"Staying Put - the best move I'll never make"

by Bill Randall

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Runaway rural success
Staying Put schemes, now recognised as a mainstream housing service, were created to help older owner occupiers remain in their own homes. The first six pilot projects were set up in the early 1980s in Birmingham, Bristol, Bradford, Hackney, Newcastle and Southport following an Anchor research project which in 1976 revealed that:

- many older home owners were living in some of the worst housing conditions in the country
- most wished to stay in their own homes but had no money to pay for improvement work
- mechanisms were needed to unlock the potential resource tied up in the equity in their homes
- older people, in particular, needed help in coping with the improvement grant system, in raising loans from banks and building societies, and in dealing with builders.

Anchor also discovered that homeowners found difficulties in being accepted for sheltered housing. Local authorities and housing associations shared the misconception that homeowners could solve their own housing problems by untying the equity in their homes.

The staying put projects were set up to address these problems, initially in inner cities and towns. There are now schemes in rural areas, where the concentrations of poor housing are not so great but the problems are, nevertheless, severe.

Staying Put’s success has been considerable; schemes provide local solutions to the housing problems of older and disabled people through a network of 44 projects from the Forest of Dean to Bradford and from East Devon to Hackney.

The projects have advised more than 41,000 people and helped about 16,000 complete repairs, adaptations and improvements to their homes at a cost of about £47 million.

A 1992 research project* found that Staying Put enables a high proportion of its clients to remain in their own homes for an extended period of time. Ten years after the first clients were helped, 79% of those who could be traced were found to have stayed in the same house or flat.

Widespread recognition

The contribution made by Staying Put to the welfare of older and disabled people and the value for money it represents at a time of shrinking housing budgets has been recognised at all levels.

The Government, through the Department of the Environment, funds 50 per cent of the running costs of approved staying put schemes and the many similar projects set up by other organisations, notably Care and Repair.

Anchor’s local authority partners give financial support to the projects, which work closely with environmental health departments, in particular, who are generally responsible for the administration of improvement grants.

All Staying Put projects charge fees to clients for the technical services provided. A fee of 10% is charged on the first £1,000 of the cost of the works and 10 per cent on the balance. Some projects charge fees at a different rate where the partner local authority has made this a condition of funding.

Charitable support

Throughout its development Staying Put has received research and development funding from charitable organisations, among them Rowntree and Sainsbury’s. Some projects use charitable funds to supplement their running costs. In addition, the Anchor Housing Trust supports several of the projects.

Variety of solutions

Staying Put is an organic service. Through the projects it has developed a variety of solutions to a wide range of housing problems:

- In Hove, the local project works closely with East Sussex County Council’s Social Services department for whom it handles disabled facilities grants.
- In Hackney, Staying Put runs a scheme with health authority funding which seeks to improve the housing conditions of older hospital patients to allow them to return to their homes, thus releasing hospital beds.
- With Kirklees MDC and Sadeh Lok Housing Association it is running a three-year project to examine and address the needs of elderly people from ethnic minorities.
- In Birmingham the Moving On project is looking at the needs of those older people who do not wish to stay put or are unable to do so.
- Mobile staying put schemes which take the service to the customer have been set up in rural areas such as East Devon, Eden (Cumbria), Craven and North Cornwall.

Staying Put Revisited, Sheila MacKintosh and Philip Leather, School of Advanced Urban Studies, University of Bristol. Available from Anchor Housing Trust, price £7.50
Care in the community
Staying Put projects make a substantial contribution to the success of the Government’s Care in the Community plans by improving the housing conditions of elderly and disabled people who might otherwise need care in special housing or hospitals.

Poverty is a common factor among the projects’ clients, most of whom live on or below the poverty line, often not claiming benefits and allowances to which they are entitled.

The Hackney project estimates that it increases the income of about 70 per cent of its clients by helping them claim attendance allowance and income support. Its experience is not unusual. Staying Put teams dispense advice of an everyday nature to their clients - dealing with anything from council tax rebates to puzzling letters about cable TV.

Management structure
Staff in the projects are supported by a Project Support Manager in each of Anchor’s three divisions. A National Staying Put Manager, based in Sutton, is responsible for:

- The development of new projects
- Relationships with Government departments, local authority bodies, the Housing Corporation and professional and other national organisations
- The setting and maintenance of policies and standards
- Ensuring that good channels of communications exist between projects, divisions and regions.

FUNDING SOURCES

Bolton is a typical Anchor Staying Put scheme. It has four staff and an annual budget of £71,527.

The funding comes from:
- DoE £33,657
- Client Fees £15,000
- Bolton MDC £12,000
- Anchor Housing Trust £10,870
A 'new' home for Ada
The large-scale renovation of Ada Clayton's Victorian stone cottage began with a referral from Bradford MDC. It is standard practice for the council's environmental health officers to sift out all minor works and renovation grant applications by people aged 60 or more and pass them on to Denise Hood and her colleagues at Anchor's Staying Put project in the West Yorkshire town.

Ada is 75 and has lived in the farm cottage on the rural fringes of Bradford since 1954. Anchor first made contact with her on 21 October 1993 to organise the rewiring of her home.

The rewiring turned out to be only part of this particular staying put story. Ada, who lives alone, was sleeping on a sofa downstairs and living by candlelight. There were holes in the roof, the building was structurally unsound and all the doors and windows needed replacing.

Inside the stone shell, Ada now has a new house. The work cost £27,000 and has included a new roof, doors and windows; central heating; and a rearrangement of the rooms to produce a new bathroom.

The whole house, which stands on a windy Pennine hillside, has been replastered and redecorated. Ada is delighted and warm, for the first time in many years. 'It's lovely, it has made such a big difference to my life', she says.

Ada was just one of 397 people who came onto the project's books during 1993/94. Her case was unusual because it resulted in her receiving the maximum renovation grant of £20,000 - the highest ever secured by the team for one of its clients. This was topped up with an interest only loan of £7,000 from Barclays Bank at 4.95 per cent. There is a small bonus for Ada in the form of a £400 cashback payment from the bank.

Denise Hood has had some success with making arrangements for interest only loans for any amount up to £10,000 with both Barclays and the Halifax Building Society.

Neither organisation levies a charge for making the loan. The principal of the loan is reclaimed on the sale of the property, which must be insured before the loan is made. The lending organisations keep the deeds while the loan is outstanding.

There were other complications with Ada's house. It is owned by a trust, which meant dealing with executors and solicitors and negotiating the 1925 Settled Lands Act.

Two builders, taken from the list of approved contractors, were asked to tender for the job - standard practice for all staying put projects. Clients can choose their own builders, if they wish. Work started on 3 November 1994 and was completed on 21 January 1994. Ada stayed with friends for seven weeks, while the work was carried out.

It all seems fairly straightforward. Ada's 'new' home was sorted out in a little more than 15 months from her referral.
first contact with the project. However, that has something to do with the experience of Anchor and, in particular, Denise Hood, who joined the Bradford team in 1983, two years after it was set up.

‘From the outside, people seem to think that you visit a house, take on a builder and the work is done’, says Denise. ‘It's not quite as simple as that’. As improvement works are carried out, it is not unusual to find more horrors lurking beneath the plaster or in the roof. Relatives, reluctant to see loans made against what they regard as their inheritance, can be a problem. Clients can change their minds.

The Bradford project works hand in glove with the local authority to make the most of limited grants. Bradford has 6,000 people on a waiting list for renovation grants, and is currently dealing with applications made in 1987. It has a special unit that deals with disabled facilities grants. Since 1991 the Anchor project has concentrated on using minor works grants for Staying Put and Elderly Resident Adaptation and is dealing with about 130 cases at any one time.

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A Year’s Work in Bradford 1993/94
EAST DEVON

Staying Put on the move

Trevor Johns' van has become a familiar site in the lanes of East Devon since Anchor's mobile project was set up in the 314 square mile district council in September 1993.

Trevor, who drives about 1,200 miles a month, carries his office with him. The van, which cost £17,000, was given to Anchor by a charity and is fitted with a telephone, a work table and a filing system. Trevor carries a lap-top computer with him.

News about the service has been spread through local councillors, the 64 parish councils in the district, the Citizens Advice Bureau and the local press. The response has been considerable. Trevor has dealt with almost 500 referrals in his first 18 months - a rate of about one every working day.

He has a large potential clientele. East Devon (13.4%) comes sixth in the league table of those authorities with the highest percentage of people aged 75 or more, and 81.47% of its pensioner households own their homes.

Nearly 150 cases have been finished, and Trevor is working towards carrying out grant aided work on another 150. The average cost of each job is about £1,000. Some cost less. £500, for instance, provides a shower over a bath. 'They are only small things, but small things can make all the difference', he says.

Trevor says he has the best job in Anchor. As far as the Department of the Environment is concerned, it is a job well done. East Devon is one of only three new improvement projects to be added to the list of those receiving funding in 1995/96. As a result, the project will appoint a part-time Technical Officer. In addition, a part-time Administrative Assistant will be funded by East Devon DC.

Illness made ex-publican Stan Gill (84) and his wife Doris (83) prisoners in their first-floor flat in Exmouth. Mrs Gill, who has cancer, suffered a broken hip. Her husband had hip problems. The couple were put in touch with Anchor by Devon CC at the end of 1993. The solution to their problem was an outside stairlift, covered by a canopy from the garden to the Gills' front door and an inside stairlift from the front door to their living room. Work started on 3 June 1994 and was completed on 1 October at a total cost of a little more than £3,500 funded by a disabled facilities grant and a small personal contribution from the clients.
Staying Put on the map in England
Interior scaffolding supports one end of Peggy Cooke’s listed 17th century cottage in the tourist brochure village of East Budleigh. She approached Anchor’s East Devon project about roof repairs, but closer examination revealed that extensive repairs were also needed to the gable end wall which is made of traditional Devon cob construction. Replacing the bricks of clay and chopped straw would push the total cost of the work above the renovation grant limit of £20,000, which meant that Peggy would have to raise a loan to make up the total cost.

Anchor is seeking permission from the Histories Building Trust to replace the wall with concrete blocks, which would keep the cost below the grant ceiling. Meanwhile, the scaffolding takes the strain.
Anchor’s Staying Put projects are meeting their stated aim: helping older owner occupiers on low incomes improve their living conditions and, at the same time, their health and their comfort.

As the figures collected from the projects for 1994/95 show (see below) 66 per cent of the new clients were living on low incomes. The study of five of the original projects, published in 1992, revealed that 81 per cent of their customers had an income of less than £100 a week.

The 1994/95 figures show that 48% of clients had savings of less than £1,000; 27% had no savings at all.

Nearly two thirds of the homes covered by the five original projects, which were set up in the early 1980s, were built before 1919.

In 1994/95 housing built before 1919 accounted for 36% of the workload. This reflects the spreading of the Staying Put work from the largely Victorian inner city areas - where four of the five original projects are working - to more suburban areas in cities and smaller towns where 30% of older people are living in houses built between the wars.

Ill-health and disability are commonplace among home-owners who contact the projects. In 1994/95, 45% fell into this category. 11% of all clients were aged 85 or more, 36% were aged 75-84; the rest were aged under 75. An increasing number - 6% - came from ethnic minorities.

Each year, the projects field an increasing number of inquiries. In 1994/95, they totalled 10,000.

A record number of cases - 4,448 - was completed at a value of £8,665,218 - an average of £1,931 for each job. 65% of the jobs completed were under £1,000 in value, and 91% of the work was funded from public sources.

**Meeting future needs**

It is estimated that by the year 2031, 25% of the British population will be of pensionable age, compared with 20% at the time of the 1991 Census.

Among their number will be an increasing number of owner occupiers. The 1991 Census revealed that owner occupation accounted for 61.2% of households aged more than 60. On recent trends, this figure will reach 66% by the year 2000 - representing about 3.8 million households. At least one third of the heads of these households will be 75 or more.

The 1991 English House Condition Survey (EHCS) showed that 46% of lone older people and 32% of older couples living in the private rented sector experienced the worst housing conditions. Among owner occupiers the figures are 10.6% for lone older people and 6.1% of older couples. The figure for all owner occupiers between the ages of 75 and 85 rises to 12.6%

Successive house condition surveys have confirmed that older people, particularly those aged more than 75, are less likely to carry out repair work to their homes. People aged 75 and more are the least likely to obtain a local authority grant. Only 3% of grants given between 1981 and 1986 went to this age group.

Many older home owners have a considerable amount of money tied up in the equity of their homes. On the other hand, as Anchor’s own experience bears out, a large number of them live on small incomes (the so-called house rich-cash poor), and need a device to unlock some of the equity to repair, maintain and improve their homes.

The development of the care in the community policy means that more older people will live in their homes, rather than move into institutional care.

Most older couples will continue to live independently while both are still alive, but an increased number of older people living alone will not be able to look after themselves without outside help.

In this context, there is a clear need for the expansion of Staying Put and other services to offer help and guidance to this vulnerable group, alongside the provision of sheltered and extra care housing for older people.

### STAYING PUT 1994/95

**New Clients**

- 53% were aged under 75
- 36% were aged 75-84
- 11% were aged 85 or more
- 45% had disability/illness
- 91% were living on a low income
- 48% had savings under £1,000
- 36% lived pre-1919 properties
- 6% were from black and ethnic

**The Workload**

- Number of new inquiries: 10,244
- Number of completed cases: 4,488
- Value of work completed: £8,665,218
- 65% of the jobs completed cost less than £1,000
- 91% of the work was funded from public sources
BIRMINGHAM

Keeping the city SNUG

The Birmingham North West Staying Put project, based in Handsworth, is concentrating its energies on the City Council's SNUG pilot scheme, which seeks to reduce hospital admissions by reducing hypothermia, accidents and respiratory illnesses among older home owners and private sector tenants. Referrals in general come from Age Concern, the DSS, Birmingham's social services department and building societies.

The Anchor project acts as an agent for Birmingham's Urban Renewal Department, using minor works grants to install gas fires, multipoint water heaters, door locks, insulation, draught proofing, window repairs, remove trip hazards, provide handrails and take measures to prevent dampness with the aim of making the houses dealt with warm, safe and secure.

Anchor works alongside the city's social services department, which is responsible for disabled facilities grants, and Urban Renewal, which handles renovation grants.

A central aim of the SNUG initiative, which is funded jointly by the city council and the health authority, is to establish health gains for residents by direct GP intervention, in the hope of attracting city-wide funding from health authorities. GPs and practice health workers making home visits are being encouraged to identify people at risk in their homes and recommend them for grants. Doctors taking part in the scheme are required to specify the intended health gains as part of a review of the benefits of the scheme.

Harry Johnson was first referred to the Handsworth Project four years ago by Age Concern. He has had three minor works grants, two to carry out rewiring to his 1930s semi-detached house; the third for window-frame replacements. Anchor helped him to claim an attendance allowance and to increase his income support. Mr Johnson, who is 81, has lived in the house since 1941.

Cynthia Watson is 67 and was Birmingham’s first black woman bus driver. Anchor has installed a new gas-fire in her front room and carried out a gas safety check. Mrs Watson wants to sort out the floor in her kitchen and a rotting bay window in her 1930s house, but there is a three-year wait for renovation grants. Because she has a small occupational pension she would not receive income support to cover an interest-only loan.

Anchor used a minor works grant to rewire the house where 67-year old Betty Purchase has lived for the past 56 years. Two of the three bedrooms in the Victorian villa are unusable, the kitchen needs a great deal of attention and the bay window on the front of the house is in danger of collapsing. Like Cynthia Watson, she is a victim of the national renovation grant famine and is waiting in Birmingham's three-year queue. She too has a small pension, which means she does not qualify for help with a loan.

'In my experience, charities are reluctant to help home owners', says Susan Jewell, 'because they do not recognise them as being a group in need'.

The Anchor project was set up in 1988. It covers Handsworth, Erdington, Perry Barr, Kingstanding, Great Barr and the Oscott area: a mixture of Victorian villas and terraces, semi-detached houses built between the wars and a large 1930s council estate, which has a high proportion of elderly residents - many of whom have exercised the right to buy and now find it difficult to maintain their homes. More than 20% of the project’s clients are drawn from ethnic minorities.

Project Manager Susan Jewell and her colleagues have tried to foster interest in loan funding among their clients, principally with the help of the Nationwide Building Society. They have also raised charitable funding from the RAF Benevolent Fund and a trade union, for example, to supplement grant funding.
Partnership is the key

Anchor's many partnerships with local authorities, health authorities and voluntary and welfare organisations are central to the success of Staying Put schemes.

Project staff work closely with environmental health officers to obtain grants for their clients. Hospital and local authority social workers and occupational therapists refer older and disabled people to the projects for help. So too, do welfare and voluntary organisations, such as Age Concern and Coldline. Local police forces give advice on home security. There are also strong links with local authority housing departments and other housing associations.

Long-term partnerships are formed with local builders who specialise in improvement and repair work.

**HACKNEY**

**Hospital discharge scheme**

In some areas special partnerships have been struck to meet a particular need. In Hackney, for instance, a Hospital Discharge Scheme is run by Anchor and funded by the Department of Health with the aim of helping people who are ready to leave hospital but cannot do so because the condition of their homes is a danger to their health.

The service is targeted at improving the housing conditions of older and disabled people - home owners and tenants - who live in Hackney and have been admitted to local hospitals. The health service benefits because hospital beds are released. Indeed, this is the only Anchor scheme where success is measured by the funder in terms of the number of hospital-bed hours saved.

Since it opened in January 1994 with funding for three years, the project has received two referrals a week. Four staff members are employed: a Project Manager; a Case Worker; a Technical Officer; and an Administrative Assistant.

Clients are referred to the project by hospital doctors, nurses, social workers, occupational therapists and local voluntary organisations such as Jewish Welfare. In most cases, had the clients not fallen ill, their housing problems would have gone undiscovered.

It is vital that the project is informed as soon as a hospital patient is seen to have a housing problem. About two thirds of the referrals are dealt with. Some clients die. Others are too infirm to return home and move into extra care sheltered housing or remain in hospital.

Where necessary, temporary accommodation is arranged for clients while the work is carried out. Help is also given with claiming residential care allowances, attendance allowance etc.

There is a great deal of unfitness and disrepair in private sector housing in Hackney, which is London's poorest borough. Street upon street of neglected Victorian terraced and semi-detached houses, many of them in multiple occupation, provide sub-standard homes for low-income households.

The housing conditions uncovered by the project team are, in many cases, appalling. Many of the clients' homes lack basic amenities, such as bathrooms, inside lavatories, hot water and heating and insulation. This is inner city housing at its worst. The circumstances in which many elderly and disabled people live match the poverty of their housing conditions. Almost all the elderly clients referred to the project were living on or below the poverty line; almost 75% of their households contained one or more persons with a disability.

In one case it was discovered that a 40-year old woman was dragging her mother - a 15 stone stroke victim - up and down the stairs of their terraced house to take her to the lavatory.

The hospital discharge team's work is the typical Staying Put mixture of modest adaptations and larger scale improvements. Anchor has a close working relationship with Hackney's environmental health officers. Securing grants for the work of the project has not been a problem. Most jobs cost about £1,000 with one or two more expensive repairs and adaptations taking the average up to about £2,000. For modest amounts of money, the projectrelieves pressure on hospital waiting lists.

By improving living conditions for elderly and disabled people, it reduces the likelihood of further stays in hospital. It is money well spent.
The Hospital Discharge Project is a recent addition to the services offered by Anchor’s Staying Put project in Hackney. More than 1,500 people have sought the project’s help since it was set up in 1982. Some 700 homes have been repaired, improved and made more comfortable and secure.

During 1993/94 work was completed on 105 homes at a cost of £458,000. Follow-up care services were provided for more than 200 people.

More than half of the project’s clients are drawn from Hackney’s many ethnic minority communities: West Indians, Africans, Turks (Turkish is the borough’s second language), Hasidic Jews, Greeks, Ethiopians, Tunisians and Kurds among them.

The setting up of the Hospital Discharge Scheme is a natural extension of the work of Hackney Staying Put, which - compared with similar projects in other parts of the Anchor network - provides more intensive casework and continuing back-up services as clients grow older and more frail.

Anchor makes every effort to let elderly and disabled people know about its Staying Put Service. It seeks the support of local papers and targets doctors’ surgeries, day centres and clubs. It also spreads its message through its partnership organisations: health authorities, social services departments and environmental health departments among them.

Nevertheless, some clients come to the organisation by chance. Ronald Costa (64), who is confined to a wheelchair and was in hospital for 15 months, learned about the Staying Put scheme through his taxi driver son who had a worker from Choice, an organisation for disabled people, in the back of his cab. She put them in touch with Anchor’s hospital discharge team in Hackney who have overseen the adaptations to Mr Costa’s new home. The work, which cost £3,000, included extending the bathroom to provide a wet-area shower, the provision of a winch and the installation of sliding doors.
Former boxer and war-time PT Instructor Ernest Russell is 82 and has lived in Clapton all his life. He was pointed in the direction of Hackney’s Hospital Discharge Scheme by a hospital social worker. Initially, the plan was simply to rewire his house, which he has lived in since 1939.

Closer inspection revealed that Mr Russell, who suffers from poor circulation, can use only the semi-basement floor of his house, which has an outside lavatory and no hot water. A new damp-proof course is needed, the dry rot needs treatment and large areas of the walls need replastering. On top of all that, extensive repairs must be carried out to the roof. Hackney is making a grant available to cover the cost of the work.

Ernest, who lives alone, is moving out while the builders take over, and Anchor has arranged for the Department of Social Security to provide Housing Benefit to cover his rent for six months.

He will return to a renewed house with a kitchen, bathroom, living room and bedroom on one floor. It will also be a secure house with sound doors and windows fitted with locks. This is of great importance to Ernest. He has been burgled three times in recent years. On the last occasion all his boxing trophies were stolen.
HOVE

Disabled grant backlog cleared

In 1994, East Sussex County Council sought Anchor's help to clear its backlog of Disabled Facility Grants in Hove. It put up £75,000 to fund an Occupational Therapy Team, based in the Staying Put office, from 1 April 1994 to 31 March 1995. Four staff were employed: an Occupational Therapist; a Technical Officer; a Part-time Case Worker; and a Part-time Administrative Assistant.

The partnership was highly fruitful. The backlog was reduced from 300 to 30 in the 12-month period. Having the team under one roof, rather than a service spread over separate sections of the county council, has quickened the pace of dealing with the grants, whose use can be so liberating to the lives of disabled people.

This project complements the work of the Hove Staying Put project, which was set up in 1987. The more genteel neighbour of Brighton has a very high proportion of elderly residents (13.7% of the town's population is aged 75 or more). Hidden behind the elegant terraces is a great deal of unfit and sub-standard housing.

The project has a long-standing partnership with the county council, which offers interest-free loans to Anchor's disabled clients where they have to make a contribution to the cost of adapting their homes.

Many of the Staying Put team's clients are referred by the county council's occupational therapists in a two-way process, which sees the Anchor staff alerting the social services team to a multitude of problems which are unearthed by applications for disabled facilities grants.

Some clients have signs of deep mental health problems; others are depressed because they are lonely or living in poor conditions or both. If I had the time, I could spend all day with some clients', says Hove Caseworker Pat Veal.

Like Staying Put staff all over the country, she has found that the service goes beyond improving housing conditions. Most clients need help with claiming benefits and allowances. 'The attendance allowance form is horrific', says Pat. 'It takes about two and a half hours to complete. Every client I know who has filled the form in without help has failed to get the allowance'.

Unofficially, but inevitably, Staying Put has become part of the care in the community provision. A situation East Sussex County Council recognised by funding Sally Garbett of the Hove Occupational Therapy Team from its care in the community budget.

This unofficial extra burden presents problems for Staying Put workers who have heavy improvement work caseloads. The Hove project, for instance, dealt with almost 300 referrals during 1993/94 - a mixture of adaptations for disabled people and renovation work.

General disrepair, dampness, condensation and leaking roofs and the attendant problems of ill-health are commonplace in Hove. The borough council has a steady stream of applicants for housing grants. Disabled people and anybody aged 60 or more are referred to Anchor by the environmental health department, with whom the project has an excellent relationship.

Grant funding has become a problem. Following a fatal fire in a house in multiple occupation in the town three years ago, Hove has concentrated more of its limited grant resources on improving and making safe flats and bed-sits.

Anchor's Hove team arranges interest-only loans from Barclays Bank for its clients to pay for the improvements to their homes, where this is suitable.

It isn't always easy:

This Victorian terraced house in Livingstone Road, Hove, has been squatted and vandalised, since the owner died two years ago. She left the house in the joint ownership of her estranged husband and her best friend, with the proviso that her husband could live in it until his death. Now in his mid-70s and disabled, he has approached Anchor Staying Put, Hove, for help. He wants to return to the house, which is semi-derelict. To raise a renovation grant for the house, the owners - who are at loggerheads - must make a joint application. This is proving difficult. Any assessment by the occupational therapist of adaptations for disabled living can be made only after the renovation work has been carried out. Meanwhile, the house is empty and decaying rapidly.
Muriel Pollard is 67. A retired music teacher, she has lived in her house in Hove for the past 30 years. She has suffered from severe diabetes since she was in her 20s. Over the past 14 years she has lost both her legs.

She was put in touch with Anchor in 1992 by an East Sussex CC occupational therapist, shortly after her second husband died. Her house had been fitted with a chairlift, but Muriel could no longer manage to transfer her wheelchair to the landing. As a result, she had been confined to the ground floor of her house for two years.

Anchor’s Staying Put solution was to extend the stairlift and provide a turning area on the landing to allow Muriel to get to the large front bedroom, which she uses as a music room. Downstairs, a new kitchen, designed around Muriel’s requirements, was provided along with a shower and a toilet.

The Anchor file on Muriel’s house was opened in 22 September 1993; the grant was approved on 6 May 1994; the builder moved in 26 July 1994; and the work was completed on 20 October 1994 at a cost of £15,400.

More work may be needed.

Muriel is now suffering from arthritis, which eventually could prevent her from using the stairlift. The next step could be the installation of a lift to retain her access to the first floor and allow her to live, supported by the daily visit of a home help, in her own home.
How Staying Put Works

The healthier and more comfortable living conditions enjoyed by the 15,990 older and disabled people who have been helped to improve their homes with the help of Anchor’s Staying Put projects are a testament to the scheme’s success.

The aim of the project teams is simple: to help their clients find an appropriate solution to their housing problems by improvements, repairs or adaptations.

However, finding the right solutions can be a complex and lengthy business. Great pains are taken to make all the options clear to clients to allow them to make the final and informed decision.

Staying Put teams:
• Arrange improvement grants and loans to pay for the work
• Arrange temporary accommodation, where necessary
• Draw up specifications for the work or brief architects and surveyors
• Ensure that builders carry out any snagging after the main works are finished
• Help clients appoint building contractors and secure estimates
• Supervise the building work
• Visit clients in their homes to assess their needs and advise them on the available options

Where Staying Put is not the appropriate option, clients are referred to organisations offering other solutions.

While there is a local flavour to each of the 35 projects, common themes emerge in their work:
• They are, as one project worker put it, ‘the eyes and ears’ of a community, uncovering a multitude of the other problems in their work. Clients are helped to claim benefits, attendance allowances and income support. They are helped with physical and mental health problems. Where necessary, they are referred to specialist organisations, if they have care or other needs Anchor is unable to meet.
  • Carrying out improvement work is never cut and dried. Once work is started it is not unusual for other, often larger, problems to be uncovered.
  • The problem of finding alternative accommodation for clients while extensive work is carried out in their homes is considerable and often causes delays to work starting.
  • An increasing number of clients are former council tenants who have bought their houses but have limited resources for improvements, repairs and adaptations.
  • The availability of grants is patchy. Success depends a great deal on local authorities adopting a positive attitude to Staying Put. Even where they do, it has to be remembered that improvement grant spending in England is spread very thinly. The allocation for 1993/94 was £346 million, This was cut to £228 million during 1994/95 and stands at £240 million for 1995/96.
  • The minor works grant, which, largely in response to the success of Staying Put and Care and Repair, was introduced under the 1989 Local Government and Housing Act, has proved highly successful. The limit of £1,080 restricts the amount of work that can be done with each grant. A maximum of three grants can be paid on the same property over a three-year period. Many Staying Put clients carry out work in stages over three years.
  • The availability of interest only loans is patchy. In some areas banks and building societies are extremely supportive. In others, they are less so.
  • The health service is recognising the value of Staying Put schemes as a means of reducing hospital admissions and releasing hospital beds. As a result, Anchor is forging new partnerships with health authorities - some of whom are providing funding for new schemes.
  • Staying Put represents value for money. In 1993/94, the average value of works carried out per home was £1,931.
FOREST OF DEAN

Runaway rural success

Opened in 1989, the Forest of Dean project was Anchor’s first rural scheme. It has been a runaway success.

Rapid growth, fuelled by the appointment of a new manager, David Donaldson, and the renewed commitment of the local authority, has seen the value of the work completed in the 209 square-mile district increase from £52,780 in 1992/93, to £210,418 in 1993/94 and to £355,700 in the first ten months of 1994/95.

Many of the houses in the Forest are more than 200 years old. While they are generally sturdy, they are damp and cold. Built without damp-courses, they have flagstone floors, outside lavatories, wells, and decaying stonework. Some still have gas mantles. Carrying out the substantial work needed to make them fit to live in has taken up the lion’s share of the money spent in 1994/95 - £221,000 in the shape of 25 renovation grants.

In the first 10 months of the year the project received 153 inquiries: 70 referred by the environmental health department and 63 directly from clients or their relations, who have learned about the project through publicity in local newspapers, doctors’ surgeries, the Citizens’ Advice Bureau and other public offices. The rest came from the health service; voluntary bodies; social services; and one from a builder. Action has been taken in 128 cases-66 of them involving essential repairs.

The smallest task, replacing a set of taps, cost £55. The largest was the total renovation of a stone cottage with a slate roof. It was funded by private finance and cost £41,884.

Much of the success of the project is the result of close liaison with other organisations. Representatives from the environmental health and housing service, the DSS and the health service meet with Anchor staff in an advisory group once a quarter.

Like their colleagues all over the country, the Forest of Dean team dispense a great deal of advice about state benefits. David Donaldson, who is a trained nurse and social worker, is sometimes able to act as a health or social services advocate for clients who are suffering from Alzhiemers and Parkinsons diseases and other serious complaints.

The average Forest of Dean client is a woman, living alone, in her late 70s, who has survived despite the deprivations. ‘They are a tough old breed’, says David, ‘but we can make their lives a lot more comfortable’.

Staying Put creates jobs. Doug Isles at work on the large-scale renovation of a cottage in the village of Lydbrook. ‘Anchor provides my company with about 60 per cent of its work’, he says. ‘Without it, I would have laid five men off. It has kept me going through the leaner times’.

Dora Drew (93) with David Donaldson, Project Manager in the Forest of Dean. She moved into a residential home, while extensive work was carried out to her home. This included building a new bathroom, extending the kitchen and relining the internal walls.

After discussions with her family, Mrs Drew paid for a basic central heating system. The contractor carpeted the small bungalow at his own expense.
Anchor is the leading provider of home improvement agencies in England. This report charts the success of Anchor Staying Put projects in assisting many older people to improve the condition of their housing and ensure they can remain living in warm and safe accommodation.

This report will be useful to all those who are involved in providing housing services for older people and in particular to local authorities who are interested in establishing Staying Put projects in their areas.