

**Moving forward with services for older
people in Northern Ireland—
a home improvement agency/
care and repair scoping study**



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Section 1: Executive summary

1.1 Overview

The aim of this research, commissioned by the Northern Ireland Housing Executive (NIHE) as part of their *Housing and Support Needs of Older People Research Programme*, was to inform decision-making regarding 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.

1.2 Methodology

The research strategy employed a number of methods which included: 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.

1.3 Key findings

- The structure of provision of HIA-ancillary services in Northern Ireland is complex and fragmented. Although there has been cross-sectoral recognition of the need for a co-ordinated 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 government 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 to extend HIA services or develop a regional co-ordinating body.

Section 2: Introduction

This research focuses on the statutory funding of HIA services in Northern Ireland. The study was completed by Dr Michaela Keenan in partnership with IMS Research (Ltd) for the NIHE within the *Future Housing and Support Needs of Older People Research Programme*.

Section 3 outlines the background to this research and the methodology. In summary, the methods used to gain primary data included a combination of face-to-face and telephone interviews with key stakeholders and project coordinators. As there had been little previous work in this area, primary investigations identified many key sources and the research, therefore, relied on the snowballing technique and the information provided from these individuals. This work was also supported by a significant amount of desk-based research and analysis.

Section 4 considers the development and provision of HIAs in the UK and Ireland, which acted as a backdrop upon which this research could contextualise the current provision of HIA services funded from statutory sources in Northern Ireland. The literature review explores the historical development of HIAs in England, Scotland and Wales and identifies key themes of particular relevance to the Northern Ireland context. These themes include the role and value of HIA services in the delivery and achievement of strategic government policy, including the preventative agenda, in the delivery of older people services.

Section 5 addresses the Northern Ireland policy context from the broad theme of older people. It briefly considers demographic issues and older people's homes, with greater emphasis on central issues of concern for this study focusing on older people and statutory involvement in HIA services. This section concentrates on the references made to older people and HIA services in statutory policy documents and strategies, and provides examples of policy goals which could be tackled through the provision of HIA services.

Section 6 uses primary evidence to explore the extent of statutory involvement in the provision and funding of HIA services in Northern Ireland. There are few examples of direct statutory provision of HIA services, but many examples of statutory organisations/departments enabling service provision through commissioning services, funding of specific grants and programmes, or through alternative support routes such as the *Step Ahead* employment programme. A number of local examples are included to demonstrate the range and type of HIA services being provided.

Section 7 relates key themes drawn from the literature and our primary evidence to discuss some emerging core issues within two broad themes: extending service provision and models of provision.

Section 8 outlines the conclusions drawn from the research.

Section 3: Research objectives and methodology

3.1 Research objectives

The central aim of the research was to inform the debate and decision making on the establishment of an over-arching Home Improvement Agency (Care and Repair) service, to help older people in Northern Ireland to independent in their own homes. There were three main research objectives:

- To establish the type of Home Improvement Agency/Care and repair services that are currently available in the UK and Ireland, including ways in which these services are core funded;
- To undertake a scoping study of available Home Improvement Agency/Care and Repair type services in particular in relation to statutory funding input in Northern Ireland;
- To consider the need for an overarching Home Improvement Agency/Care and Repair service to be established in Northern Ireland

3.2 Methodology

Initial data collection was primarily desk-based. This is the first mapping exercise carried out in Northern Ireland and information was found to be fragmented; in addition, some statutory funders such as the Department of Health, Social Services and Public Safety (DHSSPS) were dealing with significant organisational change. The methods adopted have thus relied upon the assistance of key stakeholders and project coordinators who have provided information. The fragmented nature of the data sources required the utilisation of snowballing techniques. The findings are therefore based in considerable measure on the knowledge of key individuals. The situation reported here provides a 'snapshot in time' as funding streams end and services terminate, or as new funding initiatives are embraced and services are extended, developed or introduced for the first time.

It was not a core aim of the research to consider and trace voluntary and community sector activity, but HIA service provision inextricably links the statutory and voluntary and community sectors. This study provides examples of the work and services undertaken by these organisations and their relationships with statutory funders. The information therefore provides an insight into both statutory funding routes and independent schemes being delivered within the sector, rather than providing a comprehensive list of all such projects currently in existence.

3.3 Research programme and stages

The research strategy incorporated a series of key stages and research instruments:

Stage 1: Research instigation

1. Initial discussions of research aims and methods with NIHE's Older People's Research Advisory Group (OPAG) and research definition of services agreed.
2. A key contacts list was developed by Supporting People (SP) and further populated in conjunction with the OPAG.
3. Initial discussions, pilot interviews with key stakeholders regarding: research aims; development of contacts listing information collection/contact sweep.
4. Clarification of research aims with the OPAG.

Stage 2: Literature review

Review of literature on HIAs and debates about service provision in Northern Ireland, the other UK jurisdictions and the Republic of Ireland. Key themes and issues were drawn out from this desk-based review of research literature and policy documentation.

Stage 3: Statutory funding and HIA service provision

The collection of primary data for the project was undertaken in four stages:

1. Establishing the structure of statutory provision with face-to-face and telephone interviews with key stakeholders from core statutory departments and organisations, for example Trust personnel, who had been identified during Stage 1.
2. Service identification using the Stage 1 contacts list and those identified during element one within this stage. This list was developed throughout this phase and desk top research was used to support and confirm the primary data collected.
3. Project coordinator data compiled via telephone interviews to identify potential HIA services and ensure services fell within the research's HIA service definition. Questionnaires administered to relevant Project Coordinators to gain core information on areas such as service provided, service funding etc and telephone interviews conducted, where required, for information clarification and/or development.
4. The views of key stakeholders in statutory organisations and/or older people's representative organisations, through the use of a number of methods including face-to-face interviews, telephone interviews and questionnaires to clarify funding structures and glean further information from these core sources, e.g. on current HIA provision and the management, provision and funding of services.

Stage 3: Draft and final reports to the NIHE

3.3 Research challenges

- The diversity of services included in the research typology and widespread overlapping of service provision made the mapping exercise a challenge. Each statutory body was examined in detail to identify the services it delivered and the complexities surrounding delivery.
- Due to the lack of previous research and/or comprehensive database there was no clear point of reference for establishing contacts. An initial list of 32 contacts was expanded to include in excess of 150 contacts. This did not include many of the additional networks or contacts tapped into during the research process.
- Primary data collection was more difficult than expected: the response rate for the questionnaire survey was less than 50%. This survey therefore was augmented with telephone interviews with key stakeholders and project co-ordinators.

3.4 Research definitions and terminology

In order to set clear parameters for the research, it was necessary to clearly define what was meant by the terms HIA services and older people.

Defining Home Improvement Agency services: HIA service typology

A core element in the first stage of the study was to reach an agreed definition - with the Older People Research Advisory Group and the Housing Executive - of the HIA services that were to be included in the research. This definition was vital to guide data collection and ensure that everyone who participated and provided information was clear about what services were relevant to the work. The definition was designed to include services that are currently provided as well as those which have often become commonplace within HIAs in the rest of the UK.

The typology of HIA services used in this research is provided in Table 1. It draws together the main range of services, depending on localised need, now found to be provided by HIAs in other UK regions. The classification has been broken down into two areas: HIA-core and HIA-ancillary services, although – as with all such classifications there is a certain amount of overlap within/between the broad service areas.

Table 1: HIA service typology used within this research

Service area	Service examples
Core	
Repairs and home adaptations	– Technical service and advice
Housing related advice and information	– Benefits check; advice on grants for repairs/adaptations; property condition/work/required grants; accessing support services.
Ancillary	
Handyperson	– DIY, help with small jobs; minor adaptations; home safety checks; falls/accident prevention schemes e.g. securing loose carpets; security checks e.g. installation of locks; electrical; plumbing; heating.
Falls prevention	– Hazard check and provision of grab rails etc; heating.
Home safety check	– Lock fitting etc
Gardening services	– General garden maintenance
Energy efficiency improvement	– Grants advice etc
Hospital release support	– Minor adaptations to properties
Housing Options Service	– Advice and support to help individuals move to suitable home/ remain in own home with support.

Defining older people

There is no universally agreed definition of the term ‘older people’, with deviations ranging from those that include persons over the age of 50 to those that consider only people aged 65 and over. In keeping with definitions used by previous research within this NIHE programme, the term ‘older people’ in this report refers to those who have reached retirement age, currently over 60 for women and 65 for men.

Section 4: HIAs: development and emerging issues

4.1 Introduction

Since 2004, the term HIA has been used generically to refer to organisations providing ‘Care and Repair’ and ‘Staying Put’ services to their local communities. These local, non-profit organisations share common goals of helping owner-occupiers and private tenants who are older, disabled or on a low income to retain independence in their own homes. HIA services originated in the early 1980s in England (Anchor Housing Trust *Staying Put* project established by Anchor Housing Association) and Wales (*Ferndale Home Improvement Service*: a charity in the Rhondda Valley with funding from Shelter and Help the Aged Housing Trust); and in Scotland in 1985 (Age Concern in Edinburgh)¹.

Whilst core aims have remained, HIA services have diversified as providers responded to the needs and challenges presented within local communities. The provision of a growing number of additional or ‘ancillary services’ has varied geographically, depending upon factors such as organisational goals, available funding opportunities and local need. Examples include: handy person services; falls prevention; home safety checks; energy efficiency improvement; hospital release support; gardening services; and housing options services (information, advice and support on remaining in or moving from the home).

With their charitable roots and strong alliances in the housing sector, HIAs have developed and attracted varying levels of interest and support from government and statutory agencies over the intervening years. HIA services are now provided by many organisations in the UK from Registered Social Landlords (RSLs; mainly housing associations) to in-house local authority service provision, Industrial and Provident Societies and voluntary and charitable organisations. In some areas independent commercial organisations provide similar services; however, the work of these organisations is outside the interest and remit of this research.

i. England

The first HIA scheme was established in the early 1980s. In 1986, Shelter and the Housing Association Charitable Trust established Care and Repair England to promote the provision of HIA services. Specific government funding followed in 1987 with a grant to Care and Repair England for the establishment of pilot projects (Care and Repair England, 2006)². By 2006, there were over 250 HIAs in England covering 90% of the country’s population in 92% (317) of local authority areas.

¹ For England, see Leather and Mackintosh (1994) and Care and Repair England (2006) at <http://www.careandrepair-england.org.uk/pdf/annualreview2006.pdf>; for Scotland see <http://www.careandrepairinedinburgh.org.uk/aboutus.htm>; the Scottish Executive(2004); for Wales see Leather and Mackintosh (1993).

² Since 2000, Foundations is the body that has been contracted to act on behalf of the government as the national coordinating body for HIAs in England (replacing Care and Repair England) and, as such, provides a range of services including advice and information to staff to the development of HIA services. Care and Repair England continues to operate on a policy and lobbying basis.

Recently HIAs have received significant government attention, especially from DCLG (2008a); the DCLG acknowledged the work undertaken by HIAs in relation to lifetime homes and outlined a new *Rapid Repairs and Adaptations Service*. It stated an aim to expand HIA handyperson services across the country from 2009 with £33 million of funding for *Handyperson Enhanced Services Pilots*³ to achieve “better outcomes for older people”⁴. The government also announced the launch of the *Future HIA Project* to be completed as a means of “...develop[ing] a service which will offer more and better housing options as well as a more predictable and sustainable service for all potential clients” (DCLG, 2008a: 71).

Subsequent publications set the context for future provision requiring “... full geographical coverage” throughout England with the need to support the “personalisation agenda”⁵. The DCLG (2008a) also set out its commitment to meet the challenges ahead by offering older people: a range of housing choices; the ability to remain within their own community; integrated services and social housing for those needing support. The DCLG (2008a) considered that HIA services were crucial in meeting these goals locally, by addressing specific local needs, and also suggested that HIAs would have an “increasing and key role in delivering much improved housing-related services for growing numbers of older people” as HIAs are to become the “... hub around which vulnerable households exercise choices about their home environment” (2008a: 71).

DCLG considered HIAs a “significant provider of services for older, disabled and vulnerable householders” (2008a:83) into the future. But dedicated funding allocations to enable service expansion were only available until 2011, when it was planned that future funding would come from local authority budgets. Within its commitment the DCLG wanted a more holistic approach to service provision, with individual organisations being aware of and responding to specific local needs. HIAs would be recognised nationally as offering a suite of similar services within their communities. It was suggested that the holistic approach would help remedy the “patchy coverage” (DCLG 2008a: 68) that existed, as well as helping to build the capacity of less well-organised providers, as a means of developing and providing “predictable and sustainable” services (2008a: 71). However, the DCLG (2008a: 48) also noted that many providers offered a “narrow range of options” upon which to base decisions.

³ The *Handyperson Enhanced Services Pilots* will be run in nineteen local authority areas. Each pilot will last for a period of 2 years (2009-2011) when they will be evaluated for effectiveness.

⁴ Extract taken from communication from the Department of Communities and Local Government to local authorities in England re:- Minor Repairs and Adaptation 'Handypersons' Funding for 2009/10 and 2010/11, 12th November 2008

⁵ In relation to the personalisation agenda, access the following link: <http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=personalisation> for more information on the personalisation of care services, Office for Disability Issues (2008) and discussions later within this chapter.

In summary, the government indicated that HIA services in England should continue to expand to meet the needs of local communities. However, although service coverage was extensive, it remained incomplete: in 2008 10% of areas did not have any formal HIA services and some services were ‘inconsistent’, ‘patchy’ and operating on limited capacity (DCLG, 2008a). As such, the HIA sector had “not yet reached its potential” (DCLG, 2008a: 68).

ii. Scotland

In Scotland the voluntary sector established the first HIA in 1985. The Care and Repair initiative was subsequently established in 1987 between the Scottish Office’s Department of the Environment, Shelter and Age Concern, expanding HIA services into eight local authority areas (Scottish Executive, 2001; Scott, 2009)⁶. Further to a project evaluation in 1991, an expansion of HIA services throughout Scotland covering all local authority areas was recommended⁷. By 2009 there were thirty-seven projects working to deliver HIA services across thirty-one local authority areas (Scott et al, 2009) through ‘managing agents’. The majority of the agents initially were housing associations, with a smaller number of local authorities and voluntary organisations (Scottish Executive, 2001).

Government funding was provided for HIA services in Scotland in 1993 for the establishment of a national coordinating body, the Care and Repair forum, Scotland; its services to the managing agents include advice and training. In 2000, the Deputy Minister for Communities stated that:

We see Care and Repair as an integral part of community care. Therefore our support is unequivocal and we want the scheme to go from strength to strength in the 21st century. . . Its worth is recognised. Its expertise is invaluable. Its results are impressive⁸.

In 2001, the Scottish Executive published *Working Together on Care and Repair: A Strategic View* to mark and promote the expansion of HIA services and advocate the benefits of such services in achieving multi-agency objectives including housing, health and social care. In the same year, the Housing (Scotland) Act required all local authorities to produce a Local Housing Strategy through which they would be responsible for the coordination of the activities of all housing bodies, including Care and Repair projects.

Following the Housing Improvement Task Force report in 2003, a Care and Repair Working Group was established to look at the development of Care and Repair. It subsequently reported in the form of *National Standards for Care and Repair Services* (2004). HIA services in Scotland were formalised with the

⁶ Also see <http://www.careandrepairesdinburgh.org.uk/aboutus.htm> for further information.

⁷ This evaluation was completed on behalf of the Scottish Office and Scottish Homes.

⁸ Ms Jackie Baillie, Deputy Scottish Minister for Communities, speaking at the Care and Repair Forum Conference, 7 April 2000, in *Working Together on Care and Repair: A Strategic View*.

requirement that they should be adequately funded by local authorities through the Private Sector Housing Grant which they receive from the Scottish Executive. The grant, introduced in 2004, ring-fenced the funding received from the Scottish Executive to protect and secure the provision of HIA services. Local authorities were required to fund such projects 'adequately' and at least to match the level of central funding for these projects from their own income streams.

Scott et al (2009) argued that some projects also have attracted funding from alternative sources such as health, though the total income received was small in comparison to government and local authority funding. In 2007-2008, HIA projects received £7.2 million in funding which paid for 226 full-time equivalent staff and a range of services across the country (Scott et al, 2009). Unlike some other funding arrangements in operation elsewhere in the UK, HIAs in Scotland were not eligible to attract Supporting People funding (Scott, et al, 2009).

The ring-fencing of monies for HIAs is scheduled to be removed in 2010-2011. A new *Scheme of Assistance* will have to be drawn up by each local authority, taking local need and circumstances into consideration. Local authorities will still be able to provide assistance for repairs, adaptations and home improvements through grants, loans, advice information or practical assistance (Scott et al, 2009).

The issue of grants and loans is not new in Scotland:

Each local authority should ensure that there is the capacity in its area to provide disabled and older people with the equivalent of at least the current core services of Care and Repair schemes together with services to carry out small repairs ancillary to improvement works; 'handyman' services; advice on loans with access to grants for arrangement fees; and for those assessed as needing them, whether or not on a payment basis, preventative small repairs services. (Scottish Executive, 2004:5).

Nevertheless, the removal of the ring-fence on HIA funding will change the context within which managing agents currently work, where the level of government financial support may become restrictive as loans replace grants, and as current service providers are encouraged to look at the development of services to new clients and consider alternative funding options, such as the introduction of charging for services provided⁹.

iii. Wales

HIA services in Wales are arguably the most developed within the UK, having initially been established through an innovative project in South Wales in 1979. This initiative levied only labour charges to service users, or provided

⁹ See the following related references for Scotland Information: Communities Scotland (2002); Scottish Executive (2000; 2001; 2004) and Scott et al (2009)..

assistance with no associated cost to users (Leather and Mackintosh, 1994). In 1991, the Welsh Office established Care and Repair Cymru to act as a coordinating body to prioritise and develop HIAs. HIAs have continued to receive government support since devolution in 1999, with sustained and enhanced funding from the Welsh Assembly Government (WAG) since 2003. HIA services have been available throughout Wales, with coverage in each of the twenty-two local authority areas by twenty-two agencies (WAG, 2007a). Indeed, the WAG argued that they had "... embraced Care and Repair in a whole-hearted way not entirely replicated anywhere else in the United Kingdom" (WAG, 2007b: 4), especially as a means of retaining independence within the home.

The Welsh government commitment to HIA services can be found in strategy documents including the *Strategies for Older People in Wales, 2003-2008* and *2008-2013*. The current strategy continues to commit core funding for HIA services across Wales (WAG, 2008): a total of £6.6 million in 2009-2010, comprising £4.5 million for Care and Repair Cymru and the individual agencies and £2.1 million to support the *Rapid Response Adaptations Programme*. With the preventative agenda at its core, this latter programme provides minor adaptations to prevent hospital admission or to facilitate hospital discharge.

Whilst government support is received for grants processing services, agencies also have been facilitated in providing additional ancillary services through alternative funding routes in order to provide local service solutions. The WAG (2007a) found that both services and the range of service providers had diversified with HIAs, the voluntary sector, statutory and commercial organisations found to be offering related services in various locations in Wales¹⁰.

iv. Republic of Ireland

To date, there have not been any formal moves by government to provide/fund HIA services in Ireland, despite the country having the highest level of owner-occupation in Europe. The state provides a number of grants-based services, targeted at older people and administered by local authorities on behalf of the government, which align with HIA services and objectives.

- The Mobility Aids Grant Scheme assists older people to adapt their home to help retain independence, e.g. through installation of grab rails and level access showers.
- The Housing Adaptation Grant for People with a Disability assists with the adaptation of a home to meet the needs of a disabled resident.
- Housing Aid for Older People provides grant monies to help repair or maintain a home to bring the property to habitable levels.

¹⁰ For related Wales information see: WAG (2001; 2003; 2006; 2007a and 2007b).

Those HIA services that are being developed, as in Great Britain, are provided mainly by voluntary and community agencies. Plans to provide a nationwide network of HIA services, started in 2006 as a joint initiative between the charity Age Action Ireland and Irish Life (a private company that provides products including life and pension insurance), began with two centres, Dublin¹¹ and Galway.

Age Action Ireland, Care and Repair Programme¹²

Age Action Ireland began providing Care and Repair services in November 2006 with monies from Irish Life plc's corporate responsibility programme. The five year funding commitment is being used for the development of the core service and franchises, with service delivery being undertaken by both volunteers and paid staff. The main aim of the project is to provide services across Ireland through a network of franchises which are free and being utilised by local community groups including those in Longford, Claremorris and Moate. The programme is now based in the main centres of Dublin, Cork and Galway with provision in other areas of the country via franchises. Age Action's aim is to have fifty franchises established in addition to their core provision in the main centres by 2011, offering services including repairs, quote check, trades referral and home visiting. In terms of repairs, work is provided to the older person without cost, although payment is required, where necessary, for any materials used. The work undertaken in relation to repairs is expected to be relatively small and completed in less than one hour. Work can include: gardening; decorating; and the installation of home security measures, completed by either handypersons or volunteers. The befriending service is volunteer-based and all volunteers must go through a vetting process to work on the programme.

v. Northern Ireland

The first HIA was established by Fold Housing Trust in 1981. The *Staying Put* scheme was largely funded by charitable sources including the Anchor and Fold Housing Trusts (Leather, and Macintosh, 1993; NIHE, 2005). Shelter's original *Home Repairs for the Elderly Scheme* was established in Omagh in 1983 and relocated to Strabane in 1988, with NIHE funding, in order to facilitate coverage of the North West (NIHE, 2005).

HIAs in Northern Ireland initially developed in parallel with those in Britain but the decision in 1987 to fund 50% of approved running costs in England, Scotland and Wales was *not* extended to Northern Ireland (Leather, and Macintosh, 1993). This marked a significant change in the development of HIAs between jurisdictions.

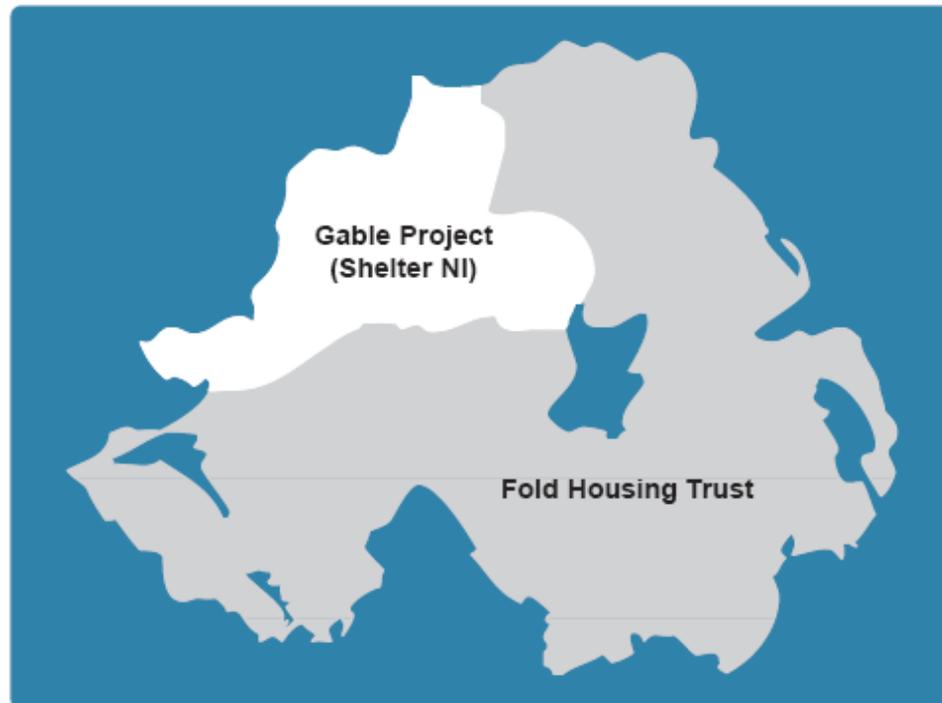
The NIHE approved two HIAs in 1990, one operated by Fold and the other by Shelter within the Grant Access to Better Living Environments (GABLE)

¹¹ Not all of greater Dublin is serviced by this scheme.

¹² See <http://www.ageaction.ie/care-and-repair.htm>.

scheme. These agencies assist clients in the completion of grant applications and provide advice and technical support as well as helping the supervision of associated works. Thus work relating to grants dominates HIA provision in Northern Ireland.

HIA geographical service coverage in Northern Ireland



Source: Housing Advice NI, Home Improvement Agency Information leaflet

The Fold and Shelter (GABLE) services both operate on a similar basis with core funding from Supporting People. Fold describe the services they provide as:

... intended to assist older and/or people with disabilities by offering them free practical advice and support to repair or adapt their homes through the Housing Executive Grants Scheme. Staying Put acts in support of the grants applicant throughout the grants process, helping them to complete grant applications and assisting with technical advice and support¹³.

4.2 The strategic and policy context

Whilst HIA services have been referred to as 'low level', their role, relevance and value to achieving government goals such as the retention of independence in the home have been widely recognised (DCLG, 2008a, 2008c, 2009; Raynes et al, 2006; Scottish Executive, 2001; WAG, 2007a). Their importance in this area was recognised by government in England as being "pivotal" and acting with the "ability to innovate" in enabling their client base to remain, and maintain independence, within their own homes (DCLG, 2008c: 5).

¹³ See <http://www.foldgroup.co.uk/caresayingput.php>

There is widespread recognition that society is ageing. Within Europe the Commission of the European Communities (2009) noted that the cost of ageing for the UK would be 4-7% of Gross Domestic Product. In the UK as elsewhere, this presents significant policy challenges for central and local governments, especially in the context of serious financial challenges¹⁴.

The implications of an ageing society are being explored across all statutory services and levels of government¹⁵. One recurrent theme within these debates is a need for services to be both targeted and effective in relation to cost and in meeting the needs of the service user. Furthermore, housing, health and social care services should aim to enable older people to maintain independence and be supported to remain living within their homes for as long as possible (Department of Health, 2006: 3). The arguments supporting the critical role of housing in the successful operationalisation of community care are long established: the DCLG (2008a: 123) argued that "Housing makes a critical contribution to community care resources" and the Scottish Executive (2004: 8) stated that "Care and Repair services are a key component within the menu of care services in the local health, housing and social care systems".

Furthermore, HIAs can be of benefit to government in terms of achieving policy goals, as:

Care and Repair services are individually tailored to the needs of each client, with the majority of activities being delivered within the client's own home. This client focussed approach is a central characteristic of Care and Repair, with every client's needs being different and resulting in an individual package of services (Scottish Executive, 2004: 11)¹⁶.

The Scottish Executive (2001: 19) argued that care and repair "fills a gap in existing service provision" with services that "are rarely available from other organisations and which are complementary to the existing profile of services". The Care Quality Commission (2009) is responsible for health and social care in England and included aids and adaptations as a criterion in the 'Improved Quality of Life' assessment. The Department of Health (2009a) has also recently recommended that local authorities should prioritise resources to home care services and spend no more than 40% of their adult care budget on nursing home/care home services.

HIAs, mainly established by non-profit organisations relying on charitable funding, now provide critical services to help sustain central government priorities relating to independence and individual well-being. Whilst home maintenance, repair and adaptation have been core HIA services for many years, a number of ancillary services have developed as many organisations respond to local need and have taken the opportunity to access available funding streams.

¹⁴ The Commission of the European Communities (2009) - Communication on 'Dealing with the Impact of an Ageing Population in the EU' includes age-related expenditure projections using population projections for up to 2060. Expenditure projections include issues such as: pensions; health care and long-term care. Refer to the Commission/s website at: http://ec.europa.eu/index_en.htm.

¹⁵ Recent examples include Audit Commission (2009) and WAG (2007).

¹⁶ On this theme the Concordat (2003) that care and repair agencies in Wales were working towards ensuring "... that all older and disabled people have access to housing services that enable them to live in housing that meets their individual needs".

These ancillary services include handyman services, home safety checks, hospital release support schemes and housing options. A survey of English HIAs in 2005-2006 found that ancillary service provision had expanded in some areas to include befriending schemes, and that gardening and decorating services continued to expand and “become more commonplace” (Foundations, 2008). The value of the core services provided by these organisations is well established, especially home adaptations where “minor adaptations produced a range of lasting, positive consequences for virtually all recipients”, “major adaptations ... had transformed people’s lives” and “an investment of health resources to increase overall funding for adaptations could well be justified”(Heywood, 2001)¹⁷. With the benefits of HIA adaptation services well established, DCLG (2008a: 19) saw housing adaptations as “a key invest-to-save item in keeping people in their own homes and out of residential care”. The following discussion focuses on a number of the new or ancillary HIA services and their role and alignment with strategic government priorities.

4.3 Housing options: information and advice services

Evidence in relation to the focus on the future information and advice needs of older members of society, and their housing and care needs in particular, can be found in many publications (DETR/DH, 2001; DCLG, 2008a; DH, 2005, 2007; DWP, 2008)¹⁸. The Social Exclusion Unit (2005) advocated better information and advice services for the socially excluded, many of whom are the core focus of HIAs. Croucher (2008) emphasised the value of housing options in terms of turning reactive decisions into informed and proactive decision-making.

HIAs have secured their role in this area and routinely provide information and advice on individual needs in relation to property repair, maintenance and adaptation. Advice and information services within many HIAs also extend to helping clients explore what are referred to as their ‘housing options’ in the *National Strategy for Housing in an Ageing Society* (2008a).

It was clear that many people did not know very much about the housing options available to older people, usually basing their views on personal experiences or experiences of close friends and family ... what many older people need is good information about all types of housing options, including maintenance, adaptations, benefits, equity release, places to move to, where to get assistance with moving and so forth, so that decisions are made in full awareness of the available options.(Croucher, 2008:27).

These services have been formalised within many HIAs through the national *Housing Options* initiative in England¹⁹; to the extent that the National Coordinating Body for HIAs in England noted that over 60% provided equity release and loan advice and over 40% helped with insurance claims (Foundations, 2008).

¹⁷ See also Audit Commission (2008); DCLG (2008a); Heywood (2001a; 2001b; 2004; 2007).

¹⁹ DWP (2009) *Building a Society for All Ages* introduced the national *FirstStop Initiative* to provide free and independent advice on housing and care issues. Housing advice is provided on the traditional housing options areas centering around the should I stay or should I go conundrum. See <http://www.firststopcareadvice.org.uk/housing-advice.aspx>.

4.4 Handyperson services

The role of the handyperson service underpins the ethos and aims of HIAs, helping to maintain the independence of the individual within their home by offering a range of low-level, small-scale yet effective service interventions. Depending on the organisations and locations, these can include minor repairs and adaptations, odd jobs such as erecting shelves, home safety checks, falls and accident prevention schemes, security checks and assistance (Adams, 2006)²⁰.

Emerging areas of work include gardening, decorating and supplying other types of equipment²¹.

The first pilot handyperson services were established in 1988 by Care and Repair, England and the Anchor Housing Trust with charitable funding from the Sainsbury's Monument Trust in 1988²². They are now the most widely available service in England following closely behind Disabled Facilities Grants and small adaptation, core HIA work (Foundations, 2008). The popularity and need for handyperson services among older people has been the focus of a series of reports including Adams (2006), JRF (2005) and DCLG (2008a; 2009). Raynes et al (2006) argued that handyperson services were number one in relation to the services older people wanted to be provided within their own homes, and the Social Exclusion Unit (2005) located handyperson services firmly within the preventative services portfolio. Many of these reports drew on consultation and discussions with older people, especially JRF (2005) and ODPM (2005). The Social Exclusion Unit (2005) noted in relation to their discussions with older people that many felt they would not need to move into care if they had help with repairs and adaptation work.

²⁰ Adams (2006: 5) defined the handyperson service as "A general term used to describe the direct provision of help with small jobs, usually in the homes of low income householders and particularly for older and disabled people in the private sector.

²¹ See DCLG (2009).

²² Handyperson services are also provided by organisations including: Age Concern, Registered Social Landlords, Help the Aged, Royal British Legion, commercial organisations and some locally based charities for example.

Care and Repair England mapped the availability of handyperson services within HIAs and those provided by Age Concern and Help the Aged. Around 230 services were being provided across the country; however, many were small scale with limited capacity and the level of provision driven by available funding sources. All of these handyperson services completed small repairs and most undertook minor adaptations (87%), security (87%), fire safety (81%) and home security adaptations to reduce crime (87%) (Care and Repair England, 2006; DCLG, 2009). Adams (2006: 6) noted that Care and Repair Scotland and Care and Repair Cymru reported “a significant rise in the availability of handyperson service”.

In recognition of the role, importance and benefits of handyperson services, government has provided funding opportunities which have helped to ensure expansion in England, Scotland and Wales. A major boost to further development in England came with the change in Supporting People guidance in 2005, which allowed local authorities to fund and commission handyperson services using monies (DCLG, 2008a). Supporting People funding was the main funding source in a cocktail of funders of handyperson services in 2009, often coordinating the commissioning of this service. Other joint funders of the service include health, social services, housing departments, police and fire services, charitable sources, registered social landlords and fee income from work completed (DCLG, 2009)²³.

By getting ‘a foot in the door’, handyperson services can form part of a joined-up approach to service delivery and become a referral source to a range of other services which help to maintain independence, such as home care, GP services, welfare benefits or debt advice.

Handyperson services in England were allocated £33 million over two years (2009-2011) in 2008 in a new government *Rapid Repairs and Adaptations Programme*. This marked “the coming of age of the service” as monies were to be spent on extending the provision of this service across the country, with the aim of moving it into the mainstream of services provided to older people (DCLG, 2009). After 2011, funding decisions in relation to the service will be passed to local authorities to draw monies from their mainstream Area Based Grant.

The benefits of handyperson services centre on the fact that a quick, cost-effective, client-centred service can be provided which is preventative and helps to maintain independence (DCLG, 2009; Scottish Executive, 2001). This has become increasingly important with the government’s target to increase the number of older people living within their own homes, reinforced by the recent *Personal Care at Home Bill* to provide free personal care at home for people who meet preset criteria. The handyperson service, therefore, fits well within the core aims of HIAs whilst also clearly being able to assume a position in assisting local statutory providers/service commissioners in meeting local health, housing and/or social

²³ Refer to Appendix 1 from DCLG (2009) *Future Home Improvement Agency: Handyperson services Report*, which demonstrates how handyperson services can help to meet a range of statutory policy goals including those aligned to the areas of housing, health, policing and fire.

care priorities and targets (DCLG, 2009)²⁴. Thus the DCLG (2008c) argued that handyperson services should be mainstream HIA services rather than an optional additional service.

There are many examples of handyperson services across the UK, such as those provided by Preston Care and Repair; Care and Repair Black Country Housing Group and West Cornwall Care and Repair.

4.5 Emerging issues

HIAs and the Preventative Agenda

There is a growing body of evidence to support health services extending their traditional focus beyond personal care to look at ways in which they can actively contribute to the provision of well-being and independence within the home and, for example, minimise the reliance on health care services such as accident and emergency if, for no other reason, than to reduce costs in the longer term. The Audit Commission (2009: 11) argued that

“Effective prevention focuses on improving quality of life, resulting in delay or prevention of the need for social care”.

The preventative agenda in relation to the provision of services for the elderly in particular has become a core government priority within the UK in recent years, with the government review of the NHS drawing attention to the need to plan effectively for the future by bringing preventative measures to the fore²⁵.

Hospital discharge

One example of this extension of the role of health/care services can be found in the Colwyn Bay and Mynach Hospitals' *Home from Hospital* scheme which is being run in partnership with Conwy Care and Repair. This scheme goes beyond the personal care focus, to a home and environment focus and health and care aspects of hospital discharge and falls prevention.

The Audit Commission (2000) noted that poor hospital practices in relation to discharge were affected by funding issues and debates over who should fund this health/care support. Adams (2001: 2) argued that HIAs should play a vital role in hospital discharge by helping to ensure that older people's homes are both fit and suitable for their needs “if the Government objectives of enabling more older and disabled people to live independently is to be achieved”.

The Welsh Assembly Government introduced a *Rapid Response Adaptations Programme in 2002*, to be provided across Wales to expedite the discharge of patients from hospital and care settings and help prevent the need for admission to these settings. The work that can be funded through this programme can include small ramps, door entry, hand rails, home safety measures and access to toilet facilities. Many of these services fall squarely within the remit of HIA handyperson provision.

²⁴ See DCLG (2009) *Future Home Improvement Agency: Handyperson Services Report*.

²⁵ In relation to the importance placed on preventative strategies see also: Audit Commission (2010); Commission on Social Care Inspection (2008) savings clear in relation to acute care; DWP (2007); DOH (2006, 2009a; 2009b), the Kings Fund (2006).

Falls in the home

Accidents within the home, especially falls, can threaten the continued independence of individuals and in some cases cause death. Accidents and the likelihood of further accidents pose serious threats to the health and well-being of older people, but also have serious cost implications for statutory services – costs which can often be avoided through simple preventative action by HIAs. The seriousness of falls within the home is something that has been acknowledged by government for some time, for example in the *National Service Framework for Older People* (NSF) (DOH, 2001).

The Costs and Benefits of Independent Living (ODI, 2007) helped to quantify actual costs of health and care needs, providing figures such as the cost of a hospital bed (£220 per day), attendance at accident and emergency (£117 per visit), and the cost of a fractured hip (£28,665). McClure et al (2005) noted that falls were responsible for in excess of two million hospital bed delays each year and accounted for forty per cent of nursing home admissions, with associated costs of approximately £1.7 million per year. Heywood and Turner (2007) considered the financial saving that could be achieved by reducing admissions to hospitals and care settings and the BRE (2009) argued that the removal of hazards within the home could potentially offer the NHS the greatest savings.

The DoH (2001) advocated a preventative approach to dealing with falls and identified risk factors associated with the home including poor lighting, steep stairs, loose carpets or rugs, and lack of safety equipment including grab rails. These are the very issues that handypersons tackle on a routine basis²⁶. McClure et al (2005) argued that minor adaptations to the home, such as those which can be completed by handypersons, could help to reduce the number of falls experienced by older people by up to sixty per cent.

The Audit Commission (2009) saw “a clear financial case for falls prevention” and the Department of Health (2009b) encouraged the prioritising and commissioning of services by Trusts, Strategic Health Authorities and local authorities that would support the health, well-being and independence of older people, arguing that “HIAs are critical partners with whom commissioners should engage as part of an integrated approach to falls prevention” (DH, 2009b: 20).

The work undertaken by HIA handypersons therefore has intrinsic value to both the health and well-being of the client and also the resources of cross-statutory bodies as downstream costs in relation to, for example, bed blocking/ delays, hospital discharge, hospital admissions and further care costs can be reduced through the operation of a low level, cost effective ancillary service.

Home safety and security

Safety within the home remains of key importance, with crime and the fear of crime frequently noted as core concerns for older people (for example see HAPPI, 2009). Many HIAs have evolved service provision in this area as local needs have been identified and funding streams become available with services including home

²⁶ See also DCLG (2008a: 69) argued, in relation to HIAs, that “These services can reduce delays to discharge from hospital and prevent falls”.

safety checks. Gardening services are also becoming more commonplace as the links between property repair and burglary are established. This area is a good example of HIA services being of benefit to the achievement of statutory goals outside the housing and care fields, with many initiatives being funded locally by police and fire services. Examples include the Helping Hands minor repair service in Salford, which is funded by the local Fire service to provide home safety checks to everyone in the local area²⁷ and Rochdale Metropolitan Borough Council's *First Stop Project* which has seen over 22,000 smoke alarms installed by fire-fighters and the local borough council, with the aim of reducing fires in the home.

Government has also provided funding for related initiatives including £15 million in 2009/2010 in the *Securing Homes: Action Against Burglary* initiative for the voluntary and community sector to train handypersons and health and social care workers to provide crime prevention and home security advice to older people. The *Safer Homes Fund* was also established for voluntary and community organisations to improve the security of vulnerable groups.

4.6 HIA delivery models: social economy and social enterprises

The new coalition government (2010) has identified acute pressures on public finances and initiatives such as the *Big Society*²⁸ have raised new concerns about services provided by the voluntary and community sector on behalf of government. Merging the critical issues of financial austerity, voluntary and community service provision and the needs of older people raises debates in relation to potential HIA delivery models for the future; one proposal is that services could be provided through social enterprises. The previous government had defined a social enterprise as:

... 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 (DTI, 2002, 7).

The previous government had previously made reference to the need for HIAs to look towards adopting social enterprise models of provision to benefit and indeed "transform" communities (DCLG, 2008c). A core benefit of using a social economy business model to deliver HIA services is that it facilitates the generation of income, for example by charging for services. Any profit can then be used for the benefit of the local community, for example, in the provision of additional services or in the cross-subsidisation of services to ensure that locally identified need is met

One example of note in relation to the delivery of HIA services by social enterprises is the work undertaken by Care and Repair, Leeds, which received the HIA of the Year Award in 2006/2007 and 2009. The service has operated for over 22 years as a social enterprise with charitable status, offering a range of services including handyperson, falls prevention, hospital discharge, and a housing options

²⁷ See http://www.helpinghandssalford.co.uk/about_us.html.

²⁸ See <http://www.thebigsociety.co.uk/>.

service²⁹. These services have a variety of funding sources including the Handypersons Scheme funded by the government and Leeds City Council (though a charge is levied for this service). Work on falls prevention is funded by Leeds Primary Care Trust and shopping services are funded by Leeds Social Services, local parish councils, Leeds Metro, Rural Grants and local businesses (e.g. Sainsbury's) who provide sponsorship and support. A new social enterprise element has been added to the portfolio of services: Keeping House Leeds is a delivery service for incontinence aids. Clients pay for this service but the aids are provided by the local Primary Care Trust and clinics.

Keeping House, Leeds³⁰

Keeping House is a partnership programme which focuses on the development and provision of services through established "high quality" social enterprises. The initiative is funded by the Adult Social Care department of Leeds City Council with £900,000 over the four year period from 2005-2009 and services have been developed to address core HIA areas including handyperson tasks (such as small repairs and gardening), with the aim of helping older and disabled people in the Leeds area to remain within their own homes and live independently for as long as possible, therefore, striving to achieve core care and repair goals. Additional service areas offered by the social enterprises involved in the initiative also include domestic tasks such as household cleaning and shopping. This initiative does not solely concentrate on service delivery but also the development of social enterprise provision in the Leeds area through the Keeping House initiative and its two associated investment funds:

Keeping House Small Investment Programme provides grants up to a value of £2,000 for the start-up or development costs of social enterprises which seek to provide gardening and domestic services.

Keeping House Main Investment Fund, can allocate up to £10,000 a year for strategic investment as the enterprises establish themselves and build their service and client profile. This investment can be provided over a three year basis with reducing sums each year to reflect the expansion of the enterprise and its increasing ability to generate independent income.

The scheme operates on the principle that once the social enterprises are established or have developed their services (perhaps through drawing down funding) they then provide the associated services at a charge to the service user; however, they work on a not-for-profit basis and therefore where a profit is made this must be reinvested into the organisation's services and activities, ensuring that the local community benefits to the full. In operation this means that business models for services such as Angels Housekeeping and Hawsksworth Older People Support work on the basis that services are offered to individuals outside the older and disabled people categories. These individuals will then pay a higher charge for the services received (such as cleaning or grass cutting), and this money is then reinvested into the scheme to allow members who are older and disabled to utilise the services at a reduced rate.

Keeping House also offers a range of support services to the social enterprises, including work to ensure the sustainability of services in the longer term through service expansion or looking for alternative funding/income sources.

²⁹ See the Helping Hands, Leeds Information box.

³⁰ See <http://www.keepinghouse.org.uk/view.aspx?id=2>.

Another example of a successful social economy model providing HIA services is the *Helping Hands* minor repairs service, Salford, an Investors in People Company which recently received a Community Award.

Helping Hands minor repair service, Salford³¹

Helping Hands, established in 1998, is a minor repairs or handypersons service which is delivered within the Salford and Swinton areas. The scheme is a social enterprise community business which is run on a not-for-profit basis for the benefit of the community. A number of services are provided and the terms of provision are controlled by their funding routes; for example, the Home Safety Check is funded by Fire and Rescue service and is available to everyone in the area. There are charges for other work, like gardening and decorating, with reduced rates offered to specific groups such as those on pension credit.

“Helping Hands business has grown incrementally by the expansion of its customer base, diversification of its services and broadening the source of funding.” See http://www.helpinghandssalford.co.uk/about_us.html.

4.7 Sustainability

Government has identified the need in England for the development of “a service which will offer more and better housing options as well as more predictable and sustainable services for potential clients” (DCLG, 2008a: 72). This is related to the need for flexible service delivery models³² and the need to tackle local needs, especially as a means of attracting diversified funding sources. Both the WAG and the Scottish Executive have advocated the need for sustainable policies that are based on local priorities, rather than a single UK-wide approach.

Whilst different models will fit different local contexts, Age Concern Warwickshire has developed a model for sustainable service provision which has been successful within their local area.

HandyFix.It, Age Concern Warwickshire³³

The key for HandyFix.it was the employment of a team of handypersons on the same contracts used for care staff. The contract is part-time and paid by the hour, with staff being paid for hours worked. The services are offered at a charge to the user, as the service is not funded and therefore operates on a business model, but as a social enterprise any profit made is used for the benefit of the community, clients etc.; services are offered to private clients and on a contract basis to maximise income generation. Services are offered to those aged over 50 or those with a disability (not age restricted) and reduced rates can be offered for those in receipt of benefits. A one-hour minimum charge is levied in all cases and materials are charged for at an additional cost when not supplied by the client. This business model effectively subsidises reduced-rate customer works with the reduced rate (for those in receipt of benefits) charged at £5.00 per hour and *standard rate* at £10.00 per hour, plus 46 pence per mile for distance travelled from the handyperson’s home to the client.

³¹ See <http://www.helpinghandssalford.co.uk/>.

³² See discussion of Social Economy models of delivery in this section.

³³ See <http://www.ageconcernwarwickshire.org.uk/index.cfm?id=5055> and Laverick (2006) Age Concern Warwickshire Care Services Handyperson Services: A Model for Sustainable Services, Foundations. Also see The Warrington Model Information box and See <http://www.wha.org.uk/> and <http://www.whia.org.uk/> and the social economy information discussions and <http://www.helpinghandssalford.co.uk/> and <http://www.keepinghouse.org.uk/view.aspx?id=2>.

Appendix 2, using information from Warrington Home Information and Improvement Agency (WHiA), shows how an organisation can provide a range of services making the most of available funding opportunities and partnerships, whilst embedding these in a model of provision which contributes to the sustainability of the organisation and, as far as possible, its individual services³⁴.

4.8 Commissioning, personalisation and GPs

An emerging area of consideration is the previous government's 'personalisation agenda'³⁵, which considers it critical that service development and commissioning take place in close collaboration with service users on a local basis. The aim is to ensure that all services being provided and developed meet local needs and that there is also a local market for these services³⁶. Older people themselves may be given the opportunity to choose the solutions and providers of the services they require to meet their care and support needs, effectively becoming commissioners of care. The government argued that any failure to work with potential consumers of services would "... be detrimental to the long term future and sustainability of any such project/service" (DCLG, 2008c: 10). Commissioning of services can also be extended to consider the pooling of budgets which was noted in the Health Act, 1999 and the Health and Social Care Act, 2001 as a means of developing flexible service delivery models.

Further to the coalition government's announcements on its programme for government, GPs have been identified as a conduit to help patients access and commission care (HM Government, 2010). There have been some examples of effective liaison work between HIA service providers and GPs such as that being undertaken in Sandwell through the *Repairs of Prescription* service.

Repairs on Prescription, Sandwell

GPs in Sandwell, in collaboration with the local council's 'Warm Zone' team, are providing housing repairs on a prescription basis, which targets those elderly patients who are suffering from coronary and respiratory conditions. GPs can identify patients by health issues and, whilst in consultation, can discuss home conditions. Should there be a need for home repairs, the patient is referred to the local Warm Zone team. The project has been funded using *Health Action Zone* monies. There are plans to expand this service to include the training of district nurses to identify patients whose housing conditions are having a negative impact on their health and also in relation to falls prevention within the home.

³⁴ This table can be accessed and downloaded at http://www.whia.org.uk/files/ART23_Service%20Eligibility.pdf

³⁵ See <http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=personalisation> for more information on the personalisation of care services.

³⁶ Personalisation agenda includes prevention and cost-effectiveness. Council's success to be measured by April 2011 where have to demonstrate that preventative services have delivered efficiency savings of 3% of the adult social care budget.

4.9 Section summary and conclusion

- Wales, Scotland and Northern Ireland have full geographical coverage of core HIA services; England has over 90% coverage with the government objective in 2008 to achieve full coverage.
- England, Scotland and Wales have well established national co-ordinating bodies for HIA services which receive government support and funding.
- HIAs in the UK have been established by a number of organisations, both from the voluntary and community/charitable sector, including housing associations, local councils and, in some cases, commercial organisations.
- The HIA sector is not a homogenous entity providing identical services across all areas: services are diverse and some have been expanded by many HIAs locally in England, Scotland and Wales to include, for example, handyperson, hospital discharge and falls prevention services.
- Core HIA services provision in Northern Ireland are very similar to the structures used previously in the rest of the UK; the two HIAs here have not expanded their range of services and continue to focus on repair and home adaptations (both delivered through the private sector grants scheme).
- The government in Ireland has not made a commitment to the development of HIA services, although they offer a range of home repair and adaptation grants which are administered through local councils. HIA related services are currently being developed by the charity Age Action Ireland, which has received funding from a private source (Irish Life plc).
- DCLG argued that services must continue to be developed to target and meet local need rather than on a 'one size fits all' basis. Services provided by individual agencies throughout the United Kingdom vary as each agency bases the services provided on a number of factors including: expressed local needs; funding opportunities; availability of similar/competing local services and individual agency priorities.
- Approaches to HIA funding differ across UK jurisdictions. In England handyperson services are eligible to attract Supporting People funds; Scotland has not followed this approach and core funding for services is principally from local authorities and government, with some health funding.
- The importance of handyperson services has been recognised by government in England, Scotland and Wales. In England, core funds for handyperson services have been allocated from 2009 to 2011 to mark 'the coming of age of the sector'; in Scotland, provision of handyperson services is included; in Wales there is continuing support for an adaptations programme where works can be completed by handyperson services.
- Unlike the situation in England, Supporting People funds have not been used in Northern Ireland to develop handyperson services and the Assembly has not indicated any intention to commit core funding to their development.
- The role of HIAs in focusing government priorities in relation to the preventive agenda is clear, particularly in the work they can undertake which yields cross-statutory benefits, not least so in terms of cost efficiencies.

Section 5: Older people and the Northern Ireland policy context

5.1 Introduction

This section focuses on the policy context relating to HIAs and older people in Northern Ireland, through an overview of core policy and research documents rather than a detailed analysis of the issues noted³⁷.

5.2 An ageing population

In 2009, Northern Ireland had the youngest and fastest growing population of all UK regions (Office for National Statistics, 2009). Northern Ireland's population reached 1.775 million in 2008 and is projected to grow to 1.946 million by the year 2023 (NISRA, 2009) with "... a marked increase in the size of the population in the older age groups (NISRA, 2009: 1), as across the UK (Blake, 2009). Using current pensionable age (males over 65 and females over 60) NISRA (2009: 3) projected that there would be "... twice as many people aged 65 and over by 2041 than there are today. Thus the population profile is becoming more like other UK regions and other European countries (Blake, 2009; Paris, 2010). Northern Ireland's population over the age of 65 has been estimated to increase by 27% between 2007 and 2017, representing the most significant increase in this age group in the UK, with 22% of the population in Northern Ireland projected to be aged 65 and over by 2033 (NISRA, 2009). This growth in the older population has major implications for statutory service provision and planning and future need for HIA services.

5.3 Older people and the home

The needs of older people in Northern Ireland have been the subject of a number of research and policy documents, including work within the NIHE programme of research into the future housing and support needs of older people³⁸ and also Evason et al (2004a; 2004b; 2005a, 2005b). One of the issues raised by Evason (2004a) concerns the issue of older people in Northern Ireland who are 'asset rich yet income poor'. The NIHE's 2006 House Condition Survey (HCS) showed that older people were the group most likely to suffer from unfitnes in relation to their property (2008b). The situation is due to a number of factors including: the upheaval that works to the property can cause; not wishing to apply for a grant to undertake the work; and older people being less likely to wish to move and therefore choosing to remain in unfit homes. Older people, especially those over 75, occupied homes much more likely to need repairs. The HCS also showed that risks of fuel poverty and hazards within the home increased with the age of the occupant(s).

The importance to older people of retaining independence and continued residence within their own homes is well established in the literature (Boaz et al, 1999; Clough et al, 2004; DCLG, 2008a; Fletcher, 1999; Scottish Executive; 2006; Tanner; 2001).

³⁷ This section draws extensively from reports by Boyle (2008), Blake (2009), McGill (2010) and Paris (2010).

³⁸ See especially Beamish (2008); O'Boyle (2008) and Paris (2010).

This issue has been explored in research and government debates in Northern Ireland: the DHSSPS (2004: 68) twenty year Health and Well-Being Strategy, *A Healthier Future*, noted that

“Research has consistently shown that 80% of older people would prefer to remain independently in their own homes”.

Notwithstanding this, many people reaching retirement age have to deal with reduced income, living in aging properties with relatively high repair, maintenance and heating costs as well as an increasing likelihood of accidents within the home. In addition, Northern Ireland has the highest level of fuel poverty in the UK. These issues are directly relevant to this study as they are all areas that HIAs seek to address.

5.4 A strategic focus on older people

The changing demographic profile requires a refocusing of statutory strategic policy goals to meet the medium to longer term needs of the older community. The need to consider effective housing and support interventions becomes more critical for service providers within government policies and strategies.

The Office of the First and Deputy First Minister (OFMDFM) strategy for older people in Northern Ireland, *Ageing in an Inclusive Society*, argued for:

... the need for older people to have a decent and affordable quality of later life
... live in housing that is on an appropriate standard and in which they can retain dignity and independence(OFMDFM, 2005: 21).

The Northern Ireland Executive recognised the needs of older people in the *Programme for Government 2008-2011* in its commitment to reduce poverty and address inequality and disadvantage through the promotion of social inclusion³⁹.

The OFMDFM announced its aim to appoint an Older People’s Commissioner, expected to be in post by 2011^{40,41}. In the run-up to the appointment of a Commissioner, an Older People’s Advocate was appointed in December 2008 to act as a voice for older people and liaise with statutory service providers and government on matters of concern.

In response to scoping and consultation exercises regarding the housing related needs of older people the NIHE’s *Older People Housing Policy Review Action Plan, 2008-2010*⁴² considered what was required to help older people remain in their own homes and to promote independent living; its aim was to “represent a starting point of a process for addressing some of those needs”⁴³.

³⁹ Other core documents of note include OFMDFM (2006) *Lifetime Opportunities: Government’s Anti-poverty and Social Inclusion Strategy for Northern Ireland*³⁹ and the DHSSPS (2002) *Investing for Health Strategy*.

⁴⁰ The Welsh Assembly appointed their Commissioner for Older People in 2008 and an Older Persons ‘Tsar’ was appointed in England, albeit without statutory powers.

⁴¹ The Northern Ireland Assembly Bill 21/09, the Commissioner for Older People Bill, was introduced to the Assembly with view to passing through the legal process to make an appointment in 2011.

⁴² Available at http://www.nihe.gov.uk/older_people_housing_policy_review_action_plan_2008-2010.pdf

⁴³ See also: NIHE (????) *Housing Needs of Older People in Northern Ireland*; NIHE and NIFHA (1997) *Joint Review of Social Housing Needs of Older People in Northern Ireland*; NIHE (2000) *Housing and Health: Towards a Shared Agenda*⁴³ and NIHE (2007) *Housing Matters: Housing and Health Review*.

The *Supporting People Programme* which is administered by NIHE was implemented in Northern Ireland in April 2003 to reform the planning and delivery of housing support services, and also to identify local needs. The central aims of the NIHE (2005) *Supporting People, Changing Lives 2005-2010 Strategy*⁴⁴ were to develop housing support services which would enable vulnerable individuals (including the older people client group) to access a range of services which would allow them to remain as independently as possible in accommodation that was suitable to their needs, and to develop services in line with the needs and aspirations of service users.

A number of core statutory health agencies have considered the health, well-being and independence of older people. DHSSPS (2004) set the target of 50% of people receiving care services in their own homes by 2015 and highlighted the need for responsive integrated service provision. DHSSPS (2005) identified independence as a key theme through provision of responsive services to those in need, with a focus on prevention; DHSSPS (2010) priority area 4 is to 'Help Older People to Live Independently'.

Effective partnership arrangements should be established with DSD, local councils, voluntary, community and independent sector organisations to provide support to older people ... Commissioners and Trusts should continue to support this multi-agency approach" (DHSSPS, 2010: 27).⁴⁵

The statutory commitment to health service provision to older people is set out in Trust strategies and plans, including Belfast Healthy Cities (2006), NHSCT (2007a; 2007b); SHSCT (2008). Core documents in relation to crime and community safety include CSU (2007; 2009).

5.5 A policy focus for HIAs in Northern Ireland?

The relevance of HIA services to older people can also be found in various research and policy documents of many statutory service areas in Northern Ireland. For example, the NIHE Joint Review of the Social Housing Needs of Older People in Northern Ireland (1997) recognised that

"... the implementation of Community Care is affecting housing demand by *increasing demand for Home Improvement Agency services*" (NIHE, 1997: 90, emphasis added) as "... the increasing number of older owner-occupiers is likely to increase demand for agency services" (1997: 22).

Similarly, the Chartered Institute of Housing (CIH) in its response to the NIHE's (2007) *Housing Matters: Housing and Health Review* (2007: 5, emphasis added), argued that in order to achieve the Promoting Independent Living Objective, the needs of individuals:

⁴⁴ Available at http://www.nihe.gov.uk/supporting_people_strategy2005.pdf.

⁴⁵ See also: DHSSPS (2002).

...should be met through enabling independence, choice and control at home, supported *coherent preventative services*, including information, advice and advocacy, *Home Improvement Agencies*, Supporting People and housing options services.

This issue was also considered by Belfast Healthy Cities (2006: 66) which argued that "... there is currently no systematic regional care and repair scheme in place to support older people to remain in their own homes".

Research into retirement villages also drew attention to the need for practical support for residents (Boyle, 2008: 27). Boyle's study (2008: 24) drew linkages between low level help within the home and the retention of independence, arguing that "... if older people had low grade help with minor household and maintenance tasks they would be more able to cope in their own homes".

The NIHE (2008: 9) *Older People Housing Policy Review Action Plan, 2008-2010* discussed a range of issues: the need to work collaboratively across agencies and inclusively with older people; promotion of independent living; need for better integrated planning and joint working between housing, health and social care; and need for better advice and information with regard to housing options for older people. It argued that independence and choice should underpin policy and service development.

Other studies commissioned by NIHE, whilst not specifically addressing HIA services, identified issues relating to this study. Beamish (2008) identified maintenance both within and outside the home as a priority information area for older people; she argued that older people would benefit from information on individuals/organisations that could carry out low-level services including minor repairs, garden maintenance, plumbing and electrical work. Other areas of information need included adaptations, the reduction of fuel and heating costs, finding accommodation and helping with a house move. Beamish (2008) also drew attention to why older people felt these issues needed to be addressed with completion of maintenance, minor repairs and gardening having positive impacts on the general well-being of the householder. The importance of gardening was also related to the personal safety of the older person, as fear of crime remains a significant concern for the group. There is a close alignment between the information needs of older people identified by Beamish (2008) and the work carried out by many HIAs across the UK, as HIAs can provide information on all these aspects as well as practical assistance in many areas.

A Health and Social Care recognition of the need for HIA services

The fact that independent living and a feeling of safety in the home are central to the aspirations of many older people was recognised in the Western Trust *Strategic Framework for Older People's Care 2007-2011* (WHSSB, 2007: 34)⁴⁶.

⁴⁶http://www.westerntrust.hscni.net/services/Primary%20Care%20and%20Older%20People%20Services/Meeting%20the%20Needs%20of%20Older%20People%20Locally%202007%20-%202017_full%20document.pdf

The document also noted that: “Older people do not have enough information available to them regarding their housing needs. Older people need clear information on the available housing options; consideration needs to be given as to how alterations to older people’s current living arrangements could be carried out to enable them to remain in their own home for as long as possible; and, older people consistently spoke about problems they faced in accessing services that would help them stay on their own homes” (WHSSB, 2007: 43). From these findings the strategic framework makes a number of recommendations including:

There is a need to improve collaborative arrangements between the Northern Ireland Housing Executive, Health and Social Services organisations and older people themselves in order to provide *practical support* that will allow older people to remain living in their own homes. This would mean *increasing the number of* floating support and peripatetic support schemes and *care and repair type projects*. (WHSSB, 2007: 47-48, emphasis added.)

Belfast Healthy Cities (2006) also drew attention to the fact that many older people were struggling to maintain their own homes due to deteriorating health, low incomes, living in older properties, and heating costs. Belfast Healthy Cities (2006) also identified care and repair and housing adaptations as core housing issues. It advocated better collaboration between the NIHE and health and social services agencies, to allow older people themselves to provide practical support mechanisms, enabling them to remain in their own homes, in well maintained, warm and physical suitable environments. It also urged better access for older people to home improvement and/or care and repair and maintenance services to help them to maintain independent living, and argued that assessments and adaptations to older people’s homes should be carried out quickly enough to contribute to and promote a good quality of life (Belfast Healthy Cities, 2006: 67).

Home safety has become a key feature of the related services provided by HIAs⁴⁷. Belfast Healthy Cities (2006) considered home safety, co-ordinated falls prevention schemes and home safety checks identifying falls prevention as key issues to be addressed in the Healthy Ageing Action Plan (Belfast Healthy Cities, 2006). Furthermore, the EHSSB (2006) also required health and social services trusts to establish effective systems to identify older people who are likely to be at risk of a fall and to develop a range of services to address fracture and falls prevention.

Community safety

Whilst crimes against older people are not high in Northern Ireland (CSU, 2009), the *fear* of crime is consistently raised as a core concern by older people (Belfast Healthy Cities, 2008; Beamish, 2008; Evason 2004a). The OFMDFM, (2005: 21) argued that the fear of crime for older people “... blights the quality of later life at home”. Beamish (2008) found that the fear for personal safety was a core priority in relation to information needs and that older people needed information on making their homes safe, especially regarding the availability of initiatives and grants for the installation of physical measures to the home as a means of

⁴⁷ See Adams (2006).

improving home security. The Community Safety Unit (CSU) in Northern Ireland uses “preventative measures that contribute to crime reduction and tackle anti-social behaviour”, an area with which many HIAs assist throughout the UK⁴⁸

Even though Northern Ireland has one of the lowest levels of crime in the UK⁴⁹, 502 violent crimes and 1,081 domestic burglaries against people aged 65 and over were recorded between April 2008 and March 2009. A review of the fear of crime among older people and its effect on health has helped highlight the complex and interlinked nature of these issues⁵⁰, especially regarding burglary, which was joint first in the concerns of the older community here. The Northern Ireland Life and Times Survey (2008) found that the fear of crime was the second most significant factor affecting older people; it was cited by 69% of respondents aged 65 or older and was only marginally behind the most commonly-raised issue: keeping warm in winter.

Many HIA services across the UK are active in addressing concerns relating to home security: Adams (2006) reported that 87% of all responding HIAs delivered home security services to older people, with home safety checks also featuring as a central service area.

5.6 Conclusion and section summary

With an ageing demographic profile and the rising need for cost efficiencies in relation to statutory service provision, a number of key issues have been identified in Northern Ireland:

- Issues relating to older persons have been recognised by government and statutory services in a number of contexts and over some time.
- Effective planning is required for the medium to long term by all statutory providers. This should include seeking future models of provision which assist the achievement of common and inter-agency/cross-departmental goals, in the most cost effective manner.
- Whilst there has been an acknowledgment of the need for HIA services by statutory agencies, there has been no consistent progress in the development or extension of these services within/across Northern Ireland.
- Research evidence regarding the needs of older people has highlighted issues which are currently dealt with by HIAs in other UK regions (often enabled through statutory funding) especially information needs, safety within the home and falls prevention.

⁴⁸ <http://www.communitysafetyni.gov.uk/>

⁴⁹ CSU (2009).

⁵⁰ See Belfast Healthy Cities (2007) *Older People, Fear of Crime and Health: the spirals of cause and effect*, Belfast: Belfast Healthy Cities.

Section 6: Statutory funding and home improvement service provision in Northern Ireland

6.1 Introduction

The HIA sectors in England, Scotland and Wales are well established. They have expanded and diversified service provision, often with the help of, and/or in response to government funding initiatives. There are two well-established HIAs in Northern Ireland but their services, which are core funded by government, remain centred upon the delivery of grants processing and advice. There has been no comprehensive review of other HIA ancillary-type services that are provided in Northern Ireland outside of the two established agencies, particularly regarding which services receive statutory funding support. This, therefore, was the central aim of this study and the results of primary data collection are discussed in this section.

The mapping exercise of statutorily funded HIA services in this study has assisted in building an understanding of the complexities in relation to the funding and delivery of services. Although the main focus of this research was to consider statutorily funded services, it also has had to examine the voluntary and community sectors in relation to HIA service delivery. Examples of provision have been included to demonstrate the varied and complex nature of provision and the positive work being undertaken in this area. This section also considers services which do not directly receive statutory funding but are supported in some way by the statutory sector.

6.2 HIA Market Structure in Northern Ireland

In terms of general issues in relation to the statutory funding of HIA services, this research has established a number of points:

- Northern Ireland has two HIAs which are core funded with statutory monies from Supporting People: Fold's *Staying Put* and Shelter Northern Ireland's *GABLE* initiative; these together manage private sector grants assistance to the elderly and disabled across the whole of Northern Ireland⁵¹.
- A number of statutory sources currently provide funding support for HIA ancillary services which are predominantly *delivered* by voluntary and community sector organisations⁵².
- Statutory funding is often allocated for the provision of a particular aspect/service type, e.g. home security,.

⁵¹ See Section 4.

⁵² Statutory sources include: DSD, DHSSPS, DOJ, DARD; NIHE; CSU; Health Trusts; PHA; local councils and PSNI.

- Statutory housing sources, including the DSD and NIHE (SP and Private Sector Grants), are significant providers of funding for HIA services.
- The level of health service funding could be considered to be low in comparison to England; key stakeholders suggested that this was related to the dominance of funding by Trusts of personal care services (see Section 7);
- The majority of voluntary and community organisations identified in this study attract government funding in some form, including: core funding for some organisations; specific grants or currently available funding programmes; and, the provision of labour for initiatives through funded employment schemes such as *Step Ahead*.
- The safety and security of older people is an area with a significant number of projects in receipt of statutory funding and/or partnership working, often using creative and partnership models of service funding and provision.

6.3 Public expenditure and the funding of HIA services: typology of provision

In the absence of a centralised strategy and financial commitment, funding for HIA services in Northern Ireland can be traced to a number of statutory sources, including the four government departments of: Social Development (DSD); Health, Social Services and Public Safety (DHSSPS); Justice (DOJ) and Agriculture and Regional Development (DARD). Department of Employment and Learning (DEL) initiatives also support a number of voluntary and community organisations which provide HIA services, for example through 'back to work' programmes including *Step Ahead*^{53,54}. Other sources of statutory funding include local councils, CSU, Public Health Authority (PHA), PSNI, Health Trusts (Trusts) and the NIHE through a series of funding vehicles.

The DSD provides financial support for HIA services through various mechanisms. The DSD also has strategic responsibility for community and voluntary sector development and energy efficiency measures in relation to the reduction of fuel poverty. A typology of funding provision has been developed in this study to structure the discussion and provide a greater understanding of which organisations currently fund services.

⁵³ *Step Ahead*, part of the government's *Steps to Work Programme*, offers a temporary job, often within the voluntary and community sector, for up to 26 weeks for those who meet a number of conditions including having been out of work for 30 months or more. For more information see <http://www.nidirect.gov.uk/index/employment/jobseekers/jobseekers-programmes/jobseekers-steps-to-work/jobseekers-stw-step-two.htm#stepahead>

⁵⁴ Examples have been found of organisations within the voluntary and community sector that use *Step Ahead* workers to provide e.g. gardening services.

Table 2: Typology of HIA provision in relation to statutory funding

Tier	Typology
Tier 1	<p>Statutory only</p> <ul style="list-style-type: none"> • In-house generalist advice role • Statutory services and partnership working
Tier 2	<p>Statutory funding for service provision by the voluntary and community sector</p> <p><i>Level 1:</i> Voluntary and community organisations as commissioned service providers</p> <p><i>Level 2:</i> Voluntary and community organisations in receipt of grant/programme funding</p> <p><i>Level 3:</i> Statutory, voluntary and community partnerships</p> <p><i>Level 4:</i> Extending partnerships – securing provision.</p>
Tier 3	<p>Voluntary Sector Provision – with links to statutory assistance</p>

Tier 1: Statutory only

Although a number of statutory funders have been identified, these organisations do not, in the main, directly provide HIA services. Service delivery is usually undertaken by voluntary and community sector organisations. This arrangement is similar to the rest of the UK. Where statutory organisations do provide some of these services, it is usually on a partnership basis in response to government programmes to deal with a specific issue such as home safety and security. Statutory bodies also have a role in the provision of advice and information and in guiding older people towards available HIA services within their local communities; this applies especially to the DSD, DHSSPS, NIHE, PSNI and local councils.

*Statutory services and partnership working*⁵⁵

An example of partnership working between statutory services is the *Investing for Health* initiatives which are funded by the PHA. Each Trust with Northern Ireland has an *Investing for Health Partnership* which can apply for funding to tackle or promote aspects of these initiatives, including Longer and Healthier Lives; Reducing Inequalities; Accidental Injuries, Healthier Choice and Healthy Environment and Good Housing. One example of statutory partnership is the *Southern Safer Homes Initiative* which draws together district councils in partnership to work on tackling locally identified need, in this case home safety.

⁵⁵ The work of CSPs would also fall into this tier as they are located within and delivered by local councils; however, they are discussed within Tier 2, level 3 due to the partnership emphasis involving the voluntary and community sector.

Southern Safer Homes Initiative⁵⁶

This Initiative, launched in February 2008, operates in the Southern Trust region with core funding provided jointly through the *Investing for Health* Initiative (40% of the funding) and the Southern Group Environmental Health Committee^{57, 58}. The Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne councils jointly provide 60% of the funding for the scheme for the provision of Home Safety Audits to reduce the number of home accidents (e.g. falls, fire, accidental poisoning, scalds and burns)⁵⁹. Funding is available until 2011.

The service is provided free to those households that have a child under the age of five or an older person over the age of 65. Approximately 75% of those using the service are older people and referrals are accepted from any person or organisation if they have the consent of the household. Referral sources have included: health professionals; self; relatives; community groups; Northern Ireland Fire and Rescue Service; Age NI; A2B; charities and volunteer groups.

Home Safety Officers can also provide free safety equipment (e.g. low energy light bulbs, touch lamps) and/or contact other agencies to help deal with any safety-related issue. Equipment is funded through a cocktail of income streams including *Investing for Health Strategy* monies, local councils, the Trust, the Loughshore Partnership and the NIHE. Whilst the service is needs-led with funding obtained on this basis, supply does not meet demand as there is a waiting list of approximately three to four months for a safety check to be completed.

The *Southern Safer Homes Initiative* takes a holistic approach to the needs of the older person and is a valuable complementary service to the person-centred clinical falls prevention services provided by the Trusts. Home Safety Officers identify the barriers and potential dangers to well-being and independent living. The tandem operation of the person-centred (falls service) and the home-centred (safer homes initiative) together provide a good opportunity to lengthen independence within the home environment. However, the initiative operates within limitations as it does not rectify identified maintenance hazards but relies on referrals to other agencies to complete such work.

The *Community Crime Alert Scheme* is another example of partnership working. It is run by Armagh City Council in partnership with the PSNI and has been designed to provide home safety measures for the elderly within the city council area.

⁵⁶ Similar schemes include those run by the Eastern Group using *Investing for Health* monies and the Western Group who have recently received Lottery monies.

⁵⁷ Council's Environmental Health remit states that they *may* have a role in home safety. The Southern Group Environmental Health Committee thought there was a locally identified need for a home safety initiative and used this conduit to develop a service.

⁵⁸ See: <http://www.sgehc.com/Home%20Safety.aspx>

⁵⁹ Information taken from Home Safety Officer Questionnaire response.

Tier 2: Statutory funding of service provision: linkages with the voluntary and community sector

The voluntary and community sector plays a critical role in the delivery of HIA ancillary services in Northern Ireland. This section focuses on the organisations that use public expenditure in some form to provide HIA services to local communities. The examples explore the complexity of the delivery of these services and examine some issues relating to geographical coverage and the sustainability of service delivery. It can be difficult to determine precisely which funding agency is responsible for particular service provision as many non-statutory organisations obtain funding from a variety of sources rather than through a single funding body or stream.

This model of service provision raises many issues and challenges for both sectors. One benefit is that many local groups have only received funding after a competitive bidding process that established the need for a particular service in their geographical area. This helps to ensure that statutory funding is targeted to meet local need. However, the use of this process also raises questions about the effectiveness and value of many of these projects, as the services that are provided are neither regulated nor formally evaluated. However, without this form of partnership and collaboration, many of the current services could cease to exist.

The importance of public expenditure in the provision of HIA services can be clearly established in the second tier of this typology, as the majority of services identified received statutory funding (whether directly or indirectly) for service delivery. Due to the extent and diversity of the funding types and sources within this broad tier a sub-categorisation can be used:

- Level 1: voluntary and community organisations as core funded/commissioned service providers
- Level 2: voluntary and community organisations in receipt of grant/programme funding for service provision
- Level 3: statutory, voluntary and community partnerships
- Level 4: extending partnerships – securing provision

Level 1: voluntary and community organisations as core funded/commissioned service providers

Level 1 includes services that have been core funded or commissioned by statutory organisations and are delivered by voluntary and community sector organisations. The two HIAs are the most obvious examples of services at this level which are core funded from Supporting People monies and provide a clearly defined range of services to a clearly defined group (in this instance older and disabled people). Examples of identified services are included in Table 3.

Table 3: Statutory core funded/commissioned services

Statutory commissioner(s)	Voluntary/ community sector provider	Scheme	Service examples
NIHE	Fold Housing Association	Staying Put	Information and advice on grants for home improvement and adaptation; practical help with the grants administration; technical support and advice etc
	Shelter NI	GABLE	
NIHE (SP) & Belfast Health Trust	Belfast Central Mission	Lite 60+ Scheme	Maintenance, safety and home security; housing options and benefit advice.
DSD (core funded) and programmes funded by e.g. NIHE	Housing Rights Service	Housing Advice NI	Housing advice and advocacy services
DSD, NIHE, local councils etc	Citizens Advice Bureau		Advice and advocacy services; benefit checks
DSD	Bryson Charitable Group	Warm Homes Scheme	Grants for improving energy efficiency of homes to tackle fuel poverty.
	H & A Mechanical		
DSD	The Energy Saving Trust		Advice on energy saving measures and grants.

All of the above core funded schemes support HIA objectives relating to the retention of independence in the home, though some are limited in terms of coverage; e.g. in relation to eligibility, geographical boundaries, referral sources and/or timescales of budgetary allocation.

An example of a scheme which illustrates these issues is the *Lite 60+* which is delivered by Belfast Central Mission (BCM).

Lite 60+ Scheme, Belfast Central Mission⁶⁰

The Living Independently Through Empowerment (LITE) scheme supports individuals through the provision of floating support within the home and is funded through a partnership between Supporting People and the Belfast Trust. It provides a range of services including maintenance, safety and home security. Benefits advice and general advice, including long term housing/ care options⁶¹, are provided by a Floating Support Co-ordinator, Floating Support Workers and a Handyperson.

The scheme is available to those aged 60+ living in the South and East Belfast areas who have their own tenancy. It is available for a minimum of six weeks, up to a maximum of two years. Previous users of the service can also reapply after the two years. Services are provided free of charge apart from the cost of specific items that need to be purchased in relation to the handyperson maintenance services, for example a new lock⁶².

Under the funding terms, the scheme operates only on the basis of referrals, which can be accepted from health and social care or NIHE staff, with the majority coming from the Trust. The funding terms restrict the acceptance of self-referral to the scheme because this could result in demand increasing to levels that could not be met at current funding levels. The scheme operates with Supporting People funding and thus falls under its quality assessment framework. This process is also reinforced by internal evaluations.

Level 2: voluntary and community organisations in receipt of grant/ programme funding

A significant number of the HIA services traced in this study were in receipt of monies from specific statutory programmes rather than being core funded and commissioned by the government agencies themselves, for example the DSD's *Neighbourhood Renewal Programme*, the *Local Community Fund* and DARD, *Rural Challenge Programme*.

Neighbourhood Renewal Programme (NRP)

A major focus of the work of the regeneration team within the DSD is the implementation of the cross government departmental *People and Place – A Strategy for Neighbourhood Renewal* (2003). This strategy was a focus for tackling those areas that had the most significant levels of deprivation, selected using the Noble deprivation indicators. Within the thirty-six areas selected, Neighbourhood Partnerships (NRP) were established to bring the government, voluntary, community and private sectors together in a bid to improve local living conditions.

NRP funds are available to target locally identified priorities. HIA-related initiatives must therefore compete for funding with a wide variety of other social needs, priorities and groups within these areas. The schemes assist communities living within geographically defined areas and therefore are not a vehicle within which HIA services could be delivered across the whole of Northern Ireland. One example of such a scheme is the B.E.A.T (NI) Ltd project in Ballykeel, Ballymena.

⁶⁰ See <http://www.belfastcentralmission.org/ourwork/LITE60+.asp>.

⁶¹ See BCM Lite 60+, General Information Leaflet

⁶² See BCM Lite 60+, Your Questions Answered Leaflet.

B.E.A.T. (NI) Ltd ⁶³

B.E.A.T. (NI) Ltd, established in 2004, receives 80% of its funding through the Neighbourhood Renewal Partnership for the Ballykeel and surrounding Ballymena area with funding being allocated on a year-by-year basis. The remaining 20% is funded via self-generated income. The focus of the work undertaken by the project is on gardening, DIY and decorating which were established as being local priorities through the NRP,.

B.E.A.T. (NI) Ltd. operates as a social economy business in order to generate additional income and therefore offers services to everyone (including the private sector) in the Ballymena and Antrim areas. Free estimates are provided and all services are charged for at an hourly rate with rates depending on the work involved i.e. unskilled = £11.00 per hour and skilled = £12.00 – 18.00 per hour.

Community Support Programme and the Local Community Fund

The DSD *Local Community Fund* provided funding of £2 million per year for the years 2006-2008 to those communities who were in the areas of next greatest deprivation. The fund was incorporated into the *Community Support Programme* (to be administered by councils) in April 2009 and the allocation for 2009-2010 was £1 million⁶⁴. This fund was designed to assist communities that fell outside NRP but were considered to have weak community infrastructure. The monies were targeted at projects which could make a "... noticeable difference in their local areas"⁶⁵. Monies were allocated on a yearly basis with an application having to be made each year for a further funding allocation.

Rathgill Community Association, Handyperson Scheme

Rathgill Community Association provides services to the Rathgill SPOD area⁶⁶ and Kilkookey estates Neighbourhood Renewal area in Bangor⁶⁷. Monies have been used to fund Rathgill Solutions and the provision of a Handyperson scheme as this was highlighted as an area of low provision but high need locally. The scheme provides low level maintenance and gardening services where the *Local Community Fund* was used to provide equipment, for example. The funding for this initiative was due to run out in 2010 and was unlikely to be extended beyond this time, leaving the project's future sustainability in question. The association is run as a social economy business in the community and, therefore, charges for any services provided as a means of bringing small amounts of money back into the organisation which are then used to fund education initiatives. Whilst a charge for the service is currently being levied this has proven insufficient to cover the costs of the works undertaken.

⁶³ See: <http://beat.farming.officelive.com/default.aspx>.

⁶⁴ See http://www.dsdni.gov.uk/community_investment_fund.

⁶⁵ See http://www.dsdni.gov.uk/local_community_fund.

⁶⁶ The NIHE has played a role in the delivery of some monies as part of their Small Pockets of Deprivation Programme (SPOD). SPOD areas are deemed to be small areas which, although deprived on the Noble scale, are too small to receive effective help through the mainstream neighbourhood renewal processes.

⁶⁷ See <http://www.rathgill.org/>

Rural Challenge Programme

The *Rural Challenge Fund* was made available by DARD in response to the *Rural Anti-Poverty and Social Exclusion Framework* which outlined areas of concern within rural communities, including the need to tackle social exclusion and poverty. Monies from the *Rural Challenge Programme* are being used to fund local projects which seek to work towards alleviating these issues and achieving this goal, with the elderly being one of the eight target groups included in the framework. DARD made £400,000 available for projects associated with this theme and examples of broad HIA-ancillary services can be identified within the successful bids. Examples include £2,000 allocated to help establish the Portaferry Women's Group, which deals with issues including money advice, housing and health and well-being, and the Rasharkin Community Association, which received £4,000 to provide an *Aids to Benefits for Older People Service*.

Level 3: Statutory, Voluntary and Community Partnerships

This study has identified partnerships across sectors as a vital element of securing the provision of HIA services in Northern Ireland, especially in relation to the *Investing for Health* and community safety agendas. The initiatives identified in level 3 differ from those in levels 1 and 2 in that they rely on partnership approaches between sectors to secure statutory funding.

Investing for Health

The *Investing for Health* Initiative has been discussed within Tier 1 of this discussion. This Initiative was also found to have funded projects directly within the voluntary and community sector such as that provided by East Down Rural Community Network. This project, which also received DARD funding, provides services to older people including falls prevention, home safety checks and energy efficiency measures.

Community Safety Partnerships

Community safety is an area which cannot be dealt with by one single agency and requires the collaboration of a series of statutory, voluntary and community organisations. In order to enable this process the *Community Safety Strategy for Northern Ireland* secured the establishment and use of local *Community Safety Partnerships* (CSPs) within district councils. District councils were considered to be a good vehicle to provide leadership within the partnership, as they had pre-existing networks which could be drawn upon and utilised by the CSPs in order to identify and tackle local need.

CSPs principally deal with a wide range of safety issues rather than having a focus purely on HIA services. However, it can be argued that care and repair can often become a community safety issue, for example when the grass at an older person's home becomes unkempt and draws attention to the home, making it the site of a potential threat to the occupant. Indeed, physical security is a core element of the key goal within the strategy to reduce crime and anti-social behaviour and many HIAs in the UK provide home safety checks, often through their handyperson service, which are funded from policing related sources.

The role of CSPs has come to incorporate home safety issues which can be funded from the *Stay Safe, Stay Secure Campaign* which provided £2.58 million to the CSU to improve the home safety of older people. These monies have been used to fund a series of community safety initiatives across the CSPs. The initiatives, however, have been referred to as different things locally and have been funded in varying ways with different cocktails of funding. For example, Newtownabbey Council has implemented a four-tier security scheme and Lisburn has developed a *Safe and Secure Scheme* which is funded by the local CSP and the PSNI. Magherafelt Area Partnership has used small grants to fund the installation of security lights to the homes of older people⁶⁸. This approach in relation to the work of CSPs is commonplace in the rest of the UK, and is often seen as a handyman service (as in Appendix 1).

Lisburn Secured, Lisburn CSP

Lisburn Secured home safety initiative was established in 2006 and is managed by Lisburn CSP. The project uses risk assessment eligibility criteria and service users include older people who can receive home safety equipment such as door viewers, chains, door and window locks. Home assessments are completed by the project Coordinator who makes a referral to a contractor to complete the work within designated timescales.

Level 4: extending partnerships – securing provision through alternative sources

As identified in level 3, the partnership approach has produced positive results in the delivery of HIA services, particularly in the areas of community safety and security. This research also has found examples where significant levels of funding have been made available by private or alternative sources to help with HIA ancillary service provision. This additional funding often would not have been available without the involvement of both statutory and voluntary agencies. In effect, by building and extending partnership working for the benefit of local communities and particular groups, monies have been secured by a number of projects to develop and/or enhance services. One example of this is the Big Lottery, *Safe and Well Programme* which is a grants-based programme targeting local issues through partnerships between the voluntary and community sector or between the statutory, voluntary and community sectors. Successful projects have met highly prescribed outcomes and priorities which included the building of community, voluntary and statutory partnerships for and within the communities where the projects were based. Many of the eighteen awards made under this programme in June 2009 have HIA service provision embedded within them. They each received around £1 million for projects to run over a 5 year period. Examples of successful projects include:

- *The Bridge Community Association, Belfast, Alert and Aware Project*, which provides services including home safety checks and information and advice services for vulnerable groups (including older people) in South and East Belfast.

⁶⁸ See <http://www.magherafelt.org/csp.html>.

- *Down Lisburn Safe and Well Older Person's Project*, which will build on the work undertaken by the South Eastern Social Care Trust, *Safe and Well Project* with services including accident prevention and securing homes.
- *Omagh District Council, Western Home Environmental Assessment Project*, a partnership with councils, led by the Environmental Health Committee, to target groups (including the over 65s) with the aim of reducing home accidents and the fear of crime through home assessments on accidents, falls prevention and energy efficiency, advice, sign posting and onward referral.
- *Ageing Well Roe Valley, Limavady, Be Safe and Be Well Project*, which provides a range of services for older and young people, particularly in the rural hinterlands; planned projects include handypersons services for small DIY tasks and gardening, oriented towards local need.

Many projects also receive lottery monies where partnerships extend to joint funding, and some local councils also have committed funds, as in the case of the *Western Home Environmental Assessment Project*.

Tier 3: Voluntary sector provision – with links to statutory assistance

Organisations in this tier perform extremely valuable work but they are not discussed at length here because they do not receive statutory funding directly for HIA services. Schemes within Tier 3 mainly rely on voluntary activity but some add value to schemes that do receive statutory funding and others receive some statutory support indirectly. Diverse models of service provision are found, including organisations which receive statutory funding for other services and have separately developed HIA services provided by volunteers. In such cases, the HIA service might not have developed if the organisation had not received statutory funding. One example is the gardening service provided by the Wishing Well Family Centre.

Some other organisations are not statutorily funded for HIA service provision but use government employment programmes (e.g. *Step Ahead*) to provide labour for HIA services. For example, *Step Ahead* workers at The Resource Centre in Derry undertake handyperson jobs including DIY and gardening.

The Wishing Well Family Centre Gardening Service

The Wishing Well Family Centre in Upper North Belfast receives Neighbourhood Renewal Funding to provide core childcare and family programmes. The centre has diversified, in response to identified local needs, into the provision of a gardening service for the elderly in the Ardoyne, Glenbryn and Alliance communities. This service is not funded by statutory bodies but is provided through the help of two volunteers who work from 9 am to 1 pm each day. In order to raise basic funds for this service, the centre places a charge on the service being provided which is based upon garden size. The standard charge is approximately £5.00.

6.4 Types of services being provided

Table 4 provides examples of HIA services identified by this research in the various levels of our typology. There are inevitably some overlaps between levels in this typology, as some identified organisations provide more than one service and some may not provide all aspects noted within the service example.

Table 4: HIA service typology with local examples

Service area	Service examples	Service provider
Core		
Repairs and Home Adaptations	Technical service and advice	<ul style="list-style-type: none"> – Fold, Staying Put – Shelter, GABLE
Housing Related Advice and Information	Benefits check; advice on grants for repairs/adaptations; property condition/work /required grants; accessing support services.	<ul style="list-style-type: none"> – Fold, Staying Put – Shelter, GABLE – Housing Rights Service – Citizens Advice Bureau – Age NI, AdviceLine – Good Morning Initiatives – LCDI, FlexiCare – East Down Rural Community Network – BCM, Lite 60+ – The Bridge Community Association, Alert and Aware Project – Western Home Environmental Assessment Project
Ancillary		
Handyperson	DIY, help with small jobs; minor adaptations; home safety checks; falls/accident prevention; security checks (install locks); electrical; plumbing; heating.	<ul style="list-style-type: none"> – Age NI, HandyVan (ceased February 2011) – BCM, Lite 60+ – B.E.A.T. (NI) Ltd – LCDI, FlexiCare
Falls Prevention	Hazard check and provision grab rails etc; heating.	<ul style="list-style-type: none"> – No dedicated services found. Hazard checks often under handyperson/home safety check not extend to other areas generally – Age NI HandyVan – East Down Rural Community Network – BCM, Lite 60+ – Down Lisburn Safe and Well Older Person’s Project – Western Home Environmental Assessment Project

Table 4 (cont'd): HIA service typology with local examples

Service area	Service examples	Service provider
Ancillary (cont'd)		
Home Safety Check	Lock fitting etc	<ul style="list-style-type: none"> – Lisburn Secured – Southern Safer Homes Initiative – Newtownabbey Council, 4 tier security scheme – Armagh City Council, Community Crime Alert Scheme – Age Concern Cookstown, Door Intercom Scheme – East Down Rural Community Network – The Bridge Community Association, Alert and Aware Project – Down Lisburn Safe and Well Older Person's Project – Western Home Environmental Assessment Project
Gardening Services	General garden maintenance	<ul style="list-style-type: none"> – B.E.A.T. (NI) Ltd – LCDI, FlexiCare
Energy Efficiency Improvement	Grants advice etc	<ul style="list-style-type: none"> – Bryson Care – H & A Mechanical – Energy Saving Trust – East Down Rural Community Network
Hospital Release Support	Minor adaptations to properties	<ul style="list-style-type: none"> – e.g. Age NI HandyVan provides minor adaptations, not directly linked to hospital release support.
Housing Options Service	Advice and support to help individuals move to suitable home/ remain in own home with support.	<ul style="list-style-type: none"> – No dedicated services found. – e.g. Age NI, AdviceLine will provide advice services

Neither hospital release support nor formalised and stand alone housing options services were identified as being funded by statutory sources during the course of this research.

BCM's Lite 60+ does offer services aligned to housing options advice and support for its clients, but this is not a dedicated housing options scheme. Also, the research recognises that hospital support services have been commissioned in Northern Ireland, but these tend to be highly person/personal care centred rather than looking at making changes, however small, to the physical environment to allow early discharge and/or to prevent bed blocking due to the need for small adaptations or home repairs. In relation to hospital discharge, there is evidence of small, localised schemes whose services help to facilitate early discharge. However, these organisations and services do not currently receive statutory funding (for example, the Ardcomm Maintenance handyperson service) .

6.5 Geographical coverage

It is suggested that a *broad* categorisation can be used to consider the geographical coverage of HIA services to older people in Northern Ireland.

- Northern Ireland-wide provision;
- significant provision;
- geographically concentrated provision;
- localised provision.

With regard to care and repair, in particular, one project worker suggested that current provision amounted to “a postcode lottery”.

Northern Ireland-wide provision

There is a close alignment between the schemes that have Northern Ireland-wide coverage and those within level 1 of the typology, i.e. voluntary and community organisations as core funded/commissioned service providers⁶⁹. These schemes receive core funding and/or are delivered directly on behalf of statutory bodies. When considering Northern Ireland-wide provision it is also important to recognise that services cover the full population but are not necessarily provided by one organisation⁷⁰. An example of this is the work undertaken by Bryson Charitable Group managing the Warm Homes Scheme. Their work on this scheme together with H & A Mechanical ensures access for all those deemed to be eligible, across Northern Ireland⁷¹. Other organisations providing services across Northern Ireland include: Housing Rights Service; Citizens Advice Bureau and the Energy Saving Trust. Age NI also offer their Advice Line telephone service to all older people; this can provide information on a range of issues including housing, benefit entitlement and sign-posting, as well as making referrals to other services where necessary. In addition to providing advice services, the CAB will also signpost or refer clients to other required services⁷².

The services within this category are mainly advice-based, with many operating successful telephone advice services. Two schemes (Warm Homes and Energy Saving Trust) solely concentrate on energy efficiency issues. The only examples which are designed for and provided solely to meet HIA core objectives are the Fold and Gable services giving private sector grants advice and assistance to older and vulnerable people.

Significant geographical provision

Below provision at Northern Ireland wide level, the availability of services becomes much less clear and has an uneven geographic distribution. Indeed, even where services are present, their delivery is too often limited by funding constraints, eligibility criteria such as place of residency, and waiting lists which may exist to access services. It has been possible to identify schemes which have wide but not comprehensive geographical coverage and/or only provide services for some groups/types of older persons.

⁶⁹ See Table 4 in this section.

⁷⁰ The schemes provided by the Housing Rights Service and Citizens Advice both receive government funding to provide their services; however, they rely on a cocktail of funding sources which also include fund raising and in case of CAB Peace funding from the European Union.

⁷¹ Another example of Northern Ireland-wide provision on a combined basis is the work of the two HIAs themselves.

⁷² See <http://www.citizensadvice.co.uk/>.

Schemes considered here generally cover an area of more than two district councils. Examples of projects with significant geographical provision include some with home safety and security as their main priority, including the Southern Safer Homes Initiative (covering Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne District Council areas) and the Western Home Environmental Assessment Project (which includes Omagh, Limavady, Derry, Strabane and Fermanagh District council areas). Also within this category, when looking at particular types of HIA services, we can include the Fold (Staying Put) and Shelter (GABLE) schemes, plus the Bryson Charitable Group and H & A Mechanical Warm Homes Schemes. Another scheme which has expanded in relation to its geographical coverage and services since its establishment in 2006, and which has plans to further develop to full Northern-Ireland-wide coverage, is the Age NI HandyVan service.

HandyVan, Age NI⁷³

HandyVan focuses upon helping to improve the safety and security of older people, particularly those who were vulnerable in their own homes, through the provision and installation of home security measures, e.g. spy holes, locks and chains, without cost to the service user. HandyVan fitters also carry out small adaptations (such as fitting grab rails) and 'minor safety repairs' (such as securing loose carpets), and provide practical advice to the home owner (work that will not take more than 30 minutes to complete). Services are provided to all areas excluding the Western Trust and the Bangor and Newtownards areas of the South Eastern Trust⁷⁴. Access is based on eligibility criteria which stipulate that householders must be aged over 60, have less than £10,000 in savings, and have lived within the council areas in which the scheme operates.

HandyVan is funded from a cocktail of sources which in 2009-2010 included the statutory sources of the CSU (under a service level agreement based on the number of older people being assisted), Northern Trust, South Eastern Trust (Neighbourhood Renewal monies from DSD to Trust), Down District Council and also the Trust House Foundation, Ulster Garden Villages and the Royal British Legion. Much of this funding is insecure as the only secured long-term funding is from CSU for a five-year period. Age NI is considering offering this service across Northern Ireland through a social economy model which would allow it to generate sufficient income to support on-going service provision.

In the evaluation of the HandyVan service undertaken on behalf of Age Concern (now Age NI) the most significant statistics provided may be that 100% of respondents stated that there had been an effect on their well-being and 92% reporting that their personal/home security had been improved a lot⁷⁵.

Good Morning Services, Good Morning Network

The classification of Good Morning Services is complex as they now form a network of twenty agencies and the Good Morning Initiatives are now available in all areas except Fermanagh. Whilst it could be argued that the basic Good Morning service is not an HIA service, it provides valuable advice and information. The Network's model of services is interesting as it provides the twenty individual

⁷³ See <http://www.ageuk.org.uk/northern-ireland/home--care/home-safety-and-security/handyvan/>.

⁷⁴ In November 2009 the NIO announced that the HandyVan scheme was to be extended across Northern Ireland as part of the *Safer Ageing Strategy*. See <http://www.cardi.ie/news/handyvanschemerolledoutacrossnorthernireland>

⁷⁵ Refer to Gillespie, N. and Cunningham, G. (2008) *Evaluation of Handyvan Service in Greater Belfast for Help the Aged*, Community Evaluation Northern Ireland: Belfast.

services with the freedom to design and provide schemes which target and meet prioritised local need. The scheme therefore combines network strength and independence for schemes to prioritise local interests and priorities. There are examples of HIA service provision relating to this network, such as the Good Morning West Belfast Handyperson service. The three Good Morning Services in Belfast were exploring the expansion of the handyperson service in partnership on a city-wide basis, with a planned application for Lottery funding. Examples of other HIA related services provided by individual initiatives include: benefit checks provided by the Ballycastle and Magherafelt/Cookstown services; signposting by the North Down, Ards and Omagh services; and, security locks and chains by Carrickfergus.

Geographically concentrated provision

There are many examples of services that are confined in their provision to specific geographical areas, perhaps within one or two district council areas. Examples are often based upon either Trust or district council boundaries, where geographical considerations and restrictions of provision have been put in place by funders of the service who operate within these highly designated areas. Examples of identified schemes which fell into this tier within the research include: East Down Rural Community Network, Down District Council Area, A2B, Flying Horse Ward Community, Down District Council Area, and Flexicare/LCDI scheme in the Limavady and Waterside area of Derry/Londonderry⁷⁶.

Localised provision

Many services identified in this study are highly localised and service-specific, with very few having any access to direct statutory funding. Some, however, have used government programmes such as employment programmes to allow them to offer HIA-ancillary services - typically handyperson or gardening services – within their local communities. Examples include The Resource Centre, Handyperson Service (Shantallow Estate, Derry/ Londonderry); and Ardcomm Maintenance, Handyperson Service in West Belfast⁷⁷.

6.6 Eligibility

Eligibility for services varies greatly depending on the individual service. However, eligibility criteria are more tightly controlled and prescriptive where services are in receipt of statutory funding, or where monies have been received to deliver services on a commissioned or funded programme basis. This often includes prescribed eligibility criteria and geographical boundaries in order to secure monies for the projects/services.

The key features that appeared to govern eligibility to services were age, location, referrals from particular organisations/ bodies (e.g. *Lite 60+*), and savings in the example of Age NI, *Handyvan* service. Some schemes used a combination of these factors such as: *Lite 60+*, Age NI *HandyVan*.

⁷⁶ Other examples include: Lisburn Secured, Lisburn CSP, Lisburn City Council area; B.E.A.T (NI) Ltd, Ballymena and Antrim areas; Community Crime Alert Scheme, Armagh City Council area.

⁷⁷ See the discussion on Tier 3 in Section 6.

The main eligibility criterion relating to HIA schemes provided to older people was geographical location or place of residence, because most of these schemes are provided to communities within designated areas. Assuming place of residence is a defining factor other classifications can be identified:

- *Open to all* : e.g. B.E.A.T (NI) Ltd (charged for services) and East Down Rural Community Network (emphasis on the elderly);
- *Elderly only*. e.g. Armagh City Council, Community Crime Scheme; LCDI, Flexicare.
- *Limited to certain groups (e.g. older people, those on low incomes or families with young children)* e.g.: Southern Safer Homes; Western Home Environmental Assessment Project.

6.7 Charging for services

Most services in receipt of statutory funding did not levy any charge to the service user. However, B.E.A.T. (NI) operated as a social economy business, and everyone using the service was charged as an income-generating measure⁷⁸. Charging for such services is not uncommon in the UK. In an analysis of handyperson provision in England, Adams (2006) reported that 86% of those service providers who had handyperson services in place levied a charge for these services. Whilst *Lisburn Safe and Secure* has the facility to levy charges, it is only employed very occasionally on a per job basis where the work to be undertaken falls beyond the terms of the project (i.e. the work remit established by the funders).

Whilst the broad service may be provided on a free of charge basis, examples were found of services which levied a cost for materials required/used; *Lite 60+*, BCM applied a charge for any materials required in relation to home maintenance. Alternatively, the LCDI Flexicare scheme, which incorporates a handyperson service, is provided free of charge, but users are expected to supply any necessary materials.

Charging to secure provision

Charging was a significant feature for those services which were not in direct receipt of statutory funding for the particular service but receive *indirect* statutory support, for example from workers funded under employment schemes or for other services provided by the organisation. Charging for services was not uncommon among organisations using social economy business models, though many levied minimal charges rather than operating on a full cost recovery basis. Examples included the Wishing Well Family Centre gardening service, Ardcomm Maintenance, and the Resource Centre, Derry.

The charging mechanisms described could be considered to lack structure, since they were not based upon formalised charging scales or schedules of rates. Rathgill Community Association stated that “there is no set structure. We try to provide a low cost alternative”. Indeed, one organisation noted that whilst they were operating as a social economy model they would rather run at a loss than put

⁷⁸ See Information box, p46

their service users under increased financial burden. It was also found that the work undertaken by the organisations was frequently charged on a per job basis, where the clients were fully aware of the cost involved before work commenced. This approach was favoured by those organisations that were levying a charge for their services as it provided transparency and reassurance in relation to costs for the service user. Schemes that usually require clients to provide materials may also provide those materials at cost price, or even waive costs in some cases (including the Ardcomm maintenance scheme).

A different approach to charging for service provision was found in Adams's (2006) study of handyperson services in England, though such charges often varied depending on the means and circumstances of the service user. Adams (2006) found that 86% of HIAs made some charge to the service user for handy person services although these were usually kept to a minimum. Only 11% of agencies operated without charges and in some cases some asked for donations. Indeed, 71% of HIAs charged everyone for materials; 37% had an hourly charge for labour which was charged to everyone (£5.00 per hour being the most common rate being used) and 32% of organisations levied charges for both labour and materials to everyone, irrespective of means and income.

Subscription and Membership Schemes were not found to be a feature of service models identified in Northern Ireland; however, these may be useful models to consider in terms of service sustainability as they can help to generate a reliable source of income for an organisation.

Charging as a means of extending provision

The issue of charging was also noted as a vehicle for extending provision. The introduction of charging was being considered by Age NI to extend geographical coverage and eligibility to HIA services. An employee of Age NI argued that:

There is a need for a service for older people who have over the £10,000 savings criteria. The service should have a chargeable rate as older people do not mind paying for the service if they know the tradesperson has been vetted and is an employee of ACHTANI. This would create an additional revenue stream to extend services in future. Chargeable rates are implemented for the UK HandyVan service and this business model could be adopted for Northern Ireland.

AgeNI aim to move to a social economy model with the HandyVan service from the 2010-2011 financial year, as a means of achieving these goals. In relation to charging, one key stakeholder argued that:

Services should be charged and opened to all disadvantaged, low income and disabled. There should be a criteria based on the absence of alternative support. The services should operate on both referral and self referral; however this will present issues around prioritisation.

It has been possible to identify a number of organisations that levy some form of charge for the services they provide. These organisations generally fall within tier three of the statutory funding typology: organisations that do not receive specific funding streams from government for the services that they provide to older people. All of the instances where charges were levied related to practical service provision such as handyperson, DIY or gardening services.

6.8 Funding-related issues

The situation in Northern Ireland relating to the service funding and demand was found to be very similar to the rest of the UK. Within our study, project coordinators frequently referred to difficulties meeting demand due to the lack of available or adequate funding. These concerns were project neutral in that they related both to smaller community initiatives and to larger directly-funded schemes operating across Northern Ireland. In relation to demand, for example, Southern Safer Homes Initiative identified a three to four month waiting list due to restricted funding, while the Age NI HandyVan scheme reporting a 6-8 week waiting time due to limited availability of funds. One statutory-funded service provider commented that they were able to meet demand under a service level agreement with the NIHE and Belfast Trust but that they could work with other agencies to meet unmet demand if only additional funding were available.

Another funding-related issue is that of service continuity and planning. Many of the services identified only received funding on a short-term, often rolling 1-2 year, basis. Limited funding security greatly reduces organisations' capacity for medium to longer term planning and development of service provision. Longer term funding commitments such as the five-year funding received from Community Safety Unit (CSU) by Age NI for the HandyVan service can be considered an exception rather than a norm.

There are some examples of services that have been in receipt of funding for a number of years, in spite of the fact that longer term contracts are not formally in place: e.g. the Fold/Shelter HIAs. A representative from the Fold Staying Put scheme noted that they had had grant funding for over 20 years and that they did not anticipate any threat to the continuation of the service in the foreseeable future. However, it was also argued that the level of service provision had been restricted by the level of funding and that it had been running at a deficit for over three years due to a freeze in Supporting People funding.

6.9 Developing services for the future

Many project coordinators and key stakeholders consistently identified the need for further development of low level practical services across Northern Ireland. Agencies providing clear evidence of the need for further development and availability of such services included Lisburn Secured, BCM and Fold. The need for this form of additional service provision was discussed by representatives from various organisations including the Newtownabbey Senior Citizens Forum, Western Trust and Western Investing for Health initiative. Key stakeholders in the Western area described current low level service provision such as handyperson, as "poor" and argued that there was a "real need" for the development of this service. A representative from a Good Morning Network Service in Belfast also noted that they were having "huge issues" around the delivery of gardening and maintenance with their customers and that they could not source good quality, affordable handypersons.

6.10 Conclusion and section summary

- The structure of provision of HIA ancillary/care and repair type services in Northern Ireland is complex and fragmented.
- The commitment of public spending on such HIA type services is evident, with funding from a number of statutory sources including the DSD, the DHSSPS, Department of Justice (DoJ) and DARD to local councils, NIHE, Trusts, PHA and the CSU. Services are often not delivered by statutory agencies themselves but by a number of voluntary and community sector organisations.
- Statutory housing sources including the DSD and NIHE (SP and Private Sector Grants) are a significant funding contributor to HIA service provision.
- Whilst there are many examples of effective partnership working at local level, there are few examples of Northern Ireland-wide partnership initiatives.
- Unlike other UK regions, core government funding has not been made available in Northern Ireland for the extension of HIA care and repair type ancillary services and the running of a national HIA body .
- Statutory funding is often allocated for the provision of a particular aspect/ service type (e.g. home security) rather than core funding for the diversification of services.
- HIA services are often delivered by the voluntary and community sector, with the majority of organisations identified attracting government funding in some form, whether through the provision of core funding for the organisation, specific grants or currently available funding programmes, or, for example, the provision of labour for initiatives through the funding of back-to-employment schemes, such as *Step Ahead*.
- HIA-ancillary service provision is patchy with many projects working within highly defined geographic areas, often due to funding conditions.
- Housing advice, whilst being offered by large scale generalist advice organisations such as Citizens Advice and the Housing Rights Service, is also available through many of the organisations involved within this research.
- Home safety and security has received significant service coverage in Northern Ireland through schemes funded by CSU, local CSPs and also through Lottery funds. These projects often involve partnership working, using creative models of service funding and provision.
- Specifically-designed Housing Options services do not seem to be a feature of current provision.
- In the main, those services in receipt of direct statutory funding do not levy a charge for the services provided, unlike the non-statutory-funded initiatives identified.
- The majority of localised provision is as a result of services being provided by small voluntary and community organisations to meet the locally-identified needs of the communities in which they are based. Many of these schemes are not directly statutory funded, are characterised by short-term funding and often apply nominal charges for services.

Section 7: Issues for consideration

7.1 Introduction

Section 5 clearly identified that HIA ancillary-type services are firmly embedded within policy and action plans across many statutory departments including health, housing and justice in Northern Ireland. Section 6 has illustrated the sources of statutory funding which are being used to enable the provision of HIA services within Northern Ireland. From the analysis of literature and data, it has been possible to raise a number of points for further consideration in relation to future HIA services provision

7.2 Theme 1: Extending service provision: focus on statutory funding sources

Having clearly demonstrated both national⁷⁹ and local⁸⁰ policies, strategies and objectives which relate to, and would seek to promote, older people's well-being through independent living assisted by HIA services, one might ask why HIAs have not diversified in Northern Ireland when compared to provision in England, Scotland and Wales. In relation to the development of HIAs in England, the DCLG (2008c) noted features such as: increased demographic coverage, client numbers, profile of the sector and diversity within the sector. Provision in Northern Ireland has not developed on a similar basis,. Rather, there is a reliance on the voluntary and community sector to deliver related initiatives as need and funding opportunities arise or even independent of statutory funding. In brief, there remains a lack of consistent and province-wide planning of HIA-ancillary service provision.

Whilst there is clear recognition of the need for HIA services in Northern Ireland⁸⁰ and, whilst this research has been able to identify commitment to the provision of HIA ancillary services in a number of forms and through a number of schemes in the region, there remains no coordination and no overarching statutory collaborative strategy that seeks to extend HIA services within Northern Ireland in a consistent and sustainable programme.

Partnership working through the Preventative Agenda

Section 5 demonstrated the recognition of Health services in Northern Ireland of HIA services. Although there are clear benefits for health services in the provision of safe and secure independent living environments for older people, the funding being made available in Northern Ireland by Health Trusts remains largely concentrated on person-centred care and, as argued by one key stakeholder, only "pays lip service" to prevention. Within this research it has been possible to identify a number of statutory health sources of funding, both direct and indirect, for HIA aligned services. They include the monies being made available through initiatives

⁷⁹ See Section 4.

⁸⁰ See Section 5.

such as Investing for Health and also in innovative schemes such as the *BCM Lite 60+* floating support scheme.⁸¹

These approaches, whilst often involving cross-statutory and cross-sector working, are largely examples of innovative practice rather than representing a common goal towards the implementation of preventative service agendas where, for example, HIA services could be used to provide rapid small adaptation work to a property. Indeed, using the Belfast Trust as an example, of the £3 million grant that was available for projects within the voluntary and community sector in 2009-2010, none of the successful projects delivered HIA services. However, each Trust, via a dedicated budget at local level and Home from Hospital schemes⁸², directly funds older people's services aligned to well-being and independence in the provision of falls prevention initiatives.

Whilst falls prevention has become firmly embedded within the health and care prevention literature, Trust provision continues to centre around physical ability⁸³ and largely does not extend to considering the wider aspects of falls prevention which have become a core element of the work of HIAs across other regions in the UK⁸⁴. Falls prevention services are currently under review as a means of modernising and moving the programme forward⁸⁵, which perhaps will facilitate the development of these services beyond the person to encompass the wider home and living environment, the cost savings of which are now long and well established⁸⁶.

Home from Hospital schemes ensure the timely release of patients from hospital, which is critical to patient recovery, and reduction of care and care costs associated with overnight stays and bed blocking⁸⁷. One example of a Home from Hospital scheme is funded by the Belfast Trust and delivered by Bryson House Charitable Group⁸⁸. This service provides care services including domestic, personal, practical and emotional support to individuals aged 18 and over, returning to live at home after spending time in hospital in the North and West/South and East Belfast and North Down and Ards areas. The initiative is designed to provide home care assistance in the short term, lasting for a period of no longer than six weeks, to encourage and maximise independence within the home. Similar to the falls prevention initiative, this scheme is very much personal care-centred, but it does not consider the physical fabric of the dwelling and the interaction between the occupant and the home which can play a critical role in

⁸¹ Perhaps the most closely aligned services provided by the Trust directly which are used widely by the older community are those provided by Allied Health Professionals, for example, Occupational Therapists, particularly in relation to the assessment for aids and adaptations to the home. This process is assisted by the two HIAs here through the funding they receive from SP.

⁸² Examples include: Belfast Trust Falls Prevention Centres at the City and Royal Hospitals (Elliot Dynes Rehabilitation Centre). The City Hospital provides a Specialist Multidisciplinary Falls Clinic and Falls Prevention Programme. Northern trust are delivered through their Orthogeriatric service and target the over 65s admitted to hospital due to a fracture.

⁸³ Assessments seek to reduce the likelihood of a fall which may require an education programme to improve the strength and indeed balance of the patient.

⁸⁴ See Appendix 1 in relation to the work that can be undertaken by handypersons in relation to falls prevention.

⁸⁵ Information obtained during discussions with a senior official at the BHSC.

⁸⁶ See relevant discussion in terms of falls prevention and associated savings to health services in section 4.

⁸⁷ See Section 4 for literature on Home from Hospital schemes and a HIA example of a health commissioned Home from Hospital service.

⁸⁸ http://www.brysongroup.org/index.php?option=com_content&task=view&id=107&Itemid=85

both the effective release from hospital and the longer-term maintenance of independence within the home.

This lack of a sustained financial commitment from Trusts for the delivery of Trust-wide ancillary services is in stark contrast to the situation Adams (2006) noted as existing in England five years ago. Adams's research identified the six main funding sources of handyperson schemes, with the top three in rank order being social services (60%), local authority housing (42%) and health (37%)⁸⁹. The Age NI HandyVan service is a local example of a service in receipt of some funding from statutory health sources; however, these monies are often limited, provided on a short-term basis and not specifically targeted at achieving wider policy goals of reducing accidents and bed blocking or moving forward the preventative agenda. Indeed, whilst the current *HandyVan* service does receive Health funding, monies from the Northern Trust was short-term and income from the South East Trust was drawn from Neighbourhood Renewal sources.

The reasons why there would seem to be less funding and commissioning of HIA services here by the health service were given perspective during discussions with senior Trust personnel. In these discussions it became apparent that HIA services were not viewed as a function of the Trusts, where the focus and resources continue to be dominated by assisting the personal care needs of older people. This approach does not embrace a number of significant issues in relation to the care of older people, including: the relationship between home and well-being; the government's preventative agenda; the personalisation of care and the needs and aspirations of older people, to name a few. The situation in Scotland (2004:8) seems very different, where it has been argued that "Care and Repair services are a key component within the menu of care services in the local health, housing and social care systems".

the literature and research shows that HIA services can play a valuable role in achieving a number of health priorities, including: meeting the community care goal of maintaining independent living; early hospital discharge; reducing bed blocking, falls prevention and the improvement of health and well-being. All of these aspects have a part in achieving the government's aim in relation to prevention, which is evident in its review of the NHS, where preventative measures are at the fore of the debate. Prevention has become a key government objective, not least to save public expenditure in the medium to longer terms because, for example, preventable hospital stays weigh heavily on available health and, potentially, social care resources (ODI, 2007)⁹⁰.

Whilst the UK government has been pushing forward the prevention agenda, a senior Trust professional participating in this research noted that associated preventative work was being hampered by a lack of available funding. At present the newly-formed Trusts are concentrating on their core business, with the result that prevention remains something they are aware of rather than actively engaging in and working towards. Whilst this situation remains, it is unlikely that HIA service

⁸⁹ Statistics do not add to 100% as many HIAs are funded by a number of sources. See Adams (2006).

⁹⁰ See Section 4 for a discussion of the preventative agenda from the literature.

provision will move up the funding priorities. In addition, the value of HIA services needs to be recognised by the Health Board locally if there is to be any future consideration of the inclusion of HIA services in health funding priorities, since the Board determines both the strategy and priority areas for service development and, in particular, the amount of funding allocation to each division or priority area as it commissions services from the Trust.

During discussions, a key stakeholder from the health sector expressed concern over the lack of preventative care in relation to home maintenance, arguing that a little investment now would help hugely in the long term whilst making a big difference to people living in their homes, and claiming that the Trusts were “only paying lip service to prevention”. That said, attention should also be drawn to one example provided by the Western Trust, where a key health service stakeholder noted that the Trust had identified a need for a local handyperson service for older people. Having decided to fund this service through the Older People Programme, the Western Trust stated that they could not find a partner organisation to employ from the voluntary and community sector, due to difficulties with insurance. Such issues need to be investigated and resolved and should not be allowed to stifle innovation and potential service delivery methods.

Looking ahead, statutory services including health, housing and also policing and fire services need to look beyond traditional remits and roles and work in a more holistic fashion if we are to attempt to meet the needs, let alone the aspirations, of older people. Independent living is better, both for the individual and in relation to cost savings on statutory budgets and it is therefore necessary to look at the methods that can be employed and the services that can be provided that will generate positive outcomes on both the personal and business platforms. HIA services clearly have a valuable role to play in achieving some of these goals; the challenge for statutory bodies is to find common ground. This challenge is particularly difficult now, when every government department is facing significant and perhaps service-comprising cuts. Health service budgets in Northern Ireland have not been ring-fenced and protected from these cuts as they have been in England.

This process should be assisted and made more efficient with the use of tools such as that being developed by the Kings Fund, which has developed a predictive modelling tool to identify potential service users up to a year before a crisis occurs and allow services to be put in place before they are required. It is hoped that this approach will transform early intervention and provide cost savings which should allow monies to be used to develop alternative models of service provision.

Key stakeholders from the statutory services in Northern Ireland unanimously agreed that there needs to be joint working and direct commissioning between HIAs, Trusts, Social Services and the community. Schemes such as the BCM's Lite 60+ scheme, delivered by BCM in the Belfast Trust area are good examples of some emerging initiatives. A proposed future example is a flexi-care scheme which will be delivered by North and West Housing Association using funding from Supporting People and the Western Trust.

Cash limited resources: the need for efficiencies, the need for partnership

Partnership working between statutory bodies is critical in relation to: the sharing of resources; operation and strategic planning and joint budgets, commissioning services and systems. Since it is evident that HIAs have made great strides in the years since their establishment and have drawn government support and funding commitments across the devolved administrations, it would be inappropriate to conduct this research without noting the economic context within which all services attracting public expenditure and support are now working.

The global and subsequent local regional and inter-regional economic crises are now well documented as the United Kingdom and many counterpart economies attempt to battle with the effects of recession on the provision of local public services. As the period of recession moves on, it is evident that available public expenditure monies throughout the UK jurisdictions will continue to be affected, with cuts and the need for effective and efficient operations becoming increasingly imperative. At the same time, the local economic context is undoubtedly affecting expenditure allocations to services.

With this change in economic conditions, government and public services will increasingly be striving to achieve efficiency savings and value for money, where possible. Hence, HIAs and their services may come into focus as they can help in achieving government savings. Core to this potential for savings is the recognition of partnership working and the core benefits that HIA services can bring for a series of public expenditure programmes including health, social services and housing, placing the preventative agenda to the fore with HIA service providers working alongside, and complementary to, community care services.

Project coordinators who participated in this research thought delivery through partnership was important, as it would allow knowledge and skills to be pooled, providing a broad range of support whilst also having the flexibility to provide services when needed. Contributors to this research also believed that a partnership approach would accommodate access to multiple funding streams, spreading the overall financial burden. There are a number of examples of statutory sector partnerships which have resulted in the provision of HIA services, some in partnership with the voluntary and community sector.

One example is the work undertaken through CSPs, as schemes meet locally-identified need and are based on the provision of partnership working, both across and between the public and community and voluntary sectors. The CSP schemes also are a good example of joint funding, in that the schemes identified within this research often were supported by a number of statutory bodies from the CSU/CSP to the relevant local councils which had often formed partnerships to run the projects. Examples include the Newtownabbey Council *4 Tier Security Scheme* bringing together the local council, CSU and PSNI, and *Lisburn Safe and Secure*, where the CSP, the Council and PSNI are working in partnership. Other partnerships have been instigated through the provision of monies from health sources, through programmes like *Investing for Health*, which includes the East Down Rural Community Network falls prevention and home safety check schemes,

and the *Southern Safer Homes Initiative*. Further positive examples are those projects which received lottery monies for projects where a fundamental element of the bid had to be evidence of partnership working⁹¹.

Commissioning: the Personalisation Agenda and GPs' budgets

The government's personalisation agenda⁹² is another key issue where service development is concerned. It is critical that any service development and commissioning takes place in close and meaningful collaboration with service users on a local basis. This is important to ensure that all services being provided and developed meet local needs, and also to ensure that there is a local market for these services. In the future, the government's proposals for personalisation of care, whereby older people are to be allocated the resources to choose the solutions and providers of the services they require to meet their care and support needs, mean that service provision tailored to local needs will have increased importance. Older people will effectively become the commissioners of care⁹³. The government argue that any failure to work with potential consumers of services would "be detrimental to the long term future and sustainability of any such project/service" (DCLG, 2008c: 10).

A further point of liaison should also be with local GPs, particularly with the recent announcement of the potential move of health monies to GPs for local service commissioning. Good communication with GPs could also be of benefit in extending local knowledge of the services that are available as GPs could potentially act as a sign-posting service. There are also examples in GB of GPs actively engaging in HIA aligned services, as can be seen from the *Repairs on Prescription* service being offered in Sandwell⁹⁴.

An Older People Housing Strategy

A potential tool to formalise and drive forward collaborative and partnership working between housing, health, care and Supporting People, based upon joint funding and service commissioning, would be the development of an Older People Housing Strategy. This strategy would bring together these and other statutory services including PSNI and fire services. Such a document would also provide a more secure strategic planning structure for HIA type ancillary service provision, which may also result in longer term security of funding streams for those delivering the associated services.

7.3 Theme 2: Models of provision

The voluntary and community sector has been instrumental in the establishment of HIAs and the delivery of HIA services throughout the UK. As can be seen from previous sections within this report, these organisations, both in Northern Ireland and across the UK, continue to play a vital role in the provision of services that meet the needs of older people within our communities, often on behalf of

⁹¹ See Section 6 for information on the Big Lottery Programme and HIA aligned winning services.

⁹² See <http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=personalisation> for more information on the personalisation of care services.

⁹³ See discussion of the personalisation of care in section 4, Literature review.

⁹⁴ See Section 4 for more information on the *Repairs on Prescription* example.

government. In terms of longer term planning and the development of sustainable services, a number of issues in relation to delivery models can be raised.

A role for social economy and enterprise?

As evidenced in Sections 4 and 6, the voluntary and community sectors, both in Northern Ireland and in the other UK jurisdictions, are inextricably linked in the delivery of HIA ancillary type services to older people. These linkages are facilitated both through the creation and availability of statutory funding for organisations and specific services, and through independent opportunities offered by voluntary and community organisations themselves. Locally, the Northern Ireland Executive has recognised the role played by the voluntary and community sector in the delivery of public services and, specifically, the support provided to older members of the community (DSD, 2005:4):

Voluntary and community organisations are also frequently well-placed to help deliver public services, especially where they have a good understanding of the needs of local communities or groups of individuals. We want to ensure that organisations wishing to engage more in the delivery of public services are facilitated to do so. Where there are barriers to greater involvement by the sector in delivering public services we will remove them.

The social enterprise model of delivery should be given cognisance, due to, for example: the current funding climate and the need to provide value for money; the potential to give back to the local community; meeting new government priorities; the potential to expand and diversify service provision with cross-subsidy and financial support between service areas; and to continue/extend involvement of the voluntary and community sector in meeting identified local need⁹⁵.

Local examples of social economy HIA service models were identified in Section 6; however, many of the examples identified did not receive statutory funding, e.g. Ardcomm Maintenance Handyman service. B.E.A.T (NI) is an example of a social economy business which receives 80% of its funding from DSD and raises the additional 20% itself through service charges, as all clients pay to use the service⁹⁶. There are also moves locally towards social economy models of service provision, not least that being set in place by Age NI in relation to its HandyVan service. From 2011/12 it is intended that this service should be provided on a social economy basis as a means of raising additional monies which can be used to extend the service to more users and also, and principally, to achieve full geographical coverage of Northern Ireland. The three Belfast Good Morning services are also seeking to work in partnership to provide a handyperson service throughout the Belfast area and will seek Lottery funding to help establish this initiative. Furthermore, the benefits of moving towards a social economy model have not gone unrecognised by BCM, which currently provides the Lite 60+ scheme. A key stakeholder argued that moving towards provision of this service through a social economy model would allow the organisation to “attract further funding as well as generate self-funding through charging”.

⁹⁵ See Section 4, literature review, for a discussion and examples of HIA social economy models.

⁹⁶ For more information see Section 6.

A significant consideration, locally, in moving towards a social economy model is its ability to generate additional income, a factor which may become even more significant as public expenditure contracts in the short to medium term. The model may also help provide security in terms of service sustainability and planning as the nature of statutory funding of HIA services locally is very much characterised by short term, often yearly, financial allocations. Independent income streams may facilitate service development and provide security to attract high quality staff. Furthermore, it is well documented that older people do not mind paying for a service that they can rely on and trust⁹⁷.

7.4 Sustainability

A critical issue for the provision of any service for older people is the sustainability of that service. Sustainability has become a core consideration, in terms of not only service provision (DCLG, 2008), but also service continuity and survival as we move into even more challenging economic times⁹⁸. What older people really want are services which meet identified need and that are available consistently and over the longer term: “predictable services” (DCLG, 2008a: 71). During the course of this research it has been possible to identify schemes which have either dwindled in terms of service provision (Ligoniel Improvement Association, Handyman Scheme) or have been discontinued (Glenluce Quality Caring Centre, Neighbourhood Home Force Service).

The benefits of moving from a solely statutorily funded service to a community business model were recognised locally within the sector as one provider argued that:

“[the] Trust has a good relationship with us and is now giving cases directly to us to manage. The benefit of having a social economy model would allow the agency to attract further funding as well as generate self funding through charging”.

Some issues to be considered in relation to the sustainability of service provision include the need to:

- identify services which are required locally;
- adopt a strong business model;
- consider the potential market(s) - looking beyond older people if service is to be sustainable by maximising service use and to assist in relation to costs;
- subsidise costs from full payers to reduce costs to older people;
- reinvest profits back into business for wider benefit of community;
- extend service user groups – to harness funding from e.g. other government departments;
- develop collaboration and partnership within the statutory and voluntary and community sector to keep abreast of local needs, service availability, potential service development and to help identify new funding sources including those being made available both within and outside the statutory sector; and
- be adaptable, flexible and responsive.

⁹⁷ See section 4.

⁹⁸ Please refer to the related discussion of sustainability within Section 3, Literature Review.

Localised audit

As discussed by the DCLG (2008 : 31)- “No one model of HIA service delivery will fit all situations” and, as such, any further development or extension of services should be based upon a local audit which would underpin service development. It would be necessary, for example, to: establish what services are available within the local area; decide whether existing services are in themselves sustainable; consider current and future need by using statistics, population projections etc to establish a clear demand; consider the needs of the aging population and the groups within this e.g. increasing number of people with dementia; and, consider other potential service markets. Processes such as this will facilitate a clear understanding and identification of local need, potential markets and any gaps that exist in terms of provision. Having completed this process, any organisation will also have a valuable source of information to hand, which could be used to support any bid for funding/grants.

7.5 Charging for services

The issues of models of provision, sustainability and charging are inextricably linked. Section 6 considered the issue of charging in relation to the services identified by this research; few examples of services in receipt of statutory funding who were charging for services were identified . The issue of placing a charge for services is much more complex than it may first appear. The interlinking of the provision model and charging must be considered together, as the potential income that can be generated by placing a charge on services can, among other things, help to subsidise services and individual service users and provide a predictable income stream to help increase the sustainability of the service. The research evidence indicates that this issue raises challenges for not-for-profit organisations, particularly in dealing with a client group who rely on pension income, many of whom are in fuel poverty; however, these issues can be – and are being– balanced by many HIAs in the UK. One key stakeholder in this research commented on this issue whilst drawing attention to differences in current models of provision being implemented for the same service here and in the UK:

There is a need for a service for older people who have over the £10,000 savings criteria. The service should have a chargeable rate as older people do not mind paying for the service if they know the tradesperson has been vetted and is an employee of [a reputable organisation]. This would create an additional revenue stream to extend services in the future.

Adams (2006) found that older people were happy to pay for the services they received if they felt they could access reliable and trustworthy services, with those participating in the research arguing that placing a small charge for services would be unlikely to deter someone from access a service. Raynes et al (2006: xii) recommended that “... charges should be kept as low as possible to ensure that people who need services can afford them”. Many of the key stakeholders who participated in this research also felt that a reasonable cost should be charged for some of the services such as the handyperson, gardening and small repairs. Moving this point forward, one key stakeholder argued that the services should be charged and opened to all disadvantaged, low income and disabled. There should be a criteria based on the absence of alternative support.

7.6 Responding to available resources

HIA services continue to rely heavily on statutory funding opportunities, many of which are based upon time-limited programmes and grants. Whilst statutory income sources are currently fundamental to the continued existence of the two HIAs (providing the core service of private sector grants and assistance) and many other projects, it is important within the current spending climate that organisations currently delivering, and those seeking to expand or develop HIA services, look beyond statutory income sources. There is an on-going need for organisations to be proactive in seeking out and identifying potential funding opportunities from both government and, importantly, other independent sources.

A recent example that has been to the benefit of HIA service security and development in Northern Ireland, is the funding that has been awarded to a number of successful programmes under the Big Lottery's *Safe and Well Programme*. Having been allocated sums of approximately £1 million per project over five years, services will be able to look to the medium term, rather than the shorter term horizons within which many schemes currently work. Monies from lottery sources are also forthcoming in the new *Reaching Out Programme* which offers potential funding opportunities for HIA-related services within the *Connecting Older People* grant stream⁹⁹.

Raynes et al (2006) noted the "tremendous range of informal funding sources". Other sources of funding currently being accessed by organisations which have participated in this research include Atlantic Philanthropies (which has provided funding towards the Flying Horse Ward Community A2B programme in South Down and the Good Morning Network), and Lloyds TSB Foundation NI, which has provided funding towards a door intercom scheme delivered by Age Concern in Cookstown. Whilst alternative sources of income could be explored, so too should alternative and additional sources of statutory income from existing funders as well as potential new arrangements, such as working with police and fire services in the area of improving home safety. Examples of this in England include the work being undertaken in the *Securing Homes: Action Against Burglary Initiative* and in the *Safer Homes Fund*.

7.7 A role for housing associations: extending services into the wider community?

In other UK regions, housing associations often take a lead role in the provision of HIA services within their local areas,. These organisations seem a natural vehicle for the delivery of such initiatives, as they already deliver core maintenance services to often quite significant numbers of households within communities as part of their housing management functions. They were established to meet identified local needs and have subsequently established networks with both local statutory and other voluntary/community agencies, which help to reinforce their knowledge of local communities and their needs. Whilst Fold Housing Association

⁹⁹ See http://www.biglotteryfund.org.uk/prog_reachingout_older_people.htm for more information.

has been commissioned to provide grants assistance to older people through its Staying Put service, housing associations in Northern Ireland have not diversified activities into HIA service areas.

Consideration could be given to the potential role and involvement of housing associations in the future delivery of HIA-related services, particularly as they have established bases – often within the heart of local communities – with many, including Fold, housing large numbers of older people within their housing stock.

Perhaps the first and most obvious provision that housing associations could consider in relation HIA services would be the extension of home repair and maintenance services, particularly as a number of them currently employ their own handyman/men. Helm Housing Association, for example, has a maintenance support team with four handypersons providing services to its tenants. The question is, where an identified local need has been established, could these services be rolled out to the wider community?

An example is Warrington Housing Association and Warrington Home Information and Improvement Agency (WHiA) which offer a gardening service to local residents aged 60 and over and people with a disability as well as the association's tenants. WHiA services benefit tenants by freeing up their time, and reducing the anxiety of not being able to complete the work themselves if elderly, which can, in turn, reduce the fear of crime. For the housing association, benefits include improving the image of its properties.

The Warrington Model¹⁰⁰

Warrington Housing Association established WHiA to provide a range of services for the local community which now includes repairs and improvement, handypersons, housing options and, more recently, gardening services.

The service, currently costing £6.50 per week/£28.00 per month, provides a contractor landscaper to complete the necessary work every two weeks during the months of April to October and monthly from November to March. The works undertaken can include cutting grass, hedges and borders, and dealing with weeds.

Whilst the Warrington model has incorporated a formal HIA, this may not necessarily have to be the case in Northern Ireland, where organisations could consider the provision of services such as small repairs and maintenance and extend into gardening services at a cost to the service user. With many service models in existence, the model of provision and, within it, the issue of charging of services, would be for each organisation to consider. Examples include the provision of services to the whole community at differing rates; income from higher

¹⁰⁰ See <http://www.wha.org.uk/> and <http://www.whia.org.uk/>.

ratepayers (which could include the younger working population who are time-limited) could be used to subsidise services to less well off service users. Indeed, these services could be established as not-for-profit or social economy businesses by housing associations, in keeping with their community ethos. The potential benefits of such provision could include:

- provision of additional local services which target and meet local need;
- provision of services by a trusted and recognised organisation within the community;
- delivery of services by trusted personnel – an important point in relation to older people and the fear of crime;
- potential for associations to provide a better level of service to their current tenants as the economies of scale generated with the increased population may facilitate the employment of a handyman(s) by the organisation;
- potential to help maintain tenants' independence, and as such reduce tenancy turn over;
- potential to increase contact with tenants, keeping the organisation aware of changing circumstances and needs, and therefore acting as an effective management tool.

7.8 Optimising provision: the use of volunteers

Many voluntary and community organisations, in Northern Ireland and throughout the UK, rely on volunteers to deliver services, whether entirely or in addition to an employed workforce. Limavady Community Development Initiative (LCDI) is a local example of the extensive use of volunteers over a series of initiatives, offering volunteers activities alongside paid staff in areas such as child care, meals on wheels and garden centre services. Volunteers are also extensively used to deliver LCDI's existing flexi-care services, which include a Handy Help service. With the coalition government's proposals for the creation of a *Big Society*, both the concept and use of volunteering are likely to achieve greater prominence nationally over the coming months and years and this may present an effective conduit for future service delivery. An argument could be made that there is no better time to broach and consider the subject of the use of volunteers in relation to service provision, as relatively high levels of skilled, unemployed people seek opportunities. Volunteers can also present a cost-effective form of labour for cash-limited organisations. The counter side of this argument relates to issues such as continuity, but all of these issues should be considered in the round when looking at volunteering as a potential labour source.

A significant example of the provision of HIA services through the use of volunteers is provided by Age Action Ireland which operates as a social economy business¹⁰¹. This is an interesting model as the organisation strives for nationwide, predictable

¹⁰¹ Refer to Literature Review for more detail in relation to the Age Action, Care and Repair Programme in Ireland.

provision and therefore relies heavily on volunteers (rather than volunteers being a valuable addition to an established workforce, which may be more commonplace within UK models). The Age Action model includes the vetting of all volunteers who work on the project.

In Northern Ireland, the DSD has a role to play in supporting organisations that use volunteers, as well as in the promotion of volunteering and volunteering opportunities within local communities. The Voluntary and Community Unit of the DSD operates a programme of small grants through the Community Volunteering Scheme, which can be used to pay for volunteer expenses¹⁰². The DSD also funds *Investing in Volunteers*, which is the UK Quality Standard for organisations that use volunteers in their work¹⁰³. To date twenty-two organisations in Northern Ireland, including Belfast Central Mission and North Down, Lisburn and Strabane CABs, have achieved the *Investing in Volunteers* Quality Mark. Much of this work is undertaken on behalf of the DSD by the Volunteer Development Agency.

7.9 Directory of Services/Trades Line

When seeking a cost effective and relatively simple place to start in building a hub which aims to provide predictable services in the future, perhaps the first point of noteworthy service development could be the development of a Directory of recommended Tradesmen/Services and/or a Trade Line. The development of such services could be a starting point in providing basic information to older people on reputable HIA services available within their community. Indeed, a key stakeholder recommended, as an immediate priority, the development of a 'Home Services Directory' to promote local business and provide older and vulnerable people with recommended lists and some means of quality assurance.

Examples of the "recommended tradesmen" list have already been developed in the form of a *Home Services Directory* by York Age Concern in partnership with York City Council Trading Standards; Age Action Ireland's *Trades Referral Service*; and Care and Repair Leeds *Keeping House Leeds directory*. Age Concern Warwickshire has developed a *Trade Line* in partnership with a number of agencies including trading standards, police and the local community safety scheme. This directory, whilst not taking on the role of current services or hindering the development of future HIAs/HIA services, could act as a starting point to alleviate some of the fears of older people in Northern Ireland in relation to vetting and selecting trades people (Beamish, 2008).

¹⁰² See http://www.volunteering-ni.org/what_we_do/small_grants_for_volunteering/

¹⁰³ See <http://www.volunteering-ni.org/news/70>

7.10 Conclusion and section summary

A number of key points can be drawn from this section:

- In times of financial austerity it is critical that service provision, whether new or existing, is delivered on the basis of best value and sound economic and business principles;
- The economic climate helps build/secure the case for *innovative* thinking and development of *creative* practices to deliver targeted and cost effective services which meet local need efficiently and effectively. This must be done by government departments and statutory agencies whilst continuously paying cognisance to and implementing government objectives;
- The level of health service funding for HIA services in Northern Ireland could be considered low by comparison with other UK regions, for example, England. Key stakeholders have attributed this difference to the fact that Trust funding in Northern Ireland tends to concentrate on personal care services, as well as the lack of commitment locally to government objectives such as prevention;
- There is a need to move *cross statutory partnership and collaboration* beyond discussions and policy documents, to implementation level, accompanied by budgetary allocations through the collaboration of the core areas of housing, health and social care but also, as seen from research, other departments including DARD, Justice, PSNI, Fire etc. HIA services have cross-statutory benefits and therefore need cross-departmental, agency commitment of funds to deliver sustainable services, recognised province-wide on long-term basis.
- *Prevention and personalisation* must also move from the sidelines of the care debate to become a central objective. Long term planning is required as a means of implementing core government objectives such as prevention and the personalisation of care.
- There is a need to look at ways of generating additional income to ensure the longer-term sustainability of service provision. The need for sustainability has been recognised in the UK Government's aim to move HIA provision increasingly towards social economy business models, which can devise sustainable services by providing for markets outside the older people grouping and considering the use of, and charging for, services.
- Models of delivery need to be flexible to allow alternative funding sources to be sought, to facilitate development of further partnerships and services, and to respond to changing markets and needs.

Section 8: Conclusion

It has been possible to draw a number of conclusions from this research:

- Across the UK, organisations from within the voluntary and community sectors have established HIAs on a similar basis. However, the development of provision has differed significantly between jurisdictions. Northern Ireland has lagged behind in a number of respects, not least in relation to the formalised organisation of the sector, which does not have a national representative body as exists in the other UK regions. Whilst statutory agencies have acknowledged the need for HIA services in Northern Ireland, there has been no core government funding commitment in Northern Ireland to facilitate the development of HIA ancillary services, and little progress in the coherent extension of services across the region.
- Many HIAs in the rest of the UK have diversified their service provision, but the two HIAs which operate in Northern Ireland have not done so. Although these organisations may not have received statutory funding for the development of ancillary services, a contemporary feature of evolving HIAs in other parts of the UK is the use of business models which seek alternative funding sources, whether derived from statutory, private or charitable sources (e.g. Lottery monies) or a combination of all three.
- In relation to the development of ancillary services, although Northern Ireland lacks centralised provision (except for the two established HIAs providing the core advice and support service associated with private sector grants, especially the Disabled Facilities Grant), it has been possible to identify examples of these services locally, whether delivered by statutory organisations (often on a partnership basis) or through the voluntary and community sector. Indeed, the voluntary and community sector continues to play an important role in the provision of both core and ancillary services in Northern Ireland.
- This research has identified a number of statutory sources involved in the funding of HIA services, often through the voluntary and community sector, and through a number of means including core service funding, specific grants and available funding programmes. However, grants and programme allocations are often limited to highly defined geographical boundaries, rather than being open to everyone in Northern Ireland. Whilst the very nature of effective HIA services is that they identify and target local need, the needs of older home owners who would wish to access HIA services are not necessarily confined to what are, in some cases, areas that have been established as being in disadvantage (e.g. Neighbourhood Renewal and Investing for Health areas).
- Funding is often allocated for the provision of a particular aspect/service type in a given area (e.g. home safety) rather than as core funding for the diversification of services provided by the HIAs. This situation is at odds with the example set in England, where the government is committed to, for example, making services such as handypersons 'predictable'.

- The role of HIAs in the achievement of government priorities is clear, particularly in relation to the preventative agenda and the personalisation of care. Their work can yield cross-statutory benefits, not least in terms of cost efficiencies. There is a need for greater collaboration across the core policy areas of housing (Social Development) and health and social care (DHSSPS) as well as other departments and agencies including DARD, Justice, PSNI and the Fire Service, both at the implementation level and in terms of budgetary allocations. With potential cross-statutory benefits comes a need for cross-departmental/agency commitment of funds to deliver sustainable services, recognised province-wide, on a long-term basis. Partnership working and collaboration between statutory bodies need to be extended to the sharing of resources, operational and strategic planning, joint budgets, joint services and joint systems as a means of providing a model of predictable services locally. This research has shown the value of cross-statutory partnerships and collaboration in the successful delivery of a number of Northern Ireland-based services.
- There are a number of local examples of HIA services being provided using social economy models; however, these are generally not in receipt of statutory funding. With the current economic context, the move towards provision using such models is being actively promoted by government in England. Social economy models are important as they provide a potential means of generating additional income to ensure longer-term sustainability through, for example, charging for services. Service models also need to be flexible to allow alternative funding sources (both statutory and non-statutory) to be explored, to facilitate development of partnerships and services, and to respond to changing markets and needs.
- There were few examples of statutorily-funded HIA services that levied a charge for the services being provided. Charging for services, even where the cost to the user is kept at a minimal level, is recommended within the literature and would allow HIA service providers to generate additional income. This revenue source can have a number of uses, including the cross-subsidy of services and/or user groups. The capacity to charge for some services may be of particular relevance when seeking to develop sustainable services within social economy models.

In conclusion, key and potential stakeholders need to consider a number of fundamental issues: the current climate; current provision and its effectiveness; the current and future needs of older people; and core service delivery priorities. This process must be built upon by meaningful collaboration, enabling statutory providers to move from isolated positions to become partners, and ensures that future service delivery will be based on the clearly validated and expressed needs of older people, rather than traditional silos and perspectives. To move forward, all agencies and sectors need to approach service provision from an innovative and perhaps socially enterprising stance, so that older people, as service commissioners, are provided with services that they want and which at their core promote well-being and independence. This process could be contextualised within an Older People's Housing Strategy, developed on a collaborative/partnership basis with relevant statutory stakeholders (health and social care, policing and fire), voluntary and community organisations and older people themselves setting out priorities to meet cross-statutory goals and the needs of older people in the longer term.

APPENDICES

Appendix 1: References

- Adams, S. (2001) *Hospital Discharge Services and the Role of Home Improvement Agencies: A guide for service commissioners and providers*, Nottingham: Care and Repair England.
- Adams, S. (2006) *Small Things Matter: the key role of handyperson services*, Nottingham: Care and Repair England.
- Audit Commission (2000) *The Way to go Home: Rehabilitation and Remedial Services for Older People*, London: Audit Commission.
- Audit Commission (2008) *Don't Stop me Now: Preparing for an Aging Population*, London: Audit Commission.
- Audit Commission (2009) *Financial Implications for Local Authorities of an Ageing Population: policy and literature review*, London: Audit Commission.
- Beamish, E. (2008) *Strategic Review of Housing and Housing-Related Information Needs of Older People*, Belfast: NIHE.
- Belfast Healthy Cities (2006) *Healthy Ageing: Interaction Plan Eastern Health and Social Services Board Area 2006-2009* [pdf] Belfast: Healthy Cities Belfast.
- Belfast Healthy Cities (2008) *Planning for Healthier People: Health Impacts of the Fear of Crime – Older people*, April, Issue 2, Belfast: BHC.
- Blake, S. (2009) Subnational Patterns of Population Ageing, *Population Trends*, No. 136, pp. 43-63.
- Boaz, A., Hayden, C., & Bernard, M. (1999) *Attitudes and Aspirations of Older People: A Review of the Literature* [pdf] Leeds: Department of Social Security. Available at:
- Boyle, F. (2008) *Analysis of the Need and Demand for Retirement Villages in Northern Ireland in their Various Forms* [pdf]: Northern Ireland Housing Executive.
- BRE (2009) *The Real Costs of Poor Housing*, London: BRE.
- CRG Research Ltd (2009) *Review of the Governance Activities of Care and Repair*, Cardiff: WAG.
- Care Quality Commission (2009) *Performance Judgements for Adult Social Services: An Overview of the Performance of Councils*, London: Care Quality Commission.
- Care and Repair England (2006) *Looking Back, Looking Forward: 20 Years of Care and Repair England, 1986-2006*, Nottingham: Care and Repair England
- Chartered Institute of Housing (2007) *Response to Housing Matters*, Belfast: CIH.
- Clough, R., Leamy, M., Miller, V., and Bright, L. (2004) *Housing Decisions in Later Life*, Basingstoke: Palgrave Macmillan.

Concordat (2003) Concordat Between Care and Repair Cymru and the Welsh Assembly Government, in CRG Research Ltd (2009) *Review of the Governance Activities of Care and Repair*, Cardiff: WAG.

Commission of the European Communities (2009) *Communication on 'Dealing with the Impact of an Ageing Population in the EU'*, Brussels: Commission of the European Union.

Commission for Social Care Inspection (2008) *Prevention, Personalisation and Prioritisation in Social Care: Squaring the Circle?*, London: Commission on Social Care Inspection.

Community Safety Unit (2007) *Proposals for the Safety of Older People*, Belfast: CSU.

Community Safety Unit (2009) *Safer Ageing: A Strategy and Action Plan for Ensuring the Safety of Older People*, Belfast: CSU.

Croucher, K. (2008) *Housing Choices and Aspirations of Older People: Research from the New Horizons Programme*, London: DCLG.

Department of Communities and Local Government (2008a) *Lifetime Homes Lifetime Neighbourhoods: National strategy for an ageing society*, London: DCLG.

Department of Communities and Local Government (2008b) Communication to local authorities in England Re: - Minor Repairs and Adaptation 'Handypersons' Funding for 2009/10 and 2010/11, 12th November 2008.

Department of Communities and Local Government (2008c) *Home Improvement Agency: Supporting Choice and Maintaining Independence: A report overview*, London: DCLG.

Department of Communities and Local Government (2009) *The Future Home Improvement Agency Handyperson Report*, London: DCLG.

Department of Communities and Local Government (2000) *Quality and Choice for Older People's Housing: A Strategic Framework*, London: DCLG.

Department of the Environment, Transport and the Regions/ Department of Health (2001) *Quality and Choice for Older People's Housing: A Strategic Framework*, London: DETR/DOH.

Department of Health (2001) *National Service Framework for Older People*, London: DOH.

Department of Health (2005) *Opportunity Age: Meeting the challenges of ageing in the 21st century*, London: DoH.

Department of Health (2006) *Our Health, our care, our say: a new direction for community services*, London: DoH.

Department of Health (2007) *Putting People First: a shared vision and commitment to the transformation of adult social care*, London: DoH.

Department of Health (2009a) *Shaping the Future of Care Together*, London: DoH.

Department of Health (2009b) *Prevention, Personalisation and Prioritisation in Social Care: Squaring the Circle?* London: DoH.

Department of Health (2009c) *Falls and Fractures: Effective Intervention in Health and Social Care*, London: DoH.

Department of Health and Social Services (1991) *People First: Community Care in Northern Ireland in the 1990s*, Belfast: DHSS.

Department of Health and Social Services (1993) *People First: Community Care in Northern Ireland in the 1990s*, Belfast: DHSS.

Department of Health, Social Services and Public Safety (2002) *Investing for Health Strategy*, Belfast DHSSPS.

Department of Health, Social Services and Public Safety (2004) *A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland, 2005-2025*, Belfast: DHSSPS.

Department of Health, Social Services and Public Safety (2005) *Caring for People Beyond Tomorrow*, Belfast: DHSSPS.

Department of Health, Social Services and Public Safety (2010) *Priorities for Action 2010-2011*, Belfast: DHSSPS.

Department of Work and Pensions (2007) *Towards a Business Case for LinkAgePlus*, London: DWP.

Department of Work and Pensions (2008) *Preparing for Our Aging Society: A discussion paper*, London: DWP.

Department of Work and Pensions (2009) *Building a Society for All Ages: Choice for Older People*, London: DWP.

Department of Social Development (2005) *Positive Steps: The Government's Response to Investing Together – Report of the Task Force on Resourcing the Voluntary and Community Sector*, Belfast: DSD.

Eastern Health and Social Services Board (2006) *Older People, New Opportunities, Eastern Board's Health and Well-Being Strategy for Older People, 2006-2016*, Belfast: EHSSB.

Evason, E., Lloyd, K., McKee, P., & Devine, P. (2004a) *Older People in Northern Ireland: Report 1: Setting the Scene*, Belfast: ARK/Queen's University.

Evason, E., Lloyd, K., & McKee, P. (2004b) *Older People in Northern Ireland: Report 2: Financial Circumstances*, Belfast: ARK/Queen's University.

Evason, E., Lloyd, K., & McKee, P. (2005a) *Older People in Northern Ireland: Report 3: Health and Social Wellbeing*, Belfast: ARK/Queen's University.

Evason, E., Lloyd, K., McKee, P., & Devine, P. (2005b) *Older People in Northern Ireland: Final Report*, Belfast: ARK/Queen's University.

Fletcher, P., Riseborough, M., Humphries, J., Jenkins, C. and Whittingham, P. (1999) *Citizenship and Services in Older Age: The Strategic Role of the Very Sheltered Housing*, Beaconsfield: Housing 21.

Foundations (2007) *Procuring Home Improvement Agency Service: Good Practice Guide and Procurement Toolkit for Service Commissioners*, Foundations.

Foundations (2008) *The Future Home Improvement Agency: Supporting Choice Maintaining Independence: A Report Overview*, London: DCLG.

HAPPI (2009) *Housing Our Ageing Population: Panel for Innovation: Executive Summary*, London: Homes and Communities Agency/ Communities and Local Government/ Department of Health.

Help the Aged NI (2008a) *Spotlight Report 2008: Spotlight on Older People in Northern Ireland*, Belfast Help the Aged NI.

Help the Aged NI (2008b) *SeniorLine Benchmark Report 2008*, Belfast: help the Aged NI.

Heywood, F. (2001a) *Money Well Spent: the Effectiveness and Value of Housing Adaptation*, Bristol: The Policy Press.

Heywood, F. (2001b) 'The effectiveness of housing adaptations', *Findings*, 811, pp. 1-4.

Heywood, F. (2004) 'The health outcomes of housing adaptations', *Disability and Society*, 19 (2), pp. 129-143.

Heywood, F. and Turner, L. (2007) *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment - a review of the evidence*, London: Office for Disability Issues/ Department of Work and Pensions.

HM Government (2005) *Opportunity Age: Meeting the Challenges of Aging in the 21st Century*, London: HMSO.

HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of adult social care*, Ministerial Concordant, London: HMSO.

HM Government (2009a) *Building a Society for All Ages*, London: HM Government.

HM Government (2010) *The Coalition: The Programme for Government*, London: HMSO.

Kings Fund (2006) *Combined Predictive Model: Final Report*, London: The Kings Fund.

McGill, P (2010) *Illustrating Ageing in Ireland North and South: Key Facts and Figures*, Belfast: CARDI.

Northern Ireland Life and Times Survey (2008) *Attitudes to Older People*, Belfast: NILT, available at: http://www.ark.ac.uk/nilt/2008/Attitudes_to_Older_People/OPROB.html

Laverick, E. (2006) *Age Concern Warwickshire Care Services Handyperson services: A Model for Sustainable Services*, May, Glossop: Foundations.

Joseph Rowntree Foundation (2005) *'The Older People's enquiry – 'That little bit of help'*, York: JRF.

Leather, P. and Mackintosh, S. (1993) *Home Improvement Agencies in Northern Ireland: The Role of Fold Staying Put*, Anchor Housing Trust.

Leather, P. and Mackintosh, S. (1994) Care or Repair? Home Improvement Agencies in the UK, *Building Research & Information*, Volume 22, Issue 3 May, pp. 150 – 158.

McClure, R.J., Turner, C., Peel, N., Spinks, A., Eakin, E., and Hughes, K. (2005) *Population-based interventions for the prevention of fall-related injuries in older people*, Cochrane Database of Systematic Reviews, Issue 1.

Northern Ireland Statistics and Research Agency (2009) *Statistics Press Notice 2008-Based Population Projections*, 21st October, Belfast: NISRA.

Northern Health and Social Care Trust (2006) *Living Well – Ageing Better: A Strategy for Services for Older People 2006-2011*, Ballymena: NHSCT.

Northern Health and Social Care Trust (2007) *Adding Life to Years: Dementia and Mental Health Services for Older People – A Service Strategy for the Northern Area*, Ballymena: NHSCT.

Northern Ireland Housing Executive (2005) *Housing Needs of Older People in Northern Ireland*, Belfast: NIHE.

Northern Ireland Housing Executive and NIFHA (1997) *Joint Review of Social Housing Needs of Older People in Northern Ireland*, Belfast: NIHE.

Northern Ireland Housing Executive (2000) *Housing and Health: Towards a Shared Agenda*, Belfast: NIHE.

Northern Ireland Housing Executive (2005) *Supporting People, Changing Lives 2005-2010 Strategy*, Belfast: NIHE.

Northern Ireland Housing Executive (2008a) *Older People Housing Policy Review Action Plan, 2008-2010*, Belfast: NIHE.

Northern Ireland Housing Executive (2008b) *Northern Ireland House Condition Survey 2006*, Belfast: NIHE.

Northern Ireland Housing Executive (2007) *Housing Matters: Housing and Health Review*, Belfast: NIHE.

Northern Ireland Statistics and Research Agency (2009) *Population set to pass 1.8 million next year*, Statistics Press Notice 2008-Based Population Projections, 21st October, Belfast: NISRA.

Office of The Deputy Prime Minister (2000) *Quality and Choice for Older People's Housing: A Strategic Framework*, London: ODPM.

Office of The Deputy Prime Minister (2006) *A Sure Start to Later Life: ending inequalities for Older People*, London: ODPM,

Office of The Deputy Prime Minister, Department of Health and the Housing Corporation (2003) *Preparing Older peoples strategies: linking housing to health, social care and other local strategies*, London: ODPM/DOH/HC.

Office for Disability Issues (2007) *Costs and Benefits of Independent Living*, London: ODI.

Office for Disability Issues (2008) *Independent Living Strategy*, London: ODI.

Office of the First and Deputy First Minister (2005) *Ageing in an Inclusive Society*, promoting the Social Inclusion of Older people, Belfast: OFMDFM.

Office of the First and Deputy First Minister (2006) *Lifetime Opportunities: Government's Anti-poverty and Social Inclusion Strategy for Northern Ireland*, Belfast: OFMDFM.

Office of the First and Deputy First Minister (2008) *Building a Better future: Northern Ireland Executive Programme for Government 2008-2011*, Belfast: OFMDFM.

Office for National Statistics (2009) *A demographic portrait of Northern Ireland, Population Trends*, Spring, London: ONS.

Paris, C. (2010), *Analysis of the future need and demand for the provision of appropriate models of accommodation and associated services for older people*, Belfast: NIHE.

Raynes, N., Clark, H., and Beecham, J. (eds) (2006) *The Report of the Older People's Inquiry in 'That Bit of Help'*, York: Joseph Rowntree Foundation.

Scott, J., Macmillan, K., McGregor, T., and Reid, S., ODS Consulting (2009) *Review of Care and Repair Projects*, Edinburgh: The Scottish Government.

Scottish Executive (2000) *Report of the Joint Future Group*, Edinburgh: Scottish Executive.

Scottish Executive (2001) *Working Together on Care and Repair: A Strategic View*, Edinburgh: Scottish Executive.

Scottish Executive (2004) *Care and Repair Standards and Guidance*, Edinburgh: Scottish Executive.

Scottish Executive (2006) *Time to Move? A Literature Review of Housing for Older People*, Edinburgh: Scottish Executive.

Social Exclusion Unit (2005). *Excluded Older People, Social Exclusion Interim Report*, London: ODPM.

Southern Health and Social Care Trust (2008) *Older People ~ Having their Say about Housing and Care*, Craigavon: SHSCT.

Tanner, D. (2001) Sustaining the Self in Later Life: Supporting Older People in the Community, *Ageing and Society*, 21, pp. 255 – 278.

Wanless, D. (2006) *Securing Good Care for Older People: Taking a Long-Term View*, London: Kings Fund.

Welsh Assembly Government (2003) *The Strategy for Older People in Wales, 2003-08*, Cardiff: WAG.

Welsh Assembly Government, (2001) *Better Homes for People in Wales*, Cardiff: WAG.

Welsh Assembly Government (2003) *Housing for Older People*, Cardiff: WAG.

Welsh Assembly Government (2006) *Costs and Benefits of the Supporting People Programme*, Cardiff: WAG.

Welsh Assembly Government (2007a) *The Strategy for Older People in Wales, 2008-13*, Cardiff: WAG.

Welsh Assembly Government (2007b) *Accommodation for older people in Wales - The foundations for the future- Final synthesis report*, Cardiff: WAG.

Western Health and Social Services Board (2007) *Meeting the Needs of Older People Locally: A Strategic Framework for Older People's Care and Accommodation in the Western Area 2007-2017*, Londonderry: WHSSB

Appendix 2

**WHiA Warrington Home Information and Improvement Agency
Eligibility for Services Summary**



	Description	Fee	Eligibility Criteria
Private works	Support and advise older people to maintain and improve their home. E.g. visit from our case worker or technical officer to discuss works and advise on best course of action.	Initial advice is always free. If works are agreed client fee is 7.5% of works value	60+ or younger vulnerable person.
Garden Maintenance	Monthly garden maintenance provided by external contractor.	£28 per month	60+ or younger vulnerable person. WHA tenants.
Free Handyperson (Healthy, Safe and Secure Homes)	Jobs around the home that can be carried out by a handyperson to aid health, safety and security. Includes	Handyperson time is free, materials payable at cost	60+ or younger people who are on eligible benefits.
Sixty plus scheme (Healthy, Safe and Secure Homes)	Scheme to aid people 60 plus who need essential works of health and safety nature. Cost is subsidised.	First £60 is free, cost over £60 paid for by the client with 7.5% fee added.	People who are 60 years and over.
Paid for Handyperson	Jobs around the home that can be carried out by a handyperson which are not specifically to aid health, safety and security.	£12 per hour	60+ or younger vulnerable.
Small works	Small items of work that require a contractor and cost under £100. For example electrical or plumbing repairs requiring a rapid response.	Free service, client pays contractor direct	60+ or younger vulnerable person.
Advice on repairs and improvements	May be general advice, inspection by Technical Officer or Case worker, getting quotes from contractor for work	Free service	60+ or younger vulnerable person.
Interest Free Loan	For essential home improvements e.g. For Warm Front client contributions. Maximum £5000.	Loan repayable in instalments, interest free	Low income home owners
Disabled Facilities Grants	Work on behalf of the client to get all works completed e.g. adapted bathroom to aid mobility problems	Depends on the case	Anyone

WHiA Warrington Home Information and Improvement Agency is a not for profit agency supported by Warrington Borough Council and Warrington Housing Association.

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