Background
The Northern Ireland Housing Executive’s Research Unit commissioned Dr Michaela Keenan and IMS (NI) Ltd to carry out research to inform decision-making on the establishment of an over-arching Home Improvement Agency (Care and Repair) service to help older people in Northern Ireland to remain independent in their own homes, warm, safe and secure.

This summary report sets out the objectives of the research, the approach used, the key findings and the main conclusions arising from it.

Objectives and methodology
The three main objectives of the research were to:
1. Establish the type of services that are currently available in the UK and Ireland, including ways in which these services are core funded;
2. Undertake a scoping study of available Home Improvement Agency-related services in Northern Ireland; and
3. Engage with key stakeholders to elicit their views on the need for an over-arching Care and Repair service to be established in Northern Ireland.

The project involved questionnaires and telephone interviews with project coordinators; questionnaires, face-to-face and telephone interviews with key stakeholders; desk-based research and a review of relevant literature.

Key findings
- The structure of HIA service provision in Northern Ireland is complex and fragmented. Although there has been cross-sectoral recognition of the need for a range of care and repair services, there has been no consistent progress on the development or extension of these services across Northern Ireland.
- The two original, statutorily-funded HIAs in the region continue to focus on facilitating home repair and adaptation through access to grants. Ancillary services (typically handyperson services, home safety work and energy efficiency programmes) have generally been developed by the voluntary and community sectors, with assistance from statutory funding sources, but their coverage is patchy.
- Although the overall approach to HIA service provision appears to lack direction, the range of statutory funding sources (several Departments, a variety of public agencies, District Councils and Supporting People) indicates recognition of the value of services. However, unlike other UK regions, Northern Ireland has never benefited from core government funding specifically to extend HIA services or develop a regional co-ordinating body.
- HIA-related services in receipt of statutory funding do not levy a charge for services provided. However, the majority of localised provision has been put in place by voluntary and community organisations to meet locally-identified need. Many such schemes do not receive direct statutory funding, and often apply nominal service charges.
The strategic and policy context

HIA services are often described as ‘low level’ interventions, yet their relevance in achieving the wider policy objective of helping older people maintain independence in their own homes has been widely recognised. A number of drivers have contributed to an increased focus on the role of HIA services:

- An ageing society, and associated implications for statutory service provision;
- The financial challenges arising from the economic downturn; and
- The need for targeted and effective services to meet the needs of service users in a cost-efficient manner.

In Northern Ireland, older householders are the age group most likely to live in unfit accommodation and experience fuel poverty. Policy and strategy documents published by various Departments and agencies during the last decade have considered, to a greater or lesser extent, the housing circumstances and needs of older people in the region, and a number have emphasised the lack of – and need for – systematic regional care and repair schemes to support older people in their own homes. Anecdotal evidence suggests that practical support along the lines of a handyperson gardening and decorating service is an important priority for older people, and health Trusts have acknowledged the need to consider how measures such as floating support and care and repair projects can alter older people’s living arrangements and enable them to remain in their own homes for longer.

Issues relating to older persons and the need to plan future models of provision have been recognised by government and statutory service providers in Northern Ireland. Although the need for HIA services has also been acknowledged, there has been no consistent progress in their development or extension beyond two well-established HIAs, which are core-funded to deliver grants processing assistance and advice. Neither has there been any comprehensive review of other HIA services that receive statutory funding in the region.

The role of Home Improvement Agencies

The term ‘Home Improvement Agency’ describes a non-profit organisation that provides ‘care and repair’ and/or ‘staying put’ services in the community. The goal is to help owner-occupiers and private tenants who are older, disabled or on a low income to retain independence in their own homes. In the UK, HIAs date from the early 1980s, when they were set up by voluntary and community organisations to respond to a growing need for improved living conditions through provision of home repairs, maintenance and adaptation services for people living in poor or unsuitable homes.

Over the last three decades, agencies in Britain have diversified their service beyond the original core activities. Providers have responded to local needs, developing a range of ancillary services, which vary according to organisational goals, available funding and local need. The core and ancillary services typically available to older households in Britain are summarised overleaf.
### Home Improvement Agency services

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<thead>
<tr>
<th>Core services</th>
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<tbody>
<tr>
<td>Repairs and home adaptations</td>
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<tr>
<td>Technical services and advice.</td>
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<tr>
<td>Housing advice and information</td>
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<tr>
<td>Benefits checks, advice on grants for repairs/adaptations and accessing support services.</td>
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<th>Ancillary services</th>
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<tr>
<td>Handyperson services</td>
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<td>Handyperson services help maintain individuals’ independence through speedy, person-centred, small-scale service interventions such as minor adaptations and security and fire safety measures. In some cases, the service has also evolved to include aspects such as gardening and decorating. In England, where they were first made available in 1988, handyperson services are among the most widely-available HIA services, and sit within the ‘preventative services’ portfolio. Recognising the role and key benefits of handyperson services, government funding has been made available to ensure their expansion in England, Scotland and Wales.</td>
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<tr>
<th>Falls prevention</th>
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<td>Accidents in the home (particularly falls) can present a serious threat to older people’s health and well-being, as well as having serious cost implications for statutory services. Risk factors associated with falls in the home include poor lighting, steep stairs, loose carpets and/or rugs and lack of safety equipment such as grab rails – issues that are routinely dealt with by handyperson services.</td>
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<tr>
<th>Home safety check</th>
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<td>Crime and the fear of crime are frequently noted as concerns for older people. Many HIAs have developed safety and security services – often in conjunction with (and with funding from) local police or fire services, implementing simple measures that help older people feel safer in their own homes.</td>
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<tr>
<th>Gardening services</th>
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<tr>
<td>General garden maintenance, reducing the burden of upkeep on older householders.</td>
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<tr>
<th>Energy efficiency improvement</th>
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<td>Grants advice.</td>
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<tr>
<th>Hospital release support</th>
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<tr>
<td>HIAs can play an important role in hospital discharge by carrying out minor adaptations, ensuring that older people’s homes are fit and suitable to meet any changes in their needs.</td>
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<tr>
<th>Housing options service</th>
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<tr>
<td>Provision of advice and support to help individuals move to a more suitable home, or remain in their own home with support.</td>
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### HIA development in Britain and the Republic of Ireland

The research traced the development of HIAs in the UK, and showed that in England, Scotland and Wales, the establishment of early HIA services was followed after a number of years by the creation of national co-ordinating bodies (Care and Repair England, the Care and Repair Forum (Scotland) and Care and Repair Cymru) to promote provision and development of HIA services.

**England**

By 2006, over 250 HIAs in England were providing services to 90% of the country’s population in 92% of local authority areas. Acknowledging the role of HIAs, the Department for Communities and Local Government allocated funding to help expand handyperson services in 2008, and also launched a ‘Future HIA’ project. The aim was to offer more predictable and sustainable services, and full geographical coverage throughout England. However, dedicated funding to enable HIA service expansion in England is to end in 2011.
Scotland
The Scottish Government has also promoted expansion of HIA services, setting associated multi-agency objectives across housing, health and social care. From 2004, local authorities were required to provide adequate funding for formalised HIA services, part-financed by a ring-fenced element of their private sector housing grant (PSHG) allocation. By 2009, 37 projects were working to deliver HIA services across 31 local authority areas through various managing agents including housing associations, local authorities and voluntary organisations. The ring-fencing of PSHG funding for Care and Repair ended during 2008/09, and from 2010/11, PSHG itself ceased to be a ring-fenced fund; it is now up to local authorities to determine the level of priority of various PSHG activities, including Care and Repair, within the broader context of their Local Housing Strategies.

Wales
By 2007, HIA services were available throughout Wales, with coverage by 22 agencies in all 22 local authority areas. The Welsh Assembly Government has expressed an ongoing strategic commitment to HIA services, accompanied by core funding for Care and Repair Cymru and support for a Rapid Response Adaptations Programme to prevent hospital admission and facilitate hospital discharge.

Republic of Ireland
Despite high rates of owner occupation, at the time of the research the Government in the Republic of Ireland (RoI) neither funded nor provided HIA services. Instead, the state provides grants-based services targeted at older people and administered by local authorities. Those HIA services that have been developed in the RoI are provided through voluntary and community agencies, and in 2006 a joint initiative between Age Action Ireland and Irish Life saw the commencement of an ambitious programme to provide a nationwide network of HIA services, beginning in Dublin, Cork and Galway and expanding to other areas of the country.

HIAs/Care and Repair in Northern Ireland
In Northern Ireland, the first HIA was established in 1981 by the Fold Housing Trust. Its ‘Staying Put’ scheme was financed by charitable sources. Two years later, Shelter’s Home Repairs for the Elderly scheme was set up in Omagh, before relocating to Strabane in 1988, to facilitate coverage of the North West. Two HIAs have operated continuously in Northern Ireland since 1990, with support towards running costs provided by the Housing Executive, latterly through the Supporting People programme. The Fold ‘Staying Put’ and Shelter ‘GABLE’ services assist clients in the completion of grant applications, providing advice and technical support, as well as helping supervise the grant-approved works. The services are provided free of charge to users.

In addition to the Staying Put and GABLE schemes, statutory funding from a number of sources provides support for some HIA ancillary services, predominantly delivered by voluntary and community organisations. The main statutory funders identified included:

- The Department for Social Development
- The Housing Executive (Supporting People and grants)
- The Department of Health, Social Services and Public Safety
- The Department of Justice
- The Department of Agriculture and Rural Development
- District Councils
- The Community Safety Unit
- The Public Health Agency
- The Police Service of Northern Ireland
- Health Trusts
Most of the voluntary/community organisations identified in the study attracted some form of statutory support, either core funding, monies allocated through specific grants or programmes, or indirect assistance, such as the provision of labour through government-funded employment schemes. The statutory funding accessed by ancillary service providers was often allocated for specific services or programmes, and a significant number of the voluntary/community sector projects which were identified through the research and received some form of statutory funding were focussed on older people's safety and security. Health service funding input to HIA services in Northern Ireland was found to be relatively low.

A typology of funding provision for HIA services in Northern Ireland was developed, based on the level of statutory funding input:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Funding Characteristics</th>
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<tbody>
<tr>
<td>Tier 1</td>
<td><strong>Statutory only</strong></td>
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<td></td>
<td>▪ In-house generalist advice role</td>
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<td></td>
<td>Statutory funders are not generally direct providers of HIA services; in Northern Ireland, as in other parts of the UK, delivery is generally through the voluntary/community sector. However, statutory bodies have a role in providing general advice and sign-posting to HIA services.</td>
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<td></td>
<td>▪ Statutory services and partnership working</td>
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<td></td>
<td>Examples include the Investing for Health partnership in each Trust area in Northern Ireland. The partnerships are funded by the Public Health Agency to tackle issues under a range of themes; activities can include home safety measures for the elderly.</td>
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<tr>
<td>Tier 2</td>
<td><strong>Statutory funding for service provision by the voluntary and community sector</strong></td>
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<tr>
<td></td>
<td>A complex variety of delivery models and levels of geographical coverage exist within this tier of provision. The majority of the services identified in the research received statutory funding, often from a variety of sources.</td>
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<td></td>
<td><strong>Level 1</strong>: Voluntary and community organisations as commissioned service providers</td>
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<td></td>
<td>A specific range of services provided to clearly-defined groups, e.g. through the Fold and GABLE services.</td>
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<td></td>
<td><strong>Level 2</strong>: Voluntary and community organisations in receipt of grant/programme funding</td>
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<td></td>
<td>Examples include the DSD Neighbourhood Renewal Programme and Local Community Fund, and the DARD Rural Challenge Programme.</td>
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<td></td>
<td><strong>Level 3</strong>: Statutory, voluntary and community partnerships</td>
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<td></td>
<td>Rely on partnership approaches between sectors to secure statutory funding; examples include Community Safety Partnerships.</td>
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<td></td>
<td><strong>Level 4</strong>: Extending partnerships – securing provision through alternative resources</td>
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<td></td>
<td>Successful partnership working can help attract funding from alternative sources such as the Big Lottery Fund.</td>
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<tr>
<td>Tier 3</td>
<td><strong>Voluntary sector provision, with links to statutory assistance</strong></td>
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<td></td>
<td>The voluntary sector is responsible for delivery of the bulk of HIA ancillary services in Northern Ireland. Schemes within this tier of the typology rely on voluntary activity, but may also add value to schemes that receive statutory funding and/or receive statutory support indirectly. A variety of models exist, including organisations which receive statutory funding for other services and have developed separate HIA services staffed by volunteers. The work of the voluntary sector was not analysed at length in this particular study because it does not receive direct statutory funding for HIA services.</td>
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</table>
Service provision in Northern Ireland

The research also considered local examples of statutorily-funded HIA services by comparison with the broad range of core and ancillary services provided by HIAs and Care and Repair schemes in other UK regions. The comparison, summarised below, showed that some organisations in Northern Ireland provided more than one service, while others provided only one element of a service. Neither hospital release nor formalised, stand-alone housing options services were identified among the dedicated HIA/Care and Repair services that were in receipt of some form of statutory funding in Northern Ireland, despite their importance in achieving greater independence and well-being for older people in their homes.

<table>
<thead>
<tr>
<th>Typical HIA/ Care and Repair service area</th>
<th>Statutorily-funded service providers in Northern Ireland</th>
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<tbody>
<tr>
<td><strong>Core services</strong></td>
<td></td>
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<tr>
<td>Repairs and home adaptations</td>
<td>Fold ‘Staying Put’; Shelter GABLE.</td>
</tr>
<tr>
<td>Housing related advice and information</td>
<td>Fold; Shelter; Housing Rights Service; CAB; AgeNI; various localised initiatives.</td>
</tr>
<tr>
<td><strong>Ancillary services</strong></td>
<td></td>
</tr>
<tr>
<td>Handyperson</td>
<td>Various localised/ area-specific initiatives.</td>
</tr>
<tr>
<td>Falls prevention</td>
<td>No dedicated services found. Hazard checks can be an element of handyperson and home safety check services, provided by localised schemes.</td>
</tr>
<tr>
<td>Home safety check</td>
<td>Service provided by a number of area-specific organisations and partnerships.</td>
</tr>
<tr>
<td>Gardening services</td>
<td>Small number of localised providers.</td>
</tr>
<tr>
<td>Energy efficiency improvement</td>
<td>Warm Homes Scheme; Energy Saving Trust; one localised provider.</td>
</tr>
<tr>
<td>Hospital release support</td>
<td>Minor adaptations are provided by various HIA-type schemes, but are not directly linked to hospital release support.</td>
</tr>
<tr>
<td>Housing options service</td>
<td>Although no dedicated services were found, a number of organisations provide broad housing advice services to all age groups, while age sector organisations also offer advice on a variety of issues, including housing.</td>
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The research also gathered evidence on the geographical coverage of HIA services in Northern Ireland, as well as their eligibility criteria and charging arrangements.

**Geographical coverage**

Services were categorised according to whether they were provided on a Northern Ireland-wide basis, had ‘significant’ levels of provision, concentrated provision, or localised provision. The only example of Northern Ireland-wide coverage provided solely to meet HIA objectives was the combined Fold and GABLE services. With their work limited to core objectives by funding constraints, these providers had not extended to wider service provision.

For those services not provided on a regional level, the research showed that geographic distribution was uneven. Several services that had wide, or ‘significant’, coverage were identified. They generally took the form of partnership schemes involving a number of local government districts. Many services identified by the research were categorised as ‘concentrated’; they were confined to specific geographical areas, which were generally in line with the boundaries of the Health Trust or District Council providing funding for the scheme(s). At the lowest geographical level, many services were highly localised and service-specific. Few had access to direct statutory funding, but some benefitted from indirect support through (for example) employment programmes, which allowed them to offer HIA ancillary services within their local communities.
Eligibility criteria
Eligibility criteria varied depending on the individual service, but were most tightly-controlled where services were in receipt of statutory funding or where funding had been secured to deliver a particular programme. Criteria included age, referral from particular bodies and household resources (e.g. savings), and with many HIA services provided within certain geographical areas, location was also a key consideration. Some schemes were open to all in a given area, but with an emphasis on elderly households. Others were open only to older people, while some provided services to a range of specific groups such as older people, low income households and/or families with young children.

Charging mechanisms
Most services in receipt of statutory funding did not levy a charge to service users. However, there were examples of schemes that required payment for work that was beyond the normal remit of the project, and/or for any materials used, or for all services. Where charges were applied to all services, the providers were usually operating a social economy business model, with charges set at a minimal level. Those providers who charged for services generally fell within Tier 3 of the funding typology, and did not receive specific government funding for the services they provided to older people. While there was some evidence of a lack of structure around charging arrangements, the analysis showed that scheme providers sought to minimise the financial burden on service users and made them fully aware of the costs before carrying out any work. Some providers were considering charging for services as a potential means of extending provision, particularly among older people who have some savings and would be able – and willing – to pay for services.

Delivery models, funding and sustainability
Beyond Northern Ireland, a combination of factors including acute pressure on public spending, the coalition government’s emphasis on the role of the voluntary and community sectors in the Big Society and the end of ring-fenced funding for HIA services in Britain, has turned attention to how HIA services will be funded and delivered in future. The government has also pointed to the need for more and better housing options advice, more predictable and sustainable services, and policies based on local priorities, rather than a single UK-wide approach.

Social enterprises
Many HIA service providers in England already operate as social enterprise models, and have done so for some time. The capacity to generate income (through charging for certain services) has been seen as a particular benefit of social enterprise approaches, helping to provide or cross-subsidise additional services, and thus meet local need. Some offer services at a range of cost levels, depending on whether or not clients are core HIA service users (e.g. older people or people with disabilities) and/or in receipt of benefits.

Social enterprise: A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners.

Housing associations
In other UK regions, housing associations – which were set up to meet local need and already deliver extensive maintenance services – take a lead role in HIA service provision. Aside from Fold Housing Association’s role in delivering the Staying Put service, and the development by some associations of in-house handyperson services for their own tenants, housing associations in Northern Ireland have not diversified into HIA service provision, and there may be potential to explore this form of service delivery in the region.
During the stakeholder consultation, project co-ordinators representing a range of HIA/Care and Repair providers in Northern Ireland described difficulties in meeting demand for services due to the absence or inadequacy of funding; there was a strong sense that demand for services exceeded supply, and that there is a need for further development of low-level, practical services across Northern Ireland. Service providers also commented that the fixed-term nature of the funding that has been available has reduced organisations’ capacity to plan and develop services into the medium and longer term.

As funding pressures continue, the message from Health Trust personnel who participated in the research was that their focus remained on personal care, and that HIA services were not viewed as a Trust function. It therefore appears unlikely that funding for HIA services will become a priority for Northern Ireland Health Trusts in the near future.

Conclusions and issues for further consideration

A number of broad issues emerge from the analysis of HIA provision in Northern Ireland:

- Despite widespread acknowledgement of the need for HIA services in Northern Ireland, their development has lagged behind other parts of the UK. The region has no national representative body and the two original HIAs continue to deliver only core services. There has been no core government funding commitment to facilitate the development of HIA ancillary services, and little progress in the coherent extension of services across the region.
- Where ancillary services exist, they have generally been developed by the community and voluntary sectors, often drawing on statutory funding sources. The services tend to be limited to specific geographical areas and/or activities, and the outcome is that ancillary service coverage is patchy in Northern Ireland.
- HIA services play an important role in both the preventative agenda and the personalisation of care. In light of the cross-statutory benefits, including cost efficiencies, that can arise from HIA service provision, there is a strong case for more collaboration across Departments and agencies, in terms of both budgetary input and implementation. Increased partnership working on issues including resources, strategic planning and service provision could help ensure predictable, more sustainable local services.
- With continuing pressure on public spending, there is a need to consider innovative business models to facilitate service delivery. The social enterprise model, some examples of which already exist in Northern Ireland, allows providers to generate additional income by charging for services, which in turn facilitates longer term sustainability and the development of new services. There may also be a role for housing associations in the delivery of HIA ancillary services in Northern Ireland, as has been the case in other parts of the UK.
- As society continues to age, prevention (of accidents and ill health) must become a central objective. A cross-sectoral approach is needed to ensure that older people can access the services necessary to promote well-being and independence.

1 Throughout this summary, the term ‘Home Improvement Agency’ is used to cover the broad range of Care and Repair services, except where it refers specifically to the two Northern Ireland HIAs: Fold’s ‘Staying Put’ service and Shelter’s ‘GABLE’ service.  
GABLE: Grant Access to Better Living Environments.  
3 While some hospital support services have been commissioned in Northern Ireland, their focus has generally been on personal care rather than changes to the physical environment. Although small, localised services that helped facilitate early discharge from hospital through minor adaptations were identified, they were not in receipt of statutory funding at the time of the research.

The full report on the research is available as a free download from the Housing Executive’s website at [www.nihe.gov.uk](http://www.nihe.gov.uk).  
This report is part of a major Housing Executive research programme into The Future Housing and Support Needs of Older People.