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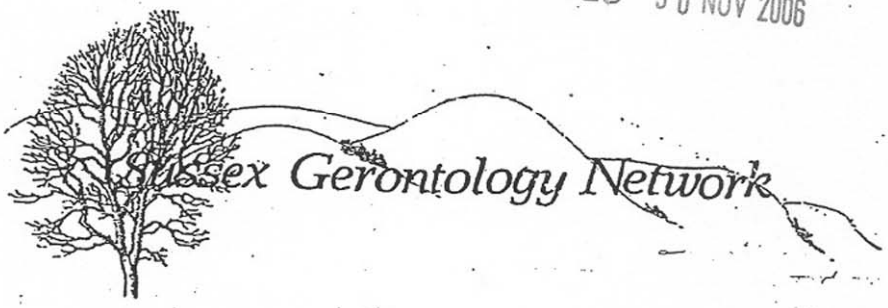

SHELTERED HOUSING : WHO IS IT MEANT FOR?

THE ALLOCATION PROCESS

A WORKSHOP

University of Sussex, Brighton
Wednesday 27th September 2006
10.00am - 4.00pm

REPORT

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

REPORT

This Workshop, our 37th since the inception of the series in 1991, developed the themes enunciated in our previous Workshop *Preventative Care and Sheltered/Retirement Housing* held on 6th April 2006.

At this earlier Workshop it was agreed that what sheltered housing provides, par excellence, is preventative care. Sheltered housing is a specific mode of accommodation - it is not meant to provide support for all categories of older people. There are some for whom sheltered housing is not appropriate; firstly because it cannot provide the support needed; and secondly, and very importantly, because such allocations may actually threaten to negate the provision of preventative care to the existing residents.

The Workshop was attended by over 60 participants representing sheltered housing residents, scheme managers and housing manager, consultants and others involved in policy making and in the allocation process.

A. SHELTERED HOUSING : WHO IS IT MEANT FOR?

1. Policy

- Government policy documents repeatedly, and increasingly, emphasise the importance of Preventative Care, and the need to combat social exclusion; mental health issues, and especially depression, are more widely recognised

- Sheltered housing, is par excellence, designed to provide low level preventative care and to promote social inclusion

2. What Does Sheltered Housing Provide?

- A decent home:
  - well located (no hills, near services, salubrious neighbourhood)
  - well designed (easy to maintain, appropriate adaptations)
  - communal facilities (lounge, laundry, etc)
  - security

- A scheme manager who:
  - is involved with support plans
  - monitors residents' well being regularly
  - provides advice and advocacy
  - facilitates social activity within the scheme

- A Community of residents:
  - social interaction is promoted
  - residents provide practical and emotional one-to-one support to each other
  - provides collective social events

- enables residents to find a purpose in life, to develop new roles

(The importance of the mutual support within the community is frequently ignored by professional support providers)

- Overall
  - the sheltered scheme offers a feeling of security - in many forms
  - it gives many residents a new lease on life

- The scheme provides too, a "home for life" - for most residents the support which the may need will be provided within the scheme - either by an in-house team or visiting support workers

- Sheltered housing is thus a highly specific form of accommodation - very different from supported housing, residential care, etc

3. Who, Thus, Is Sheltered Housing For?

- Those whose well-being needs to be regularly or continually monitored - risk of acute episodes : falls, fits, heart failure, etc
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- Those who are isolated - living alone, poor social networks - and who may experience loneliness → depression → self-neglect, each contributing to poor health

4. The Concept of "Support Needs"

- The term is used - high/medium/low/no support needs. So often this is construed as practical, hands-on care - not emotional needs

- We need to distinguish:
  - the level of support, whether practical or emotional
  - the risk of deterioration if the need is not met

- Again we encounter the distinction between acute/present needs and preventative care needs

- Consider 2 examples of people living in their own home:
  - a person receiving several hours of personal and domestic care; is a move to a sheltered scheme indicated? Perhaps to an extra care scheme where more flexible support can be provided. Will they be able to contribute to/benefit from the companionship of residents?

  - a person recently bereaved, coping poorly with loss; little social activity (poor mobility, shyness) will they cope adequately within sheltered housing with no practical support - yet deserves priority in allocation?

- It seems that Supporting People funding to sheltered housing is often

being restricted to those in the former category - with a high level of support, and denied in respect of the latter "who have no support needs"

5. Inappropriate Allocation?

- If sheltered housing is more appropriate for some categories of persons, it must be less appropriate for others

- The ability/potential of sheltered housing to provide preventative care and to combat social exclusion is currently threatened by:
  - allocation to those with a high level of support needs : since existing residents are ageing and growing more frail the balance in the community is threatened
    - the work load of the scheme managers is increased
    - too few 'active' residents to support the 'frail'

(Individually these frail people may be charming - it is their number that threatens the balance)

  - allocation to those displaying 'challenging behaviour', usually associated with severe alcoholism, and often aggravated by homelessness, drugs, mental health issues
    - again the scheme manager's work load is increased
    - residents 'withdraw' and community cohesion is weakened

(One or two such residents can cause severe disruption within a scheme)

6. The Dilemma

- Professionals within housing, health, social services all have their "problem cases"; they are working with a context of insufficient funding, closure of residential care homes and specialised units

- Many do not understand the nature of sheltered housing - especially its inability to provide support needed by their 'problem cases'

- Spreading thinly does not minimise the effect on the individual sheltered scheme

- Housing officers will offer hard-to-let accommodation to those least able to refuse it but whose needs may not be best met

- The right of existing residents to define the nature of their community is not recognised

- For some, a move into sheltered housing may provide the support needed to alleviate the problem (eg: the alcoholism is curbed); but this must be balanced against the risk of an unsuccessful allocation

- Sheltered housing has so much to offer so many categories of older people. Many of the problems which they experience may be alleviated through the support received within their scheme. Residents within a scheme have very diverse characteristics; a scheme ought to be inclusive.

But it must be recognised that allocations may result in reducing the ability of a scheme to provide preventative care

7. What is to be Done?

- Two questions:
  - to whom should sheltered housing be offered. Allocations are made, in good faith, to those "in greatest need"; but whose need is greatest?
  - how do we ensure that the new resident will 'fit into the scheme'?

- A. Examine the assessment and allocation process
  - does it give sufficient weight to preventative care needs?
  - are social factors recognised (and not just housing and medical needs)?

- B. 'Fitting In' - the role of scheme managers
  - Is the applicant appraised of the nature of sheltered housing, eg: of community obligations?
  - A visit to the selected scheme
  - Residents do not want to be asked to 'black-ball' anyone - but they have an interest in who joins their community
  - Are social factors recognised : social class, ethnicity, cultural needs etc
  - Is the actual unit to be allocated appropriate?
  - Each of the above implies a major role for the scheme manager in the allocation process
  - Can the specific needs of the applicant be met in the scheme (aids and adaptation, professional care, social contracts, gender balance etc)

B. AGEING SCHEMES

Joyce Bloomfield described her experiences in a sheltered scheme which had 'aged'

Joyce entered the scheme - a block of 12-14 flats - nine years ago following a mild heart attack; and living alone in a remote corner of a small village she felt insecure. Yet she was still quite active - worked in the garden, visited the town 15 miles away

In the mid 90's the scheme was socially very active - daily coffee mornings and afternoon teas which most attended; two darts teams, bingo, a fortnightly pop-in for villagers (much valued by residents who could not leave the scheme), numerous outings etc. The scheme was a real community

Since then the scheme has lost its resident manager; a manager from another scheme, 5 miles away, visits for 1-1½ hours on most week days

Two or three of the residents in the scheme are still fairly active - though obviously ten years older! New entrants have been more frail even though the

youngest is only 70. The residents cannot now provide one darts team; organising morning coffee is too onerous. In all, there is much less social activity

But the few more active residents have increased responsbilities in the scheme; two of them check the security each evening. Joyce gave two graphic descriptions of emergency support given. One involved a resident with mild dementia who wandered. In the other case a diabetic man, an amputee, lost control of his wheel chair and banged his head against a wall. Joyce and another resident coped whilst awaiting the ambulance and then supported the ambulance team. (The duty scheme manager was called but did not attend because the ambulance was on site!). In a third case an incontinent resident first sought the help of other residents - but they rightly refused and family members now attend to clean up

Whilst the active residents are happy to help in emergencies, the stress in anticipating such events, of knowing what to do, is considerable and should not be borne by residents themselves well into their 80's and growing more frail

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The Scheme Manager's perspective:

Two scheme managers, Mo Pullen and Chris Barfield, members of the SGN Steering Group, provided notes on the effects of a high proportion of residents with high support needs. Bobbie Bloomfield presented these adding her own comments as a former scheme manager:

Resident's with high support needs - The Scheme Manager's Role

Residents with high support needs needing a lot of input from the scheme manager will probably fall into one of two main categories:

1. Those from unstable backgrounds and with poor or non-existent informal support networks, but not qualifying for formal care. They may have low levels of coping, and often their support will involve the SM taking on roles normally performed by statutory services, close relatives or next-of-kin

2. those with high mental or physical care needs, involving an extensive care plan. Though their day-to-day care needs are met, carer visits are brief and the SM has to deal with any problems in between, plus other needs not covered by the care plan

The extra responsibilities for these residents include:

- Monitoring rent accounts and ensuring Housing Benefit claims are kept up-to-date
- Helping residents to manage finances, pensions and bills
- Helping with correspondence, forms, etc

- Liaising with social and health services on their behalf
- Trying to deal with problems not acknowledged by the tenant, eg: substance use, anti-social behaviour, self-neglect, health problems
- Monitoring of hospital admissions, liaising with health staff, ensuring they have all they need while in hospital and monitoring discharge arrangements
- Accompanying to appointments as escort and/or advocate
- Dealing with falls or other problems of high-risk tenants between care visits or outside working hours
- Tenants often need help to purchase clothing or other essentials
- Intensive work needed to involve the resident in social life of the scheme, eg: reminding, escorting and monitoring
- Increased incidences of wandering or getting locked out
- Monitoring the supply and review of medication

Bobbie noted that many of the tasks listed involved most residents - but especially the more frail. She highlighted the problems and stress caused by but a single 'wanderer'; in the absence of a scheme manager, responsibility for support falls on the residents. Residents who 'go missing' and are found and returned by the police, also cause stress within the scheme

Bobbie deplored the lack of appreciation of the nature of sheltered housing, found in other agencies. Allocations were made with too little forethought. Physical needs, the activities of daily living, were recorded, but emotional needs - especially fears of insecurity - were usually ignored. Hasty decisions were made in order to fill a void flat and avoid loss of rent. But an allocation, which later proves to be inappropriate is hard to rectify - the tenant is secure. The burden falls on the scheme manager, the residents and ultimately higher levels of management, as they try to cope with the problems engendered

C. SEVERE CHALLENGING BEHAVIOUR

1. Well over one half of all schemes seem to have one or two residents with severe challenging behaviour (usually alcohol related but often compounded with homelessness, drug problems, poor mental health etc)

2. In most cases scheme managers assert that they were not warned of these issues before the new resident's arrival, or there was a brief mention of 'a little drink problem' late in the allocation process

3. **Incidents caused include:**
   - Noise within the flat - loud TV, singing etc

- In public areas, inappropriate behaviour
  - aggression towards other residents
  - inappropriate sexual advances
  - drunkenness

- Misuse of community facilities - eg: laundry
- Loss of keys at night - wake other resident or scheme manager
- Sleeping in Common Room
- Incontinence and vomiting
- Non-disposal of bottles, needles etc
- Bring into scheme friends with similar habits
- Goes missing - need to alert hospital, police etc
- Cause attendance at scheme of police, fire service, ambulance
- Money problems - pension immediately spent on drink, leaving nothing for food etc
- Health and Safety issues : panic button in scheme manager's office; wear protective clothing, gloves, etc when entering a flat with drug, hepatitis, HIV risks

4. **Consequences for Scheme Manager:**
   - Time taken in dealing with above issues

   - Anxiety and tension
     - scheme manager not trained to deal with such incidents
     - inability to get appropriate external professional support
     - fear for own security

5. **Consequences for Community of Residents:**
   - The 'tone' of the scheme is lowered; it becomes a less pleasant environment for residents

   - Fear of insecurity is increased

   - Reduced social interaction : residents
     - avoid use of public space
     - are reluctant to support community events
     - withdraw into own flats

   (Remember : many residents entered the scheme because of their own vulnerability)

6. **Possible Action:**
   - Counselling - difficult to find appropriate support
   - Threaten with loss of tenancy - successful in some cases only
   - Find alternative accommodation - difficult in the circumstances
   - Eviction - the legal process is long and tedious
   - ASBO - the legal process is long and tedious

D. ASSESSMENT AND ALLOCATION

Peter Huntbach is Older People's Housing Manager in Brighton & Hove City Council, in charge of the City's twenty five sheltered schemes and their 900 residents. The City has been most active in recent years in defining the role of sheltered housing

The Allocation Process:

Brighton & Hove CC have recently moved from a points based allocation system to choice based lettings

Under the points system points were awarded largely on housing criteria; eg: homelessness, shared bathrooms, poor condition of building, overcrowding all earned points. Applicants completed a medical self assessment form and points were awarded for medical conditions; but again the emphasis was on the housing relatedness of the medical problem; eg: impaired mobility in a block with no lift, or damp housing causing deteriorating health, earned more points. Social factors did not figure in the assessment for points (and no points were awarded for alcohol related behaviour problems!)

As accommodation became vacant it was offered to the person with most points - at the top of the list. If this offer was rejected one further offer would be made; if this was rejected the applicant was removed from the waiting list for a year

Under the choice based letting system the applicant is assessed in the same way, ie: largely on housing criteria, and placed in one of four bands - A=highest, D=lowest. (The banding may be reviewed if circumstances change). Every fortnight the Council advertises its vacant properties (with those of RSL's to which it has nomination rights), giving location, facilities, rent, etc. Individuals may bid for up to three properties each fortnight. With the bids received a short list of applicants is prepared, based on banding and length of time on the waiting list; the property is first offered to the person highest on the short list, and if the offer is rejected to the next highest and so on. An applicant may continue to make three bids a fortnight ad infinitum. The results of the bidding process are regularly published, including the banding of the successful applicant; individuals in lower bands will thus be deterred from bidding for properties which are almost invariably allocated to high bands

The main change produced by the new system is that applicants are choosing where to live and are not pressured to accept the one or two properties that fall vacant whilst they top the points list. One consequence is that sheltered schemes with shared toilet facilities (of which the Council has quite a few in its oldest schemes) are not popular - very few bid for them. There is a danger that bids will be made by the more active applicants whilst those who lack the capacity will fail to bid; the Council is now able to locate those on the waiting list who have not made bids recently; some of these people may indeed have considerable support needs

The move to a choice-based letting system did not however change the basic principles of assessment - housing need remained pre-eminent

The Assessment Process:

Peter then outlined the changes underway in the assessment of suitability for sheltered housing

The Council's eligibility criteria are - over 60 years of age with support needs; support needs have never been clearly defined but attempts are now made to include factors relating to social exclusion

The age limit of 60 years is under discussion: A 'homeless' person over 60 will often be allocated sheltered housing though their support needs are minimal - they might still be going out to work! A person in the late 50's might well have support needs which a sheltered scheme can provide; flexibility of chronological age is sought

A multi-agency approach to the definition of support needs is now being established. An assessment panel with representatives from housing, health and social care now considers a range of social and cultural needs; these include emotional needs and risk of depression, the need to monitor a care package more closely, need for a feeling of security, need for support to obviate a move to hospital or nursing care, a need to make regular checks on personal needs

The panel wishes to consider a range of issues:

- the likelihood of an imminent increase in support needs
- the impact of allocation on the scheme and its residents
- alternative modes of providing support - eg: sheltered housing may not be necessary if an alarm at home provides the support needed
- the recommended support package must be in place before entry to sheltered housing

It is suggested that scheme manager and 'service users' (ie: residents) should in future be members of the assessment panel

Finally, we live in a society in which the population is ageing; there are more people with high support needs; and thus more people for whom sheltered housing is indicated. More staff and better trained staff are needed. But this requires more funding - and allocations to sheltered housing by Supporting People are being cut. As a scarce resource sheltered housing will be allocated to those with the highest support needs; the impact of this on scheme managers and residents is recognised

E. COMMENTARIES

1. Judith Taylor, now an independent consultant, previously worked for four years in the East Sussex Supporting People team; but before that, she managed sheltered housing for many years

Firstly, Judith commented upon the 'collective failure of imagination' and 'paralysis' among sheltered housing providers in the social housing sector. Sheltered housing has not changed much in recent years; Who is it designed for? And scheme managers are given insufficient support in implementing change

Secondly funding: the shape of service provision in the public sector is shaped by the source of funding - every bit has strings attached, criteria to meet. Each fund focusses on a different aspect of care and support. Judith welcomed the multi agency approach to assessment and agreed that there should be more and better coordination among funders of services

Thirdly, there needs to be more variety among sheltered housing so that individuals have a choice between schemes, offering different services. Advisers and gate keepers should inform applicants of other modes of accommodation

Fourthly the funding of support services within a sheltered scheme should look at the overall service provision and not the specific needs of an aggregate of individuals - ie: a contract might fund hours to be used flexibly

Finally, sheltered schemes are a community, and will be tolerant of a wide range of individual traits; it must accommodate these and not ostracise

2. Imogen Parry is currently an independent consultant and Director of Policy for ERoSH; previously she was Older People's Service Manager at Sanctuary HA

Imogen followed upon Judith's later comments. Society today is much more diverse - more crime, more alcoholism, more mental health problems. Sheltered housing must reflect this. Attitudes such as "we don't want people past their sell by date" may have been common in the past - they are not appropriate now. Sheltered housing must serve a wide range of people. The categories used are not clearly defined and there is a danger of labelling and ostracising if individuals are deemed to be excluded from sheltered schemes. Schemes must not be seen to 'cherry-pick' the more desirable resident

Nevertheless the issues raised in this Workshop cannot be ignored. Residents and scheme managers must speak out and lobby; too often their voices are muted by the time they reach the higher levels of management

Scheme managers must have more support, more pay, more training, to deal with the variety of conditions which they encounter

The best local authorities are those in which the management at top level in each department regularly meet to thrash out problems arising

3. Sarah Gorton is a Project Coordinator for the Coalition on Older Homelessness, an organisation which lobbies for better services for older homeless people. She cited research recently carried out for Help the Aged, *(see "Sheltered Housing and the Resettlement of Older Homeless People" - Briefing paper from a report for Help the Aged/---- by Imogen Blood, 2002)*

Many homeless people are being referred to sheltered housing; the issue is, how to integrate them within the scheme, and not, how to keep them out. Of the homeless in the study a relatively high proportion had alcohol or mental health problems. Within sheltered housing they appreciated the security offered, the services of the scheme manager, the social interaction with other residents. Many did drink heavily but caused no disturbance to other residents - their perhaps unconventional behaviour was tolerated and if necessary support given. Most integrate well into the life of the sheltered scheme But a few do cause disturbance and where such cases arise they are generally alcohol related

There is a need for more comprehensive assessment, for prior consultation with the scheme manager, establishment of an appropriate care package perhaps including ongoing support from previous social workers and ongoing support and training offered to scheme managers. Every effort should be made to integrate them into the scheme

F. WORKSHOP THEMES

In the afternoon session, residents, scheme managers and those involved in policy making or allocation processes met in separate small groups. Points arising from their discussions including the following:

Residents:

- Residents should be fit and able on entry to a scheme; they will subsequently age and grow more frail
  - nevertheless a unit already adapted for a resident with high needs could be allocated to a new entrant with similar needs

- Inappropriate allocations - which were strongly condemned - include:
  - those with challenging behaviour (especially due to alcoholism); they frighten other residents
  - those needing 24 hour care; other residents are disturbed
  - those for whom appropriate facilities (eg: wheelchair access) is not available

- A full disclosure of all medical conditions should be made before allocation

- Inappropriate allocations can be avoided
  - by using common sense
  - through collaboration and sharing of information between involved professionals

- Residents have a right to say who should enter a scheme
  - in declaring which type of allocations are inappropriate
    They don't wish to be involved in individual

allocations but expect their scheme manager to act on their behalf

- Sheltered housing is changing: it ought to be improving!

Scheme Managers:

- They were almost unanimous in feeling that they made little input into the allocation process
  - they were not warned in advance of 'problem cases'
  - they received little support when the problems emerged
  - they felt a sense of failure in not being able to solve the problem

- Assessments should be multi-disciplinary and much more rigorous
  - scheme manager should be substantially involved, but they should not be the sole assessors lest they be accused of 'cherry picking' - selecting only the most desirable residents

- Home visits to perspective residents were valuable - though time consuming

- Scheme managers feared that housing needs were given too high a priority (and possibly the local authority's need to release a three bedroom house!)

- Choice based lettings might result in more inappropriate allocations; once an 'unsuitable' applicant had registered a choice, it could be difficult to stop the process

- There were insufficient alternative forms of accommodation with support - residential care, nursing homes etc

- Sheltered housing should be given more publicity

- Sheltered housing schemes should involve the local community

Policy Makers et al:

- They fully endorsed the role of sheltered housing in providing preventative care

- Highly dependent applicants might be accommodated in specialist schemes; however the benefits of a mixed community were recognised especially with
  - trained scheme managers
  - specialist floating support services
  - increased use of assistive technology

- Schemes need to be flexible in the support which they offer in order to cope with residents' growing frailty

- ring fencing of increased funds might or might not prove beneficial

- Skill gaps in sheltered scheme managers must be rectified - and funding for training provided

- A multi-agency approach to assessment is essential - as in single assessment processes
  - each application must be viewed in depth
  - scheme managers should be involved at all stages
  - there should be more consultation with residents
  - information about applicants must be readily shared

- Development of collective Direct Payment groups should be explored

- External constraints in the processes of allocation to sheltered housing must be recognised
  - local authorities have their own allocation criteria
  - commissioners of service have their own requirements
  - targets - eg: minimal void times must be met

G. CONCLUSIONS

- It seems likely that well over one half of all sheltered housing schemes have residents for whom allocation proved inappropriate

- Residents and scheme managers assert that 'inappropriate allocations' - ie:
  - which upset the balance within a scheme between active and frail residents
  - which bring into a scheme an individual displaying severe challenging behaviour

  are detrimental to the successful running of the scheme in as much as:
  - the scheme manager is over worked, suffers stress and is less able to offer preventative support to the other residents
  - community cohesion and mutual support is weakened as residents withdraw from communal activity

- Inappropriate allocations can largely be avoided by a more thorough assessment process - akin to current 'single assessment' modes
  - these involve all professionals and support workers involved with the applicant; information is shared
  - a full range of needs is recorded - not merely housing and medical but social and emotional (the need for more social interaction, for sense of security etc)

- Scheme managers should be involved in the allocation process at all levels
  - in home visits to discuss sheltered housing with a perspective applicant

- in deciding whether an applicant is suitable for sheltered housing
- in indicating whether the applicant will "fit into" their own scheme

- Residents are living within a community; they have a right to be consulted about who might join them
  - they should be able to voice an opinion about the general character of new entrants, and express their disquiet when the harmony of their scheme seems threatened
  - they do not generally wish to be involved in the allocation process as it relates to individual applicants
  - they are happy that their opinions should be articulated by their scheme manager

- With an ageing population and increased numbers with high levels if independency (and the reduction in the amount of accommodation which provided more intensive forms of care) it seems inevitable that residents in sheltered housing will be more frail than heretofore. The "home for life" goal promotes this change. Public funding (eg: by Supporting People) is focussed on those with higher support needs, notwithstanding Government emphasis of the merits of preventative care. The success of a sheltered scheme rests heavily on its being a balanced community. Hence efforts must be made to ensure that sheltered housing is allocated, in some measure, to those who seek preventative care but who have, in general parlance, "no support needs"

  However where priority for sheltered housing is given to 'homeless' people aged over 60 who have, currently, no other support needs, there is a possibility that they feel no inclination to participate in the community activities within the scheme; they may even be out all day at work! Yet, one day they probably will need support

  Finding the right balance between applicants is, indeed, a daunting task!