

# Small things matter

the key role of handyman services



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Care Services Improvement Partnership **CSIP**

Health and Social Care  
**Change Agent Team**

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The case examples and quotations in this report do not relate to any of the people shown in the photographs.

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# Executive Summary

This report examines the current provision of small repairs and minor adaptations services being provided by the main older people's voluntary and community sector organisations in England and highlights options for future service development. It is aimed particularly at service planners, commissioners and providers and covers:

- *the main driving forces and strategic considerations in relation to provision of handyperson services (Chapter 1)*
- *the range of services currently in operation and main characteristics (Chapter 2)*
- *key elements to consider when planning, commissioning and delivering handyperson services (Chapter 3)*

In addition to this report, web-based discussion documents have been produced on aspects of service planning and delivery ([www.careandrepair-england](http://www.careandrepair-england) click on 'Handyperson').

## **Why Handyperson Services?**

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There is increasing reference in a spectrum of government strategy documents to the importance of preventative services and enabling older people to maintain independence – particularly the Department of Health White Paper on the future of adult health and social care (2006). There is also a strong policy drive to encourage greater partnership working across sectors to deliver the services that are the priorities of older people themselves.

As this report highlights, older people identify handyperson services as an important resource to enable independent living. Their impact straddles

housing, health and social care targets and directives, ranging from prevention of falls, reduced admission to care homes to maintenance of a decent housing stock.

Even though many older people have a negative view of asking for help, many will access practical services that enable them to remain in their own homes: '*...[accessing the] handyperson service is not necessarily seen as 'weakness' or as the 'first step on the road to dependence' but rather as a strategy to maintain independence' (Brannelly et al, 2005).*

## **What and Where?**

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There has been a significant growth in the provision of handyperson services by the voluntary sector over the past 20 years. This research project has located 229 handyperson type services across England delivered by Age Concern groups, Home Improvement Agencies and Help the Aged.

They are undertaking a wide variety of tasks – 75% offering 6 or more of the 12 service categories identified (*small repairs, minor adaptations, security, fire safety, energy efficiency, hospital discharge being the most common*). In some areas different tasks are being provided by different providers.

Most are small scale operations with limited staff, but a few are now more significant service providers employing 5 or more operatives.

The main funders of handyperson schemes are social services, local housing authorities and the health sector.

There is a small but growing number of examples where joint commissioning of the service is happening and where Supporting People is taking a lead role. However, handyperson schemes still suffer from being 'nobody's baby' because their benefits straddle housing, social care, health and other policy agendas.

***Handyperson services can offer a coherent response to the growing issue of enabling increasing numbers of lower income older owner occupiers to look after their homes and live independently in their own homes for longer.***

## Recommendation

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Handyperson services should become part of the mainstream services provided for older people. Ideally they should be commissioned jointly by housing, Supporting People, primary and out of hospital care bodies (PCTs and NHS Trusts) and Social Services. They should be contracted for at least 5 years to ensure greater service continuity.

## ACTION

### National Government:

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- Fully integrate prevention into all policy frameworks for Housing (including Supporting People), Health and Social Care. Such frameworks should include agreed outcomes and commitment to funding for prevention related delivery.

- Related guidance should encourage more effective joint commissioning of preventative services which meet the lower level needs of older people and specifically mention the role of handyperson services.

### Local Government:

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- Ensure that all local older people's service plans, health and social care plans, housing strategies, Supporting People Strategies and Local Area Agreements adequately address prevention and meeting lower level needs. This should include all aspects of potential handyperson service delivery (ie. full range of works identified in this report – small repairs, security, safety, minor adaptations etc).
- In order to ensure the most effective local delivery of the full range of potential help that handyperson services can offer, undertake a local audit of current provision and consider options for co-ordinated delivery.

### Operational:

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- involve older people in the planning and ongoing review of service provision, including active involvement in customer satisfaction monitoring and evaluation.
- link handyperson service provision to delivery of floating support, adaptations, integrated community equipment, rapid response provision, home care, telecare, falls prevention, fire safety, home security
- review the provision of information about all housing related support services and ensure widespread dissemination of information about availability



# Handyperson Services: An Overview

Older people place a high value on small scale assistance such as handyperson services and consider that such help is critical to retaining independence and quality of life. Easy access to reliable help with small repairs and minor adaptations makes a significant contribution to enabling older people to remain living in their own homes – the preferred housing option of the majority.

One of the key messages that emerged from the Joseph Rowntree Foundation's *Older People's Programme* (JRF, 2004) was that older people valued support which enabled them to live in their own homes and have 'a life worth living'. In their follow on study of priority low level services which provide 'that little bit of help,' handyperson services came out as one of the key priorities (JRF, 2005).

The Office of the Deputy Prime Minister's Social Exclusion Unit (ODPM/SEU) consulted extensively with older people in 2005 and in the resulting report, *"Excluded Older People"* (ODPM, 2005, pp22) concluded that:

*"Many [older] people feel that they would not need to move into care if they could get repairs and adaptation work to their homes completed. ....[they] welcome care and repair services for privately owned homes and reliable handyman services"*

In the SEUs subsequent report, *'A Sure Start to Later Life: Ending Inequalities for Older People'* (ODPM, 2006), handyperson services are included as an element in their vision of a comprehensive package of preventative services.

There is increasing reference in many government strategy documents to the importance of preventative services. These include services which can reduce, delay or prevent a move to residential or hospital care. In the Department of Health White Paper (DH, 2006) one of the four main goals is 'to provide better prevention services with earlier intervention'.

Older people identify handyperson schemes as a key preventative service.

## **If handyperson services are so important why aren't they everywhere?**

One very simplistic answer to why handyperson service provision is still not universal and remains small scale in all but a few areas may be that it falls between the interests of different government departments, straddling housing, health and social care interests but no-one's core responsibility.

Some factors have also worked against handyperson service funding. When Supporting People was first introduced handyperson services were not included in the definition of 'core' home improvement

## Handyperson Services: An Overview

agency services. Nor are they specifically encouraged by private sector housing renewal guidance. Targets for Social Care tend to result in a focus on those with high level needs rather than prevention and 'low level' support whilst health sector hard targets are often medically focussed. In addition, coherent strategies operating across housing, health and social care (plus consequent joint service commissioning) are still at an early stage in most areas.

As a result of this, handyperson services are often a bolt on addition, dependent upon short term funding from a wide variety of sources.

In Chapter 1 we consider the wider housing, health and social care context in which handyperson services are evolving and their potential contribution to emerging policy agendas.

### **Current level of service provision**

A rising demand for help with small home repairs and adaptations has been reported by front line providers of services for older people, particularly Age Concern and home improvement agencies.

Over the past two decades there has been significant growth in the availability of handyperson services across the UK.

When Care & Repair England published its first report about pilot handyperson projects (Adams, 1992) only a handful of services existed. Four years later a study published by the Joseph Rowntree Foundation (Appleton, 1996) identified 52 schemes in England and 11 in Wales.

In undertaking this research we identified 117 handyperson services provided by home improvement agencies, 91 run by Age Concern groups and 21 Senior Safety schemes operated by Help the Aged across multiple districts. In addition to these services will be an unquantified level of provision by small, local voluntary organisations and community groups.

Most services remain small (38% with one worker or less) and growth has taken place in a funding climate that still remains problematic, especially with regard to longer term commissioning and sustainability of services.

### **What do we mean by "Handyperson services"?**

"Handyperson service" is 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. Most commonly these building jobs include:

*small repairs, minor adaptations, odd jobs (eg. putting up curtain rails or shelves), home safety checks, falls/accident prevention schemes with remedial action (eg. securing loose carpets, putting up grab rails), security checks with remedial action (eg. installing locks, chains, spy holes).*

On the whole handyperson services go beyond the provision of help with only very small, unskilled odd jobs (eg. changing a light bulb) often delivered through volunteers, but there is no hard and fast boundary. See web based discussion paper for further information and examples of definitions used.



Service providers reported;

- fundraising to keep the service going was quite difficult (39%) or very difficult (28%)
- demand outstrips supply (51%)
- putting together packages of short term funding from a wide range of different sources is time consuming

Yet despite these reported difficulties, there is an expectation amongst the majority of providers (52%) that they will expand their handyman service over the next two years.

Care & Repair Cymru and Care & Repair Scotland both reported a significant rise in availability of handyman services. The Welsh Assembly initially made available £1m for the related Rapid Response Adaptations initiative (£1.5m for 2006-7) and local health boards are significant investors in handyman services. The Welsh Older People's Strategy and their Social Justice & Regeneration

Report about Older Persons' Housing acknowledged the useful role of handyman services and discussions are on-going regarding their future support and development.

The Scottish Parliament said that they would like to see a small repairs service established in every local authority area, operated by a Care & Repair scheme, but did not allocate specific funds. Even so this has resulted in a growth in availability.

Because of the different policy and funding contexts in each country, this report focuses on the situation in England. The comments and conclusions about provision are based upon a national survey of handyman services currently being provided primarily by home improvement agencies, local Age Concern groups and Help the Aged (detailed in Chapter 2).

## Case Study

Mrs A is a widow of 85. Her house is in a relatively good state of repair, but her bathroom window needed to be repaired.

The handyman undertook this work and when talking to Mrs V as he did the repair she mentioned that she could no longer get in and out of the bath. She also mentioned that she had rheumatic heart disease and had had several nasty falls. He also noticed that the house was quite cold and there was just a gas fire in the living room.

The handyman passed this information back to the agency and the caseworker visited Mrs V. As a result of this bathing adaptations were arranged, a home safety check undertaken, grab rails installed and a referral to Warmfront was also made resulting in installation of central heating. Following a welfare benefits check, Mrs V's income was increased substantially thereby removing a significant amount of financial worry and making her willing to turn on the central heating to keep warm.



## The Role of Charitable Trusts

The charity sector has led the way on developing alternative solutions to the problems of low income owner occupiers and charitable trusts have been major funders of handyperson services.

Charitable Trusts often see themselves as a source of support for new initiatives which highlight a particular social problem and demonstrate a possible response, but not as the subsequent funders of national application of successful models.

National charity hact (the Housing Associations Charitable Trust) in particular has played a key role as both a founder of Care & Repair England and Wales and also the supporter of early local Care & Repair schemes and handyperson services. hact, alongside a number of other charities, now believes that handyperson services have demonstrated their worth and should be mainstreamed as they can no longer, from the charity sector point of view, be regarded as innovative. hact will not be funding handyperson services beyond the end of their current older people's programme.

Nevertheless, as the research reveals, charitable funding is still critical to many services (29% of services received some charitable funds). Such funding may also be important in the starting up of new services to demonstrate their value in areas which do not currently have any such provision.

*“ Friendly, excellent service helping us to keep house in good condition. Been here 44 years – would not want to be forced to move. ”*



## Chapter 1:

# Strategic Considerations

Handyperson services can contribute to a range of policy agendas. Their current and potential impact is summarised in this section.

## Improving the Housing Stock

### Decent Homes

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Whilst the majority of people in Britain today are living in decent homes, there remains a significant

number whose homes are not decent or even fit for habitation. Government has set targets to improve this situation, recognising, to some degree, that the state of the housing that people live in is closely connected to their health and well-being, and hence impacts on other areas of government policy.

### Private Sector Housing Policy Drivers

There has been a major cultural shift over the past decade away from the concept of government grants to help with repairs to the homes of low income householders. There has been a change in mindset away from the expectation that the state will help owner occupiers with the cost of repairing and maintaining their homes.

However, there has not been a parallel growth in the level of use of equity release that government had anticipated. For a variety of reasons, equity release remains unpopular. The Consumers Association (Which, Jan 06) highlighted the shortcomings of most equity release products in terms of offering poor value for money and often being an expensive way to borrow. People who are over 70 years old are also the least likely to consider a loan and 'go into debt' to pay for major repairs to their home (SEH 03-4, Tables A1/37-39)

Another important consideration is that for the small amounts of money that low income householders may need for ongoing minor repairs and small adaptations, equity release as it currently stands is not a cost effective method of borrowing. The development of subsidised social lending is happening in a modest way, but it remains important to examine the true costs of setting up and administering small loans.

Therefore there remains a gap – how to ensure that low income owner occupiers can undertake small essential repairs that will prevent stock decline. Handyperson services can be part of the solution.

A key step taken by the current government was the creation of the concept of 'Decent homes' and the setting of targets to ensure that more of the housing stock meets this minimum standard (see box).

Whilst there have been real improvements in the state of social rented housing quality, the majority of non-decent housing is located in the private sector where there has been more limited progress to date, particularly amongst vulnerable groups.

### Housing Conditions and Decent Homes

- 6.7 million homes do not meet the Decent Homes Standard; 79% of these are in the private sector (1).
- 1.1m (37% of all) vulnerable\* households in the private sector live in non decent homes (1)
- older people who live alone, are 75yrs+, and/ or have lived in the same home for more than 30 years, and/or are members of black and minority ethnic communities are more likely to live in non decent private sector housing (2).
- The Government's target is by 2010 to eliminate non decent social rented housing and to increase the proportion of private sector housing in decent condition occupied by vulnerable groups (3) to 70%

1 Source: ODPM (2005) The 2003 English House Conditions Survey

2 Source: ODPM (2003) The 2001 English House Conditions Survey

3 "Vulnerable" is defined in terms of being in receipt of particular welfare benefits. Therefore, some argue, is an understatement of the problem given levels of benefit take up particularly amongst older people)

As well as improving housing quality, there is also the issue of avoiding a decline in housing quality. Without regular repairs and maintenance properties soon decline; today's dripping overflow is tomorrow's dry rot problem. Relevant to this issue is the growth of low income owner occupation over the past 20 years.

In 1981, 57% of householders were owner occupiers. By 2004 this had risen to 71%. Since 1980 an estimated 1.6 million former tenants have purchased their home under the right to buy scheme (ODPM, SEH 2005). Thus lower income households are more likely to be owner occupiers than ever before. Yet whilst half of all poor households are owner occupied 94% of the state support for housing costs for low income groups is spent on those in rented housing (CIH/ CML 2004).

When combined with information about increased longevity, the growing pension crisis and a national social care policy framework which rightly emphasises enabling older people to live in their own homes for longer, the sustainability of this change in tenure base comes into question.

It is possible to speculate that the growing level of demand by older people for help with small repairs and adaptations is a useful indicator of an emerging phenomenon – the challenge of meeting the costs of owner occupation during a longer period of retirement on a modest/low pension.

***More widespread availability of handyperson services could contribute to improving private sector housing and also avoiding a decline in housing quality.***

### Housing Health and Safety Rating System (HHSRS)

From April 2006 a new system comes into force for determining the state of the housing stock. The new Housing Health and Safety Rating System replaces the traditional fitness standard. The new system assesses the potential impact on health and safety of a range of deficiencies and defects in the home through the application of a checklist of 29 potential hazards.

If a hazard/building defect is identified it will usually be the responsibility of the home owner or



landlord to address the problem. How a Local Authority enforces HHSRS and the level of help that is offered to private sector householders will be largely matters for local decision.

However, some of the hazards identified (eg falls/home accidents) may require very modest levels of repair/improvement to remedy, yet be of real worry to the older householder who has been informed of their home rating. Handyperson services could be the key to responsive, efficient removal of high category hazards identified under this new system.

***There is an opportunity for handyperson services to be important agents in remedying such defects, thus improving the rating of a property.***

## **Home Maintenance, Building Skills and Demographics**

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To maintain their homes people need a combination of reasonable DIY skills, and adequate money to pay builders. And they also need access to reliable tradespeople.

The growth in owner occupation, the move away from manual trades amongst the general workforce and a declining level of interest in/ time for/ skills in DIY are all adding to the imbalance in supply and demand for builders. This lack of DIY time and skill is also related to the capacity of family members and friends to help older relatives with repairs – a problem exacerbated by family dispersal.

Small repairs have become less affordable for many low income households as a consequence of supply and demand issues in the building industry. Skilled builders can command high prices, particularly in areas of growth and regeneration, leaving a smaller pool of potential workers to take on less lucrative areas of work, such as odd jobs.

The high profile negative cases of builders swindling people have created a climate of fear and mistrust. Even for those who can afford to pay the market rate for building work, there remains a real worry about exploitation.

For lower income older owner occupiers who are no longer able to do repair jobs themselves, the worry about cost and the fear of being swindled can add to stress levels. When the call out charge, eg. for a plumbing or gas repair, costs more than half of the average weekly income of a single pensioner it is not surprising that this is a growing concern.

Important routine repairs and maintenance may be left undone, with the longer term consequences that this has for decline in the state of the housing stock (as well as potentially negative effects on health and safety of the occupants).

***Handyperson services could play a key role in meeting the repair needs of vulnerable owner occupiers, thereby alleviating worry and helping to prevent property deterioration.***

## **Improving Social Care**

### **Living Independently**

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Enabling older people to live independently in their own homes for longer is central to the current social care policy agenda.

The Department of Health's (DH) target\* to reduce the proportion of older people who live in residential care and increase the percentage who are supported intensively to live in their own homes is a driver to meet this objective.

\* PSA Target: 'improve the quality of life and independence of older people so that they can live at home wherever possible, by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home or in residential care'

However, the focus on 'intensive' packages of care and Fair Access to Care have contributed to an increasing concentration of services on smaller numbers of the most vulnerable and dependent people, perhaps to the detriment of the majority who need a lower level of support.

It can also be argued that independent living for both the dependent and more able is only achievable if services are in place to ensure that people's homes are warm, safe and suitably adapted.

In 2005 the DH established their £60m 'Partnerships for Older People' programme aimed at encouraging councils in England to work with their NHS, local government, voluntary and

community sector partners to devise innovative approaches to enabling older people to live independently for longer and avoid emergency hospital admission. Some of the successful bids for projects incorporated handyperson service elements.

The Department of Health (DH), through the White Paper on adult health and social care (DH, 2006) has heralded a move towards prevention and meeting the lower level needs of more older and vulnerable adults.

***Handyperson services could play a key role in this move towards prevention.***

## Case Study

Mrs M is 75 yrs and cares for her husband who, due to multiple strokes, now has severe mobility limitations. He is also diabetic and suffers with vascular dementia. Mr M has refused all provision of personal care so Mrs M is left to deal with most of his needs. She has a heart problem, a spine condition and is waiting for hip replacement surgery. Mr M has also had many falls around the home. Home care come in to help with tasks such as making the beds and cleaning each day and Mrs M receives 3 hours respite care per week.

Mr M was a builder and ran his own company for many years. His wife has had a lot of trouble getting him to accept people coming into their home to undertake repairs and BCOP\* are the first he has accepted. Mrs M said that was because of the quality of the BCOP handypeople:

*"They had such a friendly way with them. And they came in not just as a sort of builder... They came and spoke to [Mr M] and took an interest in him and explained what they were going to do... and that was part of the help for [Mr M] accepting people into the house."*

BCOP have completed many jobs for the couple, from changing light bulbs to installing a shower. Mrs M said that having the service available *"had taken away a great deal of worry"*.

\*BCOP = Broadening Choices for Older People Handyperson Service in Birmingham.



## **Black and Minority Ethnic Elders**

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Demographic trends indicate a significant growth in the numbers of black and minority older people over the next 10-15 years. As noted in the section on housing above, BME groups are over-represented in non-decent housing and tenure patterns show an above average level of owner occupation amongst certain ethnic groups – particularly amongst Indian origin households (SEH, 2003). BME groups are also more likely to be living in low income households in disadvantaged neighbourhoods and experience health inequalities.

***Targeted improvement to tackle these issues is thus important and handyperson services can play an important role in delivery of acceptable, culturally appropriate practical support services.***

## **Adaptations**

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The value of adaptations in enabling independence has been well documented by the Audit Commission and a range of other researchers (Heywood, 2001). The government's inter departmental review of disabled facilities grants (ODPM 2005) has further highlighted the importance of improving delivery of adaptations.

The positive results of the delivery of equipment through the combined efforts of health and social care and the integration of community equipment services (ICES-see [www.icesdoh.org](http://www.icesdoh.org)) have brought about real improvements in people's ability to live independently and helped to improve hospital discharge.

There is potential for a similar model to ICES being applied to deliver fast track minor adaptations using a handyperson service. This could also contribute to removing some of the inefficiencies of applying the disabled facilities grant process to smaller works.

***Handyperson services have demonstrated their capacity to play a key role in the swift, efficient delivery of small adaptations and there is considerable potential for further development.***

## **Telecare & Assistive Technology**

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Telecare, the provision of care to people in their own homes by means of information, communication and environmental technologies, is expected to make a considerable difference to the ability of older people to remain living in their own homes for longer. DH is investing £80m via its Preventative Technology Grant over the next two years (*Building Telecare in England, DH 2005 1*).

Installation of such technology may reveal other housing issues (eg. inadequate wiring) which need to be addressed to ensure a person's safety - or even be crucial to the installation.

In Wales home improvement agencies are seen as ideally placed to play a key role in the installation of assistive technology and the potential connections with handyperson services are being made in strategies and guidance. There are some developments in England involving handyperson services in the installation of assistive technology, but to date this potential has not been extensively noted in related guidance..

***There is significant scope for linking Telecare and handyperson services.***

## **Supporting People**

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One of the major initiatives of the last decade with regard to enabling vulnerable people to live independently in the community was the introduction by ODPM of the Supporting People Programme (SP).

One of the funding streams incorporated into SP was home improvement agency grant. However, the initial guidance defining the core service to be provided by HIAs did not include the provision of handyperson services. Following the more

comprehensive review of service provision by local SP teams, the home improvement agency range of services being commissioned by SP is beginning to incorporate handyperson work.

Over recent years SP has increasingly funded "floating support" services which provide low level support for older and vulnerable people. The current review of the SP (*Creating Sustainable Communities: Supporting Independence, ODPM, 2005*) identifies people living independently, for whom a small amount of support makes a critical difference to remaining independent, as a distinct group with a particular category of need. The consultation paper says that "*there are opportunities to improve the extent to which this support is made available to people in their own homes*".

It is widely anticipated that the current review of SP grant conditions will result in specific inclusion of handyperson services. Already Devon SP has drawn up a single specification for all HIA services in the county which includes HP service (copy on web) as well as a home safety assessment. Devon resolved the funding issue by treating the commissioning of the HIA service as a joint exercise with other partners who were not restricted from funding the labour element of the handyperson service.

Another specific item mentioned in the SP review is the concept of individual budgets. Depending upon the outcome of trials, providing individuals with their own budget with which to purchase the package of support that they choose, (rather than being offered services) may become increasingly common. Thus it may be that individuals could directly purchase handyperson services out of their individual budget.

***Handyperson services could become an increasingly important service to meet Supporting People objectives.***

## Improving Health

### Public Health and Prevention

There is growing awareness of the impact of the home environment on the individual's physical and psychological well being. Connections have been established between a person's home and their safety, security, susceptibility to ill health and home accidents, especially falls. The impact of home and the wider environment on people's mental state is also being acknowledged. '*Health Risks and Health Inequalities: An Assessment Tool*' (Blackman T, 2005) provides comprehensive links to the research and evidence base for housing and health connections and suggests possible remedial action.

### DH Policy Drivers

There are limited policy drivers eg. *National Service Framework for Older People* (DH 2004 2) which should encourage health service providers to financially support initiatives which address specific aspects of the patient's home environment. There are also health leverages under the Health Act 1999 in place to enable pooling of resources eg. Section 31 agreements. In addition there is a range of general guidance on the importance of prevention and supporting cross sector services, exemplified in the Access and Systems Capacity Grant and DH guidance on building capacity with the independent sector (see [www.integratedcarenetwork.gov.uk](http://www.integratedcarenetwork.gov.uk)).



To most older people, living in one's own home represents independence and control whilst a poorly maintained home reminds people of what they are no longer able to do for themselves and impacts negatively on their well being (Clark et al 1998).

***Handyperson services can help people to maintain their home and contribute to improved health and well-being.***

## **Hospital Discharge**

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Reducing delays in discharge from hospital has been a key health sector priority. A recharging system was introduced whereby hospitals can charge social services departments for failing to make arrangements for the care of older people who no longer have a medical need to remain in hospital. This change was also accompanied by short term grant aid to support initiatives which facilitate hospital discharge.

The report 'On The Mend: The Role of Home Improvement Agencies in Hospital Discharge' (Adams, 2001) demonstrated how undertaking small repairs and minor adaptations to the homes of people waiting to leave hospital can be critical to their effective discharge.

***Handyperson services are a key contributor to improving hospital discharge as they can offer a rapid, flexible response.***

## **Telemedicine**

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This is envisaged as playing an increasingly important role in the more efficient delivery of health care in the future. As with Telecare, it can be argued that this will only be achievable if mechanisms are established to ensure that patients are living in decent homes which are warm, safe and suitably adapted, particularly given the interconnections between poor housing and poor health.

***Handyperson services can play an important role in ensuring this decent housing and be part of a rapid response remedial service linked to telemedicine.***

ADDITIONAL  
HELP

SOCIAL  
SERVICES

Mrs Smith is 78 and lives alone in her own home. She is worried about a broken stair tread as she was already having difficulty getting up and down the stairs and this makes matters worse. She needs someone to fix it who she can both trust (she was burgled last year and is nervous of letting people into her home) and who will not charge too much – on a basic pension she can't afford commercial rate call out charges.



## Strategic Considerations

The handyman could offer to do a home security check and install extra measures, given the previous burglary. Similarly, installation of smoke detector, CO monitor, low energy light bulbs might be relevant and referral to other services if other problems are noticed.

By undertaking this repair the handyman service could be helping to prevent the need for a much greater level of care eg. if Mrs Smith fell there would be both a medical cost consequence and also an increase in support needs, or even the need to move to a care home.

SP's remit is to help vulnerable people to continue to live independently in the community. Undertaking this repair could contribute to that agenda as if not helped Mrs Smith might find living in her existing home increasingly difficult.

Under the Housing Health and Safety Rating Scheme stairs are one of the 29 hazards. Improving the stairs could reduce the HHSRS score and reduce risk.

To deliver this repair could contribute to the Falls Prevention agenda (National Service Framework for Older People Standard 6). It might be useful for the handyman service to install a second stair rail and offer a home safety check.

A handyman service would be able to undertake this repair – but who might fund it?

SUPPORTING PEOPLE

HOUSING AUTHORITY

HEALTH SECTOR



## Falls Prevention

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Falls result in c.14,000 deaths per annum (DH, 2004 1) and the cost implications to the NHS are enormous. Patients over 75 years who are admitted to hospital after an accident (in most cases a fall) occupy a bed for an average of 18 days (Swift 2001). Hip fracture is one of the most common consequences of falling amongst older women. Parrott's (2000) costing of an individual hip fracture was £25,424. This is more than the budget for 40% of the handy person services that we identified through the research.

The link between falls and interventions by handy person services is the one that has received the most attention with regard to attempting to quantify impact.

A multi-factoral approach to reducing risk of falls is widely acknowledged as being the best strategy ie. addressing environmental factors, multiple medication and muscle tone/balance issues.

***Handy person services should be a key element of a comprehensive falls prevention strategy.***

*“ This service is much appreciated and most helpful. Work was carried out in a professional manner to a very high standard. ”*

## Improving Warmth, Safety and Security

### Fuel Poverty

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The government's target of eliminating fuel poverty by 2010 impacts primarily on older people. Whilst WarmFront is the main initiative to deliver this objective, handy person services can play an important role in referring older people to available heating improvement schemes and can also undertake some of the associated improvements.

There is less to be gained from improved heating and insulation if a person has a broken window, rotten doors or penetrating damp from broken gutters and overflow pipes – all jobs which might be tackled by the handy person. Putting in low energy light bulbs and related simple energy efficiency measures may all be additional services offered by the handy person.

### Home Security and Safety

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Helping older people to keep their homes in a decent state can contribute to reducing the risk of distraction burglary. A factor in older people being targeted can be evidence of house disrepair and unkempt gardens etc.

The new 'Rebuilding Lives: Supporting Victims of Crime' (Home Office, 2005) proposes new victim care centers and more care and support at the point of need to crime victims - this could include referrals to handy person schemes or paying for extra security. A handy person service is well placed to offer a more rounded service eg. mending and strengthening a rotten door frame as well as installing a better lock, mending broken window panes and painting woodwork in addition to putting in window locks etc.

Fire prevention has risen up the agenda too. Installation of a smoke alarm, highlighting fire hazards and linking an older person to initiatives such as electric blanket replacement can all be within the remit of the handyman service.

***Handyperson services can play a key role in making older people's homes warmer, safer and more secure.***

## Improving Services: Delivering What Older People Want

A philosophy of involving older people in local and national planning has developed over recent years, greatly encouraged by *'Better Government for Older People'*.

A series of influential reports based on older people's views, including *Older people-independence and well-being* (Audit Commission, 2004) and the findings of the Joseph Rowntree Foundation *Older People's Inquiry*, have highlighted the importance that older people place on retaining independence and control over their lives.

The role of housing is one of the factors explored in this body of work, with the consistent message emerging that older people wish to stay living independently in the home of their choice.

Having a joined up strategy for an ageing population and engaging with older people to shape this strategy is now an imperative for local government, and is one of the measures (*'Key Lines of Enquiry'* or KLOE) used by the Audit Commission in their performance assessment of local authorities.

One of the conclusions of a recent study by Birmingham University of a handyman service

(Brannelly et al, 2005) was that even though many older people have a negative view of asking for help they will happily access services that enable them to remain in their own homes. *'...[accessing the] handyman service is not necessarily seen as 'weakness' or as the 'first step on the road to dependence' but rather as a strategy to maintain independence'*

This conclusion was further reinforced by the study's finding that the majority of handyman service users interviewed maintained a steadfast refusal to contact Social Services. This has considerable implications if handyman services are contracted in such a way as to limit their use to people who have been referred by a statutory agency. An opportunity may thus be missed to assist those who may have real need of help but be the least likely to access it.

However, this willingness to use the handyman service does illustrate the potential added value of such schemes if they are managed by local voluntary sector organisations. Through building up trust with customers they are well placed to refer older people to other voluntary sector support services which can further contribute to independent living and quality of life.

These conclusions very much reflect feedback from service providers - that handyman schemes are a service which older people who access no other help will use because it is delivering just what they want and in a way that does not threaten their sense of independence.

***Low level practical support, such as that offered by handyman services, is highly valued by older people and can play a key role in enabling older people to retain their independence.***



## Chapter 2:

# Handyperson Services: Current Provision

This part of the report outlines the main findings from research undertaken to establish the range and characteristics of current provision of handyperson services by the voluntary and community sector – primarily delivered through home improvement agencies, local Age Concern groups and Help the Aged.

## Background

In 1988 Trust funding was raised by Care & Repair England to support the creation, monitoring and evaluation of three pilot handyperson services (Oldham, Leicester and Northampton). This culminated in the publication of the report *'Taking the Initiative'* (Adams, 1992).

The Joseph Rowntree Foundation published *'Handyperson Schemes: Making them work'* (Appleton N. 1996) but to our knowledge no further systematic national studies have been published.

More than ten years after *Taking the Initiative*, Care & Repair England is still being asked for practical information about the development, funding and operation of handyperson services from those planning, commissioning and operating services.

These demands indicate a need for improved impartial information to assist planners, commissioners and providers – hence this report and associated materials.

Further drivers for this handyperson services initiative are the policy developments summarised in Chapter 1.

Furthermore feedback from major charitable funders indicates that some are considering their position with regard to future financing of handyperson services believing that there is a strong case for their greater integration into the mainstream of services for older people.

In 2005 the Lloyds TSB Foundation, hact and the Housing Learning & Improvement Network (part of the Care Services Improvement Partnership at the Department of Health) agreed to fund the research into current provision, creation of a resource bank, publication of a report and, in the case of Lloyds TSB, to facilitate a consortium of major voluntary and community sector (VCS) handyperson service providers (Foundations, Age Concern England and Help the Aged).

## Methodology

Data collection for the project was in two parts:

1. *Scoping exercise, related literature review, meetings and telephone interviews to establish national framework.*
2. *Mapping exercise and questionnaire (postal, email and follow on telephone calls) to local service providers.*

## Scoping Exercise

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Examination of current policy documentation, related reports and research papers was both the first step in the research and has been an ongoing process due to the rapidly changing policy environment.

Meetings and discussions were held with representatives of the three main national VCS organisations concerned with provision of handyperson services (Foundations, Age Concern England and Help the Aged) to establish the current state of play in each organisation, the perspective of each with regard to service provision and to establish agreement about the mapping exercise.

Discussions about the issue were also undertaken with a small sample of key charities and policy makers, including some funders of the research.

In order to consider the UK wide position, telephone interviews were undertaken with Care & Repair Scotland and Care & Repair Cymru – (in both countries Care & Repair schemes are the primary providers of handyperson services) and related literature obtained.

As a preliminary exercise to scope current issues for providers, eight local services were visited and information gathered.

This work has informed both the mapping exercise, the content of this report and the information bank creation.

## Mapping Exercise for England

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Each of the three national voluntary organisations involved in the programme held some information about the location of handyperson services and agreed to facilitate communication with the local providers who were part of their networks.

Foundations, the national co-ordinating body for home improvement agencies (HIAs), holds information about the additional services offered by HIAs. In their 2004 survey, 119 of the HIA respondents reported operating a handyperson service.

Similarly Age Concern England holds data about the services offered by local Age Concern Groups. In their 2004 survey, 84 Age Concern Groups reported offering some sort of odd job/handyperson type of service.

Help the Aged is a direct operator of 21 'SeniorSafety' schemes covering around 70 local authority districts primarily, but not exclusively, concerned with home security. Their management structure meant that it was not appropriate to send a questionnaire out to local operatives, but summary information was provided by their national officer. The organisation is examining the wider applicability of handyperson schemes and considering broadening the scope of its services, therefore played an equal role in the research process.

Another service which specifically offers home security measures are 'Bobby Schemes'. However, as the focus of this research project was the provision of more generic handyperson services, it was not appropriate to send the questionnaire to Bobby schemes due to the irrelevance of the majority of questions to their particular situation.

It was also decided that whilst there were no doubt a number of small, local voluntary sector groups offering handyperson type services at a neighbourhood level it was not feasible to find out where they were located in a way that could claim to be a national mapping. However, enquiries were made amongst funders and service planners and information was gained from a random sample of projects, including three Community Enterprise based schemes.



## The Questionnaire

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The key questions for the research were:

- *Where are the services (and who is delivering them?)*
- *What are they delivering?*
- *How are they being delivered?*
- *At what cost?*
- *Who is paying?*
- *What are the factors that impact on ability to deliver?*

The questionnaire covering these areas was devised and agreed with the national group. It was then posted (and emailed as well where an email address was held) to all 288 HIAs and to the local Age Concern groups who were listed as operating a handyperson service (84). In addition, a short article was included in the Age Concern mailing to all members and a copy of the questionnaire included in the mailing to groups who opt for such wider mailouts (107).

This postal questionnaire was followed up three weeks later with an email reminder where possible, followed two weeks later with a reminder telephone call. Confidentiality was promised and respondents were assured that information would not be related to an identifiable project without their specific agreement.

The main aim of the questionnaire was to gather information about the following specific areas:

- *The range of work being undertaken (repairs at varying skill levels, adaptations, home safety, security, falls prevention, fire hazards etc)*
- *Method of delivery (employees, volunteers etc)*
- *Charging practice (free, hourly rate, materials only etc)*
- *Targeting of service (age related, referrals from specified sources etc)*

- *Volume of work completed*
- *Cost of service provision*
- *Experience of commissioning/raising funds*
- *Sources of funding being accessed*
- *Balance of supply and demand*
- *Views of service users*
- *Availability of any independent evaluation of services*

As a result of this intensive data collection information was gathered from 167 local providers (90 HIAs and 77 Age Concern groups) plus the 21 Help the Aged services. Over half provided attachments such as management reports and service user feedback summaries.

At the end of the data collection process a further telephone survey was undertaken simply asking agencies who had not responded whether or not they operated a handyperson service. As a result of this a list of services was compiled, 117 provided by HIAs, 91 by Age Concern groups and 21 by Help the Aged. In 56 areas handyperson services were listed as being provided by more than one organisation.

The aim of this follow up exercise was to create a national resource re: service availability to be incorporated into the web-based information facility operated by Elderly Accommodation Counsel ([housingcare.org](http://housingcare.org)) and to enable other national advice providers to better answer queries from the public re: local services.

***The research has revealed a significant growth in the provision of handyperson services across England with 229 services identified.***

## Handyperson Services: Current Provision

### The Results

#### Type of work undertaken by handyperson services

The research looked at the range of services offered by providers both in terms of types of repair undertaken and the range of associated work. 12 service options (plus 'other') were listed:

1. *small home repairs,*
2. *property maintenance check,*
3. *minor adaptations,*
4. *aids and equipment,*
5. *home safety check,*
6. *falls prevention,*
7. *security measures,*
8. *fire safety,*
9. *energy efficiency,*
10. *carbon monoxide detectors,*
11. *hospital discharge,*
12. *gardening,*
13. *other.*

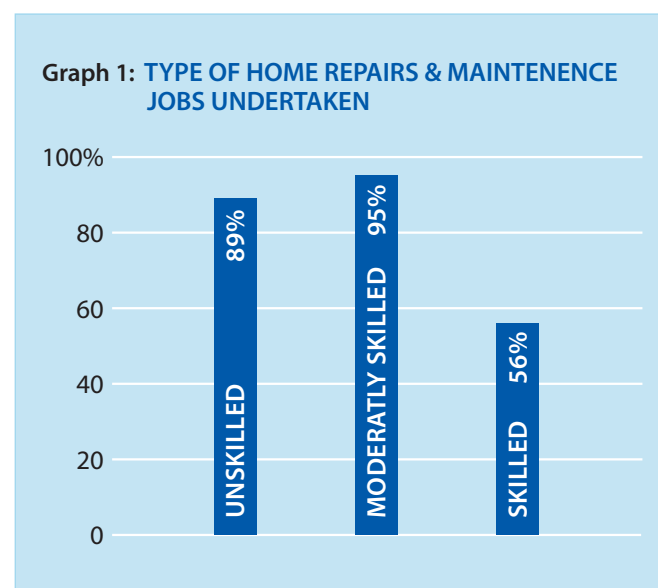
75% of providers indicated that they offered 6 or more of these services.

Table 1: **RANGE OF SERVICES PROVIDED (EXCLUDING 'OTHER') ALL AGENCIES**

No. of services	Agencies	%
1	3	2
2	5	3
3	9	5
4	15	9
5	9	5
6	17	10
7	15	9
8	30	18
9	23	14
10	22	13
11	14	8
12	5	3

In the case of small home repairs (undertaken by all except one of the respondents) the vast majority of services said that they undertook unskilled (89%) or moderately skilled (95%) jobs.

56% of services undertook jobs which were classed as skilled – ie. carpentry (52%), plumbing (43%), gas (7%), electrics (17%), roofing (11%) or other non specified (18%). HIA services were more likely to undertake skilled work (70%) than AC services (39%).



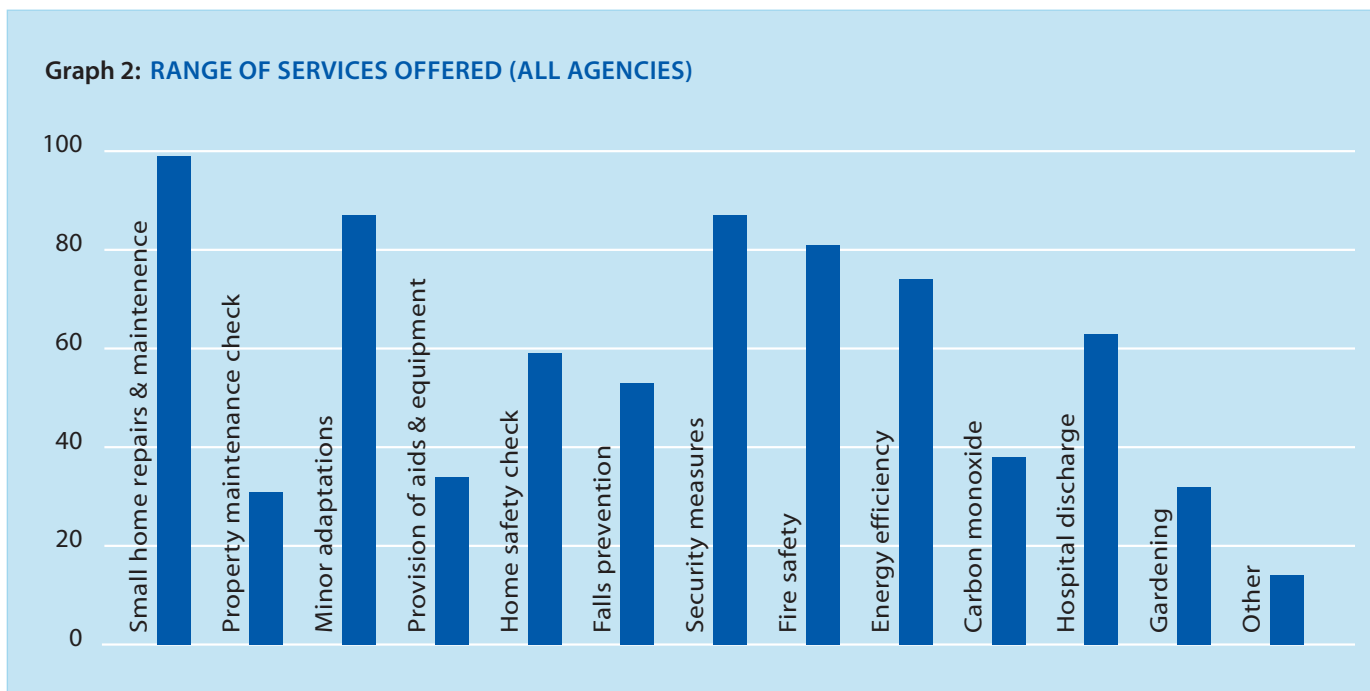
The services that were most frequently offered in addition to repairs were minor adaptations (87%), security (87%) and fire safety (81%).

More than half of all services offered home safety checks (59%), falls prevention (53%), energy efficiency measures (74%) and hospital discharge help (64%).

Help the Aged schemes undertook unskilled and moderately skilled work in the categories of small repairs, home safety, security and fire safety.



**Graph 2: RANGE OF SERVICES OFFERED (ALL AGENCIES)**



Factors which determine which types of service are offered by handyperson schemes are many and various. However, from the comments made by providers, funding availability and the different priorities of the housing, health and social care sectors seem to be key drivers.

The main demand from older people themselves that providers report is for help with small repairs and odd jobs. In order to try to meet these demands providers may also have to undertake the work which helps to meet the targets of service commissioners.

For example, the major health sector priorities of reducing falls or improving rates of discharge from hospital (described in Part 1) may result in money being available to undertake this work but not for a home repairs service (even though the work ultimately undertaken in people's homes and perhaps the outcomes for the older person may be much the same).

This is not to say that services such as falls prevention are not valuable, but current arrangements may leave the handyperson scheme provider dancing to many tunes as they try to put

together a package of funding, monitoring and evaluation that meets the demands of a spectrum of commissioners.

In a few cases this situation resulted in comments along the lines of *"We have to spend so much time doing [the contracted work] that it gets harder to do the odd jobs that older people ask us to do which we can't fit into those categories because we can't get the funding for those"*.

### **How the work is undertaken**

The majority (82%) of handyperson services were described as being delivered via at least some paid staff. In 28% of services volunteers undertook some jobs and in 20% of services work was carried out with the help of both paid staff and volunteers. However, it was mentioned by a number of providers that finding volunteers to do this type of work was difficult.

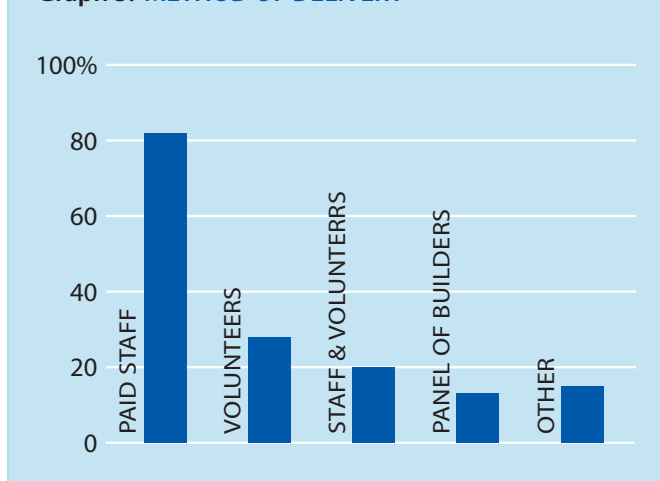
13% of organisations delivered their handyperson service using a panel of builders whilst 15% reported delivering by some other method.

All Help the Aged schemes operate via employed staff.



## Handyperson Services: Current Provision

**Graph 3: METHOD OF DELIVERY**



Most services are small scale, operating with one paid worker or less (38%), and only 8% employ 5 or more staff. Of the 28% of services operating with the help of volunteers, 7% had one volunteer or less, 12% had 2-4 volunteers, 9% operated with 5 or more volunteers. 55% of Age Concern schemes reported operating services with the help of volunteers and 6% of HIAs.

96% employ a paid administrator to help to deliver the handyperson service.

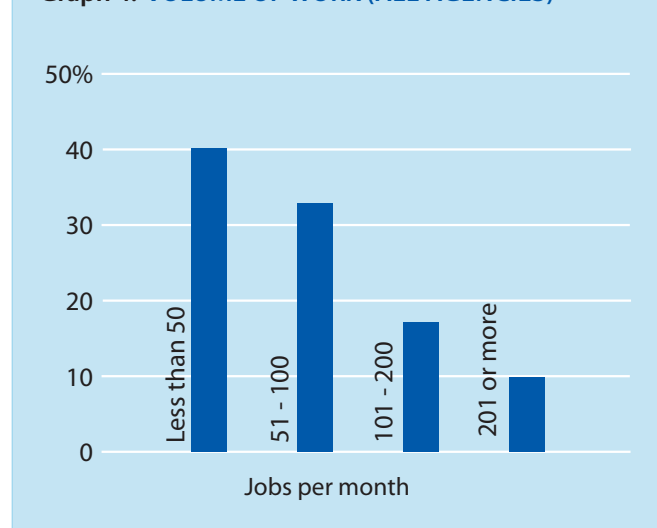
The majority of agencies that undertook repairs and maintenance jobs requiring a trade level skill did so via paid staff. Only 2 of the 13 agencies that relied on volunteers undertook jobs requiring a trade level of skill.

It emerged from the comments made by a number of Age Concern organisations that the handyperson service was a very small scale operation undertaken with extremely restricted resources, perhaps from reserves or small scale local fundraising, just in order to provide some level of help for older people. There was a sense of frustration that they could not do more to meet demand.

Volume of work undertaken broadly correlated with the scale of operation of handyperson services ie. the majority of services are operated

with a small number of staff and volunteers and therefore the work throughput broadly follows these proportions. Help the Aged schemes reported completions of 50-100 jobs per month per fitter. The small number of schemes employing 5 or more staff (8%) or involving 5 or more volunteers (9%) could be considered to be in line with the 10% of services undertaking over 200 jobs per month.

**Graph 4: VOLUME OF WORK (ALL AGENCIES)**



### Who can use the handyperson services

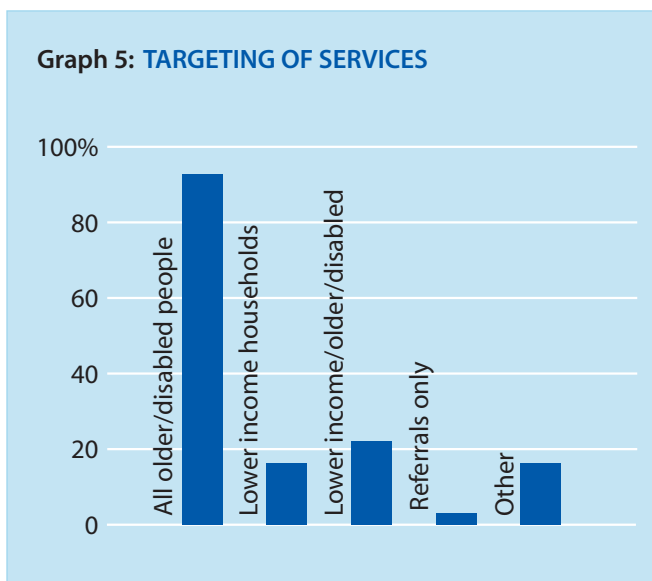
93% of handyperson services were aimed at older and disabled people. 16% of services indicated that they were also available to other low income households.

22% indicated that they were primarily aimed at lower income older households and 16% had other criteria, eg in 6 cases, that the person must be 'vulnerable'. Only 3% reported that use of the service was limited to those referred by a specified source.

All Help the Aged schemes were targeted at lower income older people.



**Graph 5: TARGETING OF SERVICES**



## Charging for services

86% of service providers reported making some sort of charge for their handy person service, but most of these charges were relatively small. Help the Aged schemes do not charge for their service.

Charging for materials was the most common policy (71%). 37% of services made an hourly charge for labour. £5 per hour was the most frequently mentioned amount, most of the remainder quoting £6.50 - £10 and one case of £15 for non low income households. 32% charged for both materials and labour.

19 agencies (11%) stated that they did not have a charging policy but in their qualitative explanation most either asked for a donation or charged some people and waived all costs in hardship cases, or some elements of the service were free for particular groups (eg. linked to contract conditions for elements of the service) but others charged for.

In 29% of services charges were variable according to means and circumstances and variable according to type of job in 11% of services.

The least frequent options were charging according to a schedule of rates (2%) or a membership scheme (2%).

As noted above, a wide variety of elements may be included within the handy person service, partly as a consequence of the range of commissioning arrangements. This can present problems when undertaking an analysis of trends in charging policies because these may be complex even within a single agency. For example, there may be no charge for a home safety check because it is fully funded by the PCT, but the agency may make a materials and labour charge for a routine repair job and have a different charging system for social services clients having a small adaptation installed.

Because of this complexity there were multiple answers to the questions relating to charging summarised below:

**Table 2: CHARGING FOR HANDYPERSON SERVICES**

	%
Charge YES	86
Charge everyone for materials	71
Charge everyone an hourly rate for labour	37
Charge everyone based on a schedule of rates	2
Variable charge according to means and circumstances	29
Variable charge according to type of job	11
Membership scheme	2
Other	16
Charge both materials & hourly rate	32

As the table shows, 37% of services reported making an hourly charge but not all of these gave details of the charges made. For those who did provide information there are almost as many variations as schemes. However the most frequently mentioned figure was £5 per hour for time spent on site. In most cases no charge (or a lower charge) was made for those on means tested benefits or low income (unspecified) and charges of between £6.50 - £10 per hour (£15 in

## Handyperson Services: Current Provision

one case) for those not on low incomes were reported.

No providers reported that they thought that a small charge might deter clients from using the service, but there are concerns about how high charges can go before this would happen.

There are also issues with regard to the efficiency and cost effectiveness of collecting and accounting for small amounts of money (mostly under £10).

The two main options for providers are for operatives to collect money on site – this raises issues with regard to security, fraud and efficient time use of technical staff – or via postal invoicing. This may then involve other agency staff physically collecting the money, and raises issues around cost effectiveness ie. does it cost more to process orders/invoices/receipts than is received in income? The charging issue is explored further in a web based discussion document.

### Service running costs

77% of handyperson services are operating on budgets of £50,000 or less – 40% on under £25,000.

Table 3: ANNUAL RUNNING COSTS

	Total	%
Under £25k	62	40%
£25k - £50k	57	37%
£51k - £100k	23	15%
£100k+	14	9%

As noted above, most of the handyperson services were small scale, operating with one paid worker or less in 38% of cases and only 8% reporting employing 5 or more staff to deliver the handyperson service.

There is understandably some sensitivity with regard to stating actual running costs, given the growth of competitive tendering for contracts to deliver services. There is also a wide variety of practice in terms of how services are costed, eg. management, administration and overhead charges included or only the salary of the handyperson.

### Sources of funding for HP services

The questionnaire asked providers to indicate which sources contributed to the cost of their handyperson service from a choice of 6 options plus 'other'.

1. Local authority housing
2. Other housing (eg housing association)
3. Health Sector
4. Social Services
5. Regeneration initiative
6. Charitable sources
7. Other

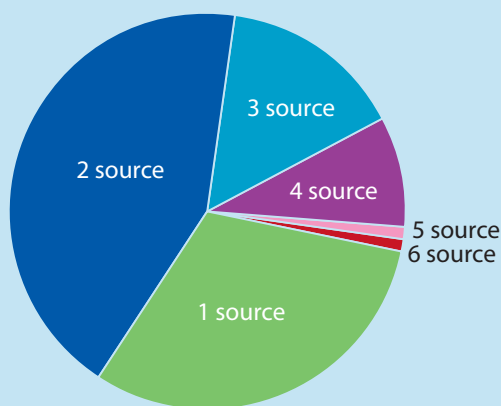
Providers were also asked which contributor they would describe as the main funder of the service and for approximate percentages. There was also space to comment about exact sources and the category of 'other'.

74% of services reported receiving funds from 1 or 2 categories - though as one of these categories was other, which sometimes included more than one 'other' source, this figure has to be treated with some caution. Also, the research did not inquire into the range of funding sources applied to in order to obtain funding (assuming that not all funding bids will be successful).

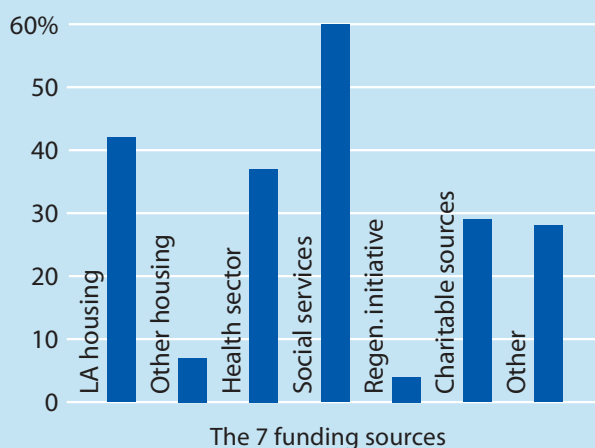
26% of services were funded by 3 or more sources.



**Graph 6: NUMBER OF SOURCES OF FUNDING FOR EACH HANDYPERSON SERVICE**



**Graph 7: FUNDING SOURCES FOR HANDYPERSON SERVICE**



Social services emerge as the most frequently mentioned funder, with 60% of all services receiving some funding from this source, followed by LA housing (42%) and health (37%). Charities were still an important source (29%) but this is probably significantly lower than it would have been at the beginning of the development of handyperson services. As noted in Chapter 1, many charities will not fund established services and hact (a major contributor) will no longer fund such services.

In the comments made re: category of 'other funding sources' 7 HIAs and one ACO reported that their handyperson service was receiving funding from Supporting People. It is possible that other providers included this source under local authority or other housing, but did not state this specifically.

Money from 'the Police' was mentioned as an explanation of 'other' in 7 areas – linked to home security measures and victim support referrals.

Most providers did not mention the specific Social Services source, but 8 did state that they received Access and Systems Capacity Grant (7 HIAs, 1 ACO).

The Big Lottery was a key income source for 8 services (3 HIAs, 4 ACOs) but two commented that this funding was now coming to an end for their project.

As noted in the section above, most services receive a small amount of income via charging for their service, even though the most common charge was for materials only. A small number of agencies are developing models which generate higher levels of income from fees. Case studies of these will be added to the web-site.

In 16 cases the comments indicated a partnership arrangement between some combination of housing, health and social services. A three way split was reported in 7 cases, between health and social services in 5 cases and between housing and social services in 4 cases. There were also 9 cases where one of these sources was the sole funder (health 4, social services 4, housing 1).

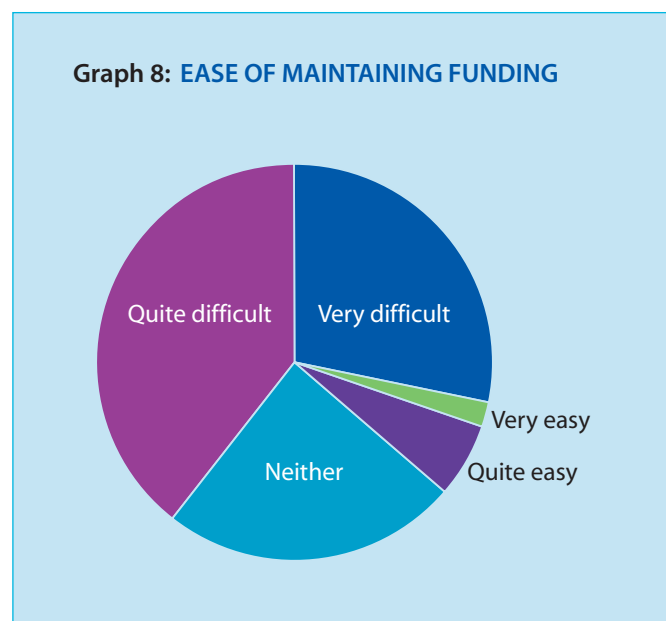
Given the level of encouragement and guidance over recent years for housing, health and social care to work together to commission services, to find only 16 cases (10% of all services) funded in this way is perhaps lower than might have been expected. However, this still represents a step in the right direction and with the current policy trends and reviews (eg. Supporting People, adult

# Handyperson Services: Current Provision

social care and health) it is to be hoped that this trend may continue.

Juggling a range of funding streams running over different timeframes, with different objectives and priorities, and the insecurity of the service due to short term funding agreements were mentioned by providers as being some of the main difficulties of operating handyperson services.

Providers were asked about their experience of funding their handyperson service. The majority (67%) described it as quite difficult (38%) or very difficult (29%) to maintain the funding for the handyperson service. Help the Aged also rated maintaining funding as quite difficult.



## Capacity

51% of respondents reported that they had inadequate capacity to meet demand. Only 4% said that they had excess capacity whilst 45% reported a supply/demand balance.

Surprisingly perhaps, given the comments about being able to raise and sustain adequate funding, 52% of respondents said that they anticipated expanding to meet demand over the next two years.

## Older people’s views about the services provided

The majority (89%) of service providers reported that they used a customer feedback form or similar to gather information about the views of handyperson service users.

32 providers (13 HIAs, 19 ACOs) reported that an evaluation of their handyperson service had been carried out.

On the basis of customer feedback and evaluations (or more informal feedback if neither of these sources was available – 11 cases) providers were asked to summarise what they found was the opinion of most of their customers about the handyperson service.

The results were overwhelmingly positive (percentages were not changed by the removal of the ad hoc judgements), and whilst this is a judgement reported by the provider, all of the supporting documentation submitted with the questionnaires did reflect this very positive view of handyperson services. Help the Aged use a feedback form and they too found that the majority of customers rate the service as very useful.

VIEWS OF SERVICE USERS ABOUT HANDYPERSON SERVICES		
	No	%
Not particularly useful	0	0%
Quite useful	10	6%
Very useful	150	94%

In order to try to ascertain from the information submitted exactly what older people valued so much about handyperson schemes, a word search of attached letters from older people and quoted comments from older people in management reports was undertaken to identify key descriptive terms.



The following were the most frequently occurring descriptive comments about the handyman:

Helpful	Kind	Polite	Friendly
Courteous	Patient	Pleasant	Informative
Clean	Tidy	Reliable	Reassuring

It is very clear that the quality of service is judged to a significant extent by the personality/attitude/approach of the individual handyman and not just the technical quality of the building work that is completed. The reassurance that a 'decent person' is going to be the one who comes to your home is an important added value element of the service. Comments which illustrate this:

*"I feel safe when I come to you [handyman service]"*

*"An excellent service, needed very much by widowed old age pensioner (I am 81). [name of handyman] is a delight to know and so very kind. Long may he and the whole [name of project] team carry on; it is essential to the lives of we oldies"*

Put simply, people want to know they can go to someone trustworthy who will do a good job at a reasonable price and where there is a route to redress if job quality is not up to standard.

*"Friendly, excellent service helping us to keep house in good condition. Been here 44 yrs - would not want to be forced to move."*

### **Service providers views about the value of handyman services**

Emerging from the comments that providers made was a strong sense that handyman services are one of the most valued services that they operate. The sentiment of this comment was not uncommon:

*"We can do a huge amount for a person – adapted bathroom, new roof or whatever – but what we get the most thanks for are the small odd jobs. People are just so pleased"*

As noted above, the sense of relief of no longer being worried about what to do when a problem does arise with a property seems to be an important aspect of the handyman service and this too was reflected in feedback from providers.

One of the real bonuses reported was the willingness of older people who would not make use of any other service (*'because they did not want to be dependent'*) to request handyman service help. This accords with the findings of the Birmingham University Study (Brannelly et al). Making the service as widely available as possible to older people, with few 'hurdles' to access (eg. means testing, limiting to referral by professionals etc) was therefore seen as a key aspect of a good service and one which managers were keen to maintain. This was sometimes difficult because of funding conditions.

One of the arguments made against handyman services and the overwhelmingly positive feedback about them is that anyone is pleased to get something for nothing. It is certainly the case that even though most schemes are making some charge for their service, this is nowhere near commercial rates. But there was no feedback from providers that the services were being exploited by well off people in all but the most exceptional cases.

The argument that unless you formally means test or charge people services will be abused by the wealthy has been used about home improvement agencies for 25 years. Yet 20 years of detailed monitoring of who uses HIA services has failed to give rise to any evidence that this is the case.

A key factor which providers as well as customers identified was the importance of the personality and approach of the handyman. In terms of positive feedback, re-use of and referral of friends to the service, this seems to be one of the most crucial considerations. One of the key challenges for providers was to maintain this high quality of

relationship with customers when their services grew and developed, moving from a one person operation to a work team.

### Independent views about handyperson services

Limited academic, independent research measuring the impact of handyperson services has been identified. A number of general studies were noted in the first chapter relating to falls etc. plus the Birmingham University study (Brannelly et al 2005) of a specific handyperson service, but neither this study or the Birmingham research located any other studies specifically examining the whole range of possible outcomes of handyperson services over a significant period of time.

Most of the evaluation reports mentioned by providers in their responses were internal reports, usually confidential, and in most cases the evaluation was primarily output focussed ie. did the service meet contract conditions in terms of numbers & types of jobs completed for specified client groups and gain positive client feedback.

A health impact assessment of a handyperson service operating in a distinct area of Plymouth with high levels of deprivation has been undertaken by a group of social work students. Based on the views of professionals who visited handyperson service users for another reason (eg. health visitors) and the views of older people themselves, the study concluded that there was a positive health impact, particularly with regard to reduced stress and consequent improvements in a range of physical symptoms.

Fear of being judged incapable and 'being put into residential care' because of not being able to look after their homes was identified as having a negative effect on a high proportion of service users. Thus the easy availability of the handyperson

service to tackle maintenance and odd jobs made a key difference to older people feeling in control of their lives and removing this worry.

It is clearly far more challenging to measure and analyse in depth the many and various possible outcomes claimed for the provision of a service – reduced falls and other accidents, living independently in one's own home for longer, reducing crime, fires, preventing property deterioration etc.

This remains one of the conundrums for the commissioners and providers of preventative services – both the lack of detailed economic appraisals and quantitative evaluation of long term impacts. The prohibitive costs and practical difficulties of actually undertaking such research means that there is generally only a limited level of information available about small scale, preventative services.

There is, however, a growing body of evidence about what older people themselves value (noted in Chapter 1). The Birmingham University study (Brannelly et al) concluded that even though many older people have a negative view of asking for help they will access services that enable them to remain in their own homes. *'...[accessing the] handyperson service is not necessarily seen as 'weakness' or as the 'first step on the road to dependence' but rather as a strategy to maintain independence'*

In addition, as the move to more strategic commissioning and whole systems working continues then outcomes and cost effectiveness may become demonstrable as part of larger local economic appraisals.



## Chapter 3:

# Planning, Commissioning and Providing Handyman Services

The previous chapter described the current state of play with regard to a wide range of operational factors. This information can help to inform some of the key operational decisions that need to be made about any handyman service including:

- *Exactly what work will be carried out to people's homes?*
- *How will the service be delivered?*
- *Who will be able to call on the service and how will it be accessed?*
- *Will there be a charge to the service user and if so what?*

These may sound very simple, but because of the funding systems to date the answers to these questions have become interconnected and over complex in many areas (see box). However, it is worth facing these decisions at an early stage in the planning of a service and also important to keep them under regular review when operating a scheme.

### **Exactly what work will be carried out to people's homes?**

A decision is needed about both about the general range of job type (eg. repairs, adaptations, security) and the specific skill level of work. Being clear about the limits of what can be offered is important information for service users and operators alike.

Factors which will impact on this decision include; funding conditions, insurance, skill and qualification base of the staff and volunteers, legal limitations (eg. Corgi registration for gas operatives and regulation of electrical work) plus general health

and safety considerations. For example, clearing out gutters is a commonly requested job. However, work requiring ladders will require at least two people but many schemes operate with one worker. The rising costs of insurance may also prohibit some types of job.

Most handyman services operate with a list of exclusions and a list of commonly undertaken tasks, thereby leaving some flexibility in the latter.

A consolidated service offering as many related 'products' as possible is preferable. In this way older people do not have to deal with too many different parties arranging a series of appointments. It is also more efficient, particularly in terms of travel time, to have the same operative undertaking repairs, adaptations, falls and safety checks, smoke/CO detector/low energy light bulb installation and home security measures during a home visit.

### **How will the service be delivered?**

#### **Employing the right people**

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Directly employing staff is the most common means of delivery, with some volunteer input in many Age Concern schemes. A few services also use a panel of contractors. Whilst volunteers can be an important element of delivering a service, there does have to be realism about what level of building work can be expected of volunteers and the difficulties of recruiting skilled tradespeople.



## Case Study

### Real World?

Bluetown scheme started out offering to do small odd jobs for materials only cost, but charitable money that it had originally raised to employ a handyperson ended.

So it bid for a contract to install key-safes and grab rails (but only for social services referred clients who also had to pay according to a schedule of rates). It then received a small amount of money to install home security measures at no cost in the homes of people who had been burgled in one particular neighbourhood. A large supply of low energy light bulbs and smoke alarms was given to the handyperson to distribute to vulnerable people. Then the scheme was commissioned to undertake a home falls safety check for older people who had had a fall within the last 6 months and were referred by their GP.

All of these elements have to be separately monitored and accounted for.

*And there is no time left for the small repairs on demand that the service was set up to undertake in the first place.*

### Ideal World?

Greentown scheme was being approached by older people who needed help with small repairs. A meeting of the local older people's forum had also identified help with odd jobs as an important priority in the local older people's strategy.

A meeting was brokered by the local Supporting People officer involving the private sector housing section, Social Services and the PCT. The four parties agreed to jointly commission and fund a handyperson service which would be available to all low income (broadly defined) people over 60 years in private sector housing and no charge for work would be made.

A detailed suite of possible and excluded works was agreed which included a wide range of small repairs and odd jobs, minor adaptations, security, safety work. A common monitoring system was agreed whereby each job would also be categorised as contributing to prevention of deterioration to property, falls and other accident prevention, improved home security. Targets for the number of jobs and job categories were set alongside an agreed evaluation format, which included members of the older people's forum.

Anytown scheme was commissioned to undertake the work and a 5 year joint contract agreed. All parties are working to ensure that the service is included in the Local Area Agreement and is being considered by the Local Strategic Partnership.



To cover as many trades as possible, and also to deal with demand fluctuations, one possible way to deliver the service may be to combine a mix of in house core staff and external sub contractors working to a schedule of rates and specialising in particular jobs. Employing at least some in house staff gives flexibility for prioritising urgent cases and undertaking awkward jobs that most contractors do not wish to do.

Perhaps an even more important consideration is that from the research it emerged that it was who does the work that makes the main impression on the householder rather than just the technical quality of what they do. Therefore recruiting handyman operatives who have excellent people skills is a high priority for client satisfaction.

Having said this, technical supervision and back up is an important consideration. This is one of the benefits of locating a handyman service within a home improvement agency or a voluntary organisation which employs technical building staff for another reason. The availability of this technical expertise is both a useful quality check on the handyman service and can also be helpful to the operatives if they encounter technical difficulties.

## **Growth and expansion**

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From the supporting information provided it is evident that from a management and organisational point of view there is a very major difference between operating a single person odd job service and a large scale handyman scheme employing more than 5 staff (8% of services came into this category). As services grow it becomes necessary to formalise working practices to a far greater degree. However, larger services are able to offer a wider skill base and have advantages in terms of capacity to purchase materials and negotiate for larger contracts.

The demands on management time of a small voluntary organisation to oversee and sustain

what is effectively a small building firm can become too great. This happened to one Age Concern scheme which has transferred the growing handyman service to the local HIA, which itself was part of a large housing association. The latter organisation had the capacity to introduce the technical quality and control systems that were needed for efficient delivery and could also negotiate for the larger contracts involved.

There are other Age Concern groups who have already moved into larger scale service provision. They then have the management capacity and may be well placed to deal with expansion of a handyman service.

## **Social Enterprise**

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A growing interest in developing a community or social enterprise to deliver handyman services emerged from the research. What was not always evident was whether respondents had a clear understanding of what this was and how it would solve their funding difficulties.

Extensive use of the term is fairly recent and definitions are not agreed by everyone in the sector. The Government's definition of a social enterprise (DTI, 2002) uses the following:

*"A social enterprise is 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."*

The key change for many voluntary groups would be the shift to primarily having a trading function. One of the social enterprise models examined was operating a handyman service utilising the profits made on other areas of trading, but this was not the expectation of those surveyed. Two current agencies described their service as self funding through the charges that they made to clients. However, there has to be some question

## Planning, Commissioning and Providing Handyperson Services

mark over whether they are applying full cost recovery to their operational budgets.

If the primary aim of a handyperson service is to help low income householders who cannot afford commercial rates for building work, meeting full running costs from the charges that can be made to disadvantaged groups may be a challenge.

However, it may be possible to combine undertaking work for people who can afford the full commercial rate with subsidised work which is separately contracted. Or if one of the social aims of an enterprise was to provide employment for local disadvantaged people in building trades (and it was able to obtain funding to subsidise reintroduction into work) it might be possible to utilise their developing skills to deliver handyperson services.

### Who will be able to call on the service and how?

Again, this decision is interconnected with contracts and charging but it does need to be addressed.

### Accessibility, prioritisation and work organisation

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Very few agencies limit access to referral by particular professionals only. To keep the service **easily accessible** to as many older people as possible would be an ideal. As noted in the findings, handyperson services are often used by older people who access no other service because of their strong aversion to 'being dependent'. In terms of the wider benefits of services re: prevention, safety and security set out in the first chapter, open access is a desirable state of affairs.

As the majority of agencies reported an excess of demand over supply, it is important to have a **prioritisation system**. Clearly if the handyperson scheme is part of a hospital discharge service, it is only logical to have a fast track arrangement

whereby urgent work that will enable a person to leave hospital will be done before routine jobs. Some parts of the contracted work, eg. grab rail installation, may also have time targets as part of the definition of service standards – again, these can be incorporated into prioritisation systems.

Another good practice model emerging from the research is to have referral systems which schedule work in **geographical clusters** – this is crucial in rural areas where travelling distances can be large. In such areas, operating a handyperson service via a group of geographically spread contractors working to a schedule of rates may have cost benefits, though this does have some drawbacks eg. overall control and rapid response.

A **membership** handyperson scheme was noted in Appleton's report (1996). This has continued but very few others have followed this model. The benefits noted are a regular income stream from annual membership charges and a sense of ownership of the service. As a model it has its supporters, but it has not emerged as a self funding arrangement and there are issues with regard to target group, job prioritisation, membership renewal, administration and price sensitivity.

### Tenure

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A particular issue that was reported is tenure. **Cross tenure** services may be of particular importance to the health sector eg. for hospital discharge services being able to refer people according to need and not to have different routes according to tenure.

Which jobs, if any, should be carried out in rented properties was a conundrum for some agencies. Clearly repairs to the fabric of the home should be undertaken by the landlord, but some odd jobs were not the landlord's responsibility.



In the case of minor adaptations, there is now good practice guidance for housing associations (COT/ HC 2006) recommending that they should undertake certain small adaptations directly for their tenants. In some areas handy person services are already being contracted by housing associations to undertake odd jobs and minor adaptations for tenants and this may well develop further.

Given that private tenants are the worst housed of all groups, there may be scope for developing handy person services which private landlords can pay (at full commercial cost) to undertake small repairs – possibly linked to Housing Health and Safety Rating Scheme enforcement.

### **Other vulnerable groups**

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There is also an issue with regard to the potential of handy person services to provide help to other “vulnerable groups” who face similar housing difficulties (eg. younger disabled, low income families with young children etc). It could be inefficient to replicate handy person services for different groups if the same provider was able to offer handy person services to them.

### **Will there be a charge to the service user and if so what?**

There are undoubtedly efficiency and practicality arguments to be made for operating a free, highly targeted service aimed at low income households, but most schemes have evolved making some sort of charge, particularly for materials.

There certainly was no strong case put forward by providers that small charges were a disincentive to use handy person services and most had the facility to waive charges in hardship cases. The majority view that emerged was that most older people were happy to pay a small charge. What operators have to weigh up is the cost of collection and administration vs income actually generated.

Perhaps one useful national initiative would be to look at this in more detail and to explore the potential for greater automation of this function and comparing practice in the private sector.

One of the points made by a respondent was that to operate an hourly rate charging system meant that this did not create an incentive to do a job quickly. If the provider could develop a charging schedule covering the majority of jobs that were undertaken there is less scope for the older person to say that the operative took longer than was necessary and they would also know in advance what they would be charged.

An inefficient practice that was being operated by some agencies was to send the handy person out to give an estimated price for the job. The older person then had to contact the agency again if they decided to go ahead with the work, necessitating a second visit by the handy person. This was particularly inefficient in a large rural area.

Whatever the decision about a charging policy, the key consideration is to make this as simple as possible so that it is clear to customers what they can expect to pay for.

### **Ongoing issues for commissioners and providers**

#### **Data**

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If aims and objectives, outputs, outcomes and reporting timeframes can be jointly agreed by commissioners at the outset this can have significant advantages in terms of ensuring a system of data collection that provides what commissioners want and is also not too onerous on the provider.

Therefore agreement about what is required re: quantitative and qualitative data can be a useful inclusion in the commissioning process.

## Planning, Commissioning and Providing Handyperson Services

Quantitative outputs are relatively straight forward to build into a database, and most agencies operate quality control systems in terms of customer satisfaction and technical standards.

A Management Information System developed by Foundations and being used by HIAs in 170 local authority areas is capable of recording standard and user defined fields relating to HP services. The Supporting People Monitoring Workbook, which all HIAs must submit to SP teams on a quarterly basis, records handyperson "jobs" completed separately from core work. It also records number of clients who managed to stay in their own home as a result of intervention.

### Outcomes

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However, as noted in the first chapter, a range of commissioners may be looking for a variety of outcomes some of which are not at all easy to measure (eg. accident prevention, avoidance of residential care).

Some agencies have tried to capture information based on the views of the householder in the customer feedback form (eg. 'Have you had a fall in the past 12 months and does the remedial work make you feel safer?') or the handyperson job sheet (eg. if this repair had not been carried out would there have been a deterioration to the property?) or undertaken one off surveys of all parties concerned (eg. questionnaire to professionals who refer people to the service). The Plymouth evaluation undertaken by a group of social work students is a useful example of this methodology (available via website) and further suggestions can be found on the website.

*“ We can do a huge amount for a person – adapted bathroom, new roof or whatever – but what we get the most thanks for are the small odd jobs. People are just so pleased. ”*

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# Contacts

## Age Concern England

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Brings together local Age Concern organisations and national bodies with an interest in older people and ageing issues.

[www.ace.org.uk](http://www.ace.org.uk)

## Care & Repair England

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A national charity aiming to improve the housing and living conditions of older and disabled people.

[www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)

## Housing Learning & Improvement Network (CSIP)

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A resource network for health, social care and housing providers on accommodation with care solutions for older and vulnerable people.

[www.changeagentteam.org.uk/housing](http://www.changeagentteam.org.uk/housing)

## Elderly Accommodation Counsel

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Provides detailed information about all types of housing and many support services for older people in UK.

[www.housingcare.org](http://www.housingcare.org)

## Foundations

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The national co-ordinating body for Home Improvement Agencies (HIAs) in England. Maintains a directory of HIA contact details.

[wwwFOUNDATIONS.uk.com](http://wwwFOUNDATIONS.uk.com)

## Hact

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Develops solutions to issues concerning groups on the margins of mainstream housing. Funds organisations and projects, promotes partnerships and networks and influences policy and practice.

[www.hact.org.uk](http://www.hact.org.uk)

## Help the Aged

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Works to improve the quality of life of older people particularly those who are disadvantaged through poverty, isolation, neglect and ageism.

[www.helptheaged.org.uk](http://www.helptheaged.org.uk)

## Lloyds TSB Foundation for England and Wales

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A grant-making trust which supports charitable organisations that help people, especially disadvantaged or disabled, to play a fuller role in communities.

[www.lloydstsbfoundations.org.uk](http://www.lloydstsbfoundations.org.uk)

## **'Small things matter' examines the current provision of small repairs and minor adaptations services being provided by the voluntary and community sector in England today.**

The report aims to enable service planners, commissioners and providers to better understand:

- *the main driving forces and strategic considerations in relation to provision of handyperson services*
- *the range of services currently in operation and main characteristics*
- *key elements to consider when planning, commissioning and delivering handyperson services*

In addition to this overview report, a web-based bank of more detailed practical information is being developed, which can be freely accessed by planners, commissioners and voluntary/community sector service providers.

Go to [www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk) and click on 'Handyperson'.



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### **About Care & Repair England**

Care & Repair England is a national charity established in 1986 to improve the housing and living conditions of older and disabled people. Its aim is to innovate, develop, promote and support housing policies and initiatives which enable older and disabled people to live independently in their homes for as long as they wish.

Care & Repair England is an Industrial and Provident Society with Charitable Status Reg. No. 25121