



**Repairs on Prescription and
Healthy Homes Assessment
Training**

Evaluation

January 2001

Healthy Homes Assessment Training/Repairs on Prescription Evaluation

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Summary

Following work on poor housing conditions with community based health staff, which highlighted just how little housing conditions *were* being taken into account, Bristol Care & Repair has pursued the possibility of extending this work. The aim was to raise awareness of housing problems and their impact on health with community based health professionals.

A partnership with North Bristol NHS Trust, North West Bristol Primary Care Group and Social Services developed this year has enabled a pilot training course "Healthy Homes Assessment Training" for community based staff. to take place, backed up by a Handyperson service, provided by Bristol Care & Repair.

If health inequalities are to be tackled, a full assessment of a person's needs will be necessary to get at the root causes of ill health. Unsafe, cold, damp and inaccessible homes have a major impact on a person's health, particularly those made vulnerable by old age and disability. It would seem that despite housing being on the agenda for some time in relation to health, it has still not been properly addressed in the planning and provision of health services for older people. The challenge now is for agencies to work together and develop new methods of recognising and tackling poor housing conditions.

The Repairs on Prescription Handyperson Service and the Healthy Homes Assessment Training, working in tandem, have provided a practical and effective method of enabling community based health and social care professionals to do just that. Without the back up service of the Handyperson Scheme, the Healthy Homes Assessment Training would have been of limited value to the participants and their clients.

"We can provide a better quality of OT service because this service gives us access to new resources"
Occupational Therapist

Given the range of backgrounds from which participants were drawn, the pilot has offered an important opportunity for a multidisciplinary focus around a crucial new issue – housing, and to explore its effect on health for older and disabled people.

Key Recommendations

- Healthy Homes Assessment Training should be funded in conjunction with a back up Handy person type service and these resources should be made available to community based health and social care professionals encountering poor, unsafe and inaccessible housing.
- This joint initiative can provide a successful model for partnership working aimed at tackling the broader environment in relation to health inequality in the city of Bristol.
- Further research is needed to learn more about the cause of falls and accidents in the home, and which housing problems should be tackled as a priority in preserving good health.

Introduction

The joint projects Healthy Homes Assessment Training and Repairs on Prescription have been launched at a time when health in communities and the longer term needs of older people are at the forefront of people's minds. How in the future are we to manage the increasing numbers of older people in our communities and address their needs. How will the increasing demands be met, and who is going to foot the bill.

The evidence tells us that despite the great advances in medicine, inequalities in health continue to grow and those most disadvantaged are still more likely to suffer from ill health. How are these inequalities really to be tackled and who is going to do it?

A previous pilot project at Bristol Care & Repair with health visitors highlighted just how little housing issues were taken into account in their every day work. The project, which was funded via the Inner City Lifeline SRB Programme, also showed that training to raise awareness of housing issues on its own was ineffective. For the work to make a real difference, it needed the back up of a practical service that could actually deal with housing issues such as disrepair and adaptations.

“Usually the focus of our visits would be on therapeutic work with the client. The visit with the trainer refocused discussions onto housing issues” OT

There is now a recognition that broadening the basis on which health and social care professionals consider the health needs of their clients is essential if health is to improve overall and inequalities in health addressed. The whole environment in which a person lives affects their health and for older and

disabled people, who spend increasing amounts of time at home, the state of their home environment is key to maintaining their good health and minimising risk. For example ensuring a person is living in an accessible and well maintained home reduces the risk of accidents, the deterioration of health through respiratory illness and aids mobility, so that someone can use all the facilities in the home safely, rather than being confined to only one floor or room.

Many older people are on low incomes and cannot tackle their housing problems alone, because of poverty, frailty, disability, lack of confidence and a lack of knowledge about what is available. In Bristol more than 17,000 homes are unfit, with damp, poor heating, structural defects and missing amenities. 75% of these homes are occupied by older people who are least able to prevent their homes falling into disrepair.

The costs to Health and Social care of poor housing are estimated at around £2 billion per year.

Health and Social Care Professionals based in the Community are ideally placed, when visiting people in their homes, to take a broader look at the environmental factors affecting a persons health, including their housing conditions. Key staff in Health Authorities and Social Services have had the task of promoting better joint working, both between the statutory services and the voluntary and private sectors. A partnership between Bristol Care & Repair, North Bristol NHS Trust, North West Bristol Primary Care Group and Social Services has enabled the Repairs On Prescription and Healthy Homes Assessment Training for health and social care staff to be piloted in Bristol.

This Evaluation shows that the results are extremely positive and that the pilot can provide the basis for further joint working as a means of tackling health inequalities in our community.

“It was great to be able to just call the Handyperson scheme. They sorted out the job so quickly, it was great. The client is absolutely delighted with the work.”
Physiotherapist

The fact that the vast majority of older people want to remain in their own homes provides a clear starting point for those agencies that care for them. Bristol Care & Repair has been tackling people’s housing needs for 14 years in the city and has witnessed the impact that even a small repair to a persons home can have. The benefits to people’s on-going health and independence are obvious. Falls are prevented, mobility and access to facilities are improved, the risk of fire through dangerous electrics and appliances are spotted early on, burglaries are avoided, respiratory problems are minimised by tackling damp and condensation.

However, for most older people, getting a small repair done can present a real difficulty. They feel themselves to be, and are, vulnerable when it comes to finding the help they need. Many have had bad experiences in the past and are wary of having trades people in their homes. It is common for people to

put up with problems in the home for long periods of time and make do rather than risk having an unknown person in their home that might charge the earth for a small repair. They call for help when things have reached crisis point, when they become ill and are unable to cope, or are admitted to hospital and cannot be discharged.

This project has demonstrated without doubt the enormous benefits that can be felt by older people in the community when agencies work together, and combine their strengths.

The Project

Funding for the pilot – “Healthy Homes Assessment” training programme was provided through North Bristol NHS Trust aimed at raising awareness of the links between health and housing. Participants were invited from community based staff from a range of disciplines.

The project was backed up directly with the Repairs on Prescription Project, launched in May and funded by the NW Primary Care Group and Bristol Social Services. The Repairs on Prescription currently involves the services of a part time Handyman who carries out minor repairs, adaptations and security work at the request of community based staff.

The main objectives for the Healthy Homes Assessment Training were to:

1. Enable community based staff to look at aspects of poor housing and take proactive steps to minimise risks.
2. Facilitate a closer working relationship between health and housing agencies, in this case, Care & Repair, through simplified referral mechanisms.
3. Improve Service Users health by addressing poor or inaccessible housing.

The training programme had three main parts:

1. A morning course to raise awareness of housing issues and their impact on health and to introduce the Handyman Scheme to which participants could make referrals.
2. A follow up joint visit with the trainer and participant. Participants were asked to arrange a visit with one of their service users. The purpose of the visit was to assist the participant in identifying housing needs that could be having an impact on the persons health and looking at possible solutions. Visits were left fairly unstructured with an emphasis on enabling the participant rather than the trainer carrying out the Healthy Homes Assessment themselves.

3. Follow up Seminar to review people's experiences of the scheme to date. People were invited to give feedback and make further suggestions for improvements, mention any difficulties they had experienced with referrals etc.

Participants were are all community based staff and included:

- Occupational Therapists
- Social Workers
- Community Rehabilitation Workers
- District Nurses
- Physiotherapists

The Evaluation

To determine the effectiveness of the project, the Researcher observed the morning course and 3 follow up visits arranged with participants. Four interviews were carried out with participants, 3 of whom had had follow up visits with the trainers. A follow up Seminar was arranged, giving participants a final opportunity to give feedback. Those who were unable to attend were asked to comment by post.

Findings

Training and Raising Awareness

The level of awareness relating to housing issues and their possible impact on health varied greatly between individuals on the course. With the exception of Occupational Therapists, assessing the broader environment in the home was not considered as a matter of course, but rather on a more ad hoc basis. Participants commented that if a housing problem was particularly glaring or dangerous, they might speak to the client about it and ask them to arrange for repairs to be made.

"If something shouts out at me as being unsafe, then I would ask the patient about it and see if they could afford to do anything about it."

There was a visible shift in people's awareness during the morning course, in relation to housing issues. Two case studies were used to stimulate discussion and gave participants the opportunity to share experiences and ideas. (See Appendix 1)

Even those participants who came to the course with a relatively high level of awareness felt they had learnt something new in the morning . The course had helped to re-stimulate their appreciation of housing issues. The two Occupational Therapists who were interviewed both felt that they had

contributed a great deal to the course, and that this had been very satisfying experience.

“This was the most valuable thing I have been to in a long time – you never stop learning”

Who tackles the housing problems now?

“There are some situations that are just impossible to sort out. For example a man being released from hospital with no next of kin. What can we do to help sort things out at home for him?”
District Nurse

Participants also commented that although they were aware to some extent of some of the hazards to health in people’s homes, there was little they could do about it, other than make the client aware. Even if they asked the client to arrange for repairs, this would very often not happen and so the problem would often actually get worse. A degree of inertia had set in with staff, partly due to the actual and perceived lack of back up or services to tackle those housing problems which did arise.

People felt that it wasn’t necessarily always a lack of money that prevented older people from getting trades people in to make repairs etc. But rather the lack of trust, bad experiences in the past and often just not knowing what to do or how to go about getting help. This was particularly true for clients suffering from mental health problems, depression and anxiety.

Although certain adaptations could be organised through OTs or Social Services, there were a range of other housing related problems, such as damp, poor heating and insulation, disrepair, changing light bulbs, leaking taps, which they could not get involved with. Some of the participants appeared to have no clear idea of what they might do or had done in the past to tackle disrepair and poor access, suggesting that they had not gone into much detail previously when repairs or housing issues had come up

It was also commented that there were often delays in getting even minor adaptations installed, leaving clients at risk. Some participants were concerned about raising expectations with clients, when there was little time enough to carry out their core tasks, let alone get involved in sorting out housing problems.

When asked to identify common problems, participants agreed that cold and damp, security and poor mobility were the four most obvious problems related to health. However, it was also clear that each case might bring up different issues entirely, depending on the individual client’s needs and this was demonstrated during the follow up visits with clients.

The problem of resources and help to carry out repairs appeared to be tackled when the Handyperson Manager arrived. This was the most energetic part of the morning as participants could see definite possibilities opening up.

Follow up visits

Community based staff are ideally placed to be making an assessment of housing needs. They have access to people's homes and are in a position to build up a trusting relationship with clients. Participants felt that this relationship was key to opening up the services of another agency like Care & Repair to clients.

The visits were not taken up by all staff, but those that did opt for this were pleased with the results and felt it took their understanding a stage further in a real setting. It appeared that a more informal discussion between the trainer, professional and service user was more likely to produce information on the persons housing needs. Direct questions about housing were often met with a blank response and/or were "over suggestive."

It was clear that the emphasis had to be on allowing the client to identify important areas for themselves, as there was no way of anticipating all the particular needs that an individual might have.

The Handyperson Service

Referrals that were made to the Handyperson scheme had been successful and clients delighted with the work. Professionals making referrals did not identify any difficulty in making referrals. In addition to getting the job done, clients had commented on the speed, efficiency and caring attitude of staff. Participants commented that this was key to the success of the scheme as many clients were wary of having new people in their homes and often had had bad experiences with workmen/craftspeople in the past.

A positive experience with the Handyperson meant that clients would feel able to take up the services of Care & Repair themselves at a later stage. This is consistent with the experience of Care & Repair in that clients often remain with the organisation over a period of years, asking for further help as and when they need it.

The Handyperson scheme was popular with participants because of its speed, simplicity and flexibility. There were few restrictions on what the service could provide in the way of assistance with the minimum of bureaucracy and delay.

Referrals to the Handyperson service were varied and involved small repairs, adaptations and security jobs that improve health and safety in the home for older and disabled people. Work involves all aspects of carpentry, plumbing, roofing, security and minor adaptations. For example:

Mrs T suffers from osteoporosis and is severely disabled by the condition. She uses a frame, sticks and had been crawling on hands and knees to get upstairs. A carpet runner was dangerously loose and liable to cause a fall. A Handyperson fixed the problem and made the stairs safe.

Mrs B had had a number of falls and did not like using the frame, as this meant she could not gain access to the garden. despite the Occupational Therapist showing her how to use the frame safely. To prevent any further falls, a Handyperson responded quickly and installed a ramp and handrail to the garden so that Mrs B could gain safe access using the frame.

The scheme is now receiving on average 16 jobs each week. Since the scheme started the Handyperson has carried out 128 jobs. A part time Handyperson, Sarah Youde was appointed in May 2000 to cover the North West area of Bristol. Referrals have been increasing on a weekly basis as knowledge of the scheme has been increased.

General Observations

One of the outcomes of the training was that many of those attending them returned to their teams to “spread the word”. All those interviewed after the course said that they had reported back to their teams. One interviewee suggested that they might now have a regular slot on housing issues in the regular team meeting. Many of those attending the second workshop on October 20th came from the same teams as those attending the first? The second workshop was overbooked by almost 10 people which would suggest which was a sign of positive feedback getting around.

“It was good to meet in small groups with people who were not just nurses, rather than us just ‘talking shop’.”
District Nurse

Everyone commented that they had gained a great deal from meeting people in their area from other services. The multidisciplinary mix appeared to stimulate the discussions, enabling participants to share different perspectives and potential solutions. However the focus here was around a new issue – housing which, in any other multidisciplinary setting, might be given a low priority.

Conclusions

If poor housing is to be tackled as a way to improving health, community based staff need to have access to the necessary information and services. The responsibility for looking at housing issues needs to shift towards community based staff who are ideally placed to identify these needs.

There is little doubt that the Healthy Homes Assessment Training combined with the practical back up of the Handyperson Scheme is providing health and social care professionals with the resources they need to be effective. It would seem that no matter how much housing is mentioned as a key factor in improving health, there is a “mental block” when it comes to tackling the issue head on. This initiative provided a very practical “package” to community based staff, enabling them to really deliver fast and effective solutions to service users.

Bristol Care & Repair is ideally placed to provide the service, as an independent agency with years of expertise in promoting safe, warm and secure homes. The organisation's independence is key to the success of the partnership: its flexibility and speed adds value to the statutory services. This independence is particularly important in cases where a person's safety is clearly at risk and prevention to hospital or residential care could be avoided with swift action. The organisation can bypass some of the delays and bureaucracy associated with some of the larger services and for example, a housing grant or charitable funding accessed at short notice using established links and contacts. Adaptations will prevent falls, temporary heating can be provided to prevent hypothermia, condemned and dangerous electrics can be replaced, boilers and hot water systems fixed and temporary heating installed.

The way in which this type of joint working can succeed has been clearly demonstrated by the Hospital Discharge and Admission Prevention Project based at Care & Repair. Funded by Social Services, this scheme is now assisting over 200 people a year. The project aims to free up hospital beds and reduce waiting lists by tackling some of the causes of delayed discharge and 'avoidable' admissions. The scheme addresses housing and other problems for elderly and vulnerable people which present a serious health or safety risk. The team install adaptations for safe access, arrange for dangerous wiring and appliances, hot and heating systems to be fixed, make emergency repairs, all of which can prevent someone being admitted to hospital or residential care.

It seems likely that as knowledge of the Handyperson scheme spreads amongst community based staff, it will be eagerly taken up and this will have future implications for the funding of the service.

The training helped to bring to the forefront the need for staff to be looking at the broader environmental issues affecting health. It also introduced a level of formality into an area which previously had been carried out on an ad hoc basis, and depended rather on the individual concerned.

There is currently no such scheme provided for those living in council or housing association property. This was seen as a major drawback for many of those being seen by community based staff, particularly as some of the most disadvantaged groups were living in public rented housing. Some participants commented that they were now seeing people who had bought under the right to buy scheme, and now some years later found they could not afford the costs of repairs. This issue would benefit from further investigation, for discussion at a later stage.

The benefits for clients are not only in having the repairs or adaptations made, but also in the longer term it gives people the confidence and knowledge to tackle problems themselves at a later date.

Recommendations

1. Healthy Homes Assessment Training should be provided for all community based staff including the option of follow up visits and be a formal part of their training to prepare them for work in the community. The emphasis needs to be in enabling community staff to identify and follow up housing problems themselves. Integrating Healthy Homes Assessment ideas and principles into their existing work (rather than making any kind of separate assessment).
2. There needs to be a back up service for staff, wherever funding allows for it, in the form of a dedicated Handyperson type service that can respond quickly and flexibly to requests for help.
3. This model for partnership working “on the ground” could be replicated in other areas of Bristol to the benefit of older people.
4. The training should continue with a multidisciplinary audience and include staff from across all sectors and services working in their area and include community psychiatric nurses. Those who have a role in staff training should also attend in order to maximise the numbers of people benefiting from the project.
5. There needs to be a recognition that following training, if front line staff are to be effective in addressing housing problems relating to health, they will also need management support. This might mean, for example, a recognition that engaging in preventative housing related problems will need more time allocated for each service user.
6. Priority needs to be given to those who are most vulnerable to falls, accidents or ill health as a result of poor housing conditions.
7. More research is needed with those who have been admitted to hospital or residential care to provide further information on the causes of falls and accidents and how these admissions could be avoided through preventative work with community based staff. This would provide direct information on the potential savings to health and social services.
8. Further research should be carried out to establish which are the most important housing problems to address in order to prevent accidents, falls and ill health.
9. Consideration should be given to Bristol City Council Neighbourhood and Housing Services entering into a partnership with health and independent agencies like Care & Repair to provide similar services to council tenants with severe health and mobility problems and vulnerable to being admitted to hospital or residential care as a result.

10. Where staff are unable to arrange follow up visits, a video and/or role play on the training course would help to demonstrate a new way of working.

Case Studies

1. A District Nurse based in Shirehampton contacted the Handyperson Scheme requesting that they tackle a special adaptation. The Handyperson succeed in “inventing” a new device to support a clients legs whilst resting in bed. The adaptation was not available from any of the existing suppliers and meant that the client was able to continue living at home.
2. Following a stay in Hospital, Mrs A is still housebound at her home in Lawrence Weston. She is unable to walk and feeling extremely vulnerable and needed to leave a key by an open window for health professionals and others visiting her. After a joint visit with the Repairs on Prescription Co-ordinator, the OT made a referral to the Handyperson service who came the following day, installing a key safe and window locks. The client was delighted with the work, and despite having been worried of having the Handyperson in her home, said that she had felt safe and found the person very reassuring.
3. Mr O living in Shirehampton recently suffered a stroke and now has severely restricted mobility. A physiotherapist contacted the scheme and the Handyperson has now installed handrails throughout his home, including outside, giving Mr O access to the garden. Mr O is more confident about having people around now and has already contacted the Handyperson Scheme himself since the referral.
4. Mr and Mrs W, both in their 70s asked us to provide them with adaptations to allow safe access to their home as Mrs M was suffering from increasing mobility problems. Finding that the clients were having difficulty with steep steps at the back and front of their home, extra steps were constructed to reduce the height of existing ones and grab rails were fitted for safety. A handrail was also installed on the stairs to allow access to the bedroom and bathroom.
5. Mrs N, who is in her 80s and lives alone, was being discharged from hospital following an operation caused from a fire at her home. Her mobility was impaired and she was unable to climb the stairs to use her toilet. She had an outside toilet attached to the house, but gaining access required a step down and step up manoeuvre which was not possible using a walking frame. The handyperson constructed a block and slab platform eliminating the steps and allowing access to the toilet. Whilst at the house both the front and back doors were eased to aid opening and closing.

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