



FINDINGS FROM HOUSING WITH CARE RESEARCH: PRACTICE EXAMPLES

Imogen Blood, Jenny Pannell & Ian Copeman
Housing & Support Partnership
December 2012

A Better Life for Older People
with High Support Needs



CONTENTS

Introduction	2
The research projects	2
This publication	2
Section 1: Workforce and Management	4
What did we find in our study?	4
What are some providers doing to support staff and management?	5
Section 2: Partnerships	8
What did we find in our study?	8
What some providers are doing to develop partnerships: Interface with health	9
What some providers are doing to develop partnerships: Interface with social services	10
Examples of different approaches to allocations	11
Section 3: Commissioning: the role of Local Authorities	12
What did we find in our study?	12
What are some local authorities doing to improve commissioning?	13
Section 4: Welfare benefits advice	15
What did we find in our study?	15
What are some providers doing to maximise benefits for tenants and owner-occupiers?	16
Section 5: Resident involvement	19
What did we find in our study?	19
What are some providers doing to improve resident involvement?	21
Resources	23
Partnerships	23
Welfare benefits advice	23
Resident involvement	24

Introduction

The research projects

Between January 2011 and July 2012, Housing & Support Partnership completed two research studies on Housing with Care (HWC) for the Joseph Rowntree Foundation (JRF) as part of their Better Life programme:

Boundaries of roles and responsibilities in HWC explored how providers, partner agencies and other stakeholders work together with older people and their relatives to deliver HWC. Since residents' quality of life (especially those with high or increasing support needs) can be greatly affected by the way in which these organisations work together in a complex commissioning and funding environment, clarity over boundaries, roles and responsibilities is crucial.

Affordability, choices and quality of life in housing with care investigated how affordability affects the decision-making of older people with high or increasing support needs – to move into HWC and then whether / when to access care and other services – and the consequences for their quality of life. This study focused primarily on those who fully or partially self-fund their housing and care.

We conducted these projects alongside each other. Across both projects in total, we:

- Visited 21 different HWC schemes in England, Scotland, Wales and Northern Ireland run by 16 different providers (for 5 of these providers we visited 2 schemes);
- Interviewed 98 older HWC tenants/ leaseholders at these schemes: most had high or medium care and support needs or were looking after a partner who did; plus others in our consultative groups; and
- Interviewed 15 carers, 23 providers, 13 commissioners and 17 representatives of other national organisations (including regulators, charities and professional bodies) and spoke to others at three conferences and four national stakeholder group meetings.

In planning our fieldwork, we worked hard to select a wide range of provider types, including the private sector and both national, regional and specialist not-for-profit providers. The majority of the schemes we visited had not been previously researched. Throughout the fieldwork and particularly at our Bristol conference in March 2012, we asked providers, commissioners, older people and their relatives for practical examples which they felt worked well.

This publication

This is one of a series of publications from these studies. Further information about the research is available in the two research reports and accompanying Findings and the guide for providers and commissioners (see Resources for full references and links).

This publication draws on the findings of these two studies and considers their implications for practice:

- We identify five key topics which the research highlighted as practical areas which could benefit from improvement: workforce and management; partnerships; commissioning; welfare benefits advice; and resident involvement. Welfare benefits advice draws more from the findings of the affordability research; the other sections from the boundaries of roles and responsibilities study.
- We summarise what older people and their relatives told us they valued from services in relation to each of these topics and include quotes to illustrate these.
- We present a selection of the practical examples we heard about during our fieldwork which correspond to the things which older people told us matter to them. These are examples of practice which participants (both providers and older people) told us worked for them. Evaluating these initiatives was beyond the scope of our research.

Given this approach, we would like to emphasise that this publication is not intended to be a comprehensive and definitive guide to good practice in housing with care.

The collection of practice examples is:

- Aimed at those managing frontline housing with care schemes;
- Relevant to commissioners and more senior managers in housing organisations, social services, health and other partner agencies such as benefits advice providers; and
- Also intended to be accessible to frontline staff, older people and their relatives and advocates.

We would like to thank all of those who participated in or otherwise supported the fieldwork for these studies.

We would particularly like to thank the providers and commissioners who subsequently agreed to be included in this collection of practical examples, many of whom have supplied us with additional information, commented on drafts and agreed to share ideas, tools and images.

Please note that, in a few cases, where examples might be sensitive or the references to them are passing, we have anonymised organisations.

Unless indicated otherwise in the text, quotes come from residents living in housing with care schemes who were interviewed as part of the research projects.

Photograph on front and inside front covers c. Jo Hanley.

Photograph on back cover courtesy of St Monica Trust, Bedminster. c. Tamany Baker.

Section 1: Workforce and Management

“It’s the staff that make this such a good place to live.”

In this section, we consider how the workforce and management of HWC schemes can be organised and supported in order to promote clarity between different roles and deliver a seamless service to residents.

What did we find in our study?

Older people – especially those with high support needs – told us how important scheme staff and carers are in shaping their quality of life. Yet we also found that complexity in the sector – for example, in funding, regulation and commissioning – can sometimes work against rather than support the things that residents value like team stability and staff having sufficient time and flexibility. As a result, staff – particularly scheme managers – can end up ‘caught in the middle’, trying to deliver a seamless service and shield residents from the pressures of complex funding arrangements and multiple-provider partnerships.

The following table summarises what older people and their relatives told us they valued most about staff and their relationships with them; and some of the organisational issues, linked to roles and responsibilities, which helped or hindered. We then present practical examples from providers.

Older people and their relatives value...	Organisational issues which help or hinder...
Staff who are friendly and genuinely care about them	Selecting staff with the right personality/ motivation/ skills Staff have time and support to do this
Continuity and stability in the staff team	Organisational change/re-tendering Pay and conditions Management support (at scheme and from senior managers in provider organisation) Use of agency staff
Staff who support them to be independent and to participate as they wish	Clear shared values/mission Staff training Staff management and monitoring
A service that is as seamless as possible, with enough flexibility and communication between staff groups to mean that workers are not always saying “it’s not my job”	Clarity about roles (for staff, residents and relatives) Strong management and monitoring Charging/funding and recording to support this Procurement arrangements that build in enough flexibility and staff time Good will and good reporting mechanisms between staff
Good communication from staff	Confidence around confidentiality and values Key worker/scheme manager who can build relationships

“The only way that the service could be managed better in terms of improving my quality of life would be if the staff had more time to spend with me.”

“I like to chat and enjoy some banter with the carers, but you can’t do that if they change from one day to the next and don’t care about you as a person.”

“We spoke to a resident with high support needs who did not like the fact that agency staff were being used a lot. “They were horrible and I hated never knowing who was coming in to care for me. But that’s all changed in recent months since the housing provider said ‘no more agency staff!’”

What are some providers doing to support staff and management?

Training can develop skills, confidence and shared values to promote person-centred work with older people. At Family Housing Association in South Wales, *all* scheme staff (including estates staff, cooks, etc) receive core training on working with older people. At Linc Cymru, scheme managers have been trained as dementia champions: now they are involved in training social services staff around dementia. Selecting the right staff in the first place is also important and, in section 5, we hear more about one approach to involving residents in drawing up person specifications.

Good communication between different providers or teams is vital to prevent gaps occurring on the boundaries between their roles. Regular input from middle managers in ‘home’ organisations is also important to support front-line managers who were often undertaking a complex balancing role.

Hanover Scotland works in partnership with West Lothian Council to deliver one HWC scheme: Hanover Scotland is the housing and housing management provider; the council provides the care and support (including 24/7 cover) and catering. The Assistant Area Manager for Hanover Scotland recognises that, in such a model, it can be tricky for tenants “to learn to differentiate between what is a housing management issue and what is a care and support issue: they just want to be able to go to one person and get it fixed”. To reduce the risk of issues being passed back and forth between the two organisations, middle managers from both attend tenants’ meetings, and walk around the scheme together, visiting tenants to respond to any complaints.

Some providers and commissioners told us they had changed the staffing structures in order to give one person **operational responsibility at scheme level**. This might, for example, involve the housing manager taking over the line management of the care staff (as in the following example), or a single scheme manager employed by the care provider but working to both care and housing providers.

Changing line management structures within the scheme

The scheme manager at one scheme we visited told us that she had recently taken over the direct line management responsibility for the care staff. In the past, she had no control over the care side of the business (run by a subsidiary) and was frustrated not to be able to respond effectively to residents’ complaints about their care. Since the change in structure, she heard that the care team leader had requested staff from an agency. She queried this, and instructed the member of staff to find a better solution, altering shifts and arranging overtime for existing carers so that residents would not have temporary carers.

Aster Living in South West England

Aster Living developed their 'Typical Task Table' (see abridged version below) to improve communication and management of roles and responsibilities in their ten Housing with Care schemes. The Business Implementation Coordinator, said:

"I think just the process of sitting down with the team and writing down all the different tasks and services we offer was helpful – it prompted a really useful dialogue."

They agreed which staff from care, support and housing has lead responsibility for each task (marked in green); who should never be responsible for it (in red) and where boundaries can be crossed in exceptional circumstances and with clear risk management (in amber).

"You can't get away with saying "I have nothing to do with medication" in the midst of a crisis. We didn't want staff hiding behind job descriptions and different governance regimes. We had to find a way of working together to ensure the customer is at the heart of everything we do."

This increased flexibility and clarity gave staff the confidence and team bonding to cover for each other during a flu epidemic at one of the schemes last winter. Yet a key point about the amber category is that crossing boundaries is temporary and triggers risk assessment and reporting. This counters previous problems with staff over-stepping their boundaries on a one-off basis out of the goodness of their hearts but finding that three months later they are still doing it:

"Workers were overstretched but didn't feel they could stop as they had raised the expectations of customers. With the amber category, we are recognising that people will want and need to be flexible at times but that it is not sustainable for them to be flexible all the time."

Aster has used the tool in a number of ways – e.g. in training sessions, they selected some of the most contested tasks and asked Board members and new staff to categorise them.

"I think it is telling that we have had very few out-of-the-ordinary complaints since we went through this process with our staff. At the end of the day, our customers are hopefully left with fewer gaps."

The Typical Task table

The list should be used to establish professional boundaries, however it is not intended to fetter discretion. All staff are encouraged to raise issues of concern (with colleagues, managers or through the incident log), even when they relate to a matter outside their area of responsibility. It is also accepted that, from time to time, staff may need to step across boundaries from the green to amber zone for short periods of time. The crossing of boundaries should always be considered as a 'risk' both to the client and to staff. When either requested or in an emergency it is the individual responsibility of the staff concerned to:

1. Consider that risk and to conclude whether the risk is reasonable;
2. Decide what actions might reduce the risk (e.g. would the task wait, what would be the result of not carrying out the task);
3. Seek advice and guidance if possible and necessary; and
4. Document actions and pass back to the most appropriate staff member as soon as possible.

Key:

Green	Lead agency responsibility for
Amber ✓	Regularly, but not always, the responsibility of
Amber ✗	Can be the responsibility of if other responsible party not providing
Red	Never the responsibility of

Extracts from the table to give a taste of each of the headings and a sample of tasks from each:

Typical task	Care	Support	Housing
Personal Care of the Service User			
Preparation for attendance at appointments (day services, hospital etc)	✓	✓	✗
Assisting with Service User's health needs			
Monitoring general safety and welfare of the Service User	✓	✓	✗
Awareness of Service User's health needs			
Recognise need to summons GP or Nurse / alert Manager	✓	✓	✗
Night Cover			
Meeting relevant support needs arising during the night	✗	✓	✗
Food and Nutrition			
Assistance with feeding or drinking	✓	✗	✗
Money and Shopping			
Assistance with budgeting	✗	✓	✗
Tenancy Support and Benefits			
Advice and assistance to claim housing and other eligible benefits	✗	✓	✓
Domestic Services			
Dealing with household refuse	✓	✓	✗
Safety Issues			
Bringing to the attention of the Service User health and safety issues (e.g. safety of household equipment, furnishings etc) and liaise with the housing provider, where appropriate	✓	✓	✗
Social and Recreational Activities			
Supporting the Service User in maintaining and strengthening links and networks with family and people in the surrounding community	✓	✓	✗
Client Support and Welfare			
Arranging and Management of meals provision, if any	✗	✓	✗
Rehabilitation			
Assistance in developing the Service User's skills in the above areas to re-establish independence	✓	✓	✗
Housing & Building Management			
Fire Alarm testing	✗	✓	✓

Section 2: Partnerships

“We see our social worker quite often and she makes sure that my husband’s care package is working with the care team here; I’m happy that the social worker and the care staff are very organised and make sure we get the care package we need.”

In this section, we consider how housing with care providers are working with external partners – most importantly health and social services – to deliver joined-up and responsive packages of preventative care to residents with high or increasing support needs.

What did we find in our study?

Where HWC staff have good partnerships with social care and health, they can help residents access timely assessments, equipment and primary health care; and can quickly put in care and support when their needs change. However, we also found examples of delays, uncertainty around charging, contests around end-of-life care, and a lack of understanding about the role of HWC staff and residents’ housing rights by some external professionals. In the social rented sector, joint working and transparency around allocations is also important if a ‘balanced community’ is to be achieved.

The following table summarises what older people and their relatives told us they wanted most from partnerships between their scheme, social workers and health professionals; and some of the organisational issues, linked to roles and responsibilities, which helped or hindered. We then present examples which round-up and reflect on some of the good practice we identified in partnership working with health, with social services and on allocations.

Older people value...	Organisational issues which help or hinder...
Support to access appropriate health care (both primary and emergency) when you need it.	Good relationships and referral routes with primary health care. Health professionals understand the role of HWC.
Information, referral and advocacy with Social Services at move-in, when needs increase or financial position changes.	Good relationships and mutual understanding of roles between Social Services and the scheme.
Not having to wait too long before decisions are made and care is put in.	Systems, trust and communication between Social Services and HWC so that HWC can respond flexibly and delays are minimised.
A balanced community in terms of care needs, age, gender, etc .	Strong partnerships with local authority where there are nominations arrangements. Clear allocation policy which is adhered to.
Their relatives also value...	
Clarity about who is responsible for coordinating the input of other agencies.	Clear information about what HWC can/cannot do. Good communication and relationship-building between HWC, relatives and other professionals.

Allocations: Key messages from the research

- Huge diversity of approaches in different areas;
- Important to plan allocations processes and policies at an early stage in development of a scheme;
- Achieving a balance between levels and types of care/support need can help to promote a better sense of community, with more activities and more peer support.

What some providers are doing to develop partnerships: Interface with health

“The support staff know that I need to go for a health check with the GP every 2 months. I find the staff here very good and they will always make sure that I have been for my checks.”

Building good day-to-day relationships with health professionals

The Director of a private provider told us about the good, day-to-day working relationships scheme staff enjoy with a range of health professionals, including District Nurses (from Continuing and Palliative Care), GPs and their Practice Managers, Community Psychiatric Nurses (usually in relation to depression and/or alcohol) and dieticians (for example, around swallowing issues). However, she explained that it has taken a lot of information-giving, awareness-raising and relationship-building: “Initially one of the problems is that people tend to think you are a care home... It helps if we tell people that we are registered as a domiciliary care agency because they usually already understand what a domiciliary carer could and could not be expected to do.”

“Prior to the planning stage, I will go out to GP’s practices and say that we want to work with you. For example, we’ll do a urine specimen on site and bring it to you. There was an objection raised at the planning stage of one of our developments, saying that the development would place an overwhelming burden on local health services but one of the GPs we had been working with for years in another area wrote and said that they had a great relationship with us and that there was lots of good joint working which made things work very efficiently for them.”

Director of private provider

Incorporating health services into HWC buildings

As part of our fieldwork, we visited both of the HWC schemes which Shaw Healthcare (a private provider) runs in partnership with health authorities: Leadon Bank and Barton Mews.

Barton Mews was developed by a partnership between a private provider and a primary care trust. The new build scheme opened in 2007 on a former cottage hospital site owned by South Staffordshire PCT. The facility provides 29 one- and two-bed leasehold apartments on the two upper floors and a General Practice rents part of the ground floor on a 20-year contract. The ground floor of the building also houses a range of other community health care staff providing Health Visiting, Chiropody, Physiotherapy, Occupational Therapy, Speech & Language Therapy and an equipment store. One of the residents we interviewed explained that he had selected the scheme specifically because it had a GP surgery on site.

The site also houses an intermediate care unit which provides short-stay inpatient beds for intermediate and palliative health care, provided by Shaw healthcare under a 30-year contract with the PCT. Several of our interviewees had stayed in this unit, either to avoid or following a period in hospital. The scheme has been an EAC award winner (voted by residents) for two years and is featured in a Housing LIN case study (see Resources for further information).

“I get help to go to see my GP. I just have to phone down and they will come and get me.”

What some providers are doing to develop partnerships: Interface with social services

Educating social services staff about HWC

In Denbighshire, North Wales, three HWC schemes have been commissioned in recent years. The lead commissioner told us how important it has been to involve partner agencies from the outset. Social services managers were involved during the development of the project, and they then held a workshop for a broad range of staff from social services and health before each scheme opened. When the first scheme opened, the main aim was just to “get across the concept of HWC... because you can’t promote something to your own service users unless you understand it yourself”. However, she explains that “over time, and certainly by the time we opened the third scheme, we found we needed to do less and less of this”.

One challenge was the number of different social services workers and locality teams they needed to engage with, “so you are not always dealing with the same people. But we found that social workers who had been involved in the workshops and had supported older service users within the first scheme were happy to promote HWC to colleagues in other teams” – they ended up becoming informal ‘ambassadors’. In addition to the promotional workshops, regular operational meetings helped to smooth out teething issues and improve communication:

“We did need to do quite a lot of work... Because, at the first scheme, social workers tended to see HWC as a quasi-residential home – in other words, social work involvement ends as soon as the older person moves in. We needed to educate them that cases need to remain open and that people will still need to be reviewed regularly, as if they are living in their own home.”

As this approach can increase social workers’ workloads, it was vital to secure good buy-in from them for HWC. Relatives of residents at the first scheme attended the later workshops to describe the benefits of HWC for older people and this seemed to boost enthusiasm for the model. The lead commissioner feels that most social workers now ‘get’ HWC and are convinced that it can provide a real alternative to long-term residential care. She adds: “We have almost been too successful in this: for our last vacancy, we had 22 applications!”

Systems to reduce waiting times

“I have had an assessment recently by social services but it is 2-3 weeks before they actually do anything.”

The scheme manager at Crusader Court (a Trust Housing Association scheme on the outskirts of Edinburgh) told us about the good relationship she has built with their nominated senior social worker. Social services has supplied them with a chart which converts tasks and needs into number of hours and, when a resident needs additional care or is in hospital, the scheme manager can assess them using this chart. She then simply e-mails the link social worker for approval.

“The longest I’ve ever had to wait for a decision has been 2 or maybe 3 days... in HWC, because we’ll staff the extra care, we can put it in place quickly and continue with it as long as it’s needed.”
Scheme manager

This response time contrasts very favourably with the length of time it can take to set up or change a care plan in the community. It also compares well with the experiences of some of the other schemes we visited, where staff described “battles” or “being grilled” by social services staff over increased care needs.

Examples of different approaches to allocations

“The people already here are getting older, and everyone now coming in is in a wheelchair – the old lady next door to me hasn’t been here long and she’s 97, the man before her was 92 and he only lasted a month here. Now it’s social services putting them in – or maybe it’s [name of HWC housing association/care provider] and if you want full care that’s all good – maybe it’s money-making for them?”

Trust HA in Scotland told us they have developed good nominations and partnership arrangements with Clackmannanshire local authority. The Older People’s team within Social Work are responsible for providing nominations for tenancies as they become void, which are based on both housing and care/support service need. Once in receipt of these nominations Trust HA can go through its normal allocation process for the tenancy. The Supported Housing Manager at Trust feels that this approach ensures the services which HWC provides are used as efficiently as possible.

At Family HA in Wales, the local authority has 100% nomination rights to HWC to fill contracted hours of care. Nominations are overseen by an Allocations Group to ensure balance between high, medium and low care needs. The Allocations Group consists of the Project Manager for the HWC scheme and Social Work Team Managers from the Local Authority. Family HA can influence the allocations based on the current care needs within the scheme at that particular time.

“As a small local authority we have established one allocations panel that covers all the extra care schemes in the borough and looks up all the options for individuals referred for extra care housing. These panels involve social workers, housing provider representatives, care provider representatives and our housing allocations staff. This group meets regularly and we have found that it can resolve scheme level tensions as well as making allocations.”

Head of Joint Commissioning and Partnerships Older People, Bournemouth B.C.

Section 3: Commissioning: the role of Local Authorities

This section covers the role of local authorities, particularly in relation to commissioning activity that emerged as significant in the roles and responsibilities study. In this context commissioning activity includes planning and commissioning HWC schemes, commissioning and contracting for care and support, procurement activity and approaches to personalisation (see table below).

What did we find in our study?

The role of local authorities, particularly in relation to commissioning, is critical in determining the way that HWC operates in practice. Although this is primarily true for publicly-funded HWC, local authorities have a wider influence and role that also affects private HWC, for example in relation to planning.

One of the key issues that emerged is the complex picture of different models of HWC with implications for roles and responsibilities. The evidence from our research does not identify a specific model as being the most effective in minimising boundaries impacts for residents; rather it is how the different components of HWC function as a 'whole' that is more relevant to providing a seamless service to residents.

From the good practice examples that we found, it is clear that significant time and other resources need to be invested in involving residents and their families from the outset in commissioning-led changes to HWC services to avoid any negative impact. In relation to one local authority's approach to the procurement of and contracting for care at a HWC scheme, a resident said:

"We (the residents) recently went to a meeting where we were asked for our opinions (the care provider was changing due to a different organisation being awarded the care contract) and I was scared that all the staff would change if the care provider changed – I wouldn't have been too happy about that – but the existing staff all transferred to the new care organisation so we are keeping the same staff."

The following table summarises what older people and their relatives told us matters to them regarding the way that HWC operates, linked to roles and responsibilities, and how we have interpreted this in relation to local authority commissioning activities that appear to help.

Older people value...	Commissioning activity which helps...
Being kept aware of and being able to influence major operational changes.	Procurement: focus on what works best for older people, through effective consultation and involvement in procurement processes.
Having a service and staff that are 'personalised' to their requirements.	Personalisation: look at ways of implementing personalisation so it increases choice, rather than adding complexity.
Consistency and stability in relation to the care and support staff team.	Contracting: change providers and 'models' only when current arrangements are clearly not working/cannot continue; anticipate the impact on older people and their families and plan ahead/allocate resources to reduce it.
Having access to a mix of types of HWC that cater for people who want to buy and those who want to rent.	Planning and commissioning for the whole population: consider strategically the role of the private sector and promote the partnerships needed to make HWC work for leaseholders as well as tenants.
From a resident's perspective, it seems to be a case of just what works best.	Commissioning the model of housing/care/support: adopt flexible approaches to service delivery, rather than prescribing one model.

What are some local authorities doing to improve commissioning?

East Sussex County Council Adult Social Care – Commissioning in partnership

What are they doing and why?

East Sussex County Council (ESCC) is developing agreements with key partners as part of the commissioning process for extra care housing, which cover all aspects of partnership working to commission a scheme. They have also involved older people in the commissioning process. This is based on extensive experience over several years of planning, commissioning and developing extra care housing. ESCC found that generally their registered provider (RP) partners are good at managing boundaries issues because of their extensive experience of running extra care schemes. They are aware that tensions can arise between the housing provider and care provider during the 'settling in' phase of a scheme.

How are they doing it?

ESCC ASC has sought to mitigate boundaries issues at the earliest stages of the commissioning process; they have worked with the key staff from RPs and the district council/s partners to ensure that they identify as far as possible potential 'boundaries' (and any other) problems that may arise, in terms of the development and subsequent operation of the scheme in order to collectively manage these.

They have recognised the importance of getting the interface right within their own organisation between commissioners and frontline operational staff as part of the commissioning process. For example they have made sure that operational managers who are responsible for frontline care management staff are members of extra care project groups for a new scheme from the outset of the commissioning process.

They have found that it has been good practice for commissioning partnership agreements to include:

- A mechanism for conflict resolution should any conflicts arise between the partners;
- Agreement that all partners take responsibility to make other partners aware of any policy changes within their own organisation which have a financial impact on the other organisations.

They have also found that it is essential to fully understand the 'makeup' of the other organisations involved in commissioning and delivering a scheme and how decisions are made and by whom.

What difference is it making? What is the learning?

Their experience has shown that developing agreements with their key delivery partners can help to avoid or minimise boundaries issues in practice. When they commissioned their most recent extra care housing scheme, they established an older person's reference group from the outset and this group considered a whole range of issues in relation to the commissioning and development of the scheme, including the procurement process for care providers. They feel this has given them a much stronger insight into what potential residents are looking for in the way a scheme is run.

Staffordshire County Council Older People & Prevention Team – Personalisation and extra care housing

What are they doing and why?

Staffordshire County Council (SCC) has developed a comprehensive approach to personalisation, including personal budgets, in relation to housing with care. The model of extra care housing in Staffordshire is called flexicare.

How are they doing it?

This approach to personalisation has been implemented as part of SCC's extra care strategy. They aim to minimise the potential for role confusion and conflict by making funding (a grant) available to cover support which is devolved to one organisation, or one consortium, with a single contractual relationship with SCC. The way this works is that all the services within extra care are incorporated into one arrangement; the housing provider becomes responsible for the delivery of all elements of the service for residents. For individuals eligible for public funding, SCC makes available personal budgets for care.

The housing providers are able to determine the best operational 'model' for each scheme and how it will work in practice. This arrangement means that as SCC contracts with the housing provider, the care providers are more likely to keep their business by maintaining good relationships with the housing providers and providing a good service to their tenants.

What difference is it making? What is the learning?

This model is generally seen as a positive approach by housing providers because they can control what happens at their scheme, but also by care providers as it avoids most of them having to go through the local authority tendering process and provides them with more freedom and flexibility linked to achieving specific outcomes for residents.

SCC regularly monitors and reviews the operational activity and the outcomes achieved at each scheme and, with the new flexicare model, there are virtually no issues to do with 'boundaries' or role confusion between different organisations operating within extra care schemes.

The feedback from residents is overwhelmingly positive. One effect of this approach for HWC residents has been that there is a simple and consistent approach to service delivery at each scheme and the residents have a single point of contact for any concerns that they may wish to raise. The evidence suggests that residents value the way that the flexicare model provides them with a 'wellbeing' service.

London Borough of Enfield: Combined care and support commissioning and contracting

What are they doing and why?

Enfield Council has adapted its approach to the commissioning of and funding for extra care housing by developing service specifications which include combined care and support roles. This was done in response to the way organisational roles and responsibilities issues arising at local schemes had negatively affected service users. The Council had also identified that the bureaucracy involved in having the different funding streams for extra care was exacerbating roles and responsibilities issues between the different agencies involved at schemes.

For example, at one scheme there had been role confusion at different levels of service delivery: on one level, between the main contracted care and support provider and the onsite housing management agent, and also among the care and support providers' own staff team while working under separate structures for registered domiciliary care and housing-related support. Residents experienced a disjointed service and received inconsistent messages about which staff member could assist them with a particular need or query.

How are they doing it?

To make the delivery of care and support more seamless from a resident's perspective, the Council has removed rules around the use of Supporting People funding for housing-related support which has helped to make possible an explicit requirement for combined care and support staff roles. At one scheme, the Council has re-tendered the care and support contract with integrated funding and care and support delivery. As a result, providers have created Care & Support Worker (formally support workers) and Care & Support Assistant (formally care worker) roles. This helped move towards integrated staff teams, reducing boundaries between the different tasks and activities.

What difference is it making? What is the learning?

Feedback from residents from both local schemes is positive and some longstanding concerns have reduced substantially. For the Council, the key learning from these experiences includes:

- The importance of a shared commissioning vision for the extra care 'model' and how this translates into clear contract terms and specifications;
- The need to understand the uniqueness of the multi-disciplinary extra care housing environment compared to more longstanding care settings and arrangements.

Section 4: Welfare benefits advice

“I want to stay here if I have the money, but I have to transfer £1,000 a month and you’re allowed £16,000 and it’s coming down to that now... when the money is gone, I wouldn’t want to be kicked out but I don’t think it would come to that – I haven’t asked but I’ll wait and see what happens.”

“When we decided to take it we went into it [the finances] then – a couple of ladies from the council came to see me and we decided that I could just about afford it. The rent is high here, and care is very expensive if you have to pay it all – I couldn’t do it. It’s £27 a week more here than the rent in my council bungalow.”

In this section, we consider how providers can support individual residents to maximise their income from benefits. This section draws more on the findings of our affordability study, yet providers also need to be clear about roles and responsibilities if they are to provide effective advice and signposting.

What did we find in our study?

Accessing disability and other benefits is very important for residents who are self-funding some or all of their housing, support and care costs. Most participants said they understood the costs of their HWC at the outset, but we were concerned in some cases (such as the first quote above), that older people, relatives and perhaps scheme staff did not seem to understand complex benefits rules and might not be claiming everything to which they are entitled. For example, at present Pension Credit Guarantee has no upper savings limit for eligibility (see Resources for further information).

Housing associations told us that they would usually visit prospective tenants and start discussions about any benefits that may assist them to be able to afford HWC. Social worker involvement also provided access to additional sources of advice, as in the second quote above. However, other partial self-funders described a stressful delay (after moving in) while waiting to find out how much Housing Benefit and help with care costs from Social Services they would get.

Leaseholders seemed less likely to be offered access to benefits advice and professionals commented that older people tended to be private and fiercely independent when it came to financial matters so it was difficult to broach the subject. Some providers felt that, as one said:

“If we were acting as estate agents we would need to make sure that someone could afford to pay but we generally take the view that we’ve told you what the costs are and if you buy a lease, you have presumably worked out that you can afford the costs.”

(Private provider)

The following table summarises what we identified as important from our interviews with older people, their relatives, and professionals, and some of the organisational issues, linked to roles and responsibilities, which helped or hindered. We then present a feature on some of the good practice we identified from HWC providers contacted for the research and for fieldwork visits.

Older people value...	Organisational issues which help or hinder...
Clear information on the costs of HWC.	Clear information in sales/tenancy brochures and initial assessment meetings on all costs (including service charges and costs of scheme-based care).
Information on benefits and other help for new and existing residents.	Staff with 'good enough' understanding of benefits systems and local authority help with care costs, who can signpost appropriately and have the confidence and sensitivity to raise these issues with self-funders.
Referral to specialist benefits advice for new residents, claim renewals and changes of circumstance (e.g. death of partner). Well-publicised, accessible and personalised advice services.	Good relationships and referral routes to either in-house or external benefits advisers who understand the complexity of HWC. Wide range of publicity methods (newsletters, notice boards, etc) and ways of accessing one-to-one as well as general advice (e.g. home visits, website, affordable phone line, etc).
Support in dealing with staff in benefits offices/social services (administration of care charges), correspondence and forms (especially valued by those with cognitive/sensory impairment, language or literacy issues).	Staff (in-house or externally) who can: <ul style="list-style-type: none"> • chase delayed responses; • challenge individual decisions and take up appeals; and • take up claims for a number of tenants or leaseholders in the same scheme (especially for the housing element of Pension Credit Guarantee).
Their relatives also value...	
Support from experts in dealing with benefits claims and social services charges, where they are helping their relative with financial matters (either informally or via a Power of Attorney).	As above, especially staff sensitivity in dealing with issues of pride for self-funding older people; and support with challenging decisions, appeals etc.

What are some providers doing to maximise benefits for tenants and owner-occupiers?

What are they doing and why?

HWC can be quite expensive for self-funders who have to pay some or all of their housing, support and care charges. If residents can increase their income by claiming benefits, they will have a 'better life' with less worry and more disposable income. For adult social care services there is less likelihood that self-funders will run out of money and become entitled to public funding. From the provider perspective, access to benefits can make HWC more affordable for new owners and tenants, reducing empty properties and enabling existing residents to stay and to afford the care and support they need.

There are many possible ways to provide access to benefits advice. Some local authorities have specialist teams (as in the second resident quote above). There may be a link with existing statutory or voluntary provision, although as we see below, this may not offer a dedicated service or home visits.

We feature three housing with care providers with specialist benefits advice services for existing and prospective residents:

McCarthy & Stone is the largest provider of owner-occupied retirement housing and a growing number of 'assisted living' schemes with care. **Housing 21** provides and manages rented, shared ownership and leasehold housing with care and sheltered/retirement housing; it is also the UK's largest not-for-profit care provider. As large national providers, McCarthy & Stone and Housing 21 both employ **specialist in-house benefits advisers**.

St Monica Trust is a local charity with four mixed-tenure housing with care schemes in Bristol and North Somerset. They contract Bristol Citizens Advice Bureau to provide a dedicated benefits advice service through home visits to residents and advice to prospective leaseholders and shared owners.

All three providers ensure that confidential free advice and help with claim forms is available to prospective tenants/purchasers and existing residents, as well as their relatives (if residents have given their permission). Advisers have told us that the most frequent advice is on claims for Attendance Allowance, Pension Credit (Savings and Guarantee), Council Tax Benefit, Housing Benefit and the links between different benefits. Advisers also help residents who were disabled before they reached pension age with claims for Disability Living Allowance, and older residents still getting DLA when their circumstances change (for example because of an increased care need, or bereavement).

All the specialist advisers support residents when they have problems with benefits administration, making phone calls and writing letters to chase up responses. They find they can sometimes get results because they understand the systems, even where residents and their relatives have been unsuccessful.

How are they doing it?

McCarthy & Stone

Since 2011, one specialist adviser, based at head office, has provided advice and help to prospective purchasers and existing residents in McCarthy & Stone 'later life' and 'assisted living' owner-occupied housing schemes across the UK.

There is a feature article in each issue of their quarterly *Life and Living* magazine, a section on the website under *Money*, and a freephone number. All new purchasers receive a leaflet inviting them to contact the Benefits Adviser at reservation stage; the service is also available to purchasers of re-sale properties. The website and leaflet point out that on moving into a retirement property, residents may be able to claim help with service charges and ground rent through Guarantee Credit.

Sales staff and scheme-based managers know about the service and invite people to make contact. The Benefits Adviser visits new schemes during the marketing period to give presentations to both prospective purchasers and existing residents. He also provides training to staff on benefits to raise awareness.

Housing 21

Two specialist advisers have been employed since 2001. They work across the south and the north of England, giving advice to existing and prospective tenants and leaseholders in sheltered, leasehold and extra care housing. They run training sessions for scheme-based staff so that they can encourage take-up. They also deal with more complex cases (including appeals) and advise the organisation on benefits issues. Housing 21 produces a regular magazine 'My Money' specifically on benefits and money issues, produced by the specialist advisers and sent to all residents. The April 2012 edition includes information on forthcoming changes which will especially affect residents under state pension age and those receiving DLA, including the 'bedroom tax' and changes to eligibility for couples.

St Monica Trust (SMT)

SMT's HWC residents can receive a home visit, which would not otherwise be available, because of the funding they provide to the Citizen's Advice Bureau (CAB). Originally the service targeted new residents (especially shared owners and leaseholders) but it has now extended to existing residents as well. The CAB adviser works two days a week. He gives presentations to prospective and new SMT residents, and his photo and some examples of people he had helped are featured in the welcome pack and a recent newsletter. The CAB adviser has also helped with claims for Supporting People funding (for support charges) and with delays and errors in social services charges. SMT have a scheme where people can rent whilst trying to sell, so the adviser has also helped with claims for Housing Benefit: this has enabled people with serious health problems (including some of our interviewees) to leave their unsuitable former home and access HWC.

What difference is it making? What is the learning?

'A World of Difference' (see resources) summarises the work carried out by Housing 21 benefits staff and scheme managers between 2001 and 2009. In sheltered, leasehold and extra care housing, take-up campaigns and benefits checks had resulted in nearly 3,000 successful claims and an annual income gain for residents of £5.6m.

The three examples above show different ways of providing benefits advice for charities, housing associations and private providers:

- Directly-employed staff will work well for larger providers, e.g. Housing 21 and McCarthy & Stone. The McCarthy & Stone example demonstrates that there is a strong business case for providing benefits advice to prospective and existing

residents (in this case leaseholders but a similar business case is likely to apply to rented, shared ownership and mixed schemes).

- The SMT/CAB partnership is an interesting model for smaller providers - voluntary providers (such as CAB or local Age UK services) are often over-stretched and, in some areas, are suffering funding cuts, and can rarely offer home visits without additional funding as from SMT.
- Linking up with a specialist local authority or voluntary sector team is another possibility, though probably more likely where social services are involved in referring or nominating residents than for private self-funders.

Section 5: Resident Involvement

“I think that the tenants living here don't have any real say in how the scheme is run.”

In this section, we look at what HWC providers are doing and could do to ensure meaningful and inclusive participation in the running of schemes.

What did we find in our study?

Although a few of the older people we spoke to were positive about the opportunities for involvement in service improvement and day-to-day decision-making, many were not. We were concerned that approaches which are frequently found in other housing and support settings (such as involving tenant representatives/service users in staff recruitment, monitoring service delivery or commissioning) seem to be the exception rather than the rule in HWC.

Meetings and written communications are not always accessible to those with high support needs and changes to the mix of residents in some schemes have made it difficult to engage and retain enough residents to sustain committees. Complexities, roles and responsibilities issues and funding cuts do not help: some interviewees told us that support for resident participation work had been reduced or removed and that it was not always clear who – if anyone – was responsible for organising meetings, social events, feedback and complaints and where the boundaries of these responsibilities lie.

“There is a resident's meeting every month but I don't really feel like attending because of my mobility problems.”

“We have a resident's association here but it is hard to get people to join a committee and make it work for everybody's benefit. I think it would help if the staff from the Council and [housing association] could help to make this happen; they seem to take the view that it is up to the residents to make it work.”

“No residents have ever been involved in the recruitment of staff working here and that would be a positive step.”

“I do think that [the housing association] need to stop phoning us up to ask if we are satisfied with the service that they provide to us. These types of telephone surveys drive me mad – the last time they phoned me they hadn't actually visited at all but they still insisted on me answering their survey.”

The following table sets out some of the key things that older people told us they valued or would like in relation to their participation in the running of the scheme. We then present examples of how residents have been involved at several organisations: St Monica's Trust, Family Housing Association (Wales) and Aspen Retirement Ltd.

Older people value...	Organisational issues which help or hinder...
<p>The opportunity to have a real say in how the scheme is run.</p>	<p>Opportunities to influence (and clarity/feedback about the scope of this influence):</p> <ul style="list-style-type: none"> ● Commissioning decisions/changes to service; ● Charges/rent, etc; ● Recruitment and selection of staff; ● Use and décor of communal areas/ grounds; ● Programme of social activities/ links to community; ● How and when services are delivered (e.g. meals, 24/7 cover); and ● Information, consultation and participation: methods and agenda.
<p>Support from providers to establish and maintain residents' committees, including mediation where there are conflicts within residents' groups.</p>	<p>Designated staff time and other resources to promote and support resident involvement, with clear agreement around the boundaries between staff and resident representative roles.</p> <p>Clear terms of reference and ground rules for groups.</p>
<p>Support for individuals to overcome barriers to participation.</p>	<p>A range of participation methods; accessible meetings, information and publicity to reduce barriers.</p> <p>Assessments which routinely include how someone wishes to participate and the support they need to do so; staff who are committed to the importance of this and SP funding.</p>
<p>The opportunity to meet with senior managers from provider and partner organisations.</p>	<p>Good communication between scheme staff and senior managers/partner agencies.</p> <p>Commitment and availability from senior staff to attend, action and feed back.</p>

“The chap who was secretary [of the residents’ committee] resigned so they asked me to be secretary. I didn't really think I could do it, with my disability, but I got all the help I needed from the staff here.”

“Last year we were helped by the Scheme Manager to meet with managers from social services through the residents’ committee and the purpose of this meeting was to express any concerns that people had and to find ways of resolving any problems people had about how the scheme was being run, but we could also discuss things privately as well as in a meeting.”

What are some providers doing to improve resident involvement?

Involving residents at St Monica's Trust (SMT)

SMT is a local charity with four mixed-tenure housing with care schemes in Bristol and North Somerset.

Identifying what matters to residents

The 'Well-being Tree' was developed in 2007 after extensive consultation with residents (and staff) and highlights six areas of well-being.

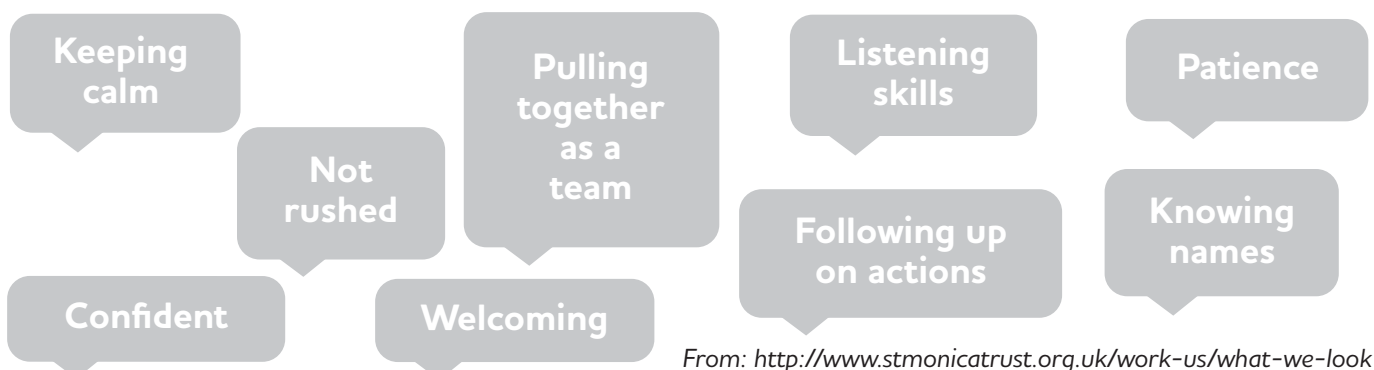


From: <http://www.stmonicastrust.org.uk/why-were-different/well-being>

Every six months, a discussion group (open to all residents) meets at each scheme to look at these aspects of well-being. A short questionnaire is circulated in advance to identify issues. Staff lead a facilitated discussion for up to two hours to identify what is going well and what needs to change to improve well-being. The senior management team then identify the top ten action points which are circulated to residents. This feedback has encouraged residents who were reluctant to complete the questionnaires in advance of the groups, because they can see the results.

Influencing recruitment and selection of staff

SMT consulted residents through focus groups in 2010/11 to find out what they value most in staff. The skills and qualities that residents prioritised form the basis of their recruitment and selection and are included alongside other information for those considering applying for posts.



From: <http://www.stmonicastrust.org.uk/work-us/what-we-look>

Service Assessors at Family Housing Association

Family Housing Association in South Wales offers what its Older Persons Services Manager describes as a 'spectrum of involvement' for HWC tenants, ranging from picking the topics for and attending information sessions, to participating in policy reviews (including recently cutting jargon from the Tenants' Handbook). Those who want to get more involved can volunteer as Service Assessors, undertaking mystery shopping exercises or peer surveys of different services within HWC schemes or beyond. Those with support needs or different sorts of skills and experience are paired up so, for example, someone with a visual impairment might speak to people on the phone whilst someone else takes notes from the speaker phone.

Recently, two residents from Hazel Court HWC scheme in Swansea came up with a proposal to review use of the scheme by the local community. They surveyed community groups and businesses who regularly hire rooms at the scheme and some of those attending sessions (such as yoga classes). They also gathered the views of other HWC residents on community usage of the scheme.

Overall, the service review identified high levels of satisfaction by non-resident users. However, they also identified some issues and made recommendations for change. These include:

- Better signage to meetings and rooms to cut down on people getting lost in the building;
- Concerns from residents about security in the evenings;
- Clearer information for the public (including information in different formats) for those using the building; and
- Changes to the booking forms and procedures to improve information collected about those using the facilities and make the system more efficient.

"Tenants will talk more to other tenants so the Service Assessors have been able to get really honest feedback. Because this project is a partnership between staff and tenants, barriers seem to get broken down and new channels of communication are opened up. So it's much easier for us to explain why we can't do something or have to do something in a particular way and for tenants to help in coming up with new ideas and solutions. And there's a real sense of accomplishment for the tenants that are involved."

Tenant Participation Officer

Involving leaseholders in scheme management

Aspen Retirement Ltd provides extra care housing for purchase or shared ownership. They have introduced a model in their newer schemes whereby the estate company establishes an individual not-for-profit management company that appoints and monitors the provider of support, catering and housekeeping services. The Chair of the Residents' Association represents residents on this board to ensure they can influence the running of the scheme.

Resources

You can find out more about the two research projects in our related publications:

See also:

Blood, I., Pannell, J. and Copeman, I. (2012) *Whose responsibility? Boundaries of roles and responsibilities in housing with care*. York: Joseph Rowntree Foundation.

'Whose responsibility? Boundaries of roles and responsibilities in housing with care.'. JRF Findings (December 2012, Ref: 2842)

<http://www.jrf.org.uk/publications/whose-responsibility-boundaries-housing-care>

Blood, I. and Pannell, J. (2013 forthcoming) *Putting rights at the heart of housing with care: Viewpoint*. London: Housing LIN

Pannell, J., Blood, I. and Copeman, I. (2012) *Affordability, choices and quality of life in housing with care*. York: Joseph Rowntree Foundation

'Affordability, choices and quality of life in housing with care'. JRF Findings (December 2012, Ref: 2840)

<http://www.jrf.org.uk/publications/quality-life-housing-care>

Copeman, I. and Pannell, J. (2012) *Can self-funders afford housing with care? A guide for providers and commissioners*. London: Housing LIN

The following are resources we have mentioned in the Practice Guide or that we feel might be of interest to readers. This is not intended to be a definitive list: these are a selection of the resources we identified over the course of the research projects.

Partnerships

The Shaw scheme at Barton Mews is discussed in more detail in:

Evans, S. (2008) *Combining Extra Care Housing with Health Care Services at Barton Mews*, Housing LIN, Case study no.40 at: www.housinglin.org.uk/_library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/Case_Study_40.pdf

In our recent Housing LIN Viewpoint, we also include a case study about the partnerships with primary care and health promotion at the Penfold Hub, based in an HWC scheme. See page 10 of: Blood, I. & Pannell, J. (2012) *Building Mutual Support and Social Capital in Retirement Communities*, Housing LIN Viewpoint no.23 at:

www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint_23_Mutual_Support.pdf

The following LIN factsheet explores the issues involved in trying to work in partnership around allocations, the pressures of responding to care and housing needs, and the extent to which HWC can and should try to create a 'balanced community': Murphy, W. & Miller, L. (2008) *Nomination Arrangements in Extra Care Housing*, Housing LIN Factsheet, no.25 at: www.housingcare.org/downloads/kbase/2981.pdf

Commissioning

Staffordshire County Council "The Best of Both Worlds": Staffordshire Flexicare Housing Strategy, 2010-2015 describes the flexicare model and the rationale for developing it in detail, at:

www.staffordshire.gov.uk/Resources/Documents/s/st/StaffsFCHStrategy20102015v101.pdf

Wistow, G., Waddington, E. & Davey, V. (2011) *Involving older people in commissioning: more power to their elbow*. Findings, Joseph Rowntree Foundation at:

www.jrf.org.uk/sites/files/jrf/older-people-service-commissioning-summary.pdf

This summary of research conducted in two councils includes 'ingredients for success'.

Welfare benefits advice

Aldridge, H., Kenway, P. & Pannell, J. (2012) Affordability of retirement housing in the UK, NPI
www.npi.org.uk/files/New%20Policy%20Institute/AffordabilityOfRetirementHousingInTheUK.pdf

This research report looks at retirement housing in general and includes an overview and discussion of state help with the costs of retirement housing for pensioners.

Housing 21 (2010) A World of Difference: five years on
www.housing21.co.uk/files/9512/6380/8515/A%20World%20of%20Difference.pdf

This report provides an overview of Housing 21's specialist welfare benefits team, including discussion of the policy context, case studies and evidence of outputs and outcomes. Housing 21's newsletter My Money is available from their website from the following page:

www.housing21.co.uk/already-with-us/publications

Further information about McCarthy & Stone's benefits and other financial advice services can be found on the 'Money' page of their website: www.mccarthyandstone.co.uk/Money/

Resident involvement

EAC has devised a card-game resident consultation tool which informs managers and housing providers on how their residents value their home, the communal facilities, the services they receive and the social life. An illustrated account of the way the game works and how much residents enjoy it can be found in Inside Housing, June 2011, Need to Know, 'Play Your Cards Right.'

TPAS (Tenant Participation Advisory Service) is a not-for-profit membership organisation that provides information, consultancy, training and conferences on all aspects of involving tenants in their housing management. Some of our participating providers told us they had used TPAS to help them develop tenant participation training, policies or guidance.
www.tpas.org.uk

TPAS/ Centre for Housing & Support (2010) Effective Resident Involvement and Consultation in Sheltered Housing
www.housingcare.org/downloads/housingcare/Consultation-Guide-Website-Version.pdf

This report summarises research findings, provides case studies and 'good practice snapshots' and offers 'top tips' and a step-by-step guide to developing your own good practice.

There have been two recent Viewpoint publications exploring the need for a radical re-think of resident involvement in HWC and presenting/reflecting on innovative approaches:

- Porteus, J. (2012) Living Labs: a brave new world of customer-driven extra care housing, Housing LIN Viewpoint 32, September 2012 at:
www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint_32_Living_Labs.pdf
- Shand, M. (2012) A radical rethink is required in the way we involve and engage with residents of extra care housing, Housing LIN Viewpoint 28, July 2012 at:
www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint28_Radical_Rethink.pdf



Findings From Housing
With Care Research:
Practice Examples