



## Safe at Home: A preventive handyman service in Devon

This case study showcases a successful handyman scheme in Devon. It describes how the scheme was established and its subsequent evolution in the face of changes in the organisational and financial landscape. A range of Evaluation data are included to demonstrate the value of the scheme in promoting independence and reducing risks at home for older people and children and families across the community. Publication of this case study follows the launch of the national evaluation of the government funded handyman programme by York Health Economics Consortium and the Centre for Housing Policy at the University of York. <sup>i</sup>

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## Background

Devon is the 4<sup>th</sup> largest of the English counties, with a population of 705,880 (2001 Census). The population mainly comprises a few large settlements, centred on 28 market towns and coastal towns and the city of Exeter, with over 50% living in rural areas. Access and social isolation, especially among an ageing population, are major factors for maintaining health and wellbeing as identified in the recent 'Devon Rural Health & Wellbeing Strategy' (NHS Devon, 2010).

At the 2001 census 147,823 (21.0%) of the Devon population were aged 65 or older and 20,953 (3.0%) were aged 85 or older. The projection for 2031 is 868,606, of which 249,886 (28.9%) will be 65 or older and 45,966 (5.3%) will be 85 or older. The biggest rises will be seen in the number of 65–85 year olds, which will rise by more than 60% by 2031, and the number of people aged 85 and older (119%).

Alongside the increase in the older population it is estimated that in 2010 there were around 14,200 people aged 18 plus living with a learning disability in Devon, of which just over 2,800 have a severe disability. Estimates for people living with a physical disability, aged between 18 to 64, show just over 37,400 living with a moderate physical disability and over 11,500 with a severe physical disability, producing a combined total of over 48,900 people. There is a commitment from the County Council's Adult Social Care department to ensure wherever possible that people with physical disabilities should be enabled to live as independently as they can, preferably in their own homes.

The longer-term impacts of these demographic changes in Devon are likely to include increased demand for health services, care facilities and services, and public/community transport. Also of relevance is the county's dispersed settlement pattern and the challenges that this presents for service delivery. This anticipated shift in the age-structure of Devon's population in the next few years will have an effect on Devon's care burden markedly higher than that which would be associated with a simple rise in population. The numbers of people with limiting long-term conditions and with dementia are predicted to grow rapidly and imply marked rises in the level of dependency within the population. Devon's commitment to also enabling Carers to be supported to maintain their caring role and have a life outside of their caring responsibilities is outlined in the recent Strategy - 'Carers at the heart of 21<sup>st</sup>-century families and communities in Devon'.

The County Council has worked with local communities to understand local needs, leading to the identification of the following Devon Older People's priorities through the 'Ageing Well in Devon Strategy'.

- Making a positive contribution
- Making the Third Age a positive opportunity
- Having financial stability and security
- Having an accessible environment and good accessibility to all aspects of community life
- Physical, mental and emotional health and wellbeing

Achieving these aims is based on an overarching goal to promote independence and control for people who use services. A range of broad strategies have been put in place, including commissioning innovative preventative services, adopting preventative approaches, using

new technologies, providing a range of housing and care options. Work has also been undertaken to look at housing conditions and health impact.

Nationally each year 4,000 people in the UK die following an injury in the home. One third of all adult injuries take place in the home and one older person dies as a result of a fall every five hours in England <sup>iii</sup>. As part of the Devon strategic approach an increasing focus of the joint Health and Social Care work will seek to reduce the number of falls and home based injuries which older people suffer which have an impact on older people's independence and their ability to 'age well'.

At the other end of the life course, each year almost a million children under 15 attend hospital following injury in the home and three die every week. Injury rates for children in the lowest social class group are more than three times those of children in the highest social class (BMA 2003) Locally the 'Preventing Unintentional Injuries to Children and Young People in Devon strategy (Public Health, NHS Devon 2009) provides an overview of the impact in this area. This also reinforces the national picture which shows that a disproportionate burden of injuries from falls and fires is with children aged less than five years.

### **The Development of the Handyperson Service in Devon**

In 2006 a Partnership agreement provided a 5 year Home Improvement Agency (HIA) contract. This contract provided 7 service elements, which included separate home safety assessment and handyperson services. However, after a period of time some disadvantages of this approach were identified, including a cumbersome and long application process together with a reliance on professional referrals. As a result, the service was reviewed and the scope broadened to achieve better integration with other core services in Devon, particularly Police, Fire and Rescue and local organisations. Fortunately, 2 years funding was secured from the Department for Communities and Local Government (DCLG) original handyperson scheme. A bid for DCLG enhanced funding was unsuccessful, but sufficient funds to continue the scheme were identified, by combining an underspend from year 2 of the DCLG monies with new funds from NHS Devon. Any underspend was rolled forward into years 2 and 3.

This led to the development in Devon of a combined Home Safety Assessment and Handyperson Service called 'Safe at Home'. The aims of this service are to:

- Provide handyperson help at home, accessed and delivered at a local level;
- Promote the service using local third sector organisations that are aware of and able to engage with vulnerable people in the community;
- Explore how one key element, a three part Home Safety Assessment that includes fire safety and security (currently commissioned through the HIA contract), as well as general wellbeing elements, can be embedded in the new process and uptake increased;
- Encourage supported self-assessment as a mechanism for increasing HSA/HP uptake and promotes choice and individual responsibility;
- Explore how a remodelled service can be used to identify clients at an early stage and before a crisis point is reached, through a better understanding of trigger events and predictive modelling;

- Ensure families, carers and local communities are aware of services and that there is an easy access route to provide support when needed;
- Extend the eligibility for a free service to other high risk groups using new CLG funding;
- Provide robust monitoring information to enable the partnership to evaluate the benefits of the service to people and the efficiency of the delivery mechanism;
- And to develop a voucher scheme for use of Handyperson time, based on the successful Carers Take a Break scheme.

Plans for future development include close working with the local Primary Care Trust's Joint Strategic Needs Assessment process, identifying opportunities to develop the service as part of the emerging Devon Health and Well Being Strategy.<sup>iv</sup> In addition, the use of MOSAIC profiling through Public Health and the Local Authority will provide a refined approach to targeting the service.<sup>v</sup>

### **Eligibility and Referrals**

The scheme aims to work with local organisations that are able to identify vulnerable people and refer them to the Safe at Home Service. The service agreement provides the following definition:

*Carers, parents or families with young children who may be vulnerable, as well as 'those aged 18 and over who are or may be in need of community care services by reason of mental or other disability, age or illness; and who are or may be unable to take care of themselves, or to protect themselves against significant harm or exploitation'.*

The service also focuses on *older vulnerable people who fall or are at risk of falling*, as determined by a range of criteria agreed through national guidance as provided by NICE. In practice a flexible approach to referral is taken, which includes consideration of the criteria adopted by the referring organisation. More focused targeting might be required in future if funding pressures so dictate. The service is available to people across all tenures, although maintenance tasks that are the responsibility of the local authority or registered social landlord will not be undertaken as part of the scheme.

At the beginning of the pilot programme the main source of referrals was through the 'Carers' Health and Well Being Check' national pilot programme, as supported by the Department of Health. Following this comprehensive health and wellbeing check, which included home safety questions, home hazard and/or safety issues were identified and a Safe at Home voucher was issued. The status of Devon as a demonstrator site for Carers' Health and Wellbeing Checks was an advantage in this respect because a structured interview and referral process had been established locally, which Safe at Home could use. The voucher approach was adopted to fall in line with the established and well received local Devon "Take a Break" voucher scheme. This reinforced the ability to provide a preventative service, enable easy access and avoid a lengthy assessment process.

The second route for referrals was through the Devon Association of Councils for Voluntary Services. This allowed voluntary organisations that had direct contact with vulnerable people to refer to the service directly. This included Sure Start Children's' Centres, self referrals and

Devon Care Direct. The Safe at Home Service was deliberately developed slowly to monitor the take up and to ensure appropriate Handyperson capacity was available across the county. The original aim was to receive 200 referrals a month.

## **Delivering the Service**

The initial scoping work evolved from the partnership review of the HIA contract consisting of seven service elements, two of which were Home Safety Assessment and Handyperson. A key part of this review was to strengthen the development of a combined approach to risk reduction in Devon homes through Devon and Somerset Fire and Rescue Service (DSFRS) and Devon and Cornwall Police (DCP). A key benefit of this approach was the ability to bring together the assessment element with the risk reduction work in a one stop service from the Handyperson.

The service referral hub and administration for the service voucher scheme was initially co-located with the Take a Break and Carers Support Centre at Westbank Healthy Living Centre in Exeter. The scheme was delivered under the Home Improvement Agency contract with Devon Care and Repair (DCR) and run on a payment by results basis, based on a fixed price per home safety assessment (1/2 hour), and up to 2 hours of Handyperson time together with the cost of any materials. DCR operated a computerised system for tracking costs and performance as part of the contract. All handypersons were employed by DCR with the necessary health and safety measures in place and supported by relevant training programme, incorporating input from both DSFRS and DCP.

The scheme operates on the basis of a single visit by a handyperson. This appointment is arranged by administration staff over the telephone, a process that includes an initial triage to identify key risk areas using the Devon Home Safety Assessment form and consent statement (See Appendix). Primary risks are identified within the following categories:

- Fire;
- Security;
- Hazard reduction (slips, trips and falls);
- General safety/comfort measures;
- Children's accident prevention;
- Repairs.

Based on the home safety assessment undertaken by the Handyperson with the service user/carer/family, an action plan is agreed with the householder and the priority jobs are carried out on site by the Handyperson within the 2 free hours of allocated time. Actions are listed under four headings: Fire, Security, General Safety, and Other Tasks. The focus of the Handyperson visit is on minimising the highest priority hazards, after which minor home safety work can be undertaken as agreed on the action sheet within the 2 hour period.

Actions carried out under the scheme include:

- Fitting smoke alarms, grab rails, stair gates window locks and fire guards;
- Installing key safes;
- Replacing light bulbs;

- Moving small items of furniture;
- Putting up shelves;
- Unblocking sinks and replacing tap washers;
- Small repairs to paths and steps.

The agreed Action Sheet enables a DCR job sheet to be completed by the handyperson to record what was done and to allow invoicing. A copy of the sheet is left with the customer. If desired, the service user can purchase additional Handyperson services from the provider at current rates. Where other needs have been identified during the assessment process, DCR is also able to signpost the service user to other services where appropriate. These include Devon and Somerset Fire and Rescue Services, Devon and Cornwall Police and Devon Care Direct.

## Service Developments

The DCLG funding for the scheme came to an end in 2011, at which point the scheme had been running for 18 months. Attempts to utilise some of the housing strategy funds to continue the scheme were unsuccessful due to other funding pressures. However, the new Safe at Home Service now sits within the re-commissioned HIA contract, supported by local Public Health funding. Resourcing is at a lower level than before, with a target of 100 referrals a month. Due to a slow start up not all of the original DCLG funding was used and an application to roll this forward was successful.

After the 2 year funding allocation ended a service review was undertaken. The new Safe at Home service has been complemented by the development of a *housing options* element delivered by the HIA, which includes undertaking an assessment using a *Housing Options for Older People* tool and linking to any local housing options services run by district councils. At the same time, the Carers' Health & Wellbeing Checks pilot has come to an end in Devon. A countywide tender is underway for the provision of carer support, which will include Carer health and wellbeing checks, and in the meantime some GP practices are continuing with the programme because of the value they place on the scheme.

Update: The new Carers contract has been awarded and will commence in October/November. HWBC checks are continuing and some additional funding has been identified for Safe at Home to ensure that the ongoing benefit for Carers can be delivered.

The new Safe at Home scheme is being administered by Devon Care and Repair (DCR), using their established accredited local handypersons. With the review of the overall HIA contract the wider handyperson scheme, which was partially subsidised by the HIA partnership funding, has closed due to spending cuts. It is believed that the revised Safe at Home Service provides a simpler access route, which is better for service users as well as being more cost effective.

The Safe at Home Service sits within the Home Improvement Agency (HIA) contract and is monitored by the HIA service monitoring and development board. Monthly reporting includes the number of jobs carried out, details of referrals including costs, tenure of service users, handyperson activity, details of signposting and timescale to completion. Service commissioners take an active role in helping to promote, refine and improve the service to reflect local needs.

## Customer feedback: How people experience the service

Mrs J was referred to the scheme after hearing about it at a local event; she had an over-bath shower but felt she was not entirely safe getting in/out. She told us:

*“Mr J arrived bang on time yesterday and promptly fitted grab rails etc. He also checked my home for potential safety issues – this made me aware of little things I could do in a less haphazard way. Thank you again and to your ladies who man the phone.*

*PS Great to get in and out of the bath with aid of a well placed grab rail.”*

After the service had visited her daughter, Mrs D wrote:

*“My daughter is learning disabled (and in supported living) so much of her time at her home is spent on her own. It has given me much peace of mind having had her flat assessed for safety and having the spy hole installed and the carbon monoxide alarm fitted.”*

Mr R is 82 and lives alone, his family are living abroad:

*“I am still able to carry on looking after myself and hoping to be able for many years to come. And it is thanks to organisations like yours that people like me can.”*

## Service Evaluation

A range of data is collected in order to evaluate all aspects of the service.

### Source of referrals

Self-referral: . . . . .	40%
Health and Wellbeing Check: . . . . .	37%
Devon Care & Repair: . . . . .	7%
Adult Care Services . . . . .	5%
Family: . . . . .	3%
Other statutory and voluntary agencies: . . .	4%
Supported Housing providers: . . . . .	1%
Other: . . . . .	3%

### Profile of service users

75% Female: 25% Male

Physically Disabled: . . . . .	39%
Dementia: . . . . .	2%
Hearing Impairment: . . . . .	1%
Learning Disabilities: . . . . .	1%
Visually Impaired: . . . . .	4%
Frail older people: . . . . .	10%

Mental Health Needs: . . . . . 3%  
Not known / recorded: . . . . . 35%  
Other unspecified: . . . . . 5%

### **Risk Profile**

Fire safety: . . . . . 1,309 items  
Falls prevention: . . . . . 738 items  
Security measures: . . . . . 354 items  
General hazard reduction: . . . . . 423 items  
Children’s accident prevention: . . . 69 items

### **Service Performance**

A range of statistics is routinely collected by Devon County Council in order to inform service monitoring and development processes.

1,439 people were referred to the scheme in the first year – of these 190 did not take up the service.

1,249 people received a service with an average of 2.3 items provided per intervention.

Cost per client: £96 (not including referral hub used in the first year)

Delivery Timescales (average over the year): 59% provided within 4 weeks.

### **Signposting activity**

A key element of the service is directing customers to other appropriate sources of support and information. The following figures identify the main services to which customers were directed, as a percentage of the total number of people requiring further help.

- Social Care Services - 20%
- Devon and Cornwall Police – 27% (enhanced security advice)
- Devon and Somerset Fire Services – 20% (enhanced fire risk advice)
- Devon Care and Repair Services and Housing Authority measures – 33% (repairs and improvements)

### **Additional Service Outcomes**

Identifying the broad service outcomes as well as monitoring performance is crucial to assessing the effectiveness of the service, both in terms of improving independence and quality of life for customers and reducing the need to access other services, such as hospital and residential care. A range of statistical and anecdotal evidence suggests that the Safe at Home service leads to the following positive outcomes.



#### (a) Preventative benefits

Uncosted benefits include improved well-being, a reduction in fuel poverty, improved confidence, and better access to other appropriate services. The DCLG Handyperson Financial Benefits toolkit was run in the first year based on predictive job numbers. It will be re-run with more accurate data in 2011/12. The toolkit uses a range of evidence to help put together a case for the future funding of handyperson services locally. More information can be found at [www.communities.gov.uk/publications/housing/financialbenefitstoolkit](http://www.communities.gov.uk/publications/housing/financialbenefitstoolkit)

#### (b) Skills Development/Training

Handypersons were given training on conducting the assessment survey using Technical Officer input and specialist input from the Fire and Police Services. They were also trained in using the simple recording pro-formas which had been developed to minimise bureaucracy. This involved recording the survey, agreeing the action plan and recording tasks undertaken. A basic awareness of other agency services available within Devon was also a training component.

#### (c) Benefits for partner agencies

- Avoids duplication of assessment (Fire and Police)
- Prevents falls
- Prevents unintentional injuries to children
- Ease of access to low cost targeted, preventative service (avoids formal assessment process)
- Reduces incidence/costs of fires and burglaries

### **Conclusions and key learning points**

This case study showcases an excellent example of how housing-based preventative services can improve quality of life for older people and reduce risks to children and families, while also reducing the costs to health and social care communities. Experience gained in setting up and running the service so far indicate a range of useful learning points, including the following:

#### *1. Setting up the service.*

- It is important to link services like Safe at Home to a comprehensive strategy for older people and families based on local needs. This provides an invaluable mechanism for shaping the development of integrated services and can be an effective lever for funding.
- Consult widely and allow sufficient start up time to take all partners with you, even if they are not contributing any funds into the scheme. Introducing new business delivery concepts and changing processes takes time for operational teams and potential referrers to accept and engage with.
- Partnership is a key feature of this service. By addressing the priorities of multiple stakeholders (the County Council, the NHS, the Police, Fire and Rescue, the Council for Voluntary Services) the scheme has been able to draw on expertise and resources from several organisations.

## 2. *Service Delivery*

- Maximise opportunities for preventative action, particularly in relation to falls prevention, these can be missed when staff focus on immediate resolution but may not identify the cause or contributory factors and act on them. <sup>vi vii</sup>
- Prevention and early intervention awareness takes time to imbed into health and social care practice and needs to be reinforced at every opportunity to maintain referrals.
- Identify ways to engage the person with the process of assessment and support informed self-management as part of the personal responsibility for managing risk. <sup>viii ix</sup> Reducing risks requires a cultural shift which is harder to achieve than “jobs done” for them. The Action Plan identifies the jobs to be done as well as things that the person has an individual responsibility for. Agreeing what actions are a priority for the person is done on the visit and recorded simply, using low tech methods. i.e. a self-carbonating form rather than laptop and printer!
- Strengthen your links through effective day to day communication with partners including Public Health, Fire, Police and Voluntary sector services and the Provider.
- Environmental risks and house condition are not always seen as the domain of concern for health and social care staff - this can mean that wider risks are not always spotted and responded to. <sup>x</sup>
- People value an “assess and fix” service which delivers that “little bit of help” - it is simple, easy and effective and makes an impact on their day to day lives. They are often surprised that it is free. <sup>xi xii</sup>

## 3. *Sustainability*

- Sustainable funding for preventative activity can be hard to achieve, particularly in the current financial climate. New funds may be identified at short notice and will require immediate promotion of the service and increased provider capacity to deliver outcomes in a tight time frame. The risk will be that the funds are lost if the service does not reach capacity. Therefore there needs to be balance between new funding, promotional activity and service capacity.
- In order to be sustainable in the face of pressures on public spending and organisational changes, services need to be flexible and innovative. The Safe at Home scheme has been able to respond to these pressures through creative thinking on the part of service managers and commissioners.

## 4. *Demonstrating service value*

- Use an evidence base for the development of the service and consider other research or guidance which may impact on its on-going delivery.
- Safe at Home routinely collects a comprehensive range of data on service activity, service user profiles and service outcomes. This level of evaluation is

crucial to demonstrating the benefits of the service to older people and therefore to securing on-going funding.

### **Note about Home Improvement Agencies**

HIAs are funded by local authorities (councils) and other public sector organisations such as Fire and Rescue Services, the police, and primary care trusts. Each of these will monitor the performance of your home improvement agency for the areas of work that they provide funding for. Local authorities often use a national 'framework' that measures things like the number of people the agency has helped, and how long the jobs take the agency to complete. Monitoring may be different from area to area, depending on the type of work the agency is being funded for. For example, the Fire and Rescue Service will be interested in the number of homes where smoke alarms have been installed, and the Council's Adult Social Care will want to know how many hand rails or stairlifts have been installed to help people continue living independently in their own homes.

HIAs also report to their funders on the levels of client satisfaction, so if you have received a service from an agency they may ask for your comments on how you believe they performed. Many HIAs are accredited by schemes that monitor the quality of their services. The Home Improvement Agency Quality Mark which is run by Foundations, the national body for home improvement agencies in England.

(For further details see: [http://www.foundations.uk.com/resources/quality\\_mark.](http://www.foundations.uk.com/resources/quality_mark.))

### **Acknowledgements**

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### **About the Housing LIN**

The Housing Learning and Improvement Network (LIN) is the leading 'knowledge hub' for a growing network of 5,700 housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults.

The Housing LIN welcomes contributions on a range of housing and related care and support issues. If there is a subject that you feel should be covered, please email us at [info@housinglin.org.uk](mailto:info@housinglin.org.uk).

For further information about the Housing LIN and to access its comprehensive list of on-line resources, visit [www.housinglin.org.uk](http://www.housinglin.org.uk)

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- <sup>i</sup> Details of the York evaluation can be found at [www.communities.gov.uk/publications/housing/handypersonevaluation](http://www.communities.gov.uk/publications/housing/handypersonevaluation)
- <sup>ii</sup> Simon Evans is now a Senior Research Fellow with the Association for Dementia Studies at the University of Worcester (<http://ihsc.worc.ac.uk/dementia/>) and can be contacted at [simon.evans@worc.ac.uk](mailto:simon.evans@worc.ac.uk)
- <sup>iii</sup> Taken from the 2010 Housing Health Needs Assessment, Public Health, NHS Devon) [www.devonhealthandwellbeing.org.uk/health-and-wellbeing/determinants/housing/](http://www.devonhealthandwellbeing.org.uk/health-and-wellbeing/determinants/housing/)
- <sup>iv</sup> For information on Health and Wellbeing Boards, go to the Housing LIN Information Pack and accompanying papers, 'Getting to grips with integration: making housing count'. Available online at [www.housinglin.org.uk/Topics/type/resource/?cid=8169](http://www.housinglin.org.uk/Topics/type/resource/?cid=8169)
- <sup>v</sup> MOSAIC is a consumer profiling tool developed by Experian and used by Devon County Council's strategic intelligence unit. More details can be found at [www.experian.co.uk/business-strategies/mosaic-uk-2009.html](http://www.experian.co.uk/business-strategies/mosaic-uk-2009.html)
- <sup>vi</sup> Living Well at Home Inquiry; July 2011. Available from the Housing LIN at [www.housinglin.org.uk/Topics/type/resource/?cid=8167](http://www.housinglin.org.uk/Topics/type/resource/?cid=8167)
- <sup>vii</sup> NICE guidance 2004: The assessment and prevention of Falls in Older People. Available online at [www.nice.org.uk/nicemedia/live/10956/29585/29585.pdf](http://www.nice.org.uk/nicemedia/live/10956/29585/29585.pdf)
- <sup>viii</sup> Rights, responsibilities, risk and regulation. Joseph Rowntree. Foundation Scoping paper. Available online at [www.jrf.org.uk/work/workarea/rights-responsibilities-risk-regulation](http://www.jrf.org.uk/work/workarea/rights-responsibilities-risk-regulation)
- <sup>ix</sup> The art of living dangerously: risk and regulation. Lynne Berry 2011; Available online at [www.jrf.org.uk/publications/art-living-dangerously-risk-regulation](http://www.jrf.org.uk/publications/art-living-dangerously-risk-regulation)
- <sup>x</sup> When Practical Help is Valued so Much by Older People, Why do Professionals Fail to Recognise its Value? Tula Branelly and Bob Matthews, Journal of Integrated Care, 2010, 18(2), 33-40
- <sup>xi</sup> Report of the Older People's Inquiry into "That bit of Help" Joseph Rowntree Foundtion, 2006. Available online at [www.jrf.org.uk/sites/files/jrf/briefing03.pdf](http://www.jrf.org.uk/sites/files/jrf/briefing03.pdf)
- <sup>xii</sup> Delivering Housing Adaptations for Disabled People: A Good Practice Guide; Department for Communities and Local Government, 2006. Available online at [www.communities.gov.uk/publications/housing/deliveringhousingadaptations](http://www.communities.gov.uk/publications/housing/deliveringhousingadaptations)

## Devon Safe @ Home Service

Initial Contact	Devon Care & Repair (DCR)
<p style="text-align: center;"><b>Referral can be made by –</b></p> <p style="text-align: center;"><b>Safe @ Home? Postcard</b>  <b>Phone – 01237 424240 or</b>  <b>E-mail – DevonCare&amp;RepairHSAVoucher@i-futures.co.uk</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Carer's Health &amp; Wellbeing Check (if undertaken)</b></p> <ul style="list-style-type: none"> <li>Need identified</li> <li>Outline of Safe @ Home Service</li> <li>Referral to Devon Care &amp; Repair to access Safe @ Home Service</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Local CVS (Council for Voluntary Services)</b></p> <ul style="list-style-type: none"> <li>Need identified</li> <li>Outline of Safe @ Home Service</li> <li>Referral to Devon Care &amp; Repair to access Safe @ Home Service</li> </ul> </div> <p><b>Criteria for accessing scheme:</b></p> <ul style="list-style-type: none"> <li>Clients including children who are identified as vulnerable by the referring agency</li> <li>Devon Householder – 18 yrs or older</li> </ul>	<p>Following referral, DCR will make contact with the client by phone:</p> <ul style="list-style-type: none"> <li>Outline of scheme confirmed and Consent to share information agreed **</li> <li>Generic Home Safety Assessment undertaken by phone</li> <li>Key issues identified and Job Sheet generated</li> <li>Appointment made for Handyperson visit</li> <li>On completion of job, job sheet returned to DCR for invoicing process/data collection</li> </ul> <p><b>Note:</b> <i>If there is no response after the first telephone call 3 further attempts will be made by phone and 1 letter will be sent before the referral is cancelled.</i></p>

### Devon Safe @ Home Service

The Devon Safe @ Home Service will provide free handyman time to help undertake a Home Safety Assessment and to identify areas for action around your home and then undertake them. The purpose is to help sort out the small jobs which will make things a little easier and safer for your day to day living.

Example:

- *The Home Safety Assessment was undertaken and the Handyman was able to install a smoke detector and fit door chains to help improve safety and security*
- *Following the Home Safety Assessment a stair gate and a fire guard were fitted to help prevent accidents for a young family*

### Consent Statement for storing and sharing information (to be read to the client)\*\*:

Information which we collect from you will be stored securely by Devon Care & Repair and used for the purpose of identifying and providing the Safe @ Home service. The Safe @ Home Service is accredited by Devon Care & Repair which is a service supported by Devon County Council and NHS Devon.

This service is time limited at the moment. Contact may be made after you have had work undertaken to monitor and evaluate the service provided and to help improve services in the future.

Guidance for Devon Care & Repair worker:

I have read the above statement to the client and they have consented verbally to their details being stored and shared only for the purpose of providing the Safe @ Home Service. **Please tick**

Name (Devon Care & Repair worker) ..... Date:

.....

Name (Client) .....

Address.....

Representative (if appropriate) .....

Representative relationship to client .....