



# Handypersons Financial Benefits Toolkit





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March 2010

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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.

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# Summary

Handyperson services provide low level repairs and maintenance services, checks around the home (such as fire and security checks), first-contact and referral services and other housing maintenance related services to individuals. The majority of handypersons services are delivered to owner occupiers and those living in the private rented sector, although a number of services are tenure neutral and some public housing providers deliver handyperson services to their tenants. The key objectives of handyperson services are to:

- reduce the risks to independent living from housing maintenance and housing security; and
- re-able independent living, where housing maintenance or adaptation assists users to achieve independent living.

Services are generally focused on older people, although a number of services are provided to others whose risk of losing independence is focused on the maintenance of their accommodation. A number of services were also developed for a specific purpose, such as hospital discharge services to reduce 'bed blocking'. Handyperson services sit alongside other services, such as housing related support and home care, and are often funded (either entirely or partly) via Supporting People commissioning arrangements or through housing. Handyperson services are delivered by a range of providers, including the voluntary sector organisations and local authority in-house Home Improvement Agencies (HIA). In addition, many handyperson services receive funding locally from fire and civil defence services, local authority social care departments, local health funding from PCTs, as well as non-public sources such as volunteers and charitable sector funding.

Handyperson services deliver a number of benefits for individuals, their families and communities as well as benefits for the public purse. These benefits include:

- for the public purse, handyperson services can be part of the preventative agenda and help maintain independent living. The financial benefits can include reduction of falls (with benefits to both social services and healthcare), reduction of burglaries, improved or maintained independent living and reduced use of social care. Uncosted benefits include improved confidence in the tackling of crime and anti-social behaviour and on improving access to other appropriate services.
- for individuals, their families and communities, handyperson services provide a number of benefits. In addition to the benefits outlined above (which also benefit individuals), these benefits include improved or maintained well being and quality of life, reduced fuel poverty, and reduced risk of injury or death from fires. Handyperson services are often quoted by older people as being the 'little bit of help' to do things that 'you can not do including new bulbs in overhead lights ... tap washers'<sup>1</sup> in their homes, and are highly valued.

<sup>1</sup> Quote from: Derbyshire County Council (June 2009) *Evaluation Report – Derbyshire Handy Van Network*.

While handyperson services can deliver this wide range of benefits, commissioners and providers have requested that Communities and Local Government (CLG) provide a simple and effective toolkit that would enable them to identify and quantify the benefits and use this to develop business cases for local services. CLG commissioned Cassiopeia Consultancy to develop such a tool, and this toolkit (the guidance and the benefits tool) are the outcome of this work. The toolkit provides:

- a simple to use, evidence-driven tool in MS Excel enabling users to understand the benefits derived from different types of handyperson services, including (for example) information on the number of burglaries or falls prevented, the financial benefits arising and the local budgets likely to be affected; and
- a three-part guidance, sets out how to:
  - use the MS Excel tool
  - understand the evidence underpinning the tool; and
  - use the data generated by the tool and the evidence underpinning the tool to develop a business case for handyperson services.

The tool utilises the evidence-base and some assumptions to develop robust and conservative estimates of the financial benefits of handyperson services. It also helps identify uncosted benefits – benefits that are important to older people, their families and communities and to local statutory agencies, but for which a financial benefit cannot be estimated. It uses a methodology consistent with the financial benefits tools developed for Supporting People and other areas of public service provision. A conservative approach has been used in relation to the evidence base and any working assumptions used in the model.

The toolkit has been designed for use by local commissioners and policy makers, and is intended to be used to substantiate case for investing in handyperson services. It can also be used by local partners wanting to understand the value of any funding they might contribute to handyperson services, and by providers. The toolkit is intended to provide all the information needed to develop a business case: Foundations (the national body for Home Improvement Agencies) will provide additional support or technical help where required.<sup>2</sup>

The toolkit was developed by Cassiopeia Consultancy for CLG. A number of local authorities, providers and central government departments were involved in the project, by being interviewed and providing evidence for use in the development of the toolkit and by user testing the tool. A list of participants is included in the appendix, and both CLG and Cassiopeia Consultancy would like to thank them for their participation in this project.

<sup>2</sup> Foundations contact details can be found at: [www.foundations.uk.com/home](http://www.foundations.uk.com/home)

# Introduction

The Handyperson Financial Benefits Toolkit uses available evidence on the aims, objectives, outcomes and benefits of handyperson services and similar interventions to help put together a case for the future funding of handyperson services locally. It uses an approach to estimating the benefits of social policy interventions that has previously been used in a number of areas and will be familiar to anyone who has used the Supporting People Financial Benefits Model.<sup>3</sup>

This guidance is provided as an aid for using the Tool for developing a business case for handyperson services. Handyperson services are complex in nature, varying across local authority areas and in the nature of services interventions delivered. The examples and guidance provided are not intended to be exhaustive but are aimed at providing a checklist of key details to be included within the business case.

This guidance consists of three sections:

1. How to use the tool to extract the data for specific handyperson services.
2. A detailed look at the evidence used to develop the Handyperson Services Financial Benefits Tool.
3. An overview of how to develop a business case for handyperson services.

This guidance, alongside the tool, is intended to provide a toolkit that assists in the development of a business case for handyperson services in local areas and builds upon standard business case templates produced by many local authorities. It is important to ensure that when completing a business case for handyperson services, either as a commissioner or a provider, it is not viewed as a standard tick box or form filling exercise. The business case should reflect local needs, strategic priorities and resources. Additionally the business case must identify how handyperson services can assist funders, commissioning partners and other key stakeholders in meeting their strategic objectives and priorities.

In January 2010 CLG commissioned the University of York to undertake a process evaluation of handyperson services to be completed in Spring 2011. The outcomes from this evaluation will provide further evidence in relation to the benefits of handyperson services and can be used at a later date to refine any inputs into the toolkit.

## What are handyperson services?

Handyperson services provide a low level repairs and maintenance service, checks around the home (such as fire and security checks), first-contact and referral services and other housing maintenance related services to individuals. The majority of handypersons services are delivered to owner occupiers and those living in the private

<sup>3</sup> Details available at: [www.communities.gov.uk/publications/housing/financialbenefitsguide](http://www.communities.gov.uk/publications/housing/financialbenefitsguide)

rented sector, although a number of services are tenure neutral and some public housing providers deliver handyperson services to their tenants. The key objectives of handyperson services are to:

- reduce the risks to independent living from housing maintenance and housing security; and
- re-able independent living, where housing maintenance or adaptation assists users to achieve independent living

Services are generally focused on older people, although a number of handyperson services are provided to others whose risk of losing independence is focused on the maintenance of their accommodation. A number of services were developed for a specific purpose, such as hospital discharge services to reduce 'bed blocking'. Handyperson services sit alongside other services, such as housing related support and home care, and are often funded (either entirely or partly) via Supporting People commissioning arrangements or through housing. Handyperson services are delivered by a range of providers from within both the statutory sector (for example by in-house Home Improvement Agencies (HIA)) and the voluntary sector by providers such as Age Concern, Anchor Staying Put, Royal British Legion. In addition, many handyperson services receive funding locally from fire and civil defence services, local authority social care departments, local health funding from PCTs, as well as non-public sources such as charitable sector funding and volunteers.

Handyperson services have developed over a considerable time. Many voluntary organisations and community groups have provided services to help older people with small odd jobs since the 1960s. Over the last 20 years the present handyperson services sector has developed<sup>4</sup> as a result of work carried out by Care & Repair England and Anchor Housing Trust. Additionally, since 2003, Supporting People funding of Home Improvement Agencies (HIAs) has encouraged development and recently this growth has been further encouraged by Government through the Department for Communities and Local Government's (CLG) handypersons grant. This provided £29m of grant funding over two years from April 2009. All local authorities in England were invited to bid for a share of this funding to develop new handyperson services or increase capacity in existing services. Allocations of around £12m in 2009–10 and £17.5m in 2010–11 were made to all Supporting People administering local authorities.<sup>5</sup> Any continuing funding after 2011 will be paid through Area Based Grant, subject to resource availability and success of the programme.

Handyperson services also received central Government grant support through the Home Office 'Safer Homes' funding stream (part of the overall 'Action against Burglary' programme). This targeted £6.5m for spend in 2009–10 to support people most vulnerable to burglary in areas with disproportionately high burglary rates. The funding was paid directly to voluntary sector agencies to deliver home security handyperson services.

<sup>4</sup> CLG and Foundations (2009) *The Future Home Improvement Agency, Handyperson services report*.

<sup>5</sup> Additional funding was made available to 19 authorities on a competitive basis to test innovative practice.

The development of handyperson services has generally focused on local needs and services have developed where resources and funding opportunities have allowed, resulting in a diverse sector. New and innovative services are continuing to be developed in a number of areas. As a result, there is no 'one size fits all' service type for handyperson services.

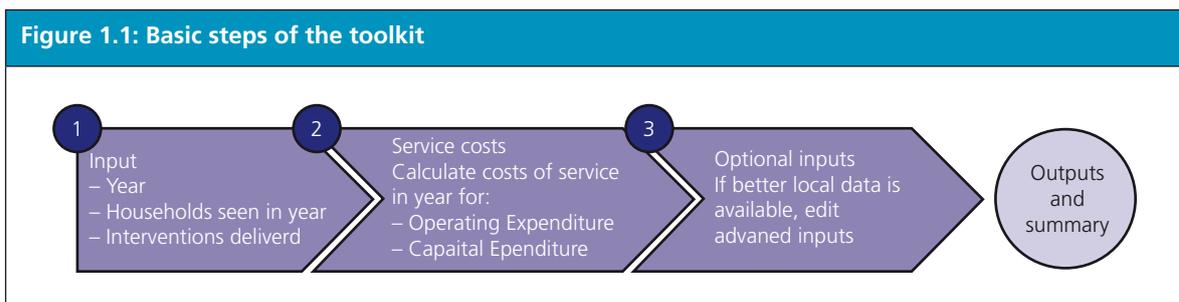
# Section 1: Operating the handypersons financial benefits tool

## 1.1 An overview of the tool

### 1.1.1 Handyperson financial benefits tool overview

The tool is designed to calculate the financial and non-financial benefits resulting from the provision of a handyperson service, based on user input data about the types of interventions provided by the service.

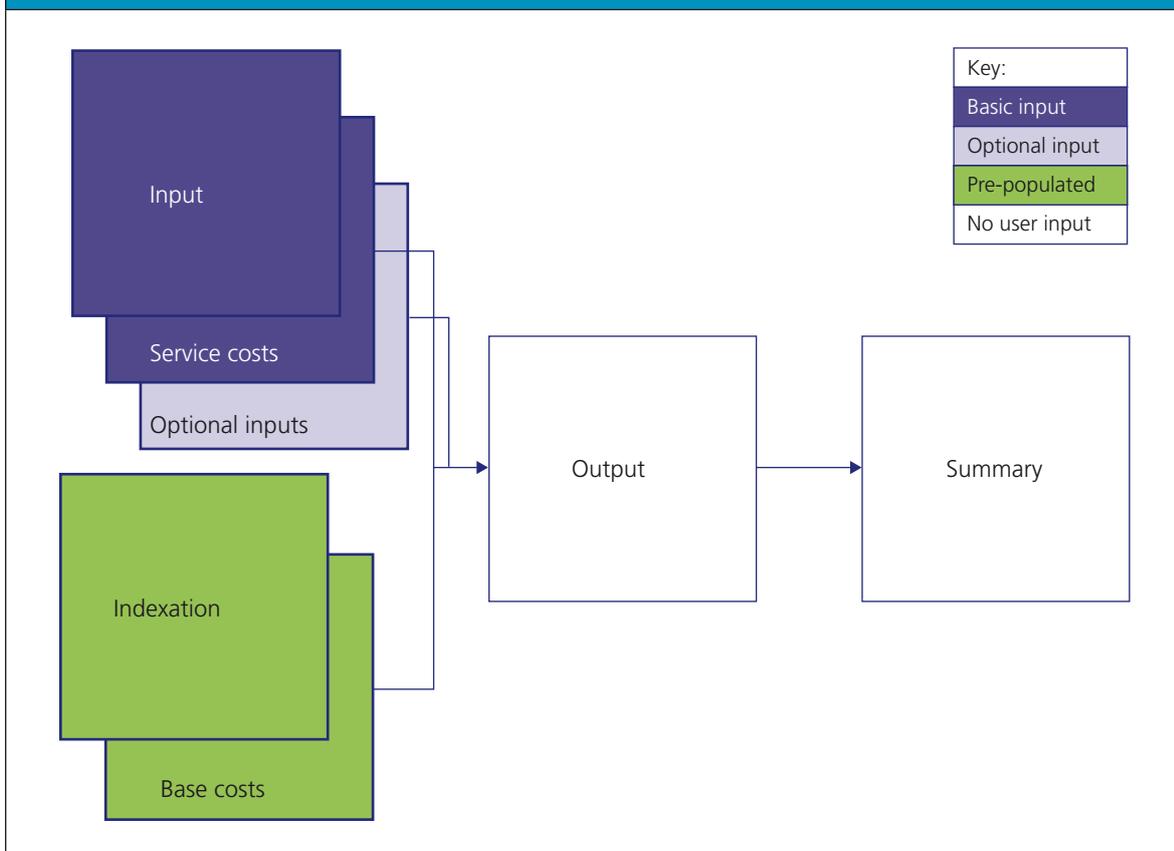
The figure below illustrates the three steps needed for the tool to calculate the benefits of the handyperson service:



In order to run the tool, at least the first two steps must be completed. This technical specification explains how to do this.

Figure 1.2 below shows how the tool works conceptually, splitting it into its constituent sheets. The colour coding represents which sheets must be filled in by the user:

Figure 1.2: How the worksheets link together



### 1.1.2 Tool preview – what the different sections do

- **Input tab:**

Inputs here include: for which year the benefits should be calculated; how many households the handyperson service attends; and what types of interventions are delivered. These are fundamental inputs which will drive the rest of the tool's calculations.

- **Service costs tab:**

All **in year** costs for the handyperson service must be included here, manually inputted by the user.

- **Optional inputs tab:**

This, along with the 'output' tab, forms the engine of the tool. Here all the benefits from each intervention delivered are clearly laid out, as well as the expected benefit each type of intervention is likely to have.

- **Indexation tab:**

Based on which year has been selected for calculation in the 'input' tab, these are the figures used to uplift costs as necessary.

- **Base costs tab:**

These are the costs for each expected financial benefit, uplifted for 2010 figures.

- **Output tab:**

In the same format as the 'adv inputs' tab, here the impact figures for each type of intervention are calculated.

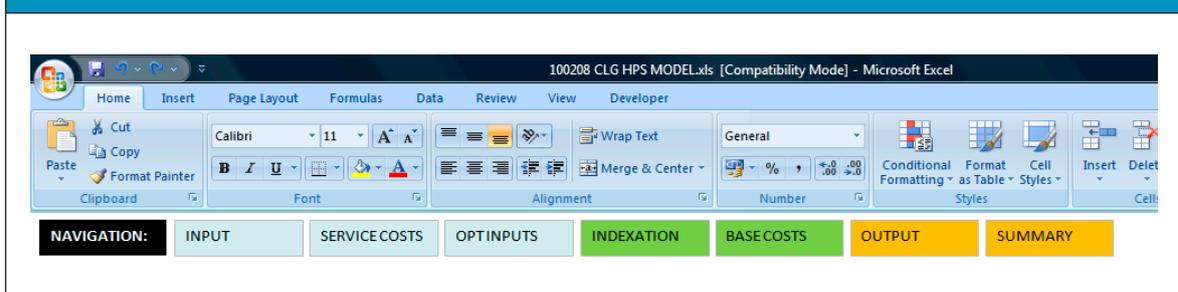
- **Summary tab:**

This tab shows the types of interventions delivered in year by the handyperson service; the financial and non-financial benefits accrued; the budgets which these accrue to; and a 'break-even' point sensitivity check.

### 1.1.3 How to navigate the tool

Clicking on the relevant link in the navigation pane at the top of every worksheet brings you to the appropriate worksheet. You can also navigate in the tool by clicking on the tab names (see figure 1.3).

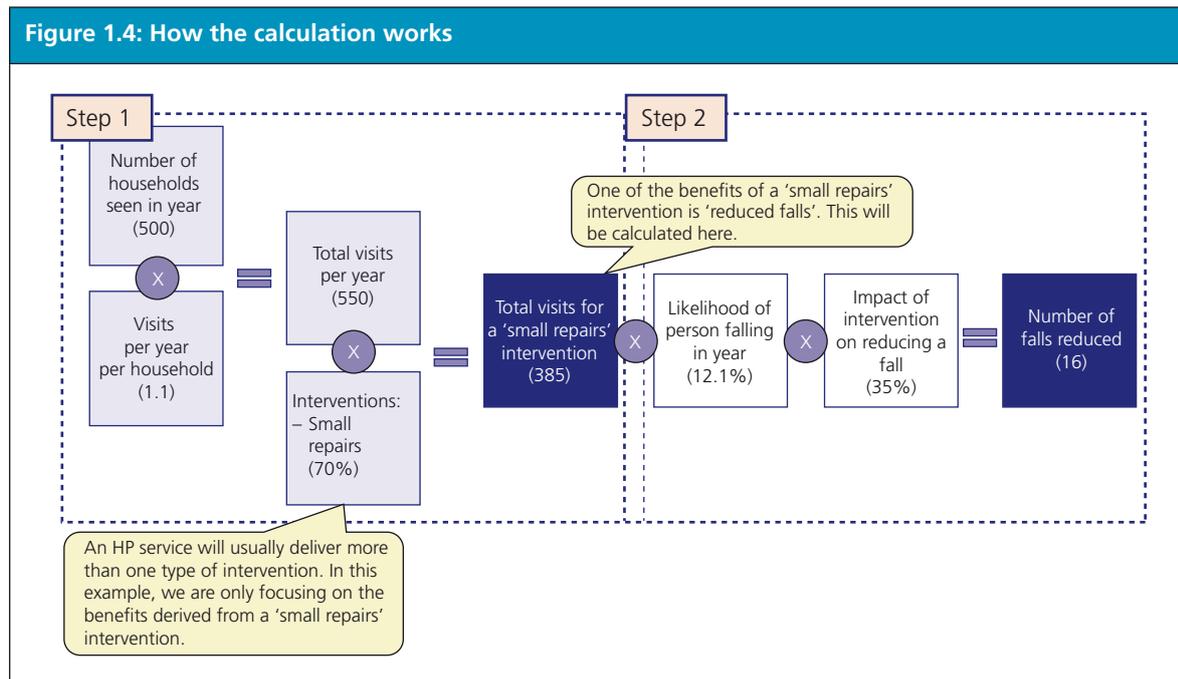
Figure 1.3: Navigation pane



## 1.2 How the tool works

### 1.2.1 How the tool calculates benefits

The figure below is an example of how the tool calculates the **financial benefits** derived from a given intervention. In this example, only the benefit of 'reduced falls' following a 'small repairs' intervention is calculated, although this methodology is consistent throughout the tool for all benefits and all interventions:



In the first part of the calculation (Step 1), the number of visits for a given intervention are derived via the inputs from the 'input' tab. In Step 2, the number of people seen for the intervention is multiplied by firstly, the likelihood of (in the instance of the 'reduced falls' benefit) a person falling in year, and secondly, by the impact of the intervention in reducing the likelihood of a fall. This gives an estimate of the number of falls reduced in year by the intervention. In the tool, this number of falls is then multiplied by the cost of a fall, and split out by the relative budgets which would pay for this fall, to provide the financial benefit figures in the 'output' and 'summary' tabs [not shown in figure].

A much simpler calculation is used to calculate non-financial or uncosted benefits. Here the assumption is made that if one person receives an intervention with a non-financial benefit, the likelihood is 100 per cent that they will receive this benefit. For example, in the case of 'small repairs' interventions, the toolkit assumes that a non-financial benefit of 'improved wellbeing' is always accrued. For more information on this, see section 2:3.

### 1.2.2 Assumptions

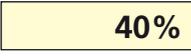
A number of key assumptions underpin the tool. These are:

- Age cohort differences are not reflected in the tool. For example, impact on over-75 year olds versus impact on under-75 year olds.
- Every visit to a household results in one intervention.
- Every intervention results in an improvement being made. For instance, 'Energy efficiency improvements' are not checks, rather they are 'improvements' (i.e. loft insulation, pipes lagged or door sealed/made good).

- All figures are rounded-down. For example, 16.7 falls would be calculated as 16.
- When calculating benefits, one household equates to one person. For example, there may be two residents in a household which receives a 'minor repairs and odd jobs' intervention, but the toolkit will calculate the benefits accrued as if there is only one person who receives the benefit.
- Second order costs and benefits are excluded from calculations. For instance, the tool does not calculate the effect of increased referrals to other services.
- Throughout the tool the assumption is made that interventions are given to the appropriate 'at risk' groups. For example, the tool is pre-populated to calculate that 100 per cent of those households receiving 'energy efficiency checks' are at risk of fuel poverty, however if those receiving 'energy efficiency checks' are not at risk of fuel poverty, the figures represented in the tool will over-estimate the impact of the intervention.

## 1.3 How to fill in the tool

### **Key:**

Basic Input: any cell formatted (yellow)  is a basic input cell and data must be entered.

Advanced Input: any cell formatted (orange)  is an advanced input cell and data may be entered if required.

### 1.3.1 Input tabs

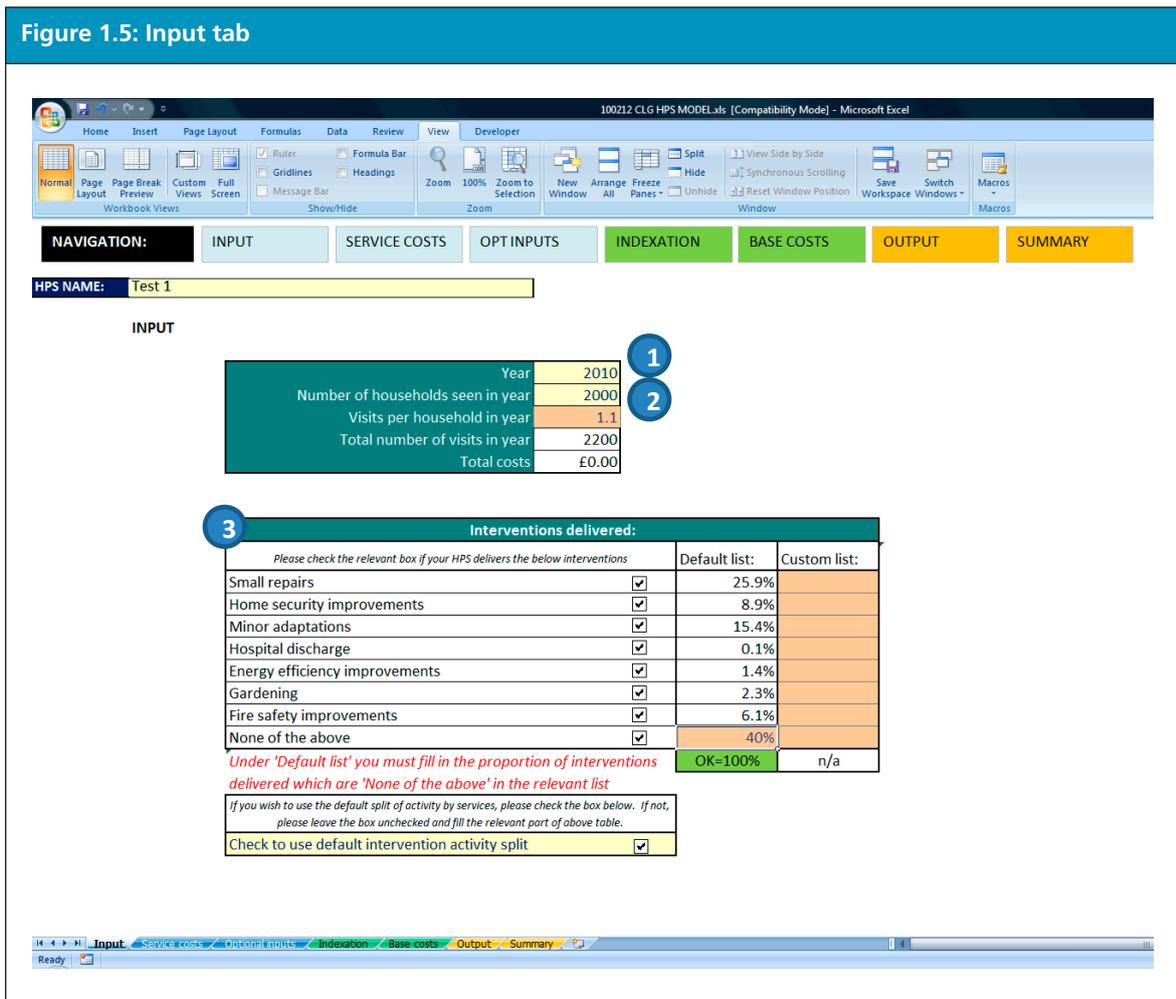
There are three sections which need to be completed in the 'input' tab. These are labelled in the figure 1.5:

- 1) Year** – from the drop down-list, select which year<sup>6</sup> you wish to use the tool for
- 2) Households seen in year** – input the number of households your handypersons service sees in a year, as opposed to the number of visits it makes. The number of total visits made in a year is calculated by multiplying the 'average number of visits per household in year' (a figure derived from national data, pre-populated in the tool) by the 'number of households seen in year'. This results in the 'total number of visits in year' figure.

***Note: if you have better locally available data, the 'average number of visits per household in year' can be edited in the tool to better reflect your Handyperson Service.***

<sup>6</sup> The years in the tool refer to financial years i.e. April–March

Figure 1.5: Input tab



### 3) Interventions delivered

- a. Using the check boxes, select which interventions your service delivers (for more information on the interventions see section 2:3)
- b. Make sure that if your handyperson service delivers interventions which are not listed you select the 'None of the above' intervention, and enter what proportion of your services delivered are not covered in the lists above. If you do not do this the tool will incorrectly inflate the benefits delivered by your service.
- c. Select to use either the 'default intervention activity split' (which is based on national data), or 'custom list'. If you select not to use the 'default intervention activity split', you must then manually input for each intervention type what the percentage of all visits are of each intervention. These percentages must equal 100 per cent. The tool will not calculate if this is not the case, and an error sign will be displayed informing you of the current total.

For example: if your service only provides 'hospital discharge' and 'fire safety improvements' interventions in equal measure, and you do not wish to use the 'default intervention activity split', you should do the following:



- 1) **Capital Expenditure (CAPEX) costs** – under ‘description’ input the description of the in year cost, and under ‘cost’, the relevant in year cost. CAPEX costs include fixed and physical assets such as equipment, properties, or buildings.
- 2) **Operating Expenditure (OPEX) costs** – under ‘description’ input the description of the in year cost, and under ‘cost’, the relevant in year cost. OPEX costs include day-to-day expenses such as sales and administration – these are generally the running costs of a business.

The totals of both these sets of figures are then added together, and appear in the ‘Input’ tab as ‘Total costs’.

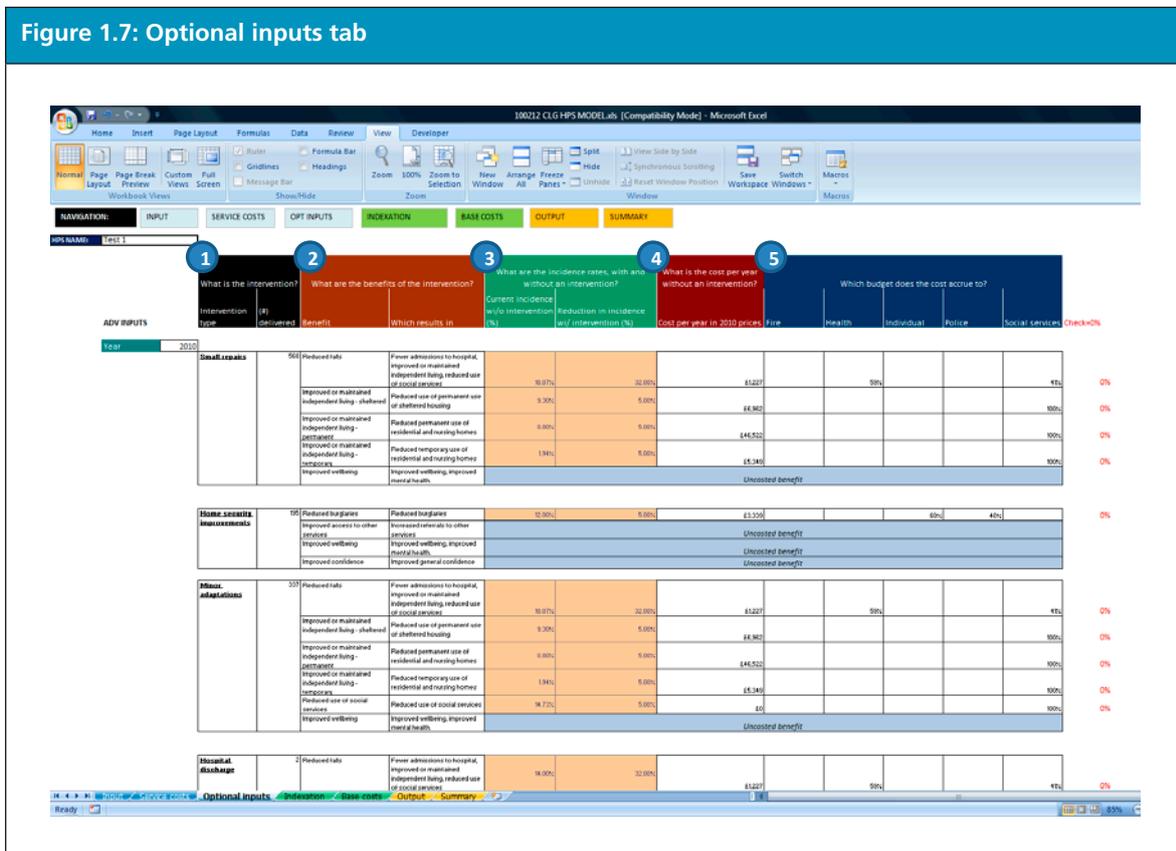
We would recommend that you read the sections on costs and charging (section 2:1:7) in this guidance before you enter data into the tool.

### 1.3.3 Optional inputs

The ‘optional inputs’ tab could be used by those handyperson services which have robust local data regarding the incidence and impact figures of their services, and would rather use local data than the pre-populated data in the model.

There are five different sections in the ‘optional inputs’ tab, however only one section can be edited, as illustrated below:

Figure 1.7: Optional inputs tab



- 1) What is the intervention?** – this details what the intervention is; the benefits associated with it; and how many visits there are dedicated to each intervention, based on the figures inputted in the toolkit.
- 2) What are the benefits of the intervention?** – based on the evidence base compiled in the User Guide, this details the benefits resulting from an intervention.
- 3) What are the incidence rates, with and without an intervention?** – this is the only section of the tab which can be edited. The first column relates to annual expected incidence figures for (for example) falls if no intervention was performed. The second column relates to the expected impact that the intervention will have on reducing the aforementioned incident (in this case, a fall). If you choose to edit these figures, a pop-up will remind you that you must have robust local evidence to replace them with.
- 4) What is the cost per year without an intervention?** – again based on the evidence base, and uplifted when necessary by the GDP inflators in the 'Indexation' tab, this details the cost per year of the incident in question.
- 5) Which budget does the cost accrue to?** – this splits out by budget, where the costs for the incident accrue. We recommend you read Section 2 on benefits accrual later on in this guidance.

#### 1.3.4 Indexation

This tab provides the GDP inflator figures used to uplift the incident costs used in the tool. These can be updated following the link provided in the tab.

#### 1.3.5 Base costs

The 'base costs' tab explains the values and costs used in the tool to calculate the financial benefits accrued by a handypersons service. These cannot be edited.

## 1.4 Outputs

### 1.4.1 Output

The 'output' tab is set up in much the same way as the 'optional inputs' tab, with the difference that here all figures have been calculated and nothing can be edited. This tab provides three important outputs, as illustrated below:

Figure 1.8: Output tab

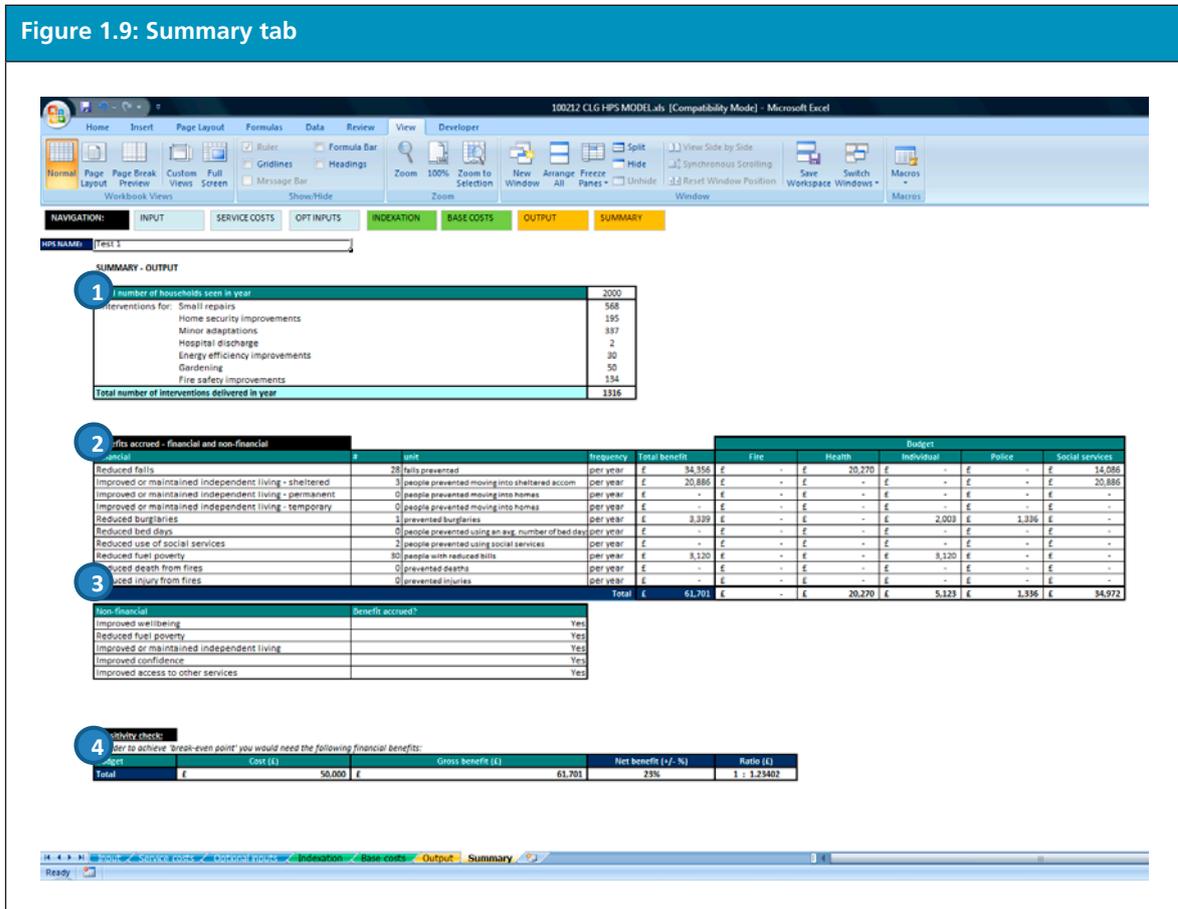
Intervention type	# delivered	Benefit	Which results in	Current incidence (A)	Reduction in incidence (B)	In year financial benefit in 2010 prices	Fire	Health	Individual	Police	Social services	Check
Small results	500	Reduced falls	Fewer admissions to hospital, improved or maintained independent living, reduced use of social services	57	50	£22,800	£10,000					
		Improved or maintained independent living	Reduced use of permanent use of sheltered housing	50	2	£13,920					£13,920	
		Improved or maintained independent living - respite	Reduced permanent use of residential and nursing homes	4	0	£0						
		Improved or maintained independent living - temporary	Reduced temporary use of residential and nursing homes	11	0	£0						
		Improved wellbeing	Improved wellbeing, improved mental health			Uncosted benefit						
Home security improvements	100	Reduced burglaries	Reduced burglaries	20	1	£3,330			£2,000		£1,330	
		Improved access to other services	Increased referrals to other services			Uncosted benefit						
		Improved wellbeing	Improved wellbeing			Uncosted benefit						
		Improved confidence	Improved mental health, improved general confidence			Uncosted benefit						
Misc. adaptations	200	Reduced falls	Fewer admissions to hospital, improved or maintained independent living, reduced use of social services	30	20	£10,270		£7,200				£3,070
		Improved or maintained independent living	Reduced use of permanent use of sheltered housing	20	1	£1,962						£1,962
		Improved or maintained independent living - respite	Reduced permanent use of residential and nursing homes	2	0	£0						
		Improved or maintained independent living - temporary	Reduced temporary use of residential and nursing homes									

- 1) For each benefit, the number of incidents reduced as a results of the intervention
- 2) For each benefit, the total financial benefit (if this is a non-financial benefit, this section is blanked out)
- 3) For each financial benefit, the split of the benefits by each budget

## 1.4.2 Summary

As outlined below, the summary sheet provides a number of outputs:

Figure 1.9: Summary tab



- 1) Households seen and interventions delivered** – this provides details on the total number of households seen; the number of interventions delivered (as calculated in the tool) by type of intervention; and the total number of interventions delivered in year.
- 2) Financial benefits** – this lists the benefits derived from the service; the number of each benefit; the financial benefit; and the benefit as split by budget.
- 3) Non-financial benefits** – this lists the non-financial benefits that can be obtained from the handypersons service, and whether the interventions delivered have resulted in them. The number of households receiving interventions can be seen on the 'input' tab.
- 4) Sensitivity check** – this provides details of the 'break-even point' of your handypersons service. For instance, if your service costs £30,000, and your estimated financial benefits are £40,000, the margin of error for your service would be 33 per cent. If this figure was negative, it would mean that the service costs more than the total financial benefits. The sensitivity check also provides the cost: gross benefit ratio. Thereby giving you information on for every £1 your service puts in, what £X benefit is returned.

# Section 2: Understanding the evidence

## 2.1 Method and methodological notes

The Financial Benefits Tool uses a simple equation to calculate the benefits of handyperson services. It uses a similar approach to that adopted for the Supporting People Benefits Realisation<sup>7</sup> and the subsequent work undertaken by CapGemini.<sup>8</sup> In developing and populating the tool, the research team has:

- undertaken a literature review, identifying evidence about the objectives and expected outcomes of handyperson services and the benefits of different expected outcomes. As part of the literature review, we undertook a 'call for evidence', asking for the submission of any unpublished evidence
- spoken with a number of Government departments, local authorities, providers and others to understand how handyperson services operated and what they could achieve
- assessed the evidence, to understand whether and how it might be used in populating the toolkit.

As with any attempt to calculate the benefits of interventions such as handyperson services, there are some methodological issues that arise that need to be spelt out clearly at the outset. The first of these relates to the nature of the evidence used in the toolkit. We have not undertaken a systematic review of the evidence and sometimes the evidence is not always clear or directly applicable. Our assessment and use of the evidence is set out in this document. Secondly, we have assumed that handyperson services using this guidance and tool are providing reasonably effective services to those in need. The evidence base does suggest that handyperson services may be of benefit but only when appropriately targeted and delivered in an effective manner. Finally, in a number of areas there is little evidence on the impact of handyperson services. We have therefore used assumptions about the likely impact. These assumptions are conservative ones, and are spelt out in this document.

### 2.1.1 Population

Handyperson services can be delivered to anyone in need and, in addition to older people, are often delivered to women at risk of domestic violence, people with learning disabilities and people with mental health issues. They

<sup>7</sup> Office of the Deputy Prime Minister (2004) *Supporting People Benefits Realisation*.

<sup>8</sup> Communities and Local Government (2009) *Research into the financial benefits of the Supporting People programme*.

are delivered to a variety of tenures: to people living in their own homes, in rented accommodation or in social housing. Overwhelming, though, handyperson services are delivered to older people<sup>9</sup> living in their own homes or in private rented accommodation.<sup>10</sup>

To account for this, throughout the tool the data used generally relate to people aged 65 and over. Sometimes such data are not available and in such cases we have used data for the general population. We have also not accounted for differences between different age-bands in the older person's population. We recognise that, all things being equal, people aged 85 and over are more likely to fall in their homes and when they do they are more likely to need hospital treatment (for example). When they are discharged from hospital, people aged 85 and over are more likely to be admitted to residential or nursing care. But we have not accounted for these differences because of the perverse incentives that this might create.

If such differences were included, the tool might suggest services ought to be focused on people aged 85 and over, as it is this age group that is more likely to be in need and for whom the impact of handyperson services is likely to be more immediate. As the tool calculates benefits for one year only, it would not account for the ongoing, preventative benefits generated from targeting older people before they are prone to falling, before they are the victim of a burglary or before their home deteriorates to such an extent that it poses a significant risk to their independence. It is important to consider these long term and secondary benefits, as well as the direct benefits generated in the first year.

### 2.1.2 Households and people

Handyperson services are delivered to households. They involve checks on, repairs to and modifications of the fabric of residential buildings in order to prevent, delay and reduce the likelihood that someone's independent living will be reduced or to enable their independent living.

The tool and this guidance make a simple assumption – one household equals one person. As such, the benefits generated by installing grab rails and fire alarms, removing trip hazards and signposting to other services are assumed to only accrue to one person in each household. There may, of course, be benefits to others for which the toolkit does not account. Carers, for example, may well benefit from handyperson services (and most carers of older people are themselves old<sup>11</sup>).

### 2.1.3 Benefits versus savings

The tool generates information on the benefits of handyperson services. This is not the same as savings. Benefits are the potential savings that might

<sup>9</sup> Around 82 per cent of all HIA handyperson clients are aged 65 and above (source: *The future Home Improvement Agency*, figure 3.2).

<sup>10</sup> Around 82 per cent of all HIA handyperson clients are living in accommodation that is owned or part owned by them or their spouse (source: *The future Home Improvement Agency*, figure 3.3).

<sup>11</sup> Wittenberg, R. et al (1998) *Future demand for social care, 2005–2041: projections of demand for social care for older people*, PSSRU Discussion Paper 2514, Department of Health.

accrue. However, much work would need to be undertaken locally in order to realise these savings. There are significant operational reasons why it is not always possible or desirable to realise the benefits suggested by this and similar toolkits. For example, such a toolkit may suggest that providing 'x' service to 'y' population has a benefit of a reduction in 'z' ambulance journeys in a year. However, 'z' ambulance journeys might not equal one less ambulance, it may only be a proportion of the overall ambulance journeys expected from a single ambulance and crew in a year. It may not be possible to reduce the number of staff and fixed costs of running an ambulance to achieve the benefit that 'z' fewer ambulance journeys would suggest. It is therefore essential that, in using this tool and the evidence it generates, the findings are clearly explained as benefits and not cashable savings.

It is also important to stress that this is not a value for money tool. The toolkit does not provide a facility to assess the value for money of one provider against another, one model of delivery against a different model, and it should not be used as such. The tool enables you to assess the benefits of providing handyperson services. How you configure these services and by whom they are delivered are local decisions outside the scope of this toolkit.

#### **2.1.4 Uncosted benefits**

The tool calculates the financial benefits of handyperson services but there are a large number of other outcomes for which a financial benefit cannot be calculated. It is essential that your business case or any statement of the benefits of handyperson services sets out these uncosted benefits. Uncosted benefits are key to the effectiveness of handyperson services and often contribute towards the delivery of local or national performance indicators and targets.

For example, there is substantial evidence that older people value handyperson services and self-identify the need for a 'little bit of help'. Many handyperson services undertake customer satisfaction surveys, which suggest services are both wanted and valued locally. These are uncosted benefits and should be included in your business case. Such outcomes would also be softer evidence of progress towards achieving national indicators, for example – NI 138 – Satisfaction of people over 65 with both home and neighbourhood and NI 139 – The extent to which older people receive the support they need to live independently at home.

Such uncosted benefits are an important part of the narrative around handyperson services. They are often benefits that accrue to individuals, their families and their communities and can often be highlighted by the use of case examples from existing services. When combined with the harder evidence generated by the tool, they can make a powerful and persuasive argument.

#### **2.1.5 The role and benefits of checks**

Many handyperson services undertake fire safety checks, energy efficiency checks, home security checks and trip hazard assessments, often as a

separate type of service. Such checks are a form of needs assessment: they help identify where no action is required, where advice is needed, where onward referral is appropriate and where handyperson works should be completed.

Such checks have a number of benefits. They ensure that appropriate action is taken to address needs, for example onward referrals, or that resources are appropriately targeted. However, they do not of themselves lead to financial benefits. Financial benefits only accrue when such checks result in specific works being undertaken by handypersons: to grab rails being installed, to security improvements being undertaken, insulation installed or other improvements to the home.

Therefore, although the tool does include home security checks, fire safety checks and energy efficiency checks, it does so on the assumption that such checks result in some physical improvements to the home. If your scheme undertakes such checks that do not result in physical improvements or repairs, you should exclude these from the tool when attempting to calculate the financial benefits arising from such works. However, as these are part of the costs of running your service, you should include these costs when using the tool.

### **2.1.6 The role and benefits of falls prevention**

Falls prevention work can fall into two main categories: trip hazard or falls prevention assessment and remedial works such as moving beds and furniture, repair of stair treads and loose carpets and minor adaptations such as grab rails. Some schemes record the assessment work separately to the remedial works, others record these together.

The tool does not include falls prevention assessments as a separate intervention, as these do not of themselves lead to financial benefits (as with checks outlined above, financial benefits only arise if remedial works are undertaken). Falls prevention is included in the tool as an outcome in relation to small repairs, minor adaptations and hospital discharge.

### **2.1.7 Costs and charging**

The tool calculates the net benefit of handyperson services: the difference between the costs of running a service and the benefits delivered. It is therefore essential that the cost-base used in your calculations is a realistic and full assessment of the costs of running your service.

Your service might use volunteers and may receive some materials free of charge (such as replacement light bulbs and fire alarms). When calculating the benefits of your service, you should include a 'notional' cost to cover these, as they are a cost of running the service (even though they are a cost you do not bear). If you use volunteers, for example, you should 'cost' them in the model on the basis that they were employed members of staff.

The costs of running your service should **not** take account of any charges you may invoice service users. The tool calculates the benefits that arise to the individual and it would therefore be inconsistent to use costs net of charges.

If you do not include notional costs to cover volunteer time or donated materials, or you include charging income, the net benefit of your service will be exaggerated. This would potentially make the cost/benefit analysis of your service unbelievable and undermine your business case for future funding.

Obviously, when writing your business case, you should make it clear whether you are using volunteers, materials donated to you or making charges for your services. These are clearly a bonus for the scheme as they reduce the actual budget requirements for running the service. You should make it clear that you have included a notional cost for these goods when calculating the net benefits. You might also want to emphasise the good partnership working arising from your work on donated materials and the uncoded benefits to volunteers themselves and the local community from using volunteers.

### 2.1.8 Net benefit ratios and sensitivity check

The tool generates a sensitivity check, setting out the net benefit of your service based on the information you include in its calculations. This net benefit is represented in percentage and in ratio terms.

It is highly likely your service would produce a net minus benefit. This reflects both the nature of handyperson services and also the available evidence base. A net benefit of  $-20$  per cent or of  $1:0.8$  would suggest that, for every pound spent, your handyperson service would generate 80 pence in financial benefits. It is then a matter of discussion as to whether the uncoded benefits identified by the tool outweigh the remaining 20 pence. For interventions such as handyperson services, which are generally low-level and one-off in nature, it is reasonable to expect that the net benefits generated would be between  $-/+ 50$  per cent. Should the tool suggest a net benefit higher than  $+50$  per cent or a ration of  $2:3$ , we would recommend you assess the data you have inputted into the tool (your cost base, the number of households seen or the interventions delivered) and determine whether they are reasonable and realistic.

In addition to producing a negative net benefit (i.e. that the costs of running the service are higher than the benefits generated by the service), the tool may also suggest that some interventions may be more financially beneficial than others. Such an outcome reflects the nature of the underlying evidence and does not mean services should be reorganised or remodelled to focus on interventions with higher net benefit ratios. One of the key benefits of handyperson services is that they are a holistic, first access point to services for older people. A single visit by a handyperson may result in tangible, coded benefits of reduced falls arising from a minor adaptation, but it may also lead to longer term, less tangible outcomes, for example, following referral to a lunch club or social services or identification of need for a fire

alarm. Such wider benefits would not be generated if such a service was remodelled to deliver hospital discharge services only, simply on the basis that such services seem more beneficial on paper.

Finally, it is important to stress that the tool always utilises conservative estimates of impact or the lowest range from evidence of impact when calculating benefits. It does this deliberately to ensure the output from the tool is as robust as possible. It also calculates benefits 'in year' only, and not the ongoing and second order benefits arising from handyperson interventions.

For example, the tool calculates the benefit of hospital discharge services on reduced risk of falls. Evidence suggests the benefit of such interventions range from 32 per cent reduction in falls to 66 per cent reduction. The tool uses the lower of these impact levels to make its calculations. The tool also assumes that a hospital discharge service will only be of benefit for the year in which the intervention is delivered. However, installing grab rails (for example) may reduce risk of falling in years two and three as well as in the first year. Therefore, in these two important ways, the conservative use of evidence in the tool may under-estimate the actual financial benefits of handypersons.

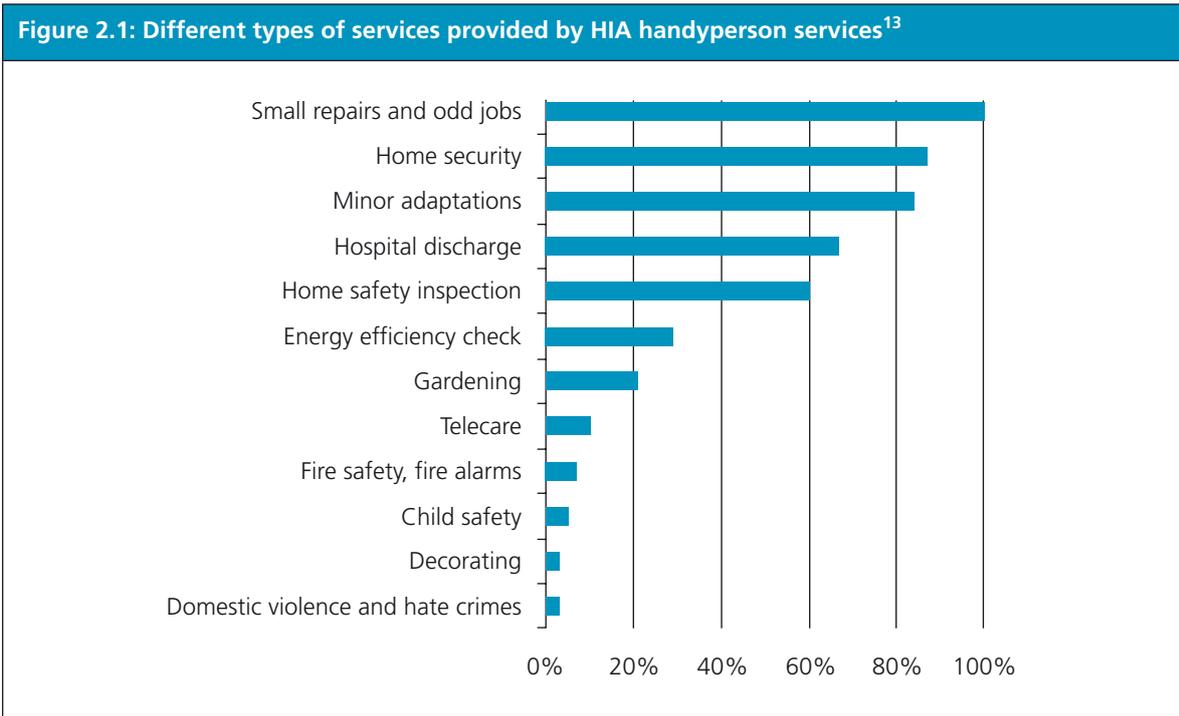
## 2.2 Handyperson services

There is no 'one-size fits all' when it comes to handyperson services. There are a huge range of differences in how and to whom services are delivered, the mix of services provided locally and the costs and charges associated with delivering handyperson services. No single toolkit can capture this wealth of variation and difference. The toolkit therefore focuses on those types of services that:

- are generally provided by most services across the country (based on data provided by Foundations<sup>12</sup>); and
- for which there is sufficient evidence from which to assess the benefits.

Figure 2.1 below sets out the proportion of HIA handyperson services nationally that provide different types of services. This information is based on analysis undertaken by Foundations from data provided by 131 HIA handyperson services in 2008–09.

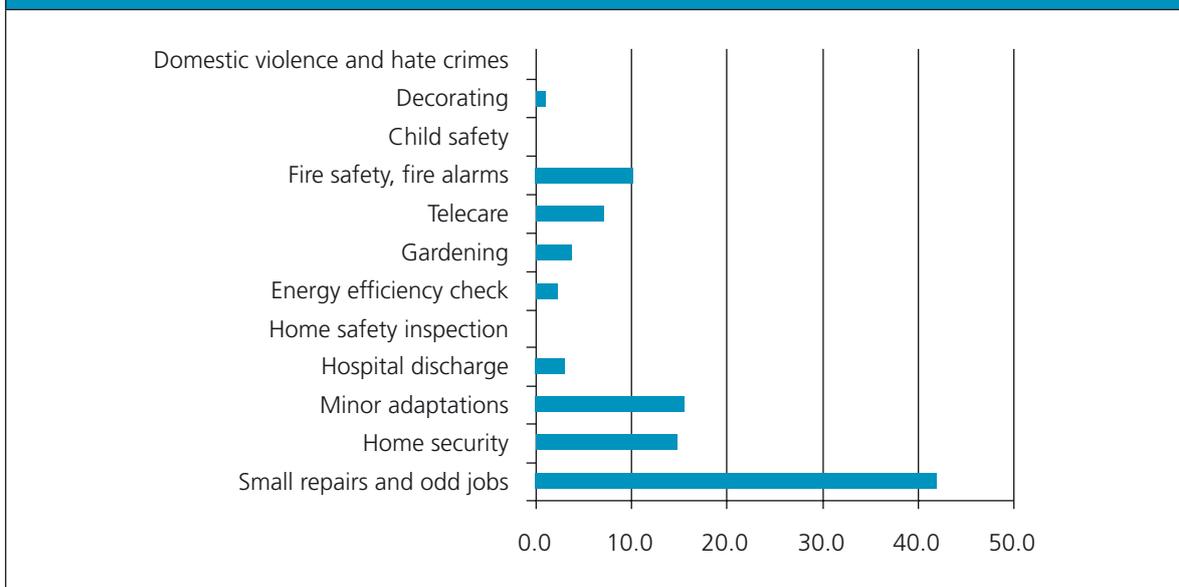
<sup>12</sup> Foundations is the National Body for Home Improvement Agencies.



These data suggest that all HIA handyperson services deliver some type of small repairs services and only a few provide domestic violence services. As with all data of this type, there are some issues with gaps and definitions. For example, the installation of fire alarms has been recorded as home security services, home security, home safety and fire safety. These differences may reflect local variations in service delivery, data definitions or funding streams. In using the tool, it is important that you are clear and consistent about how and where data are used.

Figure 2.2 below sets out the number of different interventions delivered during 2008–09 by HIA handyperson services. Foundations collected sample data from services in 33 local authorities in 2008–09. A total of 19,866 interventions were delivered (by interventions, we mean a completed job i.e. the number of smoke alarms fitted, the number of security checks completed, the number of grab rails installed). Over 40 per cent of all interventions delivered are described as ‘small repairs and odd jobs’. Minor adaptations accounted for just over fifteen percent of all interventions and home security checks account for just under 15 per cent.

<sup>13</sup> *The future Home Improvement Agency* (op.cit) figure 3.4

**Figure 2.2: Number of interventions delivered<sup>14</sup>**

In developing this toolkit, we have gathered and assessed evidence of the delivery of a range of handyperson and similar interventions. This evidence was assessed in terms of:

- its relevance, to determine the similarity between the types of services provided in the specific literature and those delivered by handyperson services
- its timeliness, to determine how recently the literature was published
- its robustness, to assess the method used in the research; and
- its usefulness, to determine whether it provided data we needed for the toolkit on the objectives of handyperson services, the incidence expected without handyperson services for issues such as falls, burglaries and delayed discharge, the likely impact of handyperson services on these incident rates and the unit cost or benefit of avoiding such incidence.

On the basis of this evidence gathering and assessment, we have focused the toolkit on areas where (a) there is sufficient evidence to make the toolkit robust and (b) most handyperson services are focusing. We have used a categorisation of the evidence that is illustrated below.

<sup>14</sup> *The future Home Improvement Agency (op.cit) figure 3.5*



<b>Strong</b>	<b>Weak</b>
There is more than one source available. The source evidence utilises robust, economic methods. The source is directly relevant to the type and nature of handyperson intervention involved. The source includes evidence on outcome and impact.	There is only one source available. There may be questions about the robustness of the method underpinning the evidence or its relevance to the handyperson intervention involved. Evidence on impact is not available.

The table below sets out our assessment of the evidence base and the inclusion of particular service or intervention types in the toolkit.

<b>Service/intervention</b>	<b>Evidence base</b>	<b>Included in toolkit</b>
Small repairs	Strong evidence of the impact of small repairs on reducing risk of falls.	Yes
	Acceptable evidence of the impact of small repairs on maintaining independent living.	Yes
	Acceptable evidence of the impact of small repairs on maintaining or improving wellbeing but no evidence on the level of impact or likely benefits arising.	No, likely to be an uncosted benefit
	No evidence of the impact of small repairs on confidence.	No
Home security checks followed by improvements	Strong evidence of the impact of home security improvements on preventing burglaries.	Yes
	Acceptable evidence of the impact of home security improvements on maintaining independent living.	Yes
	Weak evidence of the impact of home security improvements on wellbeing.	No
	Weak evidence of the impact of home security improvements on overall confidence.	No
Minor adaptations	Strong evidence of the impact of minor adaptations on reducing falls.	Yes
	Acceptable evidence of the impact of minor adaptations on maintaining independent living.	Yes
	Weak evidence of the impact of minor adaptations on wellbeing.	No, but likely to be an uncosted benefit.
	Weak evidence of the impact of minor adaptations of future demand for social services.	No, but likely to be an uncosted benefit.
Hospital discharge	Strong evidence of the impact of hospital discharge <sup>15</sup> on reducing falls.	Yes
	Strong evidence of the impact of hospital discharge on maintaining independent living.	Yes
	Acceptable evidence of the impact of hospital discharge on reducing bed days.	Yes

*continued*

<sup>15</sup> Where such services include trip hazard assessment and intervention, grab rail installation and other minor repairs and adaptations. There is little evidence around the installation of key safes and telecare in this area.

Service/intervention	Evidence base	Included in toolkit
Fire safety check followed by installation of alarms	Strong evidence of impact of fire alarms on reducing death and injury caused by fires.	Yes
	No evidence of impact of fire alarms on maintaining independent living.	No
Energy efficiency check followed by thermal comfort improvements	Acceptable evidence of the impact of energy efficiency checks on reducing fuel poverty, where such checks lead to a Warm Front or similar intervention.	Yes
	Weak evidence of the impact of energy efficiency checks on reducing excess winter deaths, where such checks lead to a Warm Front or similar intervention.	No, but likely to be an uncosted benefit
	Weak evidence of the impact of energy efficiency checks on improving general health, where such checks lead to a Warm Front or similar intervention.	No, but likely to be an uncosted benefit.
Telecare	Some available evidence of the outcomes and impact expected from these types of intervention.	No
Gardening	Little available evidence of the outcomes and impact expected from these types of intervention. <sup>16</sup>	No
Child safety	Little available evidence of the outcomes and impact expected from these types of intervention.	No
Decorating	Little available evidence of the outcomes and impact expected from these types of intervention.	No
Domestic violence and hate crimes	Little available evidence of the outcomes and impact expected from these types of intervention.	No

## 2.3 Outcomes, benefits and evidence for interventions/services

Each of the services/interventions included in the toolkit is discussed in the following paragraphs. We set out a synopsis of the available evidence and how this is used in the tool. We also set out important caveats to be considered when using this evidence and any assumptions we have made.

### 2.3.1 Small repairs

This type of service is provided by all HIA handypersons and is the bulk of their work. It includes such activities as carpentry, putting up curtains and blinds, repairing doors, windows, fencing and gates, moving furniture, cleaning gutters and drains, plumbing and other minor repairs. Such works are often recorded on FEMIS<sup>17</sup> as 'handypersons' or 'minor repairs'.

<sup>16</sup> It is feasible that ongoing, regular gardening services may affect the level of opportunistic and distraction burglary: an unkept garden may suggest an easy target. However, most handyperson gardening services are one-off or annual in nature. While it is conceivable that these might have an affect on the risk of burglary, it is difficult to see how these would be anything but a temporary affect. It is therefore not possible to include this as a costed benefit.

<sup>17</sup> FEMIS is Foundations Electronic Management Information System.

## Outcomes from small repairs

The literature review undertaken for this research identified four outcomes arising from the provision of small repairs to older people by handyperson services. The four outcomes are:

- reduced risk of falls (where small repairs are part of a falls prevention package)
- improved or maintained independent living
- improved quality of life and wellbeing
- easier access to other, appropriate services.

For each of these outcomes, the evidence base is outlined below. We then explain how this evidence has been used in the toolkit. We also explain the important limitations in using these data.

### Reduced risk of falls

There is a slight difference suggested between data recorded on FEMIS and evidence provided directly by a number providers, which has an impact on the outcomes expected from small repairs. The FEMIS data for small repairs suggest that reducing falls would not be expected from this type of service, as the types of interventions recorded do not suggest this. However, there are gaps in the FEMIS data and information provided directly by providers as part of the background research suggest that many of the types of interventions delivered as small repairs are capable of reducing the risk of falling in older people. We have therefore included this benefit. In using the output of the tool in relation to small repairs, you should be careful about the extent to which you include benefits generated: if your small repairs service is unlikely to lead to a reduced risk of falling, you should exclude this benefit from your calculations.

Evidence suggests that older people are more likely to fall in their own homes than those under 65, such falls result from minor issues such as stairs (a third of all falls involving older people happen on stairs or steps) and loose carpets and such falls are more likely to result in hospital admission.<sup>18</sup> Each year, 35 per cent of people aged 65 and over experience one or more falls and the rate rises to 45 per cent for people aged 80 and over. Around ten to 20 per cent of those who fall will sustain a serious injury. Fifteen per cent of those who fall are likely to attend a minor injury unit or A&E department and a similar number will use an ambulance. Almost one in eleven will fracture a bone, with 2 per cent of fallers fracturing their hips.<sup>19</sup> In 1999, for example, there were c647,000 A&E attendances following a fall by a person aged 60 and over and c204,000 admissions. The total cost was estimated at £941m, of which 59 per cent accrued to the NHS and the rest to social services.<sup>20</sup>

<sup>18</sup> *Avoiding slips, trips and broken hips* (undated) Department for Trade and Industry. Based on Home Accident Surveillance System (HASS) data for 1996–1998.

<sup>19</sup> Department of Health (2009) *Falls and fractures: effective interventions in health and social care*.

<sup>20</sup> Scuffham, P., Chaplin, S., Legood, E., (2003) Incidence and costs of unintended falls in older people. *Journal of Epidemiology and Community Health*, 57, 740–744.

Accident rates and severity rates increase with age and are also affected by health inequalities.<sup>21</sup>

There were around 6.3 million emergency ambulance services calls in 2006–07.<sup>22</sup> Around 10 per cent of all ambulance service calls are to people aged 65 and over following a fall and 60 per cent of these falls result in hospital admission. Falls are recorded as a contributory factor in 40 per cent of admissions to nursing homes.<sup>23</sup> It is likely that up to 20 per cent of those discharged from hospital following a fall will be admitted to a nursing home within a year of discharge.<sup>24</sup> A person's likelihood of falling increases significantly following a fall.<sup>25,26</sup>

Evidence also suggests that housing adaptations, repairs and other modifications have an impact on reducing falls.<sup>27,28</sup> However, the evidence base is somewhat mixed. Published evidence from 2003 suggests that programmes including adaptations have a 32 per cent reduction on falls. However, evidence does not state how this impact has been deduced.<sup>29</sup> One Australian study found a 36 per cent reduction in falls following home assessment and modification,<sup>30</sup> and one in New Zealand found a 41 per cent reduction in falls following home-safety assessment and exercise programme.<sup>31</sup> The Healthy Community Collaborative found that interventions such as improved lighting, installation of grab rails and stair rails, non-slip bath mats, better footwear and eye tests resulted in a 32 per cent reduction in falls among the elderly.<sup>32</sup>

### Use of evidence in the tool

We have assumed that the provision of small repairs can help reduce the risk of older people falling in their homes. Without handyperson services delivering these types of interventions, older people would be more likely to fall in their homes. This would increase the number of falls that would require some form of hospital stay, as well as other forms of health and social care.

The tool assumes that the provision of small repairs would reduce the incidence of falls. Based on the evidence above, we have calculated the incidence of falls in the 65 and over population as 10.07 per cent (i.e. that for every 100 people aged 65 and over, there will be just over 10 falls in any one year). There are a number of studies that demonstrate the effectiveness

<sup>21</sup> Marmot, M. (2010) *Fair society, healthy lives: the Marmot Review*. Department of Health.

<sup>22</sup> BBC News, 21/6/2007 *Emergency ambulance calls 'peak'*. Accessed online on 20/11/2009.

<sup>23</sup> Ibid.

<sup>24</sup> Op cit (NHS Scotland)

<sup>25</sup> Op cit (NHS Scotland)

<sup>26</sup> Peel, N.M. and Hendrikz, J. (2005) Behavioural determinants of hip fracture injury in older people CONROD Convocation, University of Queensland, Brisbane, 29 June 2005.

<sup>27</sup> Small things matter: making the case for handyperson services (undated) Care and Repair England. Accessed online at [www.careandrepair-england.org.uk/handyperson/pdf/makingthecase.pdf](http://www.careandrepair-england.org.uk/handyperson/pdf/makingthecase.pdf) on 11/11/2009.

<sup>28</sup> Autier, P. and Haentjens, P. (2000) *The costs of falls to health and social care services* (study in Belgium).

<sup>29</sup> *Reducing falls in older people* (2003) Nice, quoted in *Better Outcomes, Lower Costs: Implications for health and social care budgets of investing in housing adaptations, improvements and equipment: a review of the evidence* (2007) Office of Disability Issues, Department for Work and Pensions

<sup>30</sup> Logan, P., Sahota, O., Gladman, J.R.F., Tomlinson, V., Stoner, V., Sokal, R., Robertson, K. (2006) People who call an ambulance after a fall who are not taken to hospital: an opportunity to intervene? *Age & Ageing*, 35 (Supplement 1), i52.

<sup>31</sup> Ibid

<sup>32</sup> Wanless, D. (2004) *Securing good health for the whole population*. Department of Health

of various small repairs in preventing falls, ranging from a reduction of 32 per cent to 66 per cent. The tool uses the lower of these figures to calculate how many fewer falls should result from this type of intervention. The tool assumes the average NHS cost of admission following a fall is £1,227 in 2010 prices<sup>33</sup>. This is the average cost of **all** falls, and not the average cost of a fall that results in hospitalisation (the average cost of a fall resulting in hospitalisation is around £10,000).

There are likely to be other costs relating to falls that are not included in the toolkit. Some falls may result in GP visits or use of other primary care services. They may result in referral to social services. Data are not available that allow us to include these additional costs or benefits in the toolkit but they should be included as uncosted benefits.

### Improved or maintained independent living

Evidence suggests that living independently for as long as possible is important to older people.<sup>34</sup> When asked about the most valued aspects of their independence, older people emphasise the importance of continuing to live in their own home.<sup>35</sup> Studies suggest housing conditions are a factor that explains admissions to residential care or risk of future institutionalisation<sup>36</sup> and are therefore important to maintaining independent living.

Evidence suggests that the use of health and social care services is higher in sheltered accommodation than in general accommodation, even when accounting for disability and for living alone<sup>37</sup>. This would suggest preventing moves to supported accommodation has health and social care benefits.

In 2007–8, some 266,000 people aged 65 and over were in some form of publicly-funded residential care,<sup>38</sup> or around 3.21 per cent of the 65 and over population.<sup>39</sup> In 2005, some 27 in every 1,000 older people in England were in care home places.<sup>40</sup> The number of privately-run care/residential homes is not available. However, evidence suggests that 32 per cent of people in publicly-funded care homes are self-funders<sup>41</sup> and it could be that a similar number of people are residing in private care homes (around 83,000 people).

For people aged 65 and over there were 797 per 100,000 population permanent admissions to residential or nursing care in 2006–7 and 1,936 temporary admissions per 100,000 population.<sup>42</sup> The chance of living in

<sup>33</sup> Benefits of the Supporting People programme: working paper 1 (older people's services)

<sup>34</sup> MHSO (1994) *Living independently: a study of the housing needs of elderly and disabled people*.

<sup>35</sup> DWP (2004) *Independent living later in life: DWP Research Report 216*.

<sup>36</sup> King's Fund (2007) *Predicting who will need costly care*.

<sup>37</sup> Walker, M., et al (1998) Do health and use of services differ in residents of sheltered accommodation? A pilot study. *International Journal of Geriatric Psychiatry*, 12(9), 617–624.

<sup>38</sup> Community care statistics 2007–8: Referrals, assessments and packages of care for adults, England (2009) NHS Information Centre. Table 4.1 Estimated number of clients receiving services by service type and age group, England 2005–6 to 2007–8. Figures quoted are for residential care in 2007–8 for the 65 and over population. Figures given for residential care divided into independent residential care, LA staffed residential care and nursing care. May include some double counting where individuals accessed more than one service type during the 2007–8 year.

<sup>39</sup> The population of people aged 65 and over in England in mid-2008 is estimated at 8,285,300. Mid-2008 UK population estimates, table 4: England. Office of National Statistics.

<sup>40</sup> Laing, W., *Trends in the London care market* (2005) King's Fund.

<sup>41</sup> Laing (2005) Op. cit.

<sup>42</sup> Community care statistics 2007: Supported residents (adults), England (2007) Office of National Statistics, page 16.

a long stay hospital or care home is 1 per cent for 65–74, 4 per cent for 75–84 and 18 per cent for 85+.<sup>43</sup> Long term population ageing is expected to increase demand for care home places: if current trends of provision and age-related demand continue, 440,000 people will live in care homes in 2017 and 1,195,000 by 2071.<sup>44</sup> Self-funding for services was around 28 per cent of the total cost of care services in 2005.<sup>45</sup>

### Use of evidence in the tool

We have assumed that the provision of small repairs can help older people stay in their own homes for longer. Without handyperson services delivering these types of services, older people would be less able to live independently. The tool assumes that the provision of small repairs would therefore:

- reduce the use of sheltered accommodation. From the evidence outlined above, we have calculated that 9.3 per cent of the 65 and over population live in sheltered accommodation. This incidence rate is calculated as follows: in 2008 there were 776,936 sheltered units for older people (excluding very sheltered) in England.<sup>46</sup> Assuming 1 unit is 1 person, in mid 2008 there were 8,285,300 people aged 65 and over in England.<sup>47</sup> We have assumed that the provision of small repairs would reduce the use of sheltered accommodation by five per cent (i.e. from 9.3 per cent to 8.84 per cent). The annual cost of sheltered per unit is calculated at £6,962 at 2010 prices<sup>48</sup>
- reduce the use of temporary residential or nursing accommodation. From the evidence outlined above, we have calculated that 1.94 per cent of the 65 and over population would be at risk of being admitted to temporary residential or nursing accommodation. We have assumed that the provision of small repairs would reduce the use of temporary residential or nursing accommodation by 5 per cent (i.e. from 1.94 per cent to 1.84 per cent). The annual cost of temporary residential or nursing accommodation (assuming a single stay or six weeks duration) is calculated at £5,349 at 2010 prices<sup>49</sup>
- reduce the use of permanent residential or nursing accommodation. From the evidence above, we have calculated that 0.8 per cent of the 65 and over population would be at risk of being admitted to permanent residential or nursing accommodation. We have assumed that the provision of small repairs would reduce the use of permanent residential or nursing accommodation by 5 per cent (i.e. from 0.8 per cent to 0.76 per cent). The annual cost of permanent residential or nursing accommodation is calculated at £46,552 at 2010 prices.<sup>50</sup>

<sup>43</sup> *Care of elder people, UK Market research* (2006) Laing and Buisson.

<sup>44</sup> *Care of elder people, UK market research* (2007) Laing and Buisson. Quoted in *Care homes and long-term care needs* (2008) Help the Aged

<sup>45</sup> Laing (2005) Op.cit.

<sup>46</sup> CLG (2008) *Research into the financial benefits of the Supporting People programme*.

<sup>47</sup> Mid-2008 population estimates, population for England. Office of National Statistics

<sup>48</sup> Additional unit cost of local authority sheltered accommodation is estimated at £127 a week at 2008 prices. Adjusted to annual cost and 2010 prices.

<sup>49</sup> *Costs of health and social care* (2006) PSSRU, University of Kent

<sup>50</sup> Assumes service is used for 52.18 weeks in a year, based on PSSRU assumptions. Source: PSSRU (op.cit).

### **Improved or maintained quality of life and wellbeing**

There is a wealth of qualitative evidence about the value placed on low-level interventions by older people in helping them to maintain their independence.<sup>51</sup> This suggests that keeping a well-maintained house is central to many older people's sense of well-being and their confidence about coping at home.<sup>52</sup> Housing conditions are therefore an important aspect of quality of life for older people.<sup>53</sup> Evidence suggests that living independently for as long as possible is important to older people.<sup>54</sup>

Issues around the quality of social and physical environments in which people live effects stress, higher environmental and crime hazards and risks of social isolation<sup>55</sup> will have an impact on the level of depression. Failure to identify and treat depression is extremely costly to the public purse.<sup>56</sup> Older people with unrecognized depression are very high users of health and social care services at every level. Older people with mental health problems are particularly at risk of long term institutional care.<sup>57</sup>

Delivering preventative services can drive big improvements in the quality of life for older people.<sup>58</sup> There is a clear link between health, quality of life and wellbeing and these have an impact on older people's feelings about independence.<sup>59</sup>

### **Use of evidence in the tool**

While there is significant evidence to suggest that the provision of small repairs by handypersons can improve the sense of wellbeing for older people, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The tool therefore does not cost this benefit.

### **Easier access to other appropriate services**

A number of stakeholders involved in the research phase of this project suggested that the provision of small repairs by handyperson services can often result in the identification of other needs for older people. Once identified, information can be provided that enables older people to access services of which they would otherwise be unaware or onward referral to other services.

### **Use of evidence in the tool**

While there is evidence to suggest that the provision of small repairs by handypersons can make it easier for them to access other appropriate

<sup>51</sup> Curry, N (2006) *Preventative social care: is it cost effective? Background paper, Wanless social care review*, King's Fund.

<sup>52</sup> Clark, Dyer and Horwood (1998) *That little bit of help: The high value of low level preventative services for older people*.

<sup>53</sup> Marmot et al. (2008) *Health, wealth and lifestyles of the older population in England: the 2002 English longitudinal study of aging*.

<sup>54</sup> MHSO (1994) *Living independently: a study of the housing needs of elderly and disabled people*

<sup>55</sup> Godfrey, M. et al (2005) *Literature and policy review on prevention and services*.

<sup>56</sup> Ibid

<sup>57</sup> Ibid

<sup>58</sup> ODPM (2006) *Making life better for older people: an economic case for preventative services and activities*.

<sup>59</sup> DWP Research Report 216

services, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The tool therefore does not cost this benefit.

When assessing the benefits of handyperson services, it is important to understand second order costs and benefits that might arise from actions such as onward referral to other services. Such referrals are likely to incur costs of other services but will also be of some benefit both to the individual concerned and potentially to the public purse. For example, referring an older person who subsequently receives a Supporting People floating support service may also help improve or maintain their independent living. The tool does not calculate these second order costs and benefits: to do so would make the tool unwieldy, inflexible and very complex to use. Local data on referral sources may help you identify referral routes and discussions with relevant commissioners may help identify and assess these second order costs and benefits to them.

### 2.3.2 Home security improvements

Home security improvements are one of the largest areas of handyperson activity. The provision of burglar alarms, defender alarms and security measures such as door locks, night lights and spy-holes are all interventions undertaken as home security improvements. In addition to CLG grant funding, monies have been provided for many handyperson services from the Home Office.

#### **Outcomes expected from home security improvements**

The literature review undertaken for this project suggests a number of outcomes can be achieved through the provision of home security improvements by handyperson services. The key outcomes are:

- reduced risk of burglary
- improved quality of life and wellbeing
- easier access to other, appropriate services
- improved confidence.

#### **Reduced risk of burglary**

Generally speaking, older people are less likely to be a victim of burglary and personal crime than the general population.<sup>60</sup> However, people living in poorly maintained homes are more likely to be victims of burglary. Evidence suggests that homes without basic security are five times more likely to be burgled than those with at least basic security.<sup>61</sup> Burglary is largely a crime of opportunity, with evidence of house disrepair and unkempt gardens

<sup>60</sup> British Crime Survey 2008–9

<sup>61</sup> Home Office statistics. Access online at [www.homeoffice.gov.uk/crime-victims/how-you-can-prevent-crime/secure-your-home/](http://www.homeoffice.gov.uk/crime-victims/how-you-can-prevent-crime/secure-your-home/) on 25/11/2009.

being issues in attracting burglars.<sup>62</sup> The risk of being burgled increases dramatically when there are no home security measures in use.<sup>63</sup>

Although they are less likely to be a victim of crime, older people are more affected by the fear of crime.<sup>64</sup> Data from the British Crime Survey 2008–9 suggests that people aged 75 and over are affected either less or to the same extent as other groups and there is no difference between people aged 65–74 and other groups. Vulnerable older people who have experienced burglary are likely to decline in health faster, with impact on emotional state and mental and physical health.<sup>65</sup>

There are two methods that can be used to estimate the likely number of burglaries. The first is to use Home Office recorded crime data. There were 555,137 burglaries recorded by the police in England in 2008–9,<sup>66</sup> suggesting an incidence rate of 0.025 per household. The second method is to use data from the British Crime Survey. The 2008–9 British Crime Survey includes both data on the prevalence of burglary (how many homes have been affected) and the incidence of burglary (how many burglaries were reported in the survey). These data suggest that there were 312 burglaries per 10,000 households and a prevalence rate of 2.5 per cent. This means that some households experience more than one burglary in a year.

Evidence suggests burglary reduction initiatives are cost effective.<sup>67</sup> Of the recent work done in the UK under the Burglary Reduction Initiative, the most comparable to the types of intervention undertaken by handyperson services is in Stirchley, Birmingham. This project involved physical improvements to homes to prevent burglary access. Evaluation of this project suggests that it was both effective and cost effective.<sup>68,69</sup> There were three schemes that focused on property improvements covered by economic evaluations in the Burglary Reduction Initiative. The cost benefit ratios of these schemes were 0.33, 1.44 and 5.41.<sup>70</sup> These ratios are positive, suggesting that for every pound spent the costed benefit of these schemes were £0.33, £1.44 and £5.41 respectively.

### Using evidence in the tool

The tool uses the British Crime Survey burglary prevalence rate of 2.5%. This figure has not been adjusted to account for the lower crime rate experienced by some older people, the higher level of burglaries expected to homes in poor conditions or to account for those households that experience more than one burglary in a year.

<sup>62</sup> Small things matter: the key role of handyperson services (2006) Care and Repair England

<sup>63</sup> Crime and fear of crime (2006) Help the Aged

<sup>64</sup> Safety in numbers (1999) Audit Commission

<sup>65</sup> Older victims of burglary and distraction burglary: recommendations for practitioners (2003) Home Office

<sup>66</sup> Hansard 8 Dec 2009: Column 215W

<sup>67</sup> Reducing Burglary Initiative: an analysis of costs, benefits and cost effectiveness – Home Office Online Report 43/04 (2004) Home Office

<sup>68</sup> Reducing Burglary Initiative Project Summary: Stirchley, Birmingham – supplement 4 to findings 204, Reducing Burglary Initiative: Early findings on burglary reduction (2003) Home Office findings 204

<sup>69</sup> Reducing Burglary Initiative: an analysis of costs, benefits and cost effectiveness (2004) Home Office online report 43/04

<sup>70</sup> Reducing Burglary Initiative (2004) Op.cit, page 19

Evidence suggests home security improvements can reduce the risk of burglary and are both effective and cost effective. The toolkit assumes such improvements will result in a 5 per cent reduction in the incidence of burglaries (from 12 per cent to 11.4 per cent). The average cost of burglary, £3,876 in 2010 prices.<sup>71</sup> The table below sets out how this cost has been calculated. As this table sets out, the tool exclude costs incurred in anticipation of crime as these costs are incurred by handyperson services when they undertake home security improvements (and have therefore assumed that the household would not (a) make a contribution towards these costs or (b) undertake any additional work over and above the handypersons' intervention). We have also excluded the lost output costs on the assumption that most older people in receipt of handyperson services would not be in paid employment.

**Figure 2.3: Constituent elements of average cost of burglary**

Nature of cost	Cost	Comment
Costs in anticipation of crime	£472	Not included in the unit cost of burglary in the toolkit as these costs are incurred by handyperson services when undertaking home security improvements.
Costs as a consequence of crime: physical and emotional impact on victim	£766	Costs accrue to individual, health and social care.
Costs as a consequence of crime: lost output	£76	Costs accrue to the economy. Not included in toolkit.
Costs as a consequence of crime: value of property stolen, damaged or destroyed	£1,225	Costs accrue to the individual.
Costs as a consequence of crime: costs to the criminal justice system	£1,348	Costs accrue to the criminal justice system, including police and courts.

### Improved quality of life and wellbeing

Policy documents<sup>72</sup> published by DWP suggest home security improvements are part of the overall package of services that can improve or maintain an older person's quality of life and wellbeing.

### Using evidence in the tool

While there is evidence to suggest the provision of home security improvements by handypersons can improve the quality of life and sense of wellbeing for older people, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The toolkit therefore does not cost this benefit.

<sup>71</sup> Dubourg, R. et al (2005) *The economic and social costs of crime against individuals and households 2003–4*, Home Office Online Report 30/05

<sup>72</sup> *Opportunity age: opportunity and security throughout life* (2005) Department for Work and Pensions

### Improved confidence

A key target for the Home Office is people's improved confidence that the police and local council are dealing with the issues that matter locally with respect to crime and anti-social behaviour. The Home Office states that effective and well communicated partnership response that focuses on treating the public with respect, listening to their concerns on crime and anti-social behaviour, acting on those concerns and feeding back information on action taken can build public confidence in the police and local councils. Handyperson services can play a key role in building such confidence.

### 2.3.3 Minor adaptations

Minor adaptations account for nearly a sixth<sup>73</sup> of all works undertaken by handypersons and are therefore a core part of these services. Minor adaptations include: installing grab rails and hand rails; adapting bathrooms to provide drop down shower seats, Swedish hand rails and extended shower hoses; providing key safes; raising beds and chairs; other similar, low cost adaptations.

#### Outcomes expected from minor adaptations

The evidence suggests minor adaptations can contribute to a number of outcomes, including:

- reduced risk of falls
- improved or maintained independent living
- improved quality of life and wellbeing
- reduced use of social services.

#### Reduced risk of falls

Home accidents, particularly falls, burns and scalds in the over 65s age group, cost the health service around £3bn a year and increase dependency on council and other services.<sup>74</sup> Stairs and steps are the part of the home where most major injuries and deaths are reported as occurring, with the most serious incidents resulting from individuals falling down the stairs.<sup>75</sup> In the UK, approximately 57,000 older people attend hospital A&E departments each year due to accidents on the stairs.<sup>76</sup>

Falls are a major cause of death and disability for older people. Each year, around 3,000 people aged 65 and over die following a fall. Almost half of these falls occur in the home.<sup>77</sup> In 1999 there were 647,721 A&E attendances and 204,424 admissions to hospital for fall-related injuries to people aged 60 and over. The cost of this was £981m, of which 59 per cent

<sup>73</sup> Data provided by Foundations from sample data of services in 33 local authorities in 2008–9.

<sup>74</sup> Making life better for older people op cit

<sup>75</sup> Hill, L. et al (2000) Falls on stairs – a problem for older people, *Optometry Today*, Vol 40:13, 20th June, 2000, pp26–27

<sup>76</sup> Department for Trade and Industry(2000)Home accident surveillance system: 20th annual report

<sup>77</sup> *Prevention and reduction of accidental injury in children and older people* (2003) Health Development Agency

was incurred by the NHS and the remainder by social services for long term care.<sup>78</sup>

It is difficult to establish precisely how much of any reduction in falls can be attributed to a specific intervention and studies do not provide directly comparable data.<sup>79</sup> However, the evidence does suggest that the risk of falling among older people can be lowered by more than half by simple modifications to the home (a free home safety check followed by simple home modifications such as grab rails and non-slip floor services.<sup>80</sup> However, falls in the home arising from the physical condition of the home are likely to be multi-faceted: it may be because the person has poor eyesight and could not distinguish between different service levels as well as the type and quality of flooring.<sup>81</sup>

Evidence suggests a 32 per cent reduction in falls in year one and 37 per cent reduction in year two.<sup>82</sup> Such interventions reduce the number of falls and reduce the rate of institutionalisation. These figures are derived from a study on the provision of well-fitted slippers, as ill-fitting slippers account for 9 per cent of all falls admissions. A study in Australia found a 58 per cent reduction in falls following home safety check and home modifications (grab rails, non-slip surfaces, loose rugs removed, worn carpets repaired and ramps installed).<sup>83</sup> A study in San Francisco found a 60 per cent reduction in falls following a targeted intervention of a home safety assessment and modifications such as removing clutter, installing hand rails, grabs bars, non-skid strips, securing rugs and electrical cords.<sup>84</sup> There is also evidence that older people are more likely to fall following the first falling episode.

### Using evidence in the tool

We have assumed that the provision of minor adaptations can help reduce the risk of older people falling in their homes. Without handyperson services delivering these types of interventions, older people would be more likely to fall in their homes. This would increase the number of falls that would require some form of hospital stay, as well as other forms of health and social care.

The tool assumes the provision of minor adaptations would reduce the incidence of falls. Based on the evidence above, we have calculated the incidence of falls in the 65 and over population as 10.07 per cent (i.e. that for every 100 people aged 65 and over, there will be just over 10 falls in any one year). There are a number of studies that demonstrate the effectiveness of various small repairs in preventing falls, ranging from a reduction of 32 per cent to 66 per cent. The tool uses the lowest figure (32 per cent) to calculate how many fewer falls should result from this type of intervention. The tool

<sup>78</sup> Scuffham (2003) Op.cit.

<sup>79</sup> The evidence base for preventative services: research briefing 8 (undated) Age Concern

<sup>80</sup> Preventing falls in the elderly at home: a community-based programme (1996) Thompson, in *Med J Aust.* 1996 Aug 19; 165(4): 238

<sup>81</sup> International review of interventions in falls among older people (2001) Department of Trade and Industry

<sup>82</sup> ODPM (2006) Making life better for older people: an economic case for preventative services and activities

<sup>83</sup> Thompson (1996) Op.cit.

<sup>84</sup> Plautz et al (1996) *Modifying the environment: a community-based injury reduction programme for elderly residents*, *American Journal of Preventative Medicine* (1996) Jul-Aug; 12 p33–38.

assumes the average NHS cost of admission following a fall is £1,227 in 2010 prices.<sup>85</sup> This is the average cost of all falls and not the average cost of a fall that results in hospitalisation.

### Improved or maintained independent living

Providing low-level services such as home help or adaptations can help older people remain in their homes for as long as possible.<sup>86</sup> There are a number of studies that emphasise the value placed on such services by older people.<sup>87</sup> These services are likely to achieve outcomes around maintaining independence in the home and preventing institutionalization but no study has yet estimated the level of impact or resulting economic benefits from such outcomes.<sup>88</sup>

Relatively minor adaptations and help can be the difference between someone living independently in the community and being admitted to hospital or a care home.<sup>89</sup> Low level services may be able to help prevent deterioration in health and thus delay admission to a care home.<sup>90</sup> Low level services are key to maintaining independence and avoiding institutionalisation.<sup>91</sup>

Minor adaptations (grab rails, handrails etc) produce a range of lasting, positive consequences for older people. In a study involving over 400 recipients of minor adaptations, 62 per cent suggested they felt safer from a risk of an accident and 77 per cent reported a positive effect on their health.<sup>92</sup> Ten per cent of recipients of Disabled Facility Grants were kept out of residential care as a direct result of adaptations.<sup>93</sup> It is likely that recipients of non-DFG minor adaptations will derive a similar benefit, though not to the same level.

In 2007–08, some 266,000 people aged 65 and over were in some form of publicly-funded residential care,<sup>94</sup> or around 3.21 per cent of the 65 and over population.<sup>95</sup> In 2005, some 27 in every 1000 older people in England were in care home places<sup>96</sup>. The number of privately-run care/residential homes is not available. However, evidence suggests that 32 per cent of people in publicly-funded care homes are self-funders<sup>97</sup> and it is likely that a similar number of people are residing in private care homes (around 83,000 people).

<sup>85</sup> Benefits of the Supporting People programme: working paper 1 (older people's services)

<sup>86</sup> Making life better for older people (op. cit)

<sup>87</sup> LinkAge Plus: Benefits for older people: DWP Research Report 554 (2009) Department for Work and Pensions

<sup>88</sup> Joseph Rowntree Foundation (2005) Older people's inquiry: that little bit of help

<sup>89</sup> Godfrey, M. and Townsend, J. (2009), Delayed discharge in Scotland and England: a comparative study of policy and implementation, *Journal of Integrated Care* 17(1): 26–3

<sup>90</sup> Audit Commission (2004) Op.cit

<sup>91</sup> Joseph Rowntree Foundation (2005) Op.cit

<sup>92</sup> Heywood, F., *The effectiveness of housing adaptations* (2001) Joseph Rowntree Foundation. Table 3: outcomes from minor adaptations

<sup>93</sup> Reviewing the Disabled Facilities Grant programme (2005) ODPM

<sup>94</sup> Community care statistics 2007–8: Referrals, assessments and packages of care for adults, England (2009) NHS Information Centre. Table 4.1 Estimated number of clients receiving services by service type and age group, England 2005–6 to 2007–8. Figures quoted are for residential care in 2007–8 for the 65 and over population. Figures given for residential care divided into independent residential care, LA staffed residential care and nursing care. May include some double counting where individuals accessed more than one service type during the 2007–8 year.

<sup>95</sup> The population of people aged 65 and over in England in mid-2008 is estimated at 8,285,300. Mid-2008 UK population estimates, table 4: England. Office of National Statistics.

<sup>96</sup> Laing, W., (2005) *Trends in the London care market*, King's Fund

<sup>97</sup> Laing (2005) Op. cit.

For people aged 65 and over there were 797 per 100,000 population permanent admissions to residential or nursing care in 2006–07 and 1,936 temporary admissions per 100,000 population.<sup>98</sup> The chance of living in a long stay hospital or care home is 1 per cent for 65–74, 4 per cent for 75–84 and 18 per cent for 85+.<sup>99</sup> Long term population ageing is expected to increase demand for care home places: if current trends of provision and age-related demand continue, 440,000 people will live in care homes in 2017 and 1,195,000 by 2071.<sup>100</sup> Self-funding for services was around 28 per cent of the total cost of care services in 2005.<sup>101</sup> Evidence suggests that 70 per cent of residents in care homes have an average length of stay of 1 year.<sup>102</sup>

### Use of evidence in the tool

We have assumed the provision of minor repairs can help older people stay in their own homes for longer. Without handyperson services delivering these types of services, older people would be less able to live independently. The tool assumes the provision of minor repairs would therefore:

- reduce the use of sheltered accommodation. From the evidence outlined above, we have calculated that 9.3 per cent of the 65 and over population live in sheltered accommodation. This incidence rate is calculated as follows: in 2008 there were 776,936 sheltered units for older people (excluding very sheltered) in England.<sup>103</sup> Assuming 1 unit is 1 person, in mid 2008 there were 8,285,300 people aged 65 and over in England.<sup>104</sup> We have assumed that the provision of minor adaptations would reduce the use of sheltered accommodation by five per cent (i.e. from 9.3 per cent to 8.84 per cent). The annual cost of sheltered per unit is calculated at £6,962 at 2010 prices<sup>105</sup>
- reduce the use of temporary residential or nursing accommodation. From the evidence outlined above, we have calculated that 1.94 per cent of the 65 and over population are at risk of being admitted to temporary residential or nursing accommodation. We have assumed that the provision of minor adaptations would reduce the use of temporary residential or nursing accommodation by five per cent (i.e. from 1.94 per cent to 1.84 per cent). The annual cost of temporary residential or nursing accommodation (assuming a single stay or six weeks duration) is calculated at £5,349 at 2010 prices;<sup>106</sup> and
- reduce the use of permanent residential or nursing accommodation. From the evidence above, we have calculated that 0.8 per cent of the 65 and over population are at risk of being admitted to permanent residential or

<sup>98</sup> Community care statistics 2007: Supported residents (adults), England (2007) Office of National Statistics, page 16.

<sup>99</sup> *Care of elder people, UK Market research* (2006) Laing and Buisson

<sup>100</sup> *Care of elder people, UK market research* (2007) Laing and Buisson. Quoted in 'Care homes and long-term care needs' (2008) Help the Aged

<sup>101</sup> Laing (2005) Op.cit.

<sup>102</sup> Forder, J., and Fernandez, J., *Analysing the costs and benefits of social care funding arrangements in England: technical report* (2009) PSSRU

<sup>103</sup> Communities and Local Government (2008) Op.cit

<sup>104</sup> Mid-2008 population estimates, population for England. Office of National Statistics

<sup>105</sup> Additional unit cost of local authority sheltered accommodation is estimated at £127 a week at 2008 prices. Cost calculated on annual basis and inflated to 2010 prices.

<sup>106</sup> *Costs of health and social care* (2006) PSSRU, University of Kent

nursing accommodation. We have assumed that the provision of minor adaptations would reduce the use of permanent residential or nursing accommodation by five per cent (i.e. from 0.8 per cent to 0.76 per cent). The annual cost of permanent residential or nursing accommodation is calculated at £46,552 at 2010 prices.<sup>107</sup>

### **Improved quality of life and wellbeing**

Adaptations produce improved quality of life for 90 per cent of recipients and also improve the quality of life of carers and other family members.<sup>108</sup> This research reflects DFG adaptations. Many customer satisfaction surveys for handyperson services suggest similar levels of satisfaction and improvements in quality of life.

Around 90 per cent of falls that do not require medical treatment are not reported or recorded.<sup>109</sup> Evidence from older people is that fear is a factor in non-reporting, particularly fear of being forced into residential care or otherwise losing independence.<sup>110</sup> Reducing the level of falls that do not result in medical treatment is therefore likely to have a positive effect on overall wellbeing.

Minor adaptations (grab rails, handrails etc) produce a range of lasting, positive consequences for older people. In a study of involving over 400 recipients of minor adaptations, respondents suggested positive outcomes in a number of 'wellbeing' areas, such as having a social life (8 per cent), continuing with their interests (12 per cent), being able to get out (24 per cent) and needing less help from others (36 per cent).<sup>111</sup> A number of studies suggest that the provision of low intensity support services can improve feelings of wellbeing and self-esteem.<sup>112</sup>

### **Using evidence in the tool**

While there is evidence to suggest that the provision of minor adaptations by handypersons can improve older people's quality of life and sense of wellbeing, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The toolkit therefore does not cost this benefit.

### **Reduced use of social services**

DFG adaptations that remove or reduce the need for daily social services home care visits pay for themselves.<sup>113</sup> Minor adaptations are likely to have a similar impact. In a study involving over 400 recipients of minor adaptations, respondents suggested positive outcomes that might reduce or delay the need for social care, such as running their home generally (31 per cent),

<sup>107</sup> Assumes service is used for 52.18 weeks in a year, based on PSSRU assumptions. Source: PSSRU (op.cit).

<sup>108</sup> Better outcomes, lower costs (op.cit)

<sup>109</sup> Help the Aged (2003) Op.cit

<sup>110</sup> Allen (2003) Op.cit

<sup>111</sup> Heywood, F., *The effectiveness of housing adaptations* (2001) Joseph Rowntree Foundation. Table 3: Outcomes from minor adaptations

<sup>112</sup> Quiglar, D., (2003) *Low intensity support services: a systematic literature review*, Joseph Rowntree Foundation

<sup>113</sup> Better outcomes, lower costs (op.cit)

needing less help from others (36 per cent) and taking a bath or shower (49 per cent).<sup>114</sup>

### Using evidence in the tool

Data on the average package and cost of social care delivered to elder residents before and after handyperson interventions are not available. We have therefore made a working assumption that an average older person would have a three hour a week package of home care and that the impact of handyperson services would be to reduce this need by one hour a week. The average weekly cost of one hour of home care is £19.30 in 2008 prices<sup>115</sup> (£20.20 in 2010 prices, £1,014 a year<sup>116</sup>).

#### 2.3.4 Hospital discharge

Hospital discharge services are an important and growing part of the work of handyperson services and enable an important link between handyperson providers and the local health economy. Hospital discharge services are generally arranged when an older person is to be discharged but there are issues with the quality of the home environment that might delay or prevent such discharge, such as trip hazards, access issues requiring the installation of key safes and the need for minor adaptations to re-enable independent living.

#### Outcomes expected from hospital discharge interventions

Evidence suggests hospital discharge interventions are likely to lead to a number of outcomes, including:

- reduced risk of falls (only where hospital discharge service includes falls prevention or trip hazard assessment followed by remedial works)
- improved or maintained independent living
- reduced risk of delayed discharge.

#### Reduced risk of falls

Evidence suggests an increased likelihood of falls in people following discharge from hospital. An American study of older people discharged following an episode of treatment for fractured neck of femur found that over 50 per cent experienced a fall in the six months following discharge from hospital.<sup>117</sup>

Australian research suggests 14 per cent of older people fall in the first month following discharge from hospital (for any type of acute inpatient treatment).<sup>118</sup> It suggests a substantial number of people who have been

<sup>114</sup> Heywood (2001) Op. Cit.

<sup>115</sup> PSSRU op cit. Cost is for one hour of local authority organised home care.

<sup>116</sup> Annual cost assumes service is used for 50 weeks in each year.

<sup>117</sup> Shumway-Cook, A., et al (2004) *Incidence of and risk factors for falls following hip fracture in community dwelling older adults Physical Therapy* Vol. 85 No. 7 July 2005 648–655

<sup>118</sup> Sherringham, C., et al (2009) Minimising disability and falls in older people through a post-hospital exercise programme: a protocol for a randomised control trail and economic evaluation *BMC Geriatrics* 2009 v.9

recently hospitalised will be at increased likelihood of falls and disability and their consequences e.g. fractures, fear of falling, activity restriction, further decline in physical functioning and move to institutional care.

Research suggests home hazard assessments with home repairs/adaptations were effective in reducing the incidence of falls in those older people with a prior history of falls. There was a 66 per cent reduction in falls for such individuals (CI 95per cent: 54 per cent to 81 per cent).<sup>119</sup>

### Using evidence in the tool

We have assumed hospital discharge services provided by handyperson services include trip hazard assessments and interventions, as well as the provision of minor adaptations such as grab rails. Based on the evidence outlined above, we have assumed that without such interventions, older people returning home following discharge from hospital will have a fifty per cent likelihood of falling within a year. The evidence from Gillespie (2003)<sup>120</sup> is from a systematic review, which is the most robust evidence available. This suggests hospital discharge services that involve a trip hazard assessment followed by appropriate repairs and minor adaptations can reduce falls by 66 per cent, which is therefore the figure we use in the tool. The tool assumes the average NHS cost of admission following a fall is £1,227 in 2010 prices.<sup>121</sup> This is the average cost of all falls, and not the average cost of a fall that results in hospitalisation.

If your hospital discharge scheme does not include falls prevention remedial works (for example, if it only includes the installation of keysafes or falls prevention assessment but not works), then you should exclude this benefit from your calculations.

### Improved or maintained independence

Evidence suggests a large number of older people are admitted to some form of supported accommodation (care home, residential home or nursing home) following discharge from hospital. It is likely that up to 20 per cent of those discharged from hospital following a fall will be admitted to a nursing home within a year of discharge.<sup>122</sup> Evidence for discharge for all types of treatment (not just falls) is not available. However, 40 per cent of hospitalisations for older people follow some kind of fall.<sup>123</sup> Research in Ireland suggests that the re-admission rate for an older person following a fall-related admission episode was 10 per cent at one year, of which 60 per cent were directly attributable to the initial fall.<sup>124</sup>

<sup>119</sup> Gillespie, L., et al (2003) 'Interventions for preventing falls in elder people (Cochrane Review)' *The Cochrane Library*, Issue 1, 2003

<sup>120</sup> Ibid.

<sup>121</sup> Benefits of the Supporting People programme: working paper 1 (older people's services)

<sup>122</sup> Op cit (NHs Scotland)

<sup>123</sup> Ibid.

<sup>124</sup> Cotter, P., et al (2004) 'The financial implications of falls in older people for an acute hospital' *Irish Journal of Medical Science*. Vol.175 No.2, 11–13

In 2001, 80 per cent of people aged 65 and over were discharged from hospital without any form of intermediate care and 10 per cent were discharged to intermediate care.<sup>125</sup> The proportion of people aged 65 and over discharged to a nursing home, residential home or hospice was 2.8 per cent in 2001–2. In 2007–8 for the 75 and over population, around 4.9 per cent have their discharge destination recorded as a care home.<sup>126</sup> Some of these are likely to have been admitted to hospital from a care home but data are not available on the extent to which this is the case. However, 23 per cent of all adults aged 18 and over who were new client referrals for assessment to social services were referred by secondary health services (hospitals).<sup>127</sup>

Home modifications can also help prevent or defer entry into residential care for older people.<sup>128</sup>

### Using evidence in the tool

We have assumed the provision of hospital discharge services can help older people stay in their own homes for longer. Without handyperson services delivering these types of services, older people would be less able to live independently. The toolkit assumes that the provision of hospital discharge would therefore:

- Reduce the use of sheltered accommodation. From the evidence outlined above, we have calculated that 9.3 per cent of the 65 and over population live in sheltered accommodation. This incidence rate is calculated as follows: in 2008 there were 776,936 sheltered units for older people (excluding very sheltered) in England.<sup>129</sup> Assuming 1 unit is 1 person, in mid 2008 there were 8,285,300 people aged 65 and over in England.<sup>130</sup> We have assumed the provision of hospital discharge would reduce the use of sheltered accommodation by 5 per cent (i.e. from 9.3 per cent to 8.84 per cent). The annual cost of sheltered per unit is calculated at £6,962 at 2010 prices<sup>131</sup>
- Reduce the use of temporary residential or nursing accommodation. From the evidence outlined above, we have calculated that 1.94 per cent of the 65 and over population would be at risk of being admitted to temporary residential or nursing accommodation. We have assumed the provision of hospital discharge would reduce the use of temporary residential or nursing accommodation by 5 per cent (i.e. from 1.94 per cent to 1.84 per cent). The annual cost of temporary residential or nursing accommodation (assuming a single stay or six weeks duration) is calculated at £5,349 at 2010 prices,<sup>132</sup> and

<sup>125</sup> Jarman, B., 'Discharge destination and length of stay: differences between US and English hospitals for people aged 65 and over' *British Medical Journal* 2004 March 13; 328(7440); 605.

<sup>126</sup> Data0708 – Discharge to care home – Dec 09, accessed online at Socitm website on 7/1/2010 from original HES source data.

<sup>127</sup> Community care statistics 2007–8: Referrals, Assessments and packages of care for adults, England (2009) NHS Information Centre. Figure 2.1 Number of contacts from new clients by source of referral, England 2005–6 to 2007–8.

<sup>128</sup> Better outcomes, lower costs

<sup>129</sup> Research into the financial benefits of the Supporting People programme (2008) Op.cit.

<sup>130</sup> Mid-2008 population estimates, population for England. Office of National Statistics

<sup>131</sup> Additional unit cost of local authority sheltered accommodation is estimated at £127 a week at 2008 prices. Annualised and inflated to 2010 prices.

<sup>132</sup> Costs of health and social care (2006) PSSRU, University of Kent

- Reduce the use of permanent residential or nursing accommodation. From the evidence above, we have calculated that 0.8 per cent of the 65 and over population would be at risk of being admitted to permanent residential or nursing accommodation. We have assumed the provision of hospital discharge would reduce the use of permanent residential or nursing accommodation by 5 per cent (i.e. from 0.8 per cent to 0.76 per cent). The annual cost of permanent residential or nursing accommodation is calculated at £46,552 at 2010 prices.<sup>133</sup>

### **Reduced risk of delayed discharge from hospital**

The provision of adaptations and equipment can save money by speeding hospital discharge.<sup>134</sup> The Audit Commission has stressed the effectiveness and value for money of investment in equipment and adaptation to prevent unnecessary and wasteful healthcare costs.

### **Using evidence in the tool**

We have assumed that the provision of hospital discharge services can help older people stay in their own homes for longer, which has been included in the 'improved or maintained independence' outcome above. But the provision of hospital discharge services can also help older people return to their homes sooner following a period of hospitalisation. Without handyperson services delivering these types of services, older people would be more likely to spend longer in hospital.

There are two possible means of taking account of this in financial benefits toolkiting. The first would be to calculate the number of bed days used and the number of beds days reduced as a result of the intervention. The second would use charges arising from the provisions of the Community Care (Delayed Discharge Charges) Regulations. The tool uses the second of these, and assumes that a delayed discharge will result in a single charge for one day's delayed discharge of £120.<sup>135</sup>

## **2.3.5 Fire safety checks and improvements**

Handyperson services often undertake home safety or fire safety checks, followed by the installation of fire alarms and related advice. Undertaking fire safety checks do not of themselves lead to the outcome of reduced risk of injury or death from fire. We have therefore assumed that everyone who receives fire safety checks will benefit from installation and maintenance of fire alarms and related advice.

### **Outcomes expected from fire safety checks and improvements**

Evidence suggests fire safety checks that result in some form of fire safety improvements (for example, the provision and ongoing maintenance of fire alarms) can result in reduced risk of injury or death resulting from a

<sup>133</sup> Assumes service is used for 52.18 weeks in a year, based on PSSRU assumptions. Source: PSSRU (op.cit).

<sup>134</sup> Better outcomes, lower costs (op.cit)

<sup>135</sup> Community Care (Delayed Discharge Charges) Regulations 2003

fire. Some stakeholders involved in the research phase of this project also suggested that when fire safety checks and remedial works are undertaken by handyperson services, a greater number of vulnerable users receive this service.

### **Reduced injury or death from a fire**

US evidence suggests older people are more likely to die in a fire than average and this likelihood rises with age. Older people are also more likely to be injured in fires.<sup>136</sup> Similar rates are suggested by UK evidence.<sup>137</sup>

Evidence suggests that for each fire safety check undertaken, 1.22 alarms installed. It is estimated that the installation of 2,407,651 alarms resulted in a reduction of 53 in fire-related deaths, 888 fewer non-fatal casualties and 13,670 fewer fires each year.<sup>138</sup> However, the National Audit Office has questioned whether these reductions can be attributed to the installation of alarms.

There are 600 people killed in fires in the UK each year and 10,000 injuries annually caused by fire. In around half of these, being overcome by smoke and fumes caused deaths and injuries and not fire-related burns.<sup>139</sup> This suggests that early warning of fire and speedy exit from relevant properties can be effective.

Similar studies in the US also suggest that such programmes may save lives and reduce fire-related injuries.<sup>140</sup> European research suggests that there are four deaths per 1000 fires when fires are detected by alarms compared to nine deaths per 1000 in the absence of alarms.<sup>141</sup> There is some evidence that suggests the effectiveness of such programmes is not about the fire alarms but how such programmes are implemented and subsequently how alarms are maintained.

Fire alarm programmes do not reduce the number of fires but do improve chances of survival and reduce likelihood of injury.<sup>142</sup>

### **Using the evidence in the tool**

The average cost of a fire in a domestic building in 2001 was £21,500<sup>143</sup> (£27,064 in 2010 prices). Of this, the cost of the fire service response is £3,400 (£4,280), costs in anticipation are £1,900 (£2,392) and costs as a consequence are £16,200 (£20,392) of which £5,300 (£6,672) relate to

<sup>136</sup> Fire safety checklist for older customers (undated) US Consumer Product Safety Commission. Accessed on line at <http://www.cpsc.gov/cpscpub/pubs/702.pdf> on 23/11/2009.

<sup>137</sup> Final evaluation of the Home Fire Risk Check Grant and Fire Prevention Grant Programmes – case studies (2009) Department for Communities and Local Government

<sup>138</sup> Ibid.

<sup>139</sup> Reliability and effectiveness of domestic fire alarms (2003) Office of the Deputy Prime Minister

<sup>140</sup> Working towards the elimination of residential fire deaths: CDC's smoke alarm installation and fire safety education programme (2005) Ballesteros et al in *Journal of Burn Care and Rehabilitation* 2005; 26 (5): 434–9

<sup>141</sup> International fire statistics and the potential benefits of fire counter measures (2005) European Fire Retardants Association

<sup>142</sup> Is it time to sound the death knell for smoke alarm promotion programmes? Commentary by Mariana Brussoni and Elizabeth Towner in *Evidence-Based Healthcare and Public Health* (2005) 9, 389–390

<sup>143</sup> Weiner, M., The economic costs of fire (2001) Home Office Research Study 229. Table 4.2: Average costs per fire by location. Data given are for all building fires, domestic.

property losses, £5,800 (£7,300) to death and £5,100 (£6,420) to injury. The tool incorporates these figures, based on the incidence data given above.

### 2.3.6 Energy efficiency checks

One of the main issues affecting older people living in owner occupied or private rented accommodation is lack of thermal comfort. Handyperson services often undertake home energy efficiency checks, which result in advice given on how to improve thermal comfort, referral to services such as Warm Front or provision of energy efficiency improvements such as draught-proofing, lagging pipes and water tanks or replacing light bulbs.

#### Outcomes expected from energy efficiency checks

Evidence suggests energy efficiency checks that result in some form of energy efficiency improvements are likely to have a number of outcomes. These include:

- reduced fuel poverty
- reduced risk of excess winter deaths
- increased likelihood of referral to Warm Front
- improved quality of life and wellbeing.

#### Reduced fuel poverty

Twenty-seven per cent of English homes were non-decent in 2006. The rate of non-decency in terms of decent homes standards is highest in the private rented sector.<sup>144</sup> Lack of thermal comfort is the most significant reason for non-decency.

The poor energy efficiency of a home is one of the key causes of fuel poverty, with under occupation, low income and high fuel costs as further factors.<sup>145</sup> Fuel poverty is defined as when a household needs to spend more than 10 per cent of its income on fuel. Tackling the energy efficiency of a home is therefore likely to reduce fuel poverty by reducing the amount spent on heating a home.<sup>146</sup>

#### Using the evidence in the tool

We have assumed energy efficiency checks are followed by some form of intervention aimed at increasing the energy efficiency of the relevant property. This would include minor works such as lagging pipes, repairing doors and windows to improve their energy efficiency and installing draught excluders. Undertaking energy efficiency checks do not of themselves lead to the outcome of reduced fuel poverty. We have therefore assumed that everyone who receives an energy efficiency check will benefit from improvements to the thermal comfort of their home. Based on the LSE

<sup>144</sup> English House Condition Survey (2008) Department for Communities and Local Government

<sup>145</sup> Boardman, B. (1991) Fuel poverty: From cold homes to affordable warmth, Belhaven Press

<sup>146</sup> The UK fuel poverty strategy: Third annual progress report (2005) Department for Business, Innovation and Skills

evaluation of Warm Front, the tool assumes that every energy efficiency check will result in an average energy bill saving of £104. Evidence on the impact of non-Warm Front energy efficiency measures is not available. This benefit accrues to the individual householder.

### **Reduced risk of excess winter deaths**

Exposure to cold affects the number of winter deaths, as spending too long in the cold will lower body temperatures, which can aggravate circulatory diseases, heart attacks and respiratory illnesses such as bronchitis or pneumonia.

There is a connection between the risk of winter mortality and housing quality in England<sup>147</sup> and this can in part be attributed to poorly insulated and difficult to heat homes. Fuel poverty is a growing problem, particularly in the private rented sector.<sup>148</sup>

In 2007–08, there were 27,480 Excess Winter Deaths (being the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding autumn (August to November) and the following summer (April to July)).<sup>149</sup> Each year, around 20,000 more people aged 65 and over die in winter months than in other months.<sup>150</sup>

### **Using the evidence in the tool**

While there is evidence to suggest that the provision of energy efficiency checks (where such checks result in works to improve the thermal comfort of the home) by handypersons could reduce the risk of excess winter death, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The toolkit therefore does not cost this benefit.

### **Increased likelihood of referral to Warm Front**

Single pensioners are more likely than other households to meet the eligibility criteria for Warm Front grants but are less likely to apply than other eligible households. The reasons for this are not clear but could be because they are less likely to hear about the scheme.<sup>151</sup> The research also suggests that Warm Front is cost effective. Research suggests that the average household saves £104 per annum in heating cost, 2010 prices, following Warm Front interventions.<sup>152</sup>

<sup>147</sup> Cold comfort: the social and environmental determinants of excess winter deaths in England, 1986–1996 (2001) Joseph Rowntree Foundation

<sup>148</sup> Tackling fuel poverty using the Housing Health and Rating System (2008) Energy Efficiency Partnership for Homes

<sup>149</sup> ONS Mortality Data, England and Wales (December 2009) Office of National Statistics

<sup>150</sup> UK Excess Winter Deaths information on accessed online at [www.poverty.org.uk/67/index.shtml](http://www.poverty.org.uk/67/index.shtml).

<sup>151</sup> Aiming high – an evaluation of the potential contribution of Warm Front towards meeting the Government's fuel poverty target in England (2004) ESRC Research Centre for Analysis of Social Exclusion, London School of Economics

<sup>152</sup> *Ibid.*

It is therefore likely that undertaking home energy efficiency checks may increase take-up of Warm Front services for those eligible individuals who would otherwise not access these services.

### **Using the evidence in the tool**

While there is evidence to suggest the provision of energy efficiency checks by handypersons could increase the likelihood of referral to Warm Front, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The toolkit therefore does not cost this benefit.

### **Improved quality of life and wellbeing**

There is some evidence to suggest that home energy efficiency improvements can improve general health, wellbeing and the quality of life.<sup>153</sup> There have been thirteen published studies in this area, of which the majority do suggest improvements (a small number suggested a decline in wellbeing and quality of life and some suggested no change).

### **Using the evidence in the tool**

While there is evidence to suggest that the provision of energy efficiency checks (where such checks result in works to improve the thermal comfort of the home) by handypersons could improve the quality of life and sense of wellbeing for older people, there is no evidence that allows us to assess in economic terms the likely benefit of such an improvement. The toolkit therefore does not cost this benefit.

<sup>153</sup> Thomson, H., Peticrew, M., Douglas, M. (2003) *Health Impact Assessment of housing improvements: incorporating research evidence*. *Journal of Epidemiology & Community Health* 2003; 57:11–16

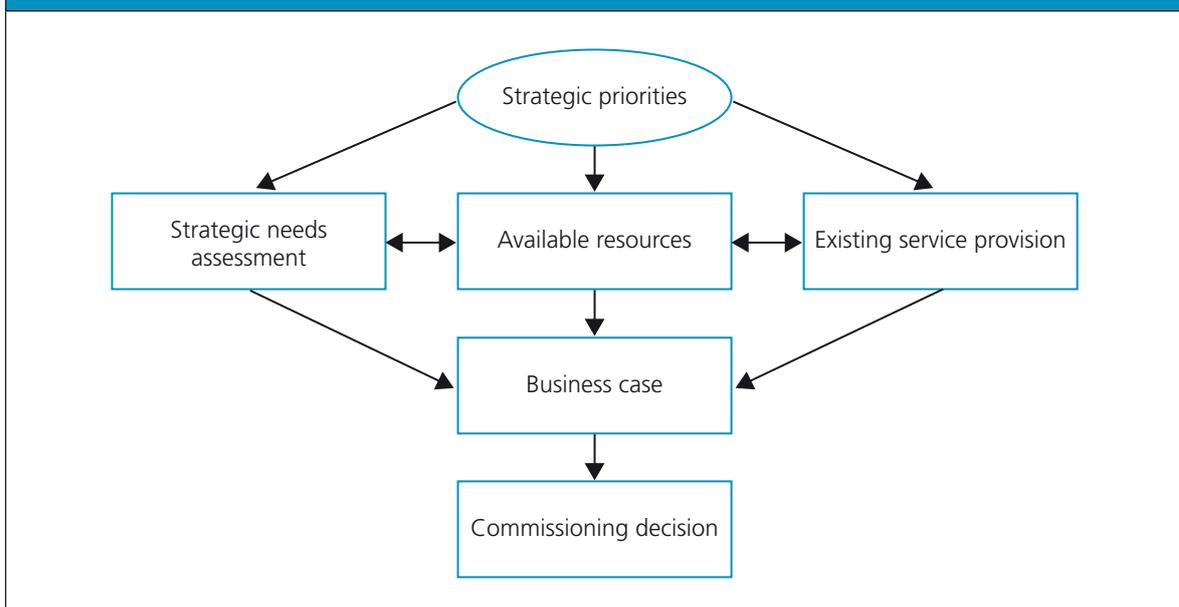
## Section 3: The handypersons financial benefits toolkit building a business case

This guidance and the Handypersons Financial Benefits Tool provide a toolkit intended to sit as part of the strategic commissioning process in a local authority. This toolkit is intended for use by officers aiming to put together a business case for the development of new handyperson services, re-commissioning of existing services and the identification of additional funding requirements. The toolkit can also be used by partner agencies (local PCTs, fire services and others) to support pooling of resources and by providers to 'make the case' for local handyperson services.

The toolkit is not intended to be a performance management tool and does not provide information on the value for money delivered by one types of service compared to another.

The diagram below illustrates how the toolkit might sit in the strategic commissioning process.

Figure 3.1: Strategic commissioning process



Where:

- **Strategic priorities** are the local authority's overarching objective, often set out in the community plan or corporate strategy. They are usually expressed as a series of objectives with underpinning targets or local area agreement targets. The strategic priorities express what the Council wants to achieve locally. Often, departmental or service area strategic priorities will also be set.
- **Strategic needs assessment** is the authority's assessment of the type and scale of local service provision needed. The assessment will include information on the demographics of the local area, the level of need for different service areas and overall packages of service required and will often identify gaps in provision locally.
- **Available resources** is the budget available for investment in new service areas or savings generated for investment in re-configured services.
- **Existing service provision** is an assessment of local services currently available, including spend and demand profile. Taken with the strategic needs assessment and available resources, this gives an idea of what new or additional services are needed, what money is available to commission these services and how these new services will fit within the overall service provision. From this, commissioners are able to make decisions about where and what type of new services might be considered appropriate.
- **Business case** is a key strategic commissioning tool that brings all of the above information together and makes the 'case for change'. This toolkit is designed to provide some of the evidence you will need to produce this business case but it does not provide information on local need, available resources or existing service provision.
- **Commissioning decision** is the decision to invest money in a new service. A commissioning decision is not the same as a procurement decision, which is about the specification and tendering process and contracting for new services.

Local authorities and other statutory service providers usually have policies, procedures and timescales around strategic commissioning decision making. We recommend you seek advice on this before using this toolkit to develop a business case.

## 3.1 Strategic fit

### **How do handypersons services fit strategically within the local area and with the funders?**

When developing a business case, it is important to ensure that it is clear how handyperson services fit within the strategic priorities of the local area and what strategic benefits potential funders may gain from the services. It is important to outline clear business objectives as outlined below.

### 3.1.1 Business need

The business case must identify what objectives and outcomes the handyperson service will achieve, how the service will operate and explain why such a service is needed in the locality. It is important that the business case reflects not only national priorities but also clearly identifies local strategic priorities and needs. Foundations summarised handyperson services as offering ‘a quick and effective solution to a wide range of housing-related problems, at a reasonable cost and carried out by trusted individuals’.<sup>154</sup>

As stated throughout the guidance, handyperson services are diverse, delivering a range of interventions. The tool categorised these interventions in order to identify the benefits into the following categories:

#### Small repairs and maintenance

The service will provide a low level small repairs and maintenance service that could include:

- minor carpentry such as, repairing/ putting up shelves
- repairing locks/catches
- minor plumbing such as, fixing tap washers and cleaning drains
- minor electrical repairs such as, replacing light bulbs, fixing electrical plugs, fixing door bells
- decorating
- clearing gutters;

Objective: To provide a safe, accessible and affordable small repairs service to undertake tasks around the home that the householder cannot do themselves and, if left undone, may affect that householder’s ability to continue to live in their own home.

Benefits include: Minimise accidents at home, reduction in falls, prevent deterioration of property, increase in wellbeing of users, helping to maintain independence.

Evidence: This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on the evidence base when developing a business case. For small repairs, the evidence base is set out in section 2.3.1.

#### Home security improvements

The service will provide a home security check and install minor security improvements which may include door chains, spy holes, new locks, door entry systems.

<sup>154</sup> *The Future Home Improvement Agency, Handyperson services report* CLG and Foundations 2009

- Objectives:** To provide a safe, accessible and affordable means for households to undertake minor improvements to the safety and security of their homes.
- Benefits include:** Prevention of burglaries, provide reassurance.
- Evidence:** This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on this evidence base when developing a business case. For home security improvements, the evidence base is set out in section 2.3.2.

### **Minor adaptations**

The service will provide a quick response for the installation of minor adaptations without the need for a full Disabled Facilities Grant (DFG) assessment, including the installation of grab rails inside and outside the property, installation of key safes, installation of outdoor ramps to property, installation of appropriate taps.

- Objective:** To provide a safe, accessible and affordable means for householders to undertake minor adaptations to their home to prevent falls and help maintain independent living.
- Benefits include:** Reduction of falls, minimise accidents in the home, maintaining independence, improved well being.
- Evidence:** This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on this evidence base when developing a business case. For minor adaptations, the evidence base is set out in section 2.3.3.

### **Hospital discharge**

The service will provide a rapid response service for hospital discharges (for example within 48 hours of referral)<sup>155</sup> to complete minor repairs and adaptations to ensure the property is safe and secure. Tasks could include installation of grab rails and key safes, fixing poor flooring, clearing outside paths of obstructions.

- Objectives:** To ensure householders' discharge from hospital is not delayed because of trip hazards and access issues.
- Benefits include:** Reduction in falls, minimise accidents at home, assistance in maintaining independence, reducing risk of delayed

<sup>155</sup> A number of services have 48 hour timescales

discharge, supporting re-ablement and avoiding a move to residential care.

**Evidence:** This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on this evidence base when developing a business case. For hospital discharge, the evidence base is set out in section 2.3.4.

### **Fire safety checks and improvements**

The service will provide fire safety checks and where needed install smoke and carbon monoxide detectors.

**Objectives:** To ensure that households have a working fire alarm.

**Benefits include:** Reduction of injuries and death resulting from fire.

**Evidence:** This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on this evidence base when developing a business case. For fire safety checks and improvements, the evidence base is set out in section 2.3.5.

### **Energy efficiency checks**

The service will provide advice and undertake small interventions such as replacing light bulbs with energy efficiency light bulbs or lagging water tanks.

**Objectives:** To assess the energy efficiency of homes, provide appropriate advice and measures to improve thermal comfort.

**Benefits include:** Positive impact on reducing fuel poverty, improving general health, tackling health inequalities.

**Evidence:** This guidance includes an overview of the evidence base around the outcomes achieved through handyperson interventions. We recommend that you call on this evidence base when developing a business case. For energy efficiency checks and improvements, the evidence base is set out in section 2.3.6.

The following tasks were not included within the tool, as they do not have financial benefits associated with them nor is there national evidence/data available in relation to the benefits generated. Nonetheless there are specific objectives and benefits surrounding these interventions that should be included within the business case. Services delivering these interventions may also have their data/evidence available.

## Gardening

The service will respond to the need for path clearance and the removal of obstacles outside the user's property.

Objectives: To ensure obstacles are removed from pathways to avoid hazards, to improve access and reduce overgrowth.

Benefits include: User satisfaction, improved access for carer.

## Benefit checks

A number of handyperson services provide a basic benefit check, either at point of referral or by the handyperson undertaking a basic benefit check. The user is then referred/signposted to the relevant agency for completion of application forms or for more detailed assessment.

Objectives: To increase benefit maximisation.

Benefits include: Increased access to relevant agencies for income maximisation through improved take up of benefits.<sup>156</sup>

## Signposting and referrals

Services users will be provided with further information on where to gain further help or advice and, where necessary, referrals made to other agencies.

Objectives: To ensure all users have access to the relevant services and to provide a more holistic signposting and referral service for users.

Benefits include: Improved access to services and referral mechanisms for support/care services, including – Adult Social Care, GP services, particularly for isolated vulnerable users e.g. owner occupiers who are reluctant to accept or access services or who have no other support networks.<sup>157</sup>

### 3.1.2 Contributions to key objectives

It is important to identify all the key strategic priorities the handyperson service will contribute towards and how they will assist in achieving these priorities. It is important to ensure the strategic priorities of all stakeholders are included, both national and local. The following is a list of National Indicators and provides examples of how handyperson service will contribute.

- **NI 7 – Environment for a thriving third sector** – a significant number of handyperson are delivered by the third sector and a number promote social enterprise within the third sector.

<sup>156</sup> The Future Home Improvement Agency, Handyperson services report CLG and Foundations 2009

<sup>157</sup> The Future Home Improvement Agency, Handyperson services report CLG and Foundations 2009

- **NI 124 – People with a long term condition supported to be independent in control of their condition** – handyperson services ensure users' home are appropriate and safe e.g. installation of key safes and careline, provision of basic health and safety advice, installation of grab rails, ramps or adapting steps.
- **NI 125 – Achieving independence for older people through rehabilitation/ intermediate care** – as above.
- **NI 131 – Delayed transfers of care** – ensuring users' homes are safe, secure and the appropriate minor repairs and adaptations are undertaken to enable users to remain in their own homes.
- **NI 138 – Satisfaction of people over 65 with both home and neighbourhood** – Handyperson interventions improve the physical living condition e.g. home decorating, fixing minor repairs etc. User satisfaction surveys undertaken by a number of existing and successful handypersons services have confirmed that users feel more confident in their own homes and community.
- **NI 139 – The extent to which older people receive the support they need to live independently at home** – handyperson services provide support in response to requests made by users themselves and respond to interventions needed to ensure accommodation is safe and secure.
- **NI 141 – Percentage of vulnerable people achieving independent living** – this may apply where handypersons services are delivering to users in other client groups such as domestic violence, learning disability, mental health, physical disability or those with sensory impairment.
- **NI 142 – Percentage of vulnerable people who are supported to maintain independent living** – handyperson services ensure users' homes are appropriate and safe e.g. installation of key safes and careline, provision of basic health and safety advice, installation of grab rails, ramps or adapting steps.
- **NI 187 – Tackling fuel poverty – per cent of people receiving income based benefits living in homes with a low energy efficiency rating** – handyperson services provide advice and low level interventions to improve the energy efficiency within users homes, such as lagging of water tanks and changing light bulbs.

### 3.1.3 Stakeholders/partners

There are a range of partners who could be involved in the development, commissioning and funding of handyperson services. It is important to identify all potential partners and their involvement. Exactly who these are will depend on the handyperson service type and the local governance arrangements for Local Government and Health Services:

Partner/stakeholder	Involvement	Possible Benefits
Safer Communities	Commissioning/funding/development	Hitting strategic targets/indicators
Health & Well Being	Commissioning/funding/development	Tackling health inequalities Hitting strategic targets/indicators
Adult Care	Commissioning/funding/development	Improved care planning Reduction in falls Reduction in short and long term residential care Installation of key safes and careline Quick response to requests for minor adaptations such as grab rails
Housing	Commissioning/funding/development	Improvements in living conditions Improved energy efficiency Avoidance of major repairs through early intervention Improved living conditions for those in the private sector
Supporting People	Commissioning/funding developments	Hitting strategic targets/indicators with SP stakeholders and partners Supporting independent living
Fire Service	Commissioning/funding/development	Reduction in fires Increase in fire safety measures such as advice and smoke detector installations
Police	Commissioning/funding/development	Reduction in burglaries and distraction crime Improved security checks, advice and interventions to improve users confidence
NHS Trusts/ PCTS	Commissioning/funding/development	Improved hospital discharge arrangements Reduction in falls Reduction in long/short term nursing care Hitting strategic targets/indicators in acute and primary care sectors e.g. Transforming Community Services
Users	Development, quality and monitoring of services	Ability to access assistance with minor repairs with confidence in service delivery Improved living conditions Increase in choice and control leading to greater self esteem and dignity

### 3.1.4 Other benefits

There are specific benefits, financial and uncosted, for individual partners and users (see section 3.2.2) and it is key to ensure these benefits are clearly identified. The tool also identifies the interventions that improve quality of life and wellbeing. It is important in the business case to capture all the benefits for partners and users, including locally specific benefits. Whilst national evidence may not exist, local evidence, including data and user satisfaction surveys and case examples from existing services, may often be available. The following gives examples of other benefits but is not exhaustive:

- Improved referrals for hard to reach vulnerable older people without support networks
- Signposting to other services for users to access services
- Improved confidence for vulnerable users in the services supporting them
- Ability for older vulnerable users to access a trusted and accredited service for minor repairs and maintenance
- Prevention of accidents
- Promoting independence
- Improved living conditions

### 3.1.5 Strategic risk

When developing the business case it is important to identify and consider all aspects of service delivery including risks. There are a number of factors that may pose a strategic risk to handyperson services including:

- Withdrawal of funding from one or a number of funding partners
- Competition e.g. from private sector
- Poor take up of or poorly targeted services,
- Over subscription of service resulting in long waiting lists
- User dissatisfaction with the service
- User inability to pay for services

## 3.2 Options appraisal and the economic case

### 3.2.1 Options appraisal

The business case should outline both the options available for delivering the service and the risks associated with each type. The risks associated with not developing a service should also be included. This could include:

- The options available for delivering and commissioning the service – e.g. service type, costs, financial viability, available providers, commissioning, target users (e.g. eligibility) and charging.

- The future development of the service including, shape and function of the service and, where applicable, how it will respond to demographic changes e.g. age profile.
- How the current service can be improved and developed, i.e. can resources be used more effectively; can commissioning of the service be redeveloped in a different way to achieve a more holistic approach to service delivery, both within the handypersons services and across partner agencies to improve service/s effectiveness.
- If no service were developed what would be the impact on:
  - Partners – achieving targets, increased use of resources.
  - Users – deterioration in living conditions, admission to hospital/ residential care.
  - Local business e.g. buying from suppliers of equipment, tools, materials etc.
- Handyperson services can enable greater collaboration and innovation across partners and stakeholders in a number of areas. Again these will depend on the service being developed and it is not therefore possible to provide a detailed list of all potential innovations or opportunities.
- Handyperson services can provide a holistic check for users looking outside the presenting problem and thereby making referrals/signposting vulnerable users to other services. e.g. Adult care for needs assessment, Fire Service (fire safety surveys, installation of smoke alarms), Insulation/ central heating providers (Warmfront), DWP/advice agencies for benefit checks etc. (see section 2.1.5 for more detail).
- Handypersons can be trained by the fire service to provide effective fire safety checks and advice and information to more vulnerable users.
- The provision of an approved provider/trusted list for users to access tradesmen for larger works or those who are not eligible to use handyperson services, enables vulnerable members of the community to access accredited tradesmen with confidence.
- Are the options sustainable? What are the benefit v the risks of each option?
- The future needs of both users and partner agencies and how this will affect future service delivery. The timescale to be considered will depend on a number of factors including local strategic targets and whether the service is newly developed. It would be advisable to at least consider changes over twelve months and five years.

### 3.2.2 Financial benefits appraisal

The Handypersons Financial Benefits Tool provides data in relation to the financial benefits of handyperson services for commissioning partners. It is important to accurately reflect the outputs from the tool in the business case and, where local data has been used, to ensure that the evidence is clearly identified.

The financial benefits tool produces the following information:

- 1) Households seen and interventions delivered (see section 2.1.2 for more detail)
- 2) Financial benefits (see section 2.1.3 for more detail)
- 3) Non-financial benefits (see section 2.1.5 for more detail)
- 4) Sensitivity check (see section 2.1.8 for more detail).

In setting out the benefits identified and costed in the Handypersons Financial Benefits Tool, there are three important aspects to be considered:

1. Not all benefits have an economic value – there are some benefits to which we cannot put a pound sign but which are nevertheless important to include.
2. Making the case for handyperson services requires spelling out the outputs that could be achieved (number of falls prevented, number of burglaries prevented, number of people living independently) as well as the outcomes and benefits achieved. The tool and guidance provides information on each of these areas.
3. Benefits are not the same as savings.

### **1) Uncosted benefits – social rather than economic value**

Handyperson services can deliver benefits to individual householders, their families and carers, the local community, the ‘public purse’ and the wider economy. By their very nature, the benefits to individuals, their families and communities are the ones to which we cannot ascribe costs/financial benefits, as the research evidence is the least developed in this area. This does not mean that such benefits are not of value. The benefit of improved quality of life and wellbeing will also have second order benefits in terms of reduced use of healthcare services and maintained independent living.

It is essential that a business case for the future funding of handyperson services captures all of the benefits/social value, not just the ones to which an economic value can be ascribed (see also sections 3.1.3 and 3.1.4).

### **2) Outputs**

The tool provides not only provides details of financial benefits but also provides a number of other outputs, such as, incidents prevented e.g. number of falls, burglaries and number of bed days reduced. These outputs should also be included within the business case. Local evidence/information may also be available to provide details of other outputs including age profiles and ethnicity of users.

### **3) Benefits versus savings**

The tool generates information on the benefits of handyperson services. This is not the same as savings. Benefits are the potential savings that might

accrue. However, much other work would need to be undertaken locally in order to realise these savings (see section 2.1.3 for more detail).

## 3.3 Affordability: the financial case

### 3.3.1 What is required to run the project – resources and realistic costs?

In the business case it is important to ensure that realistic costings and resources are included. The resources and costings for services will vary considerably depending on the service type. It is important to be realistic with costings when developing new services and to ensure all costs are incorporated, see section 2.1.7 for further information.

- Staffing costs including:
  - management
  - handypersons
  - administrative support
  - volunteer expenses where relevant
  - Safeguarding and protection of vulnerable adults
- Office space and related expenses
- Storage facilities and related expenses
- Vehicles and running costs
- Tools
- Materials
- Insurances
- Training/professional development for all staff involved in the delivery of services, including handypersons, volunteers

### 3.3.2 Funding sources

The majority of services receive funding from more than one source but commissioning, tendering and contracting arrangements vary across local authority areas. When developing the business case it is important to ensure you consider all potential partners and stakeholders and sources of funding. For example, will some partners pay for specific costs (e.g. maintenance of vehicles, materials, smoke detectors, training in specific areas for handypersons)?

Commissioning/funding Partners, as identified within the tool include:

- Adult Care
- Health (hospitals and primary care)
- Fire service
- Police

The following do not receive financial benefits from Handyperson Services but are often key in the commissioning, and funding, of services and receive non-costed benefits from the services such completing strategic targets, user satisfaction, better living conditions

- Supporting People
- Housing

**Charging to users** – Many services charge for interventions and it is therefore important to include accurate projected income from charging within the business case. The charges made for services delivered should be clearly distinct from the cost of materials used e.g. door locks, smoke detectors, tap washers (see section 2.1.7 for more detail).

## 3.4 Achievability: the project management case

### 3.4.1 What quality controls will be in place?

Commissioners and funders require the quality of handyperson services to be monitored. There are a range of different methods including:

- User satisfaction surveys – How will these be undertaken? e.g. immediately after the intervention or a period after.
- There a number of quality badges e.g. Investors in People. Foundations is the only quality mark for Handypersons Services and includes:
  - Management of the service
    - Management and business planning
    - Logistics
  - Depth and breadth of services
  - The client experience
    - Client information
    - Client satisfaction
  - Staffing issues
    - Employment practices
    - Competent staff
  - Performance benchmarking (this is optional)
- Internal organisational monitoring mechanisms (could include)
  - Data monitoring
  - Management reporting
  - Service reviews
  - SP QAF

## 3.5 Conclusion

The Handypersons Financial Benefits Toolkit provides an aid for the commissioning and development of handypersons services divided into three parts:

- 1) The tool with user guidance – providing details of the benefits, costed and non-costed, to individual partners and users for local handyperson services.
- 2) A robust evidence base.
- 3) A guide to developing a business case including how to use the information provided by the tool.

The toolkit does not, and should not; provide a standard model for the development of handyperson services. This must always be led by local strategic priorities and needs. The business case must reflect these local priorities and needs to ensure that handyperson services provide an effective service for all stakeholders. The four business case headings used above, Strategic Fit, Options Appraisal and The Economic Case, Affordability – The Financial Case, Achievability – the Project Management Case, provide a framework within which to develop the business case. It is essential when developing a local business case that the document conforms to the requirements of local commissioners. Therefore, always check.

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