

The Future Home Improvement Agency:  
Supporting choice and maintaining independence  
**A report overview**



The Future Home Improvement Agency:  
Supporting choice and maintaining independence  
**A report overview**

Foundations: The National Co-ordinating Body for Home Improvement Agencies

September 2008

Department for Communities and Local Government

The findings and recommendations in this report are those of the authors and do not necessarily represent the views of the Department for Communities and Local Government.

Communities and Local Government  
Eland House  
Bressenden Place  
London  
SW1E 5DU  
Telephone: 020 7944 4400  
Website: [www.communities.gov.uk](http://www.communities.gov.uk)

© Queen's Printer and Controller of Her Majesty's Stationery Office, 2008

Copyright in the typographical arrangement rests with the Crown.

This publication, excluding logos, may be reproduced free of charge in any format or medium for research, private study or for internal circulation within an organisation. This is subject to it being reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the publication specified.

Any other use of the contents of this publication would require a copyright licence. Please apply for a Click-Use Licence for core material at [www.opsi.gov.uk/click-use/system/online/pLogin.asp](http://www.opsi.gov.uk/click-use/system/online/pLogin.asp), or by writing to the Office of Public Sector Information, Information Policy Team, St Clements House, 2-16 Colegate, Norwich, NR3 1BQ. Fax: 01603 723000 or email: [HMSOlicensing@cabinet-office.x.gsi.gov.uk](mailto:HMSOlicensing@cabinet-office.x.gsi.gov.uk)

If you require this publication in an alternative format please email [alternativeformats@communities.gsi.gov.uk](mailto:alternativeformats@communities.gsi.gov.uk)

Communities and Local Government Publications  
PO Box 236  
Wetherby  
West Yorkshire  
LS23 7NB  
Tel: 08701 226 236  
Fax: 08701 226 237  
Textphone: 08701 207 405  
Email: [communities@twoten.com](mailto:communities@twoten.com)  
or online via the Communities and Local Government website: [www.communities.gov.uk](http://www.communities.gov.uk)

**75% recycled**

This is printed on  
75% recycled paper

September 2008

Product Code: 08HHS05485

ISBN: 978-1-4098-0411-6

# Contents

<b>Foreword by Baroness Andrews</b>	5
<b>Executive Summary</b>	6
<b>Section 1: Introduction</b>	7
HIA: about people or bricks and mortar?	8
Predictable and sustainable services	9
What do commissioners and clients want from HIAs?	10
<b>Section 2: Key components of HIA services of the future</b>	11
<b>Section 3: Support for choice – information, advice and advocacy</b>	13
Why should HIAs offer <i>support for choice</i> ?	13
Joining up provision and reaching out to more people	14
Providing <i>support for choice</i> beyond the initial enquiry stage	15
Conclusions and recommendations	16
<b>Section 4: Funding repairs, improvements and adaptations</b>	17
Supporting clients to find sources of funding	18
Exploring the full range of possible funding sources	18
HIAs working with loan products	19
Conclusions and recommendations	19
<b>Section 5: Handyperson services</b>	21
The growth in handyperson services	21
Addressing the need for quality standards	21
Service characteristics	22
Conclusions and recommendations	23
<b>Section 6: Major adaptations</b>	24
The need for changes to the adaptations approach	24
Getting the most out of DFG budgets	24
A team approach to delivering adaptations	25
Moving from a provider-led to a user-led process	26
Conclusions and recommendations	26

<b>Section 7: Connecting with health</b>	27
Housing interventions and health benefits	27
HIAs and prevention	28
HIAs and personalisation	29
HIAs and commissioners and providers of health services	29
Conclusions and recommendations	30
<b>Section 8: Conclusions – the ‘future HIA’</b>	31
The case for change	31
Opportunities for change	32
Operating successfully in the local context	32
Mapping needs and targeting resources	33
Conclusions and recommendations	34
<b>Section 9: Building on a history of innovation</b>	35
<b>Further reading</b>	36
<b>References</b>	38

# Foreword

In *Lifetime Homes, Lifetime Neighbourhoods* we announced a new approach to housing in an ageing society centred around clear principles: being able to make choices that mirror lifestyle and circumstances; and being able to remain safely in our own homes as long as we wish to.

The Home Improvement Agency (HIA) sector has supported people to do this for over 20 years. Over two decades of achievement has seen the HIA sector turn into a provider of services that are pivotal to helping older and vulnerable people remain living independently in their own homes. It is now time to reflect on this achievement and look ahead to the challenges of the future.

As a small sector, HIAs should draw considerable pride and motivation from their longstanding ability to punch well above their own weight. One of the key strengths of HIAs is the ability to innovate, whether in terms of experimenting with the design of a repair to meet a client's needs, or inventing a brand new kind of service to meet the needs of a vulnerable section of the community.

The next few years will offer both challenges and opportunities to HIAs. The funding we announced in *Lifetime Homes, Lifetime Neighbourhoods* for the development of rapid repairs and minor adaptations will present an opportunity for HIAs to grow their services, but there must also be an increasing focus on creating a sector which offers a broad range of high quality services to meet increasingly complex needs.

This means moving beyond traditional specialisms, such as managing grant-funded repairs and adaptations, to working in new ways, learning from the most successful HIAs about how to grow and develop sustainable services, and working in closer partnership with third sector and statutory services.

We commissioned the Future HIA project to bring together some of the best and most original thinking within and beyond the sector. This report presents those findings. It outlines the factors that will help the sector to continue in its development, examining funding, service models and workforce issues in a changing policy landscape. And I hope that it will help local services to position themselves to meet the challenges and opportunities they face in the coming years. The project will provide a resource for HIAs and commissioners to draw upon, to learn just how much the sector is capable of achieving and to inspire further innovation.



**Baroness Andrews OBE**  
Communities and Local Government

# Executive Summary

Home Improvement Agency (HIA) services originated over 20 years ago with a vision to provide responsive, client-centred solutions to low income, older owner-occupiers' home repair, maintenance and adaptation problems. The early pioneers, independent 'Care and Repair' or 'Staying Put' services were small scale and largely funded by the charitable sector.

The HIA sector has been extremely successful in increasing its geographical coverage, the numbers of clients it supports, and the range of services it delivers. Its profile has never been higher than today, featuring significantly in the recent publication of *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* that envisages HIAs becoming "the hub around which vulnerable householders exercise choices about their home environment".

The sector is very diverse and set to become increasingly so in the light of the introduction of local area agreements and the personalisation agenda, for example, individual budgets. It is also not without its problems; there are a limited numbers of providers in the market, and several of those are struggling to achieve sustainable funding.

We have set out to establish the common thread that runs through these services, which binds them together whilst allowing such diversity. We have highlighted the drivers that will shape the sector, locally and nationally and suggested several service areas that all HIAs should cover. We present aspects of good practice from within and outside the sector and set out a range of models that have emerged from local providers currently active in those service areas.

We have tried to reveal factors that will determine the sector's continuing success, and others that may limit its future development. Not all agencies will be able to realise the same potential, but we hope that this project will provide sources of inspiration and information that will allow providers to seize the opportunities that are right for them.

The Future HIA project will inform the priorities of the National Body for HIAs and help to determine the nature of support that we offer to the sector over the coming years.

This overview articulates some of what will be covered in the full report, including the sub-reports, in more detail. We hope it provides a useful resource for those who may not have the opportunity to study the unabridged version.

# Section 1

## Introduction

This report presents an overview of the main findings of the Future HIA project undertaken by Foundations, the National Body for Home Improvement Agencies (HIAs), on behalf of Communities and Local Government. In addition to this summary document, Foundations is producing a suite of five sub-reports, each devoted to a key topic that will influence the shape of future HIA services. These are:

- Support for Choice – examining how HIAs deliver advice, information, advocacy and signposting
- Lending Some Comfort – assessing the impact of changes to the funding available for repairs and adaptations
- Handyperson Services – looking at the development of rapid repairs and minor alterations services, their funding and their characteristics
- Major Adaptations – detailing how delivery of this support is under review and the role that HIAs might play in more integrated services
- Connecting with Health – reminding us of the importance of the health sector and its role in housing-related support.

The full report will be published in Autumn 2008.

The Future HIA project aims to set out a broad agenda for the evolution of the sector to its next level. It identifies and draws upon what is already being done well by some HIAs and uses this to suggest models for wider use. It examines a number of national policy issues and other drivers that will impact upon the sector and its development. Its key objective is a robust and vibrant sector more capable of meeting the aspirations of government and the needs of the individuals and communities it serves.

The project has gathered case studies from within the sector and beyond to illustrate key points, and presents a number of conclusions and recommendations for action.



*'The growth of the HIA sector has been crucial in meeting the growing need for help with repairs and adaptations for increasing numbers of lower income older owner occupiers. The sector is more than 20 years old, and has grown to become a significant provider of services for older, disabled and vulnerable householders. In 1999 only 54 per cent of local authorities had a HIA. By 2006, this figure had risen to 90 per cent helped by investment through Supporting People. However, service provision within the HIA sector remains patchy, with a number of weak agencies, and some agencies only offering basic services. We believe that the sector has not yet reached its potential.'*

***Lifetime Homes, Lifetime Neighbourhoods, A National Strategy for Housing in an Ageing Society, page 68 (Communities and Local Government, 2008)***

*Lifetime Homes, Lifetime Neighbourhoods* charts the impressive growth and development of the HIA sector in recent years, yet seeks to challenge the sector to find ways to deliver services to a wider audience in new ways.

For some, this may mean finding additional resources to do more of the same. For others it may mean a radically different approach to how they do business. But for all HIAs, whatever their starting point, it should be an opportunity for reflection on what they do and how they might do it better in the future.

We hope this report will provide evidence of what can and is being done so that HIAs, their partners and commissioners have the information and inspiration they need to meet the opportunities and challenges of the future. Continuing support from the National Body will be available to local service providers and commissioners to help in achieving enhanced models of delivery.

## HIAs: about people or bricks and mortar?

The concept of the Home Improvement Agency was formulated in the late 1970s to assist older owner-occupiers living in poor or unsuitable housing. In those early days HIAs had a very clear client focus.

Some services also developed to facilitate the administration and targeting of housing repair grants, with property-based targets driving service delivery in addition to the needs of the client. Whilst this helped the sector to expand, it gave rise to other problems. A number of agencies are exposed to over-reliance on 'fee income' at a time when grant availability for repairs is reducing.

Since the introduction of the Supporting People programme in 2003, there has been an increasing focus on the needs of vulnerable people, but future development of the sector will depend upon a successful balance of providing information, advice and support for clients and delivering expertise in adapting and maintaining the physical fabric of domestic properties.

## Predictable and sustainable services

*Lifetime Homes, Lifetime Neighbourhoods* calls for the development of “a service which will offer more and better housing options as well as more predictable and sustainable services for all potential clients”. (page 71)

For services to be ‘predictable’, the need for full geographical HIA coverage across England remains a key objective. But what does predictable mean in a local context? HIAs are not the sole provider of low-level preventative services and others may be providing HIA-type services. Does it matter whether all these services are provided by one agency or a range of other providers such as the local authority, a third sector organisation, or a private business?

Many local HIAs have developed a wide portfolio of services, whilst others have not. As well as carrying out repairs and adaptations, traditionally regarded as ‘core HIA services’, there is an increasing tendency for HIAs to deliver other, so-called ‘ancillary’ services, such as:

- handyperson services – a general grouping of services taken to include a range of small works such as ‘odd jobs’, DIY repairs, minor adaptations, home safety and security measures, fire safety and accident prevention, and
- other support services such as gardening, decorating, befriending, shopping, community alarms, and telehealth and telecare systems, among others that are on offer. Some of these services are widespread, and some are only available in a handful of HIAs.

In a context where local decisions are to be given increasing importance through the introduction of local area agreements (LAAs), it is not practical or desirable to set out a ‘one size fits all’ model. What we have identified are a series of options and models that have emerged in local settings that have merit and are operating effectively. Not all of the examples that we highlight are from HIA providers.

There is more than one route to achieving sustainability. In any line of business, the organisations that tend to do better are those that do not depend upon one source of income (funding), one customer, or providing one product (service). It is also vital to maintain a flexible and adaptable approach and not to remain wedded to one way of doing things. If this is allied to an ability to look ahead and to anticipate changes in the environment in which the business works, and to plan accordingly, then success is more likely.

A number of local HIA services still lack any adequate, secure, long-term funding for a range of reasons. Currently most HIAs require a strong partnership of local commissioners with a shared sense of purpose to provide any kind of platform on which to build for the future. In the absence of this, one or two providers have attempted to develop services that are self-sustaining. For example, Anchor Trust recently launched their “At Home Services”. This is being piloted in several parts of the country and is targeted only at clients who can afford to pay an economic rate for HIA-type services. This service operates alongside, but separate from, the Anchor Staying Put services.

## What do commissioners and clients want from HIAs?

Looking ahead, commissioners will expect HIAs to support clients in a less prescriptive way, providing personalised support that takes account of the individual’s circumstances and a range of available options.

Future commissioning of HIA services will see a greater joining up of housing, health and social care programmes, and HIA services must be capable of meeting this broad range of demand by offering services with cross-cutting objectives. Each district will have differing priorities established within local area agreements and this is likely to further increase diversity within the sector.

The greatest change is likely to be that the service commissioner of the future will increasingly be the service user (or groups of service users), as the personalisation of care and support leads to a point where people are funded to choose the solutions to their own care and support needs. This will demand new approaches to marketing and delivering services. HIAs will have to work hard to get their message across, including advertising. More fundamentally, what they are offering will need to be what this new breed of ‘commissioner’ wants or commissioners may simply choose to go elsewhere.

## Section 2

# Key ingredients of HIA services of the future

Even before starting this project it was apparent that:

- the HIA sector is very diverse in size, structure, management arrangements and services offered, therefore it would not be possible to draw together a plan for the sector's development based on a 'one-size fits all' model, and
- HIAs of the future will increasingly have to respond to local needs and markets. This creates the potential for further diversification and segmentation within the HIA sector.

The sector is almost as well defined by its differences as by its similarities. Despite these differences, it also became apparent that all HIAs in the future should share two key facets:

1. Client-centred support provided in a person's own home
2. Expertise in making changes to the physical fabric of the home.

Used together, these key strengths provide HIAs with a unique selling point as a provider of services to vulnerable people. These strengths are well suited to drive forward the development of new business, as attributes that differentiate and set apart the sector from other providers in an increasingly segmented and competitive market of support services.

Client-centred support is very powerful because face-to-face contact, at a person's home, is the preferred method of receiving support for many vulnerable people, especially older people. It gives HIAs the ability to fully understand how a client can maximise independent living and provides vital clues when assessing the client's housing needs and finding the right range of choices.

As a business development tool, client-centred support places agencies very close to their customers and encourages dialogue at all stages of the process, providing feedback to improve existing services, and uncovering the need for additional services. Much of the development of the most successful HIAs in the country has arisen from acting on feedback from clients.

An expertise in matters to do with repairing, improving or adapting the physical fabric of the client's home is equally as critical to the sector's unique market position. There is a risk that the development of a range of less-specialised ancillary services will turn this expertise into a 'nice to have' rather than 'core' service. Without this an agency loses its distinctiveness as an HIA rather than any other kind of housing-related support agency for older/vulnerable clients.

If client-centred support and expertise in changing the physical fabric of the home have been shared key strengths, **'support for choice'** should become the grounding principle behind their application. In Section 3 we look at why this is such an important concept for the sector and examine the advice and information role of agencies.

## Section 3

# Support for choice – information, advice and advocacy

*'Older people are no different from younger people in wanting to make active and informed decisions about their housing, at the right time. In fact older people place a higher value on being able to access information than other groups. But far too many older people are forced, at the moment, to take decisions too late, and on a very narrow range of options'*

***Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, page 48 (Communities and Local Government, 2008)***

*Support for choice* is about putting people in control of their lives, providing them with the information and support they need to make decisions that will achieve their wishes. We will now look at why HIAs of the future should place this concept at the centre of their approach to service delivery. We examine different levels of service depending on need and how these work within an environment of other local and national housing information, advice, signposting and advocacy providers.

### Why should HIAs offer *support for choice*?

*Lifetime Homes, Lifetime Neighbourhoods* sees HIAs developing “as the ‘hub’ around which vulnerable clients exercise their choice about their home environment”. This all hinges upon the exercise of choice by the client. HIAs can meet this aspiration by performing two functions:

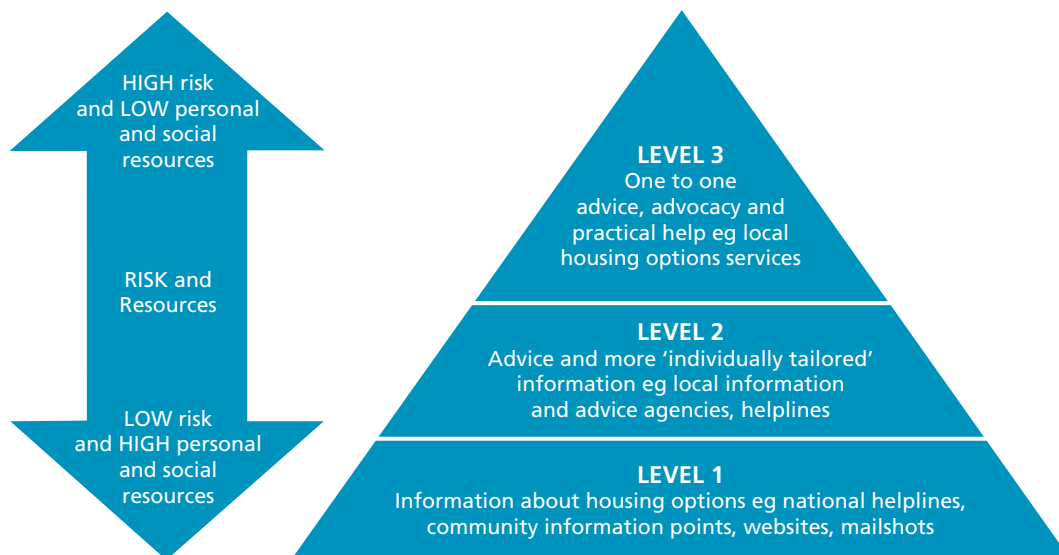
- Providing a personalised holistic housing options service
- Delivering some or all of the options chosen by the client.

In some districts, HIAs will be best placed to provide a wide-ranging and holistic advice service looking into and setting out the various options available to the client to meet their housing needs. This would necessitate a well-developed knowledge of all local services (public, private, and voluntary and community), an established network of local contacts and agreed protocols, as well as experienced, trained caseworkers.

By comparison, in an area with a housing options service delivered by Citizens Advice, Age Concern or another voluntary advice agency, it might be logical for the HIA to concentrate its role on assisting clients with housing adaptations and repairs, provided that the principle of *support for choice* remains central to the agency’s involvement with the client. In such circumstances, this may mean the HIA not undertaking any large-scale work until the client had been properly assessed and provided with a full range of options, following a referral to the housing options service run by another organisation.

## Joining up provision and reaching out to more people

The *housing information and advisory services pyramid*<sup>1</sup> describes three levels of advice and information services:



- **Level 1** – General information targeted at large populations, e.g. national databases, community information points, websites, mailshots
- **Level 2** – More specific information aimed at particular groups, supported by advice, e.g. local information and advice agencies
- **Level 3** – One-to-one advice, advocacy and practical help e.g. housing options services.

New models of delivering generic advice nationally are being developed, such as the ‘FirstStop’ service which will include a website and call centre providing information on a range of housing-related matters. To maximise the effectiveness of this type of national service network, practical ways of linking into local service providers will be needed.

<sup>1</sup> *Lifetime Homes, Lifetime Neighbourhoods*, page 54

When acting as provider of general information or ‘first point of contact’ (Level 1 and 2), HIAs must be open to enquiries from anyone, as restricting access at this initial stage may prevent the enquirer from finding an organisation which can help them solve their problem.

It should always be possible to give one of two answers to a new enquiry:

1. “We can help you with your problem”
2. “We cannot help you, but we can signpost you to an organisation which specialises in your problem”.

To facilitate this, HIAs should develop a good network of cross-referrals with other local advice organisations, keep up to date directories of local services, and understand how links can be made to specialist and generic national services such as helplines and websites.

For people who need support as described at Level 3, there is a need to target limited public resources at those most at risk, i.e. people who would benefit most from early intervention to avoid the need for later, more costly, unplanned interventions. One of the challenges facing government and service providers posed by our ageing society is to reduce housing, health and care costs by bringing preventative services within reach of individuals before they suffer a crisis.

HIAs are appreciated by their strategic partners for their ability to engage hard-to-reach groups and being ‘a foot in the door’ for a range of other preventative services. In the future ‘predictive modelling’<sup>2</sup> may provide assistance in identifying key individuals at risk who would benefit from targeted proactive intervention by HIAs and other service providers.

## Providing *support for choice* beyond the initial enquiry stage

HIAs deliver *support for choice* through client-centred casework by:

- assessing client’s circumstances and aspirations at home in their own environment
- providing information and advice about a range of options to meet their needs and aspirations, and
- supporting clients to achieve their preferred housing option.

<sup>2</sup> ‘Predictive modeling’ is the process by which a model is created to try to predict outcomes. A model has been developed by the King’s Fund to identify people at risk before a crisis occurs. Further developments towards the use of this model are expected in relation to housing, health and social care as referred to in *Lifetime Homes, Lifetime Neighbourhoods*.



All clients, whatever their circumstances, can express preferences about the help and support that they require, and the principle of *support for choice* must apply equally to each situation. For example, there will be significant increases in the number of people with mental health problems, age-related physical disabilities, older people with dementia, and people with moderate learning disabilities living in their own homes over the next 10 years and beyond. Many would benefit from the help of an HIA to maintain independent living. Some HIAs have already developed specialist staff roles to deal more effectively with clients who have more complex needs.

Equally, the type of support that people require will vary. Some may only need the name of a reliable builder. Some, who are more isolated, may need help in applying for state benefits, the receipt of which may entitle them to other means of financial support. This in turn might provide the means to pay for repairs or adaptations to their home.

Some clients may require a comprehensive project management service and experienced technical support. Others may only require an informed opinion that an estimate is reasonable. A small number of clients who have decided to move to alternative accommodation may need an extensive package of assistance including help dealing with solicitors, estate agents, with removal arrangements, and so on.

Where agencies do not provide this support to clients direct, they should endeavour to anticipate what clients may need and know where they might be able to access help locally.

## Conclusions and recommendations

- Local HIA advice and information services should ensure that they operate in a way that personalises delivery and considers the broadest range of options. For instance, does the agency offer advice and information about the full range of housing options, including moving home? Does the agency help to maximise income and take-up of welfare benefits as a route to opening up further options?
- In order to provide *support for choice* to clients, key staff should be trained in the full range of housing and support options. Particular consideration should be given to welfare rights and housing options training.
- Commissioners of local information and advice services should monitor the emergence of any new national services such as the 'FirstStop' partnership, and consider how best to effectively engage with local, sub-regional and national services.
- Commissioners and providers should decide which referral model best suits their locality. Development of a 'one stop shop' or 'hub' type model has been successful in some areas. Other arrangements that will promote networking and cross-agency co-operation could also be developed.

## Section 4

# Funding repairs, improvements and adaptations

A key facet of any HIA service is 'expertise in making changes to the physical fabric of the home' (Section 3), and helping clients to identify sources of funding for building work is an essential element of that service. For many years grants have been widely available to fund repairs and adaptations for vulnerable owner-occupiers and have been the main source of funding used by HIA clients.

Recently a more complex funding picture has emerged as grant funding for repairs in particular has become more restricted. A patchwork of local and regional practices is developing involving local authorities and third party lending schemes, as well as the commercial lending sector.

The use of home equity is seen by government as one way of paying for the cost of work, although it is acknowledged that it will not always be the most appropriate option. HIAs should develop their skills in supporting clients to make the best choice for them from the widest range of available funding options.

The HIA sector has a tradition of being skilled in finding a mix of funding solutions to deliver a scheme of work, including the use of clients' savings, family contributions, charitable and trust contributions, and hardship funds. There is an emerging body of information and evidence on what is the most appropriate solution in any local situation and HIAs must keep up to date and trained in the possible options.

For a frail older client, the best option may be to deal with small immediate problems, perhaps through the handyperson service, rather than providing a larger adaptation that the client may find disruptive. Sometimes remaining in the current home may not be the best option for an individual, but they might need time to come to terms with the situation. HIAs should support clients to make an informed choice about the solution that suits them best.

In the sub-report *Lending Some Comfort* we take a comprehensive look at the situation where a major repair (or adaptation) is the appropriate option, and the process of supporting clients through identifying appropriate funding solutions for the work.

## Supporting clients to find sources of funding

The crucial role of client-centred casework is exemplified in the process of finding funds for work. The key tasks at this stage are as follows:

1. To explore with the client a range of possible options to meet their needs
2. To check entitlement to welfare benefits and check the range of funding sources the client is eligible for
3. To review options in the light of 2 above, giving full and clear information about the nature of the work to be undertaken and the implications of different funding options
4. To support the client with the decision-making process
5. To assist the client to apply for funding.

HIAs have a role as **agent** for the client that must be maintained through the process, and a **duty of care** to minimise any risks that the client will face. HIAs should be aware of the boundaries of their support role where loan products are involved. In particular, they should know the difference between information and 'financial advice'.

## Exploring the full range of possible funding sources

As loans and equity release may be a more costly option, HIAs have a duty to their clients to continue to look for other sources of funding. This includes:

1. maintaining a good knowledge of the different forms of local authority assistance
2. working closely with national schemes such as Warm Front
3. understanding how clients may be eligible for assistance to meet interest payments on loans when in receipt of state benefits, and
4. maintaining a register of local charities, trusts and hardship funds, including details of their eligibility criteria.

### Case Study: Achieving a mixed funding solution

The client, Mr M, was referred to the agency for assistance by the housing department of the local authority. The caseworker visited and established that there was no heating or electricity. The client wanted a kitchen/bathroom refurbishment and some guttering work. In discussion it also emerged that he had Parkinson's disease and an alcohol problem, and was not claiming any disability benefits.

He was referred to Warm Front for central heating and to ART Homes for a loan for the other work. The technical officer requested estimates for the electrics and other work from approved contractors on the HIA's approved trades list. The caseworker applied immediately to Foundations Independent Living Trust (FILT) for funding to rectify an urgent electrical problem. A grant was approved based on the estimate supplied by the HIA. The caseworker returned to apply for Attendance Allowance with the client's agreement. This was awarded at the higher weekly rate.

Source: Black Country Care & Repair

## HIAs working with loan products

An example of the developing relationship between HIAs and subsidised loan providers is West Midlands Kick Start (WMKS), a partnership of several local authorities, a loan intermediary, and others. The partnership found that working with local HIAs is crucial to the implementation of their loans scheme, and in particular the conversion rate of loan enquiries to approved applications and drawdowns.

WMKS has established good working arrangements, where the HIA supports the client to specify the necessary work and the arrangements to have it carried out, and the FSA<sup>3</sup> registered intermediary, ART Homes, deals with the loan applications. Similar relationships are to be found in other parts of the country, though the situation is not uniform and products and services are at different stages of development.

The involvement of HIAs and the casework support provided to the client before, during and after applying for a loan has been recognised by all partners as an essential ingredient to making this form of funding work for older and vulnerable people.

## Conclusions and recommendations

- The market in loan products to assist vulnerable homeowners to undertake repairs, adaptations and improvements is not yet well developed nationally, but it is likely to provide an increasing proportion of funding for clients' work and therefore is an important issue. HIAs must engage with the changing funding landscape to provide *true support for choice*.

<sup>3</sup> Financial Services Authority

- In order to provide advice on all possible funding options, HIA caseworkers must develop knowledge of loan and equity release products and an understanding of how they work. In addition they should have a comprehensive awareness of welfare benefits and income maximisation techniques, as well as other sources of funding and mechanisms for getting work done. Local HIAs should develop a menu of options from which clients can make the appropriate choice. Currently, the ability to deliver this breadth of service is not always present.
- Independent financial advisors and/or loan intermediaries can provide expert advice outside the casework support role. HIAs should explore ways to work in partnership locally.
- When compared to grants, alternative sources of funding tend to be more complex, more difficult and more time-consuming to implement. Everyone – commissioner, provider, and client – must understand that this will require a greater investment of resources by the HIA than for the same number of grant-funded jobs.

## Section 5

### Handyperson services

A handyperson can complete a wide variety of small but important tasks in and around the home to enable individuals to maintain and improve their living environment. There is broad acknowledgement that handypersons should no longer be seen as an add-on to the services an HIA provides, but as one of the 'predictable' portfolio of services people can expect from a future HIA.

With the announcement in *Lifetime Homes, Lifetime Neighbourhoods* of £33 million extra funding to encourage the development and to increase the capacity of handyperson services, it is evident that these services will be a major source of growth over the next two years. This represents a major investment and marks a coming of age for the service.

There is potential for HIAs to enjoy their share of this growth, but it is unlikely that they will be the only providers eligible for this extra funding.

#### The growth in handyperson services

The first handyperson services were set up in the late 1980s and quickly demonstrated their value for money and high levels of customer satisfaction. In 2005 local authorities were given the option to fund handyperson services directly using Supporting People grants. In many areas Supporting People now assumes responsibility for co-ordinating the funding and commissioning of handyperson services.

A survey of the HIA sector carried out by Foundations in May 2008 indicates that around 80% of HIAs operate handyperson services. The already large number of outputs recorded in the survey, often from limited budgets, suggests that additional funding for handyperson services should greatly enhance the capacity and capability of the sector to deliver low-level housing interventions.

#### Addressing the need for quality standards

As handyperson services grow in popularity and receive additional public funding, the focus on the quality of these services will increase. It is important for commissioners and providers to consider quality issues relevant to services.

This should include putting in place appropriate policies and procedures. These should not only cover operational issues – eligibility, charging structures, monitoring of customer satisfaction, but also public protection matters such as health and safety, anti-discrimination, equal opportunities, protection of vulnerable adults, and data protection.

HIAs have the advantage of already having had their services scrutinised as part of the Supporting People Quality Assessment Framework, so ongoing attention to quality control, safety and security issues should not present many difficulties.

Many HIAs have also taken the step of creating handyman teams that carry out a broad range of jobs, e.g. repairing a leaking tap, fitting a grab rail, putting up a smoke detector, and fitting locks and bolts, thus delivering cross-agency outputs quickly and efficiently. They are addressing property maintenance, adaptation, home-security, home-safety and falls prevention all at the same time. This is in line with the government's vision for efficient, holistic handyman services and should serve those agencies well.

## Service characteristics

Common characteristics demonstrated by most HIA handyman services in the recent Foundations survey include:

- the service is responsive
- delivery times are rapid and flexible
- the service will normally be provided by an HIA employee, although some HIAs use sub-contractors and local small building firms
- the service is linked to the wider range of services on offer from the HIA and often 'signposts' to other support services beyond the scope of the HIA
- the size of the jobs undertaken is capped (either in time taken to complete, or the cost of work required), and
- referrals are received from 'key' partners for priority attention allowing services to be targeted to areas where they are most needed.

There are many variations of handyman services, not all provided by HIAs. The nature of the service available in any locality depends largely on the requirements of those giving funding and the aims of the provider organisation. The main differences can be summarised as follows:

1. Charging policy – some services are provided entirely free, some charge only for materials used whilst others will also make a charge for labour. Some, operating on a full cost-recovery basis, will make a full commercial charge for the service. Models exist that operate as a subscription service.

2. Eligibility – some handy person services are only open to specific groups such as older people or those on low incomes. In some cases services are open access. Sometimes the service may only be available in part of the area covered by an HIA (e.g. areas of deprivation or clearance).
3. Type of service – this can vary greatly and may include minor repairs, minor adaptations, home safety, home security, work required to effect hospital discharge, and gardening. Some include services such as shopping and delivery of medical equipment and/or supplies.

## Conclusions and recommendations

- Handy person services are very popular with commissioners, providers, and clients alike. They are in great demand and are an area of growth. They are attractive to clients as they offer a quick and effective solution to housing problems, at a reasonable cost and carried out by trusted individuals. They are a highly visible service with high satisfaction levels.
- Handy person services offer value for money for commissioners, not only in terms of numbers assisted and the average cost per job undertaken, but in terms of measurable outcomes such as reducing falls, reducing delays in hospital discharge, and reducing crime and fear of crime.
- Commissioners can play a valuable role in rationalising the development of publicly funded handy person services. Duplication and overlap could be minimised by mapping current services and re-letting more comprehensive service contracts over a reasonably short timescale.
- Handy person services are able to reach the most vulnerable in our communities who would normally be reluctant to accept more intensive help. By getting ‘a foot in the door’, handy person services have the potential to act as a referral point to a range of other services aimed at promoting independence. For those agencies with a handy person service, it provides an important link to the other services that they provide.
- Handy person services can form part of a joined-up approach to service delivery. They are able to complement and extend the value of other services on offer from the HIA, such as advice on benefits and adaptations.



## Section 6

### Major adaptations

The provision of disabled adaptations has been the subject of a recent government review and package of measures to modernise provision announced by Communities and Local Government in February 2008. It is too early to measure the effects of these changes, but it is clear that adaptations will continue to be a significant area of work for many HIAs.

#### The need for changes to the adaptations approach

Disabled Facilities Grant (DFG) funding has increased significantly but there is continuing pressure on budgets at a local authority level. In the coming decades there will be increasing numbers of older and physically disabled people requiring adaptations to their home to maintain independent living. In order to meet this growing demand, adaptations services need to change and become integrated into a wider suite of options for maintaining independence.

The current process for the delivery of larger adaptations is still predominated by the various groups of professionals involved. Notwithstanding recent changes to the DFG process, people in need of adaptations often suffer as a result of the lack of uniformity around the process, not knowing how long they will have to wait or what adaptation options will be available to them. This includes all tenures. The difficulties surrounding the DFG process run counter to the government's plans to encourage greater personalisation of care and support services.

HIAs deliver adaptations but are much less likely to be involved strategically in developing and improving services. Partly this reflects a perception by some local authority partners of HIAs as solely a mechanism for processing grants, but HIAs are also partly responsible for failing to challenge the view that they are not able to contribute in a strategic way.

#### Getting the most out of DFG budgets

HIAs can help local authorities get the most from their adaptations budgets, particularly if those adaptations provide part of a wider service. A holistic approach to the assessment process can lead to the identification of an alternative solution cheaper to the public purse, more acceptable to the client, and in line with the recent changes and flexibility introduced to the DFG programme. Inflexible approaches to using major adaptations as the 'only solution' to a situation can be wasteful.

There are already a number of initiatives around the country that could be replicated by HIAs and their local authority partners:

- **Re-using equipment.** Some adaptations equipment can be economically recovered and re-used. HIAs can help to improve the availability of second hand equipment in their areas. They can innovate in the development of leasing arrangements for larger items of equipment such as stairlifts, and the deployment of a new generation of pre-fabricated and modular extensions, some of which are re-useable, to reduce the cost of some of the most expensive adaptations options.
- **Better supply chain management of adaptations equipment.** HIAs can work individually or collectively with other HIAs or collective procurement consortia to improve the cost, speed of delivery, and level of service from suppliers and installers of adaptations equipment.
- **Working across a county.** A number of HIAs have contributed to a reduction in the complexity and variation of adaptation services in two-tier authorities by working across district boundaries. Having a shared delivery service for major adaptations has led to districts developing shared protocols and practices, standardising and streamlining processes with local authority partners.
- **Adding value for commissioners.** The need for adaptations usually occurs simultaneously with other needs for housing related intervention. Integrated HIA services consider the place of adaptations within the wider suite of services they provide.

## A team approach to delivering adaptations

One area with the potential to transform the DFG process is the greater use of handypersons to deliver low-level adaptations. Providing a handyperson service with the capability to both assess need and carry out the work required will free up occupational therapists (OTs) to concentrate on more complex cases. HIA handypersons and other staff who achieve Trusted Technician<sup>4</sup> status or other forms of external accreditation, will make their services more attractive to commissioners and partners in social care authorities.

Some of the best practice in the country can be found where OTs have been seconded to work within HIAs or in grants departments. This eases day-to-day communication, leads to better co-ordination, and improves case management.

<sup>4</sup> The Trusted Technician qualification is designed to equip HIA staff with the skills to understand a client's needs and fix a range of products at their home. It assesses a series of competencies based upon the DH 'Trusted Assessor' framework.

## Moving from a provider-led to a user-led process

In order for adaptations to become better integrated, strong links should be developed between the DFG referral process and a holistic housing options advice service. Research has established a need for information and advice about adaptations to a person's current home to be considered as part of a range of other possible options, such as a move to more suitable or specialist accommodation elsewhere. HIAs are well placed to include major adaptations as one of a range of options available as part of a *support for choice* approach.

It is often the case that, when given the choice, the service user will select an option that is less costly and less intrusive than the one provided for them by those in authority. The advice of a qualified and experienced professional should be balanced against the choice of an individual living in their home environment. If this conundrum can be solved it may provide an opportunity to be more flexible and to accommodate 'personalisation'. Allied to other initiatives such as improved procurement processes, it might lead to significant additional numbers of adaptations being carried out.

## Conclusions and recommendations

- HIAs should seek to engage with any changes and opportunities arising out of the modernisation of adaptations services announced in February 2008 including the greater flexibility for use of the DFG grant.
- HIAs can play a strategic part in transforming adaptation services from a bureaucratic grants processing system to one that is integrated into a range of options available to individuals hoping to maintain independent living.
- HIAs have experience and an expertise in delivering adaptations quickly and efficiently reducing waiting times and disruption for clients.
- HIAs can utilise their individual and collective resources to improve procurement processes of equipment and labour, contributing to improvements not only in the DFG process, but also in terms of maximising returns on the resources deployed.

## Section 7

# Connecting with health

*Lifetime Homes, Lifetime Neighbourhoods* stresses the need for housing services to reconnect with health and social care. It identifies three key policy areas that are at the intersection of these different fields:

- Prevention
- Personalisation and choice
- Co-ordination and integration of services

## Housing interventions and health benefits

The links between poor health and poor housing are well known, and have been extensively documented through the development of the Housing, Health and Safety Rating Scheme.

However, measuring the precise impact of preventative services is notoriously difficult and there is currently a lack of research into the health benefits of HIA services. Reviews of existing research into the effects of housing interventions on health have concluded that there is a need for further studies to measure impact, in order for the housing and health sectors to target resources and services more effectively.<sup>5</sup>

Some literature does outline the potential savings of adaptations and other housing-related measures when compared to potential health and care costs at a later date. *Better outcomes, lower costs*<sup>6</sup> summarises existing evidence and makes a number of points in this respect. There is evidence suggesting a causal link between housing conditions and mental health, notably depression amongst older groups.<sup>7</sup>

Direct commissioning links between HIAs and health and social care commissioners are only to be found in a limited number of HIAs. The relationship between HIAs and their local Primary Care Trust (PCT) in particular varies widely. A survey of the sector undertaken by Foundations in 2007 found that very few HIAs (just 7%) received PCT funding as part of contracts co-ordinated by Supporting People.

<sup>5</sup> *Housing and public health: a review of reviews of interventions for improving health*, National Institute for Health and Clinical Excellence, 2005

<sup>6</sup> *Better outcomes, lower costs, Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: A review of the evidence*, Office of Disability Issues, 2006

<sup>7</sup> *Good housing and good health? A review and recommendations for housing and health practitioners*, Care Services and Improvement Partnership and the Housing Corporation, 2007

However, many HIAs receive separate health funding for specific projects, for instance hospital discharge schemes operated by HIA handyman services. Where health funding isn't directly linked to service provision, HIAs often work with local health providers to tackle local health priorities.

This is clearly an area with growth potential where advances made by some HIAs can be replicated elsewhere in the sector, particularly as national policy moves towards shared objectives across housing, health and care and more joint commissioning of services. The development of shared objectives is exemplified by the recent introduction of the local area agreement (LAA) framework.

## HIAs and prevention

*Lifetime Homes, Lifetime Neighbourhoods* recognises the importance of housing services in meeting the preventative agenda. The value of preventative services has been recognised by health and social care professionals and policy makers. The white paper *Our Care, Our Health, Our Say*<sup>8</sup> sets out plans to monitor PCTs on the amount of resources directed into preventative services. Some PCTs currently meet this requirement through hospital discharge schemes, falls prevention schemes and home safety schemes – all these services can be provided by HIAs in a client-centred, holistic way.

Falls prevention has been a recurring element in HIA work over recent years. Minor interventions such as securing a loose carpet or fitting grab rails are low in cost but can considerably reduce the likelihood of an individual having an accident or being admitted to hospital.

A number of HIAs provide services to support earlier discharge from hospital. The Community Care (Delayed Discharges etc.) Act 2003 ensures that local authorities minimise the time patients remain in hospital, sometimes because their home surroundings are not suitable. Installing equipment or adaptations, or making repairs to someone's home, can ensure that they can leave hospital promptly into a safe environment.

The current agenda on the transformation of social care with its emphasis on prevention is one that fits well with the approach adopted by HIAs. The long-standing relationship between HIAs and social care seems set to be reinforced as social care reforms move forward and integration with the health sector increases.

HIAs have already been involved in Partnerships for Older People Projects (POPPs), taking a proactive approach to engaging with older people and bringing a range of services to them at an early stage, greatly improving the effectiveness of preventative services.

<sup>8</sup> *Our Care, Our Health, Our Say: a new direction for community services*, Department of Health, January 2006

## HIAs and personalisation

The publication of the *Independent Living Strategy* by the Office for Disability Issues (ODI), in March 2008 and the *Putting People First* concordat in December 2007 confirm the government's commitment to ensuring that 'personalisation' will be at the centre of independent living for disabled people and the development of social care. Central to this new environment are personal budgets (delivered through Direct Payments and Individual Budgets) where users of adult social care will have greater control over the money allocated to them.

The Independent Living agenda:

- offers the chance to utilise the client-focused skills that exist amongst HIAs
- potentially increases the need for independent advice and support delivered by HIAs, and
- highlights the change in emphasis in health and social care from service-led to user-led provision.

HIAs can expect the way services are commissioned and provided, and the role of health and social care professionals (within the context of the personalisation agenda), to change. HIAs will need to promote themselves to the wider public in order to attract referrals. They will need to offer services that can be 'purchased' direct by individuals and should adapt to an environment in which older people and disabled people will have greater involvement and say in the services they receive.

## HIAs and commissioners and providers of health services

In 2007, the Department of Health launched its *World Class Commissioning* programme, challenging PCTs to significantly develop their commissioning capability to achieve improved health and well-being outcomes for their local community.

These aims cannot be achieved unless there are close and productive relationships between PCTs and other key partners. HIAs can facilitate these relationships by providing a vehicle through which specific local health and housing outputs can be delivered.

The relationship between HIAs and general practitioners (GPs) is largely undeveloped. There have been isolated instances in the past of local HIAs linking up with GPs to deliver 'repairs on prescription' type services (e.g. a GP could refer a patient with a respiratory condition to an HIA energy-efficiency service which then solves damp or other problems). Some HIAs advertise their services in GPs' surgeries, but more have a much better developed relationship with district nurses.

Practice-based commissioning gives GPs direct responsibility for managing funds that follow patients through their care pathway. It is therefore in the interests of HIAs to develop and maintain links with GPs as they will increasingly become a potential source of funding for services. Practice-based commissioning is expected to expand to encompass housing-related support and interventions such as aids and adaptations and HIAs should prepare for this shift in service commissioning.

## Conclusions and recommendations

- HIAs can provide efficient and effective low-cost housing related interventions with potential benefits to health budgets. Health commissioners and providers should consider HIAs as potential suppliers of housing-related services with beneficial outcomes to their patients, and as a method of delivering some of their wider objectives arising from their own and shared policy arenas.
- HIAs should take proactive steps to enhance partnership working with the health sector and should seek to maintain a dialogue with colleagues at the PCT and GP practice level.
- There is a need for further research into the quantified impact of housing interventions on specific health conditions, in order for housing related interventions to be targeted more effectively.
- HIAs should adapt their services to meet the emerging health and social care agendas, in particular prevention, personalisation and choice. The personalisation agenda will change the way services are provided and commissioned. There is an opportunity for HIAs to maximise independent living amongst traditional client groups and users of social care services through personalised housing interventions, commissioned directly by individuals or groups of individuals.

## Section 8

### Conclusions – ‘the future HIA’

The HIA sector has achieved much in the last 20 years. It has developed in size, capacity, range of services delivered, and adapted to the many challenges and opportunities that have come its way. But nothing in life can remain static; if you are not moving forwards you are slipping backwards.

*Lifetime Homes, Lifetime Neighbourhoods* provides a unique opportunity for HIAs, but it also presents significant challenges. The aspiration for HIAs to become “the hub around which vulnerable people exercise choice about their home environment” is a long way from where many local services are now, in spite of everyone’s efforts.

#### The case for change

The Future HIA project makes a clear case for the ongoing change and development of the sector, and sets out the drivers that will affect the sector over the next few years and the strategic environment in which it must operate. It presents the strengths and benefits of the sector, and identifies examples of good practice in a number of areas. But it also points to developments being made by others and highlights the challenges and opportunities of providing services to increasing numbers of vulnerable people who will need support to live independently in their own homes.

Collectively the HIA sector has a strong track record of innovation, joint working and delivering client-centred services. These strengths are well suited to the changing environment over the coming years, particularly in the context of local area agreements and personalisation of social care.

Government policy is laying out a new agenda for the delivery of services to vulnerable people. In future, housing, health and care will be more interdependent. This cross cutting approach aims to improve the well-being of the population and in future will concentrate as much on the outcomes in improving the quality of a vulnerable person’s life as it does on the volume of outputs.

No one model of HIA service delivery will fit all situations, but a ‘common thread’ of providing *support for choice*, coupled with the unique selling point of client-centred support and effective mechanisms for achieving repairs and adaptations to clients’ homes, provide a strong basis on which to develop a range of approaches.



## Opportunities for change

There are a number of areas that provide HIAs with the opportunity to change. For HIAs that have the appetite, there is a range of new skills to acquire to deliver a more holistic range of services, e.g. in identifying alternative sources of funding for work, developing changes to the delivery of major adaptations, or simply in securing additional resources to deliver services to more clients.

Restructuring services is likely to continue as commissioners review contracts. Some services may need to merge, whilst others may cease to operate. Operational procedures need periodic revision to ensure that the HIA is efficient and effective, and its services offer value for money and are of a high quality. It is these criteria that determine which service wins commissions from local authorities. Clients commissioning providers direct will also base their choice on these criteria.

## Operating successfully in the local context

The number of HIA providers in the market is limited. We wish to see a balance of providers with a shared vision and common purpose. Because of the range and variety of current models and the increasing emphasis on local decision-making, there is every reason to believe that the spectrum of management arrangements for HIAs can be maintained.

In-house, independent and registered social landlord (RSL) providers of HIA services all have their strengths and weaknesses, aptitudes and blind spots. Their individual responses to the local context and their ability to network will largely determine ultimate success or failure. There is a need to make best use of all these providers and the skills and resources that each bring. There will be a continuing need for a mixed market of providers acting in an enterprising way.

However it is difficult to see that the demands on services predicted by the demographics of our ageing society can be met from the public purse alone. New ways to increase capacity must be developed. Therefore, in future some HIAs, whatever their management arrangements, are likely to take the form of social enterprises or community businesses.

Social enterprises have the potential to transform communities. As sustainable businesses with a mission for community benefit rather than private profit they can make a strong contribution to both the local economy and a fairer society. They can also play an important role in delivering improved public services and may be more successful than government at understanding the needs of, and reaching, certain groups. Communities and Local Government is currently setting up a Social Enterprise Unit and remains committed to encouraging the potential of social enterprise throughout its work.

HIAs can and should continue to maximise the range of public funding sources channelled toward their client base. This task has both local and national components including the need for robust and supportive partnerships, and is easier in some parts of the country than in others. In particular, areas with substantial regeneration budgets offer more opportunities than those without.

Another solution is to find sources of income that do not depend on public funds at all. This means a commitment to trade profitably in the marketplace. The key questions for any HIA contemplating this approach are:

- What are we good at?
- Who might pay us for our services?

There are a number of groups willing to pay for trustworthiness and competence in delivering building work. These include:

- Older people with decent incomes;
- Younger people who are cash rich but time poor;
- Social landlords looking to let contracts for repairs or handyperson schemes.

The challenge is to meet the needs of such groups profitably and to redirect surpluses toward meeting the needs of vulnerable people without being distracted or losing sight of founding principles and core client groups. Some agencies, in this as in other fields, are already leading the way.

In the future increasing numbers of HIAs are likely to be embedded in their local communities, providing services to and for local people by contract with multiple commissioners. Some will be trading profitably in new markets and ploughing surpluses back into new local services.

## Mapping needs and targeting resources

Commissioners have an overarching need to understand the communities that they serve. They require a detailed and up-to-date understanding of their local population; its profile, its characteristics, and of projected changes in demography. They need to know what services are currently being provided, by whom and for whom. They can then identify gaps in current provision and plan what to commission. Only on the basis of this information and knowledge can they make meaningful decisions on what services to procure.

The next step is to target services effectively. Traditionally this has been a stumbling block for public bodies as they have lacked 'street-level' knowledge of their local communities. HIAs and other third sector organisations have been adept at identifying those in the local community that are vulnerable, and in gaining their trust. In particular they have often been able to target those parts of the community facing multiple exclusion. This has provided HIAs with the ability to act as a gateway to other services, including public services and is one of the reasons that third sector organisations have become valued providers of local services. The ability to target resources is likely to be enhanced in the future by 'predictive risk modelling' tools such as that being developed by the King's Fund.

Whilst HIAs have always been valued for their ability to target hard to reach groups, they must not become complacent in their ability to achieve this. In future, an in-depth knowledge of the local population and of local services will be of great importance to providers in developing their business plans, whether targeting new markets, or in demonstrating judicious use of public resources. It is difficult to escape the fact that HIAs will need to employ everyday business skills – business planning, marketing, and risk management – routinely if they are to survive in whatever context they operate.

## Conclusions and recommendations

- The HIA sector has achieved much since it began. It has grown geographically to cover most of the country and has developed its capacity so that collectively it delivers in excess of 250,000 jobs for clients each year.
- There is still much to be done in bringing all local services up to the same standard as those delivered by the very best and an on-going review of quality, breadth, and depth of local services is essential to the continuing development of the sector.
- There are many challenges HIAs as providers of local services face. But there are also many opportunities for those with the skills, capacity and determination to realise them.
- Client-centred support and an expertise in maintaining and adapting the fabric of the home are the two characteristics that distinguish a Home Improvement Agency (HIA) from other housing related support in an increasingly diverse sector. HIAs can and do use these characteristics as the basis from which to develop a range of services for their clients, most notably handyperson services.
- It is essential to preserve the ethos of the sector – the commitment and passion of the staff and their champions (managing agents, trustees, local commissioners) for their clients and in 'getting things done', into the future.
- A mixed market of providers – in house, independent, those managed by registered social landlords, and others, is a positive attribute, and each bring their particular skills and strengths. All parts of the sector should embrace a socially enterprising approach to the delivery of services and the development of new markets to maximise the availability of HIA services to our ageing society and other vulnerable householders.

## Section 9

# Building on a history of innovation

The HIA sector is diverse, that much is clear. Different agencies are at different stages in their development and this is not a linear process, and there is no 'one size fits all' model to adopt. For some agencies, the Future HIA project will represent a significant challenge and identify opportunities for change and development. For others it will merely be an affirmation of what they are already doing.

A famous US multinational company had a target to become 'number one in terms of market share'. When it achieved that position its business stalled and began to lose ground. Its board commissioned a leading business school to develop a solution to the problem, at great expense. The business school gathered together its best undergraduates and post-graduates and brainstormed the issue. The solution that they came up with was a simple one – look at different markets. This provided the headroom for further growth.

Although this story is from the business world, the message applies to anyone who feels they have achieved their target – find a new one. The HIA sector is built in large measure upon the imagination, innovation and perseverance of individual agency managers, staff or a local 'champion' (often a local service commissioner). Because they see at first hand the needs of their clients, know what services they want, have a passion for helping those in need, and a skill in selling their ideas, these people have driven the development of the sector.

Many of the services offered by HIAs today e.g. handypersons, gardening services, decorating, early hospital release, started in this way. In a brief final section to the main report we plan to collect together a few thoughts, ideas and examples that may serve to inspire those who are seeking fresh motivation and new targets – the next generation of HIA services. We hope that these ideas will help you to reach new heights.

## Further reading

Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: A review of the evidence, (Office of Disability Issues, 2006)

[www.officefordisability.gov.uk/research/odipublications.asp#ilr](http://www.officefordisability.gov.uk/research/odipublications.asp#ilr)

Census 2001, (Office for National Statistics, 2005)

[www.statistics.gov.uk/census2001/census2001.asp](http://www.statistics.gov.uk/census2001/census2001.asp)

HIAs Delivering Government Strategies – Falls and Accident Prevention, (Foundations, 2004)

[www.foundations.uk.com/default.aspx?id=559](http://www.foundations.uk.com/default.aspx?id=559)

HIAs Delivering Government Strategies – Hospital Discharge, (Foundations, 2004)

[www.foundations.uk.com/default.aspx?id=559](http://www.foundations.uk.com/default.aspx?id=559)

Improving services and support for older people with mental health problems, (Age Concern, 2007)

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

Independent Living – A cross government strategy about independent living for disabled people, (Office for Disability Issues, 2008)

[www.officefordisability.gov.uk/working/independentlivingstrategy.asp](http://www.officefordisability.gov.uk/working/independentlivingstrategy.asp)

Lifetime Homes, Lifetime Neighbourhoods; A National Strategy for Housing in an Ageing Society, (Communities and Local Government, 2008)

[www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods](http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods)

Lighting the homes of people with sight loss: an overview of recent research, (Thomas Pocklington Trust, 2007)

[www.pocklington-trust.org.uk/research/projects/researchfindings/rf15.htm](http://www.pocklington-trust.org.uk/research/projects/researchfindings/rf15.htm)

Living on the Edge, (Care and Repair England, 2008)

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

National Evaluation of Partnerships for Older People Projects: Interim report of progress, (Department of Health, October 2007)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079422](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079422)

National Service Framework for Older People, (Department of Health, 2001)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003066](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066)

Our health, our care, our say: a new direction for community services – A White Paper, (Department of Health, 2006)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

Our health, our care, our say – One year on, (Department of Health, 2007)

[www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/DH\\_073621](http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/DH_073621)

Putting People First – A shared vision and commitment to the transformation of Adult Social Care, (Department of Health et al., 2007)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationspolicyandguidance/dh\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publicationspolicyandguidance/dh_081118)

Small things matter – the key role of handyperson services, (Care and Repair England, 2006)

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

Spotlight on older people in the UK (Help the Aged, 2008)

[www.helptheaged.org.uk/en-gb/whatwedo/publications/wd\\_publicat\\_280206\\_1.htm](http://www.helptheaged.org.uk/en-gb/whatwedo/publications/wd_publicat_280206_1.htm)

## References

Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, (Communities and Local Government, 2008)

[www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods](http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods)

Good housing and good health? A review and recommendations for housing and health practitioners, (Care Services and Improvement Partnership and the Housing Corporation 2007)

[www.housingcorp.gov.uk/server/show/conWebDoc.8174](http://www.housingcorp.gov.uk/server/show/conWebDoc.8174)

Our health, our care, our say: a new direction for community services White Paper, (Department of Health, 2006)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

Housing and public health: a review of interventions for improving health, (National Institute for Health and Clinical Excellence, 2005)

[www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/housing\\_and\\_public\\_health\\_a\\_review\\_of\\_reviews\\_of\\_interventions\\_for\\_improving\\_health\\_evidence\\_briefing\\_summary\\_ms\\_word.jsp](http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/housing_and_public_health_a_review_of_reviews_of_interventions_for_improving_health_evidence_briefing_summary_ms_word.jsp)

Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: A review of the evidence, (Office of Disability Issues, 2006)

[www.officefordisability.gov.uk/research/odipublications.asp#ilr](http://www.officefordisability.gov.uk/research/odipublications.asp#ilr)

**ISBN: 978-1-4098-0411-6**

ISBN 978-1-4098-0411-6



9 781409 804116