

the **big**Picture

May 2002

Older People

Main Report



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GHK



**Raising
the Standard
for Homes and
Neighbourhoods**

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I. INTRODUCTION

1.1 Introduction

Under the biGPicture title, the Housing Corporation is producing a series of papers to promote and disseminate the outputs of its Innovation and Good Practice (IGP) programme. The papers are intended to:

- inform housing associations and others about the range of issues covered by IGP-supported projects;
- encourage consideration of their findings and recommendations;
- stimulate debate on, and discussion of, the topics covered; and
- encourage the proposal of new and related projects.

Each paper will pull together the lessons learned from IGP projects covering a key policy area. Papers will therefore provide information and practical assistance for housing associations¹ aiming to improve their performance in these areas.

There are other titles in the series, for example, focusing on the needs of Black and Minority Ethnic (BME) communities and disabled people which also cover some of the issues in this report .

1.2 Background

Innovation & Good Practice (IGP) Grants are discretionary grants, provided by the Housing Corporation to assist with the revenue costs of specific projects concerned with the proper performance of the functions of Registered Social Landlords (Housing Associations) or unregistered Self-Build Societies (SBSs). The programme has been in operation since 1996.

The aims of the IGP strategy are to:

- Enhance the quality of life of present and future tenants of Housing Associations through improvements to the services that they provide.
- Make best use of scarce resources through the efficient and effective use of housing, to best serve local people.
- Develop the involvement of residents in the decisions that affect their housing.

These aims translate into specific objectives to produce outcomes which:

- Develop and inform national and regional housing and related strategies to help create and sustain communities.
- Test new ideas and practices (innovation) to assist Housing Associations generally in improving their performance and effective service delivery.
- Help in the improvement of performance through the identification and dissemination of good practice to promote changes that contribute to the efficient and effective use of housing and service provision.
- Contribute to initiatives that enable tenants and residents to be involved in the decisions that affect their housing at the level they wish.

The themes for 2001/02 are:

- Policy and Strategy Development. In particular, future housing policy and its links and integrating regional, local and community strategies.
- Sustainable Development and Sustainable Communities. In particular, practical tools for sustainable new and existing homes, and techniques for inclusive and sustainable communities.
- Improving the Performance of Housing Associations. In particular, effective business planning: investment, diversification, risk, Best Value and performance improvement: effective information for residents.
- Community Training and Enabling. Incorporating options in Community Housing, and effective involvement in regeneration and investment decisions.
- Regional Initiatives. Agreed Regionally according to corporate importance.

¹Housing association is used as a generic term for the organisations regulated by the Housing Corporation, legally known as Registered Social Landlords

The Housing Corporation is currently reviewing its own Policy for Housing and Older People and this bIGPicture and evaluation will feed into this review.

1.3 Methodology

The researchers reviewed all of the IGP funded projects that related to older people's housing issues (see bibliography in Section 14) that had been completed and/or had published reports.

There are many other IGP funded projects that have not been reviewed. Some of these relate to more general BME, health, and disability issues that have their own bIGPicture reports and these are cross-referenced where appropriate.

This study also excludes IGP funded projects relating to older people that are still in progress. Further details on the IGP programme are available from the Housing Corporation website: www.housingcorp.gov.uk

Interviews were held with a representative cross-section of IGP funded projects to get their views on the IGP strategy and the impacts of its funded projects.

In addition, as most of the IGP funded projects had finished before 2000, there were interviews with housing policy area specialists to get their views on up-to-date policy issues. We spoke with:

- Janice Every, Anchor Trust
- Peter Faherty, DTLR
- Helena Herklots, Age Concern
- Jo Lavis, Countryside Agency
- Philip Leather, Centre for Urban and Regional Studies, University of Birmingham
- Jane Minter, Department of Health
- Liz Parry, Freelance consultant
- Balu Patel, Leicester 1990 Trust
- Belinda Porich, Housing Corporation
- Gwyneth Taylor, Local Government Association

1.4 The context

The focus on older people's housing issues operates within a specific context defined by the developing demographic picture, fundamental changes in the policy environment, and different perceptions of the service needs of older people.

1.4.1 Demographic profile and housing characteristics

It is well known that the number of older people is increasing absolutely and relatively :

- In 1996, 18.2% of the population in England were over the official age of retirement. Within the 60-65 age group 35% were male and 65% were female.
- In terms of ethnic background, in 1991 17% of the white population were aged over 65. The figure for those from ethnic minority backgrounds was 3.2%.
- In 1990, according to the Labour Force Survey (LFS), only 0.9% of people aged 65 or over were BME people. By 2000, this proportion had increased to 2.2%, an increase of 150%.

Housing characteristics:

- By 2016, the number of households headed by an older person will be 8.7 million.
- Around 30% of people over 60 years old live alone. Three quarters of those are female. The largest group of older people is those living with one other older person as a couple.

Housing tenure of older people:

- The rate of home ownership amongst older people is increasing in line with the general rise in home ownership over the last twenty years. Home ownership rates amongst those in their 60s and early 70s are projected to reach around 80% by 2011. The figures for those in the 75-84 age group and the over 85s are 70% and 66% respectively.
- Older people are far less geographically mobile than younger people are. 32% of households headed by someone under the age of 60 had moved within the last three years. This compares with 8% for households headed by the over 60s.

Housing circumstances of older people:

- In 1991 households headed by someone aged 85 and over experienced the highest rate of 'unfit' housing (as defined by the Housing Act 1985). Rates of 'unfitness' are higher amongst older people living alone. This rate increases amongst females.

Specialised housing for older people:

- While some older people live out their lives in their own homes, cared for by a partner, relative or friend or without the need for care, many older people especially older women live alone. The average number of hours of informal care provided per week was 20 in 1990.
- In England in 1990 there were 640,000 specialised housing units for older people in council or registered social landlords. Just over 50% of those dwellings were in sheltered housing schemes.

Residential and nursing care:

- In the 1990s the growth in the number of residential and nursing care places has slowed following a steep rate of growth in the 1980s, (which was due to an increase in private residential places, following the introduction of funding through Supplementary Benefit).

Home care:

- The numbers of older people receiving home care services (meals on wheels, home help, chiropody, domestic help) increased from 1985 to 1991. 90% of people receiving these services are aged 65 and over.
- GP and district nurse services are the most commonly used health care services by older people. A survey in 1995 found that almost a quarter of those aged 75 or over had visited the GP within the previous two weeks.

Disability and health:

- Males over 55 are most likely to die from circulatory diseases, although respiratory illnesses become more significant with age. For females, cancer is the biggest killer in the 55-64 age group. In older age circulatory and respiratory diseases become more significant causes of death.
- In 1995, those aged 75 and over were six times more likely than average to die an 'accidental death'.

Incomes, savings and expenditure:

- In 1995/6, over two-thirds of households containing a pensioner had a gross weekly income of less than £200. This compares with only a quarter for non-pensioner households.
- Older people spend less per week than younger groups, averaging £185 per week for 65-74 year olds and £127 for those aged 75 and over.

Therefore, the numbers of older people are increasing absolutely and relatively, as are the number of single older people, ethnic minority older people, and older people with a disability. Older people are increasingly more likely to own their own homes, and have lived in them for long periods. Older people's houses are more likely to lack basic amenities (including central heating). Most carers of older people are relatives, family and friends.

Demand for sheltered housing has fallen but demand for home care, especially health care, services has risen.

1.4.2 The policy context

As many of the IGP funded studies identify, there has been a changing policy context regarding the housing of older people. Increasingly, the policies have moved away from institutional provision in residential homes and towards supporting older people in houses within their communities, either in the houses they own or rent, or in sheltered housing. The focus is on promoting independence, rehabilitation and prevention.

The Housing Corporation's policy document 'Housing for Older People' highlighted the following areas:

- Meeting need. This involves identifying need through accurate research, forecasting, mapping demand for services and involving older people in the design and delivery of services. Older people should be involved in the management of housing provision as well.
- Flexible provision. Older people want homes that adapt to their changing needs over time. Flexible and varied support is necessary to meet flexible and varied need. The Corporation will research new models of flexible tenure and equity release projects. New provision should reflect the need for flexible tenure and financing through equity release schemes.
- BME older people. There are important demographic changes happening, particularly the large increase in BME older people. BME older people require equality of access and accessible information.
- Integrated delivery. Providing integrated support implies integrated working between different agencies, especially housing providers and Social Service Departments. They should consider developing a shared vision through joint housing and care support strategies. Mapping of service provision is important to understand which agencies deliver which services. There is a need for agencies to work together to identify and disseminate good practice and produce guidance.
- Funding. Funding will focus much more on supporting older people to live in their own homes, and encouraging the development of joint housing, social service and health authority joint planning strategies.
- Staff training and development. The training and development needs of housing managers need to be taken into account especially in an area where service provision and strategies are changing fundamentally. Some aspects require specialist skills, such as, advocacy, support and advice. Similarly there is a need for other staff training, for example, caring for older people with dementia, and benefits advice.
- Information and advice. The need to provide accurate, accessible and appropriate information and advice.
- Design. Housing quality, location, size, accessibility and fuel efficiency is important.

Recently, several policy documents have been produced to provide direction to the development of housing provision for older people. There is an emphasis on more integrated strategies and policies that promote whole systems planning i.e. integrating housing, care and health support. These approaches are part of the wider better government approach aimed at developing more appropriate public services for all users.

The Housing Green Paper 'Quality and Choice for All' was published in April 2000. This set out the Government's strategy with the aim that everyone should have the opportunity of a decent home, and that people should have a greater involvement in, and control over, their housing choices.

A separate framework for housing older people 'Quality and Choice for Older People's Housing: A Strategic Framework' was published in January 2001. This separate framework was developed to respond to the increasing population of older people and the challenges to social and housing policies that this represents. This Framework is based on five key areas:

- Diversity and Choice – ensuring the provision of services which promote independence and are responsive to all older people's needs and preferences.
- Information and advice – ensuring that information and advice are accessible both to professionals and older people themselves on the variety of housing and support options/solutions available.
- Flexible service provision – assisting local authorities and service providers to review housing and service models to improve flexibility to meet changing needs taking into account the views of older people.

- Quality – emphasising the importance of the quality of housing and support services, both in terms of ensuring homes are warm, safe and secure and in monitoring the services provided.
- Joint working – improving the integration of services delivered at the local level by housing, social services and health authorities and nationally through Government departments.

The Framework set two objectives:

- To ensure that older people are able to secure and sustain their independence in a home appropriate to their circumstances.
- To support older people to make active and informed choices about their accommodation by providing access to appropriate housing and services and by providing advice on suitable services and options.
- Achieving these aims implies the development of an approach that is integrated, holistic and inclusive; that involves older people in the design, development and management of services; and that enables older people to retain their health and mobility.

Other Government Departments have also produced their own frameworks for delivering services for older people. In May 2001, the Department of Health produced the 'National Service Framework for Older People'. This Framework was based on the fact that patients, irrespective of their age, want to spend as little time as possible away from their homes. The National Service Framework is based on eight standards:

- Rooting out age discrimination. NHS services will be provided, regardless of age, on the basis of clinical need alone. Social Care services will not use age in their eligibility criteria or policies, to restrict access to available services.
- Person-centred care. NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.
- Intermediate care. Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.
- General hospital care. Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.
- Stroke. The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.
- Falls. The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.
- Mental health in older people. Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.
- Promoting an active healthy life in older age. The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils.

1.4.3 Supporting People

In April 2003 the Supporting People programme will start to be implemented. Supporting People is a working partnership of local government, service users, health, the probation service, and support agencies. It will provide a robust framework to promote and improve the quality of housing related support services in England and will introduce radical policy changes against which housing for older people will be delivered. It will involve:

- Mapping demand for and supply of services in local areas.
- Creating multi-agency Supporting People teams.
- Developing an integrated strategy based on an inclusive partnership of relevant agencies and service users.
- Developing cross-authority arrangements, particularly in large urban areas.
- Service reviews especially during the process of changeover.
- Establishing robust purchasing arrangements that balance the need for innovation and improvement, and the need for stability, continuity and security for users.
- Quality and monitoring to ensure that Supporting People achieves its aims.

Services for older people make up the majority of the Supporting People programme, in terms of the numbers of people receiving services, in particular those living in sheltered accommodation. The programme will deliver:

- Flexible services, separating support from particular forms of tenure.
- A strategic framework, that improves understanding and recognition between different service providers.
- New and innovative services which are preventative and avoid or delay moves to institutional care, including HIAs.
- Increased choice for older people and better information on the options available to them.
- The opportunity to recognise and meet the culturally specific needs of BME older people.

1.4.4 The service delivery model

Underpinning and developing the new policies is a new model of public service delivery. This is based on:

- Mapping the supply of and demand for (in this instance) services to older people in the local area.
- The involvement of older people in the design and delivery of services.
- The development of integrated strategies between housing, care and health service providers.
- The development of provision that is based on individual need and multi-agency delivery and not institutional boundaries.
- Ongoing service reviews to ensure quality and value.

1.5 Structure of the report

The remainder of the report contains 11 sections covering the following topics:

- Strategic issues.
- Research.
- European good practice.
- Disability.
- Housing options.
- Black and Minority Ethnic older people.
- Care and support.
- Sheltered housing.
- Technology
- Impacts of IGP Projects
- Policy issues

2. STRATEGIC ISSUES

2.1 Introduction

The new policy context and service delivery model requires that organisations work together to deliver complementary and integrated services to older people, especially those providing health, care and housing services. This section reports on three IGP funded studies that have approached this issue from different perspectives:

Housing and Care Links: a strategy guide to planning services for older people, Pathways Research for Housing 21, 1998 (23);

Growing Older in Middlesbrough: Developing a housing and care strategy for older people in Middlesbrough Borough Council, C Oldman and J Carlisle, Centre for Housing Policy, University of York (36);

How are you responding to an ageing population? Compiled by Rhonda Smith as a pre-conference briefing paper for the Hope Network, February 2000 (45a).

Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing, Conference report, Housing 21, January 2000 (45b);

2.2 The current state of strategic thinking

The premise that all the authors began with was that older people have the same aspirations of other people, they want to live ordinary lives as long as possible and do not see traditional residential care as a positive option. Policies aimed at services to older people should promote independence, rehabilitation and prevention; they should also be based on 'joined up thinking' so that services provided to customers by different agencies are done so 'seamlessly'.

Older people's housing needs cannot be considered in isolation from their care and support needs. Increasingly, strategy and policy documents urge local areas to encourage the development of joint community care and housing strategies. This thinking is embodied in the Supporting People programme, the Green Paper and Framework for older people's housing, and the policies of other Departments, especially the Department of Health (for a fuller discussion of these policies and programmes see Section 1.4.2).

Interviews with policy and service managers suggests that, at present:

- Inter-agency collaboration varies between areas. Where it does happen it is often ad hoc, sporadic and developed by front line staff to meet individual need and was not strategic.
- Agencies tend not to look to the future when planning services.
- There are many examples of innovative schemes that depend on inter-agency agreements. But these tend to be developed in response to specific, localised needs and not from a strategic perspective.
- Innovative schemes e.g. very sheltered housing, tend to be one-off flagship schemes but other services continue as before.
- There is little systematic sharing or aggregation of information about the range and nature of service provision or the characteristics and needs of service users.
- Data analysis at a strategic level tends to focus on budgets and finances.
- There is little cross-referencing in the strategic planning documents produced by the separate organisations.
- Where there are acknowledged structures for joint working some agencies continued to make plans outside of them, especially where a provider agency was not financially dependent on local statutory agencies.
- Differing geographical agency boundaries presents a major problem both for information collection and regular strategic planning between agencies.

However, there is evidence that organisations are developing new ways of working:

- Increasingly local authorities were moving towards broader partnerships and whole systems planning, for service planning.

- Some local authorities had adopted a strategic review process for housing and health care that mapped supply of and demand for services, an analysis of inputs, policy reviews and consideration of good practice service models.
- Local authorities are trying to re-think their services within an enabling culture which begins to balance enhancing safety and independence, and incorporates what an individual wants or feels is suitable to them.

2.3 Developing an integrated strategy

There is a need to develop an integrated strategy that incorporates an identification of need. An integrated strategy framework has the following five phases:

- Getting the philosophy right. The starting point is to realise that there is a need for a joined up approach, and to bring together organisations that aim to meet health, housing and social welfare needs.
- Mapping provision, demand and resource use. There is a range of services which older people use. Direct services for older people (e.g. sheltered housing, property adaptation etc.), indirect services for older people (e.g. social centres, voluntary transport schemes etc.), and general services (e.g. public transport and community safety initiatives etc.) There should be detailed mapping of the need and demand for, and supply of direct services for older people and lighter mapping of the other two.

The aims of the mapping exercise are to find out the scale, range and types of services available; examine trends in demand and the response of providers; identify areas of over-provision and overlaps or gaps in services; and, to look at the distribution of resources between different services.

- Projecting housing and care/support needs. Some areas may already have a good base of information depending on the extent of previous research and service planning exercises. The key elements of this stage are, firstly, to develop a profile of the population especially the number and characteristics of older people. For example, proportions of disabled and ethnic minority older people, those living alone, those living in poor housing conditions etc. Service planning agencies are likely to have a range of data useful for the strategic planning of services. For example, Social Services needs assessment, and referral records, Community Nursing and other agency referral records, and hospital discharge records. Any gaps in information can be filled by local need surveys. They have the advantage as they can focus on specific local issues.

It is useful to look at the findings of research studies undertaken elsewhere to inform local strategies and services, compare similar findings or inform the approach and methodology to be used.

Finally, the information can be used in conjunction with the mapping data to raise general questions about the kinds of provision already provided or planned. For example, is there the right balance between specialised rented housing and leasehold sheltered housing? Does the amount of Social Services home care provided in different areas reflect the differing housing needs of older people in the area and the effects of other provision?

- Involving older people. It is important to carry out selected insight studies which produce more qualitative data on user views and experiences by target groups of older people e.g. users receiving (or requiring) intensive home care services etc. especially where new services have been developed.

For example, in Oldman and Carlisle's study (36), focus groups were conducted with six groups of people – sheltered housing tenants, owner occupiers, pre-retirers, ethnic elders, care receivers and carers. Six new themes emerged from these discussions:

- Issues of equity and fairness.
- The need to feel safe and secure.
- All older people are not treated equally in service delivery, especially owner-occupiers.
- The need for practical, preventative support as well as personal care.
- The usefulness of adaptations but evidence of unmet demand.
- The need to combat isolation and boredom and the desire of some older people for communal living.

In addition, service monitoring should be developed to provide regular and timely information on service outcomes and satisfaction.

The findings can be compared with similar studies that have been undertaken elsewhere.

- Appraising the strategy options. Analysis of information collected at Phases 2 and 3 link the supply of and demand for services and can be used to identify gaps, and areas of duplication. Phase 4 provides qualitative information about how older people (and different groups of older people) feel about the services they receive.

The final phase examines the opportunities for strategic development across the full range of housing and support services for older people. For example:

- Identifying current single agency and bilateral/inter-agency plans and proposals.
- Assessing the strategic 'fit' between agencies and agreeing strategic aims.
- Producing different strategy options and testing the options against the strategic aims.
- Assessing the feasibility and consequences of the different options.
- Working up a final set of proposals for inclusion in the strategy.
- Identifying/pooling/sharing resources.

From this will emerge a draft strategy that can form the basis of further consultation.

2.4 Conclusion

There has been increased recognition that services for older people should promote independence, rehabilitation and prevention. Meeting these needs requires support from several different agencies and which requires an integrated and strategic approach amongst housing, health and care (and in later sections people argue regeneration) service providers.

Developing an integrated strategy involves five important stages:

- Getting the philosophy right and agreed between the various agencies.
- Mapping service provision, demand and resources with respect to all communities especially BME communities.
- Projecting housing, care and support needs that are appropriately tailored to the needs of the communities being served..
- Involving older people in the design and delivery of services that affect them; this involvement should include all communities especially BME communities.
- Appraising the options and opportunities for strategic development.

3. RESEARCH

3.1 Introduction

Undertaking research into the needs of older people and identifying and disseminating good practice are important to the work of the IGP programme. IGP has funded primary research, facilitated and hosted research conferences focusing on issues pertinent to older people and housing, and supported pan-European networks (see Section 4). This section summarises the following reports:

Putting Older People in the picture, conference report, Anchor/Housing Corporation, 1997 (21)

Tenants Profiles, the Housing Corporation, 1999 (41)

The Research Directory: Older People and Housing, Anchor Trust, 2000 (44)

3.2 Profile of Housing Association tenants

Anthea Tinker and Clare Jarvis from the Age Concern Institute of Gerontology, Kings College London analysed the returns from the 1995 Existing Tenants Survey undertaken by MORI of Housing Association tenants (41). MORI interviewed a total of 10,224 tenants of whom about one quarter (24% or 2,454) was aged 60 or over.

The context to the study was:

- A quadrupling over the past 25 years to 1994 (from 1% to 4%) of all people renting from Housing Associations.
- Housing Associations are now seen as the main providers of social housing with 15% of this stock but are now seeing their Investment Programme cut.
- The number of older tenants in Housing Association housing has remained constant but the proportion has declined from one third to one fifth between 1989/90 and 1994/95.
- The likelihood of older people renting from a Housing Association increases with age; 3% of people aged 60-74 are Housing Association tenants compared with 10% of people aged 85 years or over.
- The numbers of people aged 75 years or over in Great Britain will almost double from 3.9 million in 1994 to 6.3 million in 2031.

Therefore, Housing Associations are important providers of housing for older people (especially the very old). The numbers of older people are forecast to rise. These trends are occurring at a time when there has been a reduction in Housing Association development programmes and a switch towards family housing.

The analysis shows that Housing Association tenants are more likely to be older and very older people, and are more likely to be women. Older people living in Housing Association households are more likely to be living alone, to report a chronic illness, have no savings and are less likely to have an occupational pension.

Further analysis, focusing solely on older Housing Association tenants, shows that people aged 80 or over are more likely:

- To be disabled.
- To be disabled and living alone.
- Have difficulty in undertaking tasks within the home, and have mobility difficulties in the home and outside of it.
- Have lower annual incomes for people living alone and those living with a partner.

However, very older Housing Association tenants are more likely to report that they are able to afford paying their rent, and are more likely to have savings (and for those who do save have higher levels of savings).

Ten percent of people interviewed for the Existing Tenants Survey were also asked to complete a longer questionnaire that asked them questions about their satisfaction with accommodation, knowledge of home ownership schemes and satisfaction with the Housing Association as a landlord. This provided a sample size of 1,019 of whom 557 tenants were aged under 60 and 462 were aged 60 or over.

The analysis of this smaller sample reveals that older people were:

- More likely to be satisfied with the number of bedrooms in their house.
- Less likely to want to move if they had 'more bedrooms than they required'.
- More likely to be satisfied with the Housing Association as a landlord.
- Less likely to make a formal complaint about the Housing Association.

Based on the analysis, the study authors made the following recommendations for the Housing Corporation:

- Focus research and good practice on ways in which older people can remain in their own homes (e.g. by aids, adaptations and home care) and include their own views and coping strategies.
- Research how existing accommodation can be upgraded for the needs of tenants who are very old and disabled.
- Policies on under-occupation need to be examined with care and sensitivity and the complexities reviewed with a view to producing a good practice guide.
- Information is needed on the length of stay in Housing Association accommodation by age and on changing needs over time.

The authors also suggested the following recommendations for Housing Associations:

- Assess local needs along with local authorities (housing and social services) and health authorities (e.g. to see if there is local demand for sheltered housing).
- Investigate ways of involving tenants in discussions about overall policies and about the running of specific schemes.
- Take care over under-occupation and take all the factors into account (e.g. the possibility of providing smaller accommodation nearby) before older people are encouraged to move out.
- The low proportion of people, both under and over the age of 60, taken from bed and breakfast, hostel, long-stay hospital/prison, living rough or squatting needs to be considered in each local situation.

3.3 Researching older people and housing in the future

IGP funded a conference in April 1997 called 'Putting Older People in the Picture' (21). It was hosted by Anchor Trust and was held at the University of York. It brought together researchers from a wide range of organisations and backgrounds.

In addition, older people attended the conference as active participants. Bringing older people more actively into the research debate was one of the main objectives of the conference. The second objective was to try and improve communicating and disseminating research findings to the media. The third objective was to present a range of views on the future direction of research with older people.

At the close of the conference Cathy Garner of the Housing Corporation focused on the key issues for research. These included:

- Current issues:
 - Improving information and advice bases, and access to them for consumers.
 - Improving strategic planning abilities through local area market analysis, GIS, and local strategies.
 - Making the best use of existing stock taking into account adapted properties and locational features for providers and commissioners.
 - Remodelling housing stock/adaptations and how this work is financed.
 - Services - what is wanted, who provides it, who pays for it and how are costs met, and increasing expectations with ever limited resources.

- Future issues:
 - The cohort effect is likely to have a substantial impact on expectations and demands.
 - Creating a range of scenarios because expectations and needs of people will vary depending on life experience, economic status, mobility patterns and owner occupation.
 - Undertaking inter-generational research, for example, the inflexibility of the built infrastructure and the implications for the older people of tomorrow?

An important outcome from this conference was 'The Research Directory – Older People and Housing' compiled by Anchor with support from the Housing Corporation through an IGP (44). The main objective of this Directory was to promote research undertaken into housing in the lives of older people so that research findings are not wasted, that their recommendations can be utilised by practitioners.

The Directory brings together information from almost 300 diverse organisations conducting a wide range of research ranging from local projects to large-scale national surveys and academic studies. The definition of what constitutes 'research' was deliberately left broad and so some studies may not conform to academic conventions. The quality of the research listed has not been evaluated.

It is hoped that the Directory is used in conjunction with other research directories including the Housing Corporation's Innovation and Good Practice database that is available on the Internet at www.housingcorp.gov.uk.

Anchor's Directory focuses exclusively on older people and is designed to appeal to practitioners, policy makers and older people in general, as well as researchers.

Most of the research projects in the Directory are not simply focused on housing issues but investigate a wide range of issues including preventative approaches, community care assessments and health. As such, housing policy cannot be seen in isolation, nor is it developed in a vacuum. 'Joined up thinking', multi-agency working and integrated delivery are fundamental to providing relevant and appropriate services.

All of the projects are concerned with improving the quality of life for older people, and in maintaining their independence. To this end it is important that older people themselves are involved in research projects at all stages, including their feedback on outcomes and outputs from the research. It is also critical that older people are involved in the design and delivery of services that affect them.

It is stressed that the Directory is not a panacea but should be considered a starting point for future research and investigation, especially developing local projects to address local issues and develop local solutions.

3.4 Conclusion

IGP has funded much research activity covering a wide range of issues concerning older people and housing. However, the findings of research need to be communicated and disseminated much more effectively. This has been recognised in the production of research directories, the use of websites, holding conferences, and the development of networks to transmit, discuss and debate the findings.

4. LEARNING FROM GOOD PRACTICE ACROSS EUROPE

4.1 Introduction

IGP has funded a range of projects focusing on identifying and disseminating innovation and good practice across Europe, in particular, the Housing for Older People in Europe (HOPE) network. This section summarises the following reports:

Housing and Care Services for Older People: European Policy Trend Report 1997, A de Boer, T Roose, HOPE, 1997 (16)

Building for Choice, C Thomas, T Roose, HOPE (17)

Lessons from the Netherlands, Older People's Co-Housing Communities, HOPE Newsletter October 1998 (19a)

HOPE Newsletter February 1998 (19b)

HOPE European Information Bulletin February 1998 (19c)

A Proposal for Change: Agenda 2000, HOPE Newsletter May 1998 (19d)

Learning from European Experience, HOPE Newsletter November 1999 (19e)

Changing Expectation, Meeting Aspiration, HOPE Newsletter February 2000 (19f)

Practice in Germany, HOPE Newsletter August 1999 (19g)

Notes from Germany, HOPE Newsletter April 1999 (19h)

Future Housing Strategies for Older People: Challenges and Opportunities, Amsterdam Conference Finding, HOPE, 1998 (29)

Ordinary lives, available from HOPE (01865 854766) (43)

HOPE website www.hopenetwork.org.uk (53)

4.2 Good practice across Europe

4.2.1 Identification and dissemination of good practice

The HOPE network was established in 1993 by a group of leading European social housing providers and co-operatives. The focus of the group is to find people-centred solutions in housing and care practices for older people. It has a website funded by IGP www.hopenetwork.org.uk that includes a database of projects (53). Projects in the database are classified by those that:

- Use new and different materials, building techniques, provide examples of energy efficiency or the use of new technology.
- Are concerned with flexible service provision.
- Offer an inter-generational mix or aim to specifically meet the needs of minority ethnic older people or people with specific needs such as dementia.
- Demonstrate consultation and the involvement of older people.

Projects are also highlighted through the series of HOPE newsletters which provide information on housing for older people in Europe together with an opportunity to exchange ideas, identify new approaches and contribute to discussions (19). In the past two years, the newsletters have included items on:

- Co-operatives and tenant Involvement in Germany.
- Smart homes.
- Empowerment of older people in Germany.
- Broadening the vision of housing and community care for older people: innovative examples from Finland, Sweden and England.
- Changing expectations, meeting aspirations.
- Anchor's experience of home improvement agencies helping older homeowners stay put in the UK.
- Housing adaptations in Germany.
- Housing and care collaboration organised by Freunde Alter Menschen in Berlin.
- Life enrichment and Wellness programming USA

The first HOPE conference was held in 1998 it focused on 'Future Strategies for Older People'. Further conferences have been held. In 2000 the conference was about Inclusion, Diversity and Partnership (54). Key issues were:

- How are you responding to an ageing population?
- What are the changes that sheltered housing providers throughout Europe can expect to face due to an ageing population?
- What do older people want now of sheltered housing and what will we all want in the future?
- What scenarios do the ageing population and changing aspirations conjure up for social landlords? How will providers respond and what will they have to provide?
- How do we promote citizenship and involvement, standards and partnership? What good practice will help achieve these ambitious goals?

IGP has also funded the following HOPE research projects.

4.2.2 Housing and care

The Housing & Care Services for Older People: European Policy Trends Report, focused on policy trends within Denmark, Germany, The Netherlands and the UK (16). It identifies the following principles for policy and service development:

- Including older people.
- Housing which promotes independent living for older people is only one component within a much wider range of services.
- Housing should not only be seen as a social issue, it is also an economic one.
- Standards are essential.
- Increasing choice through flexible services.

Building for Choice covers practical issues for developers, designers, managers and policy makers from the health and care sector, as well as housing (17). Good practice principles include:

- Accessible housing is about the person and their ability to interact with their environment and home rather than a set of standards.
- Carefully chosen facilities can enhance the environment and make it easier for residents to remain active.
- The accessibility of the surrounding area should be a prime consideration on site selection (area should be level, easy to move around in, near public transport, close to shops and other services within an existing well established community).
- Developers should make practical, realistic assessments of how older people will reach local services from a proposed site.
- Independence means letting older people choose the facilities they want.
- Wherever possible, developers should provide for an existing community, for example by developing a new extra care scheme to replace an outdated scheme.
- Consideration should be given to carefully thought-out mixed developments of different age groups through which older people can retain their sense of worth in society.
- Organisations should constantly review their property to ensure that it is giving best use for today's needs, and encourage staff who best know the buildings to share ideas.
- Organisations should ensure that the concept of adaptable, lifetime homes is understood by the staff providing the service.
- Most importantly, it is essential that the organisation knows what the client really wants.

From Consumerism to Citizenship: New European Perspectives on Independent Living in Older Age (18) identifies key principles for good practice and suggest practical ways to improve older people's opportunities to live independently. It is based on recent research studies and examples of practice from a range of not-for-profit organisations. In particular it looks at: approaches to involving older people, the role of not-for-profit organisations and principle of good practice for not-for-profit organisations. The key principles identified are:

- Honesty and clarity about why and how older people will be asked their views and involved in decision-making.
- Use appropriate methods of involving older people.
- Good approaches are based on the philosophy that older people are citizens first and consumers second. This includes acknowledging inequalities and taking step to overcome it.
- The right to be independent is a vital guiding principle, but the right to be dependent should be equally considered.
- Appropriate good information on housing and care options should be provided.
- All stakeholders' views need to be considered when planning services including older people, other services providers and younger generations.

Good practice and key learning points include:

- Involving older people in housing and social care requires careful selection of methods to fit people appropriately.
- There are tensions between interests of producers and providers vs. interests of users or potential stakeholders.
- Underlying much involvement practice is the assumption that the ultimate aim is to encourage users to have long-term control of services, but this is not necessarily appropriate nor what people want.
- Time limited project approaches to involvement work are popular and produce good results (e.g. short life design teams, re-modelling panels, testing equipment and product testing groups).
- Creating appropriate accommodation and support services means thinking about how they will stand the test of time.
- The need for information on housing and care options and information to assist older people to choose housing and service that will enable them to age in place.
- Pooling good practice and experience bring good results.

4.3 Conclusion

The IGP programme has funded much pan-European activity in identifying and disseminating good practice, key learning points and innovation and funding cross-national research. Whilst there is much to be gained from disseminating learning points and good practice examples from across Europe, the transfer of some solutions would require changes in cultures and attitudes.

5. DISABILITY

5.1 Introduction

The IGP programme has funded a number of studies focusing on the issues surrounding older people and disability. Some studies have focused on the duties Housing Associations have towards disabled tenants, whilst others have focused on specific disabilities. There is a separate bIGPicture report on disabled people and housing. This section focuses on disability issues as they relate to older people.

There is a strong correlation between ageing and disability. According to the LFS Spring 2001, 44% of people over retirement age report a disability compared to 18% of those of working age.

This section is based on the following IGP funded projects:

Better Housing Management for blind and partially sighted people: a good practice guide, RNIB/Housing Corporation, 1998 (26)

A Perfect Match? A good practice guide to disability housing register, V Shaw, National DPHS (32)

Overcoming disability discrimination: a guide for registered social landlords, RNIB/Housing Corporation, 2000 (46)

Housing Association Information Guide for Disable People, RADAR/Housing Corporation, 2000 (49)

Home Solutions: Housing and Support for People with Dementia, HACT/Home Group; Anchor Trust action research project on good practice and training materials in relation to supporting older people with dementia in sheltered housing (22)

The Housing Corporation Programme for the Funding of Adaptations, The Housing Corporation (27)

Carrying out Adaptations – a good practice guide, The Housing Corporation (28)

More Scope for Fair Housing, SCOPE (31)

5.2 Disability discrimination

Crowther (46), along with the RNIB, has developed a guide for Housing Associations. All Housing Associations are affected by the Disability Discrimination Act (DDA) 1995. The DDA presents service providers and landlords with a range of duties and obligations about non-discriminatory practice and adjustments to make services accessible to disabled people. Since the legislation was passed, a Disability Rights Commission has been set up to mirror the institutions established for race and gender: Commission for Racial Equality and the Equal Opportunities Commission. European and international law, and also the existing commitment and practices of the social housing sector to equality of opportunity and anti-discrimination are also part of the context in which disability discrimination should and can be tackled. The guide points out that good practice includes the establishment of a framework for developing an action plan to overcome disability discrimination.

However, addressing disability discrimination is an approach that can be adapted to meeting tenants' needs generally. Housing Associations should be eliminating any discrimination in an active way and improving services to existing tenants and customers. By so doing Housing Associations:

- Enhance their organisational image.
- Open up new markets and attract new customers.
- Reduce the numbers of complaints.
- Avoid costly legal action.

Policies and services delivered to disabled people should promote independence, rehabilitation, prevention and address people's needs. The work funded by the IGP identifies the following key issues:

- Ensure that addressing disability is part of a strategic approach to meeting need and affirming the rights of individuals.
- Ensure equal access and outcomes rather than improving access or outcomes.
- Address all barriers including social, physical and organisational.

- Acknowledge, incorporate and respond to diversity.
- Ensure that mechanisms are in place to identify the nature and extent of people's disabilities.
- Identify those aspects of housing service provision that could create barriers for tenants e.g. tenant participation, and repairs and maintenance.
- Deal with disabled people as individuals not groups. For example, the needs of black disabled people must be met at the individual level and not based on stereotypical assumptions.
- In addressing need the views of carers should be taken into account.
- The need for agencies to work together. For example, older people with dementia often seek services from health, social services and housing providers but they may be involved at different stages.
- Services will have to meet a range of needs.
- The need for quality assurance – monitoring, evaluating and developing quality standards – so that support is appropriate over time.
- Local community interaction.

One tool developed to better meet people's needs are Disability Housing Registers (DHRs) aimed at matching disabled people's needs with available suitable accommodation. Shaw (32) has produced a good practice guide and three main components are identified:

- A register/database of accessible (purpose built and adapted) property.
- A database/register of disabled people who require (accessible) housing.
- A service of matching people to available property.

DHRs enable Housing Associations:

- To be better able to match the housing needs of disabled people with available accommodation.
- To make better use of existing resources.
- To reduce the number of empty properties.
- To improve the turn round time for letting accessible housing to people who need such accommodation.
- To avoid unnecessary spending on adaptations.
- To build up accurate information about the location and characteristics of existing accessible housing.
- To identify more accurately the housing needs and preferences of disabled people.
- To identify the locations where disabled people would like to live and where some housing could therefore be built for disabled people.
- To predict more accurately the demand for housing for disabled people in particular localities where housing is planned.

Other important issues to meeting the needs of disabled people are:

- Training. Staff training and development is an important factor in contributing to successful schemes, especially in identifying and responding appropriately to the needs of disabled people.
- Standards. Ensuring that appropriate standards are developed that addresses the issues.
- Design. Design is an important tool to meeting the needs of disabled older people. For example, ensuring accessibility internally and externally. However, disabled people do not want their homes to look different from other people.
- Lifetime homes. These are homes that include 16 specific design standards to improve access. But the general concept is that homes should be adapted over time to meet the needs of residents. This also ensures that people can remain in their own homes for longer and in familiar communities.
- Technology has an important role to play in supporting older people and those with disabilities in their own home. It can enable people to feel safer and more secure as well as addressing practical needs e.g. the use of ICTs to access information and communicate with others.
- Tenant participation and representation. The needs of older disabled people need to be taken into account so that they can effectively involve themselves in making decisions about their own communities. For example, information needs to be provided in a range of formats, and meetings must be held in accessible venues.
- Finance. Many disabled people want to buy their own homes either wholly or in a shared ownership scheme. A range of funding options should be available to older disabled people and they should be made aware of them.

- Funding appropriate housing and other complementary services for older disabled people is also an issue. For example, there is no statutory responsibility for Housing Associations to fund adaptations, and the demand for them are likely to increase. There are also particular tax and other regimes to consider that may reduce the costs of products specifically aimed at disabled people e.g. they are not VAT rateable. Finally there needs to be greater consistency in funding regimes so that housing schemes aimed specifically at disabled people remain viable in the future.

5.3 Conclusion

This section has focused on IGP projects that addressed the issues of older disabled people. It also included those projects that addressed specific issues of disability or particular groups of disabled people e.g. those with visual impairment.

Many familiar issues arose, such as, the need for a strategic approach, the need to involve disabled older people in the design and delivery of (housing) services, the role of design, technology, and staff training and development, and the need to identify and meet people's needs.

6. HOUSING OPTIONS

6.1 Introduction

Involving older people in the design and delivery of services they use is central to the provision of appropriate services that address real need. However, this approach should be undertaken in an inclusive and meaningful way. This section looks at projects that have focused on developing tools that help older people identify what options are appropriate for them, information and advice services available to them, and the evaluation of projects that have tried to develop 'joined up' services.

This section is based on the following IGP funded projects:

- Where can I go? Housing Advice for Older People, Housing Corporation/Age Concern/HACT (15)
- National database of housing for older people, Elderly Accommodation Counsel, Pilot CD-ROM Edition August (11)
- Evaluating Older People's Housing Needs, Hanover Housing Association (12)
- Housing Options for Ethnic Elders, the SAMEC trust/Hanover Housing Group (13)
- Crossing the Housing and Care Divide Initiative: Progress Update – summary, Anchor/Housing Corporation, School for Policy Studies Bristol (14)
- Equity Release Schemes: Their relevance for housing associations and home improvement agencies, R Terry, April 1997 (37)
- Involving Older people in Upheaval and Change to their Housing Environment, Housing 21 (38)
- Housing Options for Older People (HOOP): Report on a developmental project to refine a housing option appraisal tool for use by older people, F Heywood, A Pate, R Means, J Galvin, EAC/School for Policy Studies/UWE, May 1999 (39)
- Housing prototypes for the ageing society www.3rdagehomes.ucl.ac.uk (website) (55)
- Crossing the Housing and Care Divide, JRF research report and summary, A Cameron, L Harrison, P Burton and A Marsh, January 2001 (58)
- From Consumerism to Citizenship: New European Perspectives on Independent Living in Older Age, M Riseborough, HOPE, 1998 (18)
- 'We're in charge': Co-Housing Communities of older people in the Netherlands, M Brenton, Policy Press University of Bristol, 1998 (20)
- www.housingcare.org (website)

6.2 Information and advice

The Housing Corporation, Age Concern and HACT (15) surveyed housing advice agencies and Age Concern groups providing information and advice, reviewed existing specialist provision and related Housing Corporation IGP projects, reviewed existing research, held a series of focus groups with older people, and ran a seminar with people working in the advice field and/or with older people.

The evidence suggested that traditional housing advice services are significantly under-used by older people. The research suggested that at present:

- There was low level of awareness and usage of advice and information services.
- Older people are more likely to seek advice from family and others with whom they have a closer relationship than official bodies.
- The main official body they are likely to seek advice from is the local authority.
- Very few agencies exist which focus solely on housing advice for older people, most specialise on providing advice on a particular issue to people generally or to a particular client group on general issues.
- Older people often have specific and additional needs for advocacy and for practical and moral support in dealing with their housing situation.
- Timely and appropriate housing advice is key to enable older people to live healthily and independently.

- Information and advice has a role in empowering people to make decisions and take control of their own lives, older people can also play an important role on developing advice services.
- There are specific issues involved in delivering advice and information on housing for older people from minority ethnic communities, such as awareness, discrimination, lack of culturally appropriate housing and services, cultural and language needs.

These findings prompted Age Concern to:

- Promote the importance of housing advice to local Age Concern groups and suggest the need for collaborative working.
- Consider what information resources might be required to increase access to housing advice by older people.
- Continue to argue at a national level for the expansion of housing advice services available to older people and for the enhancement of good practice.

HACT's response was to:

- Improve the quality and extent of housing advice for older people, encourage collaborative partnerships and focus on older people with specific needs, for example, black and minority ethnic communities and homeless older people.
- Break new ground in the provision of housing advice for older people including the use of technology and ways to encourage older people to develop peer support and advice services.
- Offer practical support and advocacy as well as advice and information to enable vulnerable older people to make real choice in housing in old age.

Hanover Housing Association aimed to validate findings from preliminary qualitative research - into the perceptions of older people and their relatives to housing and related services for older people - by conducting a larger survey in England (12).

The aim of the research was to: establish the most prevalent information sources on housing options for older people, their relatives and friends; to quantify the level of understanding of different housing and care options throughout England; and, to assess the reaction of interviewees, as potential customers, to information on the cost and payment methods of the different housing and care options.

The report concluded that:

- There is a reasonable understanding of the major housing options available to older people.
- There are, however, large gaps in the knowledge and misinterpretation of the details of these options.
- There was an unwillingness of older people to consider their housing future seriously because of fear of loss of independence and the major upheaval caused by a move.
- Relatives and friends are often more aware of the needs of older people and the options available to them, but there is still a significant lack of knowledge.
- There is room for greater promotion of the options available, communicating the benefits of various options demonstrated by reactions to the Hanover Extra Care literature used in the research.

The research study was then replicated among members of various minority ethnic communities in England and published in the report *Housing Options for Ethnic Elders* (13). The findings of this study were:

- The evaluation of the status of minority ethnic older people must recognise that such communities reflect diversity in terms of language, religion and locality and that religion plays an important part in the lives of these older people.
- Notions of support within extended families do not necessarily equate to high satisfaction among older people themselves.
- The stigma that arises from the duty to afford care to older family members may prevent uptake of services.
- There are cultural variations in the openness to alternative housing and care options. The extended family plays an important role, but gradually religious and community groups are stepping in to help.

6.3 Developing appropriate options for older people

The School for Policy Studies at the University of Bristol carried out a major evaluation of the Crossing the Housing and Care Divide programme (14 and 58).

The Crossing the Housing and Care Divide initiative was launched in 1995 by Anchor and the Housing Corporation to support projects in developing innovative local approaches to meeting the housing and care needs of older people. Its aims were to stimulate service developments that would enable the potential of the housing role at the centre of community care to be recognised. Projects had to pay particular attention to involving users (mainly frail older people) and meeting the needs of minority ethnic and other excluded groups.

Evaluation of the projects found:

- Information and Advocacy. The absence of advocacy services in some localities and a shortage of sufficiently skilled staff in others. The need to employ professional staff with a wide range of skills and experiences which are difficult to articulate in job descriptions. Agencies developing advocacy and information services should be seen as independent.
- New technology. The development of in-house IT expertise to ensure that the introduction of new systems meet the needs of the modernising agenda and is not fraught or costly. If agencies need to purchase IT, the process is made simpler if it is facilitated by a member of staff who has sufficient knowledge and experience of both the core business of the agency as well as the implementation of new technology.
- Management and support services. Joint working can be improved if agencies are willing to provide joint training in order to facilitate a better understanding of the roles and responsibilities of partner agencies and professionals. Organisations need to acknowledge that the activities associated with data collection and monitoring are time-consuming and require a degree of experience.

The evaluation also drew out a number of key learning points and good practice lessons under five themes - joint working, user involvement, management and organisational issues, quality and value for money, project impact and sustainability.

- Joint working was more likely to be successful when:
 - There was a prior history of partnership working which had enjoyed a relationship of trust and mutual respect.
 - Projects developed complimentary aims and objectives that allowed partners to pursue their own organisational goals and not just those of the project.
 - There was a good understanding of roles and working practices of the different professions and agencies.
 - The projects enjoyed the support and on-going involvement of key stakeholders.
 - There was a multi-level approach to partnership working i.e. joint working activity at different levels throughout the organisation.
- User involvement:
 - Organisations that had a culture of user involvement, and a well-resourced infrastructure of user groups and networks, were better able to sustain user confidence and involvement.
 - There is a need to identify the range of users or communities that could be involved in aspects of service planning, delivery and evaluation.
 - There are likely to be tensions between user interests and professional interests.
 - The need for user involvement to be adequately resourced.
- Management and organisational issues:
 - Sustainable projects need sufficient managerial guidance on how to set up and manage monitoring systems and support, and requires links to the strategic level.
 - Some projects experienced recruitment problems due to growth in jobs in the service sector.
 - In successful projects the skills of project staff matched the roles they were expected to undertake. Key skills were identified as networking and monitoring experience.
 - In some instances the job descriptions for project managers did not reflect tasks and skills required, which meant that not all parts of the project were fully developed or progress was slowed.

- Quality and value for money.
 - There is still a great deal of work to be done in order to define, monitor and evaluate the quality and effectiveness of services. This work requires a well-resourced infrastructure.
 - There is a lack of hard data currently available to demonstrate the effectiveness of the services.
 - The need for staff to be adequately supported in their monitoring role.
- Project impact and sustainability.
 - Most projects did not continue as recognisable entities once funding ended, reflecting the limitations of short-term funding.
 - They did, however, contribute to the flow of change locally by identifying and demonstrating good practice.
 - The issue of securing future funding was complicated by the difficulties of producing evidence on cost and benefits to feed into value for money assessments.

Ordinary Lives? Changing European Perspectives on housing and support for people with high care needs (43) explores ideas and practices in Europe on the provision of housing and support services for older people with high care needs. It builds on previous HOPE reports on independent living models and is based on visits and case study material of housing and care schemes in France, the Netherlands, Denmark and England. A conference document was also published – Inclusion Diversity and Partnership (54). The main reports finds Government are identifying common agendas, including:

- Minimising the use of institutional care.
- Developing integrated solutions.
- Promoting an approach that enables normal living, where possible.
- Encouraging the direct involvement of older people in key decisions.
- Good information and access to services.
- Promoting high service standards and accountability.

Major differences between countries affecting the provision of housing and care include: tenure, stock condition, level of specialist institutional provision, levels of provision of care services, government policies, funding the cost of care and the role and scope of housing associations.

The report sets a framework for addressing housing, care and support services for older people with high care needs, including specific service principles and describe a 'whole systems' approach and its relevance today.

Most older people with high care needs want to remain in ordinary housing settings and the report shows examples to how this can be supported. It also identifies key learning messages and issues for social housing and care organisations:

- Providers need a planned approach to enable older people with high care needs to live ordinary lives in the community as far as possible – reacting to needs is not adequate.
- Balancing professional service models with citizen led approaches that are based on community support and mutual self-help – housing providers can help develop the capacity for communities.
- Ensuring that the property is 'fit for purpose', as a home for someone with high care needs.
- Using new technology as an enabling service for older people with high care needs.
- Accessible 'barrier free' housing needs to be the norm for new social and private sector housing.

It also considers how citizen principles and whole systems can be applied to specialist housing and support services for older people with high care needs. Case studies are used to illustrate key themes, including remodelling existing buildings and services, developing new models of building and services, service models for people with dementia, multi-service care village models.

It also discusses the challenges and practical dilemmas faced by social housing and care providers when implementing new service principles and models for older people with high care needs.

The study 'We're in charge' Co-Housing Communities of older people in the Netherlands: lessons for Britain? (20) examines a particular form of group-living to see whether it offers a helpful model for older people in Britain. The research was carried out over a period of six months in the Netherlands, and a sample of co-housing groups was interviewed. The report describes the scheme, the community development process, social mix and housing tenure, benefits and lessons for Britain.

Housing for Women – a co-housing organisation in England is also in receipt of IGP funds to develop an innovative project in London. The project is assessing the feasibility of setting up co-housing schemes for older women in London (61).

The model offers many advantages for those who choose it and has much that is positive to offer as a way of life to older people in Britain and should be available as a clear and valid option.

However, to replicate the model in Britain would require a change of culture and attitude.

6.4 Supporting older people in their housing options

Several IGP funded projects have focused on developing tools and other support to help older people and service providers identify housing options and exercising their choice in taking them up. The Housing Options for Older People (HOOP) project developed a housing option appraisal tool that was IT based. This was based on Homechoice tool which had been devised to help people in very poor condition properties consider the options of improvement or rehousing. The HOOP Tool:

- Consists of a questionnaire that is filled during an interview, or by self-administration. Its aim is to find out how well the present home fits the person.
- Contains questionnaires that ask interviewees to score different aspects of their current housing from 1-10: size and space, location, cost, comfort, condition, security and safety, independence, managing and well being aspects.
- Enables the interviewee to write in comments that explain why he/she has given that particular score.
- Generates in chart form showing all of the categories.

Group interviews with users led to the modification of this tool so that it could address the main housing categories for people in later life.

Two versions of the HOOP tool were developed. One to be used in an interview with an older person and the other was designed for self-administration. The HOOP tool is to be used as a planning mechanism. Users answer a series of questions and their responses are scored. This can be used to identify priorities or satisfaction levels. Furthermore, written and oral comments can be analysed. The study confirmed the need for a housing option appraisal tool designed specifically for older people. The benefits of the HOOP tool are that it:

- Helps people to assess their housing association.
- Acts as a means of testing out what information about housing options is needed.
- Serves as an effective source of information about housing and housing services that are wanted but do not exist, or exist but are not widespread.

Further work was undertaken: to learn more about common issues and preferences affecting housing choices amongst older people, and among younger people looking ahead to their older age; to establish whether a tool of this kind would be helpful to older people and advisers; and, to assist information and advice providers to identify deficiencies in the scope and accessibility of services.

The HOOP tool was evaluated further with a sample of older people to see if it needed further refining. The project identified a number of strengths and weaknesses of the HOOP tool:

- For older people the value of HOOP was: it helps to confirm or clarify their thoughts; it showed potential to empower older people; it is user-friendly and neutral with respect to moving or staying put; the questionnaire allows people to retain privacy on emotional issues; it may be useful for some people who are in a current crisis; and, can be used at a number of points in the decision-making process.

- For advice workers HOOP has been useful because it: looks at housing needs in a detailed and holistic way; prevents workers from jumping to conclusions about a person's preferences; focuses on information needs; sets the issues of housing in a broad context; allows workers to work with and respond to decision-making style of the older person; and, it also gathers information.
- Some of the identified weaknesses have been addressed throughout the project but others which remain or have only been partially addressed are: the length of the appraisal tool; respondents found the sections on priorities difficult to answer; the sections on cost were misunderstood by some people; it contains some assumptions e.g. cultural presumptions; it is only available in English; there needs to be support for agencies that use it; and, it may raise expectations if it is not backed up with information and advice.

The study concluded that there is a need for more advice, advocacy and support services for older people. The report also identified a number of ways in which HOOP might be used and developed by housing providers, agencies and individuals.

The National Database of Housing for Older people is available on CD-ROM (11). It is a detailed database on housing schemes, organisations and care homes in this country and is meant to be used by advice workers so that they are aware of the range of options available to their clients. The database is to be made available to the EAC's national advisory service and allied organisations including other advisory services, housing developers and planners, landlords, and manager and researchers. The EAC also has a website www.housingcare.org that is also funded by the IGP. This includes:

- A database of housing and care homes for older people.
- Factsheets, leaflets and articles.
- Links to advice and information services.
- Aids to decision making.
- A bulletin board.

The first edition of the CD ROM included the EAC's housing data in full and allowed the database to be searched by scheme location, tenure and a number of other characteristics. It is planned to further refine the database and issue at least two updates per year.

The UCL's Bartlett School of Graduate Studies developed a website that is to be used as an awareness tool in how people use and think about their homes, as they grow older.

It also provides information on:

- The issues of ageing (health, companionship, wealth).
- Housing choices (independent, supported, extra care).
- Who's doing what (architects, assistive technologies, and research)?
- Links to related websites.

Finance serves as a definitive parameter in the ability of older people to take up certain housing options. Terry (37) reviewed equity release schemes in order to see whether they could be used to fund works (repairs, improvements and adaptations) which would enable older home owners to stay in their own home longer. The project involved ten registered housing associations, led by Metropolitan Home Ownership.

Recent experience of equity release schemes is that most are used to provide income rather than to fund works. It develops two new models for funding work, using partial equity release. One is a proposed model for funding substantial and essential works which require subsidy, the other a proposed model for funding minor works.

The report highlights that there is a national need for small-scale equity release products for older homeowners in low value properties for a variety of purposes. However, it also points out that older people are unlikely to choose equity release if they have an alternative solution, such as the offer of a grant. Commercial lenders will become involved in small-scale equity release products only if the voluntary sector or local authority takes responsibility for administration and client contact.

The Housing Corporation reviewed the objects of Housing Associations and has consulted them and others through a discussion paper 'Regulating Diversity'. The report notes that Community banking could be seen as a useful role for Housing Associations to help reduce social exclusion. Also, because the population of older homeowners is growing, the demand for simple and safe equity release products is likely to increase in future years. Finally, the report brings together a number of equity release initiatives so that there is less risk in future of unknown duplication of effort on a particular product. (RSLs and their potential to alleviate financial exclusion also examines the extent to which RSLs and mainstream financial institutions are working separately, or in partnership, to tackle the issues of financial exclusion – by Richard Newcombe, Building Societies Trust Ltd (62)).

Housing 21 reviewed the experiences of involving residents in:

- The refurbishment of a specialist home for older people with dementia.
- The closure or refurbishment of sheltered housing.
- The transfer of accommodation from the local authority to a new landlord for residents and tenants in residential care and sheltered housing.
- Remodelling a sheltered housing scheme.

The report shows different perspectives and richness of approach in each instance. The principles that can help to make consultation and involvement more likely to succeed are:

- Clarity about quality standard the housing provider can be measured by.
- Clarity of purpose about tenant involvement.
- Methods and approaches that are tailored to the circumstances of a particular scheme, subject or group of tenants.
- Good and clear communication and channels for continued dialogue.
- Honesty about what is being consulted on and the scope for change.
- Training for staff to equip them to develop consultation and involvement practice at a local level.

Housing 21 has developed a "blueprint for managing change well" based on residents' and staff suggestions:

- Get a realistic schedule – work out if it is practicable – ask residents and scheme managers for their views.
- Value scheme managers, build up their capacity and give them the skills and support to involve residents and advocate on their behalf.
- Set up a design or steering panel of residents and staff.
- Get good contractors with a track record on sheltered housing if possible.
- Work out a reasonable protocol for builders and contractors to follow.
- Ensure there is regular information to residents and their relatives.
- Use mock-up models, coloured artists impressions, better plans and visits to other schemes to see the kind of work being proposed.
- Try things out – go to showrooms or ask suppliers to bring equipment and good sizes of samples to the scheme.
- Be prepared for things to go wrong.
- Think about moving people from their flats if necessary.
- Know what is and what is not negotiable and be honest about this.

6.5 Conclusion

This section has looked at IGP funded projects that have focused on housing options for older people. When reviewing the current situation, the conclusion was that there was room for further development in terms of supporting older people in choosing which options were most appropriate to them, and informing service providers which options they should be developing.

Having a range of options is no use if they are not appropriate, so some projects have developed tools that get the views of older people's housing needs and evaluates current housing provision. Other projects have developed tools that make people (service providers and users) aware of what options are available e.g. different types of tenure. Other projects also address issues of how older people and service providers may fund more appropriate service provision.

The central theme is that housing options for older people must be developed with their direct and meaningful involvement. However, there are key learning points and good practice lessons about how service providers should go about this, especially in incorporating the diversity of need of older people.

7. BLACK AND MINORITY ETHNIC OLDER PEOPLE

7.1 Introduction

IGP has funded over 40 projects tailored to the needs of black and ethnic minority (BME) people and there is a separate bIGPicture report on the housing needs of BME communities.

This section focuses on the housing issues of black and minority ethnic (BME) older people. As many other studies included in this document have included BME issues in their reports, we also include references to these e.g. the involvement of older people in service design and delivery, housing options for older people, age and disability.

One report - Caring for Diversity by Galba Bright for the Odu Dua Housing Association (63) discusses the needs of BME older people from different communities.

Another study has directly focused on a particular BME group: The invisible minority: The Housing Needs of Chinese Older People in England, Occasional Paper 16, A Jones, School of Public Policy, University of Birmingham, 1998 (25).

A research study by the Samec Trust and Hanover Housing Association (13) examined the housing options for ethnic elders amongst various BME communities in England.

Other reports in the IGP series discuss in more detail specific issues about BME older people. One example is a good practice guide to communicating with BME older people by the Samec Trust (6). The theme of trust and language is stressed. Service providers should:

- Be able to communicate in the first language of older BME people.
- Be able to provide language specific support through people who understand the relevant services.
- Recognise that BME older people have preference for face to face contact.
- Involve BME older people in design consultations.

Another example is an action research project funded by IGP and undertaken by Anchor Trust which produced a good practice guide and training pack for wardens working with tenants with dementia include BME community needs. The lack of equal access of BME older people to housing and support services was a key issue. The report concludes that the needs of older people with dementia from minority ethnic communities will grow as the population ages. It is hoped that through mutual learning and skills sharing there will be models of good practice flourishing in the next few years to ensure that minority ethnic communities do not remain marginal in dementia care.

Hornsey Housing Trust has produced a series of award winning audiotapes on sheltered housing, in a range of languages and dialects. And A View of the Future by Hanover Housing Association presents the views of residents about extra care schemes (33). A series of pamphlets is also available from Hanover.

7.2 Housing care and support needs of older black and ethnic minority people

The report Caring for Diversity (1996) arose from a concern that there might be unmet housing and related care and support needs amongst the target community in the boroughs of Barnet, Brent and Camden. The main findings were:

- The level of demand for care and support services among older black and ethnic minority people was quite low and it was felt that some demand might be hidden. By contrast there was a clear demand for sheltered accommodation and a minority of interviewees wished to see particular schemes developed for a particular ethnic minority group.
- In some cases the lack of translated publicity materials and the provision of culturally inappropriate meals at home were perceived by ethnic minority community groups as a barrier to access to care and support services.

- Sheltered housing providers, residents and minority ethnic community groups all believed that older black and minority ethnic people faced some barriers to accessing sheltered accommodation. The most frequently cited obstacles were lack of knowledge of sheltered accommodation, having a different culture from other residents and the desire to stay with, or in close proximity to, the family.
- The majority of ethnic minority community groups thought that sheltered housing providers should take steps to promote and publicise sheltered housing specifically to older minority ethnic people. Residents felt that providing more information about sheltered housing and advertising via community groups were the best ways for sheltered housing providers to publicise schemes to older minority ethnic people.
- Many residents praised the level of care and assistance that they received from wardens. They did not think that wardens had to have the same ethnic background as them as long as they were aware of and responsive to various cultures.
- Older black and ethnic minority groups as a whole tended to be over-represented in sheltered housing compared with the proportions suggested by their 1991 Census shares. However the pattern of allocations to particular ethnic minority groups varied considerably. In Barnet Black Caribbean and Other groups were over-represented while Asian groups were under-represented. At the time of the study Asian groups were the only under-represented ethnic minorities in Brent. In Camden the over-represented groups were Asian and Chinese. Black Caribbean, Black African, Other Asian and Other groups were under-represented.

7.3 Housing needs of Chinese older people

Little research had been carried out into the Chinese community, and the lack of reliable information extends even to its size and distribution. A key aim of this study (25) was to make the housing needs of Chinese older people more visible so that providers of housing and related services become more aware of their needs and aspirations as well as providing a projection of future need.

The research focused on the South West of England, but examples of good practice were drawn from Birmingham, London, Manchester and Liverpool/Wirral. The study focused on Hong Kong Chinese people.

The study found that Chinese older people are willing to consider sheltered accommodation as a housing option, especially (but not exclusively) if it meets their cultural and linguistic needs. However, given that some Chinese-specific provision already exists and the numbers of Chinese older people are, at present, comparatively small, is there really a need for any more Chinese-specific provision?

The research concluded that cultural and linguistic differences are not going to fade away in the immediate future and that there are consequently immediate needs that must be met. So exactly what should be provided to meet these needs? A range of housing options is needed:

- The establishment (by community groups) of small residential facilities of two to four older people, looked after by younger members of their own community.
- Several groups of sheltered accommodation for particular groups “clustered” under the control of a single warden.
- “Group homes” modelled on the extended family system and bringing together three groups of people (older people, one-parent families and children in care) to live together and provide mutual support.

One of the key findings was the fact that current Chinese-only provision has largely been located in areas where there is some concentration of Chinese people. Where, however, the community is more dispersed and less visible, it can be difficult to justify the provision of an ethnically specific scheme. Thus a range of options should be considered including:

- Large family housing – enabling extended families to stay together.
- The provision of Care and Repair/Staying Put schemes targeted at the Chinese community.
- Category 1 schemes.
- Purpose built Category 2 schemes.

- Utilisation of existing sheltered accommodation setting aside space for Chinese older people.
- The promotion of existing non-Chinese specific sheltered accommodation.
- The provision of frail elderly accommodation/residential care homes for Chinese older people.

In many of these options, location should take account of clustering with the existing Chinese community and, where possible, Chinese staff should be employed to care for Chinese older people and provision should be made for communal areas.

Design features needed to take account of the Chinese community's own views on a number of factors including location, orientation and geometry, windows, colours, numbers, religious practices, circulation space, storage, cooking and ventilation, sinks and taps, bedroom layout, services, scheme surroundings, security and safety. The real challenge is to design homes that accurately and economically meet expressed needs while being capable of harbouring different and changing lifestyles i.e. lifetime homes.

The study also asks who should provide the housing? Ideally, the development of Chinese-specific accommodation should be done by housing associations with their roots in the Chinese community. However, Chinese housing associations in England tend to be very area specific.

The fact that there are Chinese housing associations should not be used as an excuse for mainstream housing associations to do nothing towards meeting the housing needs of Chinese older people. Where there are no Chinese housing associations mainstream housing associations can provide accommodation that can attract Chinese older people. The report provides several examples of both Chinese-specific and mainstream housing association provision which demonstrates good practice in meeting the needs of Chinese older people.

The report, in particular, recommends that service providers should move away from a "numbers equals needs" approach which is biased against those groups who may be smaller in number but whose needs are very real.

7.4 Housing options for ethnic elders

A research study by the Samec Trust and Hanover Housing Association (13) examined the housing options for ethnic elders amongst various BME communities in England. The findings of the study were:

- The evaluation of the status of minority ethnic older people must recognise that such communities reflect diversity in terms of language, religion and locality and that religion plays an important part in the lives of these older people.
- Notions of support within extended families do not necessarily equate to high satisfaction among older people themselves.
- The stigma that arises from the duty to afford care to older family members may prevent uptake of services.
- There are cultural variations in the openness to alternative housing and care options. The extended family plays an important role, but gradually religious and community groups are stepping in to help.

7.5 Conclusions

This section has focused on the housing needs of BME older people. It also cross references particular issues affecting BME older people to other sections of this document.

BME communities are diverse and it is important that within groups of BME older people, individual need is recognised.

Key issues raised in this section and elsewhere in this report are:

- Good practice is defined as enabling and supporting BME older people to remain in their own homes and within their own communities.
- Recognition of the priorities of security and safety for BME older people.
- The importance of identifying and monitoring demographic changes of BME older people.
- Mapping and projecting housing, care and support services and needs of BME older people as an essential step in improving and extending services and the quality of services.
- The need to involve BME older people in the design and delivery of services.
- The training and development of staff in recognising and meeting the needs of BME older people as a necessary good practice step.
- The significance of delivering relevant advice and information to BME older people, and developing effective channels of communication.
- Addressing specific needs of BME older people in appropriate ways will help met their needs more successfully.
- The need to utilise technology and design to enhance service provision to BME older people.

8. CARE AND SUPPORT

8.1 Introduction

This section looks at those IGP studies that considered care and support issues for older tenants. Three IGP funded projects are represented in this section and their common theme is the integration of housing, health and care needs for older people:

Meeting the needs of older people now and in the future: The Future Role of Sheltered Housing: L Brown, L Sampson, University of Bath and Wiltshire Social Services Research & Development Partnership, January 1999 (30)

Social Inclusion for vulnerable people: Linking Regeneration and Community Care – The Housing, Care and Support Dimension, P Fletcher, PFA/Housing Corporation/Nuffield Institute for Health, 2000 (50)

Making the Links, available from Care and Repair England (57)

Preventative services for older people – Report on a pilot project based in Warrington, M Coates, C Paley, A Steele, Salford Housing and Urban Studies Unit (47); Anchor Trust report on Prevention, Pat Parkinson and Debby Pierpoint.

There is a growing recognition that issues concerning housing and older people can only be addressed in a more integrated and inclusive way that recognises the place of older people in their communities and seeks to normalise and enable their lives rather than separate and disable.

8.2 Policy developments

Fletcher (50) plots the developing policy environment throughout the 1990's. Historically, the development of regeneration, community care and supported housing policies were characterised by:

- regeneration policy focusing on physical, environmental and economic improvements and tended to ignore health and social care issues;
- the community care agenda only lately incorporating housing and support services;
- little policy connection between regeneration and community care policies, and;
- a lack of a 'community' focus to community care policies.
- Early estate action and regeneration funding and, more recently, the Single Regeneration Budget, focused mostly on physical and economic regeneration and community safety e.g. building or renovating business and industrial premises, house building and job creation. Projects addressing social and care issues e.g. homelessness and drugs were very much the exception.

Community care policy has increasingly focused on resettling (mostly) vulnerable people in a community setting. More recent policies have sought to address the care and support needs of vulnerable people (such as, people with mental health problems or learning disabilities) and set new planning frameworks for agencies to work together. Research found that support services for vulnerable people living in a community setting were often inadequate and inflexible leading to a 'revolving door' syndrome between hospital and home, and people falling through the support net.

An Audit Commission report 'Home Alone' (1998) highlighted the fact that the planning and delivery of care is the responsibility of social services and health agencies. Professionals in these organisations are able to make decisions about when it is appropriate for them to provide support. However, housing agencies cannot make such choices and are "left 'holding the baby' or pushing it back on to the street".

Therefore, there is a rationale for linking housing support with social services and health care.

Furthermore, as many vulnerable people live in deprived areas it also makes sense to link housing, social services and health with regeneration activities. However, no Department of Health or DTLR national guidance places the housing and support components of community care into a regeneration context.

There is also another very important policy dimension, the potential exclusion of marginal groups such as sex offenders or people with mental health problems in order to protect the community. Probationary tenancies or lettings, or nomination agreements between local authorities and Housing Associations which are designed to exclude anti-social tenants may also exclude vulnerable people with community care needs.

Care and Repair (57) also identified the objectives with regard to the housing and care of older people as:

- Enabling individuals to remain as independent as possible within their own communities.
- Meeting individuals' needs via flexible, responsive and accessible services.
- Working across departmental boundaries.
- Involving service users in the planning of services.
- Developing close working partnerships between all commissioners and providers of services.

8.3 The need for integrated support

The study sets out an action plan for developing a local integrated strategy:

- Identifying the benefits of a more integrated approach:
 - Vulnerable people, the local community, local authorities, Housing Associations, and other partners will all benefit from an integrated and inclusive approach. It treats people as partners, ensures appropriate support for vulnerable people, reassures local communities, addresses policy priorities of partners, makes better use of resources, is a more proactive and co-ordinated approach, and develops an approach that is normalising and enabling.
- Developing an integrated vision and strategy:
 - Local authorities, Housing Associations and care and support service providers should incorporate each others' agendas when developing policies as housing, care, regeneration and health agendas all overlap.
 - Housing Associations in particular, should link together their two main areas of diversification i.e. regeneration and housing, and care and support for vulnerable people. Housing Associations should also develop a more strategic approach to supporting vulnerable tenants e.g. creating a register of vulnerable tenants, assessing their needs, developing systems of Housing Plus support etc. This will enable the development of proactive approaches that identify the strengths of involving other, more specialist agencies.
- Joint working at a local level:
 - Addressing the housing and support needs of vulnerable people requires a co-ordinated, multi-agency approach. Several models exist that can be developed to address specific local circumstances e.g. the neighbourhood management model proposed by the Social Exclusion Unit.
 - Care and support agencies, including Social Services, need to develop a community focus to the planning and delivery of assessment and support services, and to develop preventative approaches which address the needs of the wider population.
 - Four key areas for joint working were identified – information sharing; risk assessment and identification of housing and support needs; fast-track assessment for homeless people; and, ongoing tenancy liaison and support.
 - Joint training should be developed as a way of making progress with joint working.
- Community attitudes and involvement:
 - Residents should be involved as partners in planning housing and support services, in identifying vulnerable groups with housing and support needs, in ensuring that housing and service models fit their community vision, and that issues of tenancy support and community safety are addressed.
 - Residents can play an important part in identifying vulnerable neighbours, ensuring that their housing and support needs are planned for and met, and that any aspects of neighbourhood nuisance and community safety can be met at the same time.
 - Linking regeneration with care and support activities can create local employment opportunities. There should also be opportunities for local people to contribute to the provision of care and support services informally e.g. as volunteers.

- Vulnerable people should be treated as citizens and not clients. This should include identifying what they require and are able to offer as citizens living in their communities.
- Mapping need and commissioning services:
 - Mapping needs and resources is one of the building blocks of developing a strategy for any regeneration area.
 - The evidence from this exercise should inform the commissioning of services and bidding for monies.
 - Models should be developed at the local level for shared budgets and funding flexibility. These should build on the Supporting People and Health Act 1999 which includes partnership arrangements for both capital and revenue funding for housing, care and support services.

Housing, care and support services. Meeting the housing, care and support needs of vulnerable people requires a planned, pro-active and enabling approach by all the agencies involved. Also certain principles should be adhered to:

- The priority should be to provide ordinary housing and floating support within communities first and foremost.
- Any specialist sheltered or supported housing schemes should be flexible in design in order to meet changing future needs.
- Systems are required to identify need so that properties and adaptations can meet them in a timely fashion.
- A register of vulnerable people and their needs is required so that services can be proactive e.g. pre-allocating properties so that adaptations can be built, so that personal support, befriending and health support can be provided.
- Caretakers and community wardens and similar support staff should be provided where needed.
- Floating support needs to be developed in a flexible way.
- Identify the needs of particular groups e.g. black and minority ethnic vulnerable people and incorporate their needs into service design and delivery.
- The needs of people in rural areas and the implications for services should be taken into account.
- Enhancing the use of technology in providing support e.g. community alarms.
- Community health and well-being models should be considered to complement and enhance housing, care and support services in regeneration areas.

National Government action. For local action to be effective the national government should:

- Provide guidance that views vulnerable people as part of a community and not simply as a group.
- Issue clear statements about integrating regeneration, housing, care and support to meet the needs of vulnerable people.
- Ensure community safety policies do not unwittingly exclude vulnerable people with community care needs.
- Develop adequate funding and flexibility of commissioning and funding systems to enable integrated and flexible support provision to meet the particular needs of each community.
- Introduce indicators that measure the impact of regeneration programmes on the health and well being of vulnerable people as well as the wider community.

Housing Corporation action. The Housing Corporation also has responsibilities:

- Reinforce the message to Housing Associations about the importance of the social aspects of sustainability, as well as the economic aspects, particularly for people with housing, care and support needs.
- Amend competition criteria to enhance the integration of housing, care and support initiatives.
- Work with Government Departments to promote funding flexibility for joint working.
- Allocating SHMG on a local authority rather than a Housing Association basis to allow for local needs and local commissioning.
- Reshape the balance of funding more to supporting people in ordinary housing.
- Amend the Regulatory Statistical Return for floating support to reflect the fact that it is people rather than property based.

Care and Repair (57) has promoted HIAs for many years in order to support older people living in their own homes. One of the objectives of their research study was to investigate the extent and types of additional services being provided by HIAs.

Brown et al (30) looked at the feasibility of using existing sheltered housing schemes to meet the future needs of tenants and the wider community in Wiltshire. They wanted to explore the future needs of the wider community regarding sheltered housing, the feasibility of using existing schemes in new ways, and involving older people in the planning of such services.

Interviews with existing tenants and applicants, wardens and resident managers, and other support professionals working in the wider community found that:

- People moved into sheltered housing for a combination of reasons that were usually health related.
- Home ownership has changed people's expectations and needs.
- Although existing tenants found it difficult to anticipate future needs all expressed a desire to remain in the scheme for the rest of their lives.
- Tenants and wardens highlighted a need for a wider 'menu' of services to be available when required, including help with housework and personal care.
- The warden service was highly valued.
- Those living in the community identified affordable domestic help as the greatest shortfall in services.
- Bungalows and large flats were the most popular types of housing.

Having identified priorities, three existing sheltered housing schemes in Wiltshire were nominated for the study and individual 'Action Plans' were developed (see next section).

Sheltered housing schemes need to be able to offer a range of services, flexible enough to respond to changing needs. They also have to address the many reasons that make sheltered schemes unpopular, for which there is no single cause or solution. Development work will be long term especially because it requires the integrated working of different agencies.

HIAs have a long track record in working across housing, health and social care sectors, and are able to remain locally flexible whilst operating within a broad national framework. They are therefore well placed to operate in an environment that demands 'joined up thinking' and cross-departmental working. Care and Repair (57), who have promoted the concept of HIAs plotted the changing developments in their services. The 'core service' provided by HIAs relates to repair, renovation or adaptation of clients homes.

In 1997, Care and Repair identified 13 different types of 'additional' services being delivered by HIAs ranging from energy efficiency and aids and adaptations to hospital discharge and gardening services. In 2000, 93% of HIAs reported providing at least one additional service compared to 53% in 1997. However, many HIAs believe that definitions of 'core' and 'additional' are not helpful. Their main objective is enhancing independent living amongst older and disabled people through addressing housing related needs irrespective of whether they are 'core' or 'additional'.

The funding of 'additional' services is often problematic even when there are demonstrable care and support benefits. HIAs often have to finance 'additional' services through a patchwork of funding. Whilst this may be evidence of inter agency working it does create problems as it requires identification and effort, and the time-scales are often quite short affecting long-term planning of services.

Three experimental projects were assessed, including the effect of not providing the service. The findings were:

- Additional services benefited individuals, service providers and service commissioners. For example, a hospital discharge scheme reduced hospital waiting lists, staff pressures, financial costs and helped meet performance targets, as well as benefiting older people, their families and friends.
- Impacts are often much wider than initially envisaged. Monitoring of services suggests that additional services were producing a more general positive social impact on clients' confidence and ability to deal with day to day problems. Especially knowing that there was someone to turn to for help if they needed them was particularly important.

- Impacts were also found on inter agency working. HIAs:
- Through their diversification of services, come into contact with a wider range of providers and these are also involved in the development of services.
- Demonstrate the benefits of inter agency working by producing results. By bringing together individuals from different agencies for a specific project there is a potential for wider benefits in terms of better working relationships between service commissioners and policy makers.

Through joint working, enables each organisation to improve their efficiency and effectiveness; helps them respond to changing needs and demands, and provide consistency of service delivery across the different areas of health, housing, care and others.

Coates et al (47) undertook an 18 month study of a pilot multi-agency preventative services project for older people in Warrington in the north west of England. Anchor Trust also undertook an IGP funded project on Prevention, written by Debby Pierpoint and Pat Parkinson. The Coates project addresses the issue of preventative services by drawing together housing, social services, health and the voluntary sectors to provide a range of services delivered in a highly convenient and effective way through the use of existing sheltered housing schemes in the locality. The key aims of the project were:

- To draw together the various agencies into flexible working arrangements that would provide a multi-faceted approach to the promotion of the physical, psychological and social well being of older people.
- To develop a programme of activities that reflected the needs of the project's target audience i.e. tenants of four sheltered housing schemes and older people in the wider community.
- To develop social opportunities for older people from which mutual support networks might develop.
- To encourage community volunteers, scheme managers and care assistants to participate in and take ownership of the activities developed.
- To measure the extent to which any interventions provided measurable health gains for the older people participating in the project.
- To develop training packages that would enable community volunteers, scheme managers or care assistants to provide support and guidance with regard to the maintenance of health that would enable elements of the project to be sustained after the natural life of the pilot project.

The project did achieve identifiable and material benefits for older people in terms of, for example, health promotion, quality of life and reduction in social isolation, all of which can contribute positive to sustained independence. Key learning points and good practice emerging from the project:

- It covered a broad range of topic areas deemed to be of relevance to the target audience.
- The avoidance of ageist assumptions about the interests or abilities of older people (for example there was a high level of interest in information technology sessions).
- That defined activities are relevant to the wider community and, where possible, actively encourage and involve this community within the sessions.
- Use of a range of delivery/presentation formats to assist in sustaining levels of interest and encouraging older people to actively participate in the sessions rather than be passive recipients of information.
- Inclusion of cross-gender or gender-specific sessions to encourage men to become actively involved.
- Provision of a detailed calendar of events to enable older people to plan their involvement. It is particularly important that a 'session replacement strategy' is in place in the event that programmed sessions have to be cancelled.
- That the programme of activities is flexible and capable of meeting older peoples' changing needs and aspirations as they acquire new skills and interests during the lifetime of the planned activities.

The Anchor Project focuses on the role of preventative strategies in caring for older and vulnerable people. The report showed that housing is a vital preventative service, promoting and preserving older people's independence and well-being. Conclusions emphasised that housing has a clear and effective role in prevention, but its role goes beyond the bricks and mortar and must include the support people might need to sustain their tenancy or stay in their home and provide them with a good quality of life. Prevention, the report stresses, is multidimensional: the views of residents and clients, any informal support strategies they have set up and the community aspects of prevention need to have equal weighting with the built environment, management practices and formal care and support. Specific conclusions cited include:

- Preventative services do not only benefit people with low level needs. They also have a role in supporting older people with high levels of dependency in the community and delaying the move to a more costly residential setting.
- Listening to older people themselves is crucial, both to ensure that the service provided meets need and preferences and that emerging needs are picked up.
- The older people in the study were very much in favour of initiatives which allowed them some control over their environment and the preventative services they received. Direct payments were seen as potentially useful in retaining their sense of autonomy.
- Lack of transparency in criteria and procedures and lack of co-ordination between agencies, hampers the development of effective preventative services.
- The provision of easily accessible and holistic information and advice is an area that requires more work. It is particularly difficult for older people who do not already receive some support to find out what is available and how it can be paid for.
- Funding is uncertain and fragmented. This makes forward planning difficult, means that staff waste time chasing funds, and can lead to a lack of confidence that services once developed can be maintained. This may result in a reluctance to begin a service to avoid unrealistically raising expectations in clients or finding out that it becomes financially non-viable as funding routes shift and change.

8.4 Conclusion

This section has looked at IGP projects that have focused on the integration of care and support services with housing services.

There has been a developing policy context that has promoted this type of 'joined up' thinking, mainly because of the benefits to clients in enabling them to remain in their own homes and communities. It also benefits support agencies in responding proactively to their clients' needs.

9. SHELTERED HOUSING

9.1 Introduction

This section looks at those IGP studies that have focused on sheltered housing:

Appraisal Guide for sheltered Housing, National Housing Federation, 1996 (1)

Difficult-to-Let Sheltered Housing – an exploratory study for Anchor Housing Trust, 1994 (2)

Remodelling Sheltered Housing, Housing 21 (3)

Homes for the Third Age: a design guide for extra care sheltered housing, D Robson, A M Nicholson, N Barker, University of Brighton/Hanover Housing Association, E&FN SPON, 1997 (4)

Catering in Extra Care Housing - Good Practice, Hanover Housing Association (5)

Sheltered Housing is Changing: the emerging role of the Warden – Project Report, J Hasler, D Page, 1998 (6)

CAMEO – come and meet each other: a good practice and ideas guide to social activities for wardens and scheme managers, J Hill, 1998 (7)

Steps to understanding: a good practice guide for Registered Social Landlords to communicating with black & minority ethnic older people, M Ali-Khan, S Khan, The SAMEC Trust/The Housing Corporation, 1999 (8)

Sheltered Housing – what is it, who it's for and how to get it, available from National Housing Federation (audiotapes) (9)

A view of the Future: The Experience of Living in Extra Care, Hanover Housing Association, April 1999 (33)

The case for common currency: Clearer Definitions and Descriptions for Sheltered and Supported Housing – a discussion paper for the Housing Corporation, Centre for Urban and regional Studies, University of Birmingham/Peter Fletcher Associates, August 1999 (40) The Second Case for a Common Currency Report (2001) (59)

GOSH! Going on to Sheltered Housing, report on Housing Awareness Week, ERoSH National Consortium Emerging Role of Sheltered Housing, November 2000 (51)

A question of Shared Care - the role of relatives in Sheltered Housing, Anchor (52)

Evaluation of the future of Category 1 Sheltered Housing (North British Housing Association) (2001)(60)

9.2 What is sheltered housing?

Defining 'sheltered housing' has become more debatable in the light of the Government's 'Supporting People'. In 1999 the Chartered Institute of Housing published a good practice guide to Sheltered Housing (Thompson and Page 1999) which defined Sheltered Housing as: 'Groups of flats or bungalows with a warden service, designed for older people.'

Within this definition there is much variation. The Audit Commission includes the provision of communal facilities in its own definition; some providers use the term 'retirement housing', and some commentators prefer the terms 'specialised housing for older people' and 'scheme manager' to warden.

In practice schemes vary widely in size, design, accommodation and the range of communal facilities as well as staffing and management.

Sheltered Housing schemes have been categorised (DoE circular 1969) into Category One, Category Two and Category Two and a Half (for very sheltered housing or extra care). However, these categories are now seen as unhelpful as they relate to building or organisational type rather than to the people being accommodated or the services delivered. Some authors have offered a revised classification of provision which is based on services provided. Their report examines the role of relatives and how their perceptions of their role depend upon whether a scheme is seen as 'ordinary' housing or 'very sheltered'. A discussion paper prepared by CURS (40) identifies the current problems of the definition of Sheltered Housing and, in the light of the Government's Supporting People proposals explores the potential for clearer definitions and descriptions for both Sheltered and Supported Housing.

There are a number of problems concerning the definitions and descriptions of sheltered housing: inadequate definitions and descriptions; a lack of sufficient, coherent information about what sheltered housing is, and; out of date categories. This means that there are often different and incorrect perceptions of what sheltered housing is and the lack of uniform definitions means that quality and performance cannot be compared.

The paper puts forward a new definition for sheltered housing as 'Grouped housing particularly aimed at people over retirement age. This housing can best be described by identifying the specific mix of different design features and support and/or care services included in each development.'

This is elaborated by a 'descriptors model' with nine sets of criteria covering: who is the project or scheme for; ethos and purpose; building and dwelling standards; integration into the community and location; services and service standards; tenure and security; staff expertise and training; cost and value for money; and, the place occupied on sheltered/supported continuum encompassing 'traditional independence-transitional-supporting'.

Under each heading there is a need for common and clear concepts and definitions. For example, services and service standards might include a clear definition of the available services, who provides them and how much do they cost. It may also include the standards consumers can expect for key services, such as, the role and responsibilities of different staff, arrangements for setting and reviewing performance and quality standards.

The paper also stimulated debate on key questions including whether there was a need for common definitions and the validity of the proposals.

9.3 Meeting need

The debate about what is sheltered housing underpins much of the research into sheltered housing funded by IGP. The move from institutional to individual provision necessarily involves a redefining and redesigning of what sheltered housing is and looks like. Many studies address the issue of difficult to let properties, how providers can redevelop the housing to address new demands, and the new strategies and services that must be developed if sheltered housing is to address the needs of older people in this decade.

Anchor Housing Trust (2) undertook an exploratory study of difficult to let sheltered housing schemes that they managed. Anchor had 78 such schemes out of a total of 600. Four case studies were undertaken between 1993 and 1994.

The study concluded that the main reasons that sheltered properties were difficult to let were location, and if the accommodation was a bedsit. The study also found that updating properties was not straightforward.

In order to make sheltered housing schemes easier to let the study suggested:

- A national strategy for difficult to let schemes.
- A local strategy for each difficult to let scheme, involving scheme-based staff.
- Converting bedsits into one-bed flats.
- Accompanied viewings, decorating empty flats, improving particular units, and new and facelifted communal facilities.
- Developing provision so that it reflects local demand.
- The conversion of some schemes for other uses.

The study stressed that only a minority of sheltered housing (particularly that managed by Housing Associations) is difficult to let but it can affect the image of sheltered housing generally.

The NHF prepared a guide to assist Housing Associations to appraise the effectiveness and quality of their Sheltered Housing. The guide could be used as a checklist for new developments, to outline improvements required, and to inform on potential changes of use. It can also help present the case for additional funding. It includes an appraisal checklist, advice on identifying the issues and assessing options for an existing scheme and list of funding sources.

The checklist includes:

- Listing basic scheme details (general, location, condition, occupancy, and links with the community).
- Collecting information on finance (capital, revenue, and charges to tenants, cost effectiveness).
- Itemising details of the accommodation, (accessibility, design and space standards).
- Considering the services provided (general, personal, use of services, appropriateness of services, services to the community).
- Detailing the staffing arrangements (general, warden, and personnel issues).
- Assessing the popularity of the scheme (difficult to let units), voids and lettings performance, and demand potential (waiting lists, nominations, transfer requests, and refusal rates).
- Assessing applicants, tenants and staff views of the scheme, and appraising future local demand and supply.

On the basis of this detailed information the guide then provides advice on how to 'stand back' and identify the key issues. For example, is the scheme financially viable, is there demand for the scheme, are the needs of tenants being met, will the answers to these questions change in two and five years time? The analysis provides a basis for assessing the options.

It includes guidance on, for example, assessing demand by identifying the number of older people living locally and discussing the demand for accommodation and services with other housing, care and support agencies, including the voluntary sector.

The guide also provides a discussion of taking various options: taking no action; improved marketing; reviewing allocations policy; improving the accommodation through minor or major works, improving or changing services, upgrading the scheme, provide services to non residents, change the use, rebuilding, subletting or sale.

Important to the process is the involvement of tenants/clients in scheme management and investment decisions.

Housing 21 has 400 sheltered accommodation schemes and spends about £10million per year on remodelling schemes. Work on 30 such schemes was reviewed and included the views of tenants and wardens. The report includes addressing many design issues (see below) and preparing a business plan for each scheme which should include an external needs analysis and full design solution.

The report highlights the general problem of upgrading the Sheltered Housing stock. Much of the stock has become obsolete only 20-30 years into its life. It is difficult to remodel and upgrade because of the changing tenant/client expectations and needs and the disruption caused by major building works. The guide considers how physical arrangements within schemes can help with delivery of services other than housing.

Brown et al (30) study in Wiltshire (see previous section) interviewed existing tenants and applicants, wardens and resident managers, and other support professionals working in the wider community. A number of common areas for development emerged:

- The provision of extra care within existing schemes. Small steps are being taken but progress was markedly slow. Barriers included: organisational boundaries; eligibility criteria; recruitment difficulties of care staff due to low pay; the cost of transport; and, communications, especially in rural areas.
- Meeting the needs of older people living in the community. Especially providing advice and information e.g. about benefits.
- The quality of existing accommodation. The cost of refurbishment and disruption should not be underestimated. Expectations and location may still result in hard-to-let units even post-refurbishment.
- Alternative use of sheltered housing schemes. There was little evidence of success in this regard. Barriers included having to pay for un-let units whilst filling the accommodation, the needs and rights of existing tenants, and planning permission for alternative uses (e.g. student accommodation).

- Marketing and information. Tenants are often unaware of the nature of sheltered housing and therefore do not know whether it is appropriate for them, this has an impact on demand. Information is usually communicated by word of mouth, therefore, new strategies are required that stimulate applications and increase the rate of referrals from support professionals.

Hanover Housing interviewed Extra Care estate managers, staff within social services and 165 residents (33). The aims of the research were to evaluate Extra Care housing and its services from a resident's perspective and to identify and disseminate good practice.

There are good practice recommendations for Housing Association scheme providers and estate managers relating to design, care provision, housing and support, estate managers, communications, policy, partnership working (i.e. Housing Association and Social Services), and security. The report should encourage co-ordination of Housing Association and social services and good practice at a practical level.

9.4 Design

Design is fundamental to making housing and sheltered housing more attractive to tenants and potential tenants, and in helping to meet people's needs.

Robson et al (4) developed a 'design primer' to be used with 'extra care' sheltered housing. Underpinning their approach is the belief that design can have a profoundly positive effect on the way that older people live out their lives, especially those with additional care and support needs. They believe that sheltered housing should be flexible, support independent living for a broad range of older people, and be a home for life.

Their guide includes sections on communal areas, special design needs, cooking facilities, bathing and toilet facilities, and location. There is also detailed advice on design for mobility and wheelchair standards, visual environment, acoustic environment, and thermal environment. They also include the importance of including issues such as language and culture into design.

Housing 21's report highlighted a number of design features based on their experience of remodelling existing schemes:

- The public face of the building and the entrance area should be welcoming.
- The concept of 'progressive privacy' should be introduced.
- Common rooms should be divided into private (for residents) and areas for visitors.
- Day care should be in a separate room.
- Special attention should be given to creating an individual and stimulating atmosphere.
- Provide or enhance and protect natural light.
- Have short corridors.

The report also gives examples of bedsits converted to flats (and also three bedsits into two flats) and covers private bathroom facilities, assisted bathrooms, kitchens, and communal facilities.

9.5 Addressing specific needs in sheltered housing

9.5.1 Black and ethnic minority older people

Ali-Khan et al (8) produced a good practice guide that examined the barriers to communication that exist in the eyes of older BME people. It considers how current Housing Association practice attempts to address these barriers; what Housing Associations can learn from other sectors, and what should an action checklist include? The Guide includes a good practice checklist termed the 'SAMEC trust checklist'.

The theme of 'trust and language' is stressed. Service providers should:

- Be able to communicate in the first language of older BME people.
- Be able to provide language specific support through people who understand the relevant services.
- Recognise that BME older people have preference for face to face contact.
- Involve BME older people in design consultations.

The guide discusses methods for using technology and media channels, such as three way telephone conferences including interpreters (see next section).

Hornsey Housing Trust have produced learning materials (including audiotapes and a brochure) aimed at ethnic minority elders. They are designed to raise and improve awareness of Sheltered Housing options for BME older people.

9.5.2 The role of the warden

Hasler and Page evaluated the 'Raising the Profile of Wardens in Community Care' project (6). 90,000 copies of the project leaflet had been produced and distributed to Sheltered Housing staff.

The Project stimulated an expanding network of managers and practitioners from housing associations, local authorities and other agencies. The network itself provided examples of good practice included in the report. A survey of the impact of the project indicated that 48% of delegates to the 1997 Chartered Institute of Housing's annual conference on Sheltered Housing had taken action as a result of the project. In most cases this meant distributing the project leaflet.

Five examples of innovative practice were identified:

- Scheme co-ordinators assessing applicants for Sheltered Housing.
- Wardens working with health advisors.
- Wardens assessing care needs.
- Sheltered Housing Officers attending liaison meetings.
- Wardens managing care services.

In the last example, a Sheltered Housing scheme for people with disabilities (connected to the armed services) contracted with the local social services. The aim is to provide a guaranteed personal care and support service, supervised and managed by the two resident wardens to ensure that tenants can live independently. Enough people needed care services to justify a team of carers dedicated to the scheme. The key outcomes included the renegotiation of the contract for a longer period, flexibility within the contract, prolonged independent living and an explicit recognition of the warden's managerial role.

The five good practice case studies demonstrate issues and principles related to the best value debate and share features such as:

- The importance of involving tenants in planning changes to sheltered housing service.
- The enthusiasm of key individuals.
- Positive responses from wardens when changes are supported by improved training, supervision and management structures.
- The need for time, patience and persistence to build and develop relationships and new working practices, particularly when more than one agency is involved.

Key points on future debate were raised:

- Developing a model for on going discussion of issues raised, e.g. regional good practice forums.
- Identifying the precise role that Sheltered Housing can play in many national policy initiatives including best value, social exclusion, regeneration and health improvement strategies.
- Establishing Sheltered Housing's contribution to the preventative agenda.
- Issues raised by the Audit Commission's Report 'Home Alone' (1998) e.g. the unmet potential of Sheltered Housing as an effective alternative to residential care; as a resource for the wider community.

The report was part of a wider project, Going on to Sheltered Housing (GOSH), which included an 'awareness week' in 2000. There was a project report (6), publicity events and a web site www.shelteredhousing.org. The title of the project was also changed to reduce the emphasis of the role of the warden, in part because the term warden is now in less general use.

The report identifies the following impacts of the project:

- Many residents welcomed the very positive image of sheltered housing created in GOSH week.
- Scheme managers have been enthusiastic and report boosts to their self-confidence. Meeting with other scheme managers was seen as an important exercise in team building.
- Numbers of visitors to events were often disappointing but appreciation of the realities of Sheltered Housing was great. Some voids in difficult to let schemes were filled as a result.
- Many BME older people participated in events. Visitors were able to assess the ambience of schemes.
- Attendance by other professionals was poor overall but there are examples of developing contacts between social services, health professionals and sheltered housing managers which contribute to 'joined up thinking'.
- The 'Activity of the Year' competition highlighted the benefits of intergenerational activities between sheltered housing schemes and local schools.

The event has been repeated in 2001. The report indicates that the image of Sheltered Housing has moved on, and that 'Sheltered Housing' is not itself a good term.

Hill (7) produced a 'come and meet each other' (Cameo) good practice and ideas guide to social activities for wardens and scheme managers. The guide is very much directed at wardens, is very detailed and includes advice on practical matters such as:

- Establishing committees.
- Handling money.
- Legal issues when running Bingo sessions etc.

9.5.3 Catering

Hanover has produced a guide on catering in extra care housing (5). It addresses the issue of how meal provision can meet individual choice, and food safety. It is targeted at those involved in managing schemes. The document includes good practice principles on, for example, the design of restaurants to encourage social interaction, managing meal and catering provision, healthy diets, and good menu planning. It also reviews the legal issues around catering.

There is a section on food for BME older people. The guide indicates how cultural practices vary greatly when it comes to the preparation and consumption of food. This includes the timing of meals, where they are eaten, what is drunk with them as well as who they are eaten with. Meals provided should meet the needs of people from all cultures and religious backgrounds. Separate food storage and preparation may be required. Dining areas and furniture may also need to be sufficiently flexible to allow groups and individuals to eat their meals enjoying their own customs. More than one catering contractor may be required.

9.5.4 Relatives

Anchor Trust surveyed the relatives of tenants of 72 Anchor Trust schemes via a postal questionnaire (52). The report provides an interesting discussion of the views of wardens, tenants and relatives on one another. Good practice points emerging were:

- The need for Sheltered Housing providers to have written down policies about relatives.
- The need for emerging models of extra care housing to think about the implications for relatives and the impact of 'Supporting People' in the future of warden services.
- The need to clarify the respective roles of warden and relatives.

The guide provides a checklist of items to include in bulletins/brochures for relatives. Information should cover issues such as: questions to ask when selecting a scheme; the practical issues of moving to sheltered housing; a description of what sheltered housing is and what the particular scheme offers; the providers policy on relatives; details of the warden's services making clear what the delineation of roles is; issues of confidentiality; and policies on the tenant remaining in the scheme.

9.6 Conclusion

This section has looked at the changing nature of sheltered housing. It is argued that, with the shift in policy emphasis to enabling and assisting tenants to remain in their own homes and communities, that the concept is no longer an appropriate one.

Where sheltered housing is defined as housing for older people with 24-hour warden support, much of the research has focused on the nature of this support, how it is identified and how it is delivered. Again familiar themes come to the fore, especially the involvement of tenants in design and delivery of services, equal opportunities, the use of technology in an appropriate way, staff training, design, and strategic and integrated service delivery etc.

A minority of sheltered housing is difficult to let. Location and ensuring that it met local needs were key elements in making it more attractive.

10. TECHNOLOGY

10.1 Introduction

This section looks at those IGP studies that have focused on technology. Few studies focused solely on this issue, however, technological issues are included in many other reports:

Using Telecare: Exploring Technologies for Independent Living for Older People, J Porteus, S Brownsell, Housing Corporation/Anchor (48)

Using Telecare: The Experiences and Expectations of Older People, Housing Corporation/Anchor/BT, November 1999 (42)(summary report to 48)

Guide to Choosing Social Alarm Systems, Research Institute for Consumer Affairs (24)

10.2 Telecare

Telecare is the remote or enhanced delivery of health and social support services to people in their own homes by means of telecommunications and computer based systems. The IGP programme and BT funded two projects piloted by Anchor Trust. The Institute of Human Ageing at the University of Liverpool undertook an independent evaluation and this is included in the two reports (42 and 48).

The policy context is the 'Supporting People' agenda and the proposed reform of housing benefit with the separation of housing and care/support and shift to supporting people in the community according to their needs. The presumption is that Telecare technology could allow many people to be supported in their own homes by monitoring 24 hours a day 7 days a week if necessary.

The Lifestyle Monitoring System is a community alarm that does not have to be activated by the user. Patterns of daily activity were recorded throughout the home by placing passive infra red (PIR) technology movement sensors (using wireless communication) in each room together with temperature sensors. The user was able to turn the system off. The system was able to detect abnormal patterns and phone the user who could indicate if they needed help. If they do not answer assistance is sent.

Generally, the feedback from users was positive, the main benefit was that it helped to remove fear. Over three quarters of the users were either satisfied or very satisfied with the system, with a third indicating that they perceived it as essential for their feeling of well being. There was some dissatisfaction with false alarms and concerns over loss of privacy. However, nine out of ten carers thought the system had an important future role to play. The results suggest that there would be benefit in lifestyle monitoring being available not only to those with assessed needs but to those who feel vulnerable. This is because reducing or removing fear is important to enabling people to remain in their own homes, stimulating independence and assisting in preventative measures affecting well being.

It is anticipated that technology will play a vital role in maintaining an independent life style for older people (see (8) in the previous section). 24 hour call centres, such as the one developed by Hanover Housing groups for its residents are used by most housing agencies with an older client group. There may be some cultural sensitivities to the types of technologies currently being researched. As many BME older people are unable to read, audio and videotapes have been produced. Radio is an important source of communication for many BME older people. For example, Sunrise the national Asian radio network has regular phone-ins which are particularly popular with many Asian older people.

10.3 Conclusion

Technology has the potential to enhance the support for older people living in their own homes, and making them feel safe and secure. Reports highlighted in this section show the role of technology in improving the functionality of community alarms, and the role of telecare support services.

Other studies in this report have also highlighted areas where technology can support services to older people:

- Accessing information and advice through ICTs including websites.
- Communicating information with service providers and other tenants.
- Enabling and supporting older people with disabilities.
- Storing and analysing information about tenants' support needs, and using this information to trigger interventions.
- Matching need with housing provision.

11. CONCLUSIONS FROM IGP PROJECTS

This report has summarised IGP funded projects that have focused on older people's housing issues. Over the past seven years there have been three important drivers of change:

- Demographic changes amongst older people generally, and specific groups in particular.
- A developing policy environment that seeks to support and enable older people within their own homes and communities, and to promote independence, rehabilitation and prevention. In particular the Government's 'Supporting People' agenda provides a significant new policy framework for older people's housing provision.
- The changed aspirations, expectations and needs of older people, especially their desire to remain in their own homes and communities.

These changes have brought new challenges to delivering appropriate and effective services to older people, not just for Housing Associations but for health, care and support service providers as well.

There is a developing service delivery model that incorporates the following principles:

- The importance of strategic or 'joined up' service delivery where the focus is about addressing need outside of institutional and agency parameters.
- Integrated delivery and multi-agency working so that housing, care and support services assist and recognise each other.
- Mapping provision, demand, service delivery and resource use.
- The involvement of older people in the design and delivery of services.
- Keeping older people informed about the options available to them and providing advice services.
- Recognising the needs of older people as individuals and not as groups, especially BME older people, disabled people, and extra care older people.
- The appropriate use of design and technology in supporting older people and enhancing their lives.
- Flexibility in the funding of 'joined up' services.
- Developing financial packages for older people to continue to live in and adapt their own homes.
- The training and development needs of support workers to understand, respond to and work within the new policy and service agendas.

12. EVALUATION OF IGP AND OLDER PEOPLE: IMPACTS OF IGP PROJECTS AND POLICY ISSUES

12.1 Impacts of IGP projects

12.1.1 Introduction

An important part of the project was to ask representatives of IGP funded projects to assess the impact and effectiveness of IGP overall, and the particular projects they were involved with.

Telephone interviews were undertaken with people who worked on 27 IGP funded projects. This represents about one third of all IGP projects relating to older people .

Of the 27 surveyed projects, three had not finished, one was just about to finish and the remainder (21) had been completed. Of the projects included in this survey:

- 42% had been completed before 1999, half had been completed between 1999 and 2001, and 8% were yet to be completed.
- 46% of the projects had been undertaken by a housing association, 19% by a charity and 12% by an academic institution.
- 39% had received funding of less than £20k, 39% between £21k and £50k, and 23% £51k or more.
- According to the IGP database (based on keywords) the main themes being explored were care, health, sheltered housing, community, housing needs, local services, Europe, Black and minority ethnic (BME) older people, research and rural housing issues (as well as good practice).

The projects surveyed, therefore, are representative of IGP projects generally and cover the key issue areas.

12.1.2 Profile of projects

Respondents were asked what were the main issues their project sought to address. The main responses were:

- The demand for types of housing amongst specific groups of older people e.g. from particular ethnic communities and older people with dementia.
- The accessibility of certain types of housing provision amongst distinct groups, especially BMEs.
- Demand for and supply of services to 'hidden' groups of older people e.g. homeless older people and older people from particular minority ethnic communities.
- Exploring different types of housing provision e.g. sheltered housing, and care and repair.
- Levels of existing housing service provision e.g. sheltered housing.
- The accessibility, quality and provision of appropriate and sufficient information and advice.
- Designing and developing information resources for housing service providers, front-line staff, as well as older people.
- Designing methodologies to enhance the decision making of older people.
- Developing holistic approaches to addressing housing need.
- Linking different service providers in order to deliver coherent and complementary services e.g. housing and care.
- Developing inter-agency strategies and services.
- Involving older people in service design and delivery.
- Examining different models of service provision e.g. more flexible and responsive services.
- Training and support to staff delivering services to older people.
- Information and good practice dissemination amongst housing service providers e.g. newsletters, conferences and websites.
- The use of technology in information and advice, service provision, safety and promoting independence.

Respondents were also asked what the main conclusions of their projects were. The following lists the main responses:

- Provision of services must meet need or else there will be low take-up of services.
- It is necessary to base services on a good understanding of the extent and nature of need and appropriate mechanisms for collecting information are required.
- Understanding the issues that older people face from their own perspective is important.
- Different methods of determining and assessing need are required with different groups of older people.
- Older people require good and accessible information in order to make appropriate choices. For example, word of mouth, locally based information sources and taking advice and information to older people are effective mechanisms.
- Information and advice needs to be provided differently to distinct groups of older people.
- Involving older people in service design and delivery needs different methods for different groups.
- Older people, in general, do not have a clear understanding of what sheltered housing is.
- The needs of older people within certain distinct groups (e.g. homeless older people) are often complex and diverse.
- There is demand for sheltered housing amongst particular groups of older people.
- There is a demand for shared ownership.
- There is a demand for care and repair.
- Partnership working is essential to address the diverse and complex needs of some groups of older people.
- Training of front-line workers on the relevant issues that their clients face is necessary for them to undertake their jobs effectively.
- If key project staff leave, it can sometimes take a long time to replace them and this can be detrimental to the project's development.

These responses underpin the new service delivery model, that is:

- Services are based on an understanding of the needs of older people and what services/agencies already exist.
- Older people are involved in the design and delivery of services that affect them.
- Information and advice is available to older clients so that they are aware of the full range of options available to them and can then make informed decisions.
- Services should reflect complex and diverse need, especially within seemingly uniform groups of older people e.g. particular minority ethnic communities, homeless and disabled older people.
- Partnership working is necessary to adequately address this complex and diverse need.
- Training, development and retention/recruitment issues are important for the delivery of services and successful development of projects.

12.1.3 Impacts of IGP funded projects

A key element of this part of the study was to determine the range and nature of the impacts of IGP funded projects. We asked people what the impacts had been on older people themselves, their own organisation, housing associations generally, other housing service providers, and whether there had been any other impacts.

Impacts on older people

The main impacts on older people were:

- Increased involvement of older people. For example:
 - Greater involvement in processes affecting them and their communities.
 - Inclusion in events that helped remove the 'stigma' of sheltered housing. Older people were able to voice their concerns and speak with other older people living in sheltered housing schemes.
 - Consultation on how they felt the housing association should be run.
 - One resident is now involved with the UK coalition on older homeless people.
 - Older people exchanging visits so they can experience housing conditions in other areas of Europe.

- Improved information for older people. For example:
 - Giving older people more appropriate information to enable them to view choice as an opportunity and not a threat.
 - Using information to empower older people when having discussions with the housing association.
 - Identifying the needs of particular groups of older people e.g. homeless older people.
 - Translation of leaflets into several languages.
 - Increasing use of ICTs by older people to access information, and communicate with other older people.
- Improved services for older people. For example:
 - Developing mobile care and repair services.
 - Providing culturally specific meals.
 - Attempting to address rural issues, such as transport.
 - Creating a BME centre providing meals, language, ICT and other training, and benefit and other advice.
 - Increased funding for the communities the project was seeking to help.

Impacts on their own organisations

The main impacts on the projects' own organisation were:

- Inter agency working. For example:
 - Greater links with organisations working within the same field.
 - Making links with community groups, schools and the police.
- Increased profile. For example:
 - The innovation and quality of the staff involved in the project has meant that local agencies are contacting the organisation. It is seen as an innovative and high quality organisation.
 - Increased credibility in the area of providing information on older people's housing and other services.
 - Increasing recognition in the field through the use of a website, especially for smaller organisations.
- Improved service provision. For example:
 - Building more housing providing care and support and allowing independent living.
 - Reviewing stocks of sheltered housing.
 - Undertaking audits of service provision and need and then developing these results into action plans.
 - Developing services to BME older people based on the findings of research.
 - Better targeting of services to particular groups of older people.
- Further development. For example:
 - Identifying further areas of research and good practice to be funded.
- Training and development. For example:
 - Improved staff skills that will make them more effective in their jobs.
 - Increased website skills.
 - Increased understanding by managers of the preferences of clients.
 - Continuation in funding from the organisation to sustain the employee in post as a result of the work they were doing.
 - Staff exchanges between several organisations.

Impacts on housing associations generally

Impacts on housing associations included (to name a few):

- Disseminating the results of projects for wider benefit. For example:
 - In one area, sheltered housing providers and Social Services combined to produce a guide to sheltered housing for those older people coming out of hospital.
 - The use of road shows to disseminate information and advice.
- Contributing to the development of services to particular client groups of older people. For example, input into housing providers delivering services to particular BME groups of older people.

- Accommodating good practice into their own policies and practices. For example, ensuring the greater involvement of older people in service design and delivery.
- Improving overall internal practices: For example, taking account of IGP relevant findings and exchanging views and experiences with other housing associations.
- Improving services and use of equipment as a result of IGP funded work. For example, changing practices leading to a reduction in false fire alarm systems.
- Improved information about and to older people. For example, analysing existing information and provision and developing future provision in line with these findings and future trends.
- Making use of technology to improve operation. For example, using ICTs to advertise vacant properties.
- Tailoring information as a result of findings of IGP studies. For example, developing information more appropriate to specific client groups e.g. leaseholders.

Impacts on other housing service providers

The main impacts were:

- Take up of the ideas or products coming out of the projects. For example:
 - Professionals in other Departments (especially Social Services) had developed a more 'holistic', as opposed to a more specific, approach to housing older people.
 - Formulating agreements between residents on estates about living together.
 - Increasing awareness by other agencies of how to offer alternative/flexible services. Other agencies have been keen to look at their own housing stock and examine ways of how best to utilise it and how best to provide day care.
 - Greater involvement of clients in service design and delivery. For example, some agencies had policies focusing on particular groups of older people; now these clients are involved in reviewing and developing these policies.
- Improved information about and to older people. For example:
 - Using information about older people's needs to develop existing provision and plan future provision.
 - Better use of existing information e.g. bringing together information on housing and other service provision.
 - Increasing understanding of the needs of older people in agencies' own localities.
 - Assisting private landlords to provide information about their housing stock.
 - Increasing awareness of particular groups of older people that agencies are working with e.g. homeless older people.
 - Identifying gaps in service provision e.g. hospital discharge.
- Inter-agency working. For example:
 - When one project commenced there was little partnership/multi-agency working. The project focused on involving partners to develop coherent and co-ordinated plans to address the needs of older people. This is now a mainstream activity.

Other impacts

Respondents were asked to identify any other impacts. These included:

- Increasing the profile of the issue/ideas. For example:
 - The ideas in one report are now in the New Deal for Communities policy.
 - Ideas about informal networks in communities being used in Government approaches to homelessness.
 - One report was launched at the House of Commons and this raised its awareness.
 - Innovative ways of working have influenced Government policies.

It was generally agreed that these types of projects, and therefore their impacts, would not have been undertaken without the support of IGP funding. No respondent said that the project would have gone ahead without the support of the IGP. However, two respondents did say that there were other likely sources of funding but it would have taken much longer to secure the money.

An important element in IGP funding, for some respondents, was that it enabled people to generate match funding. For example, one project secured £15,000 of IGP funding but was able to get additional funding of £24,000 from three partner organisations to enhance the study.

Respondents also liked the wide range of projects supported by the IGP programme – academic, practical, pump priming and dissemination – and the fact it supported innovative projects. Few other funding sources support these kinds of projects.

The IGP programme was also perceived as being unbureaucratic. Bidding and project administration were straightforward processes.

Suggested improvements to the IGP programme were: better marketing of the results of projects; better marketing of the IGP programme itself as an information resource; better guidance, especially for smaller organisations, on the application process, outcomes and follow-up work; the need to pull together the range of projects and schemes that are IGP funded; more monitoring of outputs, and; more feedback on reports.

More than two-thirds of respondents (19) thought that the impacts were sustainable, for the following reasons. In their view, the projects had:

- Developed something tangible, such as: networks; information on tapes; in pamphlets and reports; and web sites.
- Generated ideas that the projects have fed into policies and/or adapted into services or practices.
- Improved the quality of service delivery.
- Identified particular needs, trends and good practice.
- Improved the capacity of organisations to address particular issues e.g. serious health issues.

Three respondents said that the impacts would be sustainable only if more funding was available. Another three were in the process of bidding for additional funds to develop the project further. In their view, the work was sustainable at its current level but could be enhanced and developed further. Two respondents said that they were not sure how sustainable the impacts were.

Respondents were asked what they felt were the main housing issues older people were facing today.

The most mentioned responses revolved around the issue of supporting older people to remain in their own homes:

- Providing adequate and appropriate support, particularly care and repair services, for older people living in their own homes for as long as they remain there.
- Older people are perceived as wanting to remain in their own homes and, if this is the case, should be supported to do so.
- The implications of older people living in their own homes – safety and security, access to services (shops, transport and amenities), loneliness – and how these issues can be addressed.

Respondents also mentioned the issue of sheltered housing. Whilst it is generally seen that the supply of sheltered housing outstrips demand some respondents felt that this was because of a misunderstanding amongst older people of what sheltered housing involved. Respondents also felt that there were design and location issues that, if addressed, would make sheltered housing more appropriate to older people's needs.

Meeting the needs of older people was the next most frequently mentioned issue:

- Developing services that can identify and meet older people's individual, as opposed to group or provider, need.
- Providing services so that older people can live in the locations and communities that they want to.
- Developing flexible provision to meet individual need that is also of sufficient quality.
- Identifying, assessing and meeting needs for older people with dementia.
- Developing, delivering and co-ordinating services across several different providers and agencies.

Furthermore, the needs of older people are changing due to the increasing numbers of older people and their socio-economic characteristics; their expectations and incomes; and these changing needs and circumstances require monitoring.

Other key issues highlighted were:

- Information and advice. The lack of clarity of options available to older people and, thereby, a lack of understanding. There are a plethora of information sources available to older people but which ones do they trust, and how is a coherent picture developed from this 'multitude' of information sources? Having to 'chase' information across several agencies e.g. benefits, is unhelpful.
- The needs of BME older people. The needs of various communities of older people within this larger group including BME older people with dementia, disabilities and care needs. The lack of equal access of BME older people to housing and support services is a key issue.
- Income. Some older people lack income relative to the cost of housing or upkeep of housing. There is a need for equity release schemes for older people to pay for housing and support services. The property trap was identified as an issue i.e. the position of older people living in areas with falling property prices.
- Ageism. Stereotyping older people's abilities and requirements, and the need to recognise the contribution that older people can make.
- Design issues. How design can make accommodation more attractive to older people generally and BME groups in particular. Using design to address some of the issues identified above e.g. loneliness, could be addressed.

12.2 Conclusions

This section has reported on the series of interviews with 27 people from organisations that undertook IGP funded projects. These projects were representative of IGP funded projects covering older people's housing issues.

The issues that these projects addressed covered all of the areas discussed in the report. Their main findings also supported the new service delivery model that is developing.

IGP projects were seen as having important impacts on older people themselves, the agencies undertaking the work, and other housing associations and housing service providers. Examples include the increased involvement of older people in service design and delivery, improved information, increased inter agency working, improved service provision, increased networking and the wider take up of ideas and good practice.

People felt that these impacts would not have been achieved in the absence of the IGP. It was mostly felt that these impacts were sustainable beyond IGP funding.

Respondents liked the wide range of projects supported by the IGP, the fact that it was not bureaucratic and it enabled applicants to generate match funding.

Suggested improvements were further marketing, better guidance and more feedback on reports.

The key housing issues for older people were identified as: How to support people to remain in their own homes; the importance of identifying and meeting need; addressing the role of sheltered housing; improving information and advice provision; targeting the needs of BME older people, and focusing on the ways in which issues such as income, ageism and design impact on the housing of older people.

13. EVALUATION OF IGP AND OLDER PEOPLE - POLICY ISSUES

13.1 Introduction

The final stage of the project was to speak with policy area specialists about their views on the IGP programme and interviews were held with ten people. They were not randomly selected but chosen because they could provide informed comments about key policy areas. We spoke with:

- Janice Every, Anchor Trust
- Peter Faherty, DTLR
- Helena Herklots, Age Concern
- Jo Lavis, Countryside Agency
- Philip Leather, Centre for Urban and Regional Studies, University of Birmingham
- Jane Minter, Department of Health
- Liz Parry, Freelance consultant
- Balu Patel, Leicester 1990 Trust
- Belinda Porich, Housing Corporation
- Gwyneth Taylor, Local Government Association

13.2 Views on the IGP programme

All of these people had heard about IGP. All of the interviewees had either personally been involved with undertaking an IGP funded project or the organisation they represented had.

The main objectives of IGP were seen as:

- Providing an opportunity to test out new ideas.
- Promoting good practice.
- Sharing learning.
- Trying out innovative approaches.

Furthermore, IGP was seen as a unique source of funding because:

"It is not output related so you can, for example, explore why things are not happening. It enables you to investigate issues and then share them. Too often research findings just sit on a shelf."

"It provides a chance for people to take a flyer by breaking boundaries and trying things out. It is a luxurious form of funding."

"The IGP encourages innovation because it enables organisations to test out things and gives them financial support for doing this. Some will succeed and others will fail but there is no stigma attached."

We asked the interviewees what they felt were the main impacts of the IGP programme:

- Impacts on national policy, such as:
 - IGP funded projects undertaken by housing associations have fed into the work that the DTLR is now doing on assessing housing need.
 - Results of projects have impacted on Government policies on housing advice.
 - The IGP's role in the development of the Supported People Grant and its relationship to Housing Benefit monies.
 - Heightened awareness through IGP studies of different categories of older people and that individual housing needs change over time.
- Developing good practice approaches, such as:
 - Combined housing and care policies.
 - Incorporating a rural dimension into local authority housing strategies.
 - Linking housing with regeneration.
- Examining and developing leading edge issues, such as:
 - Anti-ageist approaches to housing.
 - Shared strategic approaches on housing and health.

- Involving older people in service design and delivery.
- Supported housing initiatives.
- Older people using new technologies.
- Promoting the benefits of community alarms.

We also asked people how the IGP programme could improve or extend its impact on older people's housing issues. Generally, people were happy with the format but thought that the IGP could develop in the following ways:

- Covering broader issues:
 - Looking at housing in relation to community safety and employment, as well as health and care support.
 - Integrating other agencies and strategies into housing, especially health.
 - Covering general issues that are not particular to housing e.g. communication and good management practices.
 - Focus on important housing issues that may not be directly pertinent to housing associations e.g. home ownership and owner occupation.
- Dissemination and marketing:
 - Disseminating IGP findings to a non-housing audience e.g. health.
 - Marketing findings to older people themselves.
 - Marketing of the IGP programme and its projects generally needs to be improved e.g. the IGP is good at funding projects undertaken by smaller organisations but they may not have a dedicated marketing function or resource.
 - Presenting reports and findings in a variety of formats e.g. long reports, report summaries and websites.
- Other issues:
 - Creating more direct links between identified good practice and policies e.g. how does good practice become standard practice?
 - Ensuring that IGP addresses complexity as the new cross cutting agenda makes issues and their effects more complex and longer-term.

13.3 Views on the Supporting People policy

All the policy area specialists we interviewed generally welcomed the Supporting People programme. It was seen as the logical way of providing services because it is user, not provider, focused; brings different providers together; is a flexible model and rationalises funding. It was felt that it would lead to a more consistent, coherent and sensible policy framework. However, there were some concerns:

- Resources. The view was that it would be very complicated to implement because it depools resources and individualises much of the accounting. There are issues about how it recognises and then funds much Voluntary and Community Sector (VCS) provision that is not mainstream funded at the moment. Also, if the mapping exercise brings these services to light, how can additional funding be found from a finite pot? Does the funding formula adequately or appropriately address the additional costs of delivering services to some communities e.g. BME older people, and those living in rural areas?
- Identifying need. There was a concern that some disadvantaged communities and service providers will be missed by the mapping exercise. These concerns included deprived rural communities that are located in relatively affluent areas and some relatively small BME communities, and VCS providers.

Clarification is needed about whom Supporting People is for, and how individuals will access services. It is much clearer about who it is not for.

- Integrated delivery. Our interviews uncovered a number of key questions including: How will Supporting People work on the ground, in practice? How will strategies integrate within non-unitary authorities? How are decisions to be brokered? Who leads on policy and who takes responsibility for service provision? Because a number of agencies have different agendas and concerns, what will happen when the programme is practically implemented?

Supporting People was perceived as an ambitious and complex policy change, bringing together many funding sources and services that don't easily fit together. One danger was that it could become too bureaucratic.

In engaging the health sector, there was concern that given that the NHS itself was currently being restructured, engagement with Supporting People would be hampered.

- BMEs. People are concerned at how Supporting People will impact on the needs of BME older people in a practical way. There is a lot of enthusiasm for the programme but will its effects on the ground be diluted?
- Sheltered housing. Concern was expressed that the Supporting People programme may make the system more complex because it is going to be means tested. Carrying out the means test introduces another layer of operation and concern was raised about this additional bureaucracy. As the proposal is to have different charges for different age groups, respondents were anxious about how this would work in practice. Tenants also felt uneasy, according to our interviewees, about the impact of the intended policy changes on the level of support services tenants receive.

The policy area specialists we spoke to felt that the Government had taken on board some of these issues during the consultation exercise, but not all of them.

13.4 Key issues facing older people

Interviewees were asked what they considered to be the key housing issues facing older people today under a series of headings.

13.4.1 Strategic Planning

We asked the policy area specialists what were the main issues in developing strategic and integrated policies and programmes. They identified:

- Effective mapping so that small but disadvantaged communities are not overlooked e.g. BME communities and disadvantaged older people living in relatively affluent rural areas.
- Effective consultation is not sufficient. Certain groups of people e.g. BMEs need to be involved in making policies. How many senior managers in housing associations and the Housing Corporation are of black and minority ethnic origin?
- The difficulties of organisations undertaking such fundamental organisational and cultural change. It will take time.
- Integrating the different agendas of different agencies into a common purpose that is customer focused especially the integration of Supporting People with the DoH's National Service Framework for older people.
- Understanding the links between income, health, social care and housing.
- Providing support to managers and board members (as well as other staff) to understand and effectively oversee the fundamental changes that are required.
- The fear that housing may be left out or given a relatively low priority relative to health and social care in the new partnership structures.
- Understanding demographic changes and incorporating them into future service planning and developments.
- How to best utilise the housing stock for older people given the changing age profile, demographics, demand and need.
- Initiative overload. Many organisations are having to make fundamental changes in their structures and they may not be able to give Supporting People the attention it deserves. For example, health authorities are under pressure to meet the challenges within their own domain.

13.4.2 Health and disability

The key policy issues affecting service delivery to disabled older people and relating to health were identified as:

- Whilst considerable work and co-ordination was being undertaken at a national level, between the Housing Corporation, the DTLR and the DoH, more work needed to be done at a regional level (and subsequently at lower levels).
- There is evidence of effective joint working between different agencies on the ground but these tend to be ad hoc, informal and based on individual predisposition.
- The development of strategic networks were required at all policy making and practice levels. How do Housing Associations, for example, effectively engage with agencies they have little experience of working with? The links between the Housing Corporation and individual local authority departments varies. Whilst there are well developed and established links with Housing Departments, this is not true of Social Service Departments.
- Assisting all disabled people to become more involved in service design and delivery, and helping them to make informed choices about what types of services and support they require, was strongly suggested.
- The relationship between health, fuel poverty and poor housing conditions needs to be addressed.
- Assessing need and addressing need. Different professionals are involved in assessing need and, depending on their background or remit, this may necessarily predispose them to a particular means of addressing that need. For example, if an older person has a hip replacement, one assessor may recommend putting that person in care, but the most appropriate (and cost effective) option may be adapting that person's home.
- Giving a greater emphasis to adaptations and home care so that older people can move out of hospital earlier and back into their own homes.

13.4.3 Housing options

The policy area specialists generally argued that there were not enough housing options available to meet the level and range of older people's needs. The main issues identified were:

- The shortage of affordable housing in rural areas. Often older people are 'capital rich but income poor'.
- The shortages of appropriate housing in rural areas. Much new provision is for families. Also there is evidence that older people in rural areas are being moved into sheltered accommodation sooner than in urban areas because there is not the same level of support available to them.
- The shortage of appropriate housing for BME older people within their own communities.
- The challenge of more flexible provision. New customer focused and flexible provision is given to existing organisations to deliver. But they may need to make a cultural change to meet this new agenda.
- What to do with existing properties when housing needs change? Should they be maintained, converted or demolished?
- The lack of information and advice available to older people explaining what options are available to them. For example, older people may misunderstand what sheltered housing is, or not realise that there is money available for adaptations. The role of advocacy services could be enhanced.
- Increasing the choices for older people. Delivering the full range of options to address different needs in different geographical areas is required.
- Organisations have to change but they can only address issues in manageable "chunks".
- Bringing in new clients into the market e.g. homeowners and leaseholders.

13.4.4 BME older people

Interviews with policy area specialists identified that all aspects of housing issues – strategic delivery, housing options, care and support, and technology – are of relevance to BME older people. However, BME needs tend to be greater because of the:

- Visibility and identification of BME communities.
- The appropriateness of support so that it that reflects cultural diversity.

- Staff training and development to deliver appropriate support and services.
- The need to research the needs of all BME communities.
- The accessibility of housing and support within BME communities.
- The need for BME people to be involved directly in policy and strategic development, not just in consultation exercises.

13.4.5 Care and support

There were a range of policy issues identified by the policy area specialists:

- Resources. The issue of paying for care and support (including housing adaptations) by older people on low income. Also what potential is there for cross agency funding? Should local authorities pay for adaptations of Housing Association tenants? There is a trend towards depooling service charges so that they reflect the true costs of provision but this may affect the rents that agencies charge. The impact on rural services and services provided in smaller housing schemes is likely to be greater than on other provision.
- How will the range of financial measures being discussed by different Government Departments impact on the ground? For example, if pensions rise then this may affect older people's eligibility for housing and other benefits.
- Strategic delivery. Housing providers have business objectives and these need to change in line with the new agenda. For example, if a provider has vacant sheltered accommodation, the provider will want to fill it and it is difficult to put these imperatives aside in discussions about care and support – further evidence of the need to increase inter-agency working.
- Innovation. Many important and innovative services are a small part of housing services, especially preventative services. Often it is low-level support that people need e.g. handy person services, help with shopping, community alarms etc. But these may be lost against seemingly larger issues. Also, this type of small provision tends to fall in-between the province of mainstream agencies, such as, housing providers and social services.
- Diversity. Acknowledging diverse communities and diverse need within these communities was emphasised. It is cheaper and easier to build new developments on the outskirts of towns but this may be far from older people's communities.
- Assessing need and addressing that need.
- Making greater use of HIAs and Staying Put agencies would achieve a lot by doing the little things e.g. minor adjustments that enable older people to stay in their own homes.
- The implications of long term care and post-hospital care were highlighted.

13.4.6 Sheltered housing

Sheltered housing was over provided for in most respondents' views and that the main reason for this is that it does not meet need. This concern has implications for what happens to the existing stock of sheltered housing. Policy area specialists suggested that there was:

- A lack of understanding of sheltered housing, including amongst BME communities, and that people equated it with residential care and nursing homes. Other respondents argued that this factor is due to a lack of culturally sensitive provision or lack of outreach work to ensure consultation and involvement – further evidence that communities are not sufficiently involved in discussions about sheltered housing options.
- Still a need for very sheltered housing.
- A fundamental design problem with some sheltered housing e.g. too many one bedroom flats rather than the provision of sheltered housing as a broader concept. Also people felt that some provision was not in the right location.
- There has been a move to extra care housing without a real analysis or understanding of the issues. But will extra care housing be appropriate in ten years time?
- Surveys of older people in sheltered housing show that they are very satisfied with that provision. The need to involve older people in this discussion has been identified.

13.4.7 Technology

Main issues identified were:

- The willingness and ability of older people to use new technologies, especially ICTs.
- Access to and affordability of technology.
- Focusing on meeting the need rather than on the technology. There are sometimes more basic responses/lower level technologies that are more appropriate.
- Staff support and development in using technology.
- The need to develop the use of technology by involving older people.

13.5 Conclusions

This section reports on interviews with people representing key sectors of the housing and older people debate.

IGP is viewed as a unique and welcome fund because it enables people and organisations to explore a range of issues that would otherwise not be funded. The IGP enabled people to focus on innovative and new ideas.

IGP is seen as having important impacts that would not necessarily have occurred without the fund, especially impacts on Government policies, the development of good practice approaches, and looking at and developing a range of leading edge issues.

The way the IGP programme is managed and administered was also viewed as a strong point. However, respondents felt that the coverage and range of issues IGP focuses on could be broadened, and that the marketing of the IGP programme and dissemination of report findings could be improved.

We also asked interviewees their views on the Supporting People policy. Generally it was welcomed, at least as a concept. But there were concerns over its implementation in practice, specifically: its resources, its ability in practice to identify need and integrate delivery; its impact on BME older people, and its relationship to sheltered housing.

Issues facing older people and their housing focused on the involvement of older people in service design and delivery; identifying, assessing and meeting need; encouraging a cultural shift within delivery agencies; the difficulties of strategic, integrated and multi-agency working; addressing diverse and complex needs; understanding demographic changes and responding to them; linking housing with, especially, health and care services; accommodating older people within their own homes; the problems of limited housing options; developing more appropriate housing options; increasing information and advice; identifying and addressing the needs of BME older people, distinct minority ethnic communities and BME older people as individuals; the resource implications of meeting need; the role of sheltered housing; and the potential of technology.

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