

# Housing Learning & Improvement Network

## User Involvement in Extra Care Housing

This factsheet is concerned with the role of the user in the development and management of schemes. It sets out the policy, regulatory and best value drivers for user involvement before going on to explore the different forms that user involvement can take within Extra Care.

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The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.

## Other Housing LIN publications available in this format:

Factsheet no.1: **Extra Care Housing - What is it?** *This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles (28.07.2003 updated August 2004)*

Factsheet no.2: **Commissioning and Funding Extra Care Housing** *Summary of essential facts about commissioning extra care and other housing based solutions for care. Most important facts about funding, what is involved, who is involved, who has to be involved and how long projects can take.(28.07.2003 updated August 2004)*

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Factsheet no.6: **Design Principles for Extra Care** *Basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Variety of models and ways of developing a range of different sites (26.07.2004)*

Factsheet no.7: **Private Sector Provision of Extra Care Housing** *The private sector has had an involvement in the provision of extra care housing for at least 20 years. This factsheet is intended to help statutory authorities commissioning extra care housing and private developers work together with a better understanding (21.07.2004)*

Factsheet no.8: **User Involvement in Extra Care Housing** *The role of the users in the development and management of extra care schemes, linked to concepts of independence, self determination, control and choice, key themes in national policy (24.08.2004)*

Case Study Report: **Achieving Success in the Development of Extra Care Schemes for Older People** *A practical guide to assist developers of Extra Care Housing (July 2004)*

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# **User Involvement in Extra Care Housing**

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## Introduction

Some authorities and organisations take the term “user involvement” to describe residents’ participation in activities and the social life of a scheme. The focus is entertainment, stimulation of the individual or engagement with the community of the scheme . Others use it to denote a role in the development and management of schemes. In these cases, it is linked, explicitly or implicitly, to concepts of independence, self determination, control and choice, key themes in national policy.

This factsheet is concerned with the second of these meanings. It sets out the policy, regulatory and best value drivers for user involvement before going on to explore the different forms that user involvement can take within Extra Care.

## The Importance of User Involvement

Among the key themes in the modernisation agenda as it relates to older people are:

- the promotion of independence and avoidance of institutional solutions to care and support
- the importance of user-centred approaches, in particular involvement in both the development and provision of services.

The two are interconnected. Independence is fundamental to older people’s quality of life and sense of well-being. However, what constitutes independence is an individual and personal matter. For frail older people, accepting assistance with activities of daily living may be unavoidable. As Harding<sup>1</sup> points out, *“there is a distinction between being able to make decisions about life and being able to implement these without help... For older people themselves, this may be much less important to their sense of independence than the capacity to be in control and to make decisions.”*

Evidence<sup>2</sup> shows that:-

*“When they are asked, older people are clear about what independence means for them and what factors help them to maintain it. Older people value having choice and control over how they live their lives.....(being able to) contribute to the life of the community and for that contribution to be valued and recognised....(They) **want to be***

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<sup>1</sup> *A Life Worth Living*, Harding T, Help the Aged, 1997.

<sup>2</sup> *Older People –Independence and Well-being - The challenge for public services*, Audit Commission, 2004

***involved in making decisions about the questions that affect their lives and the communities in which they live.....***

*.....At the heart of older people's ability to live independent lives lies their capacity to:*

- ~ make choices;*
- ~ seek personal fulfilment through activities and relationships;*
- and*
- ~ exercise control over their surroundings."*

The arguments for the development of Extra Care housing in part depend on the extent to which this model avoids admission to residential care and meets the three requirements listed above. A key is the extent of user involvement, or control, within schemes. As is recognised in the guide to user involvement produced by the Supporting People programme<sup>3</sup>, the approach taken to user involvement is also critical:-

*"services which only involve people because they are required to, will tend to see involvement as a separate activity and not as an integral part of the process of empowering people and of delivering services. By contrast, services that see involvement as a means of facilitating independence and inclusion, can point to a range of ways that people have been provided with the skills and opportunities, not only to have a say in services, but to have increased control in how they live their lives."*

## **The Policy Context**

*Independence, control, choice, consultation, involvement, inclusion, user centred, user focused* – these words and the principles they embody feature strongly in recent policy and guidance documents relating to older people:

- the 1998 White Paper, *Modernising Social Services*<sup>4</sup>, affirmed the Government's commitment to promoting independence and called for standards that *focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards*. It set out guiding principles for the development of social care services:-  
*"the guiding principle of adult social services should be that they provide the support needed by someone to make most use of their own capacity and potential"*  
and identified the priorities for improvement as being:  
*"promoting independence, improving consistency, and providing convenient, user-centred services."*

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<sup>3</sup> *Supporting People – A Guide to User Involvement for Organisations Providing Housing Related Support Services*, ODPM, 2003

<sup>4</sup> *Modernising Social Services*, HMSO, Nov 1998

- the *National Service Framework for Older People*<sup>5</sup> recognises that most older people want to stay in their own homes, living independently for as long as they can. It recognises the importance of developing flexible services geared to enabling older people to receive care at or *close to home* and places much emphasis on the involvement of older people and their carers in the implementation and modernisation of health and social care services;  
*“The National Service Framework for Older People is the key vehicle for ensuring that the needs of older people are at the heart of the reform programme for health and social services.....The NHS will shape its services around the needs and preferences of individual patients, their families and their carers. This NSF is based on a person-centred approach to care.”*
- the ODPM, in setting the strategic framework for housing for older people<sup>6</sup>, recognises that:-  
*“The focus of social care and health policy has shifted towards promoting independence and in providing care and support services 'close to home' as opposed to 'institutional' solutions. The Government now attaches a great deal of importance to involving people in developing solutions, which enhance choice, diversity and inclusion....*  
  
*..there needs to be a mixed economy of provision which is centred on the housing and support needs of the whole person. Involving users in the planning and delivery of services is essential if a whole range of housing and support options are to develop and flourish and real choice is to be offered to all older people.”*

There is a presumption that modern Extra Care housing will somehow naturally embody these principles. The model is certainly consistent with a policy of enabling older people to continue living independently, or as independently as possible, in a non-institutional setting. *Citizenship and Services in Old Age*<sup>7</sup> identifies a number of the perceived benefits of this model:-

*“...having a flat that is one's home; having control over one's financial affairs; choice over lifestyle; the potential to live a life focusing on what one can do not on what one can't; the potential to learn new things and to have fun and, maintaining old friendships and relationships with kin in the privacy of one's own home.”*

The extent to which the resident of an Extra Care scheme has true *independence and control* within his or her life will be shaped by the extent to

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<sup>5</sup> *National Service Framework for Older People*, Department of Health, March 2001

<sup>6</sup> *Quality and Choice for Older People's Housing*, ODPM,

<sup>7</sup> *Citizenship and Services in Old Age*,

which *choice, consultation, involvement, inclusion* are a reality. It will also be encouraged or constrained by how services are provided. Care and support providers can deliver the same service in different ways. Some will be more likely to promote independence and control than others. So, for example, supporting individuals to make a meal for themselves is more likely to help maintain independence than simply providing a meal in a restaurant.

There are a number of areas in which users can be involved in Extra Care housing schemes. These can be summarised as:-

- ~ management and day-to-day running
- ~ evaluation and review
- ~ policy development and business planning
- ~ commissioning and procurement
- ~ individual care and support planning and review.

Before going on to explore how users can be involved in these areas, it is helpful to look at what best practice and the regulatory framework have to say.

## Best Practice and the Regulatory Framework

These aspects of schemes are regulated by an array of organisations.

Care	Commission for Social Care Inspection for domiciliary care. Social Services in relation to care contracts
Support	Supporting People Administering Authority
Housing	Audit Commission/Housing Corporation/Housing Ombudsman

In addition, financial accountability in relation to rents and service charges differs between leaseholders and tenants and ultimately is regulated by the Courts.

The standards documents produced by the regulating authorities, together with some other key self-monitoring tools, provide a baseline of governmental expectation and good practice within Extra Care schemes in relation to user involvement and user-centredness. Key documents include:-

- ~ Domiciliary Care – National Minimum Standards<sup>8</sup>
- ~ Monitoring and Review of Supporting People : The Quality Assessment Framework<sup>9</sup>
- ~ Monitoring and Review of Supporting People : Using the Quality Assessment Framework<sup>10</sup>

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<sup>8</sup> *Domiciliary Care – National Minimum Standards*, Department of Health 2003

<sup>9</sup> *Monitoring and Review of Supporting People : The Quality Assessment Framework – Core Service Objectives*, ODPM, 2004

- ~ Supporting People – A Guide to User Involvement for Organisations Providing Housing Related Support Services<sup>11</sup>
- ~ Code of Practice for Sheltered Housing<sup>12</sup>

What do these say about user involvement? Key points are set out below.

### **Domiciliary Care – National Minimum Standards**

Extra Care schemes should not normally be registered “establishments” as care homes<sup>13</sup>. Personal Care services provided are subject to the National Minimum Standards for Domiciliary Care. The Standards, which were produced in consultation with older people, say that:-

*“The needs of the service user lie at the heart of the provision of personal care. Service users need to be kept informed and enabled to make choices concerning their care, and participate in the process, thereby maintaining their independence..... Care and support workers may be directly providing the care themselves but they are more likely to be providing the care jointly with the person needing assistance, encouraging them to do as much as possible for themselves in order to maintain their independence and physical ability.”*

The number of actual, direct references to user involvement or control are fairly limited and focus exclusively on the service to the individual rather than on any involvement in the culture and lifestyle of the scheme. This is hardly surprising as they were not compiled with Extra Care settings in mind. So, the specific requirements are concerned with:-

- ~ user involvement in the drawing up and review of care plans  
*“....the plan is drawn up with the involvement of the service user, whenever possible ....and takes into account the service user’s wishes and preferences in relation to the way in which the care is provided and their own chosen lifestyle”*
- ~ advance consultation and involvement in decisions about changes of care or support worker
- ~ the service user routinely having the opportunity to specify their particular requirements at any time  
*“....upon arrival in the home, care or support staff ask the service user if there are any particular personal care needs or requirements they have on that visit.”*

These regulations do not address the form of involvement that is the subject of this factsheet. The National Minimum Standards for Care Homes, which could perhaps have been expected to provide some sort of good practice

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<sup>10</sup> *Monitoring and Review of Supporting People Services: Using the Quality Assessment Framework*, ODPM, 2004

<sup>11</sup> *Supporting People – A Guide to User Involvement for Organisations Providing Housing Related Support Services*, ODPM, 2003

<sup>12</sup> *Code of Practice for Sheltered Housing*, Centre for Sheltered Housing, 2002

<sup>13</sup> *Supported Housing and Care Homes - Guidance on Regulation*, Dept of Health, 2002



guide for more communal living settings also make very limited reference to this form of involvement.

Nevertheless, service user involvement – and the underlying concepts of control, choice and independence - has long been accepted good practice within social care. It figured most strongly and at an earlier stage in relation to younger adults with physical and learning disabilities.:-

*“...service users should be involved and integral to, rather than being consulted about, any policy or practice change. Service users want to be listened to, and be confident that their views will be acted on in some way. Service users should have as much information as staff.”<sup>14</sup>*

### **Supporting People – A Guide to User Involvement for Organisations Providing Housing Related Support Services**

In contrast, the Supporting People programme's guidance and regulatory framework in relation to user involvement does focus on both individual support and the wider culture and life of the scheme.

One of the key aims of the programme is to enable users of support services to achieve greater independence. Involvement is seen as a key means of promoting independence as well as improving services by enabling users to feed in their ideas and preferences. The importance attached to this is illustrated by the fact that the programme has produced a guide to the development of user involvement as well as requiring evidence of involvement.

The guide is intended to provide a tool for thinking through the issues of user involvement and a means of sharing existing experiences in the development of effective strategies and practice for user involvement. It addresses:-

- ~ individual needs and lifestyle
- ~ user participation in service delivery on a day to day basis
- ~ involvement in service evaluation and development, staff recruitment and training, and in the development of policies
- ~ user involvement in governance and in the management of the organisation.

The guide is referred to here as evidence of the integral place of user involvement in the Supporting People programme. However, although written with the wider range of housing related support services (and of user groups) in mind, it is recommended as a valuable resource tool to Extra Care providers, or potential providers, seeking to develop their user involvement strategies.

### **Supporting People – The Quality Assessment Framework**

Not surprisingly in view of the above, the Quality Assessment Framework (QAF) for Supporting People acts as a powerful driver for developing user

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<sup>14</sup> SCIE Update Vol 1, Social Care Institute of Excellence, 2003

involvement in housing related support services, with an emphasis on such involvement being truly integrated into the whole culture of schemes:-

*“In order to achieve the higher performance levels (A and B), providers need to have integrated service user involvement into their approach to service management and delivery.”*

The QAF standards look for evidence that service users are being involved in reviewing policies and procedures and planning the way in which services operate as well as in their own individual needs/risk assessments and reviews. The evidence requirements state that service users ought to be able to confirm their involvement in such activities. However, it is also specifically recognised that there will be people who do not want to participate in the running of their scheme:-

*“Whilst demonstrating good practice by providing opportunities for service users to be involved in the running of their services, the right of service users not to be involved must also be respected. Where service users have chosen not to be actively involved, it will be sufficient for the provider to demonstrate that there are genuine opportunities for service users to be involved and that the provider has made all reasonable efforts to encourage service users to take advantage of these opportunities.”*

Highest priority is attached to users being involved in their own support planning and review. This is required for the achievement of level C. Level A requires user involvement in reviews of:-

- ~ individual needs and risk assessment/review procedures
- ~ health and safety and security policies and procedures
- ~ abuse policies and procedures
- ~ anti discrimination, equal opportunities and harassment policies
- ~ allocations procedure
- ~ complaints procedure.

The QAF looks for clear evidence at local level that:-

*“.... there are processes by which service users are offered opportunities to participate and that their participation is encouraged and made realistically possible by measures such as arranging transport, supporting service users in taking part in meetings with strangers etc as appropriate to the needs of the service users concerned.....it is appropriate to expect that users of the particular service under review can confirm that they are aware of the opportunities to participate in these processes.”*

## **Housing - Housing Corporation/Audit Commission**

Responsibility for inspection of housing services in both councils and RSLs now rests with the Audit Commission although the Housing Corporation remains the regulatory body for RSLs. The Housing Corporation Regulatory Code specifies that housing associations must:-

- ~ seek and be responsive to residents' views and priorities

- ~ reflect those interests in business strategy
- ~ give residents opportunities to comment on performance
- ~ enable residents to play a part in decision-making
- ~ provide opportunities for residents to explore and play a part in how services are managed and provided.

The recently published Involvement Policy<sup>15</sup> sets out the regulator's expectation that user involvement should be absolutely central to all activities:-

*"We want all associations, large or small, to have resident involvement at the heart of everything they do....we expect all associations to clearly show how their services have been commented on and influenced by people living in their homes...We also expect housing associations to be able to show that responding to residents views is something that runs through all their activities as part of their culture and the way they deliver services....Involving residents is an essential ingredient of a quality housing service....."*

and sets out the outcomes that the Housing Corporation expects associations to achieve in this regard. The equally recent Housing Corporation/Audit Commission publication, *Housing – Improving Services Through Resident Involvement – Management Handbook*<sup>16</sup>, provides a toolkit to assist RSLs in reviewing whether current practice is maximising the value of residents.

## **Code of Practice for Sheltered Housing**

The Centre for Sheltered Housing Studies' (CSHS)<sup>17</sup> Code of Practice for Sheltered Housing has been widely recognised as setting standards for good practice in sheltered housing. Among its ten standards are two which are concerned with user involvement and which make the link with choice, control and independence:-

### Standard 2 – Rights and Responsibilities

- ~ *demonstrate that the organisation is committed to promoting service users rights, shown by their commitment to the principles of consultation, participation, choice, and service users' involvement*

### Standard 4 – Independence and empowerment

- ~ *demonstrate the organisation's commitment to the promotion of independence, and to empowering residents to participate, direct their own lives and engage in the wider community.*

In 2004 CSHS revised and extended the basic Code of Practice for Sheltered Housing to include specific reference to requirements relating to the provision of Extra Care housing.

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<sup>15</sup> *Involvement Policy for the Housing Association Sector*, Housing Corporation, 2004

<sup>16</sup> *Housing – Improving Services Through Resident Involvement – Management Handbook*, Audit Commission/ Housing Corporation, 2004

<sup>17</sup> Code available from [www.cshs.co.uk](http://www.cshs.co.uk)

Standard 2 is explicitly extended to cover consultation and participation in care and support aspects of provision. This now says:

*“This information (on care and support) is freely available to service users, and their families and friends, and presented in a way which helps service users understand and exercise their rights to report concerns, make comments or participate in reviews of service in areas of:*

- *Support*
- *Care provision*
- *Landlord responsibility”*

Standard 4 is extended to cover support planning. Organisations are expected to demonstrate commitment to:

*“service users’ ownership of needs assessment and support and care planning including the promotion of choice”*

Organisations who develop retirement housing for sale rather than rent may in addition be tested against a further regulatory code of practice produced by the Association of Retirement Housing Managers (ARHM).<sup>18</sup>

Unlike the CSHS code this has a statutory footing in that it is approved by the Secretary of State under the Leasehold Reform Act 1993. An updated code reflecting changes under the Commonhold and Leasehold Reform Act 2000 is currently awaiting formal approval. Leaseholders have an array of rights to be formally consulted about the running of a sheltered scheme, provision of services, changes in services, maintenance and service charges. These are explained in the ARHM Code.

The detailed Code runs to more than 60 pages but any organisation developing leasehold extra care will need to be familiar with the legal requirements to consult. These include formal consultation on:

- Major works over certain minimums
- Long term agreements for provision of services
- Variations of what are described as “special services”

In addition to statutory requirements the code sets out much additional good practice in relation to formal consultation.

## **Approaches to User Involvement**

As will be obvious from the previous sections, the good practice message is that the residents of Extra Care schemes should be involved in as wide a way

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<sup>18</sup> ARHM Code is available free from 3<sup>rd</sup> floor, 89, Albert Embankment, London SE1 7TP or enquiries@ARHM.org

as possible – to the extent that this is compatible with the individual's own preferences

As noted earlier, users can be involved in the provision of Extra Care in a variety of ways:-

- ~ management and day-to-day running of schemes
- ~ evaluation and review
- ~ policy development and business planning
- ~ commissioning and procurement
- ~ individual care and support planning and review.

Setting aside for the moment involvement in the their own care and support planning, it seems that at present the nature and extent of user involvement within Extra Care schemes/communities varies widely – mirroring the wide range of provision presently operating under the Extra Care banner. Very crudely, the picture seems to vary from schemes and retirement communities based on a concept of user empowerment, independence and control to a form of user involvement that is not any further developed than commonly found in conventional sheltered housing. This is itself variable but is probably most typically limited to some level of input into the organisation of activities and trips and occasionally selection of staff. In leasehold sheltered schemes there is a wider statutory base for consultation on:

- service charges – and the contracts that lie behind changes
- major items of maintenance

Some commentators have argued that the kind of financial accountability commonplace in leasehold sheltered housing should be extended to rented provision as general good practice. This typically involves:

- preparation of service charge accounts
- commentary on accounts
- preparation of a budget for forthcoming year
- presentation of accounts and consultation on budget at a general meeting
- specific consultation with residents in advance of expenditure on major items
- consultation on contracts and specifications for scheme wide services like gardening, window cleaning

The contrast between the user empowerment approach of some providers (mainly the major providers) and the more limited approach of others is striking. In-house reviews of existing schemes and policy/development proposals often lack any mention of user involvement as either a defining characteristic or an important objective, focusing on built environment, service composition and cost benefits in relation to residential care rather than on cultural approaches or objectives. This may be changing as the Extra Care concept develops more widely and the new Supporting People regulatory requirements and good practice ethos begin to have impact. However, it does

seem to relate to a different philosophical approach to, or the expansiveness of thinking about, the care and support of older people.

Other factors that may contribute to this variation in the nature and scale of tenant involvement are:-

- ~ the timescale over which commissioners and providers have been involved in Extra Care provision; and
- ~ size – both of the scheme itself (village community as opposed to 30 to 50 unit scheme) and of the organisation (contrast the major providers such as the Extra Care Charitable Trust, Housing 21 or Anchor).

Another possible dimension relates to the developing picture in regard to tenure. In theory, residents of owner occupied/leasehold schemes are in a position to assert their preferences as to the extent of their involvement – they will buy where they are satisfied with the degree of user involvement, control and choice offered. In practice, of course, this power will be mitigated both by the potential resident's expectations of control and choice within settings that include support and care and by their inclination to be involved:-

*“A few residents reported feeling inclined to disengage with the resident participation process and wondered about finding recruits to take seats on the Residents’ Committee, as it was seen by some to be an onerous and relatively thankless task.*

*Views were mixed on the extent to which JRHT was able to take residents’ views into account.....most felt they were consulted by JRHT, but that it was only realistic and practical to expect that the management would ultimately take the major decisions about the running of Hartrigg Oaks.*

*“People come here thinking it’s democratic but it’s not. We’re lucky we are consulted to the extent that we are, but in the end they make the decisions and we have no representation at the decision making level.”<sup>19</sup>*

## **Mechanisms for Involvement**

The most commonly found opportunities for user involvement and participation appear to be through tenants’ forums and groups. These are a very common feature of both conventional sheltered and Extra Care schemes but their scope and influence seems to vary:-

*....(they) appear to vary greatly as to which aspects of life in the scheme are communicated and consulted upon, and on the scheme’s responsiveness to tenants’ views. (Brooks et al)*

At the most rudimentary level, such groups may provide no more than a forum for informing tenants about what is happening within their own scheme and

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<sup>19</sup> *Hartrigg Oaks : Views of the UK’s First Continuing Care Retirement Community*, Croucher K, Pleace N and Bevan M, JRF, 2003

the parent organisation – but this type of structure/process can hardly be considered a form of user involvement.

Moving up a peg, tenant groups can provide the opportunity to contribute to (or manage) programmes of activities and trips and/or to comment on what is happening within a scheme or on proposed changes. However, they can engage far more widely in the running and management of schemes and/or parent organisations – for instance by:-

- ~ contributing to, or making, decisions about decor, furnishings, use of facilities
- ~ contributing to decisions about security measures for the scheme
- ~ having a role in staff recruitment
- ~ contributing to the selection of contractors providing services to schemes – see later discussion of commissioning and procurement
- ~ contributing to scheme review/evaluation
- ~ providing a forum for consultation on policy development/review or other wider organisational issues
- ~ pulling together and representing residents' views to management within and beyond the scheme.

Obviously, there are other ways for residents to be involved in the above but a tenants' committee/forum of some kind is a common mechanism.

The vibrancy and influence of tenants' groups depends substantially on the attitude and culture of the parent organisation, the attitude and commitment of the scheme manager and the enthusiasm and abilities of the residents themselves. In this, the first is probably paramount. There is a world of difference between an organisation that actively promotes user involvement or control and one that merely accepts the existence of user groups or sees them as a means of getting a tick in a quality control box. Scheme managers (and other staff) can have a major impact on the functioning and empowerment of groups but without clear guidance and legitimation will find it difficult to know how far to go in facilitating those groups.

An organisation that is committed to user participation will not only make this clear but will seek to establish structures, processes and policies that facilitate this. Within Extra Care schemes, this is likely to involve addressing the abilities of the more frail tenants to participate.

An example of this can be seen in the way that Housing 21 has adapted some of its standard user involvement processes to include relatives and other advocates. Thus, in Extra Care schemes, their usual tenants' associations (which cover a raft of issues around local and organisational policy, matters specifically to do with the scheme, and social and recreational activities) are replaced by *Tenants and Friends* groups – and it is open to the tenants to involve any one or any organisation that they wish. Similarly, monthly and annual consultation meetings (see below) are open to relatives and advocates.

Within larger organisations, tenants' committees may be components of a larger formal consultation structure. Staying with the Housing 21 example, the

organisation has a strong commitment to user participation and a developed consultation structure which at court (scheme) level involves:-

- ~ monthly scheme manager meetings with residents – primarily focused on local/scheme matters
- ~ annual formal consultation meetings – focusing on both organisational and local matters which leads to the production of an annual report/newsletter for each scheme (to ensure that all residents, including those who have not attended the meeting, are kept as informed as possible) and a *Court Action Plan*
- ~ the new *Court Voice* initiative – particularly applicable to schemes where tenants have chosen not to have a tenants association/Tenants and Friends group, this is an informal mechanism whereby individual tenants can volunteer to work for and represent their scheme. Court Voices have a responsibility to ensure that fellow tenants are made aware of any Housing 21 proposals.

Tenants Associations/Tenants and Friends Groups link directly in to nine area forums which in turn link to the Housing Services Committee. This then has a direct reporting relationship to the Board. (The 23 strong Housing Services Committee includes 18 elected tenant members.) Housing 21 contends that this structure ensures that:-

*The influence of residents is at the heart of Housing 21's decision making*<sup>20</sup>

Interestingly, the Extra Care Charitable Trust – whose whole vision of Extra Care is specifically built around the concepts of empowerment and enablement, choice, independence, and self determination – have moved away from the model of generic, scheme wide residents' committees. They have found that residents are more likely to express their views and truly engage with small groups made up of people with a common interest and concerned with matters of immediate or real significance to the participants. They consider such groups a far more effective vehicle for user involvement than the traditional residents' Committee.

Thus, as they move into and develop their concept of the Extra Care Retirement Community, they have shifted away from the idea of scheme/village wide committees to *street meetings*, *vision workshops*, and *interest groups*, seeking to maximise overall participation through engagement in specific matters/issues/activities.

## Concluding Comments

It is clear that the policy, regulatory and best practice drivers are to develop effective user involvement in Extra Care housing in all its aspects. Actual practice currently is highly variable but there is already a developing body of experience of different approaches and techniques - although evidence about

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<sup>20</sup> *Creating Choices Together – Annual Report 2003*, Housing 21, 2003



their impact and effectiveness is anecdotal. What is clear is that commissioners and providers need to take a thought through and clear approach to user involvement. This involves, above all, clarity and realism about objectives (is the aim to inform, to consult, to stimulate, to engage in direct management and operation, to contribute to, or to have the power to make or veto decisions?) as well as a careful and facilitated development of techniques and opportunities for involvement.

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