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Sussex Gerontology Network

Sheltered Housing Group

**SHELTERED HOUSING AS A
COMMUNITY RESOURCE**

A WORKSHOP

**University of Sussex, Brighton
Thursday 14th April 2005, 10.00am - 4.00pm**

REPORT

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Further copies of the Report may be obtained from Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton, BN1 9SN on receipt of a cheque for 3.00 payable to Sussex Gerontology Network to cover photocopying and postage

Traditionally sheltered housing is largely invisible. Unlike residential care or nursing homes no large signs advertise their presence and services. They are indistinguishable from blocks of general needs housing. Most people vastly underestimate the number of schemes in their own towns. Residents abet the process; jealous of their privacy they are reluctant to open their one communal lounge for public use. Whilst they and their immediate family and carers are well aware of what goes on within the sheltered scheme, to the outside world it is still, stereo- typically, seen as a ghetto of senile older people.

But there is an alternative image: the sheltered housing scheme is a neighbourhood resource centre, a hub of activity for older people still living in their own home within the local community: A place which they visit regularly for social events and recreation or to obtain personal services - hairdressing or chiropody for example; a base for service providers who either see their clients within the scheme or out-reach them in their home. Those continuing to live in their own home are familiar with their local sheltered scheme, with its residents and its staff. It is not a place to be feared but a place to which one would eagerly wish to move if one's circumstances so prescribed.

In our previous Workshop we discussed the ways in which a care team might provide support within conventional (Category2) sheltered housing, on the model of in-house teams within extra care sheltered housing, with the expectation that such a care team would also provide support for those living in their own homes in the local community. In this Workshop we were presented with a number of case studies which demonstrate the many ways in which a sheltered scheme might serve the local community. Our examples embraced existing schemes to which some additional building had been added, and those newly built schemes designed to include community facilities. Whilst one hopes that all new schemes will be seen as potential resource centres, recognition is due too to the limited opportunities available to existing schemes.

There are very many ways in which sheltered housing might serve as a community resource for the locality.

Care and Support:

- outreach work - by the scheme manager (eg: a morning call to people living alone in their own home), by the in-house care team
- a base for professionals - GP, nurse, therapists, chiropodist, hairdresser etc
- short term accommodation - respite, rehabilitation, intermediate care

Social and Recreational:

- a morning drop-in for tea/coffee
- a daily lunch, a regular lunch club
- a day centre
- talks; exercise classes; bingo; bowls; cards
- outings
- a crafts centre, cyber café
- intergenerational activity - projects with neighbouring schools, one-to-one remedial tuition

Many sheltered schemes have already embarked on such activities. They have often encountered problems:

- location - the scheme is far from the centre of the local community; transport issues
- design - there is insufficient space within the scheme

- social - public and private (residential) space cannot be clearly separated
 what activities developed for the residents can be opened to non-residents
 -some residents object to the 'intrusion' of outsiders
 -how does one engage both the active and the frail residents
- staffing - who will facilitate the activities - scheme manager, activity coordinator, care team leader
- funding - who will provide for capital development and recurrent expenditure

Obviously one cannot expect every scheme to embark on all these activities; but one can explore the opportunities.

CASE STUDIES

A) Dingemans Court and Centre, Steyning Carol Peters, Scheme Manager, and Charlotte Gill, Team Leader

Dingemans Court with 24 flats and 13 bungalows is located on the edge of Steyning, a village of 4,000 people in West Sussex, was built in 1981 by Horsham District Council as one of 25 sheltered schemes. Adjacent is a much older scheme, Shooting Field, built in the 1950's and consisting of 22 bungalows. Horsham DC transferred its stock in 2000 to Saxon Weald who now manage Dingemans Court.

In 1997 Horsham DC set up a steering group of councillors, service providers and community representatives to explore the provision of integrated services; Dingemans Court was selected as a pilot. Building work subsequently undertaken included the extension of the communal lounge to twice its original size, the conversion of guest rooms to offices, the installation of a lift, assisted baths and disabled toilet; on two car parking spaces a multi functional medicare room was added. In 1998 Impact, a Brighton based charity which manages a score of projects involving both older and young people was invited to manage the 'day centre'. It started its operations in 2000. Carol and Charlotte both started work in Dingemans Court in 2002; they work very closely together and have resolved many earlier difficulties in collaboration.

Activities in the day centre are open both to residents of Dingemans Court and to people living in Steyning. The former are encouraged to participate in centre activities; notices are displayed advertising events, and scheme residents are involved in all discussions of future development of the day centre.

The day centre is currently open on two days a week - the possibility of a third day is under consideration. A very wide range of activities are provided - including computer classes, tapestry, creative art projects; Intergenerational projects have been organised with the youth club across the road. There are entertainments - barbecues, D-Day celebrations etc; and talks on a wide range of topics - benefits and money advice, neighbourhood wardens, fire safety; Dingemans Court has one flat adapted to demonstrate smart technology. Members of the Centre are encouraged to learn new skills, but most important is the opportunity to socialise and make new friends.

Care and support is provided in a number of ways. Exercises and a good meal promote good health; The GP visits the Centre twice weekly; a pharmacist visits to review people's medication; Chiropody and alternative therapies are available, information and advice is available on services provided outside the Centre. Each person regularly attending the day centre has a key worker among the staff who monitors well being.

Impact also manages, from Dingemans Court, a Help at Home practical domestic scheme providing outreach assistance - cleaning, laundry, ironing, shopping - to nearly 100 clients in the District. The Out and About scheme provides minibus outings for older people in the Steyning area. Impact liases closely with other voluntary agencies in the area, being closely involved in Dial-a-Ride. Transport is available to bring participants to the day centre.

Impact has the advantage of being a large organisation. Experience from a range of projects for older people is shared to promote good practice. Much of its annual income of £2½ million comes from local authorities and other public bodies commissioning specific expertise in attracting services; but it has considerable charitable donations which help to fund individual projects.

The residents of Dingemans Court have certainly benefited from the additional facilities available to them - though they still have their own schedule of events for the remainder of the week. The scheme manager feels that the sharing of organising social activities within the scheme has been made easier. Initially there was vocal objection to the day centre from some of the residents; but their resistance crumbled as they began to avail themselves of the new facilities available and to make new friends.

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**B) Eastbourne Homes : Community Restaurants
Lynn Doman and Derelyn Goddard, Scheme Managers**

Eastbourne Borough Council transferred its sheltered housing stocks of 19 schemes, to Eastbourne Homes, an ALMO, on 1st April 2005.

Two Eastbourne schemes - Upwyke house, 36 units built in 1986 and Riverbourne, 64 units built in 1989 - incorporated restaurants for which Eastbourne BC provided the initiative and funding. Local community assessments had been carried out which gave positive support for the developments.

Originally both restaurants were self service and staffed by Eastbourne BC personnel - a cook and assistant cook. Scheme managers were expected to cover for the cooks when necessary, and they were responsible for ordering the food stuffs, taking the bookings and banking the monies. The restaurants operated for five days a week in this manner for many years. But in 1997 the Council's subsidy was withdrawn and both restaurants were obliged to close. However, pressure from both residents of the schemes and the outside customers

led the Council to look for an alternative provider. A working partnership with the WRVS was agreed and the restaurants were reopened. But funding problems re-emerged and, after only 16 months, both restaurants were again closed. The Council acted swiftly and advertised for expressions of interest from new providers; and within a short period of time both restaurants were once again re-opened.

Both restaurants currently operate under a licensed franchise. Income from the restaurant is held by the licensee who pays an annual licence fee together with a quarterly charge to cover a share of utility bills and maintenance of equipment.

Both restaurants are at present successful - one particularly so. Each opens for five days a week - Monday to Friday; but such is the commitment of the cook at one of the restaurants that she provides a luncheon alternate Sundays. The cost of a two course meal at each restaurant is £4.50 for scheme residents, £4.80 for outsiders. (The Sunday lunch costs £5.50).

Daily between 30 and 35 meals are served - half to scheme residents, half to outsiders. The cooks are mindful of their customers' needs and will provide variations to the menu to suit individual dietary requirements. Staff and volunteers will carry meals to scheme residents own flats if required - they need to have insurance cover for such tasks.

These two restaurants are, of course, in addition to the occasional meals that are provided by scheme managers in other schemes.

Eastbourne Homes is keen to promote these restaurants and to persuade both scheme residents and neighbours in the community to make greater use of the service. Through collaborative working with statutory and voluntary agencies they hope to receive referrals of older people who would benefit from the facility. The views of residents and those living in the community will be surveyed, to guide future developments.

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**C) Marlborough House, St Leonards-on-Sea : Extra Care Sheltered Scheme with Community Centre
Jo Priddle, Community Link Worker**

Marlborough House, opened in 2003, is an extra care sheltered housing scheme managed by CDHA/Hyde HA. Previously a neglected hotel, the building was completely rebuilt; it lies in an area with high priority for regeneration. Funding came from SRB grants, local charities, the Hastings Borough Council and other agencies. Supporting People was very keen that the new scheme should incorporate a Community Centre; it funds Jo's post.

Marlborough House is an 7 storey building. The two lowest floors are leased to the PCT as a Health Centre; this has an entrance separate from the rest of the building. The Community Centre occupies the second floor; in the floors above are 40 self contained flats each with wheelchair access, showers etc.

On entering the building at street level one ascends by stairs or lift to the second floor, into a reception area. Adjacent is a large lounge with views of the sea; a corridor, with rooms serving a variety of purposes, leads to the heart of the Centre - the Community Café. This is

open daily from 9am to 4.30pm, serving breakfast and lunch at appropriate times and snacks throughout the day. The Community Café's lunch costs £4.00 for scheme residents, £4.50 for outsiders; it is yet to be profitable but aims to be so by the end of the year. Fostering the independence of residents implies encouraging them to cook for themselves; but the café welcomes their custom!

Including within the Centre are a library/information room with leaflets provided by agencies; the local public library is some distance from Marlborough House and the mobile library is difficult for some to access; an arts and crafts room; hairdressing salon operating twice weekly; beauty treatments and therapeutic massage are available; a chiropodist visits monthly and an Age Concern nail cutting service is provided.

A wide range of activities - bingo, quizzes, beetle drives, etc - are organised by Jo and are open both to residents of Marlborough House and those living locally. But many outside organisations also use the facilities for their own events - a pension service surgery, the Hastings BC Seniors Forum, Age Concern's Advice workers ; such organisations are particularly welcomed in the evenings when the Centre tends to be under-used.

On taking up her post Jo was anxious that the Centre should complement, and not duplicate, facilities already existing in the neighbourhood; much of her work involves maintaining contacts with these other organisations to facilitate the services which they seek to offer - eg: the CVS' advice session, exercise classes funded by the PCT. Intergenerational projects are established with local schools and scout troops; faith groups hold services within the Centre.

Jo receives from various sources - eg: social services, GP's, Age Concern - referrals of people who are isolated; she introduces them to the Centre and helps them to participate in its activities.

Once a month residents from one of six other sheltered schemes in the town come to Marlborough House for a tea party; hopefully they will begin to visit individually.

Jo started work in Marlborough House six months after it originally opened. Initially there was some resistance from residents to the development of Community activities; they have two lounges - one with a roof terrace - of their own. They have been encouraged to act as hosts/ ambassadors at events and to show visitors around the building. They are fully involved in discussions about the Centre's developments. But many are still shy of mingling with a large number of outside visitors. Jo tries to balance the residents' desire for privacy with the development of community facilities.

Security of the building is seen as a major issue. The main entrance is controlled for everyone by a buzzer, answered by the receptionist on the second floor; the door is covered by CCTV. Some call it "Fort Marlborough". From the Community Centre on the second floor there are signs denoting the limits of public space, and a number of fire doors to deter wanderers. But it is possible from the front door to proceed directly by lift to the residential floors. To install CCTV on each floor is seen to be too costly - though it may have to come. Members of the in-house care team are expected to notice intruders; residents have formed a Neighbourhood Watch Group. They receive talks on safety and are encouraged to keep the doors to their flats locked. But there is always the 'helpful' resident who lets a stranger in with them through the front door.

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**D) Central and Cecil Housing Trust : Social Activities Programme
Tony Jaffe, Arts and Education Coordinator**

Central and Cecil Housing Trust operates in London, mainly in the Hampstead/Maida Vale area and in Merton. It manages ten sheltered housing schemes with over 1000 units, 8 residential care homes with 300 beds, together with mental health homes, hostels for homeless women and a day centre. For many years it has run an activities programme led by Alison Teader (née Bax).

Each sheltered and residential scheme has its own social activity budget, with activities facilitated by the scheme manager. The central office too has its own budget, embracing principally the sheltered schemes and organising activity common to all of them.

Recently the central office visited each scheme to ascertain how its budget had been used - and found many to be underspent. But how might one provide stimulation from a central office without threatening local autonomy?

The Trust was unable, last year, to increase the funding available for social activities; but it now encourages its Activities office to apply for outside funding for specific projects. (Currently an intergenerational project is under consideration with the British Film Institute to make a film for public showing). Much closer monitoring of social activities is being undertaken; a log is kept in each scheme to note who attends - is it the same few people all the time? One seeks to involve all residents. Funders, too, want assurance that their grants are well used. Within schemes, in-house staff receive training in the organisation of activities

In seeking to promote intergenerational activity links with the neighbouring community - eg: primary schools - are made.

Tony gave examples of community involvement : In Primrose Hill a sheltered scheme was adjacent to a Community Association - but the two never interacted; today they have a joint lunch club and film club.

One scheme had equipment with which to mount a monthly film show; but it did not share this with others. Now the equipment rotates between eight schemes; and outsiders are invited to the film shows.

Seven schemes were involved in the Big Draw Competition (involving Rolf Harris and Channel 4 TV). The artistic efforts of some 80 residents in making clay panels of their street won a 'high commendation' in the final judging.

The Royal Festival Hall Drama Officer sought the assistance of the Trust to locate older people for a project; for three months participants were trained in modern dance movements; finally performing in the Festival Hall. A request for a repeat project has been received - and literature and music officers also wish to establish projects. All this costs the sheltered schemes nothing!

Central and Cecil HT has its own drama club - the Silver Players - involving residents and staff in several of its Maida Vale schemes. A story teller relates a narrative, perhaps a wild west story, and the costumed actors, the scheme residents, mime appropriate actions. The club has become a touring group visiting other sheltered schemes, residential homes, Women's Institute meetings, etc.

Tony returned to the problem raised earlier - how does one stimulate interest in their activities? Ask residents' - 'What would you like?' - and one is so often met with silence. One has to suggest and offer - but not impose upon. The Trust now employs Tenancy Support Offices in its sheltered schemes, one of their tasks being to encourage the involvement of residents; where activities are promoted they attract much greater

participation.

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**E) Mobile Officers : Out-Reach Services
Bobbie Bloomfield**

Bobbie described a system of mobile officers operated by Vale Royal Borough Council in Cheshire, in which she was involved a decade ago. When instituted, this project was seen as an innovative method of involving those older people who still lived in their own homes.

A team of mobile officers, - 9 on duty on weekdays, 7 at weekends - covered housing within the Borough, much of it Category 1 sheltered housing. Each officer worked within a limited area. When a resident entered the project, they would discuss the pattern of visits to be established. Initially for the first month or so, a daily visit would be made, to monitor the delivery of services by other professionals. As neighbours and kin became involved, the frequency of visits could be reduced. Couples very often received a weekly visit. On the other hand, the most vulnerable would continue to receive daily visits. The frequency would be changed if a resident was ill or had just come out of hospital.

A 3-tier system of responses was operated with Lifeline. At the lowest level, if the alarm were activated, Lifeline would contact the key holders or emergency services if appropriate. For a slightly greater fee, Lifeline would arrange for a mobile officer to answer emergency calls. Lastly, a full service was provided, with regular visits arranged with the mobile officers.

Although almost all of the outreach work was carried out by the team of mobile officers, sheltered scheme managers might be asked to cover these at times of sickness or holiday, visiting residents in their own homes in the neighbourhood.

Close contact was maintained with the local day centre, its users being introduced to the services of the mobile officers and Lifeline.

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**F) Home Bridge, Ashford : Recuperative Care
Barbara Sleator - Team Leader, Gina Turner - Care Manager**

Home Bridge is a purpose-built unit of seven ground floor flats attached to Farrow Court, a 36 units Ashford Borough Council sheltered housing scheme, designed to provide recuperative care and rehabilitation. It is a joint initiative between Ashford BC, which provided the land and some funding, Kent County Social Services which contributed approximately £350,000 towards the costs and the Ashford PCT through its hospital based rehabilitation team. Ashford Age Concern runs a day centre in Farrow Court. A private domiciliary provider manages the care team serving Home Bridge. Home Bridge was opened in 2004.

The units all have a sitting room and single bedroom with separate bathroom and shower; all are designed to meet mobility needs - two units are open plan to facilitate wheel chair use.

Referrals come from the hospitals, GP, Social Services and the Community; they are assessed to ensure that a stay in Home Bridge is appropriate. Home Bridge provides recuperative care for people over the age of 50, as a stepping stage between, for instance, hospital and home, or between residential care and living in the community. A maximum stay of six weeks is provided free of charges for rent and support; (residents buy their own food). Brief extensions may be made in exceptional circumstances - eg: one is waiting for permanent accommodation to become available.

Benefits of recuperative care include:

- early discharge from hospital is facilitated
- entry into residential care is avoided
- people are able to return to their own homes and independent living, their self-esteem is enhanced
- long term service needs are reduced
- joint working between staff within Home Bridge improves relationships between them
- the six week period of care enables individuals to assess their choices; for those who will not be able to return to their own homes, an assessment of alternatives is offered
- although an age limit of 50 years is presumed, younger people may be admitted if appropriate; each case is judged on its own merits

The scheme manager at Farrow Court is non-resident, but on site between 7am and 3pm. She provides a range of services and is on call during night hours. Residents in Home Bridge (as in Farrow Court) are served by Lifeline. Within Home Bridge a Care Manager works with residents, planning their support and arranging discharge. The Community Assessment and Rehabilitation Team provides a variety of programmes to serve the specific needs of each resident. Support workers from the domiciliary agency are on duty from 7am to 1.30pm and from 4.30pm to 8.30pm. Residents in Home Bridge are encouraged to use the facilities in the Age Concern day centre, open for five days a week in Farrow Court; the day centre provides lunch. Residents also use the communal lounge in Farrow Court, socialising with the sheltered scheme residents and participating in their own social activities.

The goal of Home Bridge is to give residents there the confidence to return to independent living. Gini gave two examples of recent residents:

Mrs B had been in hospital for a long time due to successive falls. She did not want to return home (and was abetted in this by her family) but sought residential care; however, she was not eligible for public funding. She entered Home Bridge but was at first reluctant to participate in any rehabilitation programme. However, she was taken to visit her former home, when she quickly warmed to the idea of returning there. In Home Bridge she began to cooperate with her programme and soon was able to return home with a minimal package of care. She continues to live independently

Mr D was living in a residential care home to which he had moved after hospitalisation. He was not happy there but professionals doubted his ability to live independently. He moved into Home Bridge for a two week period of assessment. Here he cooked for himself and became much more active and

engaged. He moved back to the care home whilst an application was made for sheltered housing - into which he eventually moved with a good support package. Six months on he is still successfully living independently

Problems - or learning points - encountered in Home Bridge have included the following:-

There is at present no night cover staffing. Home Bridge residents are dependent on the scheme manager. She has, in fact, received very few calls, but residents are often anxious and vulnerable in their first day or two in Home Bridge. The possibility of night cover is currently being explored

-support workers must focus on enabling the residents to do for themselves - rather than care for them

-some residents do not understand the goals of rehabilitation; they expect to be cared for

-so far occupancy levels have been satisfactory; there are rarely more than one or two vacant units. But the viability of the project does depend on a high occupancy rate

Further developments under consideration include the provision of respite care for one or two week periods. The use of assistive technology is being explored. The provision of night cover - embracing, perhaps, several schemes or projects is being investigated. Lack of night cover renders Home Bridge inappropriate for some who would otherwise benefit from its services.

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**G) Larchwood, Brighton & Hove : Extra Care Sheltered Housing Scheme
Jane Heifer: Hanover HA; Patrick Manwell - The Archadia Practice**

Brighton & Hove City Council recently received funding from the Department of Health for extra care sheltered housing - the first to be developed in the City. The project was submitted with the collaboration of Hanover HA with the Archadia Practice as architects.

It has been decided to build the new scheme in Coldean, a peripheral suburb almost completely surrounded by green belt. A City Council residential care home, Larchwood, in the centre of Coldean was recently closed; the building has been demolished and new building is about to commence, with a projected completion date of Summer 2006. Within the original grant application it was proposed that the new scheme would serve as a resource centre for the local community.

The Larchwood site is sloping. Thus it has been possible to design a building in which the lower ground floor is for community use, with its own separate entrance. Above it will be the 38 flats, together with residents lounge, assisted baths, guest rooms, etc.

The lower ground floor will house the kitchen, serving the restaurant and a bistro café. Residents will use these facilities but passage from the residential area to the lower ground floor will be via controlled entry. Also on the lower ground floor will be a hairdressing salon, a health and beauty/treatment room, a multi activity space and a small shop/kiosk. The

precise use of this space is still under discussion. The site of Larchwood is too small to allow for the building of a health centre/doctor's surgery (which Coldean lacks at present) but negotiations with the PCT about the use of available space are underway.

Residents of Coldean are involved in the planning; currently a questionnaire is being sent to all households to ascertain what facilities could most usefully be provided in the new scheme. Older Peoples strategy groups within the City are also involved in the consultation. At present open meetings are held in Coldean every two months to discuss progress and proposals.

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H) A Care Village **Steve Allen: Prime Care Community Services Ltd**

For the past year Steve has been planning a Care Village - to occupy a site of about 20 acres, to include some 200+ units of accommodation and to be sited adjacent to an urban area so that it serves as a community resource. Private financing, perhaps amounting to £50 million, is envisaged. Development will be spread over a 5 year period.

Prime Care is a domiciliary care company with considerable local experience in providing care at all levels within East Sussex and Brighton & Hove. A major part of the Care Village will provide accommodation for older people, ranging from what is conventionally termed Category 1 housing, to extra care sheltered housing, with facilities for intermediate, rehabilitation and respite care, and, where needed, some nursing care.

Each unit of accommodation will be independent, with its own front door. There will also be direct access from the rear of each unit to health and social care resources, including clinical care facilities. Units will be slightly larger than standard and designed as 'homes for life' with good mobility access, wired for Assistive Technologies, and adaptable with moveable walls. A range of tenures will be available. This part of the village will contain all the space and facilities required by an on-site care team.

But the village will also include housing for families. It is intended to be a vibrant "community", like a village and not a ghetto of older people. It is important to create a community where old and young will mix and meet. It is projected too that the family housing will cross-subsidize the accommodation for the older residents. All housing will be at affordable cost.

Accommodating both young and old will be challenging. Older people seek peace and quiet within their own residential area; yet older people enjoy the presence of young children: they enjoy watching them at play or participating in a range of intergenerational activities. It will be important to work with planners to ensure that the facilities provided meet the needs of all users.

The village will not only provide a range of facilities for its residents, but will seek to

complement those available in the neighbouring urban area - probably a suburban area deficient in facilities both for recreation and for health, care and support. Surveys will be conducted to establish what might be needed and could be accommodated within the village.

The concept of the Care Village has been taken seriously within the County. But the hurdles to be surmounted before reaching final agreements and approvals are considerable. Steve has already attended over fifty meetings with interested parties, including 'partnership boards' and the like; they may be partners in name but often they lack effective communication links, are burdened with conflicting politics, and are unused to working closely together.

So many planning issues need resolution. For instance, the need for such a development must be provided; the site must be the most appropriate available; landscaping must be acceptable; transport planners need assurance that increased traffic within and around the Village will be addressed properly; and the adequacy of public transport must be researched and improved where necessary. The Village is seen as providing a facility for people already living within the area - as they grow frail they will move into Village accommodation; but health authorities are concerned that older people will move into their area, producing a greater strain on their meagre resources.

Therefore the Care Village has to be planned so that it does not burden local health and social care provision and this can partly be achieved by designing in a wide range of facilities which can be used by residents and local authorities alike. Furthermore, the occupation of the Care Village must be managed in partnership with local authorities to minimise the concerns over "newcomers" by giving local people priority.

Once the location of the Care Village has been decided, local residents (and not just their political leaders) will be involved in the design and planning - and in particular in suggesting what facilities should be provided within the village (and indeed how facilities already in existence in the area, might be used by village residents).

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COMMENTARY AND GOOD PRACTICE

- a) Whatever happens within a sheltered housing scheme, the residents must be fully involved in its planning, development and monitoring.

But residents often do not know what they want for themselves, let alone what might be available to others! Tony Jaffe (Case I) discussed the problems of stimulating, but not imposing ideas and projects.

In almost all situations it is reported that at least a few residents object to opening their scheme to outsiders. Some of their objections are well-founded.

There must, within the scheme, be a clear demarcation between the private space of the residents and the public areas. This can be achieved in new-build schemes, such as Marlborough House (Case C) and Larchwood (Case G). But many schemes have but a single lounge sometimes located between the main entrance and residential corridors so that its use for residents' events is impeded. And even where there is a clear separation of public and private space issues of security remain. Scheme residents need access to the public areas - containing perhaps their dining room; but the same route is available for outsiders to enter the residential corridors. Controlled doors provide much security - but do not prevent residents allowing access to strangers hovering by the door.

Initial resistance by residents is usually overcome. They are encouraged to invite their own friends to communal activities - and these then invite their friends. The wider circle of relationships is appreciated; though there will always be some residents for whom the small size of the resident community is welcomed - they feel nervous with too many strange faces around them. Eventually, as residents come to use the new facilities available to them, they welcome their development.

- b) Establishing facilities for public use does not guarantee that large numbers will accept the invitation. Advertising may be muted to allay the fears of residents. Transport may be a problem if a scheme is located on the edge of a town or village. A survey of neighbourhood 'needs' is recommended. And, finally, the quality of the service must be good; this is obviously important in the case of a restaurant - in price and quality it must match local competitors. Although a restaurant is one of the most obvious additions to a sheltered scheme, making it profitable is difficult.
- c) The extra facilities provided within a sheltered scheme cannot be developed by the scheme manager alone; they must be provided by others. Our case studies suggested a range of possibilities - eg:

-The restaurant is managed by a franchise holder

-A day centre is developed by an agency with expertise in such activity such as Age Concern (Case F) or Impact (Case A)

-A central office of the housing management agency, LA or RSL, coordinates service provision among its several schemes. (Case D)

-Additional staff are funded, perhaps by Supporting People as in Marlborough House (Case C), to organise and manage the new facilities

- d) The development of a sheltered scheme as a community resource centre, involves collaboration between a number of agencies, both statutory and voluntary. Thus, for a day centre, transport must be provided - a community bus, or dial-a-ride. Contact must be arranged with visiting professionals - pensions and benefits advisers, health visitors and promoters, hairdressers and nail clippers

Teams providing care and support - to scheme residents, to those in recuperative care wings or units, to those living nearby in their own homes - are interdisciplinary to their composition. Some of their members are unaccustomed to working in a team, having in the past met clients on a one-to-one basis. They need to understand each others' specific roles and to negotiate their professional boundaries.

- e) Preventative care facilities cost money; but they can also save money by delaying or avoiding the costly crises of acute care. Funding, in the case studies presented, came from a variety of sources. All were however relatively low-cost interventions. The benefits, to users, of the service provided were not questioned, however difficult they might have been to measure.

Our Workshop was able to illustrate only a few examples of innovative practice. Throughout the country there are countless experimental projects from which we could learn.

The starting point: How might one's sheltered/retirement scheme benefit other residents living at home in the locality?