Home Adaptations for Disabled People

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

**Locality:** Sunderland, North East England  
**Type of authority:** Sunderland City Council  
**Population:** 283,500  

**Background:** The city has a heritage of shipbuilding and coalmining. It remains a port city and has attracted new manufacturing industries, but there are still problems of unemployment and low incomes. The population has been declining as younger people move away. There is a large proportion of low value terraced housing, some in poor condition. The council stock was transferred to housing association Gentoo in 2001 which has had an ongoing programme of refurbishment and redevelopment. The tenure balance is rather different from other areas with higher levels of social housing - 27% compared to 18% in England as a whole.

**Health and Disability:** There are high proportions of people with limiting long-term illness: 24% of the population compared to 23% across the North East and 18% in England as a whole - in part a legacy of the city’s industrial past. There are pockets of deprivation with substantial health inequalities and lower than average life expectancies. Outmigration means there is an ageing population and 47% of people aged 65+ say they have a long term disability, illness or health condition that restricts their daily activities.

**Good practice illustrates:**  
* Lean systems  
* Integrated service  
* Effective procurement and use of local tradespeople to promote employment
Home adaptations service at a glance

Social care and health policies are focused on prevention and intervention at the earliest opportunity to promote care within the home in order to reduce hospital admissions. The home improvement agency, DFG service, equipment, telecare, and sensory impairment services are integrated in order to deliver this policy.

The 14-15 DFG budget was £2.4 million which includes £1.7 million from central government, Sunderland City Council contribution (£500,000) and contributions from Gentoo (£100,000) and other housing associations (£30,000). Funding has been at a similar level for some years.

How we work

Sunderland has been changing the way it provides services over the last few years and in December 2013 set up an arms-length trading company for all their care and support services.

Sunderland Care and Support has 1,200 staff and works across all tenures. The aim is to generate income from sources not accessible to the council, provide more customer driven services and be more flexible to people's needs.

http://www.sunderlandcareandsupport.co.uk

The home improvement agency (HIA), adaptations, equipment and telecare are under one manager. Occupational therapists (OTs) are not actually in the integrated service, but they work closely together as they are in the same building, which is an Independent Living Centre. There is an assessment suite so that people can try equipment.
Gill Lawson the Senior Operations Manager says that integrating the services has changed their ways of working.

“We used to go into a house with the blinkers on. Now we notice far more than the need for adaptations. We look at the overall condition of the home, the levels of warmth, whether there is safety glass in doors to ensure that if people fall they will not injure themselves badly, and whether someone might benefit from telecare. With children’s cases we might have refused a DFG in some cases and said it needed equipment. Now we are responsible for the whole service we make better decisions”.

The home improvement agency (HIA), adaptations, equipment and telecare are under one manager. Occupational therapists (OTs) are not actually in the integrated service, but they work closely together as they are in the same building, which is an Independent Living Centre. There is an assessment suite so that people can try equipment.

All the teams shadow each other so that they are aware of what others do. The home improvement agency staff have trained telecare staff to look at broader needs when they go into people’s homes and now they look out for warmth issues, decent homes problems and trips and falls hazards. They have also trained care workers to pass on winter warmth issues. This has reduced the number of professionals having to go into people’s homes and provides a much better service for vulnerable customers.

In the Gentoo stock the HIA uses the in-house building team to carry out adaptations using a schedule of rates. Gentoo also have their own handypersons for small jobs. In the private sector they have chosen not to have a framework agreement as this would result in them having to use big companies. They prefer to use a lot of small traders as it contributes to local employment. To be included on the list builders have to have the requisite insurances, health and safety qualifications, show examples of previous work and demonstrate their competence initially by doing small jobs. All their first jobs are inspected for quality. Once a contractor has met the criteria, standard jobs, such as level access showers are given to builders on rotation using standard prices and they are only inspected on completion. For other work, such as extensions and ramps, the HIA seeks tenders but these are compared against the schedule of rates to keep prices within set limits. The builders like the system as they
Discretionary home adaptation grants are offered for palliative care cases with no means test and a very simplified application form. This allows for work up to £6,000 (enough to provide a level access shower and a stairlift). This enables people to come out of hospital and spend their final days at home.

The HIA knows they could spend another £1 million per year such is the need in the area. They have a loan scheme for private sector decent homes work and are now beginning to recycle the loans as homes are disposed of.

They are continuing to innovate and are currently identifying an empty shop in the town centre that they could use as a facility to attract older and disabled people and their families who would like support to live independently. They want to encourage people to do self-financed preventative work to their homes using help from their service to manage the work.
What we’ve achieved:

Setting up the trading company has changed the culture. We can recruit staff by using more innovative recruitment methods. Staff now have more skills which has led to greater job satisfaction and has also made the service more resilient as people can cover for each other and share tasks.

We are still learning as the new service is still in its early stages, but already we feel we are making better decisions and that customers get a much improved service. Decision-making is helped by being based alongside the OTs. Good procurement contracts keep the costs of standard items like showers and stairlifts low. We are also making good use of local resources and contributing to local employment.
Case studies

Mr K

Mr K was referred to the HIA by his friend. A large range of works to the home were identified as necessary to remove category one hazards and make the property decent. Mr K has a visual impairment and the works were designed to take account of his condition including:

* The installation of a wet floor shower on the ground floor instead of refurbishing the upstairs bathroom at the same cost
* Dark work benches in the kitchen so that the colour would contrast with the white crockery and cutlery that he uses to ensure that the plate would not be missed when food is served
* The front steps were adapted, the top step made wider and a passive infra-red light directed onto the top step to make it easier for him to locate the lock when opening the door.

The HIA caseworker arranged for Mr K to have a benefits check to maximise his income and the Citizens Advice Bureau arranged for affordable payments to be made on debts accumulated while he struggled on low income. An equity loan was used to fund the works amounting to just over £29,000 as he owned the house outright. The HIA Caseworker also helped him access a grant to improve his heating system. The co-ordinated interventions have helped him remain independent in his own home.
Mr T

Mr T aged 48, experienced a serious stroke, resulting in him being hospitalised for several months and losing his job. Prior to the stroke he had been renovating his home and he couldn’t be discharged until the work was completed and hazards removed. Mr T was referred to the HIA by the hospital discharge team. Due to his long stay in hospital and his job loss, the money that had originally been borrowed to improve his home had been used to cover mortgage payments. The first port of call for the HIA Caseworker was ensure that he was in receipt of the correct benefits and secondly to the Citizens Advice Bureau to take care of negotiations with his mortgage lender to ensure that his home was not at risk of repossess. Mr T was eligible for a grant which allowed completion of the renovation work and provided him with a walk in shower to ensure that, despite his mobility problems, Mr T could live independently in his home for as long as possible.