



Response by Care & Repair England to ODPM/ DH Consultation on

## Home Improvement Agencies – Development and Reform

### 1. Preamble

- 1.1. Care & Repair England is a national charity established in 1986 to improve the housing and living conditions of older and disabled people. Its aim is to innovate, develop, promote and support housing policies and initiatives which help older and disabled people live independently in their homes for as long as they wish.
- 1.2. One of the main services which the charity has promoted as one which helps to achieve this aim of independent living, is home improvement agencies (HIAs).
- 1.3. The charity has undertaken a wide range of research projects relating to the provision of services by HIAs, including investigation into the views of HIA service users (*'Learning to Listen'*).
- 1.4. A major study of the development of ancillary services by HIAs which straddle the interests of housing, health and social care sectors (*'Making the Links'*) has been followed up with specific studies of hospital discharge services (*'On the Mend'*) and innovative services which are improving the health of HIA service users through housing based interventions (*'Healthy Homes, Healthier Lives'*).
- 1.5. It is on the basis of the above research projects and related work with older people's groups that Care & Repair England is responding to this consultation paper.
- 1.6. The particular perspective from which our response is written is from the viewpoint of service users, and potential service users, particularly low income older and disabled people living in very poor housing conditions in the private sector.

### 2. Overview

- 2.1. Care & Repair England welcomes this review as timely and necessary, given the significant policy changes that have taken place, and those which are currently being implemented.
- 2.2. The review of private sector housing renewal grants and subsequent introduction of the private sector housing renewal (PSHR) Regulatory Reform Order (RRO) fundamentally changes the landscape with regard to the role of Government in supporting poorly housed people in private sector housing.

- 2.3. Supporting People also shifts responsibility for enabling people to live independently away from a national framework of support to local commissioning, as well as moving the core funding for HIAs away from a national to a local base.
- 2.4. At the same time there has been a major national change in health and social care policy which emphasises the importance of enabling older and disabled people to live in their own homes for as long as possible. The Department of Health (DH) is understandably interested in the potential role of HIAs to support this national policy objective – this has to be a major consideration in looking to the future of HIAs.
- 2.5. Care & Repair England believes that, on the basis of the evidence to date of local service innovations by HIAs, there is potential for HIA services to develop and evolve to meet this wider agenda for housing, care and support.
- 2.6. However, this will need to be properly planned and resourced as it will require a great deal of change in some agencies. Our initial comments about the review are consequently more far reaching than the specific questions posed in the review consultation paper.

### **3. Opportunities for the Future: Core values and principles upon which to base the future HIA programme (Relates to Q1,2,3,4,7,8,9)**

- 3.1. The key factors which are often cited by service users as positive aspects of HIA services are:
- *impartial, independent* advice which people feel that they can trust
  - *personal, confidential* service which listens to the particular situation of an individual and tailors the services offered to their needs wherever possible
  - *flexible and innovative* approach with regard to how an HIA can help a person tackle a housing difficulty
- 3.2. Other factors which are positive about HIAs include their
- strong track record on targeting their services at low income, older and disabled householders who other services do not reach
  - ability in some cases to juggle conflicting demands whilst remaining the service user's agent and advocate in dealings with a wide range of other organisations
- 3.3. The pattern of growth of HIAs and the evolution of a range of models for service delivery has arisen as a result of a sequence of central government funding system decisions since 1986 and there has been only a limited definition of an HIA service to date.
- 3.4. The decision to extend funding to local authority in house agencies fundamentally shifted the balance of the distribution and nature of HIAs – a shift which has not taken place in Wales and where as a consequence there is now a more coherent sector with a Care & Repair scheme in every area (all with the same name).
- 3.5. There has been a fundamental tension in England between the desire to create a coherent national framework of HIA services which share common objectives and service standards, and the philosophy of local devolution of power to local housing authorities to define their own local service.

- 3.6. This tension remains today and it is relevant to any vision about the future of HIAs.
- 3.7. We understand and are pleased that our work on a system of HIA accreditation in 1999 is being used by Foundations to set a framework of national standards.
- 3.8. The role of HIAs is to act as agents for service users and we believe that to do so they must adhere to the key principles of independence, impartiality, confidentiality and flexibility. We would also expect that these principles to underpin the work being undertaken by Foundations on the management structures of HIAs.
- 3.9. We note that the DH has a positive record on setting national targets and standards of service and propose that similar national targets and standards are also set for HIA services.
- 3.10. The protection and enhancement of the core values and principles noted in 3.1 and 3.8 should be at the heart of the review of HIAs and should be incorporated into guidance to Supporting People commissioners.
- 3.11. Care & Repair England recommends the creation of clear national standards and principles to which all HIAs are subject. This would be in the best interests of service users and is a pre-requisite of any national efforts to raise the profile of HIAs.
- 3.12. Care & Repair England suggests that an appropriate model to apply to the creation of a coherent HIA sector is that which is used by a number of voluntary organisations, including National Association of Citizens Advice Bureaux (CABx) and Age Concern.
- 3.13. In such cases local services subscribe to a set of core values and principles, their services are developed and delivered to nationally defined high standards, but they are locally managed and funded. Through subscribing to the national body and adhering to those standards, local projects gain from the profile and status provided from a nationally recognised service. They also gain from the practical support, training and information provided by that body and can contribute to national policy development.
- 3.14. Service users gain because it is easier for them to know who to go to and what to expect from a service. A complaints and arbitration service, with the ultimate sanction of removing the permission to use an accredited logo or similar symbol may also be provided by the national body.
- 3.15. HIAs have diversified extensively into related service areas. Whilst the core values, principles and standards for the delivery of all HIA services need to be set nationally, the precise range of services to be provided by an HIA should be jointly planned and commissioned. Housing, health, supporting people and social services, in partnership with the HIA and in accordance with expressed needs and priorities of service users, should work together to define and jointly commission an agreed suite of services.

## Developing a national HIA sector and evolving management models (Q7,8,9)

- 3.16. In order to straddle the interests of housing, health and social care policy makers and commissioners at a local level in the delivery of services which are of mutual interest to all parties, it is even especially important that HIAs are seen as independent and not controlled by one particular interest group.
- 3.17. Creation of an independent HIA sector would accord with current government thinking about the future role of LAs as enablers rather than providers. It would also accord with the Governments acknowledgement of the potential for a greater role of voluntary sector providers (note HM Treasury cross cutting review ' *The Role of the Voluntary and Community Sector in Service Delivery*' Sept 2002).
- 3.18. This HIA review is also taking place at a time of upheaval in the housing association/ registered social landlord sector (HA/ RSL). The majority of HIAs are managed by RSLs, but fundamental questions are being posed within the sector as to whether this is a role which many RSLs wish to continue to play. This uncertainty must also be taken into account in any vision for the future of the HIA sector.
- 3.19. There is little mention in the consultation paper about the role of independent HIAs. Whilst acknowledging that again, for historical reasons, these are a minority of HIAs, their impact on the sector has been disproportionately large.
- 3.20. On the whole, the independent HIAs have been the key 'movers and shakers' with regard to service innovation and development. In '*Making the Links*' we identified the independent HIAs as being by far the most likely to have ancillary services which 'crossed the housing and care divide'. This study revealed that 92% of independent HIAs offered additional services, whilst only 50% of LA agencies and 60% of RSL managed agencies did so.
- 3.21. The contribution that this sector has made to the evolution of quality HIA services should be acknowledged and built on in this review.
- 3.22. One of the reasons that there are not more independent HIAs is the drive towards competitive commissioning of services during the 1990's and a lack of support for the development of independent, stand alone services which inevitably took longer to establish than the 'off the peg' models offered by existing providers.
- 3.23. Stand alone HIA services have no financial 'cushion' and are therefore vulnerable to problems caused by staff turnover, cash flow and the other problems which small businesses face. Again, there has been a lack of central support and guidance for this sector which, in our view, could be addressed by this review.
- 3.24. With a shift away from competitive tendering and a renewed emphasis on community based initiatives to tackle local problems (we note current government thinking in the field of regeneration and "tackling social inequalities"), there is once again scope for developing local, independent HIAs, incorporating a better system of national support and guidance.
- 3.25. The challenge of Regionalisation, the commissioning of services at a county level and the increasingly pivotal role of Supporting People in defining HIA services all need to be taken account of through this review.

- 3.26. Blanket imposition of countywide HIA services would clearly be inappropriate as there are very great variations between areas. However, the encouragement of more structured county or even regional Federations of HIAs, with management level staff employed by such Federations to co-ordinate contracts and service developments, would be a useful progression from the existing county initiatives.
- 3.27. This could help to address the need to retain district based services with strong local roots (especially important given new Government policy on provision of the new wide general power for district housing authorities with regard to PSHR). At the same time it would help to address problems of multiple service negotiations and duplication of effort by district level staff.
- 3.28. If HIAs are to increasingly work across sector boundaries, the issue of infrastructure costs will have to be addressed. HIAs can only meet this joint working agenda if they have the capacity to undertake this increased amount of negotiating with funders and commissioners.
- 3.29. A single tier of management responsible for all policy matters at both a county and district level would be very difficult to sustain in areas where there are many district housing authorities each with widely varying PSHR policies. Therefore, with the exception of unitary authorities, a district based agency officer will need to retain responsibility for negotiating matters of local housing policy and practice, but with active support from a county/ regional level officer who would take the lead role in negotiations with health sector planners and other commissioners who operate across district boundaries.
- 3.30. Where there is unitary authority, from a service user and commissioner perspective, it is difficult to see any reason for the existence of more than one HIA.
- 3.31. *Care & Repair England suggests that the wide power conferred on housing authorities under the Private Sector Housing Renewal Regulatory Reform Order makes it necessary for each HIA to retain a strong district level base and makes the creation of a single, county wide HIA service more difficult to envisage in most areas.***
- 3.32. *However, we do suggest that there needs to be a system of county/ regional joint representation with a single staff member employed to take the lead role on behalf of all HIAs in a county/ region in negotiations with lead commissioners, particularly in the health sector. Where the management of HIAs can be rationalised to a single agent, this person could be employed by that agent.***
- 3.33. *In many areas a consortium or federation of HIAs would need to be formed to facilitate this structure in the short to medium term. Where appropriate, this could be part of a longer term strategy to develop a independent, not for profit body to manage all of the HIAs in the county.***

## **4. Other Specific Points in the Consultation Paper**

### **4.1. Sector Profile (Q5)**

- 4.1.1. A higher profile for the sector can only be achieved if there is greater service consistency (at least around minimum standards of service) and adequate capacity. This national profile will be even harder to develop if as a result of devolution of control to a district level, the type of service which an HIA provides becomes even more variable.
- 4.1.2. Successive pieces of research into what older and disabled people want with regard to housing clearly illustrate the primary objective for most people as they age is to be able to live independently in the general housing stock for as long as possible. People want to know that they can turn to a service which they can trust to act on their behalf, in their best interests, and give them good, impartial information, advice and help with regard to resolving their housing difficulty.
- 4.1.3. Key questions are 'how do I find a good builder', 'how do I find the money to pay for the necessary work', and 'how do I know that the work which is actually necessary to the house is carried out to a proper standard'.
- 4.1.4. If the national profile for HIAs says here are services which can do all of these things, then there has to be confidence that this can be delivered at a local level – again emphasising the importance of national minimum standards.

### **4.2. Identity – Name (Q5)**

- 4.2.1. In Wales all HIAs are called Care & Repair, as are the majority in Scotland and England.
- 4.2.2. The debate about a different name has taken place ever since agencies were created, but as yet no-one has come up with a name which is so universally welcomed that it would convince people that it is worth the trouble and expense of implementing it.
- 4.2.3. Enormous costs and upheaval are involved in changing the name of a service, so there has to be an overwhelmingly strong case for such a step.
- 4.2.4. There are so many more important issues to tackle at this time that changing the name would seem to be one of the least important issues.

### **4.3. Financial Advice (Q6)**

- 4.3.1. Financial advice is pivotal to the delivery of HIA services to older and disabled people. We are very concerned about the implication in the consultation paper that this is not seen as an important role for HIAs in the future.
- 4.3.2. From the point of view of service users, the more that a single person can undertake with regard to their housing situation the better.

- 4.3.3. Taking a whole systems approach has also been a cornerstone in Government thinking on review of services to people. It is therefore entirely appropriate that a whole system approach is taken when reviewing the service provided by HIAs.
- 4.3.4. In the consultation paper there seems to be a lack of understanding of the interconnectedness of housing, social care, financial support and welfare benefits. HIAs would not be as effective at helping people to sort out their housing situation if they did not also understand the benefits framework. A valuable opportunity to help older and disabled people who are not receiving the basic incomes to which they are entitled could be lost if this is not retained as an important function of HIAs
- 4.3.5. There is clear evidence (as documented in the recent Audit Commission report) that there is massive under claiming of benefits by older people. HIA staff are in a prime position to advise people about their entitlements, thereby often leaving people better able to afford to maintain their homes.
- 4.3.6. The system of financial support for older people is becoming more complicated, rather than less, with even more means testing in the pipeline with new tax and credit systems.
- 4.3.7. The anticipated increased use of equity release also creates an even greater need for impartial financial advice on the welfare benefit implications of decisions about taking out a loan. Furthermore, any residual grants given by local authorities are likely to be targeted at those on the lowest incomes and be linked to receipt of particular benefits.
- 4.3.8. The benefits agency does not provide information about hypothetical situations (eg. what would the impact of various housing options, including taking out a loan or spending some savings, on entitlement to benefits?) Financial advisers have a very specific remit and are not welfare benefits experts. There is therefore an important role for HIAs to play in giving basic welfare benefits advice as an integral part of the service.
- 4.3.9. Whilst HIAs are not expected to be the agency which assists older and disabled people with complex benefit problems and queries, it makes more sense for them to deal with the majority of straight forward cases rather than referring on so that yet another person has to visit and go through the same questions about financial circumstances as the HIA went through to ascertain entitlement to, say, a hardship grant for a repair.
- 4.3.10. Whilst we would strongly advocate the retention of a welfare benefits advice function as part of the HIA service, we do have concerns about the suggestion that HIAs might administer equity release loans.
- 4.3.11. Such loans should be an option offered to service users by an HIA which is independent and impartial and which does not stand to gain financially by a person taking out a loan.
- 4.3.12. For HIAs to take on the role of administering loans they would have to be paid for such work as it would add significantly to their workload. Should this payment be linked to the actual loans processed, there is an incentive for the HIA

to process more loans. This could cause problems for an agency which is supposed to give independent and impartial advice.

- 4.3.13. We recommend that provision of basic welfare benefits advice should be a core function of any HIA service.

#### **4.4. Sector Capacity**

- 4.4.1. Some of the issues raised in the consultation paper as weaknesses in the current HIA sector are a consequence of under funding and limited capacity.
- 4.4.2. Capacity and profile are interlinked, and from a service user perspective, there is clearly an issue with regard to raising expectations which cannot be met within the existing capacity of HIAs, both with regard to the small size of most existing HIAs and lack of an HIA in some 60 LA areas.
- 4.4.3. There is no point in undertaking a major national profile raising exercise targeted at potential service users if HIAs are already overstretched.
- 4.4.4. With regard to the 60 LA areas which do not have an HIA, it is almost certainly the case that most of these have made the definite choice that they do not want an HIA in their area, for various reasons. Suggestions to Government that LAs should be legally obliged to provide an HIA service were strongly rejected both at the time of the 1989 and 1996 Housing Acts, and the principle of letting LAs decide what they want to provide in their area remains.
- 4.4.5. Whilst Care & Repair England would wish to see a good HIA service available to all older and disabled people, the reality on the ground is that to work effectively, the HIA has to have the full co-operation of the local housing authority. They hold ultimate power over available resources for PSHR and general housing policy, and can therefore make an HIA service virtually unworkable if they so choose.
- 4.4.6. As long as this strong local power remains, extra Government money would be wasted on areas which opposed the provision of an HIA. They would be better spent on areas which lack capacity to meet need and where the LA is fully supportive and tailors its PSHR policy accordingly.
- 4.4.7. This is also the case with regard to allocation of funds from the DH. This extra money should be prioritised for allocation to areas where each of the joint partners (housing, supporting people, health, social services) agree to a joint work programme which will be made effective through allocation of sufficient resources by those parties.
- 4.4.8. For example, a hospital discharge service will only be effective if it has access to rapid reaction funds to pay for urgent repairs and adaptations (see *On the Mend* published by Care & Repair England 2001). Commitment of PSHR funding, social services and health sector money to pay for such work to vulnerable clients homes should be a pre-requisite to DH money for an HIA hospital discharge service.

## 5. National Co-ordinating Body (Q 10, 11, 12)

- 5.1. As noted in 3.1 above, HIAs should share common principles and values based upon independence, impartiality, confidentiality and flexibility. The voluntary sector model such as that applied to Citizens Advice Bureaux (CAB) or Age Concern was proposed. This sectors' model could also be applied to the national body for HIAs.
- 5.2. The national CAB organisation (NACAB) is a democratically accountable body, funded but not controlled by central government. NACAB provides a very high level of quality control over local services and provides national policies, service models and support systems which facilitate and support local management of services. It provides excellent training for local staff in order to maintain these high standards and an information system which is also widely used by other bodies such as libraries.
- 5.3. Many other voluntary sector models exist which set national standards, sector frameworks and support local service management, including Age Concern England, Law Centres Federation and Federation of Independent Advice Centres. All could provide useful lessons for the development of the HIA sector.
- 5.4. The future national body could also provide core services to a growing independent HIA sector (in line with the suggested voluntary sector model noted above).
- 5.5. ***Care & Repair England believes that this voluntary sector framework provides an appropriate model upon which to base the future national structure of the HIA sector. ODPM could support a body such as the National Council for Voluntary Organisations to create this new, accountable HIA body in partnership with service users and providers. This national body would have the role of setting and applying national standards for HIAs, developing comprehensive support services for local HIAs and providing other services currently specified in the ODPM contract such as training, information, data collection and policy representation.***

## 6. SUMMARY

- 6.1. Care & Repair England welcomes this review as timely and necessary, given the significant policy changes that have taken place, and those which are currently being implemented.
- 6.2. The time has come for the current disparate HIA movement to develop into a more coherent sector, based on nationally agreed values and principles and working to nationally defined standards.
- 6.3. The protection and enhancement of the core service values and principles: *independence, impartiality, confidentiality and flexibility* (noted in 3.1 and 3.8) should be at the heart of the review of HIAs and should be incorporated into guidance to Supporting People commissioners. (Q1)

- 6.4. Care & Repair England recommends the creation of clear national standards and principles to which all HIAs are subject. This would be in the best interests of service users and is a pre-requisite of any national efforts to raise the profile of HIAs. **(Q1)**.
- 6.5. Care & Repair England suggests that the wide power conferred on housing authorities under the Private Sector Housing Renewal Regulatory Reform Order makes it necessary for each HIA to retain a strong district level base in order to collaborate closely with the local authority in drawing up its PSHR strategy. **(Q2)**
- 6.6. The role of HIAs is to act as agents for service users and we believe that to do so they must adhere to the key principles set out in 7.3. Whilst playing a key role in enabling local authorities to implement their PSHR policies, their primary function should not be to act as agents of that authority, but to work with the LA to help to ensure that limited resources reach those in greatest need. **(Q3)**
- 6.7. We note that the DH has a strong record on setting national targets and standards of service and propose that similar national targets and standards need to be set for HIA services if they are to play a key role in the delivery of health and social care – note 7.4 above **(Q4)**.
- 6.8. With regard to the issue of changing the name (see 5.2 above) there are so many more important issues to tackle at this time that changing the name would seem to be one of the least important issues. If it was decided that a standard name was necessary, the majority of HIAs in the UK use the name Care & Repair and hence use of this name would cause least disruption **(Q5)**.
- 6.9. Financial advice is pivotal to the delivery of HIA services to older and disabled people. We are very concerned about the implication in the consultation paper that this is not seen as an important role for HIAs in the future (see 5.3 above). From the point of view of service users, the more that a single person can undertake with regard to their housing situation the better. **(Q6)**
- 6.10. Taking a whole systems approach has also been a cornerstone in Government thinking on review of services to people. It is therefore entirely appropriate that a whole system approach is taken when reviewing the service provided by HIAs. We therefore recommend that provision of basic welfare benefits advice should be a core function of any HIA service.**(Q6)**
- 6.11. With regard to the future structure of the HIA sector, a detailed answer is given in Sections 3 and 4 above.
- 6.12. Care & Repair England suggests that a national voluntary sector model should be used to create a coherent HIA sector, such as that which is used by a number of voluntary organisations, including National Association of Citizens Advice Bureaux (CABx) and Age Concern. **(Q7)**
- 6.13. In such cases local services subscribe to a set of core values and principles, their services are developed and delivered to nationally defined high standards, but they are locally managed and funded. Through subscribing to the national body and adhering to those standards, local projects gain from the profile and status provided from a nationally recognised service. They also gain from the practical support,

training and information provided by that body and can contribute to national policy development. Also see 4.16 – 4.18. (Q7)

- 6.14. There is little mention in the consultation paper about the role of independent HIAs. Whilst acknowledging that again, for historical reasons, these are a minority of HIAs, their impact on the sector has been disproportionately large see 4.5-4.9. The contribution that this sector has made to the evolution of quality HIA services should be acknowledged and built on in this review. Creation of an independent HIA sector would accord with current government thinking about the future role of LAs as enablers rather than providers (4.2). (Q7)
- 6.15. Service users gain from a coherent national structure because it is easier for them to know who to go to and what to expect from a service. The creation of quality, cost effective, efficient HIAs which meet the primary concerns of service users should be the key factor in shaping their structure (Q8)
- 6.16. With regard to national coverage, whilst Care & Repair England would wish to see a good HIA service available to all older and disabled people, the reality on the ground is that to work effectively, the HIA has to have the full co-operation of the local housing authority. They hold ultimate power over available resources for PSHR and general housing policy, and can therefore make an HIA service virtually unworkable if they so choose.(Q9)
- 6.17. As long as this local control remains, extra Government money would be wasted on areas which opposed the provision of an HIA. (Q10)
- 6.18. With regard to the future of the national body, this is answered in 6 above.
- 6.19. Care & Repair England believes that a national voluntary sector framework provides an appropriate model upon which to base the future national structure of the HIA sector. ODPM could support a body such as the National Council for Voluntary Organisations to create this new, accountable HIA organisation in partnership with service users and providers. This national body would have the role of setting and applying national standards for HIAs, developing comprehensive support services for local HIAs and providing other services currently specified in the ODPM contract such as training, information, data collection and policy representation

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