

The Future Home Improvement Agency **Handyperson services report**



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Foundations: The National Body for Home Improvement Agencies

February 2009

Department for Communities and Local Government

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

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About the Future HIA project

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

This document is one of a series of project sub-reports, and it examines handyperson services in England, looking beyond those provided by home improvement agencies to include other major providers such as Age Concern, Help the Aged and the Royal British Legion.

The report explains different types of provision, funding models and mechanisms for delivering handyperson services, as well as pointing to other sources of information. It is intended as a reference for both commissioners and providers of handyperson services.

It considers how a handyperson can add value to traditional HIA services and argues the case for HIAs to become a home for handyperson services so that they are no longer seen as a 'nice-to-have' extra, but as a key component of the 'predictable' portfolio of services people can expect from an HIA.

Section 1

Summary

1.1 Introduction

A handyperson provides a wide range of practical support for older, disabled and vulnerable people to help maintain independent living. A holistic service should cover:

- small building repairs
- minor adaptations
- odd jobs (for example, putting up curtain rails or shelves)
- general home safety checks with remedial action
- falls/accident prevention checks with remedial action (for example, securing loose carpets, putting up grab rails)
- security checks with remedial action (for example, installing locks, chains, spyholes)
- small home energy efficiency measures (for example, installing low energy light bulbs, replacing appliances)
- fire safety (for example, installation of smoke alarms, electric blanket checks, chip pan/fat fryer exchange), and
- signposting clients to other services¹.

Handyperson services have grown considerably over the last 20 years but there are still many areas of the country with limited or no provision. In February 2008, *Lifetime Homes, Lifetime Neighbourhoods*², the national strategy for housing in an ageing society, set out plans to develop new 'rapid repairs' and adaptations services, providing £33 million of funding to expand and enhance the coverage of handyperson schemes across the country. The funding primarily seeks to fill gaps in service provision and ensure that limited services are widened to offer the holistic service described above.

¹ Taken from Communities and Local Government Expression of Interest Form for minor repairs and adaptations services "handyperson", Communities and Local Government, 2008.

² *Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society*, Communities and Local Government, 2008.

1.2 Key benefits of handyperson services

- Handyperson services offer a quick and effective solution to a wide range of housing-related problems, at a reasonable cost and carried out by trusted individuals.
- Handyperson services offer value for money in terms of numbers assisted and the average cost per job undertaken. The work is preventative in nature and enables people to continue living independent lives in their own homes for longer, reducing downstream health and care costs.
- Much of the work carried out by a handyperson is specifically tailored to the client's requirements and corresponds with the government's commitment to greater personalisation, promoting greater choice and control for users of health and social care services.
- Handyperson services are able to reach some of the most vulnerable in our communities who might normally be reluctant to accept more intensive help. Many clients are older owner-occupiers who are unknown to statutory health and support services, yet they often lack a network of family or friends to support them to keep their homes in order, and may also live in isolated rural areas of the country.
- By getting 'a foot in the door', handyperson services can form part of a joined-up approach to service delivery and become a referral source to a range of other services which help to maintain independence, such as home care, GP services, welfare benefits or debt advice.
- Handyperson services provide the means for commissioners to deliver against locally targeted priorities taken from the national indicator set.

Handyperson services – relevant national indicators

- NI 21** Dealing with local concerns about anti-social behaviour and crime by the local council and police
- NI 49** Number of primary fires and related fatalities and nonfatal casualties
- NI 124** People with a long-term condition supported to be independent and in control of their condition
- NI 125** Achieving independence for older people through rehabilitation/intermediate care
- NI 131** Delayed transfers of care from hospitals
- NI 134** The number of emergency bed days per head of weighted population
- NI 136** People supported to live independently through social services (all adults)
- NI 137** Healthy life expectancy at age 65
- NI 138** Satisfaction of people over 65 with both home and neighbourhood
- NI 139** The extent to which older people receive the support they need to live independently at home
- NI 142** Number of vulnerable people who are supported to maintain independent living
- NI 187** Tackling fuel poverty – percentage of people receiving income based benefits living in homes with a low energy efficiency rating

1.3 Commissioners and providers of handyperson services

Successful commissioning of handyperson services starts by examining what these versatile services can achieve to meet the particular needs of a locality, and because needs are different, not all handyperson services should look the same. New and existing services should be designed to complement each other and fill gaps in provision rather than duplicate effort. Existing providers can help commissioners to understand the local market.

Many potential providers of handyperson are small or medium sized third sector organisations who may need support to respond positively to an invitation to tender for new services.

Commissioners should consider the likely funding and charging arrangements of a service from the point of view of building a sustainable model. Small charges made for services can contribute to the success of handyperson services by allowing clients to maintain

dignity and retain more control over the work being done in their homes. However, those most in need of help may be least able to pay and local decisions about charging models need to consider both arguments. This report provides details of the various approaches to charging found across the country.

Providers can, and often do, take the initiative by planning and building services which can be adapted to meet the requirements of a broad range of potential public commissioning bodies. As well as developing new 'social' markets for services, the broad appeal of a delivery model for carrying out repairs and installing equipment presents a number of commercial opportunities.

1.4 Guide to other sections of this report

Section 2 of this report gives a brief history of the handyman service, provides a definition of a holistic service, sets out some of the main characteristics of current provision and provides the policy background to the announcement of new funding for expanding and enhancing services.

Section 3 looks at current provision of handyman services, focusing on the results of a survey of home improvement agencies (HIAs) carried out in June 2008. It includes details of non-HIA providers of services, and examines the current types of service provided, patterns of funding, and approaches to charging.

Section 4 is for commissioners and give details of the commissioning process, including needs analysis, mapping services, joint commissioners, understanding the needs of providers, ways of evaluating services, and references to further sources of information.

Sections 5 and 6 focus on service design and delivery, examining different funding and charging arrangements, alternative methods of service delivery, new and emerging markets, how to ensure service quality, and the core skills and competencies required of a handyman.

Section 2

The coming of age of handyperson services

2.1 Introduction

A handyperson can complete a wide variety of small but important tasks in and around the home, assisting older and vulnerable people with basic maintenance and repairs, improving the safety and security of the property, and helping them to continue living independently.

With the announcement in *Lifetime Homes, Lifetime Neighbourhoods* of £33 million extra funding to develop and increase the capacity of handyperson services, it is inevitable that these services will undergo significant growth over the next two years. This major investment marks a 'coming of age' for the service.

There is potential for home improvement agencies (HIAs) to enjoy their share of this growth, but they will not be the only providers seeking to build new and enhanced services using this extra funding.

The purpose of this report is to:

- set out information for providers as well as commissioners of handyperson services about the range of possible models available
- consider the main strategic issues which arise when establishing a successful handyperson service; and
- illustrate the added value when handyperson services are commissioned to work in a holistic way within an environment of broader HIA services and other complementary service providers.

2.2 The growth in handyperson services

Voluntary sector organisations and community groups have sought to offer older people help with small odd jobs since the 1960s. However, the growth in what we now refer to as handyperson services has taken place almost entirely in the last 20 years. In 1989, Care & Repair England and Anchor Housing Trust obtained funding from the Sainsbury's Monument Trust to run a systematic trial of handyperson services in Oldham, Leicester and Northampton, resulting in the report *Taking the initiative*³ in 1992. From this point onwards there was a gradual increase in the number of local services, but with most remaining relatively small scale.

A report by the Joseph Rowntree Foundation⁴ in 2005, *That Bit of Help*, found that a service to carry out small repairs was top of a wish list of services most wanted by the over 65s.

As evidence of the effectiveness and popularity of handyperson services grew, the rules around the use of the Supporting People funding were altered in 2006/07 to allow the commissioning of handyperson services. This development paved the way for more robust funding structures, typically with the use of three-year contracts. In many areas this has developed to the extent that Supporting People teams have assumed responsibility for co-ordinating both the funding and rationalisation of handyperson services in their area.

A report by Care and Repair England⁵ in 2006, *Small things matter: The key role of handyperson services*, mapped the handyperson services in England that were being provided by HIAs, Age Concern groups and Help the Aged. It noted their overall value for money, their potential contribution to delivering a wide range of national policies, and the high level of customer satisfaction which the services generated.

A survey carried out by Foundations in June 2008 to inform this report found that handyperson services have grown further but are not yet available in all areas. Detailed information on current provision is given in Section 3 of this report.

2.3 What is a handyperson service?

Handyperson services come in many shapes and sizes, but a good holistic service always starts with a well-trained technician who is able to undertake a wide range of odd jobs, small repairs, minor adaptations and maintenance in and around the home.

³ *Taking the initiative*, Care & Repair England, 1992.

⁴ *The report of the Older People's Inquiry into 'That Bit of Help'*, Joseph Rowntree Foundation, 2005.

⁵ *Small things matter: the key role of handyperson services*, Care & Repair England, 2006.

Holistic handyperson services should include:

- small building repairs
- minor adaptations
- odd jobs (for example, putting up curtain rails or shelves)
- general home safety checks with remedial action
- falls/accident prevention checks with remedial action (for example, securing loose carpets, putting up grab rails)
- security checks with remedial action (for example, installing locks, chains, spy holes)
- small home energy efficiency measures (for example, installing low energy light bulbs, replacing appliances)
- fire safety (for example, installation of smoke alarms, checking electric blankets, chip pan/fat fryer exchange); and
- signposting clients to other services⁶.

As well as providing services requested and often paid for by householders themselves, handyperson services are also funded to carry out similar work by statutory authorities such as housing, health, social services and the police. This includes:

- removing 'category 1' hazards under the Housing Health and Safety Rating System (HHSRS)
- work to manage timely discharge from hospital
- removing trip hazards as part of falls prevention
- installing telecare equipment; and
- 'target hardening' measures to improve home security.

A number of additional services have been delivered successfully alongside the typical service areas described above, including gardening, shopping, decorating and supplying other types of equipment. Section 4.3 looks in more depth at the specification of handyperson services within the procurement process, considering the typical service areas, potential additional services, and common referral pathways which a holistic handyperson service links into.

⁶ Taken from Communities and Local Government Expression of Interest Form for minor repairs and adaptations services "handyperson", Communities and Local Government, 2008.

2.4 Key characteristics of handyperson services

There are many variations of handyperson services in existence, and what is available in a particular locality depends largely on the requirements of those giving funding and the aims of the provider organisation. The main differences can be summarised as follows:

1. **Charging policy** – some services are entirely free, some charge only for materials used whilst others will make a charge for labour. Some, operating on a full cost recovery basis, will make a full commercial charge for the service. Models exist that operate as a subscription service and make a small annual charge plus a call-out charge. For many clients, the reassurance of a trusted provider is a more important consideration than cost.
2. **Eligibility** – some handyperson services are only open to specific groups such as older people or those on low incomes. Some services are open access, and some are limited to referral, for example by social services. Sometimes the service may only be available in part of the area covered by an HIA (such as areas of deprivation or clearance).
3. **Scope and range of service offered** – these can vary greatly but usually include most or all of the range described in section 2.3. Some have developed additional service elements to meet local needs and get the best use out of the transport, logistics and labour which the services have at their disposal. These additional service elements include a range of extras such as gardening, decorating, shopping and delivering equipment.
4. **Methods for identifying, referring or targeting clients** – the majority of services are targeted at higher need groups as set out in eligibility criteria. Self-referral is by far the most common route to accessing handyperson services, and while this demonstrates that these services are easily accessible, it also raises the possibility that statutory and third sector agencies need to do more to identify and target those most in need of help who are least able to find it.

2.5 Funding the expansion and enhancement of national provision

Lifetime Homes, Lifetime Neighbourhoods set out plans to develop new 'rapid repairs' and adaptations services, providing £33 million of funding to expand and enhance the coverage of handyperson schemes across the country from 2009. There are two stated ambitions for the injection of funding into this form of provision:

- To make it reach further – into every local authority as soon as possible: The new funding will significantly expand coverage of handyperson services nationally, help to build capacity within the sector, and develop service standards.

- To be more proactive and joined up: We will work with local authorities, health sector service commissioners and other partners, including home improvement agencies, to ensure that the delivery of handyperson schemes is linked into related services. Linked services include falls and accident prevention, home security, fire safety, energy efficiency, adaptations and targeted health improvement. (*Lifetime Homes, Lifetime Neighbourhoods*, page 70, Communities and Local Government, 2008).

Communities and Local Government successfully secured funding for a two-year pilot (2009-11) to develop enhanced handyperson services. However, from 2011 onwards all future funding requirements for the handyperson services will form part of the discussion on the mainstream spending review. Any ongoing funding secured will be allocated to local authorities as part of Area Based Grant funding and will therefore be subject to local decisions on how this funding is used and deployed. Communities and Local Government is commissioning an evaluation of the enhanced handyperson services to inform the spending review.

Section 3

Current handyperson provision

As National Body, Foundations has been aware of an increasing number of home improvement agencies (HIAs) starting up handyperson services. As part of the research for this report, we sought to establish some baseline data on current provision. We asked HIAs to take part in a survey which gathered information not only about their handyperson services but about those operated in their areas by other providers.

In June 2008, Foundations sent an electronic survey to all 230 HIAs in England and obtained a 69 per cent response rate. Eighty-two per cent of respondents (131 out of 159) reported that they offer a handyperson service to their clients. We estimate that the total figure under-represents the true number of HIA handyperson services by some 25 to 30 per cent. Information about services supplied to Foundations by individual HIAs since 2006 shows that 180 agencies report operating a handyperson service⁷. Larger numbers operate certain elements of the service, for instance 18 agencies which do not operate a full handyperson service nevertheless carry out hospital discharge work, and 16 agencies with no handyperson service carry out small adaptations.

The June 2008 survey showed that:

- 79 per cent of respondents delivered their handyperson service using their own directly employed staff
- 14 per cent used local builders to deliver the service; and
- some 7 per cent of HIAs subcontracted with a local handyperson provider to deliver the service on their behalf.

Section 5.3 looks at some of the main service delivery models in operation and considers their likely strengths and weaknesses.

The following section presents key findings from the June 2008 survey. In addition, we have drawn on headline data collected from the Foundations Electronic Management Information System (FEMIS) for the period April to October 2008, which records case details in 220 out of the 316 local authority areas⁸ which operate HIA services.

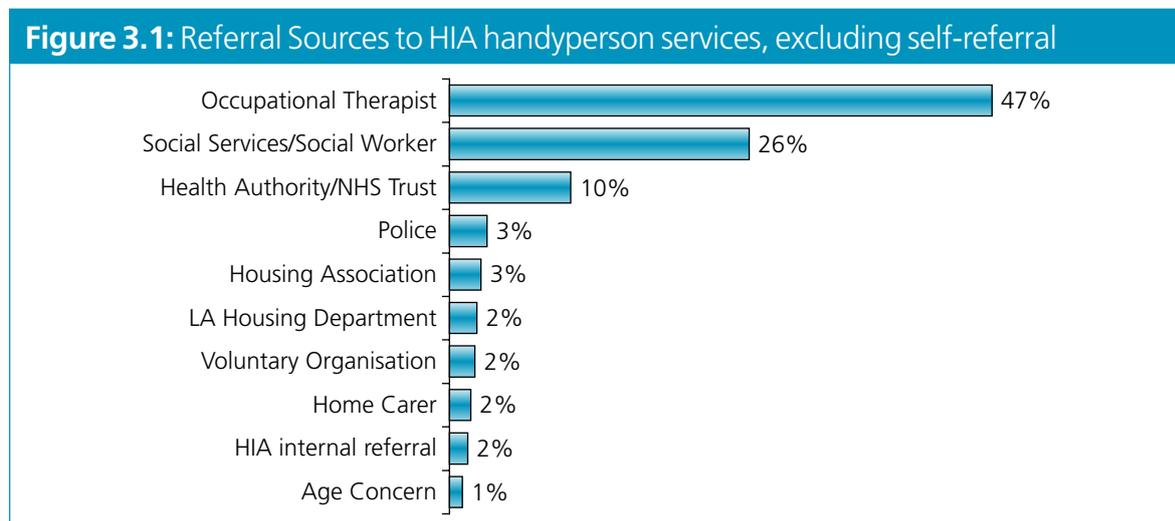
⁷ This figure has been obtained from a continuously updated database which allows the general public to access a basic list of the services offered by their local HIA on the Foundations website: www.foundations.uk.com

⁸ The FEMIS system does not include HIAs operated by Anchor Staying Put and a number of other HIAs in approximately 95 local authority areas.

3.1 Referral sources for HIA handyperson services

Self-referral (including referral by a relative or friend) is the most common route to accessing handyperson services and accounts for more than half of referrals (52 per cent) to the service⁹. The percentage by other referral sources is given in Figure 3.1. Occupational therapists are the second highest referral route, accounting for 47 per cent of all agency-led referrals, which gives an indication of how many handyperson jobs are concerned with the installation of aids and minor adaptations to maintain independent living.

There is considerable scope to improve service targeting by increasing the number of referrals to handyperson services from partner agencies such as the police (only 3 per cent of current referrals) and the Fire and Rescue Service (less than 0.02 per cent).



Source: FEMIS (Base = 93 agencies)

⁹ Source: FEMIS

Handyperson services can become an integral part of local “hub” referral systems, and one such model is the Suffolk Home Shield service described below.

“Hub” referrals Case Study: Suffolk Home Shield

In 2004 a pilot project was launched in Suffolk involving all local authorities, the Primary Care Trust, the Pension Service, the police and the voluntary sector, to co-ordinate the support and assistance that was already available for vulnerable older people.

Home Shield has grown into a Suffolk-wide service and is a valuable tool for over 50 partnership organisations from both the statutory and voluntary sector. It enables front-line workers to refer unmet needs to a central co-ordinator who holds the knowledge base of available services. One referral to Home Shield may result in several actions by various agencies. Suffolk County Council Community Safety Unit funds the post of the co-ordinator and part-funds a project management post.

The system is simple, low cost and effective. When any front-line officer from an organisation signed up to the Home Shield partnership visits a customer and sees that help is needed, the officer can complete a simple referral form with the agreement of the customer. The referral form is sent to the Home Shield co-ordinator and actions are referred on to partnership agencies to deliver help. Partners agree to act on referred actions within 10 working days. A feedback system keeps the co-ordinator informed.

In 2008, Home Shield received 1,113 referrals from front-line officers resulting in 2,356 actions being taken and the partnership is constantly expanding.

Typical case involving a referral to handyperson service:

A pensions officer on a home visit is aware that more help is needed and uses the Home Shield referral form. It includes questions to ensure the Home Shield Co-ordinator gets onward referrals right first time. The officer just ticks appropriate boxes and if, necessary, adds a brief note.

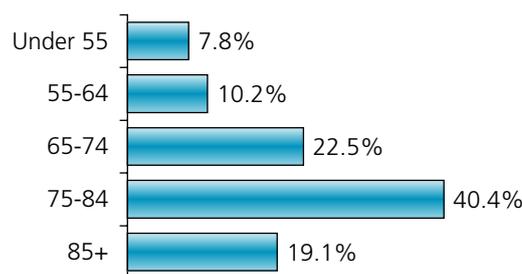
In this case, there’s a dripping tap and no smoke alarm. A bulb has gone in the light over the stairs which can’t be reached. The customer also mentions that she’s a bit lonely. The officer explains how Home Shield works and how it might help. The customer signs the form to show that she has agreed to details being referred to partner organisations. From this referral the following actions occur:

- Suffolk’s HandyVan service is called to sort out the tap and the light bulb. The handyperson also fixes a smoke alarm supplied by the Fire Service. Having chatted to the customer about security, he suggests and fits a door chain supplied by the Suffolk Crime & Disorder Reduction Partnership.
- Age Concern calls the customer and offers regular contact through their befriending service and a local lunchtime club is suggested.
- The Home Shield Co-ordinator sends a Datalink¹⁰ bottle so that relevant health information can be stored in the fridge.

3.2 Client age and tenure

The age and tenure of people using HIA handyperson services are given in Figures 3.2 and 3.3 below. Most clients are older home owners. A small proportion of clients (7.8 per cent) are under 55, and the work carried out for this age group tends to be minor adaptations carried out for disabled children and younger adults.

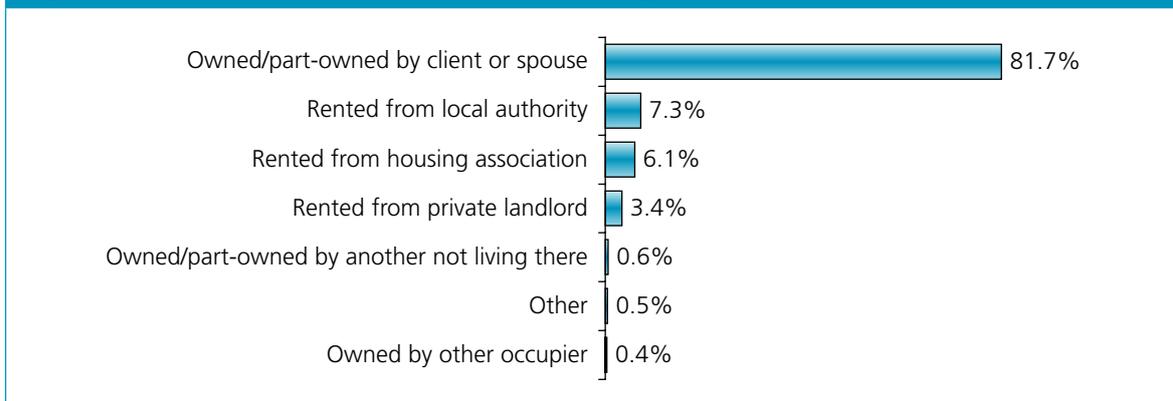
Figure 3.2: Age profile of HIA handyperson clients



Source: FEMIS (Base = 93 agencies)

The tenure profile demonstrates that although handyperson services are predominantly provided to owner-occupiers, the services have crossed the tenure boundary to help tenants of local authorities and housing associations. In most cases this arises due to their involvement in delivering tenure blind services in a given area, such as the installation of home security measures targeted at a particular area or client group. A smaller number of cases arise from work carried out on behalf of social landlords to provide minor adaptations or meet their repairing obligations to their tenants.

¹⁰ Datalink bottles contain essential medical information for use in the event of an emergency.

Figure 3.3: Tenure profile of clients of HIA handyperson services

Source: FEMIS (Base = 93 agencies)

Disappointingly, the proportion of work carried out for tenants of private landlords is lower (3.4 per cent) than the percentage of older people living in this form of tenure (5 per cent)¹¹. This is despite evidence that vulnerable people, including older people, who live in the private rented sector are more likely to live in non-decent housing than those in other tenures¹². When comparing referral patterns for this form of tenure with data for all tenures, although self-referral is still the most common route (40 per cent compared with 52 per cent for all tenures), a much higher proportion of agency referrals are made. Of these, there is a significant increase in referrals by health trusts for works linked to hospital discharge (27 per cent compared to 10 per cent) and a marked decrease in referrals by occupational therapists (20 per cent compared with 47 per cent). This suggests that handyperson services for this tenure group are not getting to their clients early enough, with too many interventions taking place after a breakdown in the client's independence which has led to hospitalisation. Without better targeting and earlier intervention, handyperson services will not be able to deliver the same preventative outcomes for this form of tenure that they have achieved for owner-occupiers.

3.3 Scale of activity for different types of HIA handyperson service

All HIA handyperson services surveyed offer small repairs and odd jobs to help older homeowners to maintain their independence. Figure 3.4 shows that many services now address other specific policy objectives – home security (crime reduction), minor adaptations, hospital discharge and home safety (accident and falls prevention). The range of services on offer is inevitably driven by the funding available. Older people have identified in previous research¹³ that small odd jobs and essential repairs are the most

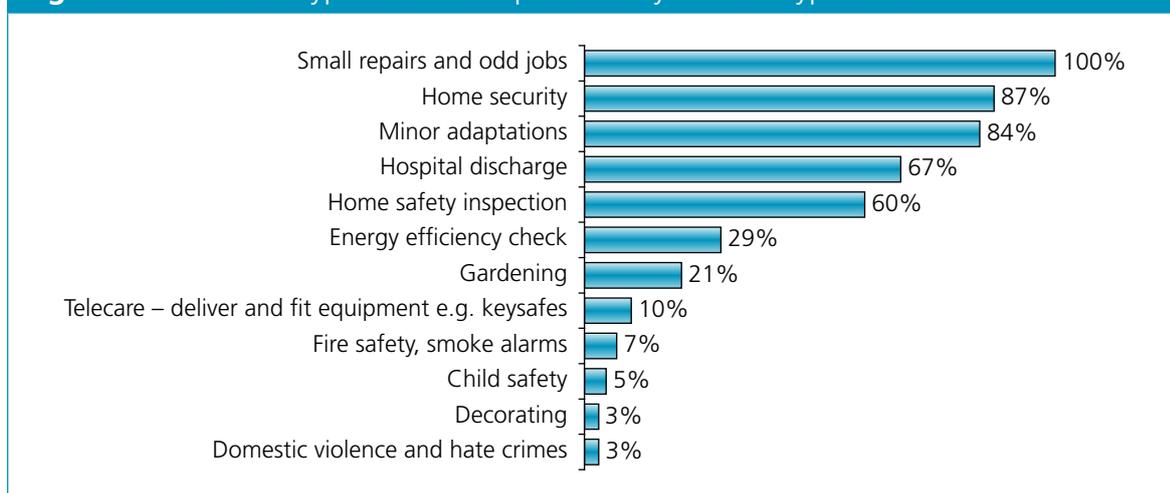
¹¹ *The private rented sector: its contribution and potential*, Centre for Housing Policy, 2008. Five per cent of people over 55 live in private rented accommodation compared with 74 per cent in owner occupation and 20 per cent in the social rented sector (figures have been rounded)

¹² *English House Condition Survey 2006: Headline Report*, Communities and Local Government, 2008.

¹³ *That Bit of Help* (Joseph Rowntree Foundation, 2005), *Small Things Matter* (Care & Repair England, 2006).

important element of the service to them and the new handyperson funding announced in *Lifetime Homes*, *Lifetime Neighbourhoods* will support services which serve this need as well as contributing to these other related policy objectives.

Figure 3.4: Different types of services provided by HIA handypersons



Source: Foundations 2008 Survey (Base = 131 agencies)

3.4 Operating costs

Over a 12-month period (April 2007 – March 2008), HIAs which had a handyperson service completed some 125,389 handyperson jobs (an average of 1,019 jobs per HIA). Statistics gathered from FEMIS indicate that 84 per cent of all handyperson jobs are provided to unique clients, in which case approximately 105,000 individuals have benefited from handyperson services during this period.

For the Foundations Survey, 79 agencies provided details of running costs as well as numbers of jobs carried out. Operating costs were compared between agencies operating in city, semi-rural and rural areas, with results presented in Table 3.1 below:

Table 3.1: Cost comparisons between services in rural, semi-rural and city settings

Type of area	Average number of handypersons employed	Average number of jobs completed	Average total cost of service	Jobs per handyperson employed	Cost per handyperson employed	Cost per job completed
Rural	2.36	984	£70,961	416	£30,068	£72.27
Semi-rural	2.20	887	£62,138	403	£28,244	£70.08
City	2.87	1,309	£118,575	456	£41,315	£90.60

Source: Foundations 2008 Survey (Base = 21 rural, 28 semi-rural and 30 city agencies)

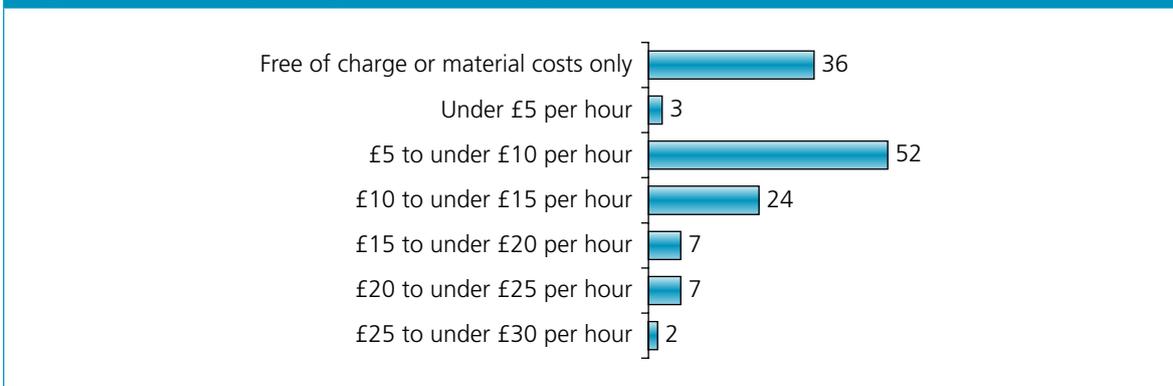
Key variables affecting costs are:

- cost of employing handyperson labour – these are significantly higher in large urban and metropolitan areas and make services in these areas more expensive overall; and
- mileage and travelling time between jobs – these costs are higher in rural areas where handypersons have large areas to cover, however costs can also be high in urban areas where traffic congestion adds time and fuel costs to relatively short journeys.

3.5 Approach to charging

Figure 3.5 illustrates the variety of approaches taken by HIAs to charging for their handyperson services. Eleven agencies make no charge, while 25 charge only to clients not on means-tested benefits. A larger proportion only charge for the materials used or if the work exceeds an allowance on hours of work delivered. The majority charge a low or moderate hourly rate in order to bring in some income to top up what the commissioners provide to cover expenditure. Those HIAs which operate their handyperson services on a social enterprise basis operate a policy of full cost recovery and their hourly charge is in the region of £20-30 per hour, although many have a hardship fund to reduce this charge in cases where clients are not able to pay.

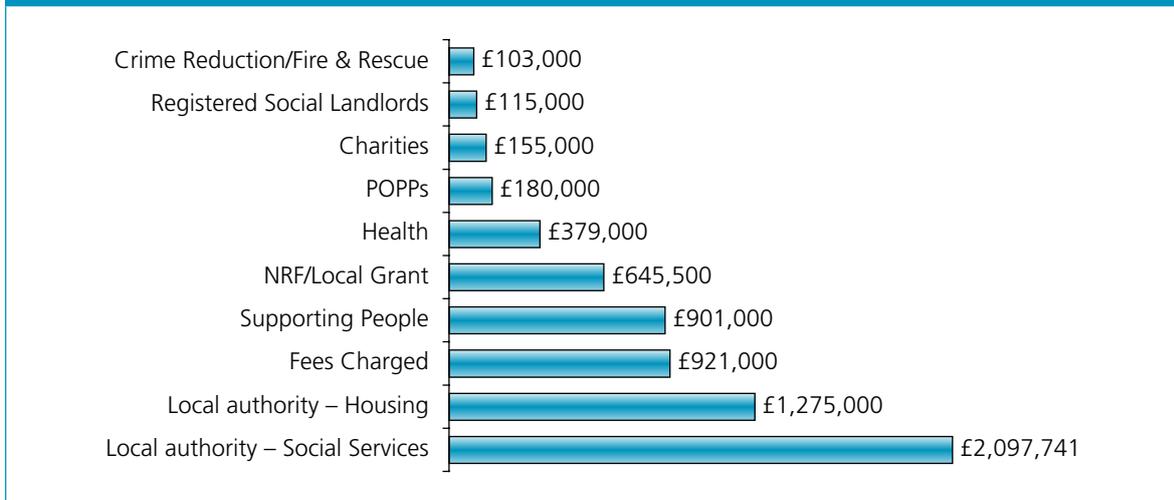
Figure 3.5: Hourly charge for HIA handyperson services



Source: Foundations 2008 Survey (Base = 131 agencies)

3.6 Sources of funding

Figure 3.6 shows funding sources and total amounts contributed for the HIAs which provided financial information within their survey responses. A small number of HIAs deliver handyperson services as part of a wider service specification with multiple funders and were unable to disaggregate funding unique to the service, therefore they are not included in the totals given for each source. The variety of sources demonstrates how services have been developed and grown in response to differing local needs and funding availability.

Figure 3.6: Source of funding for HIA handyperson services

Source: Foundations 2008 Survey (Base = 128 agencies)

The average number of funding sources for each service is 2.3, although this figure is slightly lower than would otherwise be the case as a result of all charities being classified as one funding source – often several are involved. Only 19 services listed three or more different funding sources and a large majority of services (106 out of 128) only listed two funding sources – one being fees charged. Three services are funded through fees charged only.

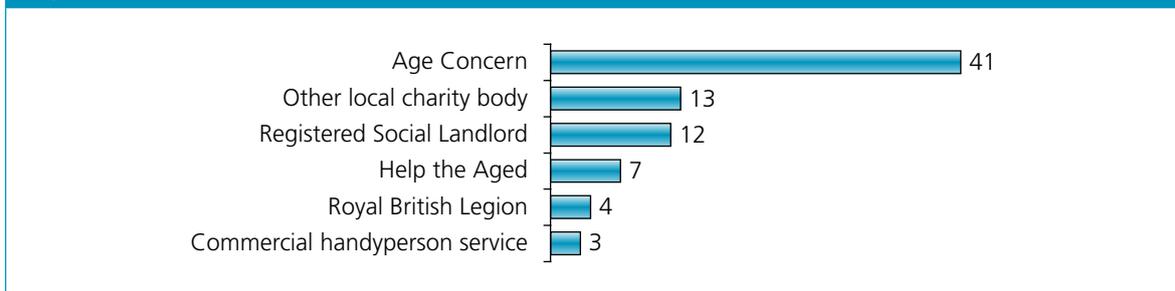
The largest single funding source, social services, has historically tended to fund specific areas of the service only (such as hospital discharge and falls prevention) and sets particular targets and measures around these objectives rather than offering funding for a holistic service. However, this pattern has been changing to include a broader specification – partly as a result of joint commissioning becoming more commonplace, but also as a result of a greater acceptance by social services that a complete service is much more effective.

3.7 Other handyperson service providers

Survey respondents were asked about other providers of handyperson services in their areas. Eighty-six respondents confirmed that there was a non-HIA service provider in their area of operation. In 70 of those 86 areas, HIAs also run handyperson services, indicating that there is considerable potential overlap in service provision. Several HIAs indicated that other providers were operating in the same area but that scope of the other provider's service was limited and only available to over 65s. The survey did not look into this area in further detail and examine whether how much, if any, duplication was occurring, or indeed whether an area might be overprovided for by handyperson services. Such investigation should be made by local commissioners.

Eighty HIAs identified the other providers in their areas, as detailed in Figure 3.7.

Figure 3.7: Non-HIA handyman services



Source: Foundations Survey (Base = 131 agencies)

It should be noted that the above figures do not attempt to represent the complete picture of non-HIA providers. The figures only describe what was known to HIAs responding to our survey. For instance, the research carried out by Care & Repair England in 2006¹⁴ gathered information from a consortium of handyman service providers and recorded 91 operated by Age Concern groups and 21 operated by Help the Aged.

The main non-HIA providers of handyman services identified in the survey are as follows:

1. **Age Concern** – their handyman services are provided by local Age Concern groups and link into the other support services provided by the local Age Concern, and sometimes use volunteer labour. A handful of HIAs also use volunteers.
2. **Help the Aged** – which operates a centrally co-ordinated, locally delivered ‘handyvan’ service. The service is free of charge and will take self-referrals and can be accessed via a telephone helpline and website.
3. **Royal British Legion** – a new handyman service, Poppy Calls, has been set up in the last year and is currently available in 12 areas. Another 12 services are to be set up in the coming year with a plan for eventual national coverage. The service is only available to those with a connection to the armed forces and is delivered free of charge, being fully funded from charitable income. The service has been delivered by local Age Concern or HIA handymen in some areas.
4. **Registered social landlords** – these have set up handyman services to deal with their tenants’ minor home repairs and adaptations. In some instances they are making these services available to others on a social enterprise basis.
5. **Other local charitable organisations** – these provide handyman services in some areas. These organisations are usually linked to a parent body delivering other housing support services to their local community.
6. **Commercial operators** – these have begun to offer handyman services to their customers, for example, B&Q. These are available at commercial rates for people requiring DIY-type work or a minor adaptation which the company may also supply.

¹⁴ *Small things matter: the key role of handyman services*, Care & Repair England, 2006.

Section 4

Preparing to commission handyperson services

This section sets out guidance on commissioning and procuring handyperson services. It looks at:

- mapping need and existing provision of handyperson services
- linking up handyperson commissioning with other related services
- typical areas of handyperson services, possible additional areas, and common referral pathways
- the procurement process, including core aspects which should be addressed within the service specification
- understanding the market of providers and their needs; and
- the added value of handyperson services when commissioned alongside home improvement agency (HIA) services.

4.1 Mapping need and existing provision within the commissioning process

The findings from our research present a picture of increased activity of handyperson services. However, there are some areas of potential overlap and many more areas where the provision is inadequate, piecemeal or non-existent: where both the range of services and their availability fall far short of the ideal of a holistic handyperson service available to all those who really need this 'bit of help' to maintain their independence at home.

The new funding for the enhanced and enlarged handyperson service seeks to address these gaps and encourage greater rationalisation of existing services. In order to do this successfully at a local level, commissioners of new and existing services must develop an understanding of:

- which services are currently available and who is eligible – mapping service provision
- what types of services are needed by the local population – needs analysis; and
- the areas where existing or future needs are not being met by existing provision – a gap analysis.

The new funding allocation for handyperson services will create a situation where joint funding will become more the norm. It is therefore important that the processes behind successful commissioning such as needs assessment are also carried out as joint exercises. Commissioners of handyperson services may wish to capitalise on the opportunity to tackle local priorities identified within the Joint Strategic Needs Assessment (JSNA), an undertaking which has been placed on all top-tier authorities and Primary Care Trusts (PCTs) since April 2008. The JSNA charts the current and future health and wellbeing needs of the local population and informs local area agreements. More information on the JSNA is available on the Department of Health website¹⁵.

Supporting People authorities have much to contribute in this area, having carried out needs analyses to provide data for their Supporting People strategies. They also convene commissioning bodies which have attendees drawn from many potential joint commissioners of handyperson services, such as local housing departments, social services, the police, and health trusts.

Details of needs analysis techniques can be found in *Needs Analysis, Commissioning and Procurement for Housing-Related Support*¹⁶ on the Communities and Local Government website.

¹⁵ www.dh.gov.uk/en/Managingyourorganisation/JointStrategicNeedsAssessment/index.htm

¹⁶ *Needs Analysis, Commissioning and Procurement for Housing-Related Support: A resource for housing-related support, social care and health commissioners*, Communities and Local Government, 2008.

Mapping service provision in your area

Identifying the services delivered in a locality is an important part of making the best use of resources, avoiding duplication of services, ensuring existing services complement each other and determining future commissioning priorities. This is particularly true in the case of handyperson services, which can be delivered by a complex patchwork of public, private and third sector organisations.

Foundations has carried out mapping exercises of HIA and handyperson provision in a number of authority areas and has developed a checklist which could be used for carrying out a similar process elsewhere:

Preparation

1. Start by being clear about the reason for carrying out the exercise and what you hope to achieve.
2. Develop a clear definition of the types of services you are mapping. In the case of handyperson services, there are many different varieties to consider, as well as a range of operators and delivery models.
3. Take account of all issues which might affect the availability of services, including tenure patterns, transport infrastructure, geographical distribution of housing, and the views of statutory authorities (housing, social services, health) about the need for services.
4. Identify the client groups as well as the service type that the mapping process is relevant to.
5. Identify and involve individuals and organisations locally who can support the research process, including service users themselves. Providers of advice services to older people, local older people's charities, day centres, social services, and day care providers may all be able to assist in building up a picture of local provision and unmet needs.
6. Have an understanding of the national picture of the service provision for the client group in question so that comparisons can be made with local provision and any gaps or overprovision can be identified during the investigation process. The information given in section 3 this report provides a good starting point in respect of handyperson services to meet the needs of older people.

Investigation

7. Identify the specific areas of services being delivered: what one organisation describes as a 'handyperson' service may be considerably different to another organisation's definition.
8. Identify or map services in nearby localities or areas that are similar to enable a meaningful comparison of provision to be made, for example areas with similar demographics.
9. Ensure the mapping process is as detailed as possible taking into account client group, details of the service and the geographical area in which the service is delivered. You may also want to include financial information such as the cost of running services, the cost to clients and other aspects such as other funding sources for services.
10. Gather both quantitative and qualitative information to enable statistical analysis where appropriate, for instance, a comparison of the numbers of clients who access two similar services, as well as being able to give an adequate description and promote proper understanding of, for example, any differences between the two services.
11. Make efforts to ensure services delivered by all sectors are included in the mapping process through a consistent and accessible research process. It is important to recognise from the outset that some organisations may not have the resources to respond to research requests or may be reluctant to do so, particularly if the request places a heavy burden on them. You have to make it as easy as possible for them to participate.

4.2 Linking the commissioning of handyperson services to other related services

Handyperson services should be commissioned to work effectively with other agencies, often while delivering services on their behalf. These other agencies and services include:

- Adult Social Care, hospitals, GPs and PCTs
- occupational therapy (handypersons can be trained to assess for, as well as fit, minor aids and adaptations)
- major adaptations services/Disabled Facilities Grant
- community equipment outlets (installing and maintaining equipment)
- telecare, assistive technology and sensory equipment teams (installing and maintaining equipment)
- home care services (fitting key safes, carrying out routine household maintenance)

- Fire and Rescue Service (fitting smoke alarms and carbon monoxide detectors)
- voluntary and statutory housing advice agencies
- the police (home security checks and installing equipment)
- neighbourhood regeneration (responsive repairs, crime reduction measures)
- home improvement agencies (HIAs)
- income maximisation services – benefits checks, debt advice
- befriending services; and
- services that provide social and leisure activities.

By making links at the commissioning stage, a number of safeguards can be written into the service specification and the service is fully embedded within other statutory and voluntary networks operating in a locality.

4.3 Procuring handyperson services

Having decided what a handyperson service can achieve in your local area, the process of procuring a service starts by defining the service to be provided. The model given in Figure 4.1 illustrates:

- the typical areas of a handyperson service
- additional areas where services have been developed in response to local needs and circumstances
- referral pathways which need to be created and maintained between the handyperson service and various local statutory and voluntary agencies; and
- relevant national indicators.

Figure 4.1: Holistic handyperson services – map of typical service areas, additional services, referral pathways and relevant national indicators

Policy agenda	Typical services offered	Possible additional services/enhancements	Referral pathways	Relevant national indicators
Maintaining independent living/ general health, hygiene and wellbeing	<ul style="list-style-type: none"> • Small repairs, odd jobs • Moving furniture • Routine household maintenance • Minor electrical work • Minor plumbing work • Adaptations 	<ul style="list-style-type: none"> • Shopping • Decorating • House clearance • DIY coaching • Installing community equipment • Household removals 	<p>HIAs, housing advice agencies, housing options services</p>	<p>NI 139 The extent to which older people receive the support they need to live independently at home</p> <p>NI 142 Number of vulnerable people who are supported to maintain independent living</p> <p>NI 136 People supported to live independently through social services (all adults)</p> <p>NI 137 Healthy life expectancy at age 65</p>
Telecare/ telehealth/ Sensory loss/ home care	<ul style="list-style-type: none"> • Installing and maintaining sensors, alarms • Fitting key safes, small repairs 	<ul style="list-style-type: none"> • Supplying and installing community equipment • Equipment 'demonstrators' 	<p>Social services, home care providers, GPs, PCTs</p>	<p>NI 124 People with a long-term condition supported to be independent and in control of their condition</p> <p>NI 125 Achieving independence for older people through rehabilitation/intermediate care</p>
Decent Homes/ HHSRS/ neighbourhood regeneration	<ul style="list-style-type: none"> • Removing 'category 1' hazards • Home security measures 	<ul style="list-style-type: none"> • Responsive repairs service for social housing landlords/tenants 	<p>HIAs, private sector housing, Environmental Health, regeneration agencies</p>	<p>NI 138 Satisfaction of people over 65 with both home and neighbourhood</p>
Timely discharge from hospital	<ul style="list-style-type: none"> • Minor adaptations • Fitting grab rails • Minor repairs 	<ul style="list-style-type: none"> • Assess/fit minor adaptations • 24-hour response 	<p>PCTs, social services, occupational therapists</p>	<p>NI 131 Delayed transfers of care from hospitals</p>
Crime and fear of crime/ Domestic violence	<ul style="list-style-type: none"> • Home security checks • Fitting locks, chains, spyholes 	<ul style="list-style-type: none"> • 24-hour response • Target hardening 	<p>Police, social services, refuges</p>	<p>NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police</p>
Fire safety	<ul style="list-style-type: none"> • Installing smoke alarms and carbon monoxide detectors • Supplying deep fat fryers, electric blankets 	<ul style="list-style-type: none"> • Fire safety checks 	<p>Fire service, local authority</p>	<p>NI 49 Number of primary fires and related fatalities and nonfatal casualties</p>
Falls prevention	<ul style="list-style-type: none"> • Removing trip hazards • Securing carpets/stays • Minor adaptations 		<p>PCT falls co-ordinator</p>	<p>NI 134 The number of emergency bed days per head of weighted population</p>
Energy efficiency/ fuel poverty	<ul style="list-style-type: none"> • Draught proofing • Setting/adjusting heating 	<ul style="list-style-type: none"> • Gas/electric heating repairs 	<p>Warm Front, private sector housing</p>	<p>NI 187 Tackling fuel poverty – % of people receiving income based benefits living in homes with a low energy efficiency rating</p>



The model is intended as a guide only and is not an exhaustive list of services offered. It should not limit the ambition of commissioners or providers when deciding how a handyperson service can best serve their community's needs.

One important aspect of holistic handyperson services is that technicians are trained to recognise and know how to respond to indicators, or triggers, of potential problems which warn that the householder may not be coping, or is 'at risk'. 'Trigger identification' is an important area of a holistic handyperson service and it can be built into the service specification. The ability to recognise and respond to triggers is discussed in section 6.7 which examines core skills for handypersons.

Apart from deciding what the service will actually do, other areas which commissioners can and should seek to influence, usually through setting out clear direction in the service specification and tendering process, include:

- eligibility for the service – client groups
- tenure
- how services should be prioritised, for example, jobs which need to be carried out to prevent risk or danger to the client
- referral methods
- performance targets, for example, waiting times
- details of how the service will be monitored, including onwards referral to other HIA services and services offered by other providers
- how the service will be evaluated, for example reporting outcomes or outputs (or both)
- details of quality assurance measures to be applied to the service, for example, the Quality Assessment Framework used for projects funded by Supporting People
- a requirement for staff checks due to their work with vulnerable people
- charging arrangements
- service capacity (target number of jobs); and
- service cost.

There are certain elements of the service which we would discourage commissioners from specifying, such as the method of service delivery, or whether to use employed staff, self-employed subcontractors, or building contractors. A wide range of different delivery models exist, even within the HIA sector, and by placing restrictions on how the service is delivered, many potential service providers could be discouraged from responding to tenders. Providers should nevertheless be asked to set out their proposals on these issues.

A sample tender document containing a handyperson service specification is provided in the Future HIA pages of the Foundations website (www.foundations.uk.com).

4.4 Understanding the needs of handyperson service providers

Most providers of handyperson services are third sector organisations, and many are small or medium sized, with a small number of larger organisations with national or regional coverage involved. In the case of HIAs, 63 per cent are run by third sector managing agents (usually housing associations), 10 per cent are independent and only 17 per cent¹⁷ are run as in-house services by the local authority. The government has recognised the vital role played by third sector providers of support services, and the Office of the Third Sector (created within the Cabinet Office in 2006) has set out a number of initiatives which foster greater understanding of the difficulties faced by the third sector in acting as suppliers within public sector contracts. The following main factors are relevant to commissioning handyperson services from smaller providers:

- Understand the capacity of existing providers to respond to tenders.
- Do not assume that providers will be able to grow into other geographical areas unaided or have the desire to do so.
- If there is not a healthy supply of providers, work may need to be carried out prior to tendering services to stimulate supply.
- Cash-flow is important to small organisations, so contract terms should reflect this.
- Contract monitoring and evaluation demands placed by the commissioners should be proportionate to the cost of the contract and an assessment of risks associated with the service.

In order to gain a better understanding of HIAs as likely players in the pool of potential service providers, commissioners can refer to a dedicated section of the Foundations website (wwwFOUNDATIONS.UK.COM). Foundations has also produced recent guidance on procuring HIA services¹⁸ which provides a background to the sector, information on the current market of providers, and a number of tips and examples from successful commissioning exercises carried out across the country.

¹⁷ Based on HIA sector analysis carried out by Foundations in September 2008

¹⁸ wwwFOUNDATIONS.UK.COM/Files/guide-final.pdf

4.5 Adding value to existing HIA services – the synergy with handyperson services

What are home improvement agencies?

Home improvement agencies (HIAs) help vulnerable people to maintain their independence. Their primary focus is the repair or adaptation of the client's home, and in support of this objective they may provide a range of services depending on local needs and circumstances. By improving people's living conditions, HIAs enhance their quality of life and enable them to continue living in their home in greater comfort and security. Every year, home improvement agencies deal with around 98,000 enquiries from across the country, and deliver work with a total value of over £85 million.

There are approximately 250 home improvement agencies across England, covering 318 local authority areas. Ninety per cent of residents in England have access to a home improvement agency. They are sometimes referred to as 'Care & Repair' agencies or 'Staying Put' schemes.

Help provided by an HIA includes:

- visiting clients in their home to give advice about any problems with the condition of their property and help decide what work might be needed
- helping to obtain any other support services which might be available
- checking entitlement to any financial assistance, such as council grants or loans (for repairs, heating or disability adaptations), income-related benefits or disability benefits
- if clients decide to have work carried out, helping with all aspects of this, such as drawing plans, producing a schedule of work, getting estimates from reliable builders and overseeing building work
- working closely with others who might be involved in the work needed, such as council grants officers, occupational therapists and environmental health officers
- offering additional services such as a handyperson, help with gardening, checking home security, and carrying out adaptations in preparation for coming home from hospital; and
- helping to make homes more energy-efficient.

HIA services are funded through a combination of Supporting People grant, funding from local authority housing and social services departments, health authorities, charitable sources, and fee income from work carried out.

HIAs which have set up handyperson services have found many ways in which the service complements their core provision. Often a handyperson service can be a good way for people to come into contact with an HIA and what it does. A handyperson can do up to 1,000 jobs a year, whereas an HIA's technical officer dealing with major works may only come into contact with 50-60 clients a year. A well-trained handyperson will always be able to let clients know what other help is available if more specialised advice or building work is required, and can also refer clients to linked services such as housing options operated by the HIA or partner agencies.

There is also a growing awareness amongst commissioners that people want to be able to choose what help they receive and that the help should be delivered in a timely way. Because of the relatively low charges involved for work carried out by a handyperson, it is a service which most people will be able to pay for themselves. This is an empowering feature of the service, for if they are making a payment, clients also feel they have the right to specify how the work is done. By empowering clients in this way, it is more likely that the clients get what they want, and this relationship of client trust and empowerment is likely to carry across to the delivery of more major works by the HIA if these are required.

Conversely, an HIA can augment the services provided by a handyperson and make sure that someone takes the responsibility for helping with larger jobs. It creates an immediate and accessible point of referral for repairs and other works which are beyond the scope of the handyperson service, which by definition can only provide a limited range of services and may not fully meet the needs of the client. The HIA can also offer technical expertise, access to specialist trades such as plumbers, gas engineers, and electricians who can complete work which the handyperson cannot undertake. The HIA is also a gateway to casework support for clients, where trained, knowledgeable caseworkers can work with clients in their own homes and find solutions to wider problems associated with housing, health, income and lifestyle.

4.6 Evaluation – measuring the impact of handyperson services

Local authorities which receive funding for expanded and enhanced services may be asked to participate in a national evaluation. However, at a local level there is a need for a co-ordinated approach to measuring the impact of handyperson interventions, including estimated savings to other budgets. This may be achieved through:

- measuring reductions in downstream care costs, hospital bed days, reduced falls admissions and so on; and
- monitoring the progress of individuals assisted by the service in maintaining their independence.

Services which are funded by Supporting People funding already provide data on numbers of clients passing through the service through quarterly submission of Supporting People workbooks.

Handyperson service outcomes can impact on a wide range of national indicators, directly or indirectly, as detailed in section 4.3.

An HIA Outcomes Framework has been successfully piloted and will be finalised for general use from April 2009. This provides a system for monitoring handyperson outcomes which would be compatible with both HIA and non-HIA service providers. Details of the pilot study are available on the spkweb¹⁹.

As a minimum requirement, providers should be required to collect data on customer satisfaction and client feedback on the effect of the service on their wellbeing.

The stronger the evidence base collected, the more likely it is that services will attract long-term funding and remain sustainable, nationally as well as locally.

¹⁹ www.spkweb.org.uk/subjects/outcomes/HIA%20Outcomes%20Pilot%20Update.htm

Section 5

Setting up a successful handyman service

This section is aimed at providers of handyman services but is also of relevance to commissioners. It looks at:

- funding arrangements for handyman services – details of the main funding sources
- case studies illustrating different funding models
- service delivery models, specifically the use of direct labour, subcontracting work to building contractors, and self-employed handymen; and
- new markets and models for handyman services which are developing.

5.1 Approaches to funding

By their nature, holistic handyman services straddle at least three main areas of government policy (health, housing and social care) and while this fact should only strengthen the argument for public funding, it may also have engendered a lack of clarity as to who should bear the lead responsibility for the commissioning of services in any given area.

The main variables affecting the cost of a handyman service are:

- range of services offered
- local wage levels
- distances travelled between jobs
- opting to lease or purchase vans
- whether or not the costs cover tools (building firms or self-employed handymen usually supply their own); and
- the work rate of the handyman.

Costings for sample HIA handyman services are available on the Future HIA pages of the Foundations website.

The largest funders of handyperson services are adult social services departments, which generally fund handyperson services that increase a client's capacity to live independently. These services usually include:

- minor adaptations (such as handrails) provided as a preventative measure
- repairs or adaptations to allow the timely discharge of patients from hospital; and
- installing telecare devices or carrying out minor adaptations to reduce the likelihood of falls.

These types of services can also be funded by health services, particularly PCTs.

Housing departments, historically the main funder for mainstream HIA services, also provide funding for handyperson services in order to meet their duties under Decent Homes legislation, especially the removal of 'category 1' hazards identified by the Housing Health and Safety Rating System (HHSRS). A large number of these hazards can be dealt with by a handyperson service, especially those associated with falls and entry by intruders. For local authorities which no longer have substantial repair grant budgets, a handyperson can be a valuable lifeline to clients whose housing conditions pose the greatest risk.

Supporting People, which aims to help people maintain independent living, now contributes a significant portion of the total funding pot for HIA handyperson services. Supporting People teams have also become lead partners in the joint commissioning of handyperson services in many local authority areas.

Health authorities provide funding which is usually targeted to a particular area of service such as hospital discharge.

Police funding may be paid directly to the handyperson service or through the local Crime & Disorder Reduction Partnership for assessment and installation of home security measures such as spyholes, additional locks, and improved external lighting.

Fire and Rescue will fund handypersons to install smoke alarms, carbon monoxide detectors, and take part in other schemes in conjunction with the local authority such as supplying deep fat fryers, or exchanging new for old electric blankets.

With the introduction of local area agreements, which provide a framework for jointly deciding commissioning priorities based on local needs²⁰, there is a better opportunity for building sustainable long-term funding for handyperson services. However, there is a continuing need to demonstrate robust evidence of the benefits of the service, customer satisfaction and the value for money offered in order to build confidence in the ability of services to meet public health, wellbeing and security objectives.

²⁰ A useful reference on local area agreements is *Roles and responsibilities in the local performance framework* (Communities and Local Government, 2008).

A number of providers have developed alternative funding models to reduce their dependency on public subsidy and charitable sources, notably the full cost recovery model and the subscription-based service detailed on pages 39 and 40.

5.2 Different funding models – case studies

The following sections give details of several different funding arrangements for handyperson services.

Core service funded by housing department which attracts other commissioners

Rochdale HIA is an in-house managed agency based in a metropolitan authority. It operates a large handyperson service, which was established to ensure that the authority met its Decent Homes commitments. With core funding in place, elements have been added to meet the requirements of other commissioners and a holistic handyperson service has evolved as a result.

Other elements of the funding package include:

- a service level agreement (SLA) with social services for a hospital discharge project
- funding from the Fire and Rescue Service for fire risk assessments and remedial action
- funding from Supporting People and Homelessness departments for a safer homes project; and
- funding from a local Arms Length Management Organisation to undertake minor repairs to its housing stock.

The service is branded in different ways to meet the needs of different commissioners, but provides a holistic service to all its clients.

Rochdale has 11 handypersons (including administrative support staff) and completed 11,803 jobs in 2007-08 with £250,000 of funding. As the funding is secure and fully meets the operating costs, there is no charge to clients for the service.

County partnership model – funding from several partners

Derbyshire handyvan network is a countywide handyperson service where the service is delivered by a partnership of providers operating in their own areas to provide a comprehensive range of services to vulnerable households. Over £1m has been secured for the first three years from a range of partners including:

- Regional Housing Group
- Derbyshire Fire and Rescue Service
- Derbyshire County Council Adult Social Services Wellbeing budget
- Derbyshire County Council Telecare budget
- In-kind commitment from Derbyshire Constabulary
- Derbyshire PCT; and
- Local boroughs and district councils in Derbyshire.

Outputs are recorded on a common database and include set targets for:

- the number of vulnerable people visited at home
- home fire safety checks and equipment fitted
- telecare equipment fitted
- basic property maintenance checks
- referrals for Housing Health and Safety Rating System (HHSRS) assessments
- energy efficiency tasks
- First Contact²² signposting forms completed
- home security checks; and
- practical assistance tasks, such as changing a light bulb, securing carpets and flooring, paths and door access clearance

The service operates a total of eight handypersons. The service is free of charge but is limited to two visits per household per year.

²¹ First Contact is a “hub” referral gateway for Derbyshire similar to the Suffolk Home Shield model described in section 3.1.

Social enterprise – full cost recovery for a sustainable service

Age Concern Warwickshire's handyperson service employs 14 handypersons who cover the county. A labour charge is made of £17.50 per hour for a minimum of one hour and material costs are also charged. This service operates as a social enterprise and not only aims to cover its costs to be totally sustainable but any surplus is used for the benefit of the client group.

This is one of the largest handyperson services in the country. Age Concern Warwickshire also manages the HIA in South Warwickshire and is therefore able to integrate the handyperson service into the rest of the work of the HIA.

Full charge plus profit – private clients

There is a growing range of handyperson services aimed at people who can afford to pay for the work themselves but who need a trusted provider who can vet the service and workforce.

Anchor's At Home Services have a team of handyperson technicians to provide older people with home repairs and maintenance services. The first hour is charged at £40 (including call out charge) and it is £20 for each additional half hour. Costs of materials used will also be charged to the client. The service is available in Berkshire, Yorkshire and north London – www.athomeservices.co.uk/

B&Q has also launched its own handyperson service. A range of services are offered from basic plumbing to assembly of furniture working anything from an hour to a full eight-hour day.

Subscription-based service

Help and Care is a Bournemouth-based charity that has a diverse range of services for older people and their carers, including HIA services. The organisation operates a handyperson service called Handiworks which is a low-cost home repairs service for people over 60 and their carers who live in Christchurch, East Dorset, North Dorset and Purbeck.

For a small annual membership fee and a low hourly rate the scheme provides Dorset residents with reliable help with minor DIY jobs around the home. There are three tiers of membership, depending on income and benefits entitlement, and the charges are as follows:

- Handiworks 100 subscription costs £7 per year and work is charged at £10 per hour.
- Handiworks 200 subscription costs £12 per year and work is charged at £15 per hour.
- Handiworks 300 subscription costs £20 per year and work is charged at £25 per hour.

5.3 Service delivery models

A wide variety of models of service delivery exist, and the following section gives a flavour of some of the different options which may be open to providers. Figures 5.1a, b and c (page 43) illustrate three delivery approaches based on services found in several authority areas.

Most of the delivery arrangements are built around the preferences of providers, local labour conditions, geography of the area and, crucially, the need to meet service level requirements of commissioners. The merits and weak points to all the different arrangements are discussed below.

5.3.1 Directly employed staff

Our survey of HIAs found that most (79 per cent) employ their own handyperson staff to deliver the service, and a typical arrangement of roles for such a service is depicted in Figure 5.1a.

Advantages:

- More control for service provider over recruitment process
- Easier to ensure Criminal Records Bureau checks in place, quality control, health and

safety requirements

- Better opportunities to train and develop staff
- Easier to develop team working approach with other elements of HIA service
- More consistent service and easier for clients to develop and build trust in service.

Disadvantages:

- Potentially a higher cost and less flexible workforce
- Costs for tools and vehicle purchase/leasing
- Harder to guarantee responsiveness of service, for example, difficulties finding cover in case of sickness, holidays
- Implications under Transfer of Undertakings (Protection of Employment) (TUPE) regulations where a service provider changes
- All employer obligations (financial, health and safety and so on) fall on the service provider.

5.3.2 Subcontracting to building contractors

A number of HIAs subcontract handyperson services to local building firms, as depicted in Figure 5.1b. These firms generally carry out a proportion of the HIA's larger items of major repairs, improvements and adaptations work as well. In such cases, a strong relationship between provider and subcontractor is essential to maintain quality of services. The advantages and disadvantages listed above for directly employed staff are largely reversed in the case of a subcontracted service, however one key advantage to subcontracting is that of flexibility as the provider has a larger pool of suitably qualified labour to call upon. In large authority areas where a provider might be unable to assume the financial burden of employing large numbers of handypersons directly, the option of subcontracting is more likely to be considered.

With the right safeguards in place to guarantee consistency, continuity and quality of service, there is no reason why a combination of directly employed labour and subcontractors could be deployed within the same handyperson service.

5.3.3 Self-employed handypersons

A small number of agencies (7 per cent) use self-employed handypersons. This provides the advantages of reduced cost for providers who generally don't pay for tools, vehicles and equipment. However, it does not offer the extra flexibility of access to a wider pool of labour which is possible when subcontracting the service to a larger firm of building contractors.

5.3.4 Volunteer handypersons

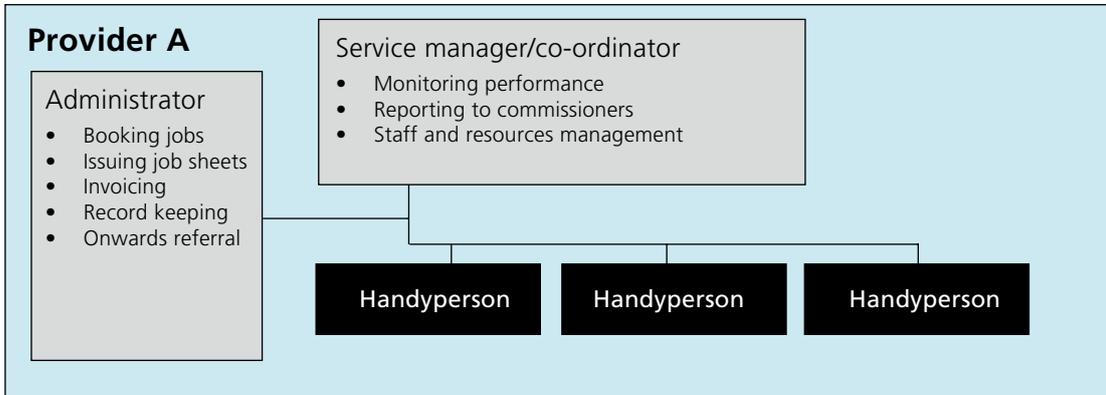
A handful of HIAs use volunteer handypersons to deliver services, and they are used widely by services operated by Age Concern groups. Volunteers are often older people themselves so they usually get on well with clients and understand their needs. They can greatly increase the capacity of a handyperson service, forge greater links between the service and the community of older people, and there are some obvious cost advantages to using volunteers. However, there are a number of checkpoints as well:

- Volunteers should undergo CRB checks – and will soon need to be vetted by the Independent Safeguarding Authority (ISA) as well (see section 6.5) – just as if they are regular employees, given that they are working in the homes of vulnerable people.
- They need to be covered by the agency's various insurance policies, which can cost more to include volunteers under the terms of the cover.
- There can be problems recruiting and retaining volunteers, and in motivating them to keep a regular commitment to the agency and the job.
- Volunteers need to be maintained by a programme of support, including dedicated management time and training. Volunteers can bring a wealth of experience from past employment, but their training needs can be quite different from regular employees.
- Employees may feel threatened by or resentful towards volunteers, particularly if they feel that they are being taken over by a large number of them.
- Employers can find it difficult to get rid of 'unsuitable' volunteers or those who are not working well because it is harder to manage performance.

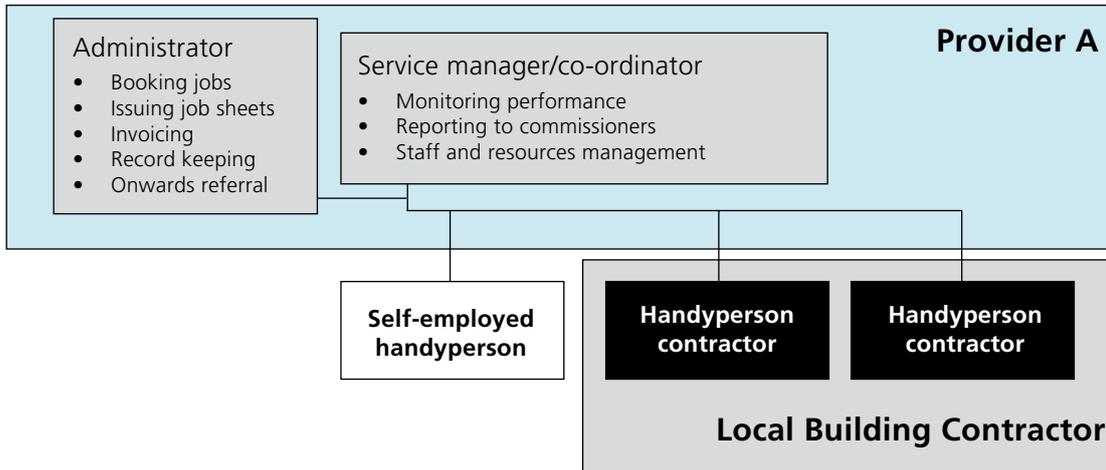
Funding models and charging arrangements for services which depend upon a large input from volunteers need to take account of the risks and hidden costs involved in using this form of labour, as detailed above.

Figure 5.1: Service delivery models

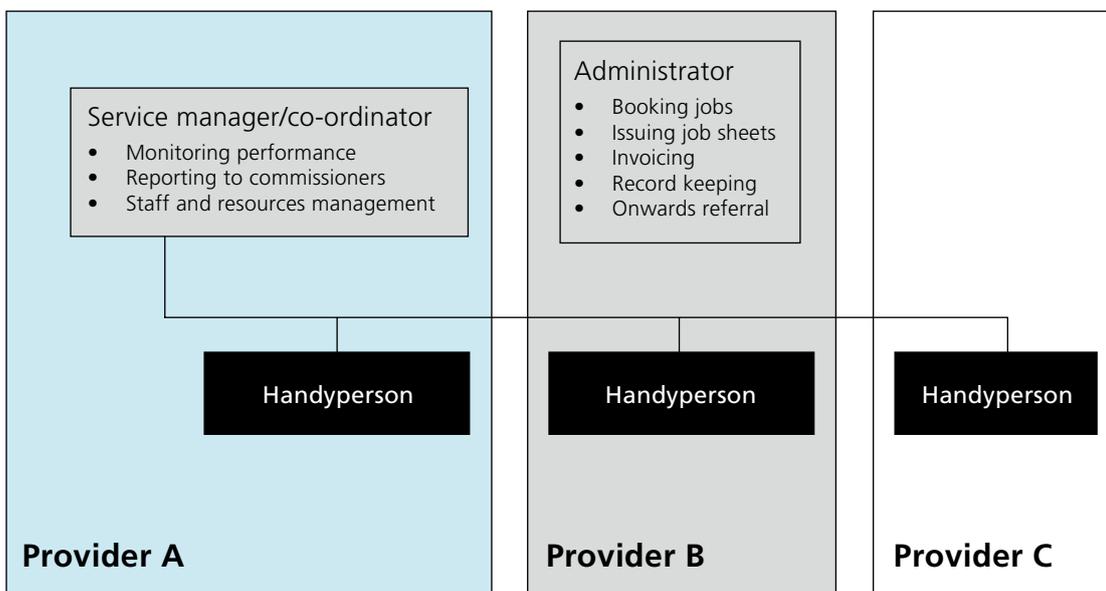
a – Single provider with directly employed staff



b – Single provider with self-employed staff and/or subcontractors



c – Multiple providers with county level co-ordination



5.3.5 Services provided by multiple providers

Since Supporting People became the main commissioning lead for services, a number of county-wide unified services with multiple providers have been developed. The scale of a whole county or large metropolitan service may often be such that it can only be delivered by a consortium of providers, such as in the case of Staffordshire county, where the handyperson service is now being delivered by three HIA providers – Orbit, Spiritia and Beth Johnson, working in partnership. A county-wide service, as depicted in Figure 5.1c, brings the following potential advantages:

- An opportunity for providers to compare their services and improve on existing processes
- An end to any postcode lottery with one level of service delivered across the whole county
- Economies of scale savings in management and administration
- More ability to provide cover for sickness, holidays etc. and therefore guarantee service responsiveness.

However, with more provider organisations involved, there are inevitably some potential pitfalls which have to be addressed:

- Difficulties in co-ordinating a service which straddles organisations with different cultures and working practices
- Uneven terms and conditions of employment which can demotivate and lead to resentment between co-workers
- The need to develop and maintain trust through open sharing of information by providers, particularly where one organisation has 'lead provider' status.

5.4 New markets, service models and client groups

As part of developing sustainable service models, handyperson providers have started to address the issue of finding new markets and alternative funding sources for their services.

Handyperson services have broad appeal and therefore potential in many markets and can provide services to all sections of the community, as part of a social objective to meet the needs of vulnerable groups, to meet the needs of particular communities or statutory agencies, or to develop commercial markets for their services (as in the case of Anchor's At Home Services case study on page 39). New commercial markets may include the following:

- Older people with decent incomes – there is a growing market of retired people who do not receive benefits and have the money to pay for a service but are wary of employing builders who they do not know. An HIA will offer such people reassurance

about the quality of the service on offer.

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

With the introduction of personal budgets, it is likely that more people will be looking to purchase services directly. This section looks at some of the new opportunities which HIA handyperson services have been getting involved in.

5.4.1 Seven-day, 24-hour response

A service model which has been developed by several HIAs is a 24-hour-a-day response capability for urgent repairs. One market for this service is health trusts which require urgent assistance to provide repairs, make minor adaptations, and install equipment in preparation for patients who are being discharged from hospital. In many areas, hospital discharge services have already developed with priority turnaround times of one day – with a 24-hour response service, response times of three hours can be offered and such services may be commissioned more frequently in the future, such is the demand.

Other markets for a 24-hour response service might include insurance companies, social landlords and private sector landlords and homeowners who need urgent repairs carried out to make properties secure.

5.4.2 Social housing small repairs which are tenants' responsibility

Several HIAs are now providing services to registered social landlords (RSLs) and Arms Length Management Organisation (ALMO) tenants who are responsible for certain types of repair as part of their tenancy conditions. This includes small items such as replacing tap washers, changing light bulbs, and repairing accidental damage to household fixtures and fittings.

5.4.3 Telecare, sensory aids and community equipment – approved installer

Handyperson services are already entering new markets created by recent government initiatives supporting the use of assistive technology (AT) to enable independent living and prevent downstream health and care costs. This includes telecare equipment such as key safes, door entry systems, and devices to detect 'wandering' by clients. Sensory equipment is provided for people for whom hearing or visual impairment can threaten their ability to live independently. Items include doorbells, room loop systems, smoke alarms and paging systems.

The development of a retail model approach to the purchasing and supply of community equipment presents opportunities for HIA handyperson services to become approved installers of equipment, working in conjunction with retail outlets which sell the equipment.

Case Study: Bristol Care & Repair Assistive Technology Pilot Project

Background

Bristol City Council received Preventative Technologies Grant (PTG) funding from central government, and used it to develop a range of pilot projects. A central aim of the pilots was to develop partnership working between organisations in the private, public and third sectors, to develop good practice by establishing appropriate referral routes for targeted client groups, some of whom might not normally come into contact with Adult Community Care. Bristol Care & Repair was involved both by running their own pilot project and by installing equipment (and carrying out baseline assessments) for some of the other pilot projects.

There are four handypersons at Bristol trained in assistive technology, and all have installed the equipment. The handyperson service has been an integral and vital part of assistive technology provision at Bristol Care & Repair. A significant part of their assistive technology work is installing equipment for other assistive technology projects in Bristol. Typical tasks include:

- programming equipment
- completing paperwork
- liaising with clients about installation times
- installing equipment including drilling fixing where necessary and undertaking some extra-low voltage wiring work
- liaising with carers
- liaising with care professionals
- checking and querying inappropriate or incomplete referrals
- replacing faulty equipment
- replacing batteries
- instructing clients and carers on how to use the equipment
- testing equipment to check it has been installed correctly; and
- liaising with caseworkers.

The intention is that assistive technology will be mainstreamed by Bristol City Council from March 2009. The handyperson service will continue with its present role and will also be called upon to adapt as the mainstreaming in Bristol takes shape.

5.5 New 'social' markets for services

Data on the age range of clients of HIA handyperson services indicate that these services are predominantly made available for older people, with only 7.8 per cent of referrals being received for clients in the under 55 age range. Disabled clients are of course a traditional client group for HIAs, and they account for most of the work provided by HIA handypersons to this younger age group.

Identifying and responding to the needs of the community can present new markets for services which meet the social objectives of the HIA and place handypersons in contact with different client groups and new funding sources. The case study of St. Vincent's Homecare & Repair overleaf gives an example of how handyperson services can respond to a community need and broaden their service beyond their traditional client groups.

Case Study: St Vincent's Homecare & Repair HIA

St Vincent's Homecare & Repair HIA has worked with the Action on Children's Accidents Project (ACAP) to expand its handyperson service provision to families with pre-school children.

ACAP was set up in Pendle in 2001, funded by the Primary Care Trust and Sure Start. The project aims to cut down on the number of accidents children have at home by offering the family a range of safety measures. Partners in the project soon realised that to be successful, they needed a good fitting and advice service. ACAP approached St Vincent's Homecare & Repair to develop the service.

Since then, St Vincent's Homecare & Repair has twice submitted successful competitive tenders for the work and has maintained an excellent working relationship with ACAP. They have now completed work on over 5,000 homes.

The scheme has been so successful that it has been extended into three other boroughs in East Lancashire.

How does the scheme work?

Families are referred to the scheme by their health visitors, and pay a joining fee of £5. The project's team of health practitioners visit the family at home to discuss home safety and agree a list of items to be supplied (for example, fire guards, safety gates, laminate to cover glass panels, and smoke detectors). Orders are then prioritised and passed to St Vincent's Homecare & Repair. The HIA fits the equipment and gives guidance to the families who will be using it.

What are the benefits?

Extending its handyperson service to young families has helped to ensure that more homes are safe to live in – Accident & Emergency admission records show that the scheme has greatly reduced accident rates for young children.

The agency charges a fixed fee for each job request. Any profit is used by the HIA to subsidise its other services.

5.6 Responding to commissioner requirements

A handyperson service will only be funded if it meets the needs of the body commissioning the service. Increasingly, handyperson services are funded under a contract which sets the expected level of activity and the anticipated time in which the work will be completed. Therefore it is vital to understand what a commissioner is looking for when responding to tenders or invitations to provide a handyperson service.

The main concerns of the commissioner are:

1. **Achievability** – there will usually be targets set (for example, number of jobs done per annum or time taken to complete a job), which must be within the capacity of the staff recruited to carry out the work.
2. **Risk management** – to cover issues such as sickness or claims made for poor work.
3. **Quality standards** – including setting the standards for operational areas and compliance with legal duties, for instance the protection of vulnerable adults.
4. **Value for money** – does the anticipated contract price strike a balance, that is, not so low that no acceptable bids are received and not so high that it wastes public money?
5. **Added value** – will a provider be able to bring added value in the shape of additional income (subsidy) or be able to call on additional resources (such as other handypersons already employed through other funding mechanisms).
6. **Linkages** – will the service be able to link in with other support services which the provider may be offering in order to give clients a fuller service?
7. **Flexibility** – will the service be able to respond to the need for new services and servicing the needs of new client groups?

Section 6

Service standards and quality

As handyperson services grow in popularity and receive additional public funding, the focus on the quality of these services will increase.

Handyperson services arguably operate in a more commercial market than traditional HIA services, and other players such as commercial building contractors offer similar services at commercial rates. From the commissioner's point of view, less expensive operators (commercial operators who charge a commercial rate therefore require little or no subsidy) might seem an attractive option. However, they are unlikely to provide a holistic service or link up well with other services and agencies. Most public sector commissioners would also need robust assurances that private sector handyperson services were affordable to people on low incomes, accessible to those in the greatest need, and that the providers were trustworthy and reliable.

HIAs have an advantage over some other potential providers of services because they are already familiar with the rigours of quality assessment as part of Supporting People reviews, including the HIA Quality Assessment Framework (QAF) and, for many, the Foundations Quality Mark. The various components of these existing quality assurance schemes provide a framework for setting standards and ensuring quality of services in future. This section picks out some of these elements.

6.1 Operational policies and procedures

Handyperson services need to develop a range of policies and procedures which ensure fair access to services, and then provide clients with accessible information about these policies. The information should cover areas such as:

- description of service
- eligibility
- waiting times and priority given to different jobs
- client rights and responsibilities
- charging structures
- how to apply for the service
- details of how service quality is assured; and
- customer satisfaction and complaints procedures.

6.2 Workforce policies and procedures

Providers of handyperson services need:

- recruitment and retention policies to ensure access to suitably qualified and experienced labour; and
- clear policies and procedures relating to client hospitality, accepting gifts, bequests, handling clients' money (for example, when purchasing materials as part of a job).

6.3 Health and safety

Adequate provision for health and safety is a cornerstone of a handyperson service, and will include:

- risk assessments of staff functions and individual roles, and risk assessments of premises
- regular checks carried out on vehicles, tools and equipment
- lone worker procedures, for example, contact arrangements for technicians to use to notify colleagues that they have safely completed their work at a client's home
- safe working practices, such as clean and tidy working, and clearing up after work is completed; and
- adequate appropriate storage for material and equipment, minor adaptations kit to ensure they are not damaged or that they do not present a hazard when being collected from storage.

6.4 Equal opportunities and diversity

All services need to operate policies to encourage equality of opportunity both in terms of recruitment into the service and how the service is delivered to all clients, regardless of gender, religion, ethnicity, sexuality or any other factor which might create an unjustifiable bias. The need for services to acknowledge and respect their clients' values and customs, so essential when providing a service in the home environment, is particularly important. Appropriate cultural awareness training may be offered to ensure that thoughtless actions or words do not cause unnecessary offence.

Foundations has developed guidance²² on delivering services to black and ethnic minority clients, which covers several common situations where cultural issues may affect the style of delivery of repairs or adaptations in the home.

²² www.foundations.uk.com/Files/BMEGUIDEmini.pdf

In addition, training which confronts issues around ageism and disability, including mental health and learning disabilities, will be valuable to a group of workers who need to communicate effectively with a wide range of clients, gaining their trust and respect.

6.5 Protection of vulnerable adults

Handypersons directly employed by HIAs are subject to Criminal Records Bureau (CRB) checks and the customary procedure with self-employed workers and subcontractors is that they should also be voluntarily subject to CRB checks, given that they are often working unsupervised in the homes of vulnerable adults.

The current arrangements are set to change from October 2009 with the introduction of additional procedures designed to protect vulnerable adults and children put forward within the Safeguarding Vulnerable Groups Act 2006, developed in response to the murders in Soham of Holly Wells and Jessica Chapman. A new requirement will be imposed for all front-line staff working with children or vulnerable adults, and their line managers, to register with the new Independent Safeguarding Authority (ISA). The ISA will work alongside the CRB and maintain registers of vetted (approved) and barred individuals. More details on the new scheme are available from the Independent Safeguarding Authority²³.

6.6 Data protection

Details of clients' names and addresses, as well as sensitive data recording medical conditions and finances, are all likely to be collected by operators of handyperson services in the course of providing a service or sharing data with (or referring a client on to) other linked services, such as majors repairs, adaptations, social care or health services. Clear protocols need to be observed which comply with data protection legislation. Foundations has produced guidance relevant to all HIA services, including handyperson services – the Data Protection and Management Good Practice Guide²⁴.

6.7 Core skills and experience for handypersons

The job of handyperson appeals to a lot of former tradespeople and semi-retired workers who may be attracted by the regular, secure income, or the opportunity to work with older clients with whom they have much in common.

A handyperson should understand the needs of older clients and have good interpersonal skills. The ability to organise workloads, maintain supplies of materials and equipment, good record-keeping and to be part of a small team are all key requirements for a handyperson and should be set out in their person specification.

²³ www.isa-gov.org.uk/

²⁴ www.foundationsofuk.com/Files/GP11DataProtect.pdf

6.7.1 Core competencies – assessing for and carrying out measures in the home

A handyman would normally undergo training to enable them to assess the need for a variety of measures in a client's home, but previous experience gained in the fields of health and safety, falls and accident prevention, home security, fire safety, or health work such as nursing and personal care would give them a clear advantage.

The competency to carry out building work is a basic starting requirement for a handyman – few if any agencies would expect to take on staff who lacked this basic ability, and is usually demonstrated by a proven track-record of time served in a recognised trade, and by certifications or qualifications gained from various bodies such as City & Guilds.

6.7.2 Specialist areas – electrical work, gas

The approach for many services is to have clear boundaries on types of service offered by their handymen. These boundaries preclude work which requires specialist regulation, certification or qualifications. A number of services employ handymen who may have acquired qualifications while in previous employment, such as CORGI registration for gas (to be replaced by Capita from April 2009), or self-certification schemes for electrical contractors operated by NICEIC or the Electrical Contractors Association (ECA). Often, a specialist contractor can be employed through the handyman service to certify work carried out by a handyman or to carry out jobs which are beyond the scope of the service.

6.7.3 Easing the burden on occupational therapists – the trusted technician

Handymen can undergo training from a number of accredited organisations to become trusted technicians, which means that they are able to assess for as well as fit a number of minor adaptations and assistive technology equipment. This qualification route is still in its infancy but shows great promise as a potential career development path for handymen as well as an exciting service enhancement for commissioners²⁵.

6.7.4 Trigger identification – developing an awareness of what other services might be required by the client

The handyman should be trained to recognise indicators of other health or lifestyle problems and know how to deal with these concerns, usually by means of onwards referral. These indicators include:

- poor standards of personal or household hygiene
- signs of malnutrition
- confusion and irrational behaviour

²⁵ Assist UK in partnership with Foundations have developed a Trusted Technician qualification – www.foundations.uk.com/default.aspx?id=719

- difficulty with communication and comprehension
- large quantities of unopened post
- neglected pets
- hoarding of possessions; and
- burn marks on furniture (smokers).

Appendix 1

Acknowledgements

We wish to thank all the organisations who contributed case studies and other materials to assist with the preparation of this report.

Age Concern Milton Keynes

Age Concern Warwickshire

Anchor Staying Put

Blackpool Care & Repair

Bristol Care & Repair

Care & Repair England

Derbyshire County Council

Devon County Council

Durham County Council

East Northamptonshire District Council

Help & Care

Staffordshire County Council

St Vincent's Homecare & Repair HIA

Suffolk County Council

Appendix 2

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Appendix 3

Benchmarking service performance

Foundations has worked with several commissioners and providers in benchmarking handyperson services over recent years. A number of lessons have been learnt which underline the importance of checking that like-for-like comparisons are being made. Definitions often can have seemingly subtle yet important differences in meaning when used by two providers to describe service outputs, so the following information has been assembled to assist those who may wish to embark on the difficult but worthwhile job of benchmarking handyperson services.

1a What needs to be recorded?

Any measure of quality must take into account the outputs of a service. Outputs include:

- waiting times for clients
- number of jobs done
- costs for clients, and
- costs for commissioners.

However, when comparing outputs between different handyperson services, a close examination is needed of:

- what each service counts as a 'job done' – the number of visits or the number of jobs carried out (more than one job can be completed in a visit), and
- the type of work done (for example, this could range from something simple like changing a light bulb to more time-consuming work such as building a ramp).

Currently, HIA Supporting People workbook returns require a count of the number of clients assisted, rather than the number of jobs done. The same client may also appear more than once in a year. Therefore, to compare handyperson outputs, a matrix is required that allows reference to how many jobs of each type are carried out.

An example of benchmarking handyperson services

While there is some convergence in the broader categories of work recorded by different handyperson services, there is considerable variation in the outputs recorded at a more detailed level. The table below, which provides a small sample of how handyperson activities are currently being recorded, shows the potential complexity of comparing outputs.

Minor adaptations:	
Doorbell, banister rail External metal handrails Grab rails Toilet frame Lever taps	Other Ramp Shower seat Step alterations
Hospital discharge:	
Bed raisers Chair raisers General	Grab/banister rails Keysafe Shower stool
Energy efficiency:	
Electric blankets and light bulbs Draught proofing Tank jackets	
Security:	
Door/window locks Door chains	Gates Security measures to prevent domestic violence Distraction burglary kits
Home safety/falls prevention:	
Electric blankets General Grab/banister rails Light bulbs Safety inspection Smoke detectors	Sure Start measures Carbon dioxide detectors Door contact wander alarm Flood detector Heat detector
Small repairs:	
Electrical – light bulbs and fuses General Joinery – fences and gates, shelves, curtain rails and pictures, floorboards, locks Plumbing – ball valves and overflows, tap washers and leaky taps, seal baths and basins External painting Roof surface Windows and doors Gutters External – masonry Other	

1b Waiting times

How long the client had to wait is usually taken as the number of days (or weeks) from the 'enquiry date' (when the client 'booked' the handyperson or was referred to the handyperson) to the 'case closed date' (when the work is completed). Some handyperson services (for example, Devon County) have targets for response time where this relates to hospital discharge. Since the type of work may be expected to affect the time each job takes (and how many a handyperson can carry out), it is difficult to establish meaningful comparisons of waiting times.

Benchmarking data collected from the HIA sector focussing on the sample of handyperson activities shown above indicate that minor adaptations and hospital discharge timescales typically fall within a range from 2 to 20 days. By contrast, general handyperson activity appears to take between four to six weeks to complete.

1c Costs to client

Apart from the provision of minor adaptation equipment (handrails, grab rails) clients are usually charged for materials. However, it can be difficult to make straightforward comparisons. Some services charge an hourly rate, while others only start to charge an hourly rate if the service extends beyond a set period of time (such as two hours). Section 3.5 of this report discusses these issues.

1d Measuring outcomes

Handyperson outputs are likely to contribute to outcomes under two of the high-level outcome categories in the new Supporting People outcomes framework – Managing Independent Living and Staying Safe. As discussed in section 4.3, other outcomes can contribute directly to wide range of national indicators which would be the responsibility of other commissioners, such as Fire & Rescue (NI 49 – Number of primary fires and non-fatal casualties) or social services (NI 124 – People with a long-term condition supported to be independent and in control of their condition).

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