THE FUTURE OF SHELTERED/RETIREMENT HOUSING REPORT

WORKSHOP, University of Sussex, Brighton 9th April 2008

"Sheltered housing is changing". We have been asserting this for well over a decade, and the pace of change seems to escalate. But the changes seem to be driven by external factors – and not by planned developments designed to meet the needs of older people in the coming years.

Peter Lloyd opened the workshop (attended by over 50 participants) by citing some of the findings from a "Review of Sheltered Housing in Scotland" carried out by researchers from the University of York for the Scottish Executive. Most of the Review's points seem equally applicable south of the Border.

"The survey demonstrates very clearly the continuing popularity of sheltered housing"; 16.5% of all respondents [to a questionnaire] agreed with the statement 'I would rather be living in an ordinary home than in sheltered housing'; ie: $^5/_6$ thought they were better off in sheltered housing. However, "it is the support element that makes sheltered housing attractive, and yet it is the support element that is being eroded". And "it was obvious that residents felt that these changes had been imposed upon them". All familiar issues which the Review elaborates at greater length.

Seen to be driving these changes were:

- The age and size of much of the housing stock; bed sits are hard to let and much stock is no longer 'fit for purpose'. It could well be decommissioned – a move resisted by residents

- Recruitment of scheme managers is difficult – the job is poorly paid and lacks a career structure; stress levels result in long term sickness; the quality of service provided is reduced

- Provision of support is costly; Supporting People funding is being cut overall and some is diverted to those older people living in their own homes. Provider–landlords are obliged to reconsider the value of services provided. Although preventative care is stressed in policy documents, it is acute care (as in Adult Social Services) that remains a priority

Provider-landlords respond to these pressures in different ways. Some strive to maintain the past/current system – with a dedicated (often resident) scheme manager.

Others are adopting modes of floating support. Teams of floating support workers, housing management officers, community participation workers, handypersons etc are based in the main housing office and serve a number of sheltered schemes and older people in their own homes in the neighbourhood. The post of scheme manager is redundant. Those living in sheltered schemes and eligible for support (or self funders) receive the same "needs-led" service as those in their own home. This is obviously equitable. But it is argued that the scheme ceases to be a community – it is just another block of general needs housing, albeit with a high proportion of older residents.

This Workshop followed upon one held in December 2007 in conjunction with the Sussex ERoSH Network Group. Here Stuart Prince, Director of Care, Rother Homes

outlined the mode of floating support recently introduced and the advantages it appeared to offer. Participants expressed their fears:

- that the close monitoring of residents' well being was threatened

- that security was reduced with less speedy response to emergencies

- that without the leadership (albeit facilitating) of the scheme manager, community cohesion and social activity would be reduced

This Workshop posed the question – can the advantages of floating support be incorporated within a system that preserves the integrity and cohesion of the sheltered scheme? Can one have one's cake and eat it?

——————————————————

In January 2008 ERoSH published its "position statement" – sheltered housing and support services. It states inter alia:

"ERoSH therefore promotes the development of 'needs led' support services in which the needs assessment and support planning process is used to determine preferred and needed frequency, duration and type of contact by support staff". The Hub and Spoke model was advocated. "ERoSH promotes the use of sheltered housing as a resource or hub for the wider community"

Elements of the hub and spoke model embrace:

- the sheltered scheme as a focus for services available to the local community eg: GP surgery, units for peripatetic professionals (nurses, chiropodists, hairdressers), small shop, etc

- a centre for social activities, some of which might be exclusive for residents, others open to all

- a base for outreach services – sheltered scheme staff visit residents locally in their own homes

The model is far from new. Many schemes have already gone a long way in becoming a community resource, eg: many recently built extra care schemes (eg: New Larchwood in Coldean, Brighton). But whilst it has often been suggested that scheme managers give a morning call to vulnerable people outside their scheme, little has actually been done in this mode. In particular it seems rare for an extra care scheme's in-house team to provide outreach services in the neighbourhood. (Though Briton's Croft in Steyning is an example).

——————————————————

In this Workshop Peter Lloyd spoke to his Briefing Paper circulated to all participants; residents expressed the elements of sheltered housing most valued by them; Joy Kingsbury, Director of Care and Support, Mendip Housing Ltd, spoke of recent developments initiated by her in Somerset and Linda Mothersole, Head of Care and Support, Testway Housing Ltd described developments which she had led over the past decade. In the small afternoon workshops participants discussed issues posed by the morning presentations.

——————————————————

Peter Lloyd, in his introductory presentation, outlined the issues surrounding floating support as cited above; he raised some specific issues noted in his Briefing Paper:

- The nature of the scheme manager's support to residents: most of the interaction with residents is ad hoc – residents present a problem; few interactions (eg: the morning call, the quarterly visit) are regularly scheduled. The concept of a needs led approach implies that almost all interaction is on a regular scheduled basis to fulfil specific tasks

- The team approach permits greater task specialisation; scheme managers who become floating support workers have a more focussed task. They can be relieved of much housing management, community participation tasks

- Some schemes are ideally suited to become "hubs"; others are not. The latter are peripherally located, have little space for other activities, public (community) and private (residents') space cannot be clearly demarcated; they are sited close to other schemes better designed to serve as hubs; neighbouring schemes belong to different landlords

- Who should pay for elements of preventative care available to residents?

_____

In response to Peter Lloyd's presentation, Peter Huntbach, Older People's Housing Manager, Brighton and Hove City Council, expressed gratification that the potential of sheltered housing was at last being recognised by Government, and that recent studies had shown that it was a cost effective means of providing support.

The hub and spoke model could provide sheltered housing a life line to the future.

Sheltered housing has, for long, been seen as a centre of social activity – but most of the achievements have been ad hoc.

The hub and spoke model will work only if, at a strategic level, all agencies collaborate to make it work and, at a local level, the relevance of sheltered housing is appreciated. Planners must be sensitive to the views of residents, they must be fully involved in consultation and appropriate resources made available to them.

_____

WHAT DO RESIDENTS VALUE IN SHELTERED HOUSING?

As a contribution towards the Workshop, members of our steering group distributed questionnaires within their own schemes. These were simple, designed to elicit a perhaps crude response. Residents were asked three questions and invited to give up to three responses to each in their own words:

A. What do you value most about life in sheltered housing; What do you most want to preserve?

B. What aspects of sheltered housing would you like to see improved?

C. What aspects of sheltered housing do you like least?

The responses seemed remarkably uniform. Almost everyone provided three items to question A – and the three were remarkably consistent though ordered differently (respondents were not asked to list their items in order of importance).

Most often mentioned was the scheme manager; next in frequency was security (some using this single word, others citing the alarm systems); third was the companionship of other residents, expressed sometimes in terms of personal friendship, in others as social activities available.

To question B respondents cited a number of items, but most concerned issues of maintenance and repair.

Many respondents listed nothing in question C – or said they wanted nothing changed; some re-asserted the loss of the scheme manager.

The impression created by the answers to question A was that a <u>sense of security</u> was of overwhelming importance – and that its loss was seen as threatening. Security is embraced in most of the items more specifically cited:
   - the trusted and accessible scheme manager
   - the company of other residents

Many "crises" are the responsibility of others (eg: building maintenance) but for those that concern oneself, help and support are at hand.

Two members of our Steering Group, both scheme residents, amplified the findings of the questionnaires.

Bernard Humphrey (Courtney King House, Brighton) contrasted the role of the scheme manager with that of the many members of the support team; the latter will have less knowledge of the residents and their circumstances; they will be less well known to residents – the very frail will be reluctant to approach them; the "leadership" of the scheme manager will be lost.

Why change a system that is currently working to the residents' satisfaction?

Patrick McTernan (Ribbetts House, Hurstpierpoint) described his own move to the scheme and outlined the very many social activities on-going within it, many of which introduced residents from the neighbourhood.

_____

CASE STUDIES

A.   <u>Mendip Housing; Joy Kingsbury, Director of Care and Support Services</u>
Joy Kingsbury's professional training began in psychiatric nursing; she later did post graduate study in public policy and management. She joined Mendip Housing in 2001 to manage the introduction of Supporting People funding for sheltered housing. Mendip Housing had a stock of approximately 700 units, largely bungalows, across a predominately rural area. Joy expressed her initial shock at the lack of regulation within sheltered housing.

With the increasing proportions of older people, and especially those with dementia and disabilities, the rising costs of care and support will demand much greater accountability for public funding. Sheltered housing must change if it is to survive.

Joy outlined some of the problems in managing the service. Working from home, staff were often absent from their schemes. Their working hours were limited. (Balancing work and home life was a problem). Recruitment was difficult.

Some properties were difficult to let – and these were often offered to those, for example with drug related problems, whose support needs could not be properly met. Some schemes had few communal facilities.

The aim was to provide services for those who needed them. Some residents neither needed or wanted a morning call; reasons for wanting a call differed. The one-size-fits-all model inhibited flexibility. There was no focus on achieving outcomes. Many people living in their own homes in the neighbourhood would appreciate the services available to sheltered housing residents. Communal rooms could be a greater resource to the local community.

To achieve this more use could be made of assistive technology. Some hard-to-let properties could be decommissioned; in fact some 20% were so lost. Two schemes were upgraded to extra-care schemes and a banding system introduced for housing support.

Joy described the lengthy preparation for the introduction of the new schemes. Residents were fully involved from the outset. Representatives from the sheltered housing tenants federation sat in steering and planning groups. Suggestion boxes were put in every scheme. A bi-monthly newsletter was distributed, a DVD made, conferences held.

A pilot project was carried out for nine months. Changes were then implemented slowly with a process of continual review. In their original review the County Council had advocated a move to a floating support model – as a result of the pilot study the hub and spoke model was adopted.

The role of residential scheme manager was removed; there was no evidence that residence reduced burglary or the response time for a night emergency. Pass keys facilitated access for external workers. New job descriptions were designed. Scheme managers were assisted by support workers.

The use of assistive technology was maximised – pill dispensers, wander sensors, pressure pads, fall detectors, etc.

Linking with the other organisations – colleges, day centres, health promotion agencies, voluntary organisations – an increase range of social activities was created. Older people in the neighbourhood, receiving support, were encouraged to participate in these activities – participation was specified in their support plans. Accessibility to schemes was assessed.

The range of activities embraced information provision, gentle exercises, healthy eating classes. An inter scheme Olympics Competition which included quizzes, crafts, darts, etc was initially facilitated by scheme managers but is now resident led. Medals are awarded to individual winners and a prize awarded to the scheme with the greatest success. The Olympics are self financing.

The introduction of computers has reduced social isolation, enabled residents to access services (shopping, making appointments, etc) and enabled skills development.

Accessibility within schemes has been improved – ramps or dropped curbs, wet floor showers, mobility aids for hire, hearing loops, etc.

The restructured service combines sheltered housing, helpline and floating support schemes. All staff work on scheme and in the community providing a range of services:

- support visits based on assessed needs and monitoring of outcomes

- a flexible banded approach which can range from one visit a month to four hours weekly

- daily calls as required to residents in the community

- health, well being and communal activities

- a 'Road to Recovery' (eg: on hospital discharge) service

- assessment for minor adaptations and installation of helpline and assistive technology

Three teams, embracing administration and assistive technology, support services and estate management employ 50 staff. Three teams cover 24 sheltered schemes; each team has an activity coordinator and no more than four staff are regularly assigned to any one scheme – residents have but a few familiar faces to minister to them.

Staff have accepted the changes enthusiastically. And, as Joy reported one resident who had adamantly demanded the retention of the much loved scheme manager, was later **----** in her prise for her new support worker!

Contact: jkingsbury@mendiphousing.co.uk

B. Testway Housing; Linda Mothersole, Head of Care and Support
Test Valley is a largely rural area in NE Hampshire, some 40x20 miles. Many of its villages have in the past two decades lost their services – post office etc.

Linda joined Test Valley BC (as it then was) in 1986 as Warden Services Manager; she has continued to manage the sheltered housing stock to date. Great changes have taken place in an area in which joined-up-working has often proved difficult. It has been a period of evolution – not revolution.

Change began with a review in 1997-8. Sheltered stock amounted to 700 units with many small rural schemes consisting of bungalows with a non-resident warden. These often contained residents who sought a rural home but needed little or no support. Alarms were linked to a warden – not a central control. A survey was conducted to discover what residents really wanted – from a high response rate $^4/_5$ths favoured the changes then proposed (though local councillors were reluctant to accept the findings). The changes resulted in the decommissioning of many properties and the concentration of sheltered stock in ten blocks, each with a scheme manager, and in the appointment of two mobile workers to serve people in their own homes – an early example of floating support!

Linda then described the period 2002-03, that of transitional housing benefit. Testway Housing was created as a LSVT with 300 sheltered units. Tenants had a greater voice on the Board. A hub and spoke model was introduced to increase cost – effectiveness and reduce earlier deficits. Not all worked well – the need was felt

for smaller teams; a system must operate in the right environment – one pattern does not work everywhere. Residents disliked a team approach and valued a regular relationship

A Best Value review was carried out in 2005. This highlighted the difficulties in calculating the actual costs of sheltered housing. The Supporting People team wanted to revert to the traditional scheme manager situation. A Customer Survey showed that most older people wished to remain in their own home – in fact over half of general needs stock was occupied by older people. People wanted a choice of services – not an obligatory morning call. Since many tenants were self-funders – not in receipt of Housing Benefit – they were concerned about the cost of services they did not seek.

Testway's experienced at this time a capping by Supporting People of the hourly rate; resistance from self funding tenants to rising service charges, dissatisfaction among staff with the stress-inducing range of roles and their own belief that residents were being sold short; more schemes were hard to let – of poor quality or in unpopular locations.

A broadly constituted Working Party, with strong resident representation and inclusion of Supporting People and the Local Authority, was set up to meet the challenges.

The objectives for 2006-7 were set out: to provide a quality service that is needs led, cost effective and shaped by the customers.

Customers were involved at all levels of planning. The system would be cost effective: financially stable and with long term sustainability, accountable and with flexibility and choice for residents.

A needs led approach focuses on customer choice, outcomes and individual assessment; success must be demonstrated.

Linda said that she did not like the term floating support – it did not connote a tailoring of support to needs or the close contact established between the older person and their support worker. The case load of a support worker is matched to the hours worked and the skills and knowledge set; for example mental health problems are met by a qualified mental health worker.

The success and quality of changes introduced has been validated. Testway has received external validation in TSA parts i, ii, iii and in the CSHS Code of Practice. In the Supporting People QAF it gained B's in six care standards.

In recent years Testway's sheltered housing has undergone many changes; a foundation has been laid in which improvements continue to be implemented. Financially sheltered housing has broken even. Schemes now enjoy a much higher level of social activity. Staff are more satisfied and turnover has been reduced. Residents too express high satisfaction – a visit from their support worker is for a specific purpose, not an inconvenient morning call. The Supporting People contract has been guaranteed until 2012.

Contact: linda.mothersole@testway.co.uk

In the afternoon small Workshops participants discussed the issues earlier raised; a wide range of themes emerged:

Becoming a Hub
Schemes vary widely in their potential to become a hub:

- Location: Some are central to their neighbourhood, others peripheral and difficult to access.   Urban and rural areas produce different problems. Schemes (of different landlords) may be closely juxtaposed

- Space: Many schemes have but a single common lounge and little or no space to accommodate extra activities.   But a nearby hall may be co-opted into use

- Segregation of Public and Private Space: The two areas should be clearly demarcated, access from one to the other limited; risk assessments undertaken

- Cost: The cost incurred in the public areas must be separately accounted for – and not passed onto residents in their service charge or rent

- Resident Objections: Frequently a small clique of vocal residents will object to their scheme being visited and used by "outsiders". They want to see the scheme as their "home" – not a poly-centre. However, residents who attend clubs etc, outside the scheme often wish to bring their new friends into the scheme to share in its activities

- Attracting Outsiders: Those living in their own homes in the neighbourhood and served by support workers or possessing community status could be invited to integrate within the scheme

Support Provision
- Professional Staff: Staff have specific areas of work and regular timetables. They must be trained with specific and specialised skills; they thus have transferable skills, career prospects and, often, better pay. They work in a team, not in isolation; they suffer less stress. Landlords find it easier to recruit such staff

- Users: Users receive regular scheduled visits, though these may be flexible to some extent; they do not have to pluck up their courage to seek help. Specialist support is available eg: for drug and alcohol abusers.   All are treated equally – there is no favouritism. In all, users receive a better quality of service

- Non Users: What is the position of those who are not assessed as eligible for publicly funded support; will they self-fund? What services will be available to them? How does one deal with those who clearly need support but are unwilling to pay for it?

- Those landlords who have introduced team working often claim to have reduced staff levels and costs. But have some tasks been passed to other agencies, eg: the community participation worker to a voluntary organisation?

What tasks previously carried out by scheme managers are no longer covered?

Changing Over
- Slowly and in stages: Carry out pilot studies, introduce changes slowly and in stages
- Consultation: Residents must be involved in planning from the outset. They must be appraised, eg: of all financial or technical problems. They must <u>not</u> be kept in the dark, assured that all will be well in the end
- Staff too must be involved from the outset; how will their roles change, what future career prospects will exist, what training given for new skills?
- Other local organisations involved in care and support provision must be brought into the planning process, their contributions assured

RESIDENT'S EXPECTATIONS

In the long run we must endeavour to create a system which residents feel is an improvement on what went before. In the meantime, their fears of a degradation in service must be assuaged. However, resident wishes must always be balanced against accountability for public funding.

The most highly valued element in sheltered housing would seem to be the <u>feeling</u> of security. How far can this be maintained within the hub and spoke model?

For many residents the scheme manager is still the omnipresent good neighbour – albeit non-resident, on duty 9-5 on weekdays and frequently off site at team meetings or training courses. The spectre of up to a dozen different (and often changing) staff passing through the scheme, the duties of each not understood, is frightening. However, it should be possible to minimise the number of team members regularly working in any one scheme. Each resident could have a key worker (probably their regular support worker) whom they feel to be accessible at all times.

Residents see the scheme manager to be responsible for safety within the building. They will recognise residents' family members, carers, the regular trades people. Improved front door access by modern electronic devices may alloy fears. Though there will always be the problem of the resident who, as a good turn, opens the door for a stranger.

The scheme manager is a leader. They facilitate social activities within the scheme. More significantly they recognise and try to defuse tensions between rival groups and cliques which threaten the cohesion of the community and thus the level of activity. A community participant worker to undertake such tasks, across several schemes, should be integral to the team. One should not hope that an external charitable body will provide funding for such a post. If social activity declines the preventative care provided by residents to each other will be lost.

One of the fears most frequently expressed is that changes will lead to a reduced level of monitoring of residents' well-being. Such monitoring which leads to action before an acute crisis develops is a major element of preventable care. Much of this has been achieved by both scheme manager and residents through formal (eg: the morning call) and informal (eg: observance of coffee mornings) methods.

Older people may well be ambivalent about such monitoring. The morning call is seen as an unnecessary intrusion; one does not like to feel that one is continually being watched. Yet when a crisis occurs – a fall, sudden deterioration in health, bereavement – one expects and is gratified that help and support is immediately at hand.

Perhaps the solution here is to establish an ethos in which everyone, staff and residents, is watchful of residents' well being – rather than adhering closely to one's own job description, minding one's own business.

CONCLUSIONS

Hub and spoke will perhaps become the buzz word of the coming years, yet the concept is hardly new. Linda Mothersall for instance, spoke at one of our own Workshops in March, 2001 about Testways' mobile wardens. The new extra care schemes, with their generous community facilities, almost met the components of the model. Their in-house care teams should, without much difficulty, provide a service to older people in their own homes in the neighbourhood (some staff might work largely in-house, others in outreach work). In our own Workshop, in September 2004, we deplored the system whereby as many agencies visited a sheltered scheme as there were recipients of care and support; could not these services be provided more efficiently by a coordinated team?

The hub and spoke model needs to be adopted at a national level as a goal for sheltered housing, being endorsed in policy statements. It cannot be restricted to pilot projects at a local level.