

# Trusted Assessors

Saving resources, speeding up process

# Who are Foundations?

- The National Body for Home Improvement Agencies and Handyperson services since 2000.
- Lead on improvement of DFG practice and delivery.
- Appointed by the DCLG.



Department for  
Communities and  
Local Government

- [www-foundations-uk-com](http://www-foundations-uk-com)

# Foundations

## Our role

- To inform and support government in policy development
- Events and Training
- Regional development
- Quality Assurance
- Information and support to sector



# Trusted Assessor

- My experience of how TAs improve systems
- Definitions of role
- Operating practice
- Difficulties and risks arising from their use
- How TAs/HIAs support existing Hospital Discharge delivery



# Trusted Assessors

- TAs specialist role supporting work of OTs with aids/adapt
- Genesis from *Minor Adaptations without delay*, COT publication 2006
- A 'Trusted Assessor', when trained, will be able to assess for and prescribe a simple solution or a basic piece of equipment to meet the needs of an individual
- Advanced training will also look at major adaptations. Ie stairlifts and shower and other modifications to the home

# Background

Significant proportion of referrals for adaptations are for minor items stair rails, grab rails, the re-positioning of socket outlets, removal of door thresholds or the fitting of simple ramps to facilitate

- discharge from hospital
- to ensure their safety
- independence at home.

Need is often urgent but weighed up against more complex work, are given low priority



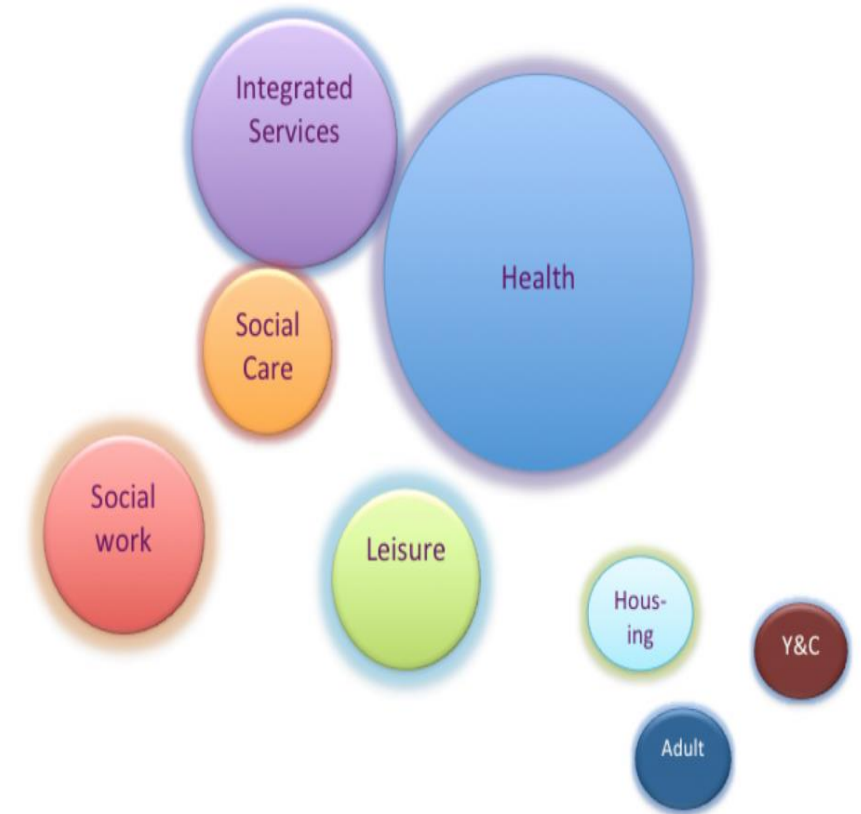
# TRUSTED ASSESSOR

## DEFINITION

- A Trusted Assessor is an established position allowing front line staff to prescribe and fit minor adaptations and community equipment in lieu of an OT assessment. Their role is to prescribe straightforward and relatively low risk adaptations
- They can assess clients/patients and in the case of handypersons fit the equipment and most importantly are trained to understand their limitation and know when to refer back to an OT..

# Range of Agencies involved

- domiciliary care agencies
- community equipment providers
- the residential care home sector
- locum agencies
- home improvement agencies
- the specialist retail sector.
- personal assistants





# Range of Staff involved

Support Workers, such as:

- healthcare assistants
- physiotherapy and occupational therapy assistants
- HIA caseworkers
- social work assistants for visually or hearing impaired people
- personal or care assistants
- Handypersons



# Training

- Crucial that all prescribing staff are trained.
- Recognised national qualification- Open College Network
- Providers Disabled Living Foundation and others
- Generally 2 days training with homework
- Major learning is to know your limitations.



# Risk

Reasons for not using TAs

## **Defraying demand**

OTs often used as way of avoiding service. Ie put patients on a waiting list. Fear of excess demand

## **Anxieties about risk, liability and responsibility**

Fear of making a decision, taking a risk, offering a quick service.



# Risk

## Professional boundaries-

- Need for an expert- What if?
- Is it better to wait longer and receive a more complete service than get a speedy less professional service?

## Expediency

- Cuts to Social Care including OTs
- Agency Staff
- Use of TA to fill gap



# Effects of waiting

- Deterioration of Condition
- Discomfort of Waiting
- Risk of accident/falls
- Stress on Carers
- Not being able to access facilities- strip-washing
- Risk of readmission from unsatisfactory discharge
- Delayed discharge



# OUTCOMES

## USE OF TRUSTED ASSESSORS

- Allows Occupation Therapists to focus on core work
- Speeds up delivery time
- Reduces waiting lists
- Empowers staff to make decisions- job satisfaction
- Reduces wait for major adaptations
- Better use of scarce resources

# Disabled Facility Grants

- Grants to meet the cost of adapting a property to meet the needs of disabled person
- Available to all people
- Means tested
- Examples include stairlifts, showers, adapted kitchens, widening doorways, ramps
- Now part of the BCF to facilitate independent living



Examples of  
DFG Funded  
Adaptations





# Increased Funding

- Central Government funding for DFG more than doubled
- >£500m by 2019/20 (much front-loaded in 2016)
- Part of Better Care Fund
- Challenge to spend it better – Why do it the traditional way?
- Regulatory Reform Order – Mechanism for LA to spend differently

# Examples of using the RRO

- Removing or amending the means test
- Pooled budget for ramps (landscape modification)
- Funding adaptations over £30k
- Help and support to move
- Assistive Technology
- **Hospital discharge funding- any scheme that facilitates speedy discharge**

# Implications for DTOC

- The Local Authority has the power to set aside funding for emergency discharge
- Funding can be used to support work before discharge
- Large or small can all be done in timely fashion
- Partnership between hospital and Local Authority
- Aim is to communicate needs to enable works to start prior to discharge
- Trusted Assessor part of the picture ie early prescription to enact work.

# Case Study

Mr F was not able to be discharged due to a number of essential adaptations

- The installation of a 10m concrete path to create access from rear public pathway to the rear doors of the property through the garden. This allows safe transfer to / from an ambulance.
- The construction of a Semi-permanent ramp to rear doors.
- Covering over of the grass in the remaining part of the garden – due to the client's allergies.
- The fitting of Timbersafe Altro flooring in the living room/bedroom.
- The installation of a new extractor fan fitted in the kitchen as the client is sensitive to cooking smells/fumes.

# Case Study

- Case facilitated by early referral to HIA
- Effective communication between agencies
- Use of RRO to facilitate funding for work
- Use of Trusted Assessor to encourage speedy discharge



# Conclusion

- Trusted Assessor save time and money
- In partnership with effective use of DFG monies can
  - Speed up processes
  - Create clear pathway for patient
  - Early installation of adaptations
  - Reduce health risks to patient
  - Save money and resources.

# Literature

- *A Competence Framework for Trusted Assessors*  
Winchcombe and Ballinger
- *Minor adaptations without delay--COT*

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