

Small but Significant

The impact and cost benefits of handyperson services

Including detailed evaluation of Preston Care
and Repair Handyperson Service



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About Care & Repair England

Care & Repair England is an independent charitable organisation (Registered Society 25121R) which aims to improve older people's housing. It believes that all older people should have decent living conditions in a home of their own choosing. It innovates, develops, promotes and supports practical housing initiatives (including information and advice) & related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing. Its 'Silverlinks' programme supports improved decision making in later life.

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About Preston Care and Repair

Preston Care and Repair is an independent home improvement agency with charitable status (Registered Society 27847R). It was established in 1993 to support older, disabled and vulnerable people in the Preston area. Over the past 20 years, it has grown to cover Preston, South Ribble, West Lancashire and Chorley. It provides practical help and support with all aspects of being safe, secure, warm and independent including home repairs, adaptations and improvements as well as independent advice and information.

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At a Glance Summary

'Small but Significant' examines the impacts and cost benefits of 'handyperson services' – low cost schemes which carry out small repairs and minor adaptations for older people, primarily delivered by not for profit Care and Repair and other home improvement agencies.

The report is relevant to policy makers, service planners, commissioners and providers, examining:

- Strategic considerations, driving forces and current evidence of impacts in relation to handyperson services
- In depth evaluation of the example of Preston Care and Repair handyperson service, including analysis of outputs, outcomes and volunteer involvement
- Cost benefits, Return on Investment, and wider impacts, particularly utilising evidence about falls prevention

Why handyperson services?

Handyperson services offer a coherent policy response to the growing challenge of enabling increasing numbers of lower income, older people to live independently, safely and well in their own homes for longer.

Value to the NHS, Public Health and Social Care

Handyperson services play a critical role in the health and care integration and prevention agendas.

Handyperson services are particularly adept at reaching 'older old' (80yrs+), more vulnerable groups, particularly the rising number of older single women living alone, often with chronic long term health conditions, reducing mobility and sight loss.

These later life physical changes impact on older people's ability to live safely and well at home. However, minor adaptations and small repairs (e.g. grabrails, improved lighting, home hazard removal etc.) can make an enormous difference to improved well being and extending independence at home in later life.

For every £1 spent on the handyperson service the saving to health and care is £4.28 (based on savings that result solely from falls risk reduction and not including many of the other impacts and wider fiscal and social benefits e.g. improved wellbeing, reduced anxiety).

Handyperson services contribute to achievement of a range of health and care policy objectives and targets:

For NHS and Public Health

- improve older people's physical health (e.g. preventing falls and accidents in the home)
- improve mental health and wellbeing (e.g. through reducing worry and anxiety)
- prevent/reduce risk of health acute episodes and unplanned hospital admissions
- reduce GP visits/calls on other health professionals' time
- reduce risk of delayed transfers of care/enable care at home

For Social Care

- extend safe, independent living
- delay/prevent admission to residential care
- reduce care and support needs
- improve wellbeing and quality of life

- Falls risk was reduced for 37% of the older people who had work carried out by the Preston Care and Repair handyperson service.
- Improved wellbeing was a key outcome for 90% of older handyperson service users

Value to older people

Successive studies have shown that handyperson services are exceptionally highly valued by older people.

Most older people have a strong emotional attachment to their home and wish to remain living there, safely and independently, for as long as possible. The vast majority of older people are now home owners (76%) with more low income owner occupiers than ever before.

Finding trustworthy traders who will carry out small repairs and adaptations, and paying for such essential work, causes many older people a great deal of worry and stress. Handyperson services run by Care and Repair agencies alleviate that anxiety.

- 96% of older people said that the Preston Care and Repair handyperson service made them less worried about their home.
- 100% of older people said that they would use the service again and would recommend it to others.
- 77% said they would not have jobs done if the handyperson service was not there due to worry about finding a trustworthy builder.

Even though many older people are very reluctant to ask for help, particularly from the statutory sector, evidence shows that they are far more willing to use 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).

In conclusion

There is a strong policy drive to encourage greater integration and partnership working across sectors, particularly with regard to prevention and extending healthy, independent later life. As this report highlights, older people identify handyperson services as a very important resource to enable independent living at home.

The impacts of handyperson services straddle health, housing and social care aims and objectives. They offer a highly cost effective solution with significant cost benefits and a high rate of return on investment, both financial and social.

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Part 1: Handyperson Services:

The Context

The House of Lords' Report '*Ready for Ageing?*' concluded that the country was '*woefully underprepared*' for demographic change.

One area where there has been a limited policy response to population ageing concerns housing and housing related services.

The potential housing impacts of two of the main social changes of the past half century - increased life expectancy alongside the rise of low income home ownership - have been particularly neglected.

There have been few innovations in terms of policy and service provision to deal with issues faced by the increasing number of older, low income owner occupiers. The only source of national government funding to address housing disrepair in the private sector housing ceased in 2010.

Being able to afford and organise repair, maintenance and adaptation of the home is especially difficult for those living on a low pension and potentially facing declining capacity e.g. reducing mobility, sight loss or frailty. The problem is even greater for the growing cohort of 'older old' (80+yrs) women living alone.

The one innovation that has addressed this social change is the emergence and subsequent expansion of home improvement agencies (HIAs) which, since the late 1970s, have delivered targeted, practical housing help with repairs and adaptations for low income owner occupiers, particularly older and disabled people.

HIAs were also the pioneers of 'handyperson services', often directly employing multi-skilled builders to carry out a wide range of small repairs, adaptations and 'odd jobs' for disadvantaged older people at low/no cost.

These services both help to prevent deterioration of the housing stock and also play an important role in extending safe, independent living at home amongst this growing older population.

What is a handyperson service?

'Handyperson service' is a general term used to describe the direct provision of affordable help with small jobs around the home. Most commonly these works include: *small repairs to the fabric of the dwelling (e.g. to doors & windows), minor adaptations (e.g. grab rails), 'odd jobs' (e.g. putting up curtain rails & shelves), home safety checks with remedial actions e.g. installing a second handrail on stairs, securing loose carpets), security measures (e.g. lock replacement, anti-intruder lighting).*

Most handyperson services operated by home improvement agencies are targeted at lower income households, particularly older and disabled people, and predominantly (but not exclusively) for those living in the owner occupied sector.

In order to offer a low cost, targeted service to those on limited means/ with particular problems most providers have to seek funding from a large number of sources - Local Authority (Housing and Social Services), NHS, Charitable Trusts etc and now report that this is becoming increasingly challenging.

More details about Handyperson Service definition are included in Part 2

Ageing Population and Housing - Facts and Figures

The vast majority of older people (96%) live in ordinary housing (i.e. homes not specially built for older people) and today three quarters of older households are owner occupiers (76%), compared with half of households in the 1970's (DCLG, Annual) .

Most older people like where they live, with 94% satisfied with their current home and neighbourhood (DCLG, 2016). The housing aspiration of the majority of older people (around 80%) is to live independently and well at home, predominantly in their current home, for as long as possible (Lloyd, 2015, and Ipsos MORI, 2015).

Social Services and the NHS also wants this ageing population to live independently, safely and well at home for longer, reducing demands on health and care services. A decent, suitable home can help to delay or prevent the need to move into residential care, reduce risks to health (e.g. enable self management of long term conditions, prevent falls etc), facilitate swifter discharge to home after hospital treatment and reduce rates of readmission.

A body of research (DCLG, 2016) has identified a causal link between housing characteristics /defects and occupants' health, with a quantifiable increased risk of home accidents (especially falls), cardiovascular disease, respiratory diseases, and poor mental health.

Over 4 million older people have a long term limiting illness (40% of the 65yrs and over age group). In order to achieve the aspiration of more older people living well at home for longer in later life it is crucial to ensure that homes are fit for ageing i.e. places that are safe, secure, warm and accessible.

The combined social changes of longer life expectancy and the large rise in low income owner occupation during the 1980s & 90s means that many older home owners now live on limited incomes and the affordability of home repairs and maintenance is a growing issue. In addition to the problem of affordability, anxiety about finding a trustworthy contractor who will charge a fair price is widespread amongst older people.

There are indications that this concern about affordable, reliable builders is particularly acute amongst the large and rising population of single 'older-old' (80yrs+) women, a sub-group most likely to be living on low incomes (Platon Tinios et al, 2015). This cohort is also potentially more prone to financial fraud and exploitation, particularly where individuals are isolated.

The population over 75yrs in the UK is projected to double in the next 30 years, but the number of people over 85yrs is predicted to more than double in the next 23 years to over 3.4 million (ONS, 2015).

As health and care needs increase with age, making sure that the homes of 'older old' people are warm, safe, secure and suitably adapted, will have a significant positive health impact.

In this context handyman services play a key role in achieving the shared personal and policy aspiration of extending safe, independent living in later life. They offer affordable, trustworthy, practical help to repair, maintain and adapt the home, particularly for lower income and/or vulnerable older households.

Prevention, Prevention, Prevention

The NHS Five Year Forward View called for '*a radical upgrade in prevention*' and the expansion of evidence-based action (NHS England, 2014)

The Care Act 2014 emphasised the need to focus on promotion of people's independence and well-being. Both the Care Act 2014 and its associated Guidance (DH, 2014) refer to the importance of prevention, the pivotal role of housing in general, and home repairs, adaptations and handyman services specifically.

Extracts from Dept of Health Care & Support Statutory Guidance (2014)

2.1 It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.

Handyperson services are cited as a specific example of preventative/early intervention services that can reduce needs, noting handyperson and adaptations services as specific examples:

2.7 These are more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Some early support can help stop a person's life tipping into crisis...

2.8 Early intervention could also include a fall prevention clinic, adaptations to housing to improve accessibility or provide greater assistance, handyman services...

Evidence, published as an infographic by the Kings Fund & Local Government Association *Making the Case for Public Health Interventions* (Kings Fund, 2014), concluded that every £1 spent on improving homes saves the NHS £70 over 10 years.

There is a solid evidence base (Nicol et al, 2015) concerning the housing impacts on many of the most common long term conditions, including respiratory disease, COPD, arthritis & mental health problems, whilst the risk of acute episodes, such as incidence of stroke, heart attack, fractures, is significantly increased by housing factors, such as excess cold and the presence of falls hazards.

The Building Research Establishment have modelled the costs of inadequate housing to health services based on detailed analysis of home hazards. The annual cost of poor housing to the NHS is conservatively estimated to be £1.4 billion p.a. (Nicol et al, 2015). Nearly half of this cost to the NHS, £624 million in first year treatment costs, results from the impact of poor housing amongst older households (55yrs+) (Garrett & Burris, 2015).

In the Public Health field, housing is acknowledged as a key wider determinant of population health (Marmot, 2010), particularly the physical and mental health impacts of cold homes and accidents, and especially falls.

Older People's Housing Conditions

Most non-decent homes are in the owner occupied sector and the latest English Housing Survey Headline Report for 2016 to 2017 (DCLG, 2018) reveals that for the first time in more than a decade the number of non-decent homes in the owner occupied sector has increased, up from 2,694,000 in 2015 to 2,912,000 in 2016, nearly a fifth of the private sector housing stock.

The majority of those living in non-decent owner occupied homes are older people, particularly those with disability or long term health conditions. In our last analysis of the EHS non-decent homes data by household age, some 1.2 million (21% or one in five) of households aged 65 years or over lived in a home that failed to meet the Decent Homes standard in 2012 (Adams, 2016).

The main (but not the only) reason for homes failing the Decent Homes standard is the presence of a Category 1 hazard. The two commonest Category 1 hazards are falls risk and excess cold.

- *The vast majority (79%) of households aged 65 years or over who are living in a non-decent home are owner occupiers (934,000 households).*
- *Most (78%) of older people with long term illness or disability living in a non-decent home are owner occupiers.*
- *731,000 households aged 65 years or over live in a home with a Category 1 hazard, 85% of these (619,000) in owner occupied homes.*

This concentration of hazards in the homes of older people living in owner occupied housing is of key importance when planning and delivering preventative housing measures, including handyperson services.

Such services need to operate across tenures if they are to contribute effectively to reducing a range of health risks, including preventing falls and supporting safe, timely hospital discharge, all of which impact on NHS costs.

Handyperson services which are addressing housing disrepair and adaptation not only reduce risk through removal of home hazards, they also:

- *Impact on mental as well as physical health risk,*
- *Affect carers' ability to care,*
- *Can fundamentally influence older people's ability to live independently, safely and well at home.*

Prevention of falls in the home

Falls, the majority of which take place in older people's own homes, are the most common cause of injury and subsequent death in the older population.

For the NHS, falls are high volume and costly, whilst for individuals the impact is often life changing.

Around a third of all people aged 65 and over fall each year, increasing to half of those aged 80 and over (NICE, 2013).

A&E departments treat a disproportionate number of older people, particularly those aged over 70, who have fallen in their home. There are 255,000 falls-related emergency hospital admissions in England per year among people aged over 65.

Hip fracture is the most common serious injury in older people - 65,000 presented to hospitals in UK in 2016 (Royal College of Physicians, 2017).

The total cost of fragility fractures to the UK has been estimated at £4.4bn, which includes £1.1bn for social care. Hip fractures account for around £2bn of this sum (Svedbom et al 2013).

Falls and fractures often result in loss of confidence and independence, at worst, in frailty and death. More than 4,500 people in England over the age of 65 were recorded as having died as a result of a fall in 2015 (ONS 2015). A recent Royal

College of Emergency Medicine and RoSPA joint publication about action to prevent falls comments that:

'This is very much the tip of the iceberg as falls, although not necessarily the cause of death, can result in significant decline in health, contributing to many more deaths than this figure implies.'

'Falls impact on older people's mental as well as their physical health. There is increased prevalence of fear of falling among older people who have fallen and this can result in activity avoidance, social isolation and increasing frailty – all factors that can increase someone's risk of falling.'

Source: RoSPA and Royal College of Emergency Medicine (RCEM) (2017) Action to Prevent Falls.

A Cochrane review (Gillespie et al, 2012) looking at the effectiveness of various interventions in the prevention of falls among older people living in the community concluded that home safety assessment and modification interventions were effective at reducing the rate and risk of falls.

NICE recommends that older people who have received treatment in hospital following a fall should be offered a home hazard assessment ... *'followed by necessary safety interventions/modifications'* (NICE, 2016).

Reduction of hazards in the home, alongside medication review and strength/ balance exercise programmes, all play a role in falls prevention. Handyperson services are a critical element in the mix as they can undertake home safety checks and crucially carry out the necessary remedial measures to remove hazards/reduce risks.

Handyperson services are also an important way of reaching older people and removing home hazards prior to a first fall/ injury.

As the RCEM/ RoSPA document notes, in many areas Falls Strategies *'... focus on the response when a person first enters the healthcare system after a fall. This may be too late for those who never fully recover from their original fall and are more vulnerable as a result'*.

Falls reduction is an important Outcome for Public Health delivery, with rates of hip fracture a key indicator (PHE Outcomes Framework, 2016).

The definitive national Falls & Fracture Consensus Statement (PHE, 2017), is published by Public Health England and was developed by a broad range of organisations (the National Falls Prevention Coordination Group). This Consensus Statement recommends that falls prevention interventions should form part of a whole system approach. Such a system should include assessing risks in home environments with remedial measures to reduce risk, noting that these *'... can be carried out by home improvement and handyperson services'*.

Evidence of impacts of handyman services

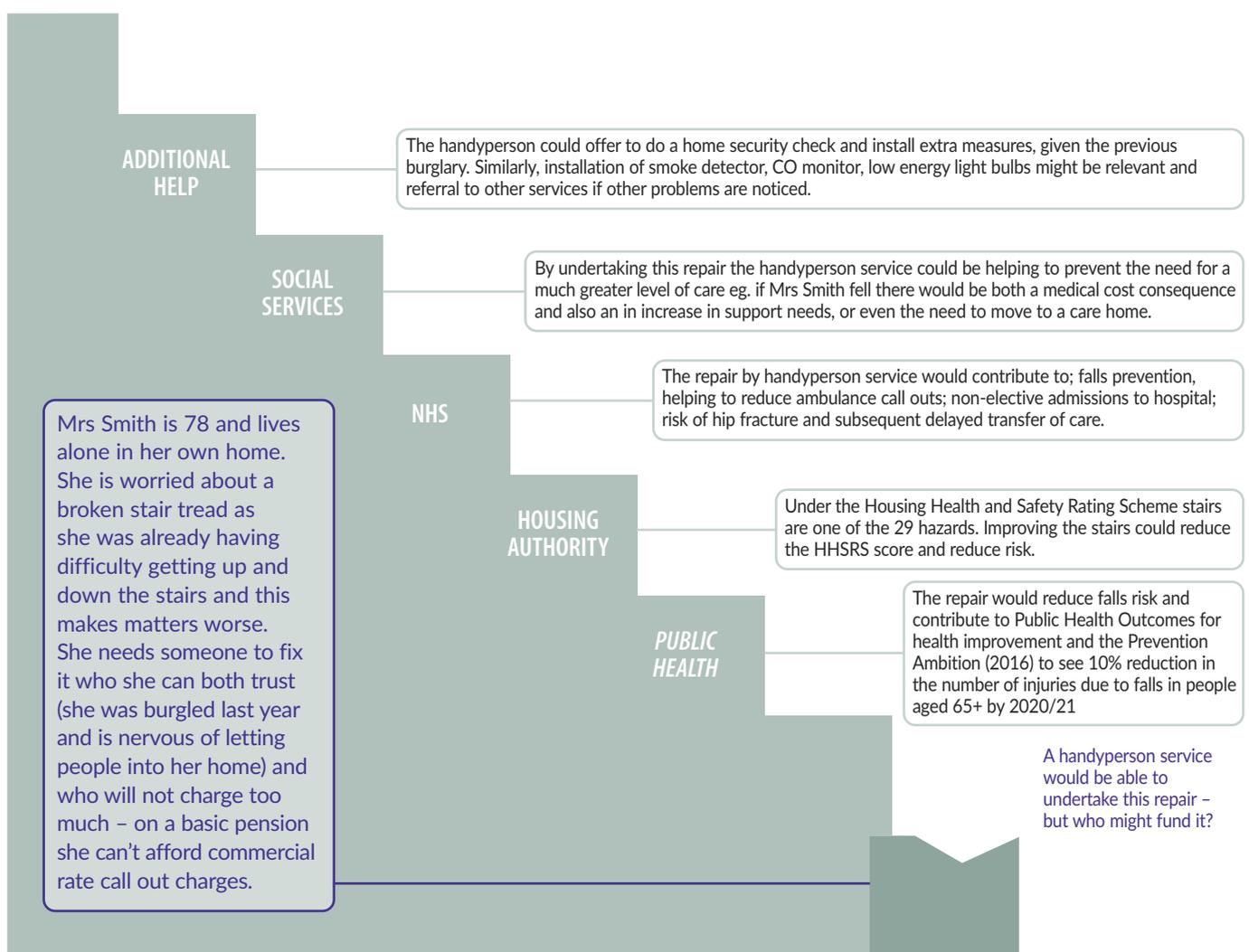
A review of 25 years of published and grey literature about handyman services reveals a considerable level of documentation setting out the rationale for and characteristics of services. These include analysis of outputs, outcomes and individual case study descriptions published predominantly by service providers, alongside a number of independent evaluations, including one major government evaluation (CLG, 2012).

The body of work focuses on:

- i) Modelled potential impacts on third parties, primarily cost benefits resulting from avoidance of expenditure that might otherwise have been incurred e.g. costs to the NHS
- ii) Self reported impacts on individuals e.g. perceived sense of safety, security, wellbeing
- iii) Impacts on the property e.g. prevention of deterioration of the home (far fewer studies)

Below we consider the main findings under the first two headings.

Figure 1: Illustration of third party impacts of handyman job for older person



i) Modelling impacts on third party expenditure

Underpinning much of the evidence concerning cost benefits of handyperson services is data on the likelihood of an adverse event being avoided (e.g. reduced risk of a fall, hospital admission, loss of function etc) as a consequence of the housing intervention.

Cost benefits have been calculated based on the resulting economic, clinical and social impacts of such an event being prevented, focussing on health and care costs avoided if that adverse event does not take place.

In particular, avoidance of costs to the NHS has been a major focus, partly because these costs are so high e.g. hospitalisation, hip fracture, ambulance call outs etc. In addition, there is a nationally agreed tariff of NHS intervention costs linked to particular incidents e.g. falls & fractures, making it possible to model potential savings.

One of the challenges for such risk reduction approach is attribution. The building works undertaken by a handyperson for an older person may involve a number of jobs in the home, or may be part of multi-factorial intervention by the home improvement agency (e.g. income maximisation, introduction to opportunities to socialise, referral to other services as well as help to undertake larger scale building works in the home etc). Consequently, the majority of evaluations, including the government commissioned Toolkit described below, take a very conservative approach to estimating risk reduction and resulting cost savings.

The main cost benefit model applied to handyperson services to date is the Handypersons Financial Benefits Toolkit (the Toolkit), commissioned by Communities and Local Government (CLG, 2010) following the large scale investment in the expansion of handyperson services in 2009. This Toolkit identifies the following as benefits of handyperson services:

- ***For the public purse***

Handyperson services can be part of the preventative agenda and help maintain independent living. The financial benefits can include reduction of falls (with benefits to both social services and healthcare), reduction of burglaries, improved or maintained independent living and reduced use of social care. Un-costed benefits include improved confidence in the tackling of crime and anti-social behaviour and on improving access to other appropriate services.

- ***For individuals, their families and communities***

Handyperson services provide a number of benefits. In addition to the benefits outlined above (which also benefit individuals), these benefits include improved or maintained well-being and quality of life, reduced fuel poverty, and reduced risk of injury or death from fires. Handyperson services are often quoted by older people as being the 'little bit of help' to do things that 'you cannot do including new bulbs in overhead lights ... tap washers' in their homes, and are highly valued.

The methodology underpinning the creation of the Toolkit was consistent with that developed for the Supporting People Financial Benefits Model. It used conservative assumptions, setting out a synopsis of the available evidence and detailing how this was used to build the model.

The Housing Health and Safety Rating System

A further well established framework of modelling cost benefits to the NHS resulting from housing interventions is based on the work of the Building Research Establishment (BRE) utilising their national evidence-based Housing Health and Safety Rating System (HHSRS). Applying this system of analysis of the impacts of 26 home hazards BRE have produced a cost benefits model showing payback periods for reducing the incidence of these hazards (see table below). Again, falls at home appear as the most common hazards which, if remedied, have some of the shortest payback times.

Figure 2: The cost and benefits to the NHS, of reducing HHSRS Category 1 hazards to an acceptable level for households aged 55 or more

(Source: Garrett H & Burris S, (2015) Homes and ageing in England, Building Research Establishment)

Hazard	Number of Category 1 Hazards	Average repair cost per dwelling	Total cost to repair	Savings to the NHS per annum if hazard fixed	Payback (years)
Excess cold	689,666	£4,344	£2,995,907,903	£441,564,353	6.78
Falls on stairs	467,776	£989	£462,535,027	£71,609,794	6.46
Falls on the level	197,177	£792	£156,129,838	£34,700,172	4.50
Falls between levels	93,723	£1,134	£106,290,746	£17,519,361	6.07
Fire	33,325	£4,115	£137,132,934	£12,725,126	10.78
Collision and entrapment	27,664	£592	£16,369,553	£5,898,263	2.78
Falls - baths	36,013	£486	£17,487,933	£7,254,790	2.41
Dampness	11,385	£7,523	£85,653,060	£3,325,961	25.75
Hot surfaces	55,985	£1,871	£104,731,366	£7,868,316	13.31
Lead	41,927	£1,677	£70,306,239	£5,194,893	13.53
Entry by intruders	11,576	£1,180	£13,665,167	£3,226,578	4.24
Radon	63,518	£1,127	£71,568,454	£5,329,649	13.43
Sanitation (Personal hygiene)	20,138	£1,119	£22,539,641	£2,336,281	9.65
Food safety	15,373	£961	£14,781,003	£1,782,264	8.29
Pests (Domestic hygiene)	13,442	£709	£9,531,479	£1,612,639	5.91
Overcrowding	509	£16,748	£8,524,561	£48,943	174.17
Noise	1,230	£1,137	£1,398,960	£349,771	4.00
Carbon monoxide	3,751	£508	£1,907,042	£364,193	5.24
Structural collapse	1,169	£288	£336,667	£100,569	3.35
Electrical problems	2,692	£2,111	£5,681,466	£360,016	15.78
Ergonomics	3,288	£470	£1,544,131	£395,108	3.91
Un-combusted fuel gas	2,246	£523	£1,175,477	£212,525	5.53
Lighting	0	£0	£0	£0	0.00
Water supply	0	£0	£0	£0	0.00
Excess heat	0	£0	£0	£0	0.00
Explosions	0	£0	£0	£0	0.00
All dwellings with a Category 1 hazard	1,431,482	£2,990	£4,279,628,929	£623,779,566	6.86

Note: The total number of dwellings with a Category 1 hazard is different to that provided in the 'Poor housing as assessed by the HHSRS' section. The above cost of poor housing model uses EHS 2010+2011 data.

ii) Self reported impacts: Delivering what older people want and value

A series of influential studies undertaken during the early 2000's underpinned a rethink of services for an ageing population based on extensive engagement with older people themselves. These included the work of the Audit Commission, *Older people-Independence and well-being* (Audit Commission 2004), and the Joseph Rowntree Foundation's *Older People's Inquiry* (JRF, 2004)

The follow on report, *'That little bit of help'* (JRF, 2005) which was shaped by the JRF Older People's Steering Group, identified a 'Bakers Dozen' of low level services that older people gave the highest priority to as being key to retaining independence and control over their lives. Ranked number one in that list was a 'handy-help' service.

One of the few academic studies of handyperson services is an in depth examination of a local voluntary sector handyperson service run by Broadening Choices for Older People (BCOP) in Birmingham (Brannelly et al, 2005). This evaluation concluded that;

'... (accessing the) handyperson service is not necessarily seen as 'weakness' or the 'first stop on the road to dependence' but rather as a strategy to maintain independence.'

The report's conclusions accord with other analyses of handyperson service user feedback (Adams, 2006) i.e. that the majority of service users are older people who receive no other help and most would refuse any contact with statutory services.

Thus the literature shows that by delivering what older people themselves prioritise, handyperson services provide practical support in a way that does not threaten but enhances older people's sense of independence and control.

National handyperson programme evaluation

A major injection of national government funding to boost handyperson service provision followed the publication of the Government's Strategy for Housing in an Ageing Society, 'Lifetime Homes, Lifetime Neighbourhoods' (CLG, 2008). A payment was made to every housing authority in England to support handyperson provision – either to stimulate introduction of such a service or to enhance existing provision.

The resulting handyperson service expansion was subsequently independently evaluated (CLG, 2012) using data collected from service providers, including those using the Handypersons Financial Benefits Toolkit described above. The evaluation concluded that:

- *Based on conservative modelling assumptions, the benefits achieved by the handyperson programme outweighed the costs of providing the programme by 13%.*
- *Financial benefits of handyperson services could be significantly greater than this indicative level because the scope of the modelling was limited to benefits for which a financial value could be attributed.*
- *Benefits such as improving older people's independence, quality of life and sense of wellbeing can also be achieved, but are not quantified in the model.*

The overarching conclusion of the evaluation was that:

This evaluation of the DCLG Handyperson Programme has shown that handyperson services are assisting large numbers of older, disabled and vulnerable people to live independently in their own homes for longer in greater levels of comfort and security.

They offer an important safety net for older people, and they also enhance the effectiveness of health and social care provision through the delivery of often very simple and very low cost interventions.

Services are consistently highly rated by people who use them, and they are valued for their trustworthiness, reliability, quality, and crucially for the skills and respectful attitudes of the staff.

The Evidence Challenge

Much of the handyperson benefits modelling to date has aimed to quantify savings to healthcare. As the NHS becomes a key driver in the integrated commissioning of services which straddle health, social care and (to a lesser degree) housing, a higher standard of evidence of impact is required.

The preferred evidence in the medical field is a Randomised Control Trial (RCT), the 'gold standard' which is applied almost universally in pharmaceutical trials.

As noted above, reports modelling impacts in the case of handyperson services, whilst useful, have been subject to challenge e.g. with regard to attribution of effects from a specific intervention, particularly where there are multifactorial interventions.

Using RCTs in the case of housing interventions, including handyperson services, can be problematic for a number of reasons, not the least of which is ethical considerations e.g. withholding 'normal' provision of a service that would otherwise be available to an older person would be unacceptable.

There has been a lack of academic interest in developing more in depth research proposals in this field, as well as an issue with regard to securing funding from the main academic research councils for such 'cross-over' research which straddles the interests of health, social care and housing.

In a recent international literature review specifically concerning the impacts of home adaptations carried out in older people's homes, no UK studies were identified that met the stringent academic criteria (Centre for Ageing Better, 2017).

However, the review did identify robust academic studies from around the world, including an RCT in New Zealand (Keall et al, 2015) which provides useful indications of the impacts of small scale, physical alterations to homes (of a type which a UK handyperson service might typically undertake) specifically to reduce falls risk.

Keall et al carried out a three year RCT based on a sample of over 800 people (not all older people) living in similar properties and in receipt of welfare benefits. Half of the sample received a standard package of minor home modifications (*including handrails for outside steps and internal stairs, grab rails for bathrooms, outside lighting, edging for outside steps, and slip-resistant surfacing for outside areas*) at the start of the trial, the other half had to wait three years.

Because of the nature of the trial, there was a fairly standard package of relatively low cost modifications installed at an average cost of \$850 (c.£375).

The home modifications led to a 26% reduction in injuries attributable to home falls that needed medical treatment. Injuries specific to the home modification intervention were reduced by 39%.

In Conclusion

Handyperson services continue to fit well into the policy landscape, particularly with regard to the NHS focus on prevention and current pressing concerns about reducing non-elective admissions/use of A&E/delayed transfers of care, as well as Public Health aims to reduce falls and extend healthy life expectancy.

Handyperson services also fit in well with the stated overarching aims and objectives that underpin the Care Act 2014 (prevention, well-being, independence, choice and control) and have a useful role to play in terms of the current focus on reducing use of expensive residential care.

What comes through consistently in the body of literature on handyperson services is the high value that older people themselves (particularly for people of limited financial means) place on having access to independent, trusted, affordable handyperson services.

What remains challenging for providers is securing funding to deliver the generic, multi-job type handyperson services that older people want and need; particularly at a time of major financial constraints in local authorities.

Handyperson services remain marginalised, tending to fall between the cracks at a policy and commissioning level, perhaps partly because they are a practical housing intervention but the cost benefits mainly impact on health and social care.

Handyperson services clearly warrant further academic research to quantify impacts, particularly with regard to meeting policy aspirations to integrate health and care services.

It is within this context that we now describe Preston Care and Repair's handyperson service, the linked innovations and evaluation of service impacts.

Part 2: Preston Care and Repair Handyperson Service:

Evaluation

Preston Care and Repair is an independent, charitable home improvement agency established in 1993. It delivers a handyperson service in four Lancashire Boroughs – Preston, South Ribble, Chorley and West Lancashire.

In the face of funding changes it wished to find new ways to continue to offer a broad spectrum, low cost handyperson service to older people with limited financial means. It also wanted to strengthen the evidence base concerning service impacts.

Through a partnership with Care & Repair England funding was secured from the Rayne Foundation to provide the broad based service for disadvantaged older people, partly through developing input from volunteers, and to evaluate the resulting outcomes.

The Preston Care and Repair Handyperson Service

In the case of Preston Care and Repair one of the drivers for this evaluation and the associated handyperson service developments supported by the Rayne Foundation, was a change to the range of handyperson job types that could be undertaken (and hence funded) under the terms of a revised County Council contract.

Whereas previously the agency had been able to offer a very wide range of jobs at no or low cost, a new 'Healthy Homes' service contract had a more defined target group (*adults with a long term condition that affects mobility in the home and/or registered disabled; for people where the work prevents hospital/residential care home admission or facilitates hospital discharge*) and a specified list of eligible works that fitted within a defined 'Healthy Homes Assessment'.

For jobs / people that did not meet the new criteria the agency introduced a charged-at-cost handyperson service, but it still wished to be able to assist those who could not afford this option.

The Rayne Foundation grant helped to reduce the cost of the charged for service for those with limited means, including providing some work at nil cost. This enabled the agency to continue to maintain the offer of practical help with the widest possible range of small jobs that older people themselves identified as being important to them. The grant also supported the trial of working with skilled volunteers to undertake minor repairs and 'odd jobs'.

With regard to evaluating the wider Preston Care and Repair handyperson service, the introduction of the *Healthy Homes Assessment* for all clients is of particular relevance. All staff who visit service users are now trained to undertake this in depth assessment of risks in older and disabled people's homes, and to offer the necessary remedial measures as part of the handyperson service. This systematic, preventative approach is particularly important in terms of the recording of outcomes of interventions and also in modelling of cost benefits as it provides a more reliable assessment of risk, and hence potential risk reduction, than has been the case in other handyperson service reports.

1. Defining a handy person service

1.1. A handy person service, in the context of this report, is the term used to describe the direct provision of practical housing help from multi-skilled staff who undertake a wide range of small repairs, maintenance and minor modification/adaptation jobs in the homes of older (and sometimes younger disabled) people, predominantly (but not exclusively) for those living in the lower income, owner occupied sector.

1.2. The parameters of work undertaken by a handy person service varies across the country, but would typically include some or all of the following:

Small repairs to the external fabric of the property (e.g. doors, windows, guttering etc); small repairs to the internal fabric of the property (e.g. bathroom fittings/sealants, kitchen fittings, stairs, door furniture etc); specific risk reduction repairs/modifications (e.g. grab rail installation, securing loose carpets, replacing light bulbs/improved lighting, bed and chair raisers, fit key safe, ramps etc); improved security installations (e.g. door/window locks, spy holes, security light etc); improved thermal standards (e.g. draught proofing, bleed radiators /install improved controls); 'odd jobs' (e.g. minor plumbing, fix cupboard doors, move furniture, repair gate/fence etc). Some undertake limited garden/external works (e.g. level uneven paths, repairs to outbuildings such as garages & sheds, cutting back overgrown shrubs that impede access to property etc).

1.3. The range of works undertaken by a handy person service will be determined by the funding that can be secured to pay for the service (e.g. some handy person services are contracted primarily to undertake falls prevention measures); local policies and priorities; gaps in local provision (e.g. shortage of affordable tradespeople willing to do small jobs); locality characteristics (e.g. prevalence of low income, lower equity home ownership, condition of housing stock etc); and operational limitations e.g. specific skills of employees, insurance, regulation (e.g. health and safety, contractor registration requirements such as for gas and electrical works).

2. Local Context

2.1. Preston Care and Repair is an independent home improvement agency with charitable status established in 1993 to support older, disabled and vulnerable people in the Preston area. It has subsequently expanded its area of operation and some of its services now extend to South Ribble, West Lancashire and Chorley. Preston Care and Repair provides practical help and support with all aspects of being safe, secure, warm and independent at home, including home repairs, adaptations and improvements, as well as offering housing related independent advice and information.

- 2.2. In 2015 Lancashire County Council introduced a new commissioning arrangement for home improvement agencies and handyperson services operating across the county, described as the Integrated Home Improvement Service. This included a change from funding for the general handyperson services which were delivering a wide range of practical minor repairs and small adaptations and available to most older and disabled people, to a more tightly defined contract for a Healthy Homes Service. This new service was specifically aimed at people who had a long term health condition that affected their mobility in the home; and/or were registered disabled; and/or where works prevented immediate/likely hospital or residential care admission; and/or facilitated hospital discharge.
- 2.3. Preston Care and Repair created an at cost, paid for service available to people who did not meet the new eligibility criteria, but they were keen to find ways to help those who could not afford this. They had a hardship fund to enable them to waive costs in some instances, but the Rayne Foundation funding enabled them to do a wider range of jobs at no charge for those older people who fell outside the new Council contract criteria.
- 2.4. Prior to the Rayne Foundation supported initiative the agency had not worked with volunteers and so the support from Rayne also enabled them to develop this area of activity, including putting in place the necessary insurances, procedures and systems, devising a wide range of volunteering policies, creating new risk assessments etc.

3. Evaluation Methodology

The project adopted a mixed methods approach.

MEASURING OUTPUTS

- 3.1. The evaluation assessed achievement of the output target set for the number of handyperson jobs completed in connection with the Rayne Foundation initiative as well as measuring overall outputs in terms of number of older people helped and jobs completed (noting that in addition the agency assists younger disabled people/families with disabled children but this activity fell outside this evaluation).
- 3.2. The output was measured using the existing routine client recording and job completion data collection systems that were already in place in Preston Care and Repair, with some minor system amendments. This monitoring arrangement enabled assessment of progress towards meeting the minimum Rayne Foundation funding output target of:
- *At least 400 older people receive handyperson help with repairs and adaptations.*

3.3. Quarterly reports with quantitative and qualitative data were submitted by Preston Care and Repair, and assessment visits were made to the agency to discuss progress and any emerging issues/findings. This enabled evaluation of the success or otherwise in terms of the Rayne Foundation funding target:

- *Volunteers will be recruited and retained to carry out work as part of the handyperson team.*

MEASURING OUTCOMES

3.4. The intended Outcomes for the Rayne Foundation supported initiative with regard to the impacts of the handyperson service on older people were:

OUTCOME 1. More older people are able to live safely, securely and well in their own homes.

OUTCOME 2. Older people who wish to live independently in their own homes have a better quality of life.

3.5. The project was able to draw on academic advice with regard to the outcomes evaluation methodology. The mix of quantitative and qualitative methods included:

i. Analysis of the case / job database records for all jobs completed

Existing data collection systems were already in place to identify main job type outputs, as well as outcomes for beneficiaries, for every handyperson job completed. Job sheets and database records noted the categories of work carried out (e.g. security, falls hazard removal, minor adaptation/general repairs etc) as well as describing the exact work undertaken and the characteristics of the service user.

For most service users a detailed 'Healthy Home Assessment' form is completed which gathers a wide range of data about the person, their home, health, wellbeing, safety, security, needs and circumstances. A database is used to record the outputs and outcomes that are recorded on the job sheets, client records, assessment forms and feedback forms. This level of pre-existing data collection, with a few minor amendments, was sufficient to enable evaluation of impact with regard to the above two outcomes.

Quarterly case/job/output/outcome data reports were submitted by the agency alongside the agreed qualitative data for each quarter. The qualitative quarterly reports included submission of four short case studies.

ii. Interviews with staff

Follow up visits and telephone calls were made by the evaluator to discuss progress and any emerging issues with the staff involved following the submission of the quarterly data returns. These follow up meetings included discussion of the progress towards implementing volunteer related systems, volunteer recruitment/retention, qualitative feedback about the experience of implementation of the revised data systems and the development of any changes in the operating environment that might impact on the service.

iii. Service user sample postal survey

The existing service user feedback form was substantially redesigned with the evaluator to provide a qualitative and quantitative measure of impact on individuals through self reporting of factors indicative of health, quality of life and wellbeing, as well as gathering views about individuals' experience of using the handyman service. Half of service users (randomly selected) were sent a postal survey form with an SAE. The form could be completed anonymously, or clients could add their name/contact details alongside the option of requesting further help from the agency and/or a response to their comments.

For part of the trial period the forms were sent from and returned to Preston Care and Repair, for the remainder of the period they were sent from and returned to Care & Repair England's office in Nottingham. This enabled assessment of any difference in rates of return and service user comments if a third party was the recipient of the survey information rather than the service provider.

iv. In depth interviews with a sample of service users

Face to face semi structured interviews with service users allowed further exploration of some of the qualitative findings and issues/findings that emerged from the postal survey. The selection of potential interviewees was carried out independently by the volunteer academic advisers. They spent a day with Preston Care and Repair assessing a range of potential interviewees whose situations were illustrative of a range of characteristics. The interviews were then undertaken by the evaluator.

3.6. Data Outcome verification

One of the most well researched and quantified area in connection with older people's health, and potentially avoidable health and care costs, is falls prevention. Furthermore, the national Housing Health and Safety Rating System (DCLG, 2006) provides a nationally recognised, quantified framework to assess the falls risk and associated costs for specific housing characteristics.

Falls reduction was therefore judged to be the most useful outcome to examine in more depth and to use to assess potential handyman service cost benefits.

Two volunteer independent academics (both university lecturers working in the fields of occupational therapy and accessible building design) carried out a verification exercise which involved random sampling of cases where a recorded job outcome included falls prevention. They tracked the sampled cases back through paper and electronic job records to verify the nature of the building work undertaken by the handyman and the characteristics of the client. They applied their in depth professional knowledge about the impact of home modifications on falls risk. In all sampled cases they confirmed the recorded output i.e. that the handyman job undertaken had reduced falls risk.

3.7. Process

Funding for the initiative and the evaluation ran from 2016-2017.

The evaluation methodology and data collection arrangements were developed and trialled for the first 3 months of the programme. The evaluation is based on 9 months of data collection (after the trial period) from October 2016 to end of June 2017.

3.8. Application of cost benefit and return on investment models

The national government commissioned evaluation of handyperson services (CLG, 2008) applied the 'Handypersons Financial Benefits Toolkit' to a large scale study. The evaluation concluded that, based on the Toolkit's conservative modelling assumptions, the benefits achieved by the handyperson programme outweighed the costs of provision by 13%.

It qualified this finding by stating that:

'Financial benefits of handyperson services could be significantly greater than this indicative level because the scope of the modelling was limited to benefits for which a financial value could be attributed.'

For this evaluation we used the most recent Return on Investment (ROI) study (PHE, 2018b) which examined falls reduction resulting from home assessment and modification (HAM). This study identified a financial return on investment (ROI) of £3.17: £1.00 and a societal ROI of £7.34: £1.00 resulting from the HAM.

The study also provided useful data about the actual levels of reduction in falls that led to hospital admission and serious falls that resulted from the home modification, which was 23% for both fall types.

This falls reduction percentage resulting from home modifications is close to that identified in an RCT undertaken in New Zealand (Keall et al, 2015) which found a 26% reduction in injuries attributable to home falls that needed medical treatment following installation of low cost home modifications.

Home risk assessment and modification to reduce risk, particularly falls, is an important element of the Preston Care & Repair handyperson service, and a carefully measured outcome, and so this was selected as the main service cost benefit measure and is examined in detail in Part 4 of the report.

Part 3: Preston Care and Repair Handyperson Service:

Outputs and Outcomes

Handyperson Service Outputs

During the **9 month** evaluation period 1,399 jobs were carried out in the homes of 697 older people. **This is a 12 month equivalent of 1,865 jobs completed and 929 older people assisted.**

Note that the Preston Care and Repair handyperson service also undertakes similar work for other age groups and carries out specifically contracted handyperson jobs e.g. for individual Social Services cases – these jobs are additional to these output figures and are not included in the evaluation.

40% of service users had handyperson jobs carried out within the remit of the Lancashire County Council Funded Integrated Home Improvement Service contract, a full year equivalent of 372 older people, and 60% had jobs carried out that were outside the council scheme, a full year equivalent of 557 older people.

Virtually all of the latter group paid for any materials needed for the building job, a small minority (4%) paid full job cost (i.e. including labour charge).

Volunteers were involved in delivering the handyperson service for just under 6 months of the 9 month monitoring period. During that time there was volunteer input into 134 jobs (100 solely volunteer, 34 volunteer working alongside a paid handyperson). This is a full year equivalent of 268 handyperson jobs carried out for older people involving a volunteer.

These outputs:

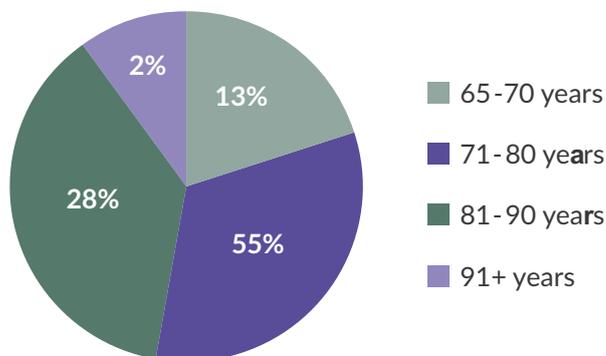
1. Exceeded the target for the Rayne Foundation of 400 older people helped in total (volunteer and non-volunteer).
2. Exceeded outputs in terms of the County Council funded Healthy Homes activity.
3. Met the target of recruiting and retaining volunteers to carry out work as part of the handyperson team.

Characteristics of service users

Age

Nearly half (47%) of the older people using the handyman service are over 80 years, with 10% over 90 years.

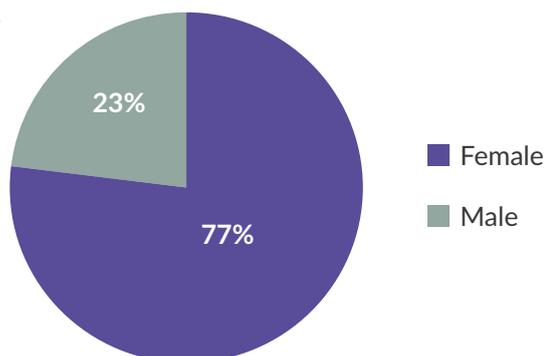
Figure 3: Service user age



Gender

The majority of users of all of the Preston Care and Repair services, including the handyman service, are female, 77% female, 23% male.

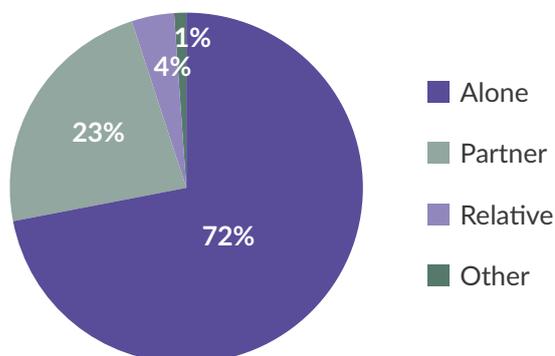
Figure 4: Service user gender



Household composition

Nearly three quarters (72%) of the handyman service users live alone. 23% live with a partner, 4% with a relative, 1% 'other'.

Figure 5: Service user household composition



Tenure

Whilst the handyman service provision is not tenure specific, the vast majority (79%) of Preston Care and Repair's service users are owner occupiers (4% private tenants, 13% social tenants, 4% n/k).

Long term health condition and/or disability*

This is not recorded for all handyman clients but where data is collected by the agency, 49% of Preston Care and Repair's service users (all service types) have a long term health condition and 46% have a physical disability (including visual and/or hearing impairment).

Types of work undertaken by the handyman service

The monitoring system records the type of job e.g. 'General Repair', alongside the outcomes for the individual that resulted from that job.

For example, mending a broken stair tread would be recorded as a 'General Repair' *output* and one of the *outcomes* would be listed as 'Falls Risk Reduction'.

A specific falls prevention job e.g clearing slippery ramping, would be recorded as a 'Falls Prevention Measure' and the outcome would be 'Falls Risk Reduction'. Some jobs have more than one outcome.

Job Type – Output

Just over half (55%, 776 / 1,399) of the completed jobs in the 9 month monitoring period were classified as 'General Repairs' (*noting point above that 'Falls Risk Reduction' or other health related improvement may be a recorded Outcome resulting from a 'General Repair' job*).

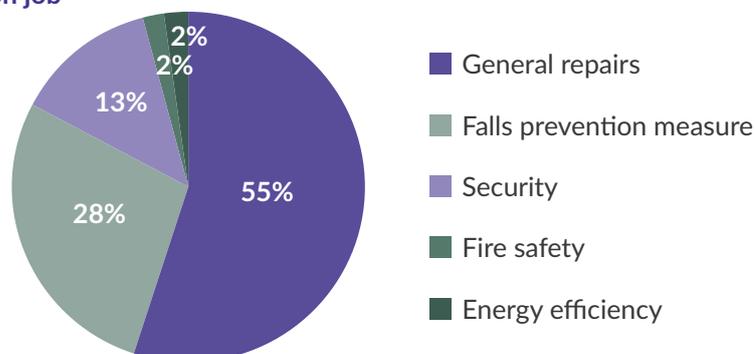
After 'General Repairs', the largest specific job type recorded was 'Falls Prevention Measure', accounting for 21% (283 / 1,399) of jobs undertaken (175 internal jobs, 108 external jobs).

A further 7% (100 / 1,399) of jobs were grab rail installations which also help to prevent falls.

Of the remainder of jobs 13% (178 / 1,399) were home security related measures, 2% (32 / 1,399) fire safety and 2% (30 / 1,399) energy efficiency. Again, there are health related / risk reduction outcomes for these categories of job.

In the case of the 'General Repairs' jobs, it was recorded that in 8% (109 / 1,399) of instances the property would have deteriorated if the repair had not been undertaken.

Figure 6: Type of handyman job



Health and Social Care related Outcomes

It should be noted that a job carried out by the handyperson may result in more than one outcome for the older person. More than one job may be undertaken for the person that results in a particular outcome – e.g. a Healthy Home Assessment may result in a package of measures/number of jobs being carried out to achieve the single outcome of 'falls risk reduction'.

Falls risk reduction

Reduced risk of falls was a key outcome for 37% of older people who had work carried out by the handyperson service.

The impacts and cost benefits of this specific falls reduction outcome are analysed in detail in Part 4 of the report.

Hospital admission risk reduction / faster discharge to home

Outcomes for 17% of older service users impacted upon their use of hospital provision, with reduced risk of hospital admission in 12% of cases and faster, safer hospital discharge an outcome in 5% of cases.

Improved wellbeing

Improved wellbeing was the outstanding outcome of the handyperson service as this was recorded as an outcome for 90% of older service users.

Safer, independent living

Safer, independent living was a recorded outcome for 23% of older service users.

Reduced Isolation

Isolation reduction was a recorded outcome for 9% of older service users.

Improved access to part of the property

Handyperson works carried out for 11% of older service users improved access to part of their property.

Outcomes for older people – service user's views

Service user feedback was gathered using a postal survey form which was sent to half of older service users (348) of which 210 were completed, a return rate of 60%.

Survey forms could be completed anonymously or service users could choose to include their name and they also had the option of requesting further help. Some forms were sent out from/returned to the office of the evaluator (which was in a different part of the country) others were despatched from/returned to Preston Care and Repair. There was no difference in the rate of return (both 60%), nor in the levels of satisfaction/dissatisfaction/views about the handyperson provision related to the despatch/return location (all 100%).

Quality of service

Satisfaction with the service was exceptionally highly rated.

- 100% of respondents said that they would use the service again.
- 100% of respondents would recommend the service to others.
- 100% of respondents rated helpfulness of the handy person who undertook the work as excellent or good (88% excellent, 12% good).
- 99% of respondents rated the quality of the handy person job(s) completed for them as excellent (85%) or good (15%) [just 1 person said that the job completed was average].

“(The handy person) was very polite, efficient and professional. Now we know who to call when we need help”

“You always know you are getting a good job done, not a botch job.”

Affordability of service

Asked to comment on the affordability of the handy person service, 80% rated this as excellent, 16% as good, 4% as average.

Respondents were asked whether they would have had the building job done anyway, even if the handy person service had not been available.

- 67% replied that they would not have had the work done.
- 33% said they would have found a way to get work done.

For the 67% who replied that they would not have had the work done, reasons given were:

- 77% said they were worried about finding a good, trustworthy builder
- 48% said they could not afford to have the work carried out [at a commercial rate]
- 9% said other reason

(note 35% gave more than one reason)

“Builders normally don’t like small jobs so it is difficult to get anyone – or they rip you off. Two months ago a locksmith charged me £145 to repair (not replace) the (front) door lock as the key kept turning but wouldn’t unlock the door.”

“It is hard to find someone reliable and trustworthy to do odd jobs.”

Impact on older people's wellbeing

The feedback form responses clearly indicated that for older people knowing that the Preston Care and Repair handyman service was there when they needed help was an extremely important aspect of the service.

- 96% said that knowing the Preston Care and Repair handyman service was there made them less worried about their home
- 4% said it did not make a difference

The [optional] written comments on the feedback forms clearly illustrated the extent of worry about getting small jobs around the house carried out.

The outstanding feature of the handyman service that stood out from the feedback form comments is the reassurance and peace of mind that results from having Preston Care and Repair to turn to, an organisation that is trustworthy and going to help people with essential jobs in the home at an affordable cost.

From both the feedback forms and also the interviews (detailed in the next section) this emerges as the greatest perceived benefit of the handyman service from the perspective of older service users.

'As I live on my own (with health problems) I sometimes feel vulnerable. I can trust Preston Care and Repair to send me a vetted, trustworthy worker.'

'I would turn to no-one else for reliability, kindness and understanding, I am a disabled 60+ lady, a widow, and feel safe with your workers.'

'The jobs I had done may not seem much, but I have been worrying because they didn't get sorted. Thank you.'

'Although these jobs were small they have been getting on my nerves – always would have managed to do most myself, but realise I can't now and am so grateful for the help.'

'It is good to know I can get those small jobs done by someone I can trust, as most tradesmen don't want to do small jobs. It makes me feel more independent as I have just had 2 new hips + 2 broken bones in my wrist.'

'I am very elderly and live alone. I find it very difficult to find trustworthy builders to do large and small jobs around the house.'

'Due to my health conditions doing the important small jobs was a source of anxiety. Finding Preston Care & Repair was a blessing.'

'Not as stressed now jobs have been done, I no longer have to worry about them.'

'Without the support of your service, I really would not know where to turn. I do try to do things but I suffer from very arthritic hands.'

Appendix 2 lists further comments by service users and carers written on the feedback forms which provided qualitative information about the value and impact upon individuals for this evaluation.

The finding that a key benefit of handyperson services is the relief of worry about the home, and enhancement of older people's sense of independence and control, accords with the headline conclusion of previous handyperson service evaluations, noted in Part 1, including Brannelly et al (2005), Adams (2006) and DCLG (2012).

One to one interviews with service users

As part of the qualitative data collection semi-structured one to one interviews took place in the homes of 5 service users, plus one interview was conducted by telephone (the client's preferred option due to her husband's dementia).

Selection of interviewees

Based on the characteristics of older service users and job types recorded on the database, combined with the results of the service user feedback forms, a number of issues were identified as being worthy of exploration through one to one interviews with older service users. The interviewee characteristics' criteria were:

1. Willing to be interviewed without risk of causing distress
2. Handyperson job completed within last 8 months
3. Over 65yrs
4. Single householder/or carer
5. Home owner
6. Low income

Emerging issues identified from the jobs / clients database returns and the client feedback forms and which needed to be explored through interviews were:

- i) **Value/impact of handyperson service as a trustworthy & reliable source** of practical assistance that enables older person to feel in control of housing situation, reduces worry / stress / anxiety about the home. This was emerging as a particularly important issue for a large sub-set of handyperson service users i.e. women over 80yrs who were living alone.
- ii) **Value/impact of an 'open access'** (ie not limited to referrals by statutory agencies) handyperson service for repeat users – particularly for single/isolated / lower income older home owners who have limited other sources of practical support (e.g. no/few close family members living nearby).
- iii) **Reduced risk of fall/accident/injury/hospital admission** – this was identified as an outcome of the handyperson job in a significant proportion of cases.

External, impartial input into selection

To bring an external, impartial perspective to the process of identification and selection of potential interviewees the local agency staff were asked to work with the volunteer academics who acted as independent, impartial advisers to the selection process.

Together they identified potential interviewees whose profiles were indicative of the above features/issues/characteristics (due to travel and time constraints, all interviewees lived in the Borough of Preston). From this potential pool the academics then selected 6 priority interviewees with others as a fall back if some of the first 6 were unavailable/unwilling to be interviewed.

The local agency staff then contacted potential interviewees by telephone (using standardised script prompts) and then sent out an appointment letter using text prepared by the evaluator.

A single evaluator carried out all of the interviews. These were semi-structured using a standard set of open questions.

Interviewee characteristics

All interviewees except one were widowed older women, all living alone in owner occupied homes.

Their ages were 65 yrs, 65 yrs, 75 yrs, 84 yrs, 90 yrs, 92 yrs.

The two youngest women faced the greatest health problems.

Four interviewees (unprompted) spoke of their experience of caring including:

- currently caring for husband with dementia
- cared for a seriously disabled husband for 20 years
- looked after husband for 16 years after he had a stroke
- looked after husband with dementia until he died

Findings

Aspiration to maintain independence in the current home

During the interviews, without any prompting, all interviewees expressed a strong determination to maintain their independence and continue to live in their current home. All, again unprompted, expressed a significant emotional attachment to their home and neighbourhood.

"I moved here with my husband for our retirement. I'm very happy in my little flat and I don't want to move."

"We bought this place when it was being built 54 years ago now, and my husband designed parts of it so it would be good for us even when we were old, such as putting the sockets part way up the wall. He was an engineer. There's a bus stop at the end of the street and I can get out every day. I would never want to move."

The practical challenges faced with regard to managing their home.

All interviewees commented that their husband used to do the vast majority of the DIY jobs around the home or, in the case of larger works, would deal with building contractors.

Even where some had done occasional DIY jobs themselves in the past, they described how arthritis, loss of strength/grip, poor eyesight and/or reduced mobility now made most DIY jobs impossible.

“My husband used to do everything, so it makes all the difference to me just knowing they (Preston Care and Repair) are there. It makes me feel that I can manage. It is such a relief when you have never had to do these things and you don't know where to turn to.”

Vulnerability to unscrupulous builders

All interviewees (unprompted) recounted bad experiences when they had randomly selected a contractor e.g. from a telephone directory or advertisement.

Being overcharged for building work was the most common experience. Whilst none had been subject to a major ‘scam’ which might warrant investigation by Trading Standards, they had all realised when they were being overcharged, but were very aware of their vulnerability as older women living alone when it came to dealing with the builders.

“When I paid him what I knew was too much for the job I could hear my husband's voice in my head telling me I was being overcharged, but what could I, an 89yr old woman on her own, do?”

“I needed to have the central heating boiler serviced so I picked someone out of a telephone directory. When he came I had a bad feeling about him but didn't know what to do. He ‘serviced’ the boiler and that's when the trouble started – the heating no longer worked even though he had charged me a fortune. That's when I found out about Preston Care and Repair. They put me in touch with a trustworthy chap who did a proper job and got the heating working again, though it took him a while to sort out the mess that the other one had made.”

What is striking is how these competent, capable, independent older women all experienced a subtle sense of threat from such encounters with disreputable builders. All felt a strong sense of vulnerability to retribution should they refuse to pay up.

“What could I do faced with a burly chap demanding money when I live on my own?”

The handyperson service is clearly providing a very important service in terms of consumer protection and reducing risk of financial abuse, particularly of ‘older old’ single women living alone.

Risk of falls

All interviewees were very aware of the risk of falls and injuries at home and were duly cautious.

“I’m very careful, don’t stand on the chair any more to reach things.”

“Glad I’m in a bungalow and don’t have stairs.”

“I’m scared stiff every time I have a bath – if I fall over everything could come down like a pack of cards.”

“I daren’t climb up a step ladder. If I fell off I could end up in a care home and I don’t want that to happen.”

Not being a bother

Spontaneously, without a set question or any prompts, all interviewees mentioned how they valued the handyperson because they greatly disliked having to ‘keep on asking’ any time-pressed and busy relatives, friends and neighbours to do even the unskilled little jobs, such as changing a light bulb. This clearly undermined individuals’ self esteem, making them feel dependent, a nuisance or a burden.

“I just feel so awful having to keep asking (an older cousin) to do these things – he’s not well himself and has his own family to look after.”

“My neighbours are just so busy. They work really long hours, getting home from work late, and I just can’t ask them to come and do jobs for me.”

“My son has Parkinson’s and my daughter lives miles away – I hate to bother them.”

Being able to manage their home themselves through Preston Care and Repair’s handyperson service gave interviewees a strong sense of control and independence, rather than feeling a burden/dependent.

Not expecting something for nothing – and willing to pay what they can afford

With the charging structure varying according to type of job and individual circumstances, some interviewees had paid for some element of the handyperson jobs they had done. Nearly all older service users pay for materials needed for the general repair / maintenance work and there is a variable labour charge according to work types (described in earlier section in connection with the scope of the Social Services contracted elements) and personal resources.

Anyone who could afford to pay something, even if they were living on limited means, expressed a willingness to pay a manageable amount.

“I really don’t mind paying something. Yes, money is tight but I have a little bit saved for a rainy day – though when you don’t know how long you are going to live you don’t know how long you have to make that bit of savings last, do you?”

Clearly what such an amount is judged to be will vary from one individual to another (although commercial rates were evidently above what all of the interviewees could afford). What seemed important to the older people interviewed is that they were not perceived as just expecting ‘something for nothing’.

The importance of having specific, trustworthy individuals to turn to – peace of mind and reassurance

The reassurance and peace of mind that resulted from having a trustworthy, reliable source of help with maintaining/repairing/adapting the home had emerged as an extremely important factor in the feedback forms.

For all of the interviewees this was clearly one of the most valued and important aspect of the handyman service, and in relation to the Preston Care and Repair services in general.

Knowing that the handyman service is there (as well as Preston Care and Repair being there to advise/help with all repair and adaptation types of work) has a great impact on older people's mental health and wellbeing. The qualitative comments clearly illustrate this:

"If (Preston) Care and Repair stopped I would really struggle."

"If they (handyman/Preston Care and Repair) wasn't there I would constantly worry about finances and practicalities if something went wrong."

"It [the handyman service] has been a lifesaver."

"I find it very reassuring that I can call on (name of handyman)"

"If they (PC&R) weren't there I just don't know who I would turn to."

"It is such a relief to know they are there when you haven't had to deal with these things (repairs) before."

Choice, independence and control

Direct access to (i.e. being able to directly telephone) a small, local and trusted organisation, often speaking straight away to a named person who knows you and then visited by a handyman who you get to know, emerged as a particularly important aspect of the Preston Care and Repair service.

"Familiar faces to (John) means a lot. All the tradesmen that we have had through Care & Repair are very considerate to (John's) disabilities."

"What I personally like regarding your service is the personal attention one receives, particularly I am impressed in your excellent service you offer. Not only is "job well done" but the type of staff you employ always willing to advise and friendly too. Over the years I've got to know (name of HP) I look forward to his visits, please convey my thanks to him."

As is the case for most of Preston Care and Repair's older service users, all except one of the interviewees did not receive help from Social Services and would not contemplate such a request, let alone want an 'assessment', perceiving this as loss of control/capability/independence.

This has important implications in terms of open access to the Preston Care and Repair handyman service, offering direct telephone/human contact with named individuals. Statutory, referral-only provision would not be at all welcomed, and

website service access would exclude the large majority, given the low rates of internet use by older people, particularly those over 80yrs, which make up nearly half of the handyman service users.

Meeting Outcome Targets

The outcome data analysis described above, the feedback form responses and the face to face interviews demonstrates that the project met both of its Outcome Targets:

OUTCOME 1. *More older people are able to live safely, securely and well in their own homes.*

OUTCOME 2. *Older people who wish to live independently in their own homes have a better quality of life*

INDICATORS:

- *Quantitative: High volume job / case outputs (annual equivalent to 1,865 jobs assisting 929 older people); the outstanding outcome reported by 90% of older people was 'improved wellbeing'; for 37% an outcome was reduced risk of falls; 23% of cases works specifically enabled safer independent living*
- *Qualitative: Service user interviews and feedback form comments clearly illustrated importance of handyman service in terms of 'peace of mind', 'reduced worry' 'maintaining control and independence'; 100% of respondents would recommend the service to others (and would use it again themselves)*

Involving volunteers in handyman service provision

Process

One of the aims of the Rayne Foundation's funding was to enable Preston Care and Repair to trial involvement of volunteers in the delivery of the handyman service.

The agency took a cautious approach to this, starting by putting into place recommended good practice measures e.g. with regard to the recruitment and support of volunteers; clarity about the scope of work that could be undertaken by a volunteer; creating new policies and amending others; altering its insurances etc. The job monitoring system was also amended to capture the number of jobs carried out which involved a volunteer.

The first volunteer recruited was a recently retired general builder who had undertaken work for Preston Care and Repair service users. He was multi-skilled and a clear agreement was reached about how much time he wished to give, the scope of work he would undertake etc.

This worked well for both parties and there were clear benefits in terms of handyman job outputs as limited additional technical input was required by paid handyman staff e.g. job supervision. The volunteering manager interviewed the volunteer periodically to check that he was happy with the arrangement.

Efforts were made to recruit additional skilled building trades volunteers e.g. through advertisements in builders merchants, contacting contractors with whom the agency worked to see whether they had workers coming up to retirement, but this did not result in further skilled handyman volunteer recruitment.

However, a retired volunteer was recruited who had worked as a caseworker for a number of Care & Repair agencies prior to retirement. Her volunteering involved accompanying Preston Care and Repair staff at profile raising events, helping at information stands etc, to make more older people aware of the handyman service and the wider services of Preston Care and Repair. Where a handyman identifies an older person who has other housing, financial and support needs they refer the case back to the agency. This volunteer was able to talk to and support such handyman service users who needed additional housing help and advice.

With regard to younger people, the agency manager embarked on negotiations with organisations who provide training in manual trades and which organise work placements and apprenticeships. The aim was to secure apprenticeship placements with the handyman team. Preston Vocational Centre arranged one work experience placement and a young person spent 4 months working with the handyman team 2 days a week. This worked well and he learned a great deal from this arrangement – so much so that he found full time employment prior to completion of the placement. An apprenticeship and a further work experience placement did not work out due to change of personal circumstances for both individuals.

For a range of reasons, not the least of which was a radical change to the national apprenticeship scheme, further apprenticeships did not come to fruition during the evaluation period.

Results

There were active volunteers during 6 months of the 9 month monitoring period.

There was volunteer input into 134 jobs – 100 solely the volunteer, 34 with volunteer working with paid technician. This is equivalent to 268 jobs in 12 months.

Applying the estimated average national job value (detailed in Part 4) of £90.50 per job to the 12 month equivalent jobs (268) produces a value of volunteer input of £24,354.

The Preston Care and Repair management committee, after some initial concerns, are now convinced of the benefits of volunteer involvement and keen to expand this area of activity.

The programme met its qualitative target of recruiting and retaining volunteers who carried out work as part of the handyman team and there were also clearly identified cost benefits resulting from this input.

Learning

Preston Care and Repair, in line with a number of other agencies, is facing increasing challenges with regard to recruiting paid skilled builders, let alone unpaid ones, as there is a skill shortage in the building industry, and many competing local employment opportunities.

Those with a building trade, particularly multi-skilled builders, are in high demand as there is a growing labour shortage, hence anyone who wants to work even part time can relatively easily find paid employment.

These factors, when combined with other developments, such as changes to welfare benefits, including the rising pension age, tougher rules with regard to both unemployment and disability benefits, as well as limited private pension provision in the building trades, also results in people with a building skill continuing to work for longer (if they are physically able to do so), thereby reducing the potential pool of skilled, fit and well, 'younger old' handyperson volunteers.

There is also lower life expectancy, and particularly lower healthy life expectancy, amongst manual workers. Builders who want or have to retire after a lifetime 'on the tools', will often have health and mobility problems e.g. arthritis, joint pain, loss of grip/muscle tone etc, and they are not able to continue to do manual work, or at least are only able to do very limited jobs.

With regard to younger people coming into the labour market, again, there seems to be limited appetite for building trades, except perhaps for those that are specialist and perceived to have high earning potential, e.g. plumbing and more complex electrical. The more general 'odd job' domestic building work field struggles to attract a new generation.

Work placements of just 2-3 weeks of unskilled young people are not particularly beneficial to Care and Repair agencies. Whilst they may be helpful to the young person, they take up the valuable time of skilled handypersons, which needs to be prioritised for carrying out the essential handyperson jobs for older people.

The national changes to apprenticeships have not helped and revision of the system would be needed before small voluntary organisations could effectively participate.

Nevertheless, whilst noting these issues and provisos, the benefits of well planned and managed volunteer involvement in handyperson and wider Care and Repair provision are evident from this trial and the right volunteer clearly offers a useful additional resource, as well as personally benefiting from the experience e.g. through maintaining social contact, a sense of purpose and achievement etc.

Preston Care and Repair Handyman Evaluation Case Studies

Interviewee 1

Mrs J is recently widowed. She is 65 and has spent more than 20yrs caring for her husband who had extremely painful and debilitating ankylosing spondylitis. The couple moved to their bungalow 5 years ago to make it possible for Mr J to continue to live at home with Mrs J looking after him. Years of being a carer, pushing a wheelchair and manual handling has resulted in joint damage and Mrs J is now waiting for knee and hip surgery and is in a great deal of pain with limited mobility.

Preston Care and Repair handyman has carried out a number of jobs to the bungalow, ranging from lock replacements to freeing up the jammed side door, all of which helped the couple (and now Mrs J on her own) to remain living independently and safely at home.

“Care & Repair have been a godsend. Just knowing they are there has just made such a difference - what they do really does help people to stay in their own home. I would really struggle without them - it would be a constant worry if anything went wrong. It’s the trust that really matters.”

IMPACTS OF HANDYMAN SERVICE

- **Contributed to avoidance of residential care – having service there to call on helped a person with a severe disability to live independently, with spouse as carer, right up until his death.**
- **Improved mental health and wellbeing – the handyman service is now enabling the widowed carer to feel better able to continue to live independently and safely in own home alone due to the reassurance that they can call on Preston Care and Repair service when they need practical help.**

Interviewee 2

Mrs G is 84 and was widowed 8 years ago when her husband, who had dementia, died. There are no remaining close family members. For the past 24 years she has lived in a shared ownership first floor maisonette. This was built by a housing association with retired people in mind but not as specialist or supported housing i.e. no linked care.

A number of long term health conditions affect her mobility and she is very concerned about falling.

The handyman service fixed loose carpets on the stairs and replaced the light bulb in the living room ceiling light fitting as Mrs G no longer feels safe to stand on a ladder to do this. Prior to finding out about Preston Care and Repair Mrs G had had a very bad experience with contractors.

“The toilet was blocked and I was desperate. I picked a plumber out of Yellow Pages who said he would come out that afternoon (it was a weekday). He was in and out in 5 minutes and charged me £165 on the spot. I just didn’t feel able to refuse to pay.”

“I’m very happy in my little flat and I don’t want to move. Before Care & Repair when there was something that needed doing (to the flat) I would wake up every morning and lie there thinking ‘How can I get this done’. I don’t want to go down the road of my home declining, I want to get repairs sorted – knowing Care & Repair is there to call on makes all the difference.”

IMPACTS OF HANDYPERSON SERVICE

- **Reduced falls & fracture / hospitalisation risk – through removal of hazard on stairs and avoidance of risk of falling off a ladder or tripping up in a dark room (when no lighting available).**
- **Improved mental health and wellbeing – Reduced anxiety and feels better able to continue to live independently and safely in own home alone through reassurance that she can call on Preston Care and Repair service when she needs help.**

Interviewee 3

Mrs W is 92 years old, a retired book-keeper, widowed, who lives alone in the bungalow that she and her husband bought when it was built 54 years ago and she says she never wants to move. Her arthritis is getting much worse and she gave up driving 2 years ago, but she still gets out every day as there is a bus stop close by. There are no other family members in the area – Mrs W's only daughter died aged just 15yrs. Mr W worked in engineering and did all of the home maintenance. He also designed features in the home, including specifying the wiring layout so that switches and sockets are fully accessible e.g. sockets at 1mtr height.

Mrs W said she was so relieved to hear about Preston Care and Repair at a talk to the Mother's Union as she had had such bad experiences with builders.

"I stupidly let a builder go ahead with some work to the bathroom, even though I had repeatedly asked him for a written quote but he always made an excuse about paperwork. Sure enough, when the work was finished he demanded the original verbal 'quote' amount plus another £239 for 'unforeseen plastering' (which was a negligible little patch). What could I do? I paid up of course, all the while thinking 'my husband would never have paid this'. Now I have Preston Care and Repair to turn to it takes such a weight off my mind, I don't know what I would do without them."

Mrs W has used the handyman service for the past 9 years. Most recently he changed the florescent lighting strip in the kitchen.

"I daren't climb up a step ladder. If I fell off I could end up in a care home and I don't want that to happen."

"The small things are so important, it (the handyman service) has been a lifesaver. I don't know what I would do without them."

She also calls on Preston Care and Repair to recommend builders for bigger jobs that are outside the scope of the handyman service.

IMPACTS OF HANDYPERSON SERVICE

- **Reduced falls & fracture / hospitalisation risk – through removal of hazard on stairs and avoidance of risk of falling off a ladder or tripping up in a dark room (when no lighting available).**
- **Improved mental health and wellbeing – Reduced anxiety and feels better able to continue to live independently and safely in own home alone through reassurance that she can call on Preston Care and Repair service when she needs help.**

Interviewee 4

Mrs S has just turned 90. She lives in a bungalow that she and her husband bought over 30 years ago. She looked after her husband for 16 years after he had a stroke. A few years ago her husband fell in the kitchen and broke his arm. He then contracted MRSA and died soon afterwards. Understandably Mrs S is concerned about falling. She has arthritis and a hearing impairment but is otherwise well and still drives and gets out and about. Her son lives in Scotland and her daughter in Wales and both are in their 60s. They phone her every day, but they can't be around to do maintenance and odd jobs.

Mrs S first heard about Preston Care and Repair through the Carer's local support group and has used the handyperson service to keep on top of jobs around the home ever since, most recently to clear an outside blocked drain, fix the shed door and put in window alarms, which have made her feel much more secure in her home.

"I was quoted £400 for replacing a broken garden gate. It was so reassuring to find Care and Repair. In the end I got it done for about £100. When you call them it feels like someone knows who you are and you get to know them. That's important when you are 90."

IMPACTS OF HANDYPERSON SERVICE

- **Reduced falls & fracture / hospitalisation risk – through removal of risk of falling where there was a build up of water and debris on outside path.**
- **Reduced risk of burglary, and associated reduced worry about intruders.**
- **Improved mental health and wellbeing – Reduced anxiety and feels better able to continue to live independently and safely in own home alone through reassurance that she can call on Preston Care and Repair service when she needs help.**

Interviewee 5

Mrs M is 65, and is a widow living alone in her own home. She has multiple sclerosis and limited mobility, but can still use her adapted car to get out and about.

She has called on Preston Care and Repair for several years most recently because she could no longer get to her car safely and was very worried about falling due to the driveway path having become very slippery. The handyman power washed the path enabling her reach her car safely. The handyman service has also fitted a second stair rail to enable Mrs M to get up and down stairs, as well as repositioning furniture so that she can move around the house safely. Mrs M has also used builders which Preston Care and Repair have vetted to do larger jobs e.g. bathroom alterations.

Mrs M's daughter has paid Preston Care and Repair to fit a second stair rail to her own property to enable her mother to visit her, as she only has an upstairs toilet. Being able to maintain this contact with her family is very important to Mrs M.

“When you know they (Preston Care and Repair) are there to call on it is really reassuring. If they weren't there I don't know who I would turn to.”

IMPACTS OF HANDYPERSON SERVICE

- **Reduced falls & fracture/hospitalisation risk – through removal hazards which increased risk of falling, both on the stairs and also outside on driveway.**
- **Improved ability to live independently and well at home despite a degenerative condition and associated disability.**
- **Maintaining social contact – with family as still able to visit daughter.**
- **Improved mental health and wellbeing – Reduced anxiety and feels better able to continue to live independently and safely in own home alone through reassurance that she can call on Preston Care and Repair service when she needs help.**

Interviewee 6

Mrs C is 75 yrs old and lives with her husband (who has dementia) in their semi detached house which they bought more than 40 years ago. When the florescent strip (the only source of light in the kitchen) stopped working she was worried about falling off a chair if she tried to fix it herself, but also concerned about risk of injury to herself and her husband because they were using the kitchen without a light (Mr C has had number of falls).

She then heard about Preston Care and Repair at the Carer's club, subsequently contacted them and the handyman service replaced the kitchen light fitting. Mrs C has since contacted them for further small jobs, including putting up a second hand rail on the stairs.

"My husband used to do everything, so it makes all the difference to me just knowing they are there. It makes me feel that I can manage. It is such a relief when you have never had to do these things and you don't know where to turn to."

IMPACTS OF HANDYPERSON SERVICE

- **Reduced falls & fracture/hospitalisation risk – through removal of risk of falling both on the stairs and also outside in the kitchen.**
- **Improved ability of carer to care for partner at home – reducing risk of need for residential care or home care package.**
- **Improved mental health and wellbeing – Reduced anxiety and feels better able to continue to live independently and safely, caring for partner in own home, as a result of the reassurance that she can call on Preston Care and Repair service when she needs help.**

Part 4: Handyperson service impact and cost benefits:

Focus on falls prevention

Whilst this evaluation of the handyperson service considers a range of impacts on older people, as well as wider benefits to related services, cost benefit is a particular concern for statutory funders.

One of the aspects of provision which has a stronger evidence base is prevention of falls.

In this section we examine in detail the impacts and cost benefits of the handyperson service specifically in the context of falls prevention and then apply accepted models of the resulting savings to the NHS and social care.

The high cost of falls

Falls and fractures are a common and serious health issue faced by older people. The human cost can include pain, injury, loss of confidence, emotional distress, loss of independence and mortality.

For health services falls are both high volume and expensive, with an estimated cost to the NHS of more than £2.3bn per year. According to Public Health England (PHE, 2017)

- *there are around 255,000 falls-related emergency hospital admissions in England among patients aged 65 and older*
- *unaddressed falls hazards in the home are estimated to cost the NHS in England £435m*
- *the total cost of fragility fractures to the UK has been estimated at £4.4bn which includes £1.1bn for social care.*

PHE has identified falls prevention as one of six top areas where preventative interventions could save money to the health and/or care system within a five-year time scale.

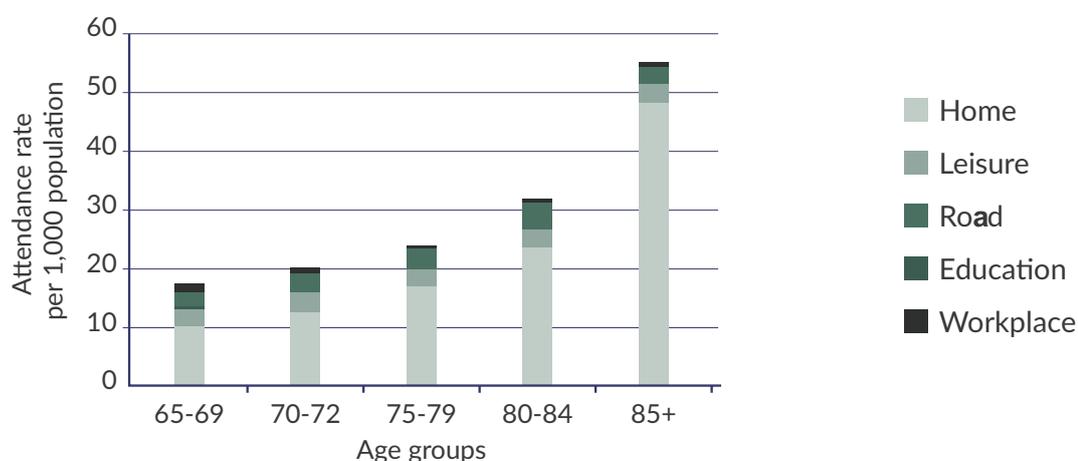
A Public Health ambition has been set to achieve a 10% reduction in the number of injuries due to falls in people aged 65+ by 2020/ 21 through improved and more co-ordinated preventative services.

The scale of the problem

- *Each year around 30% of people aged 65yrs + and 50% of those aged 80+yrs experience a fall (NICE, 2013).*
- *Falls are the reason for over half of hospital admissions for accidental injury and for 10-25% of ambulance call-outs for people 65yrs and over (DH, 2009).*
- *Hip fractures cost over £2 billion p.a. - or £6 million each day - most as a result of falls (PHE, 2017)*
- *At current trends within two years nearly 1,000 older people a day will be taken into hospital after a fall (LGA, 2018)*

The housing connection to falls

The vast majority of falls take place in the home with the most serious injuries caused by falls on stairs or steps (RoSPA & RCEM, 2017)



Source: A&E attendance rates per 1,000 population, by location of unintentional injury among older people, from Oxford University Hospitals NHS Trust Emergency Departments, John Radcliffe and Horton General Jan 1, 2012 - Dec 31, 2012

To reduce falls risk it is increasingly recognised that a multifaceted approach is needed, including improving older people's strength and balance alongside home hazard assessment with remedial measures. Targeted interventions for those most at risk, as well as a comprehensive post-fall response, are also key elements.

The PHE National Falls and Fracture Consensus Statement (PHE, 2017) recommends the commissioning of services that provide:

- *an appropriate response attending people who have fallen*
- *multifactorial risk assessment and timely and evidence-based tailored interventions for those at high risk of falls*
- *evidence-based strength and balance programmes and opportunities for those at low to moderate risk of falls*
- *home hazard assessment and improvement programmes*

Handyperson services reducing falls risk

As described above, an in depth *Healthy Homes Assessment* is offered to all Preston Care and Repair handyperson service users (and carried out for the majority). Staff are trained to undertake this assessment of risks in people's homes and, most importantly, to carry out the necessary remedial measures as part of the handyperson service.

This approach has resulted in more systematic recording of the outcomes of handyperson interventions. It also provides a more reliable assessment of resulting falls risk reduction and hence a better foundation for modelling cost benefits.

Applying cost benefit models to the Preston handyperson service outcomes

A 2012 Cochrane Collaboration systematic review on interventions to prevent falls in community dwelling adults (Gillespie, 2012) found that home hazard assessment and modification carried out by occupational therapists reduced the rate of falls by 19% and the risk of falling by 12%.

It is worth noting that nearly half [46%] of the Preston Care & Repair handyperson service users are over 80yrs of age, half [49%] have long term health conditions and/or disability, and many have already had a fall (hence their referral to the handyperson service). The risk of falling for the over 80yrs age group is significantly higher than that for all people 65yrs and over i.e. 50% annual falls risk for all 80+yrs vs 30% for 65+yrs (NICE, 2013). Consequently, for this higher risk falls group of handyperson service users, the risk reduction impact is likely to be higher than the Cochrane 19% reduced rate of falls for all older age groups.

More recently, in 2018, Public Health England published *A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community* (PHE, 2018) which details the cost benefits of a range of falls prevention measures.

This Tool identified Home Assessment and Modification (HAM) as having the highest cost benefit profile of all the falls reduction interventions, with a financial ROI of **£3.17: £1** and a societal ROI of **£7.34: £1.00**.

Figure 7: Return on Investment (ROI) Tool: Assessment of Falls Prevention Programmes for Older People Living in the Community

Intervention	Financial ROI	Societal ROI
Otago	£0.95 : £1.00	£2.20 : £1.00
FaME group exercise	£0.99 : £1.00	£2.28 : £1.00
Tai Chi	£0.85 : £1.00	£1.97 : £1.00
Home assessment and modification (HAM)	£3.17 : £1.00	£7.34 : £1.00

Source: Public Health England (2018) A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community

Home Assessment and Modification (HAM) intervention was found to produce a 23% reduction in both the number of falls which required a hospital admission (over 2 years) and also the number of serious falls.

It is interesting to note that the New Zealand RCT described in Part 1 (Keall et al, 2014) identified a 26% reduction in injuries attributable to home falls that needed medical treatment following the standardised, relatively minor, falls prevention home modifications.

As noted previously, the BRE Housing Health and Safety Rating System (HHSRS) model provides a framework for quantifying total first year health and social care costs resulting from falls of different levels of severity.

- £39,906 for serious falls injury
- £6,464 for moderate falls injury
- £1,545 for minor falls injury

Below we apply these BRE HHSRS costings using the Cochrane 19% falls reduction rate and the HAM 23% falls reduction rate to the Preston handyperson falls reduction cases.

i) Applying the 2012 Cochrane Collaboration systematic review 19% reduction

As detailed in Part 3, falls risk reduction was a specific outcome for 37% of the Preston Care & Repair handyperson service users. With a full year equivalent of 929 older service users, this means that in a year 344 older people had reduced falls risk as a result of the hazard removal job carried out by the handyperson.

Applying the Cochrane 19% fewer falls rate of reduction to these 344 handyperson service users enables us to calculate a conservative estimate of potential savings specifically for these falls risk reduction cases (noting again that this is a conservative estimate given that half of handyperson service users are at higher risk of falls i.e. over 80yrs, with multiple long term health conditions and/or disabled).

If we make the conservative assumption that just 1 in 10 of these falls would have resulted in serious injury, and of the remainder half would result in moderate falls injury and half in minor falls injury, applying BRE HHSRS costings shows that total



Yr 1 treatment cost savings from reduced falls injury (all types) for just 65 of the 344 falls risk reduction handyperson service users, based on Cochrane 19% falls reduction rate, produces a year 1 saving in treatment costs of £473,242.

Figure 8: Savings from falls risk reduction - Model 1 - Cochrane Review

Falls Injury type	BRE HHSRS Yr 1 cost of injury type	HP service users avoid injury	Yr 1 Saving
Serious falls injury	£39,906	6	£239,436
Moderate falls injury	£6,464	29	£187,456
Minor falls injury	£1,545	30	£46,350
Total		65	£473,242

i) Applying the PHE reported Home Assessment and Modification 23% falls reduction

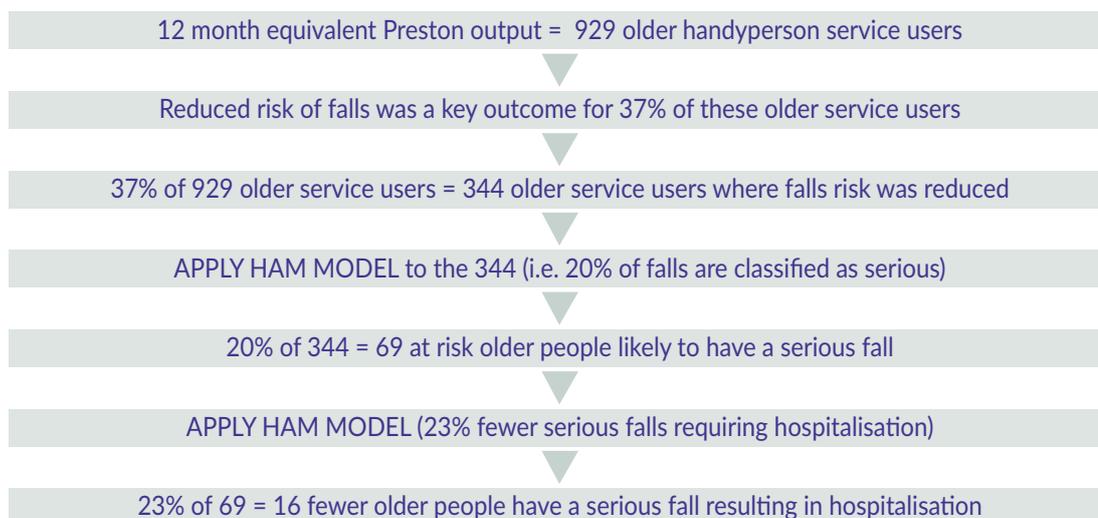
The Home Assessment and Modification (HAM) 23% falls rate of reduction provides a clearer framework for the types of / severity of the falls injuries prevented (serious/requiring hospitalisation) which also links to the BRE HHSRS's falls severity costing model.

The HAM model notes that non-serious falls (80% of all falls) are assumed to require no input from medical or social care services and hence there are no costs for these events, but they note that in reality, non-injurious falls can have an impact on people's lives, such as increasing anxiety, functional decline and social isolation. However, these outcomes are not included in the analysis, hence the focus on serious falls.

People who suffer a serious fall (20% of all falls) are assumed to require a general practitioner (GP) appointment (51%), an ambulance call-out (61%) or attendance at an accident & emergency (A&E) department (80%). The HAM intervention was most effective where targeted at those at highest risk and where a full home assessment was made (in the HAM study by an OT with follow up undertaken to check that the modification had been carried out). The Preston handyperson service not only carries out a full home risk assessment but also undertakes the necessary remedial works.

HAM reduced both the incidence of falls injury resulting in hospitalisation and also the incidence of serious falls by 23%.

Applying this 23% rate of reduction to the Preston handyperson cases where lower falls risk was a specific outcome resulting from the completed handyperson job enables us to calculate potential savings. Again, it is important to note the profile of the handyperson service users which puts them into a higher falls risk category i.e. half are over 80yrs, have multiple long term health conditions and/or are disabled etc and so are more in line with the HAM interventions impact for people who have had a previous fall.



Utilising the HAM 23% reduction combined with the BRE HHSRS model serious falls injury Year 1 Treatment cost of £39,906 produces a total saving of £638,496 resulting from the reduction in serious falls requiring hospitalisation impacting on these 16 at risk older service users.

Whilst minor injury reductions were not quantified in the HAM study, given the high rate of falling amongst those 80+yrs (50% pa) and the prevalence of this age group using the handyperson services, there are very likely to be further NHS & social care savings due to the reduction of falls resulting in less serious injury.

The risk of injury due to falls was reduced for a further 275 older handyperson service users (344-69 = 275). Applying the BRE HHSRS model £1,545 minor injury first year treatment costs to just 20% of the remaining group where falls risk was reduced (20% of 275 = 55) produces a further potential **first year saving of £84,975**.

Added to the serious injury with hospitalisation risk reduction cases, this produces a total Year 1 treatment costs saving of **£723,471** (£638,496+ £84,975) just for the handyperson service cases where the work undertaken resulted in significant falls injury risk reduction (71 out of 929 older people benefiting in range of ways from the handyperson service).

Figure 9: Savings from falls risk reduction - Model 2 PHE/HAM

Falls Injury type	BRE HHSRS Yr 1 cost of injury type	HP service users avoid injury	Yr 1 Saving
Serious falls injury resulting in hospitalisation	£39,906	16	£638,496
Minor falls injury	£1,545	55	£84,975
Total		71	£723,471

Cost benefits of handyperson service specifically for falls risk reduction cases

As noted above, the recent Public Health England falls reduction interventions return on investment analysis found that the Home Assessment and Modification (HAM) intervention had the highest cost benefit profile compared with other falls reduction interventions, with a financial return on investment of **£3.17: £1** and a societal return on investment of **£7.34: £1.00**.

Due to the competitive operating environment for home improvement agencies and handyperson services, and when unit costs are a key factor in awarding handyperson service contracts, it was decided that it would be unethical to publish the precise costs of delivering the Preston Care and Repair handyperson service. These unit costs are known to the local commissioners and they can therefore apply these to the HAM ROI rates to calculate the local cost benefits.

However, we are able to provide indicative savings based on national average costings for handyperson service provision, and also to comment that the Preston Care and Repair handyperson service is highly competitive in comparison to these national averages.

Costing handyperson service provision

The last government commissioned comprehensive national survey of handyperson job costs was undertaken by Foundations in 2007 (CLG, 2008).

This survey found that the average handyperson total job cost was between £70.08 – £90.60. The amount varied for a number of reasons, but the report identified a different average according to urban vs rural vs semi-rural settings.

Figure 10: Cost comparisons between services in rural, semi-rural and city settings

Type of area	Av. number of jobs per handyperson	Av. cost per job completed
Rural	416	£72.27
Semi-rural	403	£70.08
Urban	456	£90.60

The Preston Care & Repair service covers a mix of rural and town areas and so we applied the semi-rural rate of £70.08 average job cost.

Using a historical inflation calculator (*Thisismoney*), £1 in 2007 is equivalent to £1.38 in 2018, which produces an average semi-rural handyperson job cost today of £90.50.

Preston Care & Repair handyperson service completed 1,399 jobs for older people in 9 months, a 12 month equivalent of 1,865 jobs (*noting, as per earlier section, that in addition jobs are undertaken for other age groups as well as directly commissioned tasks where the level of output and outcome related data required for this evaluation is not recorded*). Multiplying this number of jobs by the up-rated national average cost of £90.50 produced a total annual handyperson service delivery cost of £168,782.

1,865 jobs x £90.50 = **£168,782**

Cost benefit applying Model 1 (Cochrane)

Applying this model, with a 19% falls reduction (across all falls injury types) to the specific falls prevention handyperson cases produced a Year 1 saving of **£473,242** resulting from falls risk reduction for just 65 (7%) of all handyperson service users.

A total service running cost of £168,782 for undertaking all of the handyperson service (assisting 929 people and carrying out 1,865 jobs) would produce a **2.8:1 cost benefit ratio** i.e. a saving of **£2.80 for every £1 spent**, solely applying the *savings that arise solely from falls risk reduction for just 7% of service users*.

Cost benefit applying Model 2 (HAM)

Applying the HAM findings of 23% falls with hospitalisation reduction to the specific falls prevention handyperson cases plus the estimated moderate falls injury costs saving, produced a total Year 1 saving of **£723,471** resulting from falls risk reduction for just 71 (7.6%) of all handyperson service users.

A total service running cost of £168,782 for undertaking all of the handyperson service (assisting 929 people and carrying out 1,865 jobs) would produce a cost benefit ratio of **4.28:1** i.e. **a saving of £4.28 for every £1 spent**, solely applying the savings that arise from falls risk reduction for just 7% of service users.

Part 5: Conclusions

The Preston Care and Repair handyerson service:

1. Met or surpassed both the output and outcome targets set for the programme.
2. Has a significant impact on older people's mental and physical health, wellbeing, independence and quality of life.
3. Is reaching older people who are at high risk in terms of housing related health problems, accidents and injury.
4. Is exceptionally highly valued by older people.
5. Results in significant cost benefits to health and social care.
6. Contributes to achievement of a range of NHS, Public Health and Adult Social Care policy objectives and targets

1. Preston Care and Repair handyerson service met or surpassed both the output and outcome targets set for the programme.

Output Target 1: *At least 400 older people receive handyerson help with repairs and adaptations*

Output: During the 9 month evaluation period 1,399 jobs were carried out in the homes of 697 older people.

This is a 12 month equivalent of **1,865 jobs completed for 929 older people.**

Output Target 2: *Volunteers will be recruited and retained to carry out work as part of the handyerson team*

Output: Volunteers were recruited and retained.

- There was volunteer input into 134 jobs in 6 months, equivalent to 268 jobs in 12 months.
- Applying the estimated average national job value (detailed in Part 4) produces a value of volunteer input of £24,354 in one year.

Outcome Target 1: *More older people are able to live safely, securely and well in their own homes*

Outcome Target 2: *Older people who wish to live independently in their own homes have a better quality of life*

Results

- Improved wellbeing was a key outcome for 90% of older service users and was the outstanding impact of the handyperson service.
- Safer independent living specifically resulted from the handyperson job in 23% of cases.
- Older people using the handyperson service expressed a significant emotional attachment to their home and neighbourhood, with a strong determination to maintain their independence. They view the handyperson service as a very important element in enabling them to achieve this personal aim.

2. Preston Care and Repair handyperson service has a significant impact on older people's mental and physical health, wellbeing, independence and quality of life.

- Falls risk was reduced for 37% of the older people who had work carried out by the handyperson service.
- Other outcomes include reduced risk of hospital admission, faster, safer hospital discharge to home, improved safety and security, plus reduced worry and stress associated with maintaining the home.
- Improved wellbeing was a key outcome for 90% of older service users and was the outstanding impact of the handyperson service.

3. The handyperson service is reaching older people who are at high risk in terms of housing related health problems, accidents and injury.

- Nearly half (46%) of the older people using the handyperson service are over 80 yrs of age, a significantly higher risk group in terms of falls and housing related poor health (e.g. impact of cold) and the majority have a long term health condition and/or disability
- 77% of the people using the handyperson service are female
- 72% live alone
- 79% are owner occupiers, the majority living on lower incomes

4. The handyperson service is exceptionally highly valued by older people

In responses to the postal survey:

- 96% of older people said that the handyperson service made them less worried about their home.
- 100% of older people said that they would use the handyperson service again and would recommend it to others.
- 77% said they would not have jobs done if the handyperson service was not there due to worry about finding a trustworthy builder.
- Whilst affordability was important, trust and reliability were key. Many service users were happy to make a contribution to the cost of small jobs (virtually all pay for materials).

Both the postal survey and qualitative interviews demonstrated that:

- The handyperson service provides great peace of mind, reassurance and helps people feel more in control of their homes and lives.
- Trust was a key factor and it was important to older people that the handyperson service was delivered by Preston Care and Repair because of its local reputation as a highly trusted, reliable and not for profit provider.
- Delivery of the handyperson service by Preston Care and Repair was also a crucial feature because this provided a link to other practical housing help i.e. seen as 'someone to turn to' for help with larger repairs and adaptations, as well as for impartial housing related information and advice.
- The service provides important element of consumer protection for more vulnerable service users who can so easily fall prey to unscrupulous traders.
- Easy access to the handyperson service (i.e. via a direct telephone call to Preston Care and Repair) was a highly valued aspect of provision. It gave older people an important sense of control over their homes and lives and greatly reduced worry about their housing.

5. The handyperson service results in significant cost benefits to health and social care

Whilst there are undoubtedly other cost benefits resulting from the wider improvements to the mental and physical health and wellbeing of handyperson service users, evidence base with regard to the cost benefits of falls reduction is more robust, particularly with regard to housing interventions.

Therefore this evaluation specifically modelled the cost benefits to health and care solely for the handyperson cases for which the primary recorded outcome was falls risk reduction (37% of the 929 service users i.e. 344 older people).

The evaluation applied the national findings of recent studies concerning rates of reduction of more serious falls resulting from home adaptation and modification, alongside nationally recognised BRE HHSRS cost benefit modelling of savings in terms of total first year treatment costs (to NHS and social care).

A very conservative approach was taken with regard to the number of older people who were likely to have a serious fall/one resulting in hospitalisation, using the generic national rate of 20% of those over 65yrs likely to have a fall in a year (noting that the rate for those over 80yrs is 50% and half of the handyperson service users are over 80yrs).

- ***Applying the 2012 Cochrane Collaboration systematic review 19% falls risk reduction and BRE HHSRS cost benefits model***

Cost savings from reduced falls injury (all levels) for just 65 out of 929 older service handyperson results in cost benefit:

- ▶ **Total Year 1 treatment cost saving = £473,242**

- **Applying the 2018 Public Health England Return on Investment Tool's Home Assessment and Modification 23% falls risk reduction to the 20% most at risk and BRE HHSRS cost benefits model**

Cost savings from reduced falls injury (all levels) for just 71 out of 929 older service handyperson results in cost benefit:

► **Total Year 1 treatment cost saving = £723,471**

This Home Assessment and Modification model had the highest cost benefit profile of all the falls reduction interventions included in the PHE Falls Prevention Cost Benefit Toolkit. It demonstrated:

- Financial Return on Investment of **£3.17: £1** and
- Societal Return on Investment of **£7.34: £1.00**.

To calculate the Return on Investment for the cost of the whole handyperson service but based on the savings resulting from the falls risk reduction, we applied national average unit job cost for undertaking 1,865 jobs for 929 people which is £168,782 (noting that the Preston Care and Repair handyperson service is very competitive compared with national average).

This produces a cost benefit ratio of 4.28:1 i.e. a saving to health and care of £4.28 for every £1 spent on the handyperson service, solely applying the savings that arise from falls risk reduction for just 7% of service users.

6. Contributes to achievement of a range of NHS, Public Health and Adult Social Care policy objectives and targets.

For the NHS and Public Health

- improves older people's physical health
- improves older people's mental health and wellbeing
- prevent/reduce risk of health acute episodes, particularly reduced falls
- prevent/reducing risk of unplanned hospital admissions
- reducing GP visits/calls on other health professionals' time
- reducing risk of delayed transfers of care/enable care at home
- improving management of chronic long term health conditions

For Social Care

- extending safe, independent living
- delaying/preventing admission to residential care
- reducing care and support need
- improving wellbeing and quality of life

Thereby contributes to meeting Care Act 2014 obligations and ASC Outcomes

Comparison of evaluation findings with previous national evaluation

The above findings and conclusions are very much in line with the one national government commissioned academic study of handyperson services (CLG, 2012) – key findings below.

National Evaluation of the Handyperson Programme: Key Findings

- Handyperson service users are predominantly older women with health problems or disabilities, living alone on low or modest incomes in older properties. However a significant number of service users live with and care for their spouse or partner;
- Both the service user survey and interviews showed very high levels of satisfaction with all aspects of handyperson services;
- Services support service users' independence, their ability to carry out activities of daily living (and caring), and enhance their feelings of security and comfort in their homes. Crucially these services allow service users to feel in control of their home environments;
- Although affordability is important, service users value a number of different aspects of handyperson services that provide "added value": trustworthiness; reliability; knowing there is help available; and the respectful and helpful attitudes of staff;
- Although many service users are on low incomes, some service users would be prepared to contribute something towards the costs of services; their primary concern is that services continue;

Appendix 1

Handyperson Service Case Studies

Unusual but critical job

Mrs L, in her 70s lives alone in a rural area. She has arthritis and mobility problems. Her main source of heating is a log fire and she gets her log delivery stacked onto a shelf in the outside coal shed. The shelf had collapsed and the logs were outside getting wet, with Mrs L struggling to pick them up off the floor.

Mrs L's neighbour contacted Preston Care and Repair because of concerns about Mrs L either falling or getting cold if she could no longer bring in her logs.

The Handyperson Volunteer visited Mrs L the following day, replacing the log shelf and stacking the logs back in position to make it easier for Mrs L to collect them and to keep the house warm.

Dementia and helping carers

When Preston C&R had a stand at South Ribble Dementia Carers day they were approached by the daughter of Mrs K who was concerned about her mother's safety and wondered about possible adaptations to keep her safe and independent at home.

Mrs K is 92, living alone with mobility issues as well as early stage dementia. The Healthy Homes Caseworker carried out an assessment of the home with Mrs K's two daughters present. A number of adaptations were already in place but the caseworker was able to offer suggestions of other possible home modifications, as well as explaining the possibility of a downstairs wet room should the time come when Mrs K is no longer able to get upstairs.

The Handyperson fitted a grab rail to assist Mrs K when using the WC (she was using the towel rail), plus a grab rail at the back door to enable safer access to the garden. He repaired the bolt on back door as this was sticking. The advice and handyperson service gave peace of mind to Mrs K's daughters, reassuring them that there were practical steps to help their mother stay living independently and safely in her own home. They now know where to go to for help/advice regarding repairs/adaptations to the property.

"(Name of handyperson) was kind, cheerful and patient and Mum says a very understanding man."

Mrs N is 91 years old living independently in her own home but with dementia. Mrs N's daughter contacted PC&R for advice as Mrs N was forgetting to remove the key from the front door after locking it and this was preventing carers from getting in (using the key in the Keysafe). The handyperson fitted a 'thumb turn' lock so that a key was no longer needed to lock the door from the inside. This is the comment from Mrs N's daughter. *"This service has enabled my Mother to stay independent in her own home for longer. The lock on the front door is great - family and carers can get in and out now as she can no longer leave a key in the lock. We think this is an excellent service."*

Stopping the rot

Mrs Z, 76 years old, living alone on a low income in her small terraced house. She has mobility difficulties and a number of long term health conditions. Mrs Z's daughter-in-law contacted PC&R because the drainpipe at the rear of the house was leaking. Our handyman volunteer found that the downspout was cracked and needed replacing. He removed the old cracked cast iron downspout and replaced it with a new PVC pipe and spout head. As well as reducing worry for Mrs Z and her daughter-in-law, this work prevented deterioration to the home. Left unrepaired the water from the leaking pipe would have caused an increasing amount of damage to the solid brick wall, potentially resulting in a damp, mouldy internal wall which would have exacerbated Mrs Z's respiratory problem.

Small adjustments reduce injury risk

Mr H is 80 years old with numerous long term health conditions. He is living independently in his own home which has been adapted, including recent installation of a stairlift. However due to the layout of the small house when he used the stairlift Mr H was catching his knee on a door frame causing great discomfort to his already swollen legs. The handyman removed part of the architrave and door frame removing the risk of further leg injury.

Timely interventions - and going beyond the requested small job

Mrs B had been discharged from hospital the previous day with an arrangement for carers to come in three times a day. Unfortunately, a keysafe had not been installed and as Mrs B struggled to get to the front door to open it, she was leaving her door open until the last care visit at 9pm leaving her at significant security risk.

The handyman service fitted the key safe in under 24 hours from receiving the initial phone call.

As he noticed possible issues with using the bathroom, the PC&R technical officer also visited to offer ideas and advice about possible adaptations to the bathroom facilities.

Appendix 2

Service user postal survey form comments

Names have been changed or removed

As I live on my own I sometimes feel vulnerable. I can trust Preston Care & Repair to send me a vetted, trustworthy worker.

Peace of mind. Other parts of country doesn't have this choice. My sister needs this in Yorkshire.

We are very happy with the very professional service we received and so much happier to have the extra hand rails. FANTASTIC!

Yes it matters and Care & Repair people who have done jobs for us are all very pleasant. Just a pity you have stopped painting garden fences!

It is nice to know that they are local people, also they seem to care.

(Name of HP) is an excellent worker did a great job.

I am very elderly and live alone. I find it very difficult to find trustworthy builders to do large and small jobs around the house.

Although these jobs were small they have been getting on my nerves – always would have managed to do most myself, but realise I can't now and am so grateful for the help.

The jobs I had done may not seem much, but I have been worrying because they didn't get sorted. Thank you

I am 93yrs of age and unable to do small jobs. Service much appreciated.

I try to do little jobs but feel I shouldn't climb steps etc. Nice to know I don't have to.

People I contacted did not respond to my calls

I have less worry knowing that there is someone to help me

(Name of Handyperson) is very trustworthy – Makes all the difference compared to commercial sector (obviously most of the commercial sector is fine just the odd cowboy)

I would have tried myself but I am aware that I am not steady enough to use step ladders any more

I am able to get into the sun-house and not be frightened of falling.

Without this service my elderly mother 91yrs with Alzheimer's would not have been able to arrange or sort out the materials needed, and I have a job. We think it is an excellent service.

It has enabled mum to stay in her own bungalow for longer. The lock on the front door is great, family and staff can get in and out now without her leaving the key in the lock. Thank you.

I appreciate the quality of your employee and efficient jobs done.

I now know that there is someone to help with small jobs that need doing. It is not always easy to find somebody who wants to carry out small jobs.

Very nice and trustworthy

I am very pleased with the jobs that the handyperson has done for me.

It's really good to know that I can call on someone I trust. I have needed the work doing for some time but was reluctant to find someone.

I have always found them courteous and friendly.

I have used the handyperson service since I became a widow, it provides small jobs and DIY my husband used to do.

I feel I can manage to maintain my home and not have to think about leaving it.

I have been extremely happy with your service. Your employees are courteous, very helpful and do an excellent job(s). As someone who is 86 and lives alone it is so very important knowing that you are only a phone call away.

Your service is like having a man about the house who you know and trust.

Without the support of your service, I really would not know where to turn. I do try to do things but I suffer from very arthritic hands.

I live alone and have many health issues which eases my concerns.

A roller blind was fitted to my bathroom window, I now have privacy.

One always struggles to find builders/joiners etc. for those small jobs which get left and then irritate or lead to stress. Those of us who operate independently are reluctant to involve family or friends preferring a business relationship with people qualified to tackle minor jobs beyond our capability.

Important is the attitude of the person carrying out the work. I have found your employees to be of a high standard, polite and respectful. My latest experience was a delight (HP name) was a most empathic person of great kindness and initiative, Thank you.

After using the service for some 3 years I would turn to no-one else for reliability, kindness and understanding, I am a disabled 60+ lady a widow and feel safe with your workers.

It is good to know I can get those small jobs done by someone I can trust, as most tradesmen don't want to do small jobs, It makes me feel more independent as I have just had 2 new hips + 2 broken bones in my wrist.

I was delighted to have my kitchen taps changed, I had a constant drip and had swivel taps put on so much easier for me to turn on and off. I was very pleased at the cost.

The workmen are trustworthy and will explain things to me in a nice way as I am elderly person. I hope this service continues for a long time.

I found over the few years I have been using this service everyone I dealt with were very helpful and pleasant. It's nice when you reach your 90th year.

Work was done by (HP name) and he is a very helpful and thoughtful person. I also enjoyed having a nice friendly chat with him. It is such a relief to know your service is available if needed. Thank you very much three cheers for Preston Care and Repair.

A few years ago you fitted safety locks on my windows and safety chains on my exit doors, and I shall always be grateful to you for making me feel so much safer in my home. (HP name) did this work for me and was a lovely man.

I have used the service 3 times on every occasion the quality of the work has been excellent. The attitudes of the men have been helpful and very polite. It is to be highly commended.

I was delighted when (HP name) sealed up cracks in my conservatory, now I don't get giant slugs coming in. This prompted me to get him to block up holes around my garage door to stop mice coming in. Thank God for (HP name) and the rest of the team, I am a happy woman again.

The handyperson who did my jobs was friendly, polite and efficient, he did an excellent job, very happy.

I am delighted that there is a handyperson to call on for small jobs.

Very grateful for the stair rail as I have a problem with balance holding on to rails on both sides makes me feel safe. Thank you for a job done well.

I would recommend them to anyone needing your service, Thank you.

I could not open my wooden windows which were made in 1936, they required adjustment. The joiner was excellent. Thank you.

What I personally like regarding your service is the personal attention one receives, particularly I am impressed in your excellent service you offer. Not only is "job well done" but the type of staff you employ always willing to advise and friendly too. Over the years I've got to know (name of HP) I look forward to his visits, please convey my thanks to him.

It's a brilliant service for my aunt to help with jobs that nephews and nieces can't do.

I couldn't find anyone else to do odd jobs.

When you're very ill and there's no male in the home, the service has been irreplaceable, good response, good people, helpful, excellent all round in many difficult situations. Thank you for your service over the years.

The service you offer is excellent. Finding a trustworthy and capable handyman is very difficult.

I was more than happy with the handyman service. Could not tell you how grateful I am.

Due to my health conditions doing the important small jobs was a source of anxiety. Finding Preston Care & Repair was a blessing.

It makes my life a lot more comfortable knowing that the small jobs that need doing which I cannot do myself, I can always call the handyman service.

I feel I can trust the service you supply.

As a disabled homeowner I cannot undertake all the small/medium repairs which periodically arise. I am so pleased to know that your service will tackle them without fuss, saves me endless trouble.

I have used your service on several occasions with great satisfaction. As a result I recommend your service to my friends.

It is hard to find someone reliable and trustworthy to do odd jobs. I find that your organisation have done the checks I can't.

Not as stressed now jobs have been done, I no longer have to worry about them.

I cannot thank you enough for sending (HP name). He was very polite, efficient and gave good advice, plus he made my broken window frame good and safe and promised to come back in a few months' time to inspect the other window to ensure the same problem wouldn't arise next winter. I would recommend this service to anyone.

The service you offer is excellent.

I just want to comment on the wonderful service that you offer people like myself who have health problems and feel vulnerable. The handyman you sent out are helpful, polite and give us reassurance we can go on living on our own, knowing there is someone to help us. Thank you from the bottom of my heart.

The handyman put in a bath grab rail. This will help me to get out of bath easier and feel better not to worry to fall. He also made sure my patio doors lock properly with a minor repair when he heard I have been burgled two weeks ago.

Appendix 3

References

- Adams S (2006) Small things matter. Nottingham, Care & Repair England
- Adams S (2010) A Perfect Storm, Nottingham, Care & Repair England.
<http://careandrepair-england.org.uk/wp-content/uploads/2014/12/A-Perfect-Storm-Nov-10.pdf>
- Adams S (2016) Off the Radar: Housing disrepair & health impact in later life Nottingham, Care & Repair England. <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>
- Audit Commission (2004) Older people- independence and well-being London Audit Commission
- Brannelly T, Gray E, Matthews B (2005) The BCOP Handyperson Service, University of Birmingham
- Centre for Ageing Better (2017) Room to improve. The role of home adaptations in improving later life. London Centre for Ageing Better.
- Communities and Local Government (2010) Handypersons Financial Benefits Toolkit London CLG
<http://www.communities.gov.uk/publications/housing/financialbenefitstoolkit>
- Communities and Local Government (2008) The Future Home Improvement Agency Handyperson services report. London, CLG
www-foundations.uk.com/media/4447/the-future-hia-handyperson-services.pdf
- Communities and Local Government (2010) Handypersons financial benefits toolkit
www.gov.uk/government/publications/handypersons-financial-benefits-toolkit--2
- Communities and Local Government (2012) National Evaluation of the Handyperson Programme London: HMSO
- Dept for Communities and Local Government (Annual) English Housing Survey, DCLG Available from <https://www.gov.uk/government/collections/english-housing-survey>
- Dept for Communities and Local Government (2006) Reducing the risks: the housing health and safety rating system (HHSRS) London: DCLG
- Dept for Communities and Local Government (2016) English Housing Survey, Housing for Older People Report 2014-15 London DCLG
- Dept of Health (2009) Falls and fractures: Developing a local joint strategic needs assessment. London, DH
- Dept of Health (2014) Care and Support Statutory Guidance, London, DH
- Dept for Communities and Local Government (2018) English Housing Survey Headline Report for 2016 to 17 London: HMSO
- Garrett H & Burris S, (2015) Homes and ageing in England, Building Research Establishment, Bracknell, IHS BRE Press

Gillespie L D, Robertson MC et al (2012) Interventions for preventing falls in older people living in the community Cochrane Database Syst Rev 2012, CD007146 Available from:

www.onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract

House of Lords (2014) Ready for Ageing? Select Committee on Public Service and Demographic Change Report of Session 2012–13 London: The Stationery Office

Ipsos MORI (2015) Later life in 2015: an analysis of the views and experiences of people aged 50 and over London: Centre for Ageing Better

Joseph Rowntree Foundation (2004) Older People shaping policy and practice York JRF

Joseph Rowntree Foundation (2005) That little bit of help Findings Ref: 0625 York JRF

Keall, M.D., Piers, N., Howden-Chapman, P., Cunningham, C., Cunningham, M., Guria, J., & Baker, M.G. (2015). Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: a cluster-randomised controlled trial. *The Lancet*, 385 (9964), 231-238.

Kings Fund (2014) Making the case for public health interventions [online infographic] <https://www.kingsfund.org.uk/sites/default/files/media/making-case-public-health-interventions-sep-2014.pdf>

Lloyd, J. (2015) Older Owners Research on the lives, aspirations and housing outcomes of older homeowners in the UK. London: Strategic Society Centre.

Local Government Association (2018) Article:

www.local.gov.uk/about/news/hospital-admissions-due-falls-older-people-set-reach-nearly-1000-day

National Institute for Health and Care Excellence (2013) Falls in older people: assessing risk and prevention. Guidance and guidelines. NICE [Internet].

www.nice.org.uk/guidance/cg161

NHS England (2014) The NHS Five Year Forward View. London NHSE

NICE (2013) Falls in older people: assessing risk and prevention Guidance and guidelines NICE [Internet]. 2013 [cited 2016 Nov 25]. Available from:

www.nice.org.uk/guidance/cg161

Nicol S. et al, (2015) Quantifying the Costs of Poor Housing Watford, Building Research Establishment

Nicol S, Roys M, & Garrett H (2015) Briefing paper: The cost of poor housing to the NHS Building Research Establishment.

Office for National Statistics (2015) National population projections for the UK, 2014-based

Office for National Statistics. Mortality Statistics 2015 (accessed from nomis Oct 2017). Available from:

www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=73

Platon Tinios, Francesca Bettio and Gianni Betti (2015) Men, Women and Pensions, European Commission http://ec.europa.eu/justice/gender-equality/files/documents/150618_men_women_pensions_en.pdf

Professor Sir Michael Marmot, Dr Jessica Allen, Dr Peter Goldblatt, The Marmot Review Team (2010) Fair Society, Healthy Lives: The Marmot strategic review of health inequalities in England post-2010. The Marmot Review London Institute of Health Equity Available at <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

Public Health England (2016) Public Health Outcomes Framework
www.phoutcomes.info/search/falls

Public Health England (2017) Falls and fracture consensus statement: Supporting commissioning for prevention. London, PHE.
www.gov.uk/government/publications/falls-and-fractures-consensus-statement

Public Health England (2018 a) A return on investment tool for the assessment of falls prevention programmes for older people living in the community
<https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

Public Health England (2018 b) A structured literature review to identify cost effective interventions to prevent falls in older people living in the community
<https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

RoSPA and Royal College of Emergency Medicine (2017) Action to Prevent Falls
www.rospa.com/rospaweb/docs/advice-services/home-safety/falls-prevention-factsheet.pdf

Royal College of Physicians, National Hip Fracture Database Annual Report 2017
<http://www.nhfd.co.uk/2017report>

Svedbom A, Helmlund E, Ivergård M, Compston J, Cooper C, Stenmark J, McCloskey EV, et al. Osteoporosis in the European Union: a compendium of country specific reports. Arch Osteoporos [Internet]. 2013 [cited 2016 Nov 24];8(1–2). Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC3880492/

Thisismoney www.thisismoney.co.uk/money/bills/article-1633409/Historic-inflation-calculator-value-money-changed-1900.html

Care & Repair England

Care & Repair England is an independent charitable organisation which aims to improve older people's housing. It is a Registered Society with Charitable Status Reg No 25121R.

Head Office: The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG

www.careandrepair-england.org.uk Twitter @cr_england info@careandrepair-england.org.uk

Preston Care and Repair

Preston Care and Repair is an independent home improvement agency with charitable status (Registered Society 27847R).

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