice and support to reduce slips, trips and falls as part of a programme to reduce admission to hospital.
- Housing Options – information, advice and support to move home in partnership with EAC/First Stop and funded through Department for Communities and Local Government (DCLG).
- Telecare and telehealth equipment provision.
- Specialist Hoarding Service – support to people with hoarding tendencies to clear their home and prevent future hoarding.
- “Live at Home” project – small repairs, adaptations and Assisted Technology for people with dementia in partnership with the Suffolk County Council’s Dementia team and health colleagues.
The DFG budget across the county is approx £1.3m. In 2013-14 the HIA received 8,901 enquiries and completed 6,162 building repairs or adaptations on behalf of its clients. The HIA and Handyperson services are paid for through a core contract and further funds raised from:

- Income from Suffolk CC for the delivery of the hospital discharge and minor equipment fitting service
- Grant from DCLG for the Housing & Care Options info & advice service
- Fees charged to clients where work is funded by a local authority
- Fees charged to clients where work is wholly funded by the client
- Charges to clients for using the handyperson service
- The 'Live at Home' project is funded through a Department of Health grant

The agency employs 5 caseworkers, 5 technical officers, a housing options adviser and 5 handypersons. When demand for handyperson services exceeds capacity private contractors are used. Although Occupational Therapists (OTs) do not work within the agency, a good relationship with those employed by the County Council who work in clusters based on the District Council areas.
How we work

Mike Scarlett, Orbit HIA Business Manager said
“Over the years we have worked in partnership with our partners in the districts and County Council to look at ways to reduce timescales and improve the service. We adopted a culture of challenge to the status quo - some of the changes we introduced include:

- Introduction of remote working from the office with staff using laptops, iPads and mobile telephones to communicate and administer the services. Given the large geographical area this is particularly important in terms of efficiency savings
- Introduction of a schedule of rates for repeat adaptations such as level access showers, ramps, door widening etc to avoid the need to get quotes
- Simplification of our DFG processes generally
- Introduction of a Housing & Care Options service in November 2013. This has enabled us to give a broader range of information, advice and support not only to people about independent living at home but also to support those people who may wish to move to alternative accommodation.

Our review of the DFG process has had a marked effect on the time taken to complete adaptations. We now have tight target timescales for the various stages in the process. Our target for the Technical Officer to visit, prepare plans and draw up a speciation has reduced from 40 days to 10 days. We also have targets for OTs to comment on draft schemes (5 days) and for local authorities to approve grants (10 days).”

The agency works closely with health and social care professionals – staff maintain links with OTs and hospital discharge teams to ensure that customers are appropriately referred to the service and delays are minimised.

As well as seeking feedback about the service immediately after completion, the agency now follows up the satisfaction survey after six months to check whether customers are still happy with the changes made to their home, whether any problems have arisen and what impact the changes have made on their lives. Questions include whether the level of care they need has reduced, their independence has increased, levels of pain and discomfort when performing daily tasks has reduced and quality of life improved. The questionnaire also includes questions for family or friends who provide care and support about the impact that the intervention has had on their lives and the level of care they now have to provide.
What we’ve achieved:

Since the review commenced in 2010 the agency has dramatically increased the number of people it helps each year and reduced the time it takes to deliver the various services it provides. For example, between 2010/11 and 2013/14 the number of HIA enquiries and completed jobs rose from 1,418 and 230 to 2,756 and 799 respectively. Over the same period the Handyperson enquiries and completed jobs increased from 866 and 803 to 6,145 and 5,363.

Mike Scarlett said:

Our overall timescales for DFGs reduced from 49 weeks in 2010-11 to 25 weeks in 2014. Since we introduced the schedule of rates system during 2014 the timescales have reduced further - DFGs are now taking around 13 weeks and we are looking to further reduce this.

In the last year our Housing Options Advisor has provided information and advice to over 2,000 people, enabled 18 people to move and has 23 more in the process of moving.

We are particularly pleased with the results of our health and wellbeing outcomes monitoring which demonstrates the excellent value of our services. Our most recent report on the feedback we have received from customers and their carers shows that:

For customers themselves:

• 35% said following the adaptation work, they felt less likely to need home care support in the future.
• 40% said that their independence with daily living tasks has increased.
• 43% said the ease with which I am supported/helped has increased.
• 32% said their levels of pain and discomfort when undertaking daily living tasks have reduced.
• 48% said their overall quality of life has improved.

For caring family members and friends:

• 37% said they feel less stressed.
• 29% said they have more time for themselves.
• 40% said they do not need to provide as much physical assistance.
• 29% said they have an improved sense of well being.
• 37% said they are providing less help.


For more good practice case studies and further information about home adaptations go to homeadaptationsconsortium.wordpress.com

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