Sheltered housing has changed

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Sheltered housing is a huge resource. More older people (half a million) in the UK live in sheltered housing than in residential and nursing care put together. Sheltered housing was originally intended for fit, active older people. However, demographic trends and community care have led to an older and frailer population living, or wishing to live, in sheltered housing. The service has therefore evolved in response to these changing needs. Residents can live independent and fulfilled lives in specially designed accommodation that aims to offer a ‘home for life’.

This leaflet, one of a series of four, has been produced by ERoSH, a consortium of sheltered housing providers.

Phone ERoSH on 01249 654249 for:

- more leaflets
- further information about ERoSH (The National Consortium for Sheltered Housing)
- contact details for regional groups for ERoSH

Or you can obtain more information from www.shelteredhousing.org

Four separate leaflets are available for:

- Hospital and primary care staff
- Social services
- Sheltered housing providers
- General enquirers, older people, their friends and relatives – 8 key questions and answers about sheltered housing in different languages

Information and checklist for hospital and primary care staff

This leaflet was produced for ERoSH with funding and assistance from:

[Logos of Hanover Housing Association, Sheltered Housing Federation, and Help the Aged]
Sheltered housing can be a valuable asset to both hospital and primary care staff. Sheltered housing staff are often the only professionals who see residents every day. They are well placed to notice sudden or gradual changes in well-being. They are likely to have built up relationships of trust over many years and can have valuable information to offer health professionals.

The National Service Framework for Older People encourages health agencies to work with housing and social services to deliver the eight standards relating to: age discrimination; personal, hospital and intermediate care; strokes; falls; mental health; active old age.

Sheltered housing is well placed to work with health agencies to help to achieve the targets set – not only for those older people living in sheltered housing but also acting as a resource for older people living in the neighbouring community.

Sheltered housing can offer a range of services to support older people to live independently. Alarm services, scheme managers, a sense of community and good design all contribute to making sheltered housing a key contributor to good health. Involving scheme managers when an older person is discharged from hospital can help ensure an appropriate range of services and support to help the person at home.

Extra care or very sheltered housing already enables older people who need additional care and support services to live independently. In the future, sheltered housing resources could offer intermediate care and rehabilitative services, helping to prevent or delay admission to residential and nursing homes.

### Hospital and primary care staff

1. Does your patient record form specify whether or not the patient lives in sheltered housing?
   - Yes
   - No
   - In progress

2. Do you include the Scheme Manager’s name and phone number on the form?
   - Yes
   - No
   - In progress

3. Are your staff aware of the range and types of sheltered housing available locally?
   - Yes
   - No
   - In progress

4. Have you incorporated an explanation of sheltered housing into staff induction training?
   - Yes
   - No
   - In progress

5. Do your local assessment procedures include reference to sheltered housing?
   - Yes
   - No
   - In progress

6. Have you discussed with housing providers the rehabilitation potential of sheltered housing (see Standard 3 of National Service Framework for Older People)
   - Yes
   - No
   - In progress

### Hospital based staff

7. Are sheltered housing staff consulted on hospital discharge?
   - Yes
   - No
   - In progress

8. Are sheltered housing staff informed who they should liaise with, i.e. named nurse, ward sister or discharge co-ordinator?
   - Yes
   - No
   - In progress

9. Have you considered involving housing staff in routine training on hospital admission and discharge procedures?
   - Yes
   - No
   - In progress

10. Do you indicate on the patient form whether the Scheme Manager has been consulted about either discharge or admission?
    - Yes
    - No
    - In progress

### Primary care staff – GP’s, practice managers, community nurses – healthy living

11. Have you considered a regular surgery at any sheltered housing schemes?
    - Yes
    - No
    - In progress

12. Have you considered arranging the 75+ checks at sheltered housing schemes?
    - Yes
    - No
    - In progress

13. Have you or your staff considered meeting sheltered housing and social alarm centre staff to discuss their role in call-outs, medication etc?
    - Yes
    - No
    - In progress

14. Have you considered using sheltered housing schemes as health promotion sites? (See Standard 8 of National Service Framework for Older People)
    - Yes
    - No
    - In progress

15. Do you know to whom to refer someone who is interested in living in sheltered housing? (use the EAC database on www.housingcare.org or tel. 020 7820 1343)
    - Yes
    - No
    - In progress