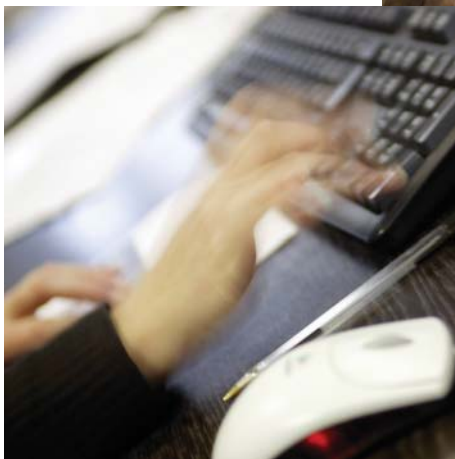


Support For Choice



Information,
advice,
signposting and
advocacy

About the future HIA project

In Autumn 2007 Foundations, the National Body for home improvement agencies, was commissioned by Communities and Local Government to carry out research and produce a report examining the options for the future delivery of home improvement agency (HIA) services. The report will draw on examples from within and outside the HIA sector to highlight possible areas for development. It will not present a 'one size fits all' model, but a series of options that may be appropriate depending on the identified needs of the local population, also taking account of other services already provided.

The project will test the hypothesis that HIAs can be the hub around which vulnerable clients can exercise choice about their home environment, and look at what factors might influence the success or failure of such an aspiration.

This document is one of a series of project sub-reports. This sub-report examines the role of HIAs in providing information and advice to their clients about the options and services available so that they can make informed decisions. It provides examples of good practice as well as considering the key issues to be addressed in order to achieve real growth and development within the sector.

Acknowledgements

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- Dorset County Council
- Dorset HOOP project
- Sefton Pensioners Advisory Centre
- Warrington Housing Association

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Section 1 – The role of HIAs in support for choice

1.1 Introduction

Support for choice is about helping people to exercise their choice. It entails a whole range of skills:

- Listening to the person, hearing their aspirations and understanding their circumstances
- Offering a range of possible solutions that might be delivered by the HIA itself, but also signposting to services offered by others
- Working with the person to ensure that their chosen solution becomes a reality.

This report will look at why HIAs of the future should place this concept at the centre of their approach to service delivery. Although *support for choice* covers the complete range of services including the overseeing of repairs, adaptations and improvements, this report will focus on the HIA's information and advice function. The following sections will examine different levels of service and how these work within an environment of other local and national housing information, advice, signposting and advocacy providers.

1.2 Background

*Lifetime Homes, Lifetime Neighbourhoods*¹ sets out a desire to see HIAs developing as “the ‘hub’ around which vulnerable clients exercise their choice about their home environment” (page 71). This hub will provide older people with personal support to make informed choices about the full range of housing options and open up a range of delivery models. So, even if it is not feasible to provide a service itself, the HIA could act as an advocate for the client whilst the service is delivered by others.



¹ *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, Communities and Local Government, February 2008.*

One function which has always been core to HIA services is the provision of housing information and advice. Clients come looking for answers to their housing problems, and the careful assessment of the client's circumstances and presentation of a broad range of options is vital to ensure that the client finds the right solution.

Over the last few years, encouraged by the "Should I stay or should I go?" initiative taken by Care & Repair England in 2002, many HIAs have developed housing options services. Housing options services cover the full range of possible solutions, including those which do not involve the agency carrying out any repairs, adaptations or improvement to the client's existing home. The approach recognises the unique circumstances of each client and the need for personally tailored solutions.

There is now wider acknowledgement of the benefits of such an approach. The good practice guide *Expanding Choice, Addressing Need*² encourages the development of more holistic 'enhanced' housing options services, offering advice around a wider range of issues to a wider audience.

In addition to the need for greater breadth of information, it is also recognised that the timing of information and advice is crucial, particularly for older people:

*"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."*³

The personalisation of advice is vital in enabling people to make informed and appropriate decisions about their future. It has been established that older people value being able to access advice that is tailored to their individual circumstances. This can be provided by telephone and via the internet but for many, the preferred option is face-to-face contact.

With HIAs' focus on client-centred support provided in the person's home, and their history of providing personalised, holistic housing options services, it is easy to understand why government ambitions for the sector are so high.

1.3 Breadth of advice

As people become older, and factors such as illness and disability mean that their home is no longer suitable, they have a number of options:

- Staying put with appropriate adaptations and support
- Moving to more suitable non-specialist accommodation, for example, blocks of flats with lifts
- Sheltered or extra care housing
- Retirement villages or residential care.

² *Expanding Choice, Addressing Need – Addressing Housing Need through the Enhanced Housing Options Approach, Communities and Local Government, March 2008*

³ *Page 48, Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, Communities and Local Government, February 2008*

The Audit Commission, in partnership with Better Government for Older People,⁴ set out some of the aspirations of older people based on a range of consultation exercises. These go further than the options of ‘staying put’ in their own home or ‘moving on’ to a more suitable property, and include a wider range of wellbeing choices:

- Having choice and control over how older people live their lives
- Opportunities to contribute to the life of the community, and for that contribution to be valued and recognised (interdependence)
- Comfortable, secure homes
- Safe neighbourhoods
- Friendships and opportunities for learning and leisure
- The ability to get out and about
- An adequate income
- Good, relevant information
- The ability to keep active and healthy
- Tackling ageism
- Being involved in making decisions
- Joined-up services.

1.4 Where do HIAs of the future fit in?

Local authorities adopt a variety of approaches to the direct provision of information and advice to address issues relating to housing and independent living. Alongside council-run services, a mixture of third sector organisations provide local communities with generic (and some specialist) forms of housing options advice.

The HIA of the future will be operating within this background and can perform two functions as part of assisting their clients to exercise choice:

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

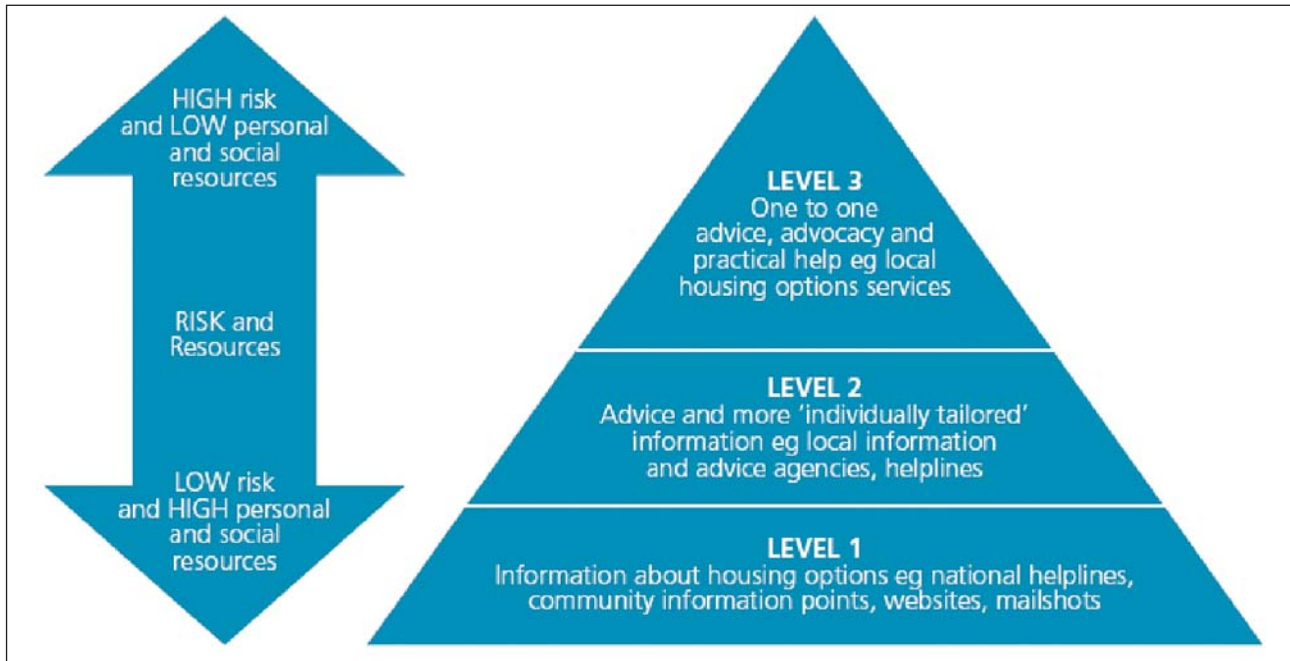
In some districts, HIAs will be best placed to provide a wide-ranging and holistic advice service looking into and setting out the various options available to the client to meet their housing needs. This would necessitate a well-developed knowledge of all local services (public, private, and voluntary 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 has been properly assessed and provided with a full range of options, following a referral to the housing options service run by another organisation.

⁴ *Older People: Independence and Well-being, Audit Commission, 2004.*

Information, advice and support need to be tailored according to the person's level of need and risk. For most people thinking about their choices, a light touch service such as internet- and telephone-based information and advice is appropriate. For those most at risk, including those who do not have alternative personal and social resources, more intensive support and advocacy services are needed.

Figure 1: Housing Information and Advisory Services Pyramid⁵



Throughout this report, reference is made to the three levels identified within the pyramid in Figure 1 as a way of delivering more specialised and client-specific support. It should be stressed that in the real world, matching the appropriate service to an individual need is more complex and fluid than this model of services would suggest. For instance, national helplines are capable of offering highly specialised and personalised advice services. Nevertheless, it is a useful guide to the different levels of service which an HIA might offer a client.

⁵ Taken from *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, Communities and Local Government, February 2008*

Section 2 – The information and advice environment

2.1 Client groups and levels of service offered

When acting as provider of general information or ‘first point of contact’, HIAs should 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.

Currently, many HIAs already offer their advice services to all tenures and age groups. Clients receiving services at Level 1 are also likely to be carers, family and friends trying to obtain information and advice on the options available to improve the quality of life of another person.

In meeting this ideal of open access for initial enquiries, some HIAs will face resource issues when dealing with this wide range of clients and the broad, sometimes non-housing-specific advice being sought by the enquirer.

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.

Clients who are being supported at Level 3 are also more likely to require tenure-specific support, although there is a growing crossover in the support and choices found within different tenures. For example, disabled adaptations options are becoming more closely aligned across tenures since changes to the Disabled Facilities Grant programme were announced in February 2008, while ‘move on’ options often involve moving between tenures so it would seem more efficient and logical to offer this kind of service on a non tenure-specific basis.

2.2 A joined-up approach to information and advice services

If there are no restrictions on access to individual advice and information services, there is no possibility that an individual can be refused help from the service they have approached. Behind the scenes, the advice agencies in particular areas need to work together to understand each other’s ways of working and agree common referral routes. This means that a client should always receive one of the following two responses to their enquiry:

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

This approach ensures that enquirers are satisfied that they have the information they need to make choices and are at least one step closer to addressing their problem.

To maintain a good network of cross-referrals between different service providers, agencies should collate and keep up-to-date directories of organisations working within their geographical area. Many local authorities produce directories such as an A to Z of local services, which are invaluable both to advice agencies and consumers. The directories should encompass the statutory sector, including health, as well as the not-for-profit sector and where relevant, the commercial sector.

In some areas the concept of cross-referral and mutual support between advice and support agencies has been taken to the next level, with a resource centre being developed which can house a multitude of advice, support and community organisations, providing consumers with a 'one stop shop' for all their advice and information needs.

Gateway Community Resource Centre

A key service delivered by Warrington Housing Association (HA) is the Gateway Community Resource Centre, which contains a range of third-sector organisations within Warrington and provides community space for exhibitions, meetings, conferences, etc. The centre is located in a disused printworks which has an open atrium area and a number of small offices and meeting units.

The centre is owned by Warrington HA which lets units out to the organisations accommodated. The Housing Corporation has confirmed this is an acceptable service to be delivered by a registered social landlord (RSL). Warrington HA's role in the Gateway is as landlord – the Gateway itself is an independent organisation run by its own management committee and users.

The centre benefits from being able to host 28 organisations, which are able to network and cross-refer clients to one another. Clients therefore benefit from a single location. Also, if the organisation the client is visiting believes the client's query could be better dealt with by another organisation in the centre, the client can often be seen and supported by that organisation without having to make an appointment.

The centre, which is located within the heart of the town near to the main shopping thoroughfare, has become something of a community centre for the town and has a café where people hold impromptu meetings and get-togethers.

2.3 Supporting choice for people with special needs

"It is important to recognise that anyone, whatever their level of impairment, can express preferences and therefore express choices about how their needs should be met. Our aim is to ensure that all disabled people, including those with significant learning disabilities or other forms of cognitive impairment (including dementia), are enabled to have choice and control over how their support needs are met."

"The Independent Living Strategy includes the following Government commitments:

Housing: We will take action to maximise disabled people's housing opportunities and choices by:

- *increasing the provision of housing advice and information"*

Extracts from Independent Living – A cross-government strategy about independent living for disabled people, Office of Disability Issues, May 2008.

The number of disabled older people is projected to double from 2.3 million in 2002 to 4.6 million in 2041.⁶ Based on current prevalence rates, the number of older people with dementia could rise from 684,000 in 2005 to 1.7 million by 2051, an increase of 154%.⁷ There is also a projected rise in the population of older people with mild or moderate learning disabilities living independently in their own homes.⁸

The model of services described by the housing information and advisory services pyramid can accommodate a variety of special needs, including sensory disabilities, mental health or learning disabilities. The level of service given can be altered so that a person with complex needs can access the support they need in order to make choices.

Factfile – Mental capacity

The Mental Capacity Act came fully into force on 1st October 2007. It aims to protect people who cannot make decisions for themselves due to a learning disability or a mental-health condition, for example Alzheimer's disease, or for any other reason. It provides clear guidelines for carers and professionals about who can take decisions in which situations.

The Act states that everyone should be treated as able to make their own decisions until it is shown that they can't. It also aims to enable people to make their own decisions for as long as they are capable of doing so.

A person's capacity to make a decision will be established at the time that a decision needs to be made. A lack of capacity could be caused by a severe learning disability, dementia, mental-health problems, a brain injury, a stroke, or unconsciousness due to an anaesthetic or a sudden accident.

The Act intends to protect people who lose the capacity to make their own decisions.

- It will allow the person, while they are still able, to appoint someone (for example, a trusted relative or friend) to make decisions on their behalf once they lose the ability to do so. This will mean the appointed person can make decisions on the other person's health and personal welfare. Previously, the law only covered financial matters.
- It will ensure that decisions made on the person's behalf are in their best interests. The Act provides a checklist of things that decision-makers must work through.
- It will introduce a code of practice for professionals such as healthcare workers who support people who have lost the capacity to make their own decisions.

More information on mental capacity is provided in the Foundations good practice guide *Providing services to those with Age-related Mental Health Needs*, wwwFOUNDATIONS.UK.COM/Files/mentalhealthneeds.pdf

⁶ *Future Demand for Long-Term Care, 2002 to 2041: Projections of Demand for Long-Term Care for Older People in England*, Personal Social Services Research Unit, March 2006.

⁷ *Dementia: International Comparisons, Summary report for the National Audit Office*, Personal Social Services Research Unit, 2007.

⁸ *Living on the Edge, Care & Repair England, 2008.*

Given the characteristics of typical HIA clients (many of whom are unable to cope with the demands of living independently in their own homes) and the demographic changes to come, there is clearly a growing future role for HIAs to offer appropriate support to clients with complex needs. Whether they meet this requirement from within the generic caseworking role or with specialist staff is dependent on available resources. However, some larger agencies have successfully developed specialist caseworker roles to work with these client groups.

The role of a mental-health caseworker

Mrs S is in her mid-60s. She lives alone in a large dilapidated house and has had sporadic contact with Bristol Care & Repair, the local HIA, for a few years. She has significant mental-health difficulties and has been diagnosed with paranoid schizophrenia, but declines any engagement with mental-health services. Mrs S does not think there is anything wrong with her.

As her house failed to meet the government's Decent Homes Standard, her case was being handled by the HIA's housing options service, with a view to finding suitable alternative accommodation. Despite several suitable flats being identified, Mrs S seemed reluctant to move. The housing options caseworker wasn't sure Mrs S wanted to leave her home, where she had lived for the past 40 years, and it was proving difficult to determine if she had the capacity to consent to leave. It also transpired that Mrs S still owned the house with her ex-husband but she was reluctant to disclose any contact details for him.

In addition to dilapidation, there was also significant clutter in the house. Enforcement action had been considered but not pursued. The house was again assessed by an agency technical officer who felt it would be possible to convert the basement of the house into a self contained unit and repair the roof and the front door, within the limits of a minor works grant.

At this stage, the HIA's specialist mental-health caseworker was asked to take over the case. The caseworker had significant experience of working with clients with mental-health problems, having had a professional background in health.

Clients with mental-health problems often need more time spent with them to build rapport and trust. The specialist mental-health caseworker carries a smaller caseload in order to spend more time with clients and to develop and provide training and support to peers.

Mrs S has now agreed to having work done. The caseworker sees Mrs S approximately once a week and is trying to organise some help with the house clearance. She will maintain contact with Mrs S once the work has been completed.

Source: Bristol Care & Repair

2.4 Reaching more clients earlier

Better preventative housing, health and care services are required as demographic pressures on health and care increase. However, preventative services must reach the right people much earlier in order to be effective.

Many people first seek information and advice at a time of crisis, often following a breakdown of their care and support arrangements or after a stay in hospital, when they realise that their current accommodation is no longer suitable for their needs. In such cases, an earlier intervention could have prevented or delayed the initial crisis, giving a longer period of independence and a less costly intervention from the state.

Predictive risk modelling techniques pioneered by health services to detect and treat the likely future onset of medical conditions may also have the potential to improve the effectiveness of housing support by directing help to those most likely to suffer a crisis at some point in the near future. A model has been developed by the King's Fund to identify people at risk before a crisis occurs.⁹ 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*.

Many people's choices diminish as they age, partly due to increasing immobility and ill health, but also as a result of lower income following retirement. Another way to improve the timeliness of housing support is for advice agencies such as HIAs to work with organisations which prepare people for changes in later life, such as employers who run pre-retirement courses.

By linking with these types of initiatives and services, HIAs can provide housing support options which will reduce risks around the home in much the same way that blood pressure tablets can reduce the likelihood of future strokes or heart conditions in patients.

General advice and information services providing a first point of contact are a valuable way of directing people to more specialised and personal assistance. However, there is an additional need to bring advice to individuals in harder-to-reach groups who want to improve their housing circumstances but may not be aware that help exists to identify the options and guide them through the process. These groups may reject generic advice given in websites or information leaflets as these are not tailored to meet their individual needs and circumstances.

One solution is proactive engagement with older people, and this has been developed through such schemes as the East Sussex Navigator Scheme and Dorset's Wayfinders service, the latter utilising older volunteers to signpost other older people. Both services are designed to enable more people to access advice and support options.

Wayfinders Service

Dorset County Council, through Partnerships for Older People Projects (POPPs) funding, developed the Wayfinder service which aims to:

- provide older people within the county with information about the services available, and
- increase the choices available to Dorset residents.

Dorset has been split into 33 cluster areas – with approximately two people working as Wayfinders in each. There are 60 Wayfinders in total in the county, each working nine hours per week. Each cluster is guided by a neighbourhood leader.

Wayfinders help with life's irritations and problems such as finding a trustworthy tradesperson or filling in complex forms. As David [a Wayfinder] says: "We try to get across that there is help available."

Examples of the help Wayfinders provide

An elderly lady received two different energy bills for the same service and was getting very distressed. She had previously changed suppliers but their IT system had made a mistake. Wayfinders arranged for a Citizens Advice Bureau expert to come round to solve the problem.

Another example is a lady whose husband had been admitted into a care home but she could not catch a direct bus to visit him. Wayfinders helped her with transport.

⁹ For more information, read *Predicting who will need costly care: How best to target preventative health, housing and social programmes*, Geraint Lewis, 2007.

Over recent years, HIAs have played an active role in the development of a 'whole systems approach' to advice and information services for older people and this will become an essential component of future HIA services. The whole systems approach means that access to one part of the system ensures access to the whole, with service design informed by the wishes, needs and aspirations of service users.

In several local authorities, different models have been tested through Partnerships for Older People Projects (POPPs) and LinkAge Plus pilot schemes and, following the evaluation of these schemes in 2008, the mainstreaming of successful models nationally will create the potential for building stronger partnerships between HIAs and other service providers in all local authority areas.

LinkAge Plus pilot in Tower Hamlets

The Department for Work and Pensions' LinkAge Plus pilots aim to work at the heart of local communities to support older people where they live. The pilots are one stop shops for people aged 50 and over. They enable people to access a whole range of services such as help with housing and access to transport, health services, employment advice, and information about volunteering opportunities. People who find it difficult to travel benefit from outreach activity which brings the services to them, while for others drop-in centres provide opportunities for socialising as well as getting the information and support they need.

Toynbee Hall is one of five network centres in London Borough of Tower Hamlets that co-ordinate the services and activities provided through the LinkAge Plus network in the different local areas of the borough. A network co-ordinator and outreach workers at each centre, working with the council, the local NHS, registered social landlords and other organisations, will help people to get involved.

Network centres provide some activities and services in-house and signpost and refer individuals to other services if the centre cannot provide for a particular need. All centres act as information hubs for the entire LinkAge Plus network.

Older people can meet professional advisors and access information about:

- pensions
- benefits
- carers' support
- employment
- health
- free legal advice
- housing
- social care
- volunteering opportunities
- learning and information services
- community safety, and
- leisure services.

The network centres work together on advocacy to improve support for people who are 50 and over across Tower Hamlets.

Section 3 – Providing advice and support

3.1 Level 1 – Information and advice

3.1.1 Initial contact

The starting point for people seeking information on their choices and options can come from a variety of sources, but initial contact for advice tends to fall into three broad categories:

- Personal contact – calling in at council offices, advice agencies (for example, Citizens Advice, an HIA or a Housing Aid Centre), local libraries, DWP offices, GP surgeries and health centres. Personal contact also includes meeting professionals who visit clients in their homes, such as GPs, social care staff, and community nurses.
- Telephone contact, generally with many of the same organisations as the personal contact locations, but also including more specialist telephone helpline services such as Help the Aged SeniorLine, Elderly Accommodation Counsel, and Counsel and Care.
- Specialist research and information (often through the internet) which people use to make decisions about the sort of help that is available to solve their problems.



Photograph provided by Devon Care & Repair.

FirstStop

“FirstStop is an initiative by four established national agencies to kick-start rapid improvements to the quality and availability of housing advice for older people in England by joining forces to deliver a beacon national service, supporting and working with the best of the local services, promoting a national brand for housing information and advice for older people, and adopting an entrepreneurial and pragmatic approach to ensuring sustainability.”

(Elderly Accommodation Counsel)

The FirstStop core service:

1. Information

- Within a radius of a postcode, details of all specialist housing provision, housing support services, Home Improvement Agencies, handyperson services, telecare services, day centres, care services and care homes
- A website and library of written materials covering all aspects of housing, support and care, finance and entitlements.

2. Guidance and support

- A telephone advice line staffed by specialists in all aspects of housing, care and support, finance and entitlements.

Founder partners and their specialisms:

- Counsel and Care: Accessing care and support, including low level and preventive services
- Elderly Accommodation Counsel: Accommodation options, including downsizing
- Help the Aged: provider of the Seniorline service
- NHFA: Financial advice, including equity release and care insurance.

The FirstStop core national service will advise on accommodation options, care and support, finance, and entitlements. Within this broad framework, specialisms may be developed.

FirstStop’s service delivery model aims to:

- meet the majority of needs categorised as Level 1 or Level 2 on the housing information and advisory services pyramid, via the core national service delivered by telephone and website, and
- work with and support local authorities and their partners to provide information and advice services at Level 3.

The national service employs dedicated, knowledgeable advisors supported by a bespoke IT system. Advisors have access to unique information resources, enabling them to deliver detailed local information to customers throughout the country. These information resources are equally available to FirstStop website users and local service delivery partners.

FirstStop’s Partnerships Development Team has initiated dialogue with potential local partners capable of delivering, commissioning or facilitating Level 3 services. During the first year this dialogue will be exploratory, seeking to identify partners and models of partnership through which FirstStop can support and enhance local service delivery, commencing trial arrangements with some local partners, and generally raise expectations of what could be delivered locally through partnership.

Source: Elderly Accommodation Counsel

For many people, the information they are given at their initial contact will be sufficient to give them the means to solve their problem without further external involvement.

However, a significant proportion of people with an enquiry will require more in-depth support, either to identify the range of choices or support them through the process of achieving their chosen option. In other words, their needs require a Level 2 or 3 service response.

3.1.2 'No wrong door'

A 'no wrong door' policy means that all advice agencies working in a given area adopt the same assessment and referral processes. If the agency cannot deal with the problem, it will need to take responsibility to redirect the client to another more appropriate organisation, either by obtaining consent to pass the client's details on or by giving the client the necessary details so they can make contact themselves.

3.1.3 Communication

Communication with clients needs to be on their level and easily understood. For most people verbal communication should suffice, backed up by confirmatory letters.

However, there are clients who may be unable to speak or understand English, or who have sensory impairments, particularly deafness. HIAs should keep details of organisations who can offer interpretation and translation services, or can act as an intermediary to ensure that the client's circumstances and aspirations are communicated to the agency and the options are communicated in an understandable way to the client.

3.2 Level 2 – Personally tailored options

One of the strengths of HIAs is their ability to meet the client on their own terms, usually in their own home. Any advice agency using holistic housing options to support people will need to undertake an in-depth interview with the client in order to understand their circumstances and aspirations and to tailor a range of solutions. The client is then in a position to make an informed decision and choose the solution most appropriate to their needs.

Depending on the client's situation, this initial discussion might take one relatively short meeting, or could involve a longer session which might span across several meetings.

3.2.1 The first meeting

The first assessment meeting at a client's home is an important event between the client and caseworker, particularly as this is their first face-to-face encounter. Clients should naturally be wary of who is coming into their home and some rules should be observed:

- Always set up the first meeting with a named member of staff and a pre-arranged appointment – and stick to the appointment. It is important for clients that they know who is coming and when.
- Confirm the pre-arranged appointment in writing, with an explanation of the purpose of the visit and what information you may be asking the client to have available. Send copies of client information leaflets or leaflets about your service.

- Ensure all staff visiting the client have an identity card and ensure clients ask to see it before allowing the staff member to enter their home. Ensure that identity cards contain a telephone number, which the client can call to confirm the identity of the visitor, and encourage them to do so. This will build up an expectation in clients to see an identity card from anyone visiting as a result of arrangements made by the agency.
- Allow plenty of time for the first meeting and do not rush the client. In supporting choice, it is important that the client firstly builds up trust with their worker, and also that they have time to give, receive and understand the information being exchanged.

3.2.2 Clients' aspirations

Almost every client who seeks support from advice agencies has a different reason for doing so, but these reasons usually fall into one of three categories:

- The client is prompted by a crisis – a fall; a stay in hospital; family, friends or carers fearing a risk; or deterioration of the home that requires repair
- The client is prompted by a desire to improve their quality of life – preparing for retirement, maximising income, or moving to a new and more appropriate home
- The client is prompted by curiosity: “Is there something the HIA could do to help me improve my life?”

Clients may approach or be referred to HIAs for support with an immediate problem, but this often masks a wider issue that clients wish to address to improve their lifestyle. An example is an occupational therapist (OT) recommending a stairlift as an appropriate way to address a problem with accessing the upper floor, but the client would prefer to move to ground-floor accommodation if only they knew that help and support was available to make their aspiration a reality.

Part of any initial assessment meeting with a client should be to explore their longer-term hopes and aspirations. Not only does this identify long- and short-term hopes, but also teases out other difficulties such as:

- isolation
- problems with transport
- problems with care
- crime and safety issues
- problems with social interaction
- personal financial issues, and
- poor health.

These can impact on the support and choices for the client, as well as the services provided by the HIA or that the client is signposted to.

3.2.3 Clients' circumstances

The first meeting usually requires a detailed and qualified understanding of the client's circumstances. Advice agencies should devise an initial client questionnaire that can be worked through with the client.¹⁰

¹⁰ Foundations, National Body for home improvement agencies, produces a pro-forma 'assessment form'

The following information should be sought:

- Basic personal information about the client and other people in their household, including their spouse or partner and estranged partners.
- Information about the client's financial circumstances, including all pensions, income, and savings annuities. Where appropriate, relevant reference numbers, such as the client's National Insurance number, should be noted.
- Information about the client's health situation.
- Information about the client's carers and family support network, including contact details if relevant.
- Information about the client's property, for example whether they are a freeholder, leaseholder or tenant and what sort of lease or tenancy they have – options could vary from tenancy to tenancy. Note also that other occupants of the home might have tenancy rights and other people may be named on the property deeds or tenancy, or a lender may have a charge on the property.
- If the client is a homeowner, basic information about mortgages, the approximate value of the property and the amount of free equity (free equity is the difference between the value of the person's home and the value of any loans or mortgages that are registered against it).
- Brief details of the client's 'life history', for example previous occupations, forces service history, etc.
- If the client is looking for help with repairs, details about the condition of the home can be collected, but this may also require a visit from a surveyor before the advisor is able to give full information on options.

Clients could naturally be wary about giving personal and private details about themselves to a comparative stranger. Advisors should only ask questions to elicit sufficient information to offer informed choices that will resolve the client's problem.

Clients should also be reassured over the confidentiality of the data they will be providing. Advice agencies should have a confidentiality policy and also procedures for the client to be able to review the information that is kept about them. Advice agencies should also comply with the requirements of the Data Protection Act, and seek explicit consent from clients before processing sensitive personal data such as medical history or ethnic grouping. Transcribing written interview notes onto a client database would count as 'processing'.

The first visit is also an ideal opportunity, with the client's consent, to undertake a basic audit of the home to identify any risks or hazards which could become a problem to people in later years. The outcomes of these assessments should be discussed with the client and arrangements made to fix any identified hazards.

3.2.4 Choices, choices, choices

The HIA of the future is likely to be as much a deliverer as an advisor of solutions to clients' problems. However, even the best HIAs may only be part of the answer and it is important to make all the possible solutions available to the client. There is a great temptation, which must be strongly resisted, for advisory organisations to promote only solutions that they can deliver themselves.

The role of advisory officers, often caseworkers, within an HIA is crucial to the delivery of *support for choice* in the HIA of the future. Clients view advice agencies as experts and look to those agencies to provide correct and impartial advice. Advisors will need a library of information resources in order to tailor a range of potential solutions which the client can choose from.

Of course, for some clients, there may only be one option. If the HIA has been approached for support to organise a relatively small item of building work, and the client has the requisite skills to organise this themselves and the means to pay as identified in the initial meeting, then the simple act of providing the client with the name of a builder may be sufficient to resolve the matter and close the case.

However, as any caseworker in any home improvement agency can testify, there are numerous cases where the client's circumstances and aspirations are so complex that a variety of solutions, including several different schemes of work or organising a move, might be possible ways forward.

The options will be considered in more detail in a later section, but the skilled advisor will be able, at an early stage in the process, to identify the range of potential solutions and the pros and cons of each so that the client can make their own decision on which option to pursue.

3.2.5 Onwards referral

No advice agency will have all the information and skills to respond to every enquirer's problems. Indeed many advice agencies, including home improvement agencies, set themselves up as specialists in supporting clients with a certain type of problem and it is often best to direct the client to the expert organisation in the area of their problem. Therefore, onwards referral and signposting is an important skill for the future HIA.

To effectively signpost, HIAs need to maintain an extensive and up-to-date database of organisations, which should be regularly reviewed. The database should include where possible:

- a named networking contact for each organisation
- eligibility criteria
- information on the capacity of the organisation, and
- jointly agreed monitoring and information-sharing protocols.

The means of onwards referral will vary from client to client. For some, they may prefer the HIA to pass their details direct to the alternative organisation who can then make contact with the client and take on supporting them. Other clients may want to contact the new organisation themselves and will only require contact details.

It is very easy for a client to become 'lost in the system' when a referral is made to another organisation and that organisation fails to follow up or place the client on a waiting list. The HIA should either:

- ensure that the client knows how to follow up their enquiry themselves, or
- follow it up on behalf of the client to ensure the new organisation is dealing with the case.

The case should not be closed by the agency until this confirmation has been logged.

3.2.6 Building up the solution

Key elements in building up a solution could include the following:

- Finding out what problem the client wants to solve.
- Finding out the client's aspirations for their future. Would it be less disruptive for the client to make their aspirations for their future housing a reality than to address the problem they initially approached the HIA with? For example, would moving be less disruptive than doing repairs?
- Finding out whether the client, and everyone in their immediate household, is receiving all the welfare benefits and financial help they are entitled to. How does an increase in weekly income affect the options available to the client to address their problem?
- Finding out whether the client is receiving all the care and support services they are entitled to. This could include access to professional care services as well as the informal systems provided by their family and friends.

3.2.7 Confidentiality

Respecting clients' privacy is utmost for HIA staff. In order to provide the widest range of options, it will be necessary for clients to give the HIA private and personal information, often about their health and financial circumstances. The client should be assured that any information they provide will be kept in the strictest confidence.

HIAs should develop a confidentiality policy which can be provided to the client. This should cover how the client can check that the information about them is correct – the client's access to their own file – as well as for how long the data will be kept.

When it comes to clients' welfare, their families often have their best interests at heart. Clients' families may wish to be involved in the decision-making process on which option to pursue. However, there will be situations where either:

- the client may not want their family or friends to know their circumstances or aspirations, or
- the family may have ulterior motives in supporting a suggested solution.

Clients should always have the final say on whether their friends or families should be involved in discussions and decisions about which option to pursue.

There are three exceptions where client confidentiality may be breached:

- If there is a legal requirement for a client's situation to be revealed
- If the client's or some other person's health and safety or welfare could be in danger if the situation is not revealed to the proper authorities (generally social care)
- If maintaining confidentiality would knowingly aid a client to commit a criminal offence.

HIAs should have procedures to cover these eventualities.

3.2.8 Reviewing the situation

We all have the right to change our minds and decide to do something different. Such shifts are often brought about due to a change of circumstances, which in itself warrants a re-appraisal of whether the chosen option is still the most appropriate.

From time to time, advisors should check with the client that the information they based their choice on is still relevant. This is particularly important in relation to a client's financial and health circumstances.

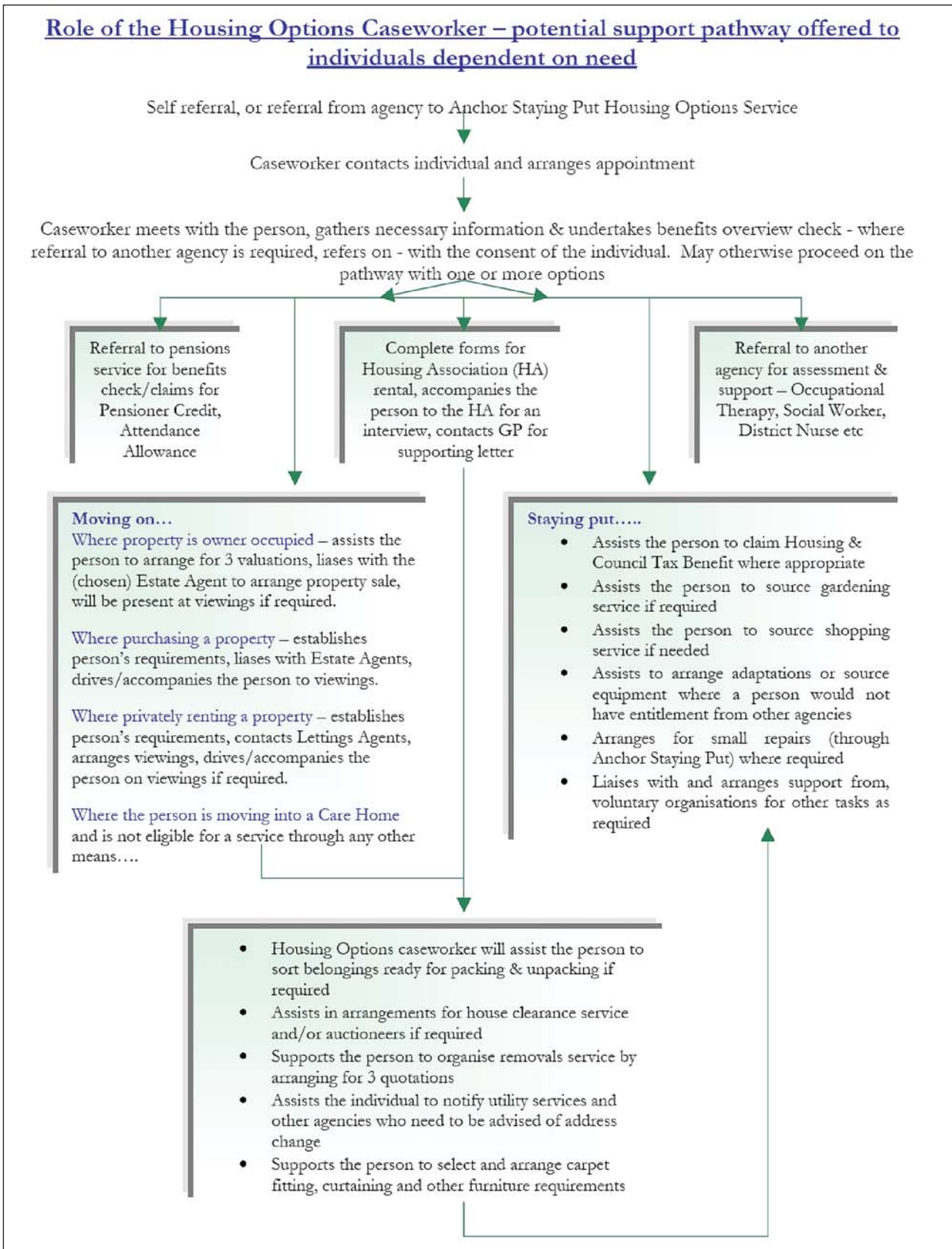
Clients changing course can create problems if they decide to do so a considerable way down the path to a particular option. This could be especially relevant if external professionals such as surveyors have been engaged to support the client and abortive works fees may be involved. It is therefore incumbent on the agency, when a client is considering their options, to ensure that the client fully appreciates the implications of the decision they are making and the consequences should they wish to change course at a later date.

3.3 Level 3 – Detailed personalised support

Once the client decides which option to pursue, the role of a caseworker extends beyond assessment and supporting the client in the decision-making process towards providing different forms of ongoing support, defined as Level 3 services within the housing information and advisory services pyramid.

The extract given in Figure 2 is the process adopted by Anchor Staying Put Weymouth and Portland¹¹ when assisting clients to identify options. It also illustrates the type of support given through the process once the client decides to pursue an option.

Figure 2: Process of assisting clients to identify options



¹¹ Anchor Staying Put Housing Options for Older People pilot project report, J Wallis, September 2006

3.3.1 Specialist support offered by HIAs

HIAs can offer a broad range of personalised advice and support, as illustrated in Figure 2, but in the majority of cases, Level 3 services are focused around HIA expertise in making changes to the physical fabric of the home to suit the needs of the client.

In addition to the ongoing support provided by the agency caseworker, typically the technical officer also has a major role in supporting and advising the client with decisions about specifying work, choosing contractors and liaising with third parties.

Some HIAs have entered into the market of specialist advice services which assist with 'moving on' options. An example is Help & Care in Dorset, which is developing a social estate agency business to support their clients to organise moving on options. The estate agency will work in conjunction with their 'moving planners' who provide specialised information and support to clients on all aspects of the home moving process, for a fee.

3.3.2 Advocacy

Advocacy is one of several emerging specialist roles linked to high level, personalised advice and information services which could be offered by the HIA of the future. Many HIAs act in the role of advocate for their clients as part of their normal casework support role. However, independent advocacy – working solely as advocate of the client in an area which does not involve the HIA in any other way – would require the acquisition of further skills and knowledge. Independent advocacy also needs dedicated funding and a considerable commitment of time from staff.

Personalising the care system, and empowering people to take control of their lives, has led to the need for advocacy services to assist people in asserting their rights. The right to appeal against a decision made by a statutory service provider is now enshrined in many operating processes. Making appeals at any stage can seem daunting to some people and one role for advocacy services is to guide and support clients through the process of re-assessing a decision. This may start with a request for a case review and extend to the use of an organisation's complaints procedure, with escalation to various Ombudsman services or a legal challenge.



Sefton Pensioners Advocacy Centre (SPAC)

This service was set up to respond to the unmet need for advocacy and support for older people with high-level needs, particularly people with mental-health needs and challenging behaviour.

The project is located within a community projects centre in Southport.

SPAC provides advocacy services through a team of specialist and generic caseworkers. The specialist team of caseworkers works intensively with people who have been refused a care package by the local Primary Care Trust (PCT) and who wish to challenge the decision. The service is funded by the PCT, which welcomes the challenge as part of its commitment to openness. Two-thirds of the cases taken on see the decisions overturned.

The generic service takes on any issue for a person living in Sefton, or relating to a service provided by an organisation in Sefton. This would include issues relating to:

- Sefton Borough Council
- utilities
- benefits
- employment
- holiday, and
- return to work.

Some of the work is undertaken by volunteer staff supported by a part-time advocate (and the Director), a volunteer co-ordinator and (currently) a student social worker on placement. All staff have Criminal Records Bureau (CRB) checks. The volunteer co-ordinator also recruits new volunteers through advertising and campaign work.

The service manages approximately 500–600 cases per year.

3.3.3 Brokerage

Individual budgets aim to put people in control of the way their care and support services are delivered. An individual budget is a sum of money which can be used by a person to purchase their own care or support services direct. However, not everyone will choose to, or be able to, organise this for themselves and a broker can perform this role on their behalf.

As part of the *support for choice* agenda, local HIAs should consider whether they wish to take on the role of a broker. There are implications in taking on this role which would need to be addressed, such as:

- the effect that acting as a broker would have on an agency's relationship with the client
- concerns over the degree of authority handed over to the agency by vulnerable clients, and
- possible conflicts of interest if the agency is acting as both broker and support service provider.

Brokerage services provided by Action Disability Kensington & Chelsea (a pilot area for individual budgets)

The broker supports the client with either:

- setting up their individual budget, or
- organising the expenditure of the individual budget.

This can include managing, on the disabled person's behalf, the administrative processes around running the bank account and appointing, monitoring and paying for the support services they choose. The broker could also organise adaptations to the client's home.

There is no obligation that a broker has to be qualified to do this role. The choice of broker is down to the client. Currently Action Disability Kensington & Chelsea charges £1,200 a year to provide brokerage services to a client.

3.4 Outcomes

There is a growing belief amongst commissioners of housing-related support services that measuring effectively how a service benefited individual clients (outcomes) is more meaningful than simply counting how many people pass through the service (outputs). For HIA services funded by Supporting People, an Outcomes Framework¹² has been developed which seeks to capture different types of outcomes which occur as a result of the HIA intervention. Following a trial run in 18 authority areas, it is expected that the framework will be introduced nationally and that this will have a significant influence on the perceived value of services by commissioners.

In respect of an HIA's advice and information services, nearly all of the possible outcomes can be achieved by providing the appropriate level of advice and information service. This emphasises how crucial *support for choice* is to agencies when they want to demonstrate to commissioners how their services have made a difference to their clients' lives.

¹² The HIA Outcomes Framework is available on the Supporting People website:
<http://www.spkweb.org.uk/Subjects/Outcomes/HIA+Outcomes+Framework.htm>

Section 4 – Introduction to options

In 1987 the Housing Agency Services for Older People Forum (HASOP – the forerunner of the national co-ordinating body for HIAs) commented in its definition of agencies:

“although it is hoped that schemes [HIAs] also provide advice on other housing options where appropriate, their main purpose is to help elderly people by identifying what work needs doing, arranging estimates, appointing contractors, organising the finance and monitoring the work on site”¹³

Even in the early days of HIAs, clients were assisted with a range of options. It is only in recent years that HIAs have become focused on carrying out repairs and adaptations, with property-based targets driving service delivery in addition to the needs of the client. *Support for choice* gives HIAs the opportunity to return to their roots and focus holistically on the client’s needs.

This section of the report will look at the options an HIA could suggest to a client to widen their choices. It will consider the main components of housing options services.

4.1 Staying put

As well as being a brand name for several HIA providers, ‘staying put’ also encompasses the range of options available to clients to continue living safely and securely in their own homes. This includes the following strands:

Identifying and removing hazards in the home. The Housing Health and Safety Rating System was introduced to create a safe home environment which reduces the potential for accidents in the home. Hazards can be identified through an inspection and the most serious (Category 1 hazards) are dealt with as a priority, often by handyperson services or contractors working for the HIA. This preventative work not only saves the client and their carers and family much anguish but also provides benefits to local authorities and commissioners of health services by reducing accidents in the home and admissions to hospital or the need for the client to move into a more supportive residential setting.

Low-cost crime prevention and home safety initiatives. Many are delivered by local organisations, but equally can be developed by the socially enterprising HIA. Such initiatives include:

- home safety checks
- security and crime prevention measures – the local police crime prevention officers and the local authority’s crime and disorder partnership will support initiatives that can enable people to feel more secure in their homes and immediate environments
- smoke and fire detection, often delivered in conjunction with the local Fire and Rescue Service, and
- loft clearance, gardening, and decorating initiatives.

Undertaking major renovation. The number of properties in England which require major schemes of rehabilitation or the installation of basic amenities is not as high as it was when HIAs were first conceived in the late 1970s. However, there are still occasions when improvements to the whole house are required. This could be as a result of steady deterioration through a lack of home maintenance over a period of many years, or as the result of an incident such as a flood or fire.

¹³ Anchor *Staying Put Housing Options for Older People pilot project report*, J Wallis, September 2006

Support for people with disabilities. Several kinds of support can be provided to adapt existing homes to maintain independent living:

- Minor adaptations provided by handyman services
- Larger or bespoke adaptations, such as bathing or kitchen adaptations, or for easing mobility into and around the home.

4.2 Income maximisation

Greater economic power increases a client's options to improve their quality of life and independence. As part of the initial assessment of a client's circumstances when considering what options are available, an assessment should be made of whether the client is eligible for any further income. In certain circumstances, increased income can pay for building work itself, or can contribute towards paying interest or full repayment on a loan borrowed to fund work. Areas that can be covered include:

Welfare benefits

- If the client is an older person who is entitled to a State Pension, are they receiving the correct level of pension?
- Is the client receiving all the additional benefits they are entitled to? These include:
 - Pension Credit (Guarantee Credit)
 - Income Support
 - Council Tax Benefit
 - Housing Benefit
 - Working Families Tax Credit
 - Disability Living Allowance, and
 - Carer's Allowance.
- In some circumstances eligibility for some benefits is a passport to other forms of support (such as access to the Social Fund to pay for one-off items), whereas those in receipt of Pension Credit, Jobseeker's Allowance or Income Support may be eligible for help with the interest on a loan taken out to repair their home.
- Welfare benefits is a complex area, and whilst all advisors should have a working knowledge of the main welfare benefits and how to calculate entitlements, HIAs may need to signpost clients to other specialist welfare rights organisations or Citizens Advice for more intricate cases or if support with representation and appeals is required.

Private pensions

- Is the client receiving all the private pension that they may have contributed to? The Pension Service, part of the Department of Work and Pensions, offers a free tracing service.

Taxation

- Her Majesty's Revenue and Customs (HMRC) can assist to ensure that clients are not paying more tax than they should.

Annuities

- Many local and specialist charities and trusts make small pensions or annuity payments to people who qualify. HIAs should be aware of relevant trusts and charities operating in their area who may be able to assist clients.

Staircasing down

- Some older people may benefit from drawing out part of the equity they have built up in their home. For some people, moving to a smaller, more manageable property can release equity which can go towards an improved lifestyle and increased options. This also provides the spin-off benefit of making better use of the housing stock by reducing the number of under-occupied properties. Home reversion schemes and home income plans can also release equity in the home. For more details about these, read our *Lending Some Comfort* sub-report.¹⁴

It is important to note that increasing income from one source may impact and reduce income from another source. This is particularly relevant where a client is in receipt of means-tested welfare benefits or if the additional income may affect tax liabilities.

Individual budget process in Kensington and Chelsea – a pilot area for individual budgets

An individual budget process has been trialled within the Royal Borough of Kensington and Chelsea. This process is currently being assessed as a possible way of allocating individual budget finance to people with disabilities.

In this pilot, 'people with a disability' includes older people, people with physical or learning disabilities, adults aged over 18, and people with sensory disabilities. People with severe mental disabilities are due to join the individual budgets system shortly.

First, the person with a disability completes a Single Assessment Questionnaire. This is a multiple choice questionnaire which is used to identify the amount of money (individual budget) the person needs to meet their weekly support and one-off costs, such as respite care. The person with a disability is advised of this sum, which is then put into a separate bank account that is opened by the disabled person and under their control.

The person with a disability then produces a Support Action Plan, identifying how they are going to meet their needs and spend their individual budget. This plan, and the money through the individual budget, is totally under the control of the disabled person. The person negotiates with providers how their care and support will be delivered and agrees the price direct with their chosen provider.

It is important to note that if the person is able to meet their Support Action Plan on less money than the allocated amount, they can keep this additional money to enhance their personal life quality. Power is therefore held by the disabled person to negotiate contracts that are effective and cost-efficient, as there is a potential 'reward' for well-managed budgets. Each year, Social Services will review with the disabled person how they are meeting the objectives they had set for themselves within their Support Action Plan.

¹⁴ *Lending Some Comfort: Funding for Repairs and Adaptations, Foundations, 2008*

4.3 Moving as a housing option

Most older people want to remain in their own home for as long as possible. However, this does not necessarily mean that they do not want to move. Older people move for a variety of reasons including:

- convenience
- location
- better accessibility
- security
- wanting a home that is easier to maintain and manage
- availability of care, and
- releasing equity.

A survey for the Care Services Improvement Partnership (CSIP) identified the main reasons for people wanting to stay put appeared to be related to the upheaval of moving and the fear of losing independence. The dilemma of deciding whether to move is stated very succinctly in this quote from a 2003 study:

*“If we feel well enough to move we don’t want to and if we are becoming frail we do not have the strength to do so.”*¹⁵

This statement encapsulates the need to be able to provide information, support and advice to people at just the right time, when moving on is an option they would consider but before they feel unable to cope with such a move.

In recent years, a response to people’s needs in terms of moving on has been the development of the Housing Options For Older People (HOOP) services. HOOP services often work in conjunction with an existing HIA, broadening the range of advice, information and choices that the HIA can offer.

Moving on options need to be incorporated into any initial assessment of a client’s choices, and some HIAs have found it more convenient to deliver ‘moving on’ support from a dedicated officer within the HIA team.

Moving on options will vary in different parts of the country but could include:

- sheltered housing (with or without care)
- owner-occupied housing
- rented properties
- moving in with family or friends
- retirement housing to rent or buy
- extra care accommodation
- shared-ownership accommodation
- residential and nursing homes
- access to grants, loans or equity release, and
- schemes like Homeshare which match up older or disabled people with those who are able to offer care, support or companionship.

¹⁵ *Homing in on Housing: a study of housing decisions of people aged over 60*, R. Clough, et al., 2003

The HIA of the future will need to maintain information on the range of housing provision available for older people. One consequence of running a housing options service is that it can identify current gaps in housing provision for older people. This can provide useful information for planners and providers of services. Housing options services can work with people no matter what tenure they have, and support tenants of a local authority or registered social landlord to transfer from one property to another, as well as working with the local authority's property letting system to make the best use of the local housing stock.

Practical help and support is at the heart of any comprehensive housing options service. This will involve visiting clients at home and may include:

- helping a person to submit a housing application form
- checking that they are receiving their full Welfare Benefit entitlements
- taking a person to view a potential new home
- dealing with estate agents (both in the purchase of a new home and the sale of the current home)
- liaising with health and social care staff, and
- helping to organise furniture disposal, removals and the process of settling in to the new home.

Further information on moving on and Housing Options for Older People (HOOP) services, including training toolkits and detailed service descriptions, is available from Care & Repair England.



Housing Options for Older People across Dorset

A pilot project of the Housing Options for Older People (HOOP) service was set up for two years in Weymouth and Portland. A report was published and Dorset Older People's Forums identified the need for a county-wide service based upon a conference consulting older people across the county. The project was then incorporated as a key objective of the Dorset HIA strategic plan. A bid was made to Dorset Partnership for Older People Projects (POPPs) which agreed to partially fund the project on the basis of other organisations contributing to the costs. A funding partnership was then formed including the district councils, Dorset Primary Care Trust, The Royal British Legion and Help the Aged. A major local registered social landlord has also offered support through the provision of office space to the caseworkers.

The new initiative consists of five part-time caseworkers, based at each of the three HIAs in Dorset, linking in closely with statutory and voluntary sector partners. The extensive network of older people built up within the POPPs infrastructure has been a key source of referrals for the service.

HOOP services provide impartial advice, information, support, advocacy and practical help to people who are considering moving home. The service enables older people to achieve the outcome best suited to their needs. On average, about 20% of clients decide to move following intervention, and the remainder stay put. The level of support offered by the caseworkers to each client will depend upon the requirements of the individual. Because the HOOP service is based within the HIA, there is an additional benefit of giving the client the opportunity to take advantage of mainstream HIA services (e.g. small repairs, adaptations and support to apply for grant-aided larger adaptations) if they make an informed choice to continue with their existing living arrangements. All issues concerning the client are explored, including benefits, social care, isolation and access to other services. The service is impartial, without any vested interest in particular outcomes, and facilitates decisions based on informed choices.

The service has the following outcomes:

1. To enable more older people to live independently in comfort, safety and security
2. To support older people to exercise choice and control over their future
3. To improve older people's health and wellbeing
4. To support older people to make informed choices as to whether to stay put in their current home or move to a more suitable property, and to support them to act upon that choice
5. To make the best use of the supported and rented social housing available
6. To make the best possible use of money allocated to undertake repairs and adaptations to properties
7. To improve information and feedback about older people's housing, care and support needs for strategic planning purposes
8. To prevent accidents in the home.

Section 5 – Conclusions and recommendations

Meeting the aspiration of providing *support for choice* is an ideal opportunity for commissioners and service planners, as well as service providers, to review how they are delivering personalised advice to their service users. It is also an opportunity to look at how existing partnerships and working arrangements can be refreshed and new partnerships developed.

1. Providers should review their range of services. Many HIAs are proficient in providing support with repairs and adaptations options, but does the agency offer advice and information about the full range of housing options, including moving home? *Lifetime Homes, Lifetime Neighbourhoods* casts HIAs of the future in the role of delivering a comprehensive range of housing advice and support. The alternative would see HIAs become a specialised deliverer of repairs and adaptations and leave *support for choice* to other organisations.
2. HIAs proposing to provide *support for choice* to clients should review their staff training to ensure key staff are trained in the full range of options. Special consideration should be given to welfare rights and housing options training. HIAs need to develop a library of information on other advice and support services which clients can be signposted to.
3. HIAs should give consideration to broadening their client groups and the tenures they support.
4. 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.
5. Commissioners and providers 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.
6. Commissioners of advice and information services are encouraged to base their evaluations of services on the delivery of successful outcomes rather than looking solely at the numbers of service users who pass through the service.

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