

Healthy Homes, Healthier Lives



Health improvement through housing
related initiatives and services

Lorna Easterbrook



Published by Care & Repair England

Acknowledgements

The author would like to thank, on behalf of Care & Repair England, all those HIAs that provided details of their services, and made other comments and suggestions. Particular thanks must go to the following:

Bournemouth Help & Care & Repair, Anchor Staying Put Brentwood, Care & Repair (Bristol), Chesterfield HIA, Anchor Staying Put Crewe & Nantwich, East Cambridgeshire Care & Repair, Anchor Staying Put Hackney, Care & Repair (Leeds), Anchor Staying Put High Wycombe, Moat Housing Group Care & Repair, Moat Care & Repair Rother, Sandwell Care & Repair, Anchor Staying Put Sefton, Care & Repair (Stroud), Waverley Care & Repair, West Devon Care & Repair, and Michelle Cornes of Help the Aged.

Thanks are also due to Care and Repair West Leicestershire and Leeds Care and Repair for allowing us to use their photographs.

Photocopying of sections of this report for internal circulation for information purposes within not for profit organisations is permitted if due reference and acknowledgement of source is made.

No other copying or reproduction is permitted without prior written approval.

To obtain a list of other Care & Repair England publications please contact:

*Care & Repair England
Third Floor, Bridgford House,
Pavilion Road,
West Bridgford,
Nottingham, NG2 5GJ
Tel: 0115 982 1527
Fax: 0115 982 1529
e-mail: info@careandrepair-england.org.uk
www.careandrepair-england.org.uk*

Written by Lorna Easterbrook and edited by Sue Adams

Design and Production: The Design Box, Leeds

Photographs: Richard Moran & Chris Beech

Published by Care & Repair England 2002

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



Foreword

The impact of a person's housing on their health is huge. Living in damp housing; struggling to pay heating bills on low incomes; or trying to get around in non-adapted homes with a disability can cause unnecessary illness and injury.

The Government's drive to improve the overall health of the UK's population, by tackling health inequalities, reducing injuries from accidents and falls, and bringing fuel poverty to an end, has created a policy framework to address the housing-related aspects of health. Opportunities for the NHS and local government to work together and in partnership with the voluntary and private sectors, together with the development of Primary Care Trusts (PCTs) with their enhanced local role, mean that there are new possibilities for wide-ranging, innovative responses to improving people's health by tackling housing matters.

Healthy Homes, Healthier Lives helps to illustrate how this is being achieved in locations across England, through the funding by PCTs of Home Improvement Agency (HIA) projects. The report demonstrates the growing interest within the NHS of engaging the necessary housing experience and expertise held by HIAs. In turn, many HIAs positively welcome the chance to improve their links locally with others who share their interest in improving people's housing conditions and thus their health, especially with colleagues in the NHS.

Recent years have brought major changes within the NHS and local government. HIAs are also experiencing reform both in terms of expectations of their role, the ways they are funded, and the ways in which the system of housing grants is being changed. Such changes can, in the short term, impair partnership working. But they do present new opportunities to develop services that more closely meet people's needs in their local areas. I hope this book will assist and inspire those responsible for housing and health to work together to produce a step change in the wellbeing of those people whose housing currently damages their health.

*Rabbi Julia Neuberger
Chief Executive, King's Fund*

Contents

Summary	1
---------------	---

Part 1: Overview

1. The impact of housing on health: Evidence	2
2. The policy context	6
3. Developing links between the NHS and housing service providers	10

Part 2: Profiles of local initiatives

1. Research approach	14
2. Funding services	14
3. Good practice in planning; working to a common goal	14
4. Information and training	15
5. Other initiatives	15

Falls Prevention and Home Safety

Safe as Houses: Anchor Staying Put (Crewe & Nantwich)	15
Developing responses to falls prevention: Leeds Care & Repair	17
West Devon Care & Repair handyperson scheme	18
Anchor Staying Put (Brentwood) falls prevention and home safety check	20

Information and Training

Chesterfield HIA; training older people	22
Bristol Care & Repair; training for community based health and social care staff ...	23

Hospital Discharge

Moat Care & Repair – Harlow	26
Anchor Staying Put (Hackney)	26

Repairs On Prescription

Sandwell Care and Repair: tackling childhood asthma	29
---	----

Floating Support Workers

Stroud Care & Repair: People for You	29
--	----

Tackling Ill-Health By Reducing Fuel Poverty

Anchor Staying Put (High Wycombe): Better Homes, Better Health	30
--	----

Other Service Developments

DTI funded new initiatives	32
Intermediate Care initiative	32

Contacts	33
----------------	----

References	34
------------------	----

Summary

1. *Healthy Homes, Healthier Lives* reports on some of the ways in which Primary Care Trusts (PCTs) and Home Improvement Agencies (HIAs –often also called 'Staying Put' or 'Care & Repair' schemes) are working together to improve people's health through housing-related initiatives.
2. The relationship between (and the impact of) poor housing and ill health has been a major concern in social policy over many decades. Some of the main recent studies into the connections between housing conditions and health, particularly with regard to falls and the impact of cold and damp housing, are highlighted in the report.
3. The current policy context is summarised, highlighting in particular the connections between policy directives from Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM) with regard to improving people's health and better housing conditions.
4. The report sets out a range of services being provided by HIAs with financial and other support from PCTs. These include schemes providing information and training; home safety audits/falls prevention; intermediate care; hospital discharge and floating support.
5. The report aims to provide planners, commissioners and providers of services with a variety of possible models that may prove a useful starting point in the development of local policies and initiatives.
6. Practical issues about how to develop and improve links between NHS commissioners and housing service providers are identified and lessons for the future are noted. These include developing good working relationships with lead commissioners, demonstrating the value of HIA services in meeting health sector targets and understanding the pressures and priorities of health sector staff.
7. As the report helps to illustrate, HIAs have a strong record of finding innovative solutions to repairs and adaptations for a wide range of households; solutions which closely meet the needs of individuals, and best suit their circumstances. PCTs, and other health and social care bodies, may find the pragmatic approach and experience of HIAs invaluable in meeting many local and national agendas, targets and commitments.

"This is a case of HIAs being the right service, in the right place, at the right time – we fit absolutely into the Government's agenda of tackling health and housing"

(HIA Manager)



Part 1: the overview

1. The impact of housing on health: Evidence

- 1.1. The relationship between (and the impact of) poor housing and ill health has been a major concern in social policy over many decades. In 1980, the Black Report (Department of Health and Social Security) drew attention to some of the health inequalities that arose for those living in poor quality housing; concerns that were echoed in the more recent Acheson inquiry into health inequalities (1998).
- 1.2. The majority of current housing disrepair and unfitness exists in the private sector stock (both rented and owner-occupied). This is a particular concern, given that older and disabled people are the most likely occupants of this poor housing. It is these groups with whom HIAs primarily work, and in some areas have done so since the 1980s. More recently, some HIAs have further developed their role and now also work with low-income families and households with children who have long-term illnesses and disabilities, for example through involvement with local Sure Start projects. The examples in this report help illustrate the range of people with whom HIAs and PCTs are currently jointly working.
- 1.3. Concerns about the impact of poor housing on health include aspects such as excess winter deaths due to hypothermia; the impact of cold and damp housing on the incidence of childhood asthma; and the effects on mental and emotional health for people on low incomes who need substantial repairs to their homes.
- 1.4. Other concerns relate to the necessity to adapt mainstream housing to meet the needs of people with complex and multiple disabilities, who are increasingly being supported to remain living in their own homes; and to concerns about fatalities and injuries resulting from accidents and falls in the home – especially amongst older people.
- 1.5. There are a number of reasons why reducing falls amongst older people living in their own homes has become a key target. Half of all the serious injuries experienced by older people who fall are hip fractures (Dowswell et al, 1999). This aspect is often particularly cited, because of the high costs involved for the NHS in treating this injury. More importantly, it might be argued, such an injury increases an older person's chances of



having to move to live in a care home, especially if the fracture is not treated promptly (Audit Commission, 1995). This has funding implications for social services departments and individuals, and for the NHS (for example because of the medical care and specialist equipment needed by those living in care homes).

- 1.6. Falls also reduce older people's ability to remain living in their own homes for as long as possible, an aim frequently identified by a number of studies, including the Royal Commission on Funding Long Term Care (1999).
- 1.7. Research published by the Department of Trade and Industry found a range of factors that reduced older people's chances of falling, or falling again, or sustaining a major injury if they did fall. These included improving muscle and lower leg strength; the reviewing of the drug regime of people taking more than 4 medications (particularly in terms of monitoring side-effects); and a number of housing-related matters, such as the provision of grab rails, adequate lighting; and appropriate stair coverings and hand supports (Easterbrook et al, 2001).
- 1.8. A recent systematic review of housing-related improvements found that, notwithstanding the small-scale of most studies, there was clear evidence that housing improvements led to improved physical and mental health as reported by individuals, as well as reductions in symptoms and the use of health services (Thomson et al, 2001).
- 1.9. Other reviews support this overall conclusion, particularly drawing attention to the importance of very specific and relatively minor aspects of housing improvements in achieving significant health benefits (Popay, 2001). One example of this concerned a study in Cornwall that found that children with asthma attended school more often, and had improved respiratory systems after central heating was installed in their homes (Somerville, 2000); other studies have found similar relationships between damp housing and asthma (for example, Williamson et al, 1997).
- 1.10. Studies have also suggested that people's 'housing history' is an important factor: those who as adults live in good housing circumstances are more likely to be ill if they lived in poor housing earlier in life (Marsh et al, 2000). Damp housing conditions have also been linked with rheumatism and arthritis (Poole, 2001).

- 1.11. Damp and cold housing is not the only factor to affect health: the inability to afford adequate heating, because of fuel poverty, can also be a major factor (Evan, 2000); positive health benefits are linked to more energy-efficient homes that reduce such debt (Ellaway et al, 1999; Popay, 2001). Other aspects of individuals' housing circumstances are also important. For example, Woodley (2001) reported a study of residents on a Greenwich estate, the majority of whom said the most significant impact on their health was crime.
- 1.12. People's mental and emotional health can also be affected positively through housing improvements. A study of Shepherd's Bush Housing Association tenants found that new decorations were linked to a reduction in depression and psychological problems amongst tenants (Popay, 2001).
- 1.13. In drawing attention to the ways in which housing improvements can help improve people's health, many of these studies closely reflect anecdotal evidence from HIA staff across the country about the impact of housing-related work on their service users (Box 1).



"Care & Repair's help affects your physical health, because they tackle whatever's physically wrong with your home. But it also helps your mental and emotional health – they respond quickly, they know what to do and they get it done very quickly, and you know you can trust them to get it right"

(Service user)

Box 1 - Improving mental health and well being

Mrs D was referred to a Care & Repair scheme by the local Community Mental Health Team. She is aged 65, had depression and became very anxious with day-to-day problems.

Care & Repair were asked to visit the service user as repairs were needed to the property and various small works were carried out via the Handyperson Scheme.

One of the items that was investigated, following the call from the Community Mental Health Team, was the risk of fire. Mrs D kept leaving her gas on and, as she was unable to smell the gas, Care & Repair arranged for a new electric cooker and power point to be installed. Various small tasks were also carried out, including the fitting of security lights and extra locks.

At the outset, Mrs D would not allow visitors to her home and was very distrustful. But after many visits she grew in confidence as her house came to be in better repair, and a referral was made to Care & Repair's core service for more extensive building works. However, it was the little things that were done that were of most importance to her. Income Support was claimed, and she began to renew friendships.

Mrs D recently re-contacted Care & Repair and asked for another visit. She had arranged for a small cake to be made to thank the Care & Repair staff who, she said, had given her back her life.



2. The policy context

- 2.1. As outlined above, there is a growing body of evidence that illustrates the relationship between poor housing and ill health. Both these aspects are policy imperatives of the current Government, as it seeks to; 'ensure everyone has the opportunity of a decent home, and so promote social cohesion, well-being and self-dependence' (Office of the Deputy Prime Minister); 'bring to an end the problem of fuel poverty' (Department of the Environment, Food and Rural Affairs); and 'tackle health inequalities' (Department of Health).
- 2.2. Successive governments have been committed to improving aspects of people's health for more than a decade. For example, the Standard on Falls (Standard 6) within the National Service Framework (NSF) for Older People (DH, 2001), has its roots in The Health of the Nation (DHSS, 1992), and in the 1999 White Paper, Saving lives: our healthier nation (Cm 4386, 1999). This latter document sets out the current target, to reduce the death rate by at least one-fifth and the rates of serious injury by at least one-tenth by 2010, and particularly cited accidents in the home amongst those over the age of 65 as a significant concern. This subject also formed the focus for a Department of Trade and Industry campaign to prevent falls - Slips, trips and broken hips.
- 2.3. The DTI campaign helps to illustrate another current priority, that of joint working across both health and social services, and between the private, voluntary and statutory sectors. For example, the DTI campaign highlighted a range of ways in which the chances of individuals falling can be minimised, including health-related aspects such as medication reviews, and housing-related matters such as grab rails and adequate lighting in the home.
- 2.4. This focus by government on organisations and agencies working together is increasingly widening. Where, initially, greatest attention was being paid to bringing down the 'Berlin Wall' between health and social services (Cm 4169, 1998), more recent developments are involving a much broader range of organisations.





- 2.5. For example, Part I of the Local Government Act 2000 created a new discretionary power for local authorities in England and Wales to take any action they consider will promote or improve the economic, social or environmental well-being of their area. This power came into effect in October 2000, and is fulfilled by Local Strategic Partnerships (LSP). Each LSP is established within local authority geographical boundaries, and should involve any relevant parties, such as schools, shopkeepers, local neighbourhood watch schemes, GP services, public transport, social services departments and housing agencies. LSPs consider a wide range of issues, including social exclusion, neighbourhood renewal, and the drawing up of local community strategies.
- 2.6. In doing so, LSPs draw on existing targets – for example, those developed locally through Health Improvement and Modernisation Plans (HIMPs, which began life in 1998 as HiMPs, or Health Improvement Programmes). HIMPs set out the local plan of action to improve health and modernise services – in particular, how the targets in The NHS Plan will be met locally. HIMPs must be aligned with the aims and objectives of the LSP.
- 2.7. Another major policy change underway is the introduction of 'Supporting People'. In April 2003 a new system of funding housing related care and support will be introduced. Whilst housing benefit will continue to meet the costs of the 'bricks and mortar' of housing provision, a locally managed Supporting People Fund will finance the costs of related support services. In setting local priorities for use of the Supporting People Fund, the plans and priorities of the health and social care sectors are to be taken into account.
- 2.8. As greater numbers of people with disabilities, particularly older people, are enabled to remain at home for longer, increasing attention is being drawn to their housing circumstances. Given that the majority of the UK's population now lives in privately owned housing (with or without mortgage), the Government's private sector housing policy is highly likely to have an impact on the health and well being of a significant number of people.

- 2.9. A major reform to the role of the state in helping low income home owners and private tenants is taking place during 2002-2003. The national system of grants for owner-occupiers will end by July 2003. In its place, local councils will have a general, discretionary, power to provide help for repairs in this sector. Existing mandatory Disabled Facilities Grants will remain. Housing authorities are being encouraged to work with health and social care partners when drawing up their new private sector renewal policies, which could include hospital discharge and accident prevention services (ODPM, 2002).
- 2.10. These changes are coming into effect at a time when the role of HIAs, and the need for housing-related support, are coming into greater focus. During the autumn of 2002, the development and reform of HIAs was the subject of further consultation by the Office of the Deputy Prime Minister (ODPM, 2002a). This consultation paper outlined the important role HIAs can play both in delivering decent homes for vulnerable people, and also in further developing services that can help to meet the health needs of their communities. Examples given in the consultation document - such as hospital discharge projects, handyperson schemes, and home security checks - all feature in this report.
- 2.11. In addition, targets being set during 2002 by the Department of Health to tackle health inequalities, also raise the need for housing-related projects, and the potential role for HIAs in this respect (DH, 2002).
- 2.12. Other targets on which health and social care – and, increasingly, housing – agencies are being asked to work include enabling patients, especially older patients, to be discharged safely and appropriately – but speedily – from NHS hospital care.
- 2.13. Importantly, and in addition to the policy imperatives and targets, the focus on joint working, and the imminent changes within the housing field, the Government has also signalled its commitment to listening, and responding, to the needs articulated by older people and people with disabilities. Initiatives such as The Expert Patient sets out plans for those with chronic long-term conditions, such as asthma and arthritis, to take far greater control over their own care. Other developments include The Essence of Care, which sets out how NHS health care practitioners can develop, with patients, what is being called 'patient-focused benchmarking'. This considers how to draw up a series of outcomes based on what patients and carers want to happen, and then measuring the extent to which this has been reached.

- 2.14. In the summer of 2002, the Government signalled its intention to strengthen one of the major objectives of the post-1993 community care reforms, by increasing the numbers of older people supported to remain living in their own homes for as long as possible (DH, 2002a).
- 2.15. Of course, not all those living in poor housing on low incomes, or who are disabled, are over retirement age. There are many central targets and initiatives that specifically relate to younger adults and to children – for example, the Sure Start programmes for children under the age of 4 living in poverty; the National Service Framework (NSF) for Mental Health; and the plans for further NSFs on Renal Services, Long-term Conditions, and Children’s Services.
- 2.16. As this report helps to illustrate, HIAs have a strong record of finding innovative solutions to repairs and adaptations for a wide range of households; solutions which closely meet the needs of individuals and best suit their circumstances. PCTs, and other health and social care bodies, may find the pragmatic approach and experience of HIAs invaluable in meeting many of these local and national agendas, targets and commitments.



"If you have any mobility problems, or you're a carer, or you're old, or on a low income or depressed, your home becomes more important, not less, because you're spending more of your time at home. When you're working, you're out all day – maybe staying out for the evening – and home is much more the place where you sleep, not where you spend most of your life"

(Service user)

3. Developing links between the NHS and housing service providers

Many of the agencies that contributed to this report raised a number of issues about how to develop – and improve - links between HIAs and the NHS.

Making contact

- 3.1. Finding the right people to talk to about the ways in which HIAs and health sector staff could co-operate was seen as the key starting point for successful joint working.
- 3.2. On a practical level, the development of PCTs, with their requirement to have a named person with the responsibility for leading on particular issues (such as leading on older people's issues) makes identifying whom to contact within the NHS much more straightforward.
- 3.3. Developing a profile within both the NHS and social services was a key factor for those HIAs that had successfully gained PCT funding. A first step involved relevant health and social care staff knowing what services their local HIA provided. It can take time to establish good working relationships, but this can be helped if the work of the HIA becomes known through agency staff being involved in health and social services-led committees, working groups, or learning sets, for example.
- 3.4. Although it can be difficult for agencies with small numbers of staff to find sufficient time for these additional activities, offering to run short training or 'taster' days, running a workshop at a local seminar or conference, or going into clinics or wards to deliver short presentations at staff meetings can also prove to be useful approaches. Agencies already receiving PCT funding emphasised that they were already known locally to at least parts of the NHS, and had gained a local reputation for providing a flexible and reliable service, together with a recognised interest in the wider needs of the local population.



Mutual understanding

- 3.5. HIAs are making great efforts to develop and maintain their knowledge of other services and systems. This knowledge base was seen as essential in order to provide up-to-date, wide-ranging information to service users, and to have a clearer understanding of the HIA's role in relation to other agencies and organisations, across the statutory, voluntary and private sectors.
- 3.6. Strategic Health Authorities (StHAs) have replaced health authorities, and some of the latter's powers transferred to PCTs, who in turn are replacing Primary Care Groups (PCGs). In some areas, there is more than one PCT covering a town or city. This can mean HIAs working with multiple health service organisations that may initially be proceeding at different paces or with a diverse emphasis. In these instances, some HIAs have concentrated on seeking funding from one PCT where a relationship was well established, whilst continuing to develop their relationships with the other PCT(s).
- 3.7. Projects may fail if there are difficulties for the individual health and social care workers who are most closely involved with changes to roles and responsibilities. HIAs and their partners may need to ensure that their staff agree to, and understand, the role each will play in actually carrying out the work (see box 2 overleaf).



Box 2

One example, which illustrates the potential problems when traditional roles and responsibilities are changed, concerned a project jointly funded and provided between local health visitors, social services and an HIA. In this project, patients over the age of 75 who were leaving hospital but not deemed in need of a care plan, would receive a visit from a health visitor within 3 days of their return home. If adaptations were needed, the health visitor would refer the service user to the HIA technician, rather than waiting for a social services OT or OTA (Occupational Therapy Assistant) to visit and make the referral, thus avoiding the long waiting times this involved. The project was not a success and ended after 2 years.

Several problems were identified, such as the OTs and OTAs being unhappy accepting that the health visitors were making the referrals for adaptations, and felt that they should be visiting service users themselves to ensure that a full needs assessment was made. Health visitors were also sometimes too busy to meet the 3-day targets or to see non-urgent cases. The joint funding, and the involvement of staff from all three organisations, was not in itself sufficient to overcome these difficulties.



Impact on the 'core' service

- 3.8. When new projects are developed, this can lead to more service users being referred to the core HIA repair and adaptation service. It is important that this core service can still be delivered to good standards – several of the HIAs stressed that the implications of this should not be under-estimated when developing new projects.
- 3.9. HIAs also reported waiting some time before funding from the NHS reaches them. Several agencies remarked they were waiting for at least 6 months before agreed funds were released to them – in these cases, a cash reserve was needed for staff salaries to be covered during this time. They were seeking to encourage the PCTs in question to arrange for funds to be released more promptly, but this clearly has a potential impact on the overall cash flow of an HIA.

Wider benefits

- 3.10. HIAs reported that there were many positive benefits to developing closer working relationships with PCTs and other health and social care organisations. These included opportunities to be involved in the development of local strategies and initiatives that, in some cases, resulted in long-held ideas about how to support local communities finally being put into practice.

"Sometimes the building work isn't the most important thing, it's the other things you do, like supporting someone who's already incredibly anxious or depressed whilst they go through the whole process before the adaptation is completed – which could take years"

(HIA Manager)



Part 2:

profiles of local initiatives

1. Research approach

- 1.1. During August and September 2002, Care & Repair England wrote to every HIA in England (227) asking them to contact the author if they had succeeded in developing health related initiatives, particularly any that were supported by their local PCT(s).
- 1.2. The author contacted respondents by phone to discuss in further detail their local service and experience. From these discussions, the service profiles set out in this report were produced.

2. Funding of services

- 2.1. Many of the following initiatives are supported by a complex package of funds from a wide variety of sources. This situation has not changed since Care & Repair England undertook a 3 years research programme (1997-2000), which looked at HIA diversification into services which '*crossed the housing and care divide*' (Making the Links, 2001).
- 2.2. After a slow start there are signs that some PCTs are beginning to take an active interest in the potential role of HIAs. PCTs are starting to commit funding for joint initiatives, particularly those that address NSF Standard 6 on falls, is starting to be committed by PCTs (see section on Falls Prevention and Home Safety schemes, below).

3. Good practice in planning: working to a common goal

- 3.1. The initial planning of any initiative is often critical to its success. When projects involve different agencies, it is important to clearly identify how the service will be of benefit to each of them. This is particularly illustrated by the development and multi-agency funding of initiatives in Crewe and Leeds.



4. Information and training

- 4.1. The importance of 'spreading the word' about the impact of housing on health and what can be done to improve situations is of critical importance. The Chesterfield HIA training for older people initiative and the Bristol Healthy Homes Project illustrate the potential for further developments in this field.

5. Other initiatives

- 5.1. The potential for HIAs to contribute to the development of floating support, intermediate care, fuel poverty reduction and repairs on prescription is illustrated by the examples in each of these service areas.

Falls prevention and Home Safety

Safe as Houses: Anchor Staying Put (Crewe and Nantwich)

In 2000, a small group of organisations met at the invitation of Crewe and Nantwich Borough Council's Environmental Health department, to find out whether there was a mutual interest in reducing accidents in people's homes. This meeting quickly established that this objective was pertinent to a wide range of agencies. For the local authority, and for health services locally, reducing accidents were key parts of both the local Health Improvement Plan (HIMP) and the local council's overall strategy. The local Anchor Staying Put scheme, together with many health and social care workers, found large numbers of requests for help coming from people who had experienced falls or accidents at home. Other agencies also had an interest in improving home safety. Local fire officers often saw potential hazards when attending domestic fires; and the police were seeking to reduce the domestic crime rate locally (such as burglaries) and the fear of crime.

This initial meeting led to the opening, in July 2002, of the Safe As Houses demonstration centre. Partly funded by the North West Development Agency, this is a partnership actively involving:

- Crewe and Nantwich Borough Council
- Cheshire County Council Independent Living team of Community Occupational Therapists
- Cheshire Fire Service
- The Prince's Trust
- Cheshire Policy Constabulary
- Central Cheshire PCT
- Anchor Staying Put (Crewe and Nantwich) (who manage the project).

The Safe As Houses centre has been developed from two vacant council houses in Crewe. These have been converted to provide visual and practical 'hazard' and 'safety' centres. The houses are designed to raise visitors' awareness of critical aspects of home safety by a hands-on interactive learning tool that covers falls, fire prevention, and preventing crime. Food safety and pharmacy issues in the home are also covered. The centre is aimed at carers, service providers, children, interest and residential groups and anyone else (whether younger or older) who may visit someone who would benefit from improved safety practices in the home. Groups are taken on guided tours of the site by volunteers, and can take part in demonstrations.

The centre also acts as a signpost for local services and sources of help and support for those wishing to seek further assistance in actively improving their home environment. It provides information for the staff working across the range of organisations involved, about where they can refer people to get help and support for different aspects of home safety. One of its central aims is to raise awareness locally of what might constitute a hazard at home; how this can be tackled; and who can help.

Having clear, common goals of reducing the number of accidents in the home, and reducing fear of crime, has been identified by the partners as a key factor in the project's successful launch. The active partners listed above all contributed either funding, equipment, premises or staff time in lieu of funds (for example, Prince's Trust volunteers decorated the centre). The choice of Anchor Staying Put to co-ordinate the project enabled applications to be made for additional charitable funding; the agency's role as 'independent' from the statutory sector also appeared to help attract the involvement of a wide range of organisations. For example, local private organisations also contributed to the project, including donated provision of a through-floor lift, a security system, and an alarm system.

Developing responses to falls prevention: Leeds Care & Repair

The East Leeds Falls Prevention Service was established in response to local concerns – and national targets – about the number of falls experienced by older people. In the Leeds area, nearly 10,000 falls were reported amongst this group between 1995 and 1997. Of these, 81 involved fatalities, 4,100 were identified as serious (resulting in fractures, for example), and 5,500 were classified as minor cases.

Part of the local strategy to tackle this issue has been the development of a falls prevention service. Initially funded as a pilot project through Single Regeneration Budget funding, the falls prevention service is managed by Care & Repair Leeds, and available to people living in the east of the city. It is co-funded by a number of organisations:

- East Leeds PCT
- Leeds Health Action Zone
- Leeds City Council Community Involvement Teams (for the Burmantofts & Harehills, Richmond Hill, Halton, Seacroft & Whinmoor, Barwick & Kippax, Garforth & Swillington areas of the city)
- Leeds City Council Department of Housing and Environmental Services.

“If your mobility is poor you get cold very quickly – and you stay cold”

(Service user)



It aims to help reduce falls amongst people aged over 60, and offers a range of support including surveying people's homes for hazards; carrying out minor repairs; assisting people to apply for funding for major repairs; providing safety adaptations; checking welfare benefits entitlement; giving practical advice about avoiding falls; and helping to repair heating systems if they fail. The project employs two caseworkers who visit older people considered to be at risk of falling, assess their situations, and carry out any work that is needed in their homes. The service, which is free to individuals, began in July 2002. If necessary, individuals are referred to their GP or local health clinic, if there are concerns about medication, for example; and to local voluntary agencies for exercise opportunities, where these exist. Relationships with local health clinics are continuing to develop; one clinic has recently begun to refer patients to the falls prevention service as part of the annual over 75s health check.

West Devon Care and Repair handyperson scheme

Like a number of home improvement agencies, West Devon Care and Repair runs a handyperson scheme. This provides help with a range of jobs (Box 3), and is funded through the West Devon and South Hams Health Improvement Forum and the Community Fund.



“You’re so vulnerable if you’re on a low income and you own a house and anything goes wrong – where do you go to raise the money, how do you cope?”

(Service user)



Examples of jobs provided by the West Devon Handyperson Scheme

Box 3

- *Replacing light bulbs*
- *Replacing electric fuses and plugs*
- *Fitting smoke alarms*
- *Fitting door chains and spy holes*
- *Repairing rotten window frames*
- *Re-hanging doors*
- *Putting up curtains and curtain rails*
- *Putting up shelves and pictures*
- *Unblocking sinks*
- *Preventing water leaks*
- *Renewing bath sealants*
- *Fitting small handrails*



This handyperson scheme has a specific remit to reduce domestic accidents amongst older people. It aims to reduce the numbers of older people admitted to the local Accident and Emergency department following accidents in their own homes.

A charge is made for any materials used in the job (at cost price), plus a small labour charge. Those in receipt of benefits such as Disability Living Allowance, Income Support, Housing Benefit, Family Credit, Council Tax Benefit, and income-based Job Seeker's Allowance, do not pay for labour costs. Individuals can refer themselves, or be referred by organisations.

It can be difficult to measure whether or not particular interventions reduce the incidence of accidents occurring. The approach being taken by West Devon Care & Repair is to ask people themselves whether they believe the work carried out has helped to prevent them having an accident, based on their previous experience of falls and 'near misses'. A large proportion of service users are reporting that the work has helped to prevent an accident. For example, between April and June 2002, 36% of service users returned job completion questionnaires and 79% of this group believed the work done by the handyperson scheme had helped to prevent an accident.

Anchor Staying Put (Brentwood) falls prevention, and home safety check

The Staying Put scheme in Brentwood, Essex, runs a handyman scheme, which offers a variety of help including a small repairs and minor adaptations service. The handyman scheme has been identified, within the Brentwood Local Health Plan, as one of the responses being made locally to tackling national priorities such as promoting the safety and well being at home for older people. In particular, developing the capacity of the handyman scheme is seen as an essential part of reducing the risks of falls, injury and ill-health for older people, and a reduction in crises, A&E attendances and emergency admissions to hospital. The handyman scheme offers home safety checks, using two audit tools. RoSPA (Royal Society for the Prevention of Accidents) provides one of these audit tools, which is used for all home visits. A second, more in-depth, tool is used for those referred for a home safety check because of concerns that the person may be at high risk of falling.

This second tool includes prompts to staff to offer to put service users in touch with other services (if appropriate, and where the service user agrees), such as the Older People's Liaison Service to check the medication of anyone taking 4 or more medications. Older people can also choose to receive further information on matters such as the local Care Alarm service. A service user satisfaction survey, completed after any work identified has been completed, includes the following question:

'Has the work that has been carried out made you feel:

Less anxious?

Given you peace of mind?

More confident within your home?

More secure?

Aware of other services available?'

The scheme is available to older people and those with disabilities (of any age) on low incomes, who are owner-occupiers or private tenants. Service users pay a one off charge plus the cost of materials.

The Small Repairs Service provides assistance such as:

- *Extending telephone lines*
- *Unblocking sinks*
- *Fitting grab rails.*

The Local Health Plan, which has set actions for 2001-2004, also identified the need to improve links between A&E departments and the handyman scheme. As of July 2002, uptake in the handyman scheme was reported to be increasing, following PCT and Social Services investment to expand the service.

Box 4

A woman of 86 was discharged back home from hospital, where she lived alone. She had had a severe stroke, had arthritis and was short of breath if she exerted herself in any way. It was a condition of her discharge plan that the handyman scheme visited her at home on the day she was discharged. During the visit, a home safety check for falls and a security check were completed. Action was taken to move or secure mats that she might otherwise trip over; loose wires were made safe; and the phone was moved so that she could reach it from the chair in which she usually sat. The accessibility of everyday items – such as cups and saucers, and food – was also checked, and some shelves lowered to make access easier. Tap washers and light bulbs were replaced as necessary, and new smoke alarms fitted.

“Just what my mother needed – now she can get up and down the stairs with ease and confidence”

(Service user)



Information and Training

Chesterfield Home Improvement Agency: training older people

Part of Chesterfield Borough Council's Best Value review of Healthy Communities looked at the issues of safety in the home and of fuel poverty for older people. Older people who were involved in a Best Value working group on fuel poverty, came up with the idea of developing older people's advocates to work on this issue. In September 2002, two initial 'taster' training sessions were run, in partnership with Chesterfield PCT, who also provided some of the funding for the training sessions. The overall aim is to train older people to be advocates in their community, so they can advise their neighbours, friends or others living nearby who may be housebound or with limited mobility, about how to improve the energy efficiency of their homes, and how to get help with this. The training was also available to paid staff in regular, trusted, relationships with vulnerable people. This included professionals such as district nurses, health visitors, social services staff working with older and disabled people, local authority home care staff, councillors, and representatives from local black and minority ethnic (BME) communities. Following the success of the 'taster' sessions, further training is planned at the request of representatives from community associations and older people's support groups. It is hoped that this initiative will lead to a network of 'older people's advocates' who can advise not only on affordable warmth issues, but also on other aspects of safety in the home.



"If something's wrong with the fabric of your house, it's going to cause cold or damp in one way or another. These aren't cosmetic things, it's about your protection from the outside environment"



Bristol Care & Repair – training for community-based health and social care staff

The Bristol '*Healthy Homes*' project consists of two elements – a half-day training session for health and social care staff, and a full-time handyman to undertake small repairs.

Health visitors, district nurses, social workers, occupational therapists, community care workers and the staff and volunteers from voluntary sector organisations typically attend the training session, which provides information about; how to identify housing problems and disrepair; strategies to prevent falls; dangerous services (gas, water and electricity – for example, carbon monoxide poisoning); access and adaptations; security and safety in the home; energy efficiency; fuel poverty and related Care & Repair services.

The aim is to increase the knowledge of staff and volunteers who are visiting people in their own homes, so that they can spot possible problems and refer individual cases to Care & Repair for action. Case studies are discussed at the training session; at the end of this, anyone who has attended can ask for a member of Care & Repair's staff to accompany them on a joint home visit to inspect the house of one of their service users, if this would help them further understand the issues.

One of the main aims of the project is to ensure that people facing housing disrepair or other difficulties receive proper support and assistance, particularly through the handyman scheme. Because Bristol Care & Repair has a 7-strong handyman team, each with a range of different skills, a wide variety of jobs can be carried out. The equivalent of one full-time handyman post is funded by the two local PCTs – Bristol South and West PCT, and Bristol North PCT – who also fund the training sessions.

The handyman team is typically able to complete the work within a week of receiving the referral. Generally, the work undertaken by the team takes a half-day (with the exception of external concrete ramps and other more complicated disabled adaptations which take longer). If work is too large for the handyman to undertake it is referred to a Care & Repair Caseworker to arrange funding and find an approved external contractor to undertake the work under Care & Repair's supervision. Under the handyman scheme the individual receiving the work does not pay for the cost of labour, but may be asked to pay for materials (although there is a Hardship Fund, also provided by the PCTs, to assist those on low income).

Since the Healthy Homes Project began in 2001, the number of referrals received by Bristol Care & Repair from community-based health and social care workers has significantly increased. A large number of these referrals are for "quick fix" handyperson work that, although relatively small in scope, can have a significant impact on an individual's ability to remain living independently.

Box 5

Emma Merriman attended the Healthy Homes training earlier in 2002. She is a Community Occupational Therapist in the Bristol North Community Rehabilitation Team, which is funded by both health and social services. Most of her work is with people over 60, who are returning home from hospital following a fall or stroke.

Although OTs do have knowledge of housing issues, especially in terms of adaptations, Emma believes it was useful to be reminded about this aspect. She particularly found the accompanying booklet helpful, and regularly uses this as reference material. The main benefit for her was finding out more about the work of Care & Repair *"I was amazed at how much they did,"* commented Emma.

Having now referred in the region of 20 cases to the handyperson scheme, Emma values the service from a number of points of view – not least that the team will always contact her if they find any problems with a referral; and that they are willing to try and find individual solutions. She also values their technical knowledge, particularly in terms of whether or not a solution would be structurally sound or indeed technically possible.

"It's really good to be able to ring them up and talk through ideas – having someone to bounce ideas around with is a great help, especially when something's not very straightforward. They're very good at lateral thinking – coming up with different ideas of how to make the house easier for the person living there, in the simplest possible way."



Box 6

VB was in her 40s when she received the majority of her help from Bristol Care & Repair. She and her younger brother, who has a severe learning disability, lived together in her house. In 1992, VB, who herself has very restricted mobility as a result of a childhood illness, left her paid work as a Legal Executive, and in 1993 became the full-time carer for her brother.

VB first heard about Care & Repair by word of mouth – a friend's mother had received help from them for some building work. Over the years, Care & Repair has completed many jobs for her, including replacing the central heating boiler with one that is more efficient and cheaper to run (and raising the funds to pay for this), dealing with leaking pipes under the floorboards, and giving advice on other matters.

"Even when it's something they can't do, they'll find a contractor who's good and reliable. That makes me feel safe."

In February 2002, VB's health unexpectedly deteriorated. After hospital treatment, she returned home, but with her mobility further affected, and unable to continue to care for her brother. Having attended one of the Healthy Homes training sessions, her Occupational Therapist wanted to organise grab rails to the outside of the house, and to the downstairs toilet (which also needed some repair) and recommended that Care & Repair become involved. VB agreed – and then explained that this would not be a new introduction!

Hospital Discharge

Moat Care & Repair: Harlow

This hospital discharge service began in April 2002, and is funded in conjunction with Harlow PCT and Essex social services department.

The scheme accepts referrals from specific individuals or departments (for example, the Intermediate Care Service) at the local Princess Alexandra hospital. It has been agreed that this is not an 'emergency' service: referrals are received via phone or fax, and the scheme aims to complete any work within 2 days of referral. The funding pays for the equivalent of one day per week of the existing handyperson's time; however, there is no 'set' day for work to be completed for these service users. To date, work completed includes fixing stair rails, grab rails, taping down rugs and creating additional or lower external steps to facilitate access into the house. This minor works service is available to people who are owner-occupiers, private tenants, or the tenants of Registered Social Landlords (RSLs - typically housing associations). However, an additional Home Safety Check is available to all those referred who are being discharged from hospital, including local council tenants. This takes a comprehensive look at the person's home, and considers matters such as the heating, wiring, carpets, plumbing and security.

Anchor Staying Put (Hackney)

hospital discharge and admission prevention service

As the country's first housing-related hospital discharge project (begun in 1994), the Hackney scheme is well known to many, and was included in Care & Repair England's 2001 report about hospital discharge schemes, *On the Mend*. It is currently part-funded by the local PCT, and comprises two Technical Officers, two caseworkers and one administrator.

The scheme is targeted at older people living in private sector housing (rented and owner-occupied) who are being discharged from hospital, or who are at risk of being admitted to hospital. It supports people by giving advice, practical help and support for essential housing work, specialist welfare rights advice and help, and support to access other services. Aspects of the person's home such as heating and safety are given equal attention as issues such as the need for grab rails. Small jobs can be undertaken either by the Small Repairs service or through the core Staying Put service. The majority of service users receive a free service; in the year to April 2002, ninety-nine per cent of service users were classified as 'social priority' (that is, they were over 75, disabled, and on low incomes).

The service user profile reflects Hackney's diverse population (Box 7):

Box 7 Service user figures by ethnic origin, April 2001 – April 2002

Box 7

<i>White UK</i>	<i>44</i>
<i>Afro Caribbean</i>	<i>43</i>
<i>Orthodox Jewish</i>	<i>25</i>
<i>Indian</i>	<i>18</i>
<i>Jewish</i>	<i>15</i>
<i>Irish</i>	<i>8</i>
<i>Turkish</i>	<i>5</i>
<i>Greek Cypriot</i>	<i>5</i>
<i>European other</i>	<i>5</i>
<i>Pakistani</i>	<i>2</i>
<i>Bangladeshi</i>	<i>3</i>
<i>Japanese</i>	<i>1</i>
<i>Israeli</i>	<i>1</i>
<i>Arabian</i>	<i>1</i>
<i>Nigerian</i>	<i>1</i>
<i>Don't Know</i>	<i>6</i>



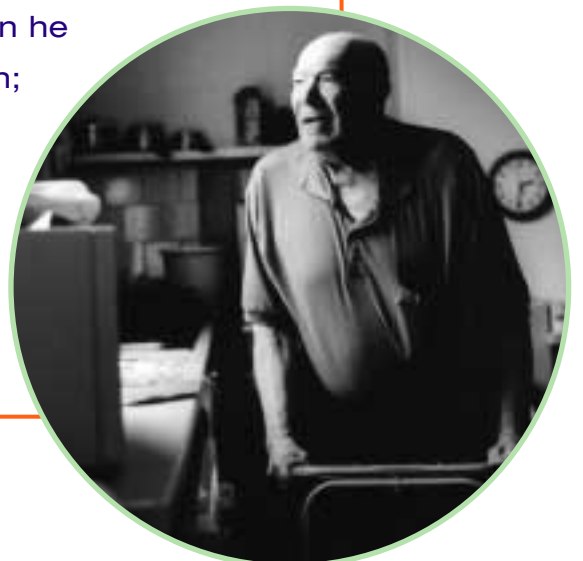
As the Hackney scheme has been established for some years, it is also well placed to illustrate the often long-term nature of relationships between HIAs and service users, which can often begin with a referral for someone being discharged from hospital (Box 8).

Box 8

Mr L was first referred in 1995 following hospital discharge when he had pneumonia, and the OT discovered on her home visit that he had no heating and lived in extremely poor housing. The Staying Put Hospital Discharge worker visited him at home and gave him a temporary heater whilst applying for a grant for central heating. She helped him to apply for Attendance Allowance, and when this was awarded followed it up with claims for Income Support and Council Tax Benefit. By the time the central heating had been installed (funded through a Home Repair Assistance grant), Mr L's income had doubled, enabling him to pay his heating bill and buy decent food.

Meanwhile, the caseworker had referred him to the community OT service, who visited him 2 years later and recommended a walk-in shower and stair lift. The agency oversaw the work, which was funded by a Disabled Facilities Grant.

Mr L has continued to remain in touch with Hackney Staying Put. In recent years, his sink has been unblocked and his curtains re-hung (by the handyman); his Council Tax sorted out (several times); and his walk-in shower repaired when the original pump failed (paid for by a charitable grant, which the agency applied for). The agency has also acted as an advocate for him when the community assessment team proposed to increase his charges for social care; arranged for his dog to go into kennels when he went into hospital on a subsequent occasion; and arranged for the repair of a leaking down pipe (funded through a Community Care Grant). The agency expects to continue to have a relationship with Mr L for the foreseeable future.





Repairs On Prescription

Sandwell Care and Repair: tackling childhood asthma

'Repairs on Prescription' was set up in 1998 to help reduce respiratory complaints in children, especially the incidence of asthma, by improving heating and ventilation to the homes in which they lived. The project was jointly funded by the then health authority, and by the local authority. It targeted children aged 4 – 11 who used some kind of inhaler or had been referred to a specialist asthma service, and who lived in housing with no central heating system.

Central heating, insulation and ventilation were fitted first to the child's bedroom, the kitchen and bathroom, and then to the room the child used most often after these three. The health of each participating child was checked prior to the work, and then again 3 months and 12 months after the work had been completed, in order to monitor the impact on their respiratory difficulties.

The project is likely to finish in late 2002/early 2003, having been extended from its original end date of March 2002. Early indications of the overall results (which are expected to be published by the local health trust) suggest that the work has made a significant difference, leading to children spending less time at their GP, more time at school (rather than being at home, off sick), and using fewer steroids.

Floating Support Workers

Stroud Care & Repair: People for You

The Stroud *People for You* initiative began in September 2002, and is funded by Stroud PCT for an initial pilot period of one year. It is a service aimed primarily at people aged 60 and over, or who are disabled, and who live in the Dursley and Cam districts of the Stroud area. The project provides one half-time 'floating support' worker, who is based in the Community Shop in Dursley. The Shop, in the middle of a row of local shops, is rented by Care & Repair Stroud, which also sublets some of the space for regular sessions run by organisations such as the Volunteer Bureau, the local council's Housing Department, Macmillan nurses, and the Ring-and-Ride service.

The main service aim is to help individuals maintain their independence through provision of information about the services that may be able to help them locally.

It will also provide welfare benefits advice and assistance, and refer people on to sources of help – including the main Care & Repair service. It is intended to follow up the help given to individuals to ensure that the person's needs have been met. Home visits can be arranged, or the floating support worker is available for 3 regular sessions each week in the Community Shop, which is well used by older people and others locally. The service is available to owner-occupiers as well as Housing Association, local authority or private tenants. It is hoped that it may be possible to further develop the service to include low-income families, of whom there are a high number in the area.

Tackling Ill-Health by Reducing Fuel Poverty

Staying Put (High Wycombe): Better Homes, Better Health



The High Wycombe "Better Homes, Better Health" scheme received initial (or 'pump-priming') funding from the Energy Savings Trust, and is a partnership between the district councils of Chiltern, Wycombe and South Bucks, the PCTs of those areas, Buckinghamshire County Council, Warm Front and Anchor Trust. It aims to improve people's health, primarily by tackling fuel poverty issues, and is particularly aimed at those with asthma and other respiratory illness, heart disease, stroke or accidental injuries.

Although the scheme is aimed at all households in fuel poverty, it is especially targeted on older people and those from BME communities – this latter group are supported through community workers and translators. The town of High Wycombe has a history of émigré populations from at least the end of the Second World War. Ugandan Asians (during the 1970s), Afro-Caribbeans (especially from St Lucia and St Kitts, from the 1950s and 1960s) and Polish war veterans (from the 1940s) are amongst those who have settled in the town. Part of the local HIMP includes targets to reduce accidents and heart disease amongst older people and those from BME communities. Better Homes Better Health has been identified as one of the ways these objectives are being tackled in practice. Aside from health targets, the scheme is also one way in which national goals to reduce fuel poverty are to be met locally.

The scheme is particularly aimed at people who are either attending hospital or are being treated in the community. Referrals are received from a wide range of care professionals, including doctors, nurses, physiotherapists and care workers. Individuals can also refer themselves.



The scheme began in 2001, and aims to provide at least 900 households with a package of heating improvements and advice, reducing their heating bills to less than 10% of household expenditure. Advice given includes information on state benefits (and assistance in making claims, where needed), details of the lowest fuel tariffs, and information on how to get the most from different heating systems. An information pack also includes details of measures parents and guardians can take at home to minimise their children's asthma, and about healthy eating. This latter includes suggestions to older people on how to find (and travel to) lunch clubs, information on organisations that offer home delivery meals, and details of pubs and cafes that may offer reduced-price meals for pensioners. Part of the rationale for this is to encourage people to spend the income they save from reducing their fuel bills on other measures to improve their health, such as making sure they are eating a good diet or taking part in some physical activity. The pack is also available to health and social care staff, who have received some training in fuel poverty issues.

Work completed includes insulation, new heating systems and controls. To date, most work has been funded via Home Repair Assistance or Warm Front scheme grants. For those able to pay for the work themselves, Wycombe Better Homes Better Health can arrange for it to be completed at a reduced price by a registered contractor, and can offer an interest-free loan if this is required. People are supported by the scheme whilst any work is carried out.



Box 9

Mr H was referred to Wycombe Better Homes Better Health by his GP. He is an older Asian man with asthma and bronchitis. The scheme visited Mr H and assessed his property. He had only very basic heating, and there were significant problems with condensation. The scheme provided central heating and a humidistat ventilator. The installation of these has already improved Mr H's well being, according to both him and his GP.

Other Service Developments

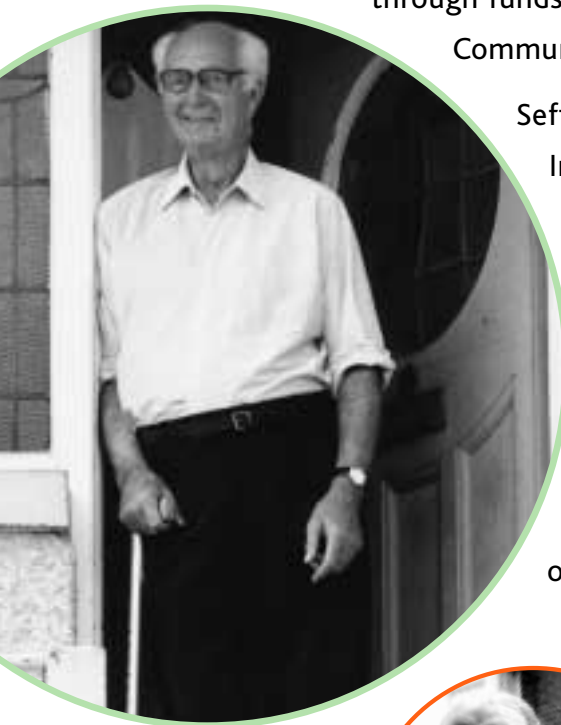
A number of projects, to be provided by HIAs working with PCTs and social services departments, are in the process of gaining funding from the Department of Trade and Industry's Modernisation Fund, for initiatives to tackle falls. This funding is being made available as part of the DTI's *Trips, slips and broken hips* campaign, which began in 1999.

One example of an initiative using this funding is the setting up of a series of seminars, in the Guildford and Waverley areas of Surrey, for women with an early diagnosis of osteoporosis. The seminars are being provided by Waverley Care & Repair, in conjunction with Waverley and Guildford PCT. The aim is to raise the awareness of the disease, improve safety in the home, and so prevent falls.

Elsewhere, HIAs are working with health agencies through other means. One such example is the Intermediate Care project, Sefton Healthy Homes, being run by Sefton Anchor Staying Put with financial backing (and other support) from Help the Aged, through funds awarded by the Department of Health and the Active Community Unit of the Home Office.

Sefton Healthy Homes is one of seven such Help the Aged Intermediate Care Projects. Begun in 2002, it provides a rapid response small repairs and adaptations service to older people receiving intermediate care in south Sefton, Merseyside.

The Healthy Homes project also acts as a link between the intermediate care teams (working with patients in hospital, and in nursing home beds) and other local voluntary sector service providers. Senior staff from the Healthy Homes service are now part of LSP arrangements for the development of further intermediate care services locally; and will pilot the local PCT assessment and care management tool, the Hand Held Record, as part of local single assessment process measures.



Contact details

Brentwood: Anchor Staying Put

Sue Rockell
1-2 Seven Arches Road
Brentwood
Essex CM14 4JG
Tel: 01277 262646
Fax: 01277 234796
Email: StayingPut.Brentwood@anchor.org.uk

Chesterfield: HIA

Ruth Johnson
Environmental Health Department
Town Hall
Rose Hill
Chesterfield S40 1LP
Tel: 01246 345748
Fax: 01246 345760

Crewe & Nantwich: Anchor Staying Put

Floor 5 Delamere House
Delamere Street
Crewe
Cheshire CW1 1JZ
Tel: 01270 537422
Fax: 01270 537758
Email: Linda.smith@anchor.org.uk

Bristol: Care & Repair Ltd

Chris Chart
5 Hide Market
Waterloo Street (off West Street)
Bristol BS2 0BH
Tel: 0117 954 2222
Fax: 0117 954 1717
Email: briscar@briscar.demon.co.uk

Hackney: Anchor Staying Put

Stephanie Brann
133 Stoke Newington High Street
Stoke Newington
Hackney
London N16 0PH
Tel: (02072) 494543
Fax: (02072) 416501
Email: stayingput.hackney@anchor.org.uk

High Wycombe: Anchor Staying Put

Karen Mulcahy
1-3 Cornmarket
Church Square
High Wycombe
Buckinghamshire HP11 2BW
Tel: 01494 474295
Fax: 01494 463669

Leeds: Care & Repair Ltd

Bill Rollinson
323 Roundhay Road
Leeds LS8 4HT
Tel: (01332) 406009
Fax: (01332) 493349
Email: care-repair@totalise.co.uk
www.care-repair-leeds.org.uk

Sandwell: Care & Repair

Derek Bellingham
Black Country Housing & Community Services
Group Ltd
134 High Street
Blackheath
West Midlands B65 0EE
Tel: 0121 561 1969
Fax: 0121 561 5694
Email: bellinghamd@bcha.co.uk

Sefton: Anchor Staying Put

Chris Cho
2 Melrose Road
Waterloo
Merseyside L22 1RL
Tel: 0151 920 2248
Fax: 0151 920 2258
Email: chris.cho@anchor.org.uk

Moat Housing Group Care & Repair - Harlow

Damond Farguson
Latton Bush Centre
Southern Way
Harlow
Essex CM18 7BL
Tel: (01279) 454328
Fax: (01279) 454328
Email: damond.farguson@moat.co.uk

Stroud: Care & Repair Ltd

Jane Creed
Unit 9, New Mills Industrial Estate
Libby's Drive, Slad Road
Stroud
Glos GL5 1RN
Tel: 01453 753471
Fax: 01453 766110
Email: janec@careandrepairstroud.fsnet.co.uk

Waverley: Care & Repair

Janice Parsons
The Bury's
Godalming
Surrey GU7 1HR
Tel: 01483 523174
Fax: 01483 523251
Email: jparsons@waverley.gov.uk

West Devon: Care & Repair

Marian Greenaway
The Quay
Plymouth Road
Tavistock
Devon PL19 8AB
Tel: 01822 613638
Fax: 01822 611034
Email: marian.greenaway@dcha.co.uk

References

- Acheson, D (1998). *Independent inquiry into inequalities in health report, chaired by Sir Donald Acheson*. London: Stationery Office
- Audit Commission (1995). *United they stand: co-ordinating care for elderly patients with hip fracture*. London: Audit Commission
- Cm 4169 (1998). *Modernising Social Services*. London: Stationery Office. (White Paper)
- Cm 4386 (1999). *Saving lives: our healthier nation*. London: Stationery Office. (White Paper)
- Care & Repair England (2001) *Making the Links: Developing services which address the housing, health and care needs of older people*. Care & Repair England
- Care & Repair England (2002) *On the Mend: Hospital Discharge Services and the Role of Home Improvement Agencies*. Care & Repair England
- Department of Health and Social Security (1980) *Inequalities in health: report of a research working group chaired by Sir Douglas Black*. London: DHSS
- DH (2001). *National Service Framework for Older People*. London: Department of Health
- DH (2002). *Tackling health inequalities – results of the consultation exercise*. London: Department of Health
- DH (2002a). *Expanded services and increased choices for older people, Press release 2002/0324, 23 July 2002*. London: Department of Health
- DHSS (1992). *The Health of the Nation*. London: HMSO
- Dowswell T, Towner T, Cryer C, Jarvis S, Edwards P, Lowe P (1999). *Accidental falls: fatalities and injuries – an examination of the data sources and a review of the literature on preventive strategies*. A report prepared for the Department of Trade and Industry. Newcastle: University of Newcastle, and South East Institute of Public Health, University of London
- Easterbrook L, Horton K, Arber S, Davidson K (2001). *International review of interventions in falls among older people*. London: Department of Trade and Industry
- Ellaway A, Fairley A, Macintyre S (1999). *Housing investment and health improvement in Inverclyde*. Glasgow: MRC Social and Public Health Services Unit
- Evan, J (2000). An epidemiological study of the relative importance of damp housing in relation to adult health. *Journal of Epidemiology and Community Health* 54 (9): 677-686.
- Marsh A, Gordon D, Pantazis C, Heslop P (2000). *Home sweet home? The impact of poor housing on health*. York: Policy Press
- ODPM (2002). *Housing Renewal Guidance (Consultative Document)*. London: Office of the Deputy Prime Minister
- ODPM (2002a). *Home Improvement Agencies – Development and Reform (Consultation Exercise)*. London: Office of the Deputy Prime Minister
- Poole, J (2001). The home environment: provision for health. *Community Practitioner* 74 (11): 421-424.
- Popay J (ed) (2001). *Regeneration and health: a selected review of research*. Leeds: Kings Fund/Nuffield Institute for Health
- Royal Commission on Long-Term Care Funding (1999). *With respect to old age: a report by the Royal Commission on long-term care* (1999). Cm 4192-I. London: Stationery Office
- Somerville, M (2000). Housing and health: does installing heating in their homes improve the health of children with asthma? *Public Health* 114 (6): 434-439
- The Essence of Care. Patient-focused benchmarking for health care practitioners*. (2001). London: Department of Health
- The Expert Patient - *a new approach to chronic disease management for the 21st century* (2001). London: Department of Health
- Thomson H, Petticrew M, Morrison D (2001). Health effects of housing improvement: systematic review of intervention studies. *British Medical Journal* 323 (7306): 187-190.
- Williamson I, McGill G, Martin C, Monie R, Fennerley A (1997). Damp housing and asthma: a case control study. *Thorax* 52: 229-234

About The Author

Lorna Easterbrook has worked with and for older people for over a decade, beginning with Rhymney Valley Care & Repair in Mid Glamorgan. She was Community Care Policy Officer at Age Concern England, and Fellow in Community Care at the King's Fund. Since 2000, she has worked as a freelance consultant, carrying out service reviews, policy analysis and research covering health, housing and social care for older people, and is an Associate Consultant with the Institute of Applied Health and Social Policy, King's College London. Lorna edits the quarterly journal Working with Older People (Pavilion). Her book, 'Moving on from community care: changes in the treatment, care and support of older people', will be published by Age Concern Books later in 2002.

What are Home Improvement Agencies?

Home improvement agencies exist to help the people living in the worst housing with the least resources. Most services are targeted on low-income older and disabled people living in private sector housing.

Agency staff support people through the process of deciding what repairs or adaptations are needed, arrange the finance, organise the building work and supervise the work from start to finish. Jobs can range from the very small, such as minor plumbing repairs, to major renovations such as renewing a roof and windows or building an extension for a specially designed bathroom and kitchen for someone with disabilities.

Agency caseworkers provide detailed advice and support on housing options and their implications, welfare benefit entitlements, financial matters and any other support services the householder may need to help them remain living in their own home. The building work is specified and overseen by the agency's technical staff, and undertaken by vetted contractors.

Care & Repair England's Equal Opportunities Statement of Intent

Care & Repair England believes that equal opportunities is important in order to enhance people's choice and dignity and enable them to live a more fulfilling life.

Care & Repair England recognises that people are discriminated against on the basis of colour, class, creed, ethnic or national origin, sex, age, disability, physical appearance or sexuality. The organisation is committed to counteracting such discrimination.

Care and Repair England is committed to the active promotion of equality of opportunity in every aspect of its operations. This includes provision and development of policies, services, employment and management practices.

Healthy Homes, Healthier Lives reports on some of the ways in which Primary Care Trusts and Home Improvement Agencies (often called ‘Staying Put’ or ‘Care & Repair’ schemes) are working together to improve people’s health through housing-related initiatives.

The report sets out the evidence for the beneficial impact of improved housing conditions on health, and summarises the current policy context.

A spectrum of joint projects is profiled, including schemes providing information and training for health and care sector staff, and a range of approaches to home safety and falls prevention.

Healthy Homes, Healthier Lives aims to provide a variety of models that may prove a useful starting point when planning and developing strategies and services that improve people’s health and well being.



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 that help older and disabled people live independently in their homes for as long as they wish.

For further information contact:

Care & Repair England
Third Floor, Bridgford House,
Pavilion Road,
West Bridgford,
Nottingham, NG2 5GJ
Tel: 0115 982 1527
Fax: 0115 982 1529
e-mail: info@careandrepair-england.org.uk
www.careandrepair-england.org.uk

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

Care & Repair England is supported by the Office of the Deputy Prime Minister