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Merton Very Sheltered Housing

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Sarah Jean Casey


James Gagnon


Michael R. Landi

Abstract

Two very sheltered housing schemes in LB Merton suffer from a lack of suitable applicants, as illustrated by the lack of a waiting list for the schemes. Our IQP team identified some of the main causes for this applicant shortage by reviewing tenant and scheme records, conducting interviews with the tenants, administrative figures, and members of the application review board, and reviewing housing and social services policies. We then isolated eight factors that limit applications to these schemes and proposed specific recommendations for addressing each issue.

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Executive Summary

Older people have a number of options available when they have difficulties coping with their personal housing situation. These options allow people with different housing requirements to choose an option that best suits their emotional needs as well as providing for their physical care and support requirements. At the lowest and easiest level, changes can be made to existing housing to increase liveability. Mobility-increasing options such as handrails and grab bars are becoming more widespread than ever in the ordinary housing market. These simple and inexpensive solutions are the most common, but items such as easy-access showers and stair lifts are also available for more needy individuals. These in-home solutions are often the first step in ensuring that aging people can still care for themselves by removing simple obstacles to their mobility. Another option that is becoming increasingly popular is in-home carers, who can come into a home upon request and provide basic housekeeping and cleaning services as well as a level of personal care. A third issue with ordinary housing for older people, in addition to care provision and home accessibility, is companionship. Many older people in their own homes may not see anyone else for days, resulting in loneliness and depression. Day centres can be an option for addressing this common problem. Day centres are places targeted for older people to meet and share a meal or socialize.

The next step up from ordinary housing is sheltered housing, which consists of a set of flats grouped together under one roof. An estate manager is a resource for tenants, helping to answer questions regarding filling out forms, getting help from Social Services, and planning activities. This type of housing provides a standard level of security through an alarm system and locked doors. Usually an alert mechanism is set up to allow help to be summoned when necessary. These items combine to form the basis of sheltered housing, which is a sense of security and protection while allowing tenants to remain independent and self-sufficient.

At the other end of the housing spectrum are residential and nursing homes, which can provide for very high need individuals. While sheltered housing schemes do not generally provide care unless requested by the tenant, these high-level care facilities have on-site 24-hour nursing care available. Residents of this type of housing generally have a high need level due to serious physical or mental impairments. Residents are highly dependent on their care staff to provide housekeeping, care, cleaning, and adequate food to meet their dietary needs. This type of facility is for the very needy individual who requires constant monitoring and care availability.

In recent years a niche has developed in between sheltered housing and residential or nursing homes. This niche is filled by very sheltered housing, which is similar to sheltered housing in that it rents out flats and has an estate manager to help meet tenant support needs. The main difference between sheltered and very sheltered housing is that the latter provides 24-hour care through onsite staff. It retains the feel of independence and community while focusing on providing housing for those individuals who could remain self-sufficient and independent if they could receive limited assistance with specific care or support needs. Thus very sheltered housing can provide housing for those individuals who require more care than sheltered housing and may be considering residential homes, but wish to retain more of their freedom than is possible in non-sheltered housing. The best-suited tenants are those that have needs best dealt with

through constantly available care and would benefit from the independence and lively community feel of very sheltered housing rather than the forced dependence of a residential home.

In the London Borough of Merton, two very sheltered housing schemes exist to provide housing for individuals requiring an option between sheltered and residential housing. The two very sheltered housing schemes in Merton are Trellis House, which is run by the Shaftsbury Housing Association and was built in 1994, and Glebelands, which is run by the Hanover Housing Association and was built in 1995. Since the schemes were built, there has been no evaluation of the schemes to determine how effectively they provide housing to appropriate older people. An apparent lack of suitable applicants for these schemes led members of the Housing and Social Services Department of LB Merton to believe that an in-depth investigation was necessary to identify key factors influencing application levels to each scheme. The goal of this project was to determine whether there is a problem with the number or type of applicants to the schemes and also to determine ways the schemes can increase their appropriate applicant pool.

The schemes have not had a waiting list since the Glebelands scheme opened in 1996, but the schemes have not had any extended vacancies either. Thus, while there is not a pressing need for more applicants, a more diverse selection of applicants to fill vacancies would be preferable. Having a pool of applicants to choose from when a vacancy arises would allow the schemes to ensure that there are no vacant flats in the schemes. At the same time, it ensures that the tenant accepted into a flat is the most suitable for the facility and for the community within the scheme.

The goal of this project was to provide Merton with feasible recommendations to ensure that Trellis House and Glebelands are being fully utilised and are attracting a sufficient and diverse number of appropriate applicants. We developed a methodical approach to allow us to get a full perspective by researching the schemes and the points of view of all parties involved with the two schemes.

Our first step was to profile the schemes and conduct on-site inspections. We compiled information on the scheme layout and services offered by each scheme. We gathered the information for the scheme profiles from documentation of the schemes, and interviews with the Estate Managers of the schemes. This gave us an understanding of the tenant's environment.

We then interviewed tenants. Speaking with randomly chosen tenants in their flats, we gathered information about life in the scheme, the services offered by the scheme, and any changes the tenants may have seen during the time they have lived in the scheme or would like to see in the future. Next, we attended a nomination board meeting and interviewed the various members of the nomination board, enabling us to develop an understanding of the application process from initial social worker assessment through to final allotment by the nomination board. This gave us enough background information to begin our second set of interviews.

We interviewed older people attending day centres. These people were in the same age range as those in Glebelands and Trellis House, but they had a lower level of need. By speaking to these older people, we gathered information about potential applicants' knowledge of the schemes and the living situations of the older people who do not live in the Glebelands or Trellis House schemes. This information provided an

alternate view on housing and care provision, allowing comparison between tenants and non-tenants.

With this background on the housing issues faced by older people and their desires regarding their housing situations, we conducted our final set of interviews with administrators, social workers, members of the nomination board, and Borough workers from the Housing and Social Services department. Eight limiting factors were identified which restrict the number of applicants to the Glebelands and Trellis House. The final set of interviews gave us an opportunity to discuss these limiting factors and fill out our understanding of the complete structure of the application and allotment procedure.

We used all the information gathered to identify limiting factors that might explain why these two housing schemes are not being more appropriately utilised. We defined limiting factors as influences that directly or indirectly cause a lack of applicants to the very sheltered housing schemes.

Next, we developed recommendations for possible changes that would reduce or eliminate the effect of each limiting factor. We took into consideration implications of our recommendations before proposing them to ensure that they will be effective now and in the future. By assessing each recommendation from the viewpoint of any groups involved, we can ensure that implementing any necessary changes will be smooth and effective. Further, we developed an action plan to provide guidelines for implementing our recommendations.

We concluded that there is a problem with a lack of applicants. Developing a working pool of applicants for very sheltered schemes in LB Merton is essential for maintaining the diverse yet specific population of each housing scheme. Having a mix of people with low and high needs fosters a community atmosphere and encourages people to challenge their inhibiting disabilities and work for their own independence. Removing limiting factors would enhance the benefits of very sheltered housing and help ensure that the tenant population is best suited for this environment.

Based on our results, we have identified five main factors that limit application levels. Following an analysis of each factor and its causes, we developed feasible recommendations for improvement based on our understanding of how the application process, schemes, and Merton Council all work together.

Our first limiting factor is a lack of a standard definition of very sheltered housing. Both schemes were built without clear intentions for tenants' needs or care provision. Both schemes have since developed to suit the tenants they are allotted, instead of selecting tenants to fit the current scheme environment. Without a common understanding of the target population, community, and current standing of the schemes, many different viewpoints exist regarding the very sheltered housing schemes. These viewpoints affect the tenants that enter each scheme. We have proposed a standard definition of very sheltered housing as it applies to Glebelands and Trellis House. This will define which candidates are best suited for housing in either of the schemes and provide guidelines for developing appropriate environments for each scheme.

A second limiting factor is a general lack of information among people who meet (or may meet in the future) the requirements for entrance. From our day centre conversations, we determined that a majority of the older people we spoke with were either unaware of the housing schemes or were under the impression that the schemes were nursing homes. Without correct knowledge of the housing schemes, any older

person would not consider moving to a very sheltered housing scheme. We propose an effort both to get these schemes more into the public view and also to promote the strong advantages of very sheltered housing as compared to other housing options. Currently, the advertising and marketing of the schemes is handled by the estate managers while the application process is handled by the Housing and Social Services Department. Promotion of the schemes must be a joint effort, if it is to be effective in providing people with concise, accurate information about the schemes and what steps are necessary to apply. Making people aware of these schemes and presenting clear, non-anecdotal information will give people the information they need to make informed decisions about their housing options.

A third factor deals with the insufficient application assessment criteria used to determine whether an applicant would fit within a very sheltered scheme. Currently these criteria consider each applicant's needs in reference to the full services available at the scheme. This is obviously important because the care must be able to completely cover the needs of each individual. The problem is that these needs are not considered in a community context. For example, a person with high needs could be properly cared for on an individual basis, but when their needs are summed with the needs of the current population, the carers will have to stretch further to meet the community need. When the carers cannot properly meet the needs of all tenants, a problem develops inasmuch as admission of a person who has met all the individual criteria can stress the scheme as a whole by limiting care availability for other tenants. We propose an addition to the criteria that limits the total number of care hours required to assist all tenants. Thus applicants would be considered in context of the community of the scheme. Providing this context will allow full emphasis on the community aspect of very sheltered housing, a pivotal advantage over other types of housing and an aspect that is not being fully utilised.

Our fourth limiting factor is the lack of communication that exists between the various organisations related to the schemes. This lack of communication contributes to the confusion about what exactly the schemes were intended for, what they are capable of handling, and what are the requirements for an applicant. More communication between members of the Housing and Social Services department would result in a broader understanding of a person's needs and a better solution to ensure that all aspects of a person's needs are met. More communication between the Housing and Social Services department and the estate managers at the schemes would encourage a more widely shared understanding of the schemes, their capabilities, and their limits; it would therefore result in a larger number of more suitable applicants being brought before the nomination board. Raising an awareness of the other entities' points of view and then encouraging the various organisations to cooperate on common tasks is vital to resolve the lack of communication and will encourage compromise and shared understanding. One way to achieve this is to hold meetings, outside the nomination board meetings, for the various members of the organisations to discuss the schemes and any issues related to the schemes. In order for this to be effective, everyone must understand the larger view of the situation and how his or her position fits within the overall picture.

The final main factor is the lack of occupational therapists (OTs) within the Borough. There are only four OTs performing assessments on older people. There is currently a backlog of people awaiting an OT assessment, creating a bottleneck in the

application and nomination process for the very sheltered housing schemes. A complete evaluation of recruitment and retention of OTs is necessary to identify the causes of this issue and to then correct it. Until the lack of OTs is rectified, this issue will continue to hamper any efforts made to establish a pool of suitable applicants for the Glebelands and Trellis House very sheltered housing schemes.

In order to ensure that these two housing schemes are fully utilised and the needs of the tenants, current and potential, can be appropriately met, the cooperation and understanding of all organisations and personnel involved is necessary. Everyone involved must agree on a standard description of the targets and environment of the schemes. Based on this understanding, appropriate potential tenants must be given accurate information that highlights the inherent benefits of very sheltered housing to attract them to Glebelands and Trellis House. Removing the limiting factors we have identified will provide a wider selection of applicants, allowing the environment within each scheme to positively develop, which in turn feeds the reputation of the scheme as an excellent place to live independently and securely.

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Introduction

Very sheltered housing facilities cater to the needs of frail older people who do not require the intensive care necessary to enter residential or nursing homes but who do need more assistance than can be provided in a sheltered housing scheme. An in-house care plan is developed to suit individual needs, allowing each tenant to remain independent while receiving assistance with their unique care and support requirements. Two very sheltered housing facilities exist in the London Borough of Merton: Glebelands and Trellis House.

The effectiveness of these very sheltered housing schemes in accommodating the changing population of older people in LB Merton had not been evaluated since the conception and construction of the facilities. An apparent lack of suitable applicants for these schemes led members of the Housing and Social Services Department of LB Merton to believe an in depth investigation was necessary to identify key factors influencing application levels to each scheme.

The possible lack of interest in the Glebelands and Trellis House schemes is illustrated by the fact that neither scheme has had a waiting list since the opening of Glebelands in 1996, when all members of the existing waiting list were allotted places in the new scheme. However, there have not been any extended vacancies in either facility during that time period, each opening being filled by the next available applicant. With a pool of available applicants, each very sheltered scheme could be filled with the applicant best suited to both the individual flat and the current environment and care provision of the scheme. Thus the scheme could provide the proper levels of care and support and the tenants would be able to enjoy the full benefits of supported housing. A full evaluation

of the schemes was necessary to delineate factors affecting interest in the schemes and to determine ways to maximize use of the schemes.

The goal of this project was to provide Merton with feasible recommendations for improvement to ensure that Trellis House and Glebelands are being fully utilised and are attracting a sufficient quantity of appropriate applicants. We developed a methodical approach to allow us to get a full perspective by researching the point of view of all parties involved with the two schemes. Only after analysing these results could we make recommendations that would be feasible to all organizations and individuals.

Our first step was to profile the schemes from ground level. We compiled information on the scheme layout and services, interviewed tenants, and developed an understanding of the application process from initial social worker assessment through to final allotment by the nomination board. This gave us enough background information to beginning our second wave of interviews. Here we spoke with attendees of older people day centres, people with similar needs to those living in Trellis House or Glebelands. This provided an alternate view from the general older people population in Merton on housing and care provision, allowing comparison between tenants and non-tenants. With this background on specific housing issues faced by older people, we could conduct our final set of interviews with administrative figures, social workers, members of the nomination board, and Borough workers from the Housing and Social Services department. These interviews gave us an opportunity to discuss our preliminary limiting factors and fill out our understanding of the complete structure of the application and allotment procedure. This completed our data collection phase; next we focused on developing final conclusions from our results.

All the information gathered was sorted and used to identify limiting factors that might explain why these two housing schemes are not being more appropriately utilized. Limiting factors are influences that cause, directly or indirectly, a lack of applicants to the very sheltered housing schemes. Factors identified as limiting suitable applicants were developed, analysed, and supported completely from our research and interviews to ensure that any assumptions we made were excised when invalidated or refocused when appropriate. Following this finalization phase we began our exploration for possible changes that would reduce or eliminate the effect of the limiting factors. We must take into consideration all implications of our recommendations before proposing them to ensure that they will be effective now and in the future. We must also take into account all agencies and groups that our recommendations may influence to ensure feasibility and cooperation in encouraging more suitable candidates to apply.

Increasing the pool of suitable applicants for the Glebelands and Trellis House schemes means that the schemes will have a greater choice of more diverse applicants. This will allow the schemes to maintain the proper balance of need levels within the facilities to ensure that they provide tenants with the quality care they need and deserve, and maintain a sense of community within the schemes. The tenants will benefit from this vibrant community as well as the care and support provided at the level they require, allowing the full advantages of the independent nature of the very sheltered housing scheme. The Borough has a duty to provide adequate housing for the tenants and also to put forward suitable candidates to the housing schemes, both of which will be fulfilled by increasing the applicant pool.

Literature Review

1. Older People

Our world is aging. The United Nations predicts that by the year 2025, 14% of the world will be over the age of sixty. In absolute numbers, this means that the world population over sixty will increase from 376 million in 1980 to 1.121 billion by 2023 (Elderly Demographics Research, 2000). Housing this fast-growing population presents many problems to the world's housing infrastructure. Even now, older people's housing is a pressing issue, with large waiting lists for most facilities (Housing: A Special Concern, 2001). Studying trends in housing will allow prediction of future need and will be necessary to deal effectively with housing needs as our world population ages. In our modern developed world, commonly available health care and disease control are allowing us to maintain our lives far longer than previous generations. The fastest growing segment within the older population is the 80-plus category (Elderly Demographics Research, 2000). We will need not only to increase our capability to house this group but also to deal effectively with the specialized needs of the very old.

Also changing is the level of technology associated with health care. Housing facilities may need to update their standards of technology to meet the needs of older people more effectively. In some cases the costs are justified by the benefits, but tightly controlled budgets at most housing facilities restrict expenditures on expensive technologies such as are necessary in high care facilities. Furthermore, a constant need for upgrading these technologies can strain budgets and take away from more traditional expenditures that may be more necessary.

A well defined target population will help prevent costly modifications because the facilities will be built to meet a specific set of needs and the current available technology will already be incorporated into the building. It is vital to know exactly who the target population is in order to satisfy their housing and care requirements. Without this information, money and resources may be wasted trying to deal with issues that could have been foreseen but were not. Our policymakers have realized the evolving nature of our population and are making changes on a legislative level to reflect the fact that as the older population increases; it will be looking for more suitable, affordable housing.

2. Housing for Older People

Ordinary housing is generally designed for people able to travel, cook, clean, and care for themselves. As people age, they may lose their ability to do such tasks, and begin to consider alternate living facilities. Many older people do not feel comfortable leaving their home, and, initially, changes can be made to allow accessibility. To cope with the increasing difficulties presented by old age, modifications can be made at many levels to allow older people to continue to support themselves. Some older people may require minor handicapped accessibility changes such as adding handrails and grab bars for increased mobility. When an older person has further infringements on their mobility and must use a wheelchair, changes become more major and also more expensive. Modifications such as wheelchair ramps and special showers incur a heavy cost and installation fee in ordinary housing. These costs are out of reach for the majority of older people; rather than making the expensive home modifications they need, they choose or

are forced to live in elderly housing where such features are already installed. Housing designed with the needs of older people in mind provides all these modifications and allows a broad range of needs to be accommodated. It is far easier and more cost effective to build housing for significantly disabled older people than to retrofit existing housing. Therefore, there is a point at which personal home modifications become no longer feasible and special housing must be considered.

Over the past 20 years, numerous options have developed for dealing with the different needs of the older people population. Older people's housing is designed specifically for those individuals over 65 years old. When designing for people in this age range, there are four factors that must be considered.

2.1 Adequacy

The first is adequacy. As one ages, upkeep of a home becomes increasingly difficult. Many older people live in housing that needs repair and rehabilitation. This substandard housing is not limited to private housing. Public housing facilities, such as those provided through government grants, are in need of repair. Often times the problem is due to a lack of funds to make the necessary repairs. Many older people's housing schemes have very tightly controlled budgets and cannot afford major repairs throughout the facilities. As someone becomes more frail, it becomes increasingly difficult to coordinate major repairs on a personal home, such as painting, roofing, window repair, etc. These sorts of problems build up quickly in an improperly maintained home and can become a hazard to the owner. At the same time, these

individuals are at a higher risk for injury from this sort of problem, and the problem spirals upwards.

2.2 Affordability

Another important concept in choosing older people's housing is affordability. In the UK, gaps between housing cost and older people's income have been discovered (Sutherland Ch. 2.10, Mar. 1999). Particularly difficult is finding housing for low-income older people. Housing for these low-income older people often consumes over 50% of their income, a figure that is double what is generally considered to be an acceptable maximum housing cost (Housing Our Elders page 29, Nov. 1999). With housing demand so high, it is often very difficult to offer low-cost, high-quality housing in sufficient quantity. Older people's housing is quite expensive. Paying for the facilities, care, and support network is often double or triple the cost of living independently (Housing Our Elders page 32, Nov. 1999).

2.3 Accessibility

As discussed earlier, another important feature of older people's housing is accessibility. One in twenty older people have physical limitations, and as they age this ratio increases sharply. In the very old segment of the population (85+), one in eight older persons requires functional modifications to their homes. Many options exist for improving accessibility throughout the home. Unfortunately, many of the most effective improvements, such as widening hallways and wheelchair lifts, are beyond many older

peoples' incomes. Still, adding inexpensive features such as ramps, door handles, push bars, handrails, and grab bars substantially improves accessibility. While these features are easy to install and easy to use, only handrails and grab bars have really entered the ordinary housing market to any extent (Housing Our Elders page 37, Nov. 1999).

2.4 Appropriateness

A final dimension of older people's housing is appropriateness. We must allow our older people to age as independently as possible without infringing on their self-worth and dignity. Twenty years ago, the major problem with older people's housing was the polarity of the housing. The majority of older people's housing was either nursing home facilities, which are expensive and force a heavy dependence on provided care, or no assistance facilities, which provide little in the way of health care and community focus, just a common location for older people to live. Desperately needed was a gradient of assisted living facilities. Fortunately, a current and developing trend is that of very sheltered housing, which provides a wide range of personalized services rather than specializing in serving extremes of the elderly population. There are now many degrees of older people's housing from which to choose based on the need for assistance. Every very sheltered living facility serves a target population, which determines the levels of different care within the scheme. Because this target population is location-specific, no two housing sites are identical. Although each scheme is uniquely targeted to meet the determined needs of the local population, all older people's housing can be generally divided into categories based on level of provided care.

3. High Level Care

Residential and nursing homes offer the highest level of assistance available. Residential care provides constant daily care and supervision for those who have multiple serious problems and require many services. Twenty-four hour care and supervision are available to meet heavy need requirements for very frail old people. Most include a variety of therapeutic facilities in addition to facilities for catering to complex dietary needs. These facilities are often expensive due to the large amounts of technology associated with caring for those with intense health care needs (Choosing a Quality, 2001).

Nursing homes provide the same daily personal care as residential homes but with the added benefit of nursing and medical care provided onsite. Although in many cases these services are vital for supporting the older people, families are often reluctant to commit their older members to nursing and residential homes because of the environment and its complete lack of independence. A stigma exists associated with these types of care because of the high level of need of most residents. The environment of many of these homes seems comparable to that of a hospital, with little privacy and a heavy emphasis on health and dietary requirements. For some, this environment causes depression and a complete loss of dignity (Choosing an Assisted, 1998). A difficult trade-off exists between these issues and the provision of healthcare services so essential to many very frail older people.

Also, the costs associated with residential and nursing care are high. All costs are rolled into a weekly bill, which tends not to be individually focused or broken down.

Care is provided at a constant level across the facility, not allowing for leeway in hours provided or individual decisions related to personal care. Residential care providers must be registered under the Residential Homes Act of 1984, and people in these accommodations are not able to receive assistance with costs from Housing Benefit. Instead, the Borough receives all their income, pays all their bills, and then allots them a small amount of pocket money (Is Enhanced Sheltered Housing, 2000).

These setbacks for residential and nursing care facilities make them unpopular from both the point of view of potential applicants and from high-level officials. In recent years a number of government reports indicating the inability of residential care facilities to properly cater to the needs of older people points to a shift away from this type of structured care towards newer and more effective models of care.

4. Sheltered Housing

One of these new models for care for the more independent subpopulation of the older people is sheltered housing, which provides a support network that adds a level of support often lacking in general ordinary housing. Sheltered housing appeals to those who desire an independent living arrangement that guarantees a quick, helpful response to their requests. An estate manager, acting similar to a neighbourly contact in the case of emergency or other problems, generally provides this response. Sheltered housing is usually lower cost than other services because it does not provide meals or assistance with daily tasks. Costs usually cover the manager's services, regular payments, and upkeep of property (Sheltered Housing: Moving section 5.4, June 2001). Sheltered

housing facilities give their tenants a high level of independence while providing security and appropriate housing.

Most sheltered housing schemes offer self-contained flats, each of which includes a bedroom, bathroom, kitchen equipped with a refrigerator and stove, and a living/dining area. They also offer communal living areas, 24-hour emergency assistance, and the opportunity for social contact within the community. An estate manager, either lives on site or visits several times a day to ensure that all is well (Sheltered Housing section 5.3, June 2001). The estate manager's main responsibility is to act as a "good neighbour" and respond in case of an emergency (Sheltered Housing page 2, 2001).

Most sheltered housing facilities do not provide assistance with meals, housework, or personal care; however, some do provide assistance in finding support services to meet different need levels (FactSheet 15 page 3-4, Feb. 2000). Also, a resident can apply to his/her local housing authority to receive services. These services include meal and personal care assistance, and are only received if a need has been assessed and documented (The Older Population page 8, 2001).

Sheltered housing accommodations are generally rental units, and the rent, which includes a service fee, can be rather expensive. Housing assistance may be available depending on the senior's annual income. There are some sheltered housing schemes that offer units for purchase; a service fee is still charged on some regular basis (both the fee and the basis vary by scheme). These are generally very expensive to purchase and it can sometimes be difficult for a home-owning older people to qualify for this type of housing (Sheltered Housing page 3, 2001).

The aid provided in a sheltered housing unit can be an easy transition away from ordinary housing without overly limiting the independence of the individual. It provides many advantages over ordinary housing, with the most important factors being a community of similar people with which to associate, a support network that is available only when needed, and an added layer of security that comes with the alarm system. Sheltered housing schemes have proved very popular among older people accepted into them, although waiting lists can be lengthy and highly specific.

5. Very Sheltered Housing

Falling between sheltered housing and residential care in terms of the level of support provided would be very-sheltered housing. Also known as extra- or continuing-care facilities, very sheltered housing facilities provide assistance with housekeeping, personal care, transportation, a community atmosphere, and in some cases, meals. They are a variation on the sheltered housing schemes, targeted at more frail but still able older people. They provide all the services of sheltered housing facilities as well as the other services listed above. Trained personnel assist with personal needs such as bathing, grooming, dressing, and administering medications, as well as other needs including cooking, cleaning, and other daily living tasks that the older person is no longer able to handle. While these services are not cheap, in many cases various types of services within the facility can be tailored to individual needs, so that a varying scale of cost can be established (Sheltered Housing: Moving section 5.4, June 2001). An increasing trend is the understanding that personalized care tailored to individual needs presents the best options for ideal care, although it entails more focus on each older person. Generally,

persons interested in living in very sheltered housing are evaluated by a local social housing department or housing agency, in conjunction with the local social services department. This ensures that each individual meets the need criteria for this type of scheme and is placed in a scheme that can effectively meet their needs.

Recent comparisons have been made between residential care facilities and very-sheltered housing on the basis that the populations in each are quite similar. Although they can both cater to the needs of a very frail population, structural and legislative differences abound, leading to large financial and care level differences between the two. A primary difference lies in the fact that people living in very-sheltered housing are referred to as tenants, indicating the independence associated with renting an individual flat within the scheme, rather than having a bedsit (single room with shared toilet, shower, and kitchen areas) or place within a residential care facility. Having a 'front door' to their personal furnished suite allows a level of independence and maintenance of dignity, both high priorities among older people. Also, sheltered housing schemes are not required to register under the Residential Homes Act, meaning that tenants are able to apply for (and often receive) Housing Benefits as well as community based financial support (Is Enhanced Sheltered Housing, 2000).

These advantages for very-sheltered schemes, which have developed only recently, has led to wide praise and promotion throughout the older people housing market. This has led to some changes in target populations, as the schemes must deal with more frail people who prefer the services provided to those of residential care. There is a delicate balance between providing housing for people who would otherwise enter residential care facilities and encouraging a vibrant community, which helps make

very-sheltered housing so popular. These schemes must avoid having only tenants with high levels of care, because this incurs the negative aspects of residential care. Having a wide range of tenants, with different care needs and from different backgrounds, appears to best foster the positive aspects of sheltered schemes while utilising the services of the facility without stressing its capabilities.

6. Housing Provision

There are four main groups that provide sheltered and very sheltered housing in the UK: Local Authorities, Housing Associations, Voluntary Sector, and Private Sheltered Housing Developments.

Local authority sheltered housing is available for rent only and is usually given on a determined need basis. Because need exceeds supply, there is generally a wait period before acceptance into a facility. This wait period varies, generally it is determined by placement on a waiting list. Tenants with a higher level of need are often placed higher on the waiting list than tenants with lower needs or more resources for meeting their needs (Sheltered Housing, page 4, 2001).

Housing associations are not for profit organizations that offer sheltered and very sheltered housing to older people for rent or purchase. It is unlikely that housing associations will accept older persons who already own their own homes or have savings over a pre-determined amount; however, because housing associations have a high level of control over who they admit to their schemes, being turned down by one housing association does not mean that the older person is not eligible for residency in another (Sheltered Housing page 6, 2001).

Voluntary sector sheltered housing is offered by various volunteer groups across the UK. The best-known housing of this type is almshouses, which are meant to offer quality, affordable housing to older people who would not be able to afford it anywhere else. For older people who own their own home (making them ineligible for most sheltered and very sheltered housing), Help the Aged offers an arrangement where the senior person donates his/her property to Help the Aged, and in return are provided with in-home care and assistance as necessary (Sheltered Housing page 8, 2001).

There is also sheltered housing that is built by a private organization and turned over to a separate company to manage. This housing is generally available for sale only, and because private companies offer it, the quality can vary greatly (Sheltered Housing page 9, 2001).

7. Administration of Housing

Now that an understanding of the options older people have when seeking an assisted care facility has been established, the next logical step is to analyse who runs them and how they work. The Housing Corporation is a UK-wide organisation that provides capital funding to a large range of housing schemes and then maintains minimal oversight and regulation of the schemes. Sheltered and very sheltered housing schemes receive much of their capital funding from the Housing Corporation and are then funded through a rather complex series of public/private organizations. Directly responsible for the schemes are the housing associations, which must find appropriate amounts of funding and meet the regulations and standards established by the Housing Corporation.

7.1 Housing Corporation

The Housing Corporation is a quango, or semi autonomous agency of the UK government. The Corporation is set up and funded by the government, but is run independently. The Corporation's goal is to improve the standard of homes and neighbourhoods, in order to ensure people of suitable living accommodations (Housing Corporation; page 1, date 2000).

Administering the Housing Corporation is a Board of 15 people. A Chief Executive, appointed by the Secretary of State for Transport, Local Government, and the Regions, heads the Board. There are three divisions in the Housing Corporation; the investment and regeneration division, responsible for providing money to fund housing schemes; the regulation division, which ensures that a common set of standards are being met by the housing facilities and the groups that oversee them; and the Best Value and corporate services division, which does self-evaluations of the Corporation and deals with public relations (Housing Corporation; page 3-4, 2000).

7.2 Housing Associations

Housing Associations are not for profit organizations that offer housing facilities to needy populations, including older people (Sheltered Housing, 2001). Most sheltered and very sheltered housing facilities are run by housing associations, with the remainder run by the other types of organizations listed above. The housing associations work with

a volunteer board of trustees as well as the local housing and social services authorities to offer older people accommodations that meet their needs.

Funding for sheltered and very sheltered housing comes from a variety of sources and is arranged by the housing association in charge of the scheme. A large percentage of the capital funding comes from the Housing Corporation, but funding can also come from the local authorities, donations, and any private financing the housing association is able to acquire. Because a large percentage of the original funding and a portion of the later funding is provided by the Housing Corporation, the housing associations work with the Housing Corporation to ensure that the housing offered is up to standard and the tenants are satisfied. (Interview with Tina at LB Merton, 15 Jan 02).

7.3 Local Administration

Generally, a board of volunteer trustees manages sheltered and very sheltered housing facilities for older people. This board works with the housing association to set up the policies that govern the facilities. Running the day-to-day operations of the facilities is the estate manager. The estate manager handles any issues or concerns with the physical building, plans activities for the tenants, and deals with admissions.

There is also care staff, which is responsible for ensuring that the daily needs of the tenants are met. This care staff tends to personal care needs, as well as providing assistance with cooking, cleaning, and mobility. The responsibilities of the care staff are determined by an assessment of each tenant by the Borough's social services department at the time of admission to the facility and on an as needed basis thereafter.

Tenants for very sheltered housing schemes are selected by a nomination board, consisting of the estate managers from the schemes, representatives of the Borough's Housing and Social Services departments, and an Occupational Therapist. In most instances, a caseworker puts together a file containing all pertinent information about a potential tenant and refers that potential tenant to the nomination board. There are also circumstances where a potential tenant may have applied for residential or nursing care, the potential tenant's file had gone before the Funding Board, and the Funding Board had determined that the need level was not high enough and referred the file on to the Nomination Board for very sheltered housing. Nomination Board meetings take place monthly; each meeting begins with a review of nominees from the previous meeting and a review of the current vacancies. After this has been discussed, the current nominees are discussed one at a time, to determine whether there is an appropriate opening and whether the scheme would be able to meet the nominees' needs. Depending on the nominee, there are several possible outcomes - they could be accepted immediately; they could be referred to the Funding Board for residential and nursing care; or they could be postponed until further assessment of their needs was available.

8. Problems Associated with Housing Older People

There are several specific problems associated with housing older people. One problem is that the older people are reluctant to give up responsibilities that they have lived with for their entire lives, even if they are no longer able to handle those responsibilities themselves. After spending many years organizing personal care, developing a home, finding social contacts, and dealing with aging without the need for a

support structure, the first steps in giving up these important responsibilities are often the most difficult and traumatizing. Maintaining dignity is often a priority for the older people, and is primarily associated with a level of self-satisfaction from the completion of routine tasks. Giving up these tasks and the responsibility they represent may initially seem degrading to the individual; however, assistance and services are necessary in many cases when older people are no longer able to fully support themselves.

By supplementing the daily life of the older people, satisfactory care can be provided while personal satisfaction can be increased. Services such as trips and general social interaction through community events can help decrease monotony. Other services such as physical therapy and exercise can be provided in a sheltered housing scheme to an extent not available in residential homes. These services can help alleviate the struggles and tradeoffs associated with assisted living.

Another problem with older people housing is that the services are not always tailored to individual needs. With a wide range of problems in each housing environment, there is a tendency to group individuals according to their needs. This makes care more efficient because similar techniques can be applied to many cases. A concern among older people is that they are not having their individual needs dealt with; they are just being placed into a general care group without much concern for personal traits or habits. This concern is partially justified, but today special care is taken to ensure completely focused personal care. By keeping complete records of care and responses to care for each individual, general techniques can be honed into a unique service package for each person (Selecting, 2001). By understanding that personalized

health services are necessary for older people's satisfaction, caregivers can ensure that each individual receives proper care tailored to their needs.

9. London Population Trends

Knowing what elderly housing is and how it is run gives an overview of older people's housing and will allow an examination of specific housing trends. London as a whole has a growing population in need of housing. LB Merton, the Borough our project focuses on, also has an increasing population. In 1991, 171,832 people lived in the Borough, and that is estimated to increase to 190,831 by 2001 (2000 Round, June 2000). This population will require new housing. Once the population is broken down into age groups, a different pattern emerges. In 1991 4.22% (7,258 people) of the LB Merton population was between the ages of 65 and 69. It was projected that in 2001 that percentage would decrease to 3.26% (6,079). Overall in 1991 15.35% (26,369) of Merton's population was 65 and older. The projection for 2001 was 12.68% (23,636) and for the year 2011 the number of seniors is predicted to decrease to 11.68% (22,285) (2000 Round, June 2000). The only segment of the 65+ population predicted to increase is that of the very old (85+). While Merton's population has steadily increased over the past ten years and is projected to continue increasing, the elderly (65+) population is steadily decreasing. This could be due to the rapidly changing Merton (and London) population.

9.1 Special Sub-Populations for Consideration – Minorities

The black / ethnic minority / immigrant population in Merton is rising very fast, and this group on the whole is young. Although 6% of Britain's population is from ethnic minorities, only 2% of the overall 60+ population is from this minority population (The Older Population pages 5-6, May 2001). Of course, as this minority population ages, their need for provisions will become increasingly urgent. Currently, numerous reports have concluded that minority elders are not being dealt with effectively using the current models for housing considerations. A main focus on housing minority older people is not special care but cultural awareness and sensitivity (Sutherland Ch. 8.35, Mar. 2001). Housing choice is often quite limited, due to a lack of culturally appropriate services. Also, community groups based on serving older people from minority backgrounds have concluded that these older people are not being assisted and often can feel isolated without any resources to turn to for support (DETR – Quality and Choice, 2001). Dissemination of proper information regarding housing options for minority older people, although vital, remains problematic and ineffective. Recently proposed are methods for empowering these community-based organizations as the most effective way to reach needy minorities.

9.2 Special Sub-Populations for Consideration – Very Old

Older people's population in Great Britain as a whole has remained at a steady 15 - 16% of the total population. Within the older people population, the 75+ population is projected to increase dramatically over the next twenty years. This trend is very important to understand, because it reflects a change within older people's populations

towards the very old. These very old people require more intensive care than other older people (The Older Population pages 5-6, May 2001). It is important to understand this trend and others in older people's housing to provide proper facilities to account for these changes both presently and in the future. As the population changes, it is vital that the availability of different housing types can adapt to fit these changing populations and their individual needs.

10. London-Specific Housing for Older People

London's housing situation reflects many of the factors already mentioned, such as the need for diversity, individual tailoring of services, and tiers of services, among others, but it also reflects the higher costs and lower availability generally associated with living in London. These play a dramatic role in housing choice for older people. Costs and services are more expensive than in other communities, although what is provided tends to be of similar quality (DETR – Quality and Choice, 2001).

10.1 Associated Problems

In London, older people's housing follows the general trend of demand exceeding supply. Most housing is full, with waiting lists that are often years long. Without an adequate quantity of affordable and available older people's housing, it is quite difficult to find a sheltered housing facility that meets specific needs (Sheltered Housing: Moving, June 2001). A general lack of information regarding current older people's

demographics, older people's housing distribution, and demand distribution makes informed decisions regarding older people's housing policy difficult.

Two schemes within the London Borough of Merton, which do not appear to follow the trend of demand exceeding supply, are the Glebelands and Trellis House very sheltered housing facilities. Although other sheltered schemes in the area remain in demand with waiting lists, the only two very sheltered housing schemes in Merton have no waiting list and vacancies on the list are filled on a first come, first served basis. This situation is strange because the schemes are targeted at the fastest growing subpopulation within the older people segment (75+), yet still there is a lack of applicants. These facilities were designed to meet the needs of an older population that is still active and healthy, but which is unable to perform the daily tasks of life without assistance.

10.2 Glebelands

Glebelands consists of 32 self-contained flats, each built to wheelchair standards, lifts to each floor, and several communal areas in the facility, including laundry areas and a communal computer with a large-keyed keyboard for use by the tenants. There is also a main kitchen area, where a hot midday meal is prepared for all of the residents, and a communal dining room on each floor, where tenants are served their midday meal. The average age of tenants is 81, with approximately 70% between the ages of 73 and 87 (A View of the Future, 1999). Many of the tenants at Glebelands, because of their age and level of frailty, have problems with mobility and need assistance performing daily tasks. Assistance is provided by Anchor Care, an independent care provider employed by LB Merton and the Hanover Housing Association, which owns and maintains Glebelands.

Hanover also employs a live-in Estate Manager to oversee the daily running of the facility and to deal with any issues regarding the building or housing facilities. (A View of the Future, 1999)

10.3 Trellis House

Trellis House has 42 self-contained flats, also built to wheelchair standards, as well as six communal areas with attached kitchen facilities. There is also a fully equipped laundry and a lift to all floors (Brochure for Trellis House, 1997). Residents in Trellis House tend to belong to the very old population, have mobility issues, and require a medium to high level of care. This care is provided by Ashley Homes, a division of Shaftesbury Housing Association, which runs and oversees Trellis House. Staff at Trellis House consists of an Estate Manager, who is responsible for all aspects of the building and housing facilities as well as for planning occasional activities for the tenants, and at least one care worker per floor, who provide personal and domiciliary care to the tenants according to the personalized care package for each tenant.

Neither Glebelands nor Trellis House has had a waiting list for several years, and while they do not have extended unfilled vacancies, they would prefer to have a more ready supply of potential tenants for when a vacancy does arise. A thorough review of the issue is being undertaken to determine how best to remedy this situation and ensure that both schemes are being utilised to their full potential.

11. Conclusion

In conclusion, older people's housing is an increasingly important issue on both the global and local levels. By acknowledging the special issues related to older people housing and working to develop housing that anticipates and copes with these problems, housing can become a vibrant and interactive community in which older people can enjoy the remainder of their lives while feeling that their individual needs and desires are being considered and effectively implemented.

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Methodology

1. Develop Scheme-Specific Information

Relevant information about the schemes was collected to develop an impartial perspective on each situation. The collection phase began with an examination of the original housing scheme development criteria compared to the current layout as determined by a visual inspection of the schemes. This established the intended use of the schemes and the implementation of any development policies. It then expanded to include a general review of service provisions and any changes that occurred as the scheme has aged. The structure of the application procedure and organisation of the scheme management has been clarified and charted so that the influence of these factors can be related to tenant acceptance.

This information has been compiled into scheme profiles. The scheme profiles include detailed descriptions of each scheme, including the structure of physical layout and services offered by the scheme. The layout includes a description of the floor plans, individual flats, and the communal facilities. From these plans we can determine any flexibility in scheme format to allow for changes we may suggest in order to fully utilise the space in each scheme. There are a number of ways to potentially change the scheme layout to better serve the tenants and by proposing some rearrangements we may be able to better allocate resources after we have considered all ramifications of our suggestions. We have verified the use of the facilities and compared it to the original intentions to determine any changes, indicating adjustments since original design.

A description of the staff and structure of the support and care network is integral to the ability of each scheme to provide for their tenants followed, showing staffing

levels, training, and service provisions at both facilities. We reviewed the services provided in each scheme to develop a more holistic view of the care needs of the residents and the ability of the scheme to meet those needs. This has been developed into an understanding of the flexibility of the services and how they may be tailored for individual needs.

The financial aspects of life in the scheme are also a part of each profile. This financial information includes financial assistance they receive as well as the cost to live in the facility. Financial assistance comes from multiple sources and the influence of upcoming Housing Benefit legislation on this assistance has been evaluated. The profile shows any consistent trends that have developed with regard to the cost of living in the facility and the financial assistance available to tenants. The last item of the profile is an overview of the application and nomination process. This overview documents each of the steps necessary to apply to the scheme, the workings of the nomination board, and any criteria that are necessary for acceptance into the scheme.

After the profiles were developed for each of the schemes, a preliminary comparison was conducted to highlight any differences between the schemes and any changes that may have occurred since construction finished. Significant differences are related to the services offered, the populations, the financial aspects, and the management structure of both schemes. These categories are most important in developing an understanding of each scheme and how each category may play a role in the tenant selection process. From this, we were able to determine the target populations of the schemes and the different approaches taken by the schemes.

Brief profiles of more traditional sheltered and residential housing schemes around LB Merton were also developed. These schemes do not have the same application level problems as our two schemes, so a comparison illustrating any differences from our very sheltered schemes helped us isolate key factors influencing application levels. The profiles were developed based on tours of the facilities and brief interviews with the local administration. We were less interested in full profiles of each scheme, focusing more on highlighting elements of procedure, layout, services, and tenant differences from the Glebelands and Trellis House schemes. We profiled two traditional housing schemes in the Borough of Merton, a sheltered scheme and a residential home, because they target semi-similar populations but serve the tenants differently than Glebelands or Trellis House. These profiles were compared to the profiles of Glebelands and Trellis House, demonstrating advantages and disadvantages of either scheme from differences resulting from these comparisons.

2. Finalize Questionnaires

Our questionnaires were made up of two main types: discussion guides, designed as guidelines for our conversations with the tenants and day centre attendees; and interviews, conducted with administration, care providers, nomination board members, and other high-level figures. The difference between these two is that our interviews were focused around specific questions regarding limiting factors while our tenant conversations were designed more to probe for problems or clues towards these limiting factors. Current tenants are tenants that currently live in the facility. Day centre attendees are older people who attend themed organized events at community centres and

do not live in Glebelands or Trellis House. Administration personnel include the Estate Managers of the facilities and any other persons involved with the local management of the schemes. Care providers control the personal care and domiciliary care for the tenants. Members of the nomination board determine who will be accepted into the facility, and include people from the scheme and members of the Housing and Social Services Department of LB Merton. Other people we interviewed included members from various organizations related to the housing schemes, people from the higher-level regulatory bodies, and people within LB Merton Housing and Social Services departments that do not sit on the nomination board.

Guided discussions with the tenants were conducted within the schemes, where the tenants are most comfortable, and were intended to gather any tenant information that was not sufficiently covered in the records obtained. In addition to filling out our understanding of the residents from the records, we asked questions related to their satisfaction with various elements of the schemes. These elements included tenant contentment with their role within the planning process and daily life within the schemes, the tailoring of services to fit their unique needs, the diversity of the schemes themselves, their interactions with administration and care providers, and the suitability of their present and past housing arrangements.

Guided discussions with day centre attendees took place at three different day centres. The three we attended were South Wimbledon Community Centre, St Mark's Family Centre and Gladstone Mission. The purpose of these discussions was to obtain firsthand information about whether people would or would not choose to live in Glebelands or Trellis House. We also inquired about current housing situations, future

housing plans, care needs, whether interviewees have heard about the schemes, and if so, from what source. We focused on the very old and frail attendees of these day centres who appeared to fit the criteria developed for the very sheltered schemes. The interviews we conducted with all of the upper-level administration were used to verify our understanding of the structure of the schemes and policy-makers, their funding, and any targeting of applicants from their organisation. From this beginning, we established what sort of approach they take towards our problem. This helped us target the remainder of our questions to subjects on which they were qualified to comment. Our questions from that point onward were intended to verify our initial conclusions regarding limits on applications and any policies behind these limits. From this we received comments on our theories from a variety of sources, giving a full view of all perspectives relating to each issue. All of these questions were intended to discover how each of the roles of the various agencies involved could influence tenant selection and allocation within the schemes. These interviews were scheduled well in advance to account for the busy schedules of many of the individuals we interviewed. The conversations were carefully constructed to elicit the most useful information from each interviewee by studying their individual role within the housing process and targeting them only with questions on subjects they would be likely to be knowledgeable. Our hope here was to uncover and verify limiting factors that prevent people from applying and being accepted into the schemes.

3. Survey Current Tenants

A general meeting with all tenants took place at the convenience of the estate managers. These meetings allowed us to introduce ourselves to the tenants and briefly explain to them how their role in our project helps us to make recommendations based on their input to improve their housing schemes. It was vital to set an initial positive note to ensure that the tenants did not misconstrue our intent. After these meetings, tenants were selected for interviewing by randomly choosing flat numbers and selecting the residents within them. A letter was delivered to the selected tenants informing them of our desire to survey them and asking for their consent and approval. From here we immediately proceeded with the surveying. Surveys at Glebelands was held on two separate days and conducted with one member of the project team and the Estate Manager present at the request of the housing association. Surveys at Trellis House all took place on the same day and were one-on-one without the supervision of the Estate Manager.

The interviews were conducted as naturally as possible, with an emphasis on our interest in the tenants and their lives. Our intention was to help the tenants relax and communicate easily with us, allowing the most accurate reflection of their opinions to emerge. By meeting with them a few times before we actually questioned them about their housing, as well as sending a formal letter of introduction, we avoided issues of confusion and fear to allow clear and complete conversations to occur. It was very important that we took the delicacy of the topic and the frailty of the tenants into account during these conversations. It was not our intention at all to present the tenants with the false idea that their housing situation might be in jeopardy. This would have represented a very dangerous situation and would reflect negatively both on our project and LB

Merton, whom we represent. To avoid this issue, questions were carefully developed and rigorously studied to ensure no misunderstanding could occur. Our casual approach and rigour in developing questions guaranteed that the residents remained in control as we keep them on track towards information we required.

4. Survey Non-Tenants

Day centres provide organized events and a structured social environment for older people. We coordinated with the facilitators of day centres in the area who allowed us to attend and speak with the participants. We were interested in the population that does not already live in one of the two facilities that we will be focusing on for these surveys.

From speaking with this population, we gained insight into the needs and lives of the general elderly population in Merton. We also inquired about their current housing situation, their needs and how they obtain the care to meet those needs, their housing plans for the future, whether they have heard of Glebelands or Trellis House, and their views on such facilities. This information was necessary to further expand on the limiting factors that may be preventing people from applying to the schemes and to determine the best way to neutralize those limiting factors. These people are the only contacts we had who are directly influenced by these limiting factors, so an understanding of how our hypothetical factors influence them directly was vital to determine which factors are most deterrent to application levels.

We also explored the possibility of augmenting this non-tenant older people selection by combining our work with similar projects. Two projects we are aware of are

another IQP project covering carers for older people in their home and a survey of care provision being conducted by a representative of LB Merton. The Merton Carer Assessment IQP project group is focusing their research on people who care for older people, so using the information we get from them regarding the increasing ability of older people to stay in their homes and have care brought in has been useful in understanding this influence on application levels. Our other source is through an independent contractor working for the Social Services department who is surveying care provision and satisfaction within a number of sheltered and very sheltered housing schemes in LB Merton. We have met with him to ensure that our data collection within the schemes does not overlap. But we have been able to further develop our understanding of the ability and limits of the care providers to assist older people within the schemes we have studied. In addition we have further compared the care provisions of normal sheltered schemes, which are by definition only on an individual basis when needed by the tenants. The independent contractor's results will not be complete by the time we present our IQP, but he has discussed his preliminary results and shared relevant information. This has helped us intensively consider care provision, which is a vital part of very sheltered schemes, while we have developed our limiting factors.

5. Develop Profiles

There were a total of three tenant profiles developed from our research. These profiles are: Past, Current, and Non-Tenants. Past tenant profiles have been developed entirely from records and documents while the current and non-tenant profiles were incorporate information from the surveys.

The purpose of the past and current profiles was to gain a clear understanding of the tenants and aid in the identification, tracking, and analysis of tenant trends. The non-tenant profiles were qualitative rather than quantitative and provided a perspective on the facilities from older people who are not living a very sheltered housing scheme. From the non-tenant profiles, we were able to identify general needs of the older population and some of the limiting factors that come into play when making the decision about whether to move into a facility like Glebelands or Trellis House.

All tenant profiles provide information about each of the groups, separated into categories – age, care and support needs, finances, and mobility. Each category has been charted across the spectrum of possible statistics, allowing an understanding of the density and broadness of results. The finance information has been grouped into how much it cost to live in one of the two schemes and how much financial support each tenant receives. A consistent category structure was vital to our profile comparison and has been maintained across profiles for viable and concrete analysis. It was extremely important to make sure that each profile has similar categories to allow quantitative analysis, leading to definite trend development.

6. Compare Profiles

We have compared the profiles that were developed and found areas of difference and similarity in order to identify trends. The issue that we addressed was that there were a limited number of appropriate applicants to the schemes, and understanding the tenant groups (past, current, and non-tenants) has been a large part of addressing the issue. The profiles and comparisons have been a tool to help us as we developed hypotheses about

limiting factors that prevent the schemes from getting more qualified applicants. These limiting factors have also aided us in identifying what changes can be made to decrease the number limiting factors.

Using the profiles, we first compared the tenants within each profile. We have determined a variance within the group to find areas of similarities and differences as a means of determining the truly important characteristics of each population. A population of similar people with common needs and desires is different than a diverse group without shared care and support requirements. By comparing elements within each population and their characteristics, we have developed our understanding of each profile. By showing the variety and range of people in each profile, these inner-profile comparisons illustrate and represent the effect of criteria and the application process on tenant diversity and target populations.

We have also compared between profiles. Within each profile there are multiple categories that are similar across all profiles. For example, each profile contains a category called mobility and indicates the different levels of mobility for each individual as well as the number of individuals within each type. From this data we constructed charts that indicate relative levels for each category. Then comparison between profiles involves identifying similarities and differences from our charts and incorporating these into our theories. These in-depth comparisons form the basis for our trend development and lead to an understanding of the full effect of the selection process on the population within each scheme.

Contrasting our past resident profile and our current resident profile indicated any trends in the housing situation. These trends showed which elements of the elderly

population are changing and which are remaining constant. This provided illumination about some limiting factors and how they have changed over time. We have also determined how flexible the schemes have been in accommodating changing populations, providing a guideline for a range of change that the schemes are capable of in order to attract new tenants.

A comparison across our categories between non-tenants and current tenants has also been important because disparities between these two populations have pointed to limiting factors reducing the attraction of the schemes to all viable older people. Each category is a source of comparison between populations, and these primary differences indicate problems with the process of attracting proper applicants.

7. Interview Administration and Nomination Boards from Each Facility

Interviewing higher-level officials was an important step in identifying and clarifying the extent and causes for the limited number of applicants to the schemes. Administration interviews have allowed us to get information from a variety of viewpoints and to present our theories and analysis to the people who best know the situation. Gaining their input was important to the development of our theories, to ensure that we were not covering areas that other people have already covered as well as to validate our presumptions. It has also enhanced our knowledge of the workings of the schemes and the amount of potential change for each scheme. Gaining this knowledge and information from a broad range of sources has allowed a more complete understanding of all the issues affecting each scheme, its administration, and its tenant population.

Administrative cooperation was important for a complete understanding of all the issues related to each housing scheme. We have worked as closely as possible with the administration of the schemes. Keeping in mind that each member of the administration has a unique role and viewpoint regarding the schemes has been essential as we gathered information and began our analysis.

We have attended a nomination board meeting and members of this board have been interviewed. First-hand knowledge of the nomination process was necessary to enable us to make suggestions regarding how to change it in order to encourage a larger number of applicants for the schemes. This has allowed us to verify the criteria for acceptance into the schemes and the amount of flexibility that the nomination board has regarding who they accept. Any proposed changes to the nomination process or criteria have been mentioned to qualified personnel to determine their feasibility.

Through our research and interviews, we have gathered enough information to thoroughly analyse potential limiting factors we had already developed and to determine any limiting factors that we may not have already considered. We have continued to work closely with the administration as we began our final analysis.

8. Final Determination of Limiting Factors

Thus far, we have gathered information and formulated it into theories about what factors have the most effect on who applies to the schemes and how to increase the number of applicants to the schemes. At this step in our project, we have thoroughly reviewed all the information gathered in order to identify factors that are most limiting the number of applicants. Then we determined why those factors exist, and evaluated

how best to neutralize those factors. The results obtained from this analysis will be presented to the London Borough of Merton in our final report.

The factors that have most hindered the number of applicants are the ones that have recurred in our research and interviews. The reasons behind these factors have been thoroughly explored in our research and are now compiled into a single, coherent description. Our administration interviews explored various possibilities for neutralizing these factors to determine the feasibility of each method. All methods have been reviewed and the most feasible have been presented.

9. Compile Report

Throughout our project, we have been writing and revising sections of our report. Our final report is a compilation of the most current versions of each section that we have written. To ensure accuracy, completeness, and clarity, our advisors and liaison have reviewed each section.

Our final report is designed to give LB Merton a complete understanding of the two schemes and their current situation, presented in the form of profiles of the schemes. It includes an overview of older people's housing that was structured to indicate our full understanding of issues related to such housing. It proceeds to discuss the process we took to discover our results. These two sections make the results of our project valid because of the thorough nature of our research and processes. From here, the report has included the factors that are limiting the number of applicants and the causal theories developed regarding these factors. Interviews, profiles, and comparisons have been used to support the theories. Lastly, the report contains a final appraisal of each of the

schemes including recommendations regarding changes that could be made to increase interest in the schemes and the number of suitable applicants for each scheme. These recommendations have been evaluated for cost effectiveness, feasibility, and ease of implementation. All of this information was presented in a way that both fully supports any conclusions we have made and was as clear and useful to the Borough as possible. It has been vital to remember that our project was primarily about serving the community of older people in Merton, and that the needs of the various organisations we will have dealt with, including LB Merton, are important yet secondary to this focus. All of these agencies have a responsibility to serve older people, and thus our project was a benefit to all agencies involved by providing suggestions for improvement to services provided.

10. Construct and Deliver Presentation

From our information and report, we have made recommendations to LB Merton about the state of their very-sheltered housing schemes. Our final report was a guideline for our presentation. Our primary focus in the presentation was on our recommendations for change within the Glebelands and Trellis House schemes. In our presentation it was important to remember that representatives from many of the agencies involved, whose time and energy we have employed, were present to view the results of this research. So any suggestions had to be presented with the understanding that it will be for the good of the tenants, schemes, agencies, and the Borough. The final goal of our project was to deliver to LB Merton our presentation explaining the limiting factors we found, our suggestions for improvement, and our reasons behind those specific recommendations.

Results

1. Introduction

We begin with an in-depth view of the two very sheltered housing schemes we studied. This includes a description of the flats, the facilities, and the scheme administration and care providers. A description of a sheltered housing scheme and a residential housing scheme follows, which will allow for easy comparison between the different types of supporting housing we studied. We then describe the application process for entrance into a very sheltered housing scheme, focusing on the nomination board, which decides which applicants become tenants based upon their records, and the criteria used to judge applicants.

After this section of our results, which allowed us to put these schemes into context, we discuss our guided conversations with the tenants. From here we describe our day centre guided conversations, designed to develop reasons older people would not apply to enter either very sheltered housing scheme. Then we describe our conversations with the scheme administration, where we developed our initial factors that limit suitable application levels. After we fully developed our limiting factors, we spoke with members of the nomination board and other people to discuss these factors. These interviews are summarized in our verification interview section at the end of our results. The structure of these results allowed us to approach our problem from a variety of viewpoints following our own comprehension period to establish the necessary background information.

2. Scheme Profiles

2.1 Description of Profile Development

We developed our very sheltered housing scheme profiles differently than the two profiles of a sheltered scheme and a residential home. This is because we wanted a lot of depth when we studied the two very sheltered housing schemes and we needed to know a lot more about the roles of administration and care providers in very sheltered housing schemes. We also covered the application process much more thoroughly for very sheltered housing. For our other two profiles, we decided that the only relevant information would be differences from the very sheltered schemes. We developed our very sheltered housing scheme profiles from a variety of sources. We began by studying the records provided upon arrival, which consisted of the Housing Departments files on the two housing schemes. We supplemented this with files from the Lettings Department to fill out our understanding of the application and contracts processes. We then received files from both housing schemes, which gave more direct, applicant-focused information. After we developed our initial scheme profiles, we entered both schemes to personally inspect them and assure ourselves that our initial impressions from the records were accurate. Brief conversations with the estate managers straightened out any confusion we had. At this point, we could be certain that our profiling process had been both accurate and complete. We used a different approach to develop our profiles of the sheltered and residential housing schemes. We first isolated one sheltered housing scheme and one residential home that were in the Borough of Merton and would allow us to tour the

facilities. We then briefly studied the records kept by the Housing Department on both of the facilities to give an overview of the drawing points of each scheme and the general care provisions and structure. Then we toured each facility and briefly interviewed the administration figures. From here, we developed profiles that focused on the layout of the facilities, tenant independence levels, and care provision available. These profiles are compared in our Analysis section, which follows the Results section.

2.2 Glebelands – Very Sheltered Housing Scheme Profile

Glebelands was built by the Hanover Housing Association and opened in 1996. It has thirty-two flats on three floors. Each flat has a bedroom, a living/dining room, a kitchen, and a full bathroom. Some of the bathrooms have level-access showers, making them wheelchair accessible. The kitchens contain all essential items for general cooking, i.e. refrigerator, cooker with hob, toaster, electric kettle, shelves, cabinets, et cetera. The flats will each accommodate one or two people. There are many communal rooms allowing tenants to socialize and gather throughout the facility, including a music room, with a computer, organ, and stereo, and a large room that overlooks the courtyard area and garden.

Glebelands also has a fully equipped, commercial grade kitchen area that serves a daily midday meal to each of the tenants. The cook is brought in from an agency, and tenants are provided a week-by-week menu of meal options. There is a communal dining area on each floor, where the tenants are served their midday meal.

An estate manager lives on-site and handles all aspects of the building and also plans activities for the tenants, such as a weekly coffee morning. Anchor Care, an independent care provider, handles the care at Glebelands. Care is provided to the tenants according to their care packages and also as needed. Care staff is available to provide assistance to tenants twenty-four hours a day. The estate manager at Glebelands has no authority over the care staff, but does communicate to the care staff manager if there are any issues with the care staff.

The current Estate Manager at Glebelands plans as many activities for the tenants as she can. Most of the activities planned do not require tenants to leave the scheme. Coffee mornings and holiday parties are the most common types of activities planned. The number of activities is limited by the amount of time she has available to plan. The Estate Manager also encourages tenants to make use of the services and equipment available to them.

2.3 Trellis House – Very Sheltered Housing Scheme Profile

Trellis House was built by the Shaftesbury Housing Association and opened in 1994. It has forty-two flats on three floors; currently there are forty-one tenants occupying thirty-seven of the flats. Each flat has a bedroom, a living/dining room, a kitchen, and a full bathroom. The layout of the flats and facilities available within them (bathrooms, kitchen, bedroom) is very similar to that of the Glebelands scheme. This is because both schemes were developed from the same criteria for very sheltered scheme development, which was formed by a group that consisted of members from LB Merton

as well as policy-makers from the respective housing associations. There are a total of six communal areas - two on each floor, each with an attached sink and counter space area – but there is not one communal area large enough for all tenants to convene. There is also only one lift to serve the entire building.

Trellis House has a fully equipped, commercial grade kitchen on the ground floor. The kitchen is equipped to serve meals for the entire building, but has never been used. Tenants requiring assistance with meals receive Meals-on-Wheels or are assisted by the care staff as part of their support package.

Ashley Homes, a division of Shaftesbury Housing and the group in charge of Trellis House, employ care staff at Trellis House. The care staff is supplemented by agency staff when necessary. There is a minimum of one staff member per floor on duty during the day, and assistance is available twenty-four hours per day. The care staff assists the tenants with personal care as well as domiciliary care, in accordance with an individual's care package and also on an as-needed basis should an emergency arise.

An estate manager is employed to ensure that all of the tenants' needs are being met, both through the facilities and the care provision. The estate manager also has administrative duties such as organizing repairs, overseeing care workers, filing care reports and sitting in on nomination board meetings. The estate manager works eight hours during the day during the week. The estate manager is responsible for the building and for supervising the care staff in addition to planning activities for the tenants, such as coffee mornings and house meetings, for the tenants.

The current Estate Manager at Trellis House takes a very hands-off approach. She believes that her job is to encourage the tenants to be more independent. She holds a

coffee morning and also general tenant meetings as necessary, but leaves it to the tenants to take initiative if there is something they would like to have happen.

2.4 Blackham House – Sheltered Housing Scheme Profile

The Blackham House is a newly renovated sheltered housing scheme. It was torn down due to its derelict nature, rebuilt to meet new criteria, and reopened in October 2001. The setup of each flat is similar to that of Glebelands or Trellis House, with a kitchen, bathroom, sitting room, and bedroom. In some flats there are two bedrooms to allow flexibility for couples. The kitchens come with a cooker and hob, but tenants provide their own fridge and most other kitchen equipment. One out of the nineteen flats is set up specifically for someone in a wheelchair. The wheelchair flat has low counters, wide doorways, and handrails to ensure that the flat is fully accessible for the tenant. Tenants can paint, carpet, and in some cases physically alter their flats, upon approval.

There is a large communal lounge set up for the tenants near the front door. The room is used for Christmas parties, coffee mornings, and social events. There is a laundry room and a trash room located on the first floor for all the tenants to use. The laundry room has a washer and a drier, while the trash room has two dumpsters that are accessible without having to go outside.

Blackham House has a scheme manager who works on site during the day. The scheme manager runs activities for the tenants, such as Christmas parties, trips to tree lightings, and nights out to the theatre. The current Scheme Manager prefers organizing these events rather than allowing the tenants to run them to ensure that the activities can

attract the community as a whole and not just a small group of people. In addition to running the activities, she also makes phone calls to get the tenants care if needed. Some tenants have care brought in as many as three times a day where needed. Due to their contract, which includes assured tenancy, the Scheme Manager cannot force a tenant to leave the scheme if she believes the tenant's needs cannot be met through the care being brought into the scheme. The Scheme Manager informed us that she has not had this problem yet, but she realizes that it may become a problem in the future as the needs of the tenants increase. She believes her only options are to attempt to convince the tenant or their family that a move is necessary to ensure proper care and support. Often times the scheme manager will approach a tenant's family to inform them that the tenant needs care that is not provided by Blackham House, but the decision is left up totally to the tenant and his or her family to increase the care provision or move to a more appropriate facility.

After talking with the Scheme and Regional Managers, we learned that tenants must be of retirement age to live in Blackham House, but they can get in at the age of fifty if they have a disability. In addition they have to be largely independent and in need of no personal care and a small level of support. Older people move to Blackham House in search of security and a positive environment. Their bills are simplified by rolling many costs into a package deal, including rent, heating, and electricity. The scheme manager uses this monthly charge to pay for costs of running and maintaining the home. The two managers also felt that it can sometimes be cheaper for the Borough to place older people in a sheltered housing accommodation and provide for their care and support needs by bringing in carers on a regular basis. They felt this could relate to the trend of

fewer people with low care levels being referred to very sheltered housing, which is more expensive.

2.5 Elms Rest Home – Residential Home Profile

Elms Rest Home is a small privately owned residential home, which is personally supervised by its owner. It appears that the home was once a town house, and the internal layout remains quite similar to that of a large home. The Elms can accommodate a maximum of ten residents. Some rooms are singles while others are doubles. The residents seem to spend most of their time in a large sitting room that is connected to the outside via a room with sliding doors leading out to a patio. Beyond the patio there is a large football field that is used by a nearby school. The bedrooms are of decent size and equipped with pull cords in case of emergency. Residents can also bring a TV into their room, but televisions are also available in the sitting room. This home keeps its washrooms separate from its toilets. There is one washroom with provisions for a resident to sit on a bench while a carer assists with cleaning, using a detachable nozzle. The care staff does all of the resident's laundry. The care staff is available twenty-four hours a day. Of the two carers that are on at night, one is on duty and one is on call. The one who is on call may sleep if so desired, but must be on site.

In a brief interview with the Estate Manager, we learned that the residents of the home come mainly from LB Merton and surrounding boroughs. To live at Elms Rest Home it costs between £350 and £380 a week, depending on any specialized care that

may be needed. Few residents pay the full amount out of their pocket; most receive some assistance.

2.6 Application Process for Very Sheltered Housing Schemes

An individual can enter this process through a number of methods. They can personally go to Social Services and ask for help in locating another housing option if they feel their current situation is inadequate. Also, someone else can refer their name to Social Services if they feel a housing review may be necessary. From this initial contact with the individual, a social worker is assigned to the case. The social worker is then responsible from this point onward for ensuring that the client gets proper housing, whether through a housing reassignment or through changes to existing housing. The social worker initially prepares a report summarizing the current situation and providing some background information on any medical or physical issues that could play a role in housing recommendations. If the social worker determines that there is a need for care or support assistance from the borough, the case is referred to an occupational therapist (OT). The OT has a structured form that they fill out with the assistance of the client. It begins with a description of the current housing of the individual and the reasons for the referral. Any medical problems, medication, signs of mental or physical problems, and their mental state are then documented. The OT then conducts tests of cognitive skills and mental awareness. Then the functional assessment begins. This section tests mobility (indoor and outdoor) and personal abilities through a series of common daily activities. The individual is asked to complete basic daily tasks such as dressing, bathing, walking, and climbing stairs, while the occupational therapist assesses the ability of the

individual to complete these tasks. The OT then determines whether the client could manage in their current accommodation with an increased care package. This is usually the goal of the OT because of the high stress and problems associated with moving people from home to home. The report would then detail any changes that need to be made to the current housing situation to make it suitable for the client. It would document the client's view of their housing situation as well as the carer's or family's point of view, if applicable. Finally, the OT would summarize the current situation and recommend any changes or relocations that may be necessary (see Appendix 1 – OT Assessment Form).

If it is determined that the individual would require a housing relocation because their housing is unsuitable for improvement or their care needs are too high to have care brought to them, their files are then presented to a Social Services person in charge of allocation for the specific housing type determined to be necessary. When a person is referred to very sheltered housing, the Social Services contact is the Fieldwork Manager and Chair of the Continuing Care Housing Panel, also known as the nomination board.

The Fieldwork Manager compares these files with the criteria for entrance into very sheltered housing. These criteria were developed as a guideline for determining whether people are suitable for very sheltered housing and define elements that give certain people priority in allocation over others. It is split into two sections, criteria for selection and priorities for selection. Tenancies in very sheltered housing schemes are allotted on the basis of care requirements, not on suitability of existing housing except in extreme cases. The final decision on allocation is officially the decision of the Housing

Associations, based on the recommendations of the nomination board. There are six guidelines that must be met to qualify for a tenancy:

- 1. There must be a clear need for care capable of being provided in CCH and the applicant must have a positive desire to retain his or her independence within the community.*
- 2. The need for care must already be present or be expected to develop (on the basis of medical opinion) within the next 12 months because of an existing, deteriorating illness/disability.*
- 3. Applicants will need to have a continuing rather than temporary need for care services.*
- 4. An applicant may be in permanent care but wish to live in a continuing care housing scheme.*
- 5. An applicant must live or work or have worked in the London Borough of Merton or have a strong social need to return to this area.*
- 6. An applicant must understand and agree to the payment of care charges, which will be based on their individual care needs and financial circumstances. No final offers will be made by the housing associations until this agreement is secured. (see Appendix 2 – Criteria for Application)*

The criteria also define which types of need very sheltered housing may be best suited to assist. An applicant may be physically disabled or mentally infirm provided that they will be able to cope with the independent nature of very sheltered housing given the assistance of available care. Applicants with more intensive physical or mental disabilities must be shown to benefit from very sheltered housing over residential housing. The criteria also set a minimum and maximum dependency level for applicants. At a minimum, an applicant must have a need for both personal care and a safe environment to remain independent, and this assistance must be not appropriate for traditional sheltered housing. The criteria emphasize that applicants without any personal care needs will not be considered for entrance. The applicant cannot exceed a level of frailty, dependency, or mental infirmity that cannot be met by the care available in a very sheltered housing scheme. Applicants must be able to cope with the independent nature of living in a contained flat with the support of care staff. Applicants who have needs

that exceed the requirements for residential care will not be accepted and will be referred to nursing care. Highest priority is given to those with high need requirements, followed by those with medium needs and then lowest need requirements. Additional priority is given for a number of extreme cases, such as medical emergencies causing complete inadequacy of current housing, a heavy need to reduce the isolation of current housing, and when the current care package becomes inadequate within the current housing (see Appendix 2 – Criteria for Application).

After an applicant meets these criteria, their case file comes before the nomination board. There is one nomination board that assesses applicants for both very sheltered housing schemes. The nomination board consists of: the Fieldwork Manager, representing Social Services; the estate managers from both Trellis House and Glebelands; the care manager from Glebelands; an occupational therapist; a representative of MASCOT (community security alarm service); and a representative from the Borough's Housing Department. They discuss the openings within each scheme and determine which applicants would fit best into the scheme.

3. Conversations with Current Tenants and Day Centre Attendees

We developed a list of questions (see Appendix 3 – Tenant Interview Questionnaire) to ask tenants of both schemes regarding their satisfaction with their housing, their take on the level of independence, their past housing, how they heard about very sheltered housing, and any improvements they thought necessary. We selected tenants randomly from both schemes and scheduled times we could speak with them. Our conversations were relaxed to ensure that the tenants would be comfortable, but we

attempted to structure the conversation around the questions instead of allowing large amounts of unrelated discussion. We also conducted similar conversations at day centres (see Appendix 4 – Day Centre Questionnaire) to target older people who did not live at either very sheltered scheme; we questioned them about their current housing, their knowledge of very sheltered housing, any housing options they might consider, and what they thought was important in housing for older people.

3.1 Tenants from Trellis House

We spoke with 15 of the 40 tenants to get their view of the scheme. Ten of the tenants interviewed said that they have not seen any changes or have not lived in the scheme long enough to know whether it has changed or not; three said that the major change they have seen has been related to the number of staff and activities, both of which have declined over the years. When Trellis House was first opened, separate staff handled personal care and domestic assistance, and a general manager and an estate manager lived on-site. There were also more activities, including light therapy once a week and bingo. A decreased level of staff and a lack of interest by tenants are believed to be the cause of this elimination of activities. Speaking with the Estate Manager and the Area Manager at Trellis House allowed us to confirm that when first opened, Trellis House was run differently than it is today. A division of Shaftesbury Housing ran the scheme more like residential-style care rather than promoting the independence of the tenants. At that time, there was enough staff to allow for outings and the facilities was willing to meet most requests for additional care without assessing the actual need first. This approach built up a dependence on the services and the scheme became more like

residential care than very sheltered housing. This could be part of the perception problem currently being experienced. That particular division of Shaftesbury experienced funding issues and could no longer manage running the scheme, so it was taken over by the main Shaftesbury Housing Association. Staff and activities were cut in order to keep the scheme financially manageable. The scheme has since been taken over by the Ashley Homes division of Shaftesbury, but the focus on financial manageability and tenant independence remain the same.

Although a majority of the tenants were satisfied with the care provided by the staff, one-third (five out of fifteen) said that there is not enough staff to provide the level of care they need/want and one spoke of a tenant falling while the night staff were asleep (see Appendix 5, Trellis House Tenant Interview 1). One-fifth (three out of fifteen) of the surveyed population mentioned that they would like to have a meal served to them in a communal area. These individuals believed it is a waste to have the fully equipped kitchen that is never used while many of the tenants are getting meals-on-wheels or having the staff preparing individual meals. A communal meal would also aid the community atmosphere of Trellis House. The tenants were satisfied with the independence provided by the scheme, but five of the 15 interviewed said that the sense of community is lacking due to the fact that there are no activities. One of the newer tenants in the scheme said that he feels isolated and he “might as well be in a desert” because of the lack of socializing and organized events (see Appendix 6 – Trellis House Tenant Interview 2).

3.2 Tenants from Glebelands

With the Estate Manager present, we spoke with 11 of the tenants at Glebelands. Of those tenants, seven had seen no changes since they entered the scheme, one said that the care staff has changed, and two said that the types of people coming into the scheme have changed. According to those two, the new tenants tend to be less friendly and more disabled (see Appendix 7 – Glebelands Tenant Interviews 1 & 2). Overall, the tenants at Glebelands seem to be satisfied with the care and services provided. Two people said they would like more activities, but only one tenant wants to be more involved in the planning of activities.

A newer tenant has attempted to get involved in the planning and running of activities but feels that some of the tenants who have been in the scheme longer are thwarting her. The tenant who normally runs bingo was unable to make it one night and this newer tenant offered to do it in his stead but was told by him and a friend of his that she could not. The Estate Manager was present and said that she would work with the tenant regarding this issue (see Appendix 8– Glebelands Tenant Interview 3).

The Glebelands tenants seemed less forthcoming than the Trellis House tenants. It is possible that the presence of the Estate Manager at these interviews caused some of the tenants to hold back; they may not feel able to comment negatively on the schemes with the Estate Manager present. This was unavoidable; the Housing Management Officer insisted that the Estate Manager was present to ensure our questions did not cause undue discomfort.

3.3 Day Centre Interviews – Bingo

There were a total of twelve people at the day centre on the afternoon we attended. The attendees ranged in age from fifty-two to eighty-six, with seven of the twelve being over eighty. Most of the attendees either rented or owned their living space; only one was in a sheltered scheme. Three of the older people present rented council flats, one rented a private flat, and two rented unknown flats. All others either own or partly own their homes.

One of the bingo attendees received housecleaning help, and two others received care of an unspecified nature from family members. None of the others received care. None of these people had heard of Trellis House or Glebelands; only six had heard of very sheltered or extra-care facilities and none of those had given any serious thought or consideration to living in a scheme. Most were under the perception that what we described as very sheltered housing would be called residential or nursing care and one person described the people in the schemes as being the “living dead” (see Appendix 9–Bingo Day Centre Attendee).

3.4 Day Centre Interviews - St Marks Family Centre

The second day centre we went to was a luncheon designed to help older people meet similar individuals to socialize and relieve the common feeling of isolation suffered by many older people. Eleven older people were present ranging in age from sixty-six to eighty-three. Of the eleven people, five were over eighty, and four had ages unknown. Five of the people live in sheltered housing schemes, three own their own homes, one rents privately, one rents an unknown type of housing, and one owns a sheltered flat but

now lives in council housing due to the lift in the sheltered facility not being accessible for a wheelchair.

One older person receives home care assistance and one has a daughter to do the shopping. Only three are familiar with very sheltered or extra care housing and one was not sure. None of the people there said that they would consider living in very sheltered housing, but only four said they definitely would not. No reasons were given. Older people at this day centre seemed less inclined to speak with the interviewers and some were upset at the intrusion even though they had been alerted to our impending presence.

3.5 Day Centre Interviews – Gladstone Luncheon Club

The Gladstone Mission is located across the street from the Glebelands scheme. This event was very similar to the St Marks Luncheon that was attended a week earlier, except there was a better turn out and a larger hall in which to accommodate the older people. In addition to lunch there was a table set up for the older people to buy common household goods. This is useful for two reasons; it saves them a trip to the store, and the items were sold at a lower price than at most stores. A lot of the attendees came in on a bus that picked them up and dropped them off. Although the ages were similar to those of Glebelands and Trellis, the needs were not. The interviewees ranged from 60 to 95 years of age. Most of the people were 84 or older (71%). Of the 16 people that were interviewed 26% owned their housing accommodations, while the other 74% rented either council flats, sheltered housing, or privately owned flats.

Half of the older people did not need care, while 31% of the surveyed did use care and the rest either did not answer the question or were not asked. Ten out of the 16 older

people surveyed had never heard of very sheltered housing. Of those same 16 people, 8 were familiar with the Glebelands scheme; of those 8 people, half of them referred to Glebelands as a residential or nursing home. Two of the attendees said they would be interested in sheltered or very sheltered; one's doctor had recommended it for her, but told her that the waiting list was very long (see Appendix 10 – Gladstone Day Centre Attendee 1) and the other said that she would very much like to live in a scheme but does not know how to get into a scheme or even apply to one (see Appendix 11 – Gladstone Day Centre Attendee 2).

As the surveys show, older people wanted a variety of different things from their housing. All in all, Gladstone Mission was the most useful out of the three day centres we visited; the older people interested in what we were doing and were most willing to give their time.

4. Interviews with Qualified Personnel

We designed these interviews to further develop any hypotheses we had developed regarding factors that limit application levels. We would also question the interviewees on any areas that we needed help understanding. This constant revision and referencing of our limiting factors ensured that any conclusions we made were passed through a series of people, making them valid and complete.

4.1 Housing Management Officer for Glebelands

At the Glebelands facility, we met with the HMO (Housing Management Officer), one position up from the Estate Manager and one position below the Area Manager. The

HMO has ten schemes in the Greater London Area that she oversees. Not all of these schemes are very sheltered, and she said that the very sheltered schemes are like ‘ghost towns’ compared to the sheltered schemes. She clarified this statement by explaining that at the sheltered schemes she oversees, the tenants have formed a greater community atmosphere than at Glebelands. At Glebelands the tenants tend to spend more time in their individual flats rather than in the communal areas.

According to the HMO, Glebelands has a fairly comprehensive marketing plan already in effect. Part of the Estate Manager’s job is to promote the Glebelands scheme whenever possible. The Estate Manager posts flyers and posters in local shops and surgeries, as well as advertising at the Civic Centre, and allowing people to view the scheme. The Estate Manager gets a high response rate from this marketing and many people request applications, but a majority of them do not make it to the nomination board and the Estate Manager is uncertain of what is happening to them.

The tenants at Glebelands have assured tenancy, and while it is not possible to force tenants to move elsewhere, there is a procedure to move tenants from one Hanover Housing property to another, provided the tenant consents to move. For the most part, the care staff at Glebelands endeavour to put in as much time as they can for a tenant who has been at the facility and is declining; however, there is a limit to the amount of care that can be provided before it begins to affect the care offered to other tenants. The care providers cannot increase the amount of care provided indefinitely without reducing the care provided to other tenants.

There seems to be a communication problem between the care element and the Estate Manager at Glebelands. Because an independent care group provides the care at

Glebelands, the care staff is not under the supervision of the Estate Manager. Currently, there is a lack of communication between the care staff and the Estate Manager regarding the tenants. This makes it difficult for the Estate Manager to know what is happening with the care needs of each of the tenants in the facility. Anchor Care, the independent care provider, is working to rectify this problem. Hopefully they will be able to provide adequate sharing of records to ensure that the Estate Manager can assist the tenants when they come to her wanting assistance.

4.2 Estate Manager and Area Manager for Trellis House

At Trellis House, we spoke to the Estate Manager, and the Area Manager. They believe that the social services department is not referring appropriate people to the scheme. Part of the problem, they believe, is related to a lack of appropriately targeted advertising, which they are currently attempting to remedy. They also believe there is a misconception of the scheme, both by social workers and the community. The general perception of the scheme appears to be that it is a residential style home except that the tenants have an assured tenancy and receive financial assistance in the form of Housing Benefit. Both the Estate and Area Managers hope that advertising will help to make people more aware of the scheme and alter the perception of the scheme. The other part of the problem is that all potential tenants must be assessed by an Occupational Therapist and the Social Services department to determine their suitability for the scheme. Because of a shortage of time and workers, older people with high needs tend to be the ones that get assessed and are referred to the schemes.

People with family to help them and to ensure that everything is handled properly tend to move into the facility more easily. Often, the Estate Manager helps people without family who are having trouble moving or handling paperwork. An information package for people who are applying to or are accepted into the scheme would help with this and reduce some of the pressure on the Estate Manager.

All tenants have an assured tenancy, meaning that they do not have to move out of the facility unless and until they feel it necessary. There is currently no way of dealing with tenants who have care needs that cannot be met in the facility except by convincing them that they want to move somewhere else. Tenancy law stipulates that it is possible to move tenants into another facility if the current facility is no longer able to meet their needs and there is a current opening in a facility that can meet their needs. This law, however, does not apply to Trellis House because the scheme is covered under the umbrella of social housing, which exempts them from general tenancy law. They both agree that such a clause would aid the flow of people in and out of the scheme.

According to a strict interpretation of the current and upcoming legislation, the Area and Estate Managers believe that because Trellis House provides both support and care, it should be registered. In a registered scheme, the tenants are not in control of their own finances. Their pension cheques and any other income they have goes directly to the Borough which pays all their bills and costs of living and provides them with a small weekly allowance. In Trellis House, the tenants continue to receive their pension cheques and other income, but are expected to contribute to their costs. All of the tenants receive at least some Housing Benefit, and the care costs are covered by the Borough's

Social Services department. This leaves the tenants with money that they need to purchase groceries and household goods and helps to promote their independence.

Neither the Area nor the Estate Manager wishes to see Trellis House registered because of the repercussions to the tenants. There is upcoming care legislation (coming into effect in April 2002) to change the criteria for registration. This legislation may force the very sheltered schemes to register. The Estate Manager at Trellis House has met with the Service Manager of Home Care, from the LBM Housing Department, to begin renegotiating the criteria for entry into Trellis House.

4.3 LB Merton Supporting People Project Manager

The Supporting People Projects Manager works to ease the upcoming implementation of the Supporting People legislation in April 2003. This bill will separate out the element of support from the care as far as funding is concerned. Support has now been defined as all assistance that is not personal care. Personal care is defined as helping someone dress, wash, or bathe, and includes other assistance related to these activities. Support, then, is helping with other aspects of daily living. Support helps people remain in their homes by providing assistance with basic, non-personal tasks. Currently, rent and maintenance of housing schemes is covered by the individual's personal income / savings supplemented by Housing Benefit, which is determined based on an individual's needs and financial abilities. Care and nursing services are covered by the Borough through Social Services. Support is paid for through a combination of Housing Benefit and SHMG grants through the Housing Corporation. The new

Supporting People legislation has the potential to make the Housing and Social Services departments work more closely on a case-by-case basis, helping each client. The Supporting People Projects Manager believes that when separation of housekeeping and care provision exists in a housing scheme (such as in Glebelands), there needs to be a high level of communication between these elements to ensure that all needs of each individual are being met through these services. She believes that one way to help older people to get housing that will meet their needs not only now but for the future is to profile their future needs through accurate assessment processes. This would make it necessary to find adequate housing to suit the individual on a long-term basis. She also believes that it should be the social worker's responsibility not only to provide each client with adequate housing but also to ensure that they continue to get proper care and support as time passes and their needs change. A constant process of reassessment is necessary to ensure this level of adequacy. She also suggested that one way to help the community within each scheme remain lively would be to include tenants of the schemes on the nomination board. They would have firsthand experience within the schemes, bringing a perspective thus far not included in the nomination board. Finally, she verified our understanding that the funding for housing schemes (both for development and maintenance) comes originally from the Treasury down to the Department of the Environment, Transport and the Regions (DETR) and then to the Housing Corporation. The Housing Corporation then passes the money down to the housing associations on an as-needed basis following evaluation of each monetary request. She was able to verify this for us because she was previously an employee of the Housing Corporation.

4.4 MASCOT Operations Manager

MASCOT is a service to provide emergency services upon request for many older people throughout the Borough. The operations manager supervises the daily running of all MASCOT services. The current Operational Manager has worked within the MASCOT program for the last nine years and has worked for the Merton Council for the last twenty years. She was at one point the warden for a sheltered housing scheme. The MASCOT service provides a box with a button an older person can press to summon MASCOT personnel to their residence, whether a private home or a flat within a sheltered scheme. This box is easily installed and operates through a direct phone line to a control centre within the MASCOT building at Wyckham Lodge. At sheltered schemes, the boxes only operate when the scheme manager has gone off-duty, thus providing assistance around the clock in case of emergencies. In very sheltered schemes, which have twenty-four hour assistance already available, MASCOT services are not necessary. The psychological basis for MASCOT is that its presence removes any worrying on the part of the individual by assuring a quick response to emergencies at any time. This service provided by MASCOT allows many older people to remain in their homes longer by providing this sense of security.

From the Operational Manager's perspective, the problem with the very sheltered schemes dates back to when they were originally opened. She believes that the original balance of people entering the schemes was wrong, being too skewed towards high need older people. She thinks that the criteria for acceptance was poor and ignored important factors that should have been included. These criteria also did not specify how to deal with applicants from outside LB Merton. Also, the advertising process that Social

Services used to attract the applicants was also poorly planning. According to her, the advertising was constructed to show the schemes as a “home for life,” i.e. that the schemes could deal with everyone’s needs no matter how intensive any individual’s needs may become. These problems started the schemes off on the wrong foot, and MASCO’s Operational Manager feels that they have had problems ever since the beginning. She feels our project could be a major step in identifying these problems and proposing solutions.

The Operational Manager also suggested that social workers need to plan ahead when dealing with older people. Applicants that qualify for very sheltered housing are generally quite frail and late in life and it is not likely that their condition will improve significantly in any housing option. Without planning ahead, individuals who currently stretch the abilities of the care provision, but are placed in the over-optimistic hope of improvement, may quickly exceed the plausible ability of care workers. If social workers could realize this situation and assess people both on their current and future care needs, placement would be based upon providing for needs both now and ensuring that proper care can be provided in the future as well.

She also mentioned a possible split between the Housing and Social Services Departments within LB Merton. These two departments were fused together to form one group that deals with both the housing and care needs for people looking for assistance. Unfortunately, they are still very split down lines, making this fusion ineffective. There is not enough cooperation in offering proper housing that offers both adequate facilities and proper care for the individual. Sometimes this split can result in people being placed in improper housing. She mentioned one example where a wheelchair bound individual

was placed in a flat that was not wheelchair accessible. Housing was unaware that the person was wheelchair bound until after the individual was placed in the flat. With more complete file sharing between the two departments, she believes that this sort of unfortunate situation would not occur. She also believes a similar situation is occurring at the Glebelands scheme because the care is provided through an independent company contracted by the housing association. This results in the estate manager not having control over the tenants' care files and also having no authority over the care workers. Thus the estate manager does not know what is going on with her tenants and their care provision and is unable to properly respond to suggestions, complaints, etc.

4.5 Housing Corporation Policy Manager

We spoke with a Policy Manager for the Housing Corporation. This particular Policy Manager handles the policy and regulations for older people's housing. He explained to us the Housing Corporation and their policy on how very sheltered housing fits into the complete picture of housing for older people. He stated that there are four important aspects of housing for older people. First, sheltered housing provides a roof over one's head. Also, sheltered housing ensures that all repairs to the housing will be made in a prompt and proper manner. This provides basic safe shelter. The second important feature is community. Sheltered housing provides similar people with which to communicate. This gives a supportive environment that aids people in dealing with their problems and coping with loneliness. A third aspect of sheltered housing is security. The estate manager and alarm services provide an insulating barrier between negative

outside influences and frail older people. Older people have a tendency to worry, which is negatively reflected in their health. If one has a nagging problem that bothers them at all times, it is a mental block that affects their health. By removing this problem, sheltered housing has an advantage over ordinary housing because it provides a level of security. These are the factors that the Policy Manager thought were most important about sheltered housing.

The Policy Manager also mentioned a few problems with housing for older people. To begin with, the location of the scheme is not always good. Some are too far from services and this restricts older people's access to stores, entertainment, or relatives, and some are too close to town or other housing schemes to be effective. This is usually the result of poor planning on the part of individual boroughs. Each location for sheltered housing needs to be considered in the context of who is going to live there. The second problem with sheltered housing is that the flats can be a substantial step down from people's existing housing. Although the flat provides the basics of housing, i.e. bed, kitchen, bathroom, shower, etc., they rarely provide more than a minimum requirement. People who live in a large, multi-floor house compare their existing home to this small flat within a block of identical flats and find the sheltered accommodation lacking. These flats are much smaller and more compact than ordinary housing. Enticing a person out of a large home that may be unsuited for their current needs by convincing them that sheltered accommodation will provide care for their needs is a difficult task and one that has run into problems in the past. A third difficulty lies in the general design of most sheltered housing. The Policy Manager verified that many people do not like to live in very sheltered housing because it looks different than ordinary housing and can be

perceived as institutional housing. This feeling tends to come along with the services provided. The efficient nature of most sheltered housing is related to the similarity of the flats and the compact nature of the scheme as a whole. Unfortunately, designing schemes with the intention of reducing the institutional feel generally is more expensive and less efficient in terms of providing support and resources. A final problem lies in the general lack of information on the part of older people regarding their options when considering moving out of their home. Older people just do not know what options exist and what services are provided at each option. This is a problem that the Housing Corporation policy targets; it proposes spreading valuable information that clearly and concisely presents housing options. He also suggested that older people do not want to live in very sheltered schemes because they simply do not want to leave their home or they do not feel comfortable living with other people.

The Housing Corporation also has trouble building very sheltered housing for a few reasons. First, developing and constructing very sheltered facilities is more expensive and takes longer because of the extra services and care provision available in a very sheltered housing scheme. This means that each proposal for very sheltered housing comes under extra scrutiny to ensure that funds are not being wasted and should not be used to build sheltered housing that would provide more flats for less money. Secondly, many boroughs have inadequate older people housing strategies that do not clearly have a place for very sheltered housing or do not properly assess people for housing need. These boroughs may not have decent assessment processes that would properly place needy people in the correct schemes. Thus establishing this type of specific housing scheme would not be an effective use of Housing Corporation funds. A final problem

lies in the upcoming registration issue. Under the current legislation, sheltered and very sheltered housing are not registered under the Care Standards Act because they do not provide constant care to all residents. This is true because care in both of these types of facilities is provided on an as-needed basis and also because the people living within the schemes are renting the flats and thus are tenants, not residents. Unfortunately, the standards for registration are changing and under the proposed new standards very sheltered housing will become registered. Registration means that tenants will no longer receive Housing Benefit, which will cause many tenants to no longer be able to afford the housing, and thus demand will drop sharply. The Housing Corporation is waiting for this issue to be sorted out before continuing to construct very sheltered housing that could quickly become very undesirable. The Policy Manager was able to provide us with a good supplement to our understanding of Housing Corporation policy by giving specific policies referring to sheltered and very sheltered accommodation.

4.6 LB Merton Social Services Fieldwork Manager

Chair of Nomination Board

The Field Manager works for the Borough of Merton's Social Services department. In addition, she is the chairperson of the nomination board for Trellis House and Glebelands. She feels that the general community has a misperception of Trellis House and Glebelands and of the level of care the schemes are capable of offering. She feels that increased advertising within the community may help to neutralize this and to correct the perception of the schemes as residential facilities. She believes that social workers need to look into the future when assessing need levels because older people

have a high possibility of their needs worsening over time. She also thinks that very sheltered housing is very useful because it offers suitable housing and care for many needy individuals. It is generally true that when an older person's housing environment improves, their care needs decrease. Thus environment plays an important role and that is one reason very sheltered housing is so effective and positive. She suggested that perhaps Merton would rather refer people to very sheltered housing than residential care because it can provide the same level of care but a better environment, and this trend might be causing an increase in applicants with high needs as the Borough refers more of this type of older people to the schemes. She believes that hospitals do not understand the role of very sheltered housing and thus are referring people with high care needs to this type of housing, believing that it is replacing residential and nursing care. She thinks that any advertising campaign needs to be focused on the strong points of very sheltered housing in order to make people want to live in the housing. If people do not find very sheltered housing attractive, they will not agree to move from their current housing into this strange and new environment. She also suggested that one factor causing the increasing care needs of tenants in the schemes may not be a trend of increasing applicant's needs but just the result of people aging within the schemes and their needs increasing as they age.

The Field Manager feels that while the schemes would definitely benefit from an increased applicant pool, it is not a necessity and the schemes are not being referred inappropriate applicants. She believes that the social workers are referring people whose needs the schemes can meet and that it is better to have a vacancy in the scheme than to put someone who does not need the services into the schemes. Because the schemes are

designed to be able to handle high care need tenants, they should not be referred people who could be placed in normal sheltered housing. This way, the flats in the very sheltered schemes are open and available should a person who needs the services come along. She feels that the desire to have all the flats filled at any given time is really a Housing viewpoint, because Housing is not interested in the care aspect of the schemes, and she said that from a Social Services viewpoint, there is not a problem with the system as it is currently, though there is always room for improvement.

4.7 LB Merton Occupational Therapist

The occupational therapist (OT) we interviewed is also a member of the Nomination Board for Trellis House and Glebelands. She is currently working on a reassessment of the older people in Merton who are receiving services. She has recognized that there is a shortage of OTs working to evaluate the older people in the Borough and has volunteered to perform one assessment per month in addition to her other duties. Currently, there are four OTs who are assessing older people for the Borough on a full time basis. An assessment can take anywhere from a couple hours to a couple days to a couple weeks, depending on the person being assessed and the complexity of the situation. There is a weekly average of five new older people needing assessments who are added to the list of those already waiting for assessments.

The OT believes that vacancies in the very sheltered schemes should be left open until the correct applicant comes along. She recognizes that the schemes would greatly benefit from having a diverse applicant pool to choose from, because it would allow the schemes to ensure that the most suitable applicant is matched up with each vacancy.

4.8 Care Worker (Anchor Care) at Glebelands

We had a brief conversation with one of the care workers at Glebelands during one of our visits to the scheme. This helped us understand the duties of a care worker and her opinion of the changing care needs within the scheme. This care worker has been working at the Glebelands scheme for six years, from soon after the scheme opened. She sees the same people every day and the workload is not split up by floor. All of the carers who are not busy stay in the care office waiting for tenants to call for assistance.

All care workers have a schedule each day for planned duties assisting tenants. They provide help with housekeeping, cleaning, and cooking for the tenants and also help with personal care needs such as washing, toileting and mobility problems. The Care Worker we spoke to works four hours a day in the afternoon, seven days a week. Interestingly, she believes that recently more tenants with a need for lots of care throughout the day are being accepted into the schemes, and from her experience this has not always been the case. She said that this was making the carers spend less time on individual tasks so that they could accomplish more during each day.

5. Conclusion of Results

The combination of these results provides a clear picture of the schemes and indications of limitations from the point of view of older people and the administration. The interviews gave us a broad information base with different perspectives of the

limiting factors, changes in policy that could influence applicant levels, and the limits on potential future changes. This information is our results, which we have analysed and compiled into conclusions.

Analysis

1. Tenant Records

Collecting all the necessary data was difficult because in some places the data are incomplete. The data received from the Estate Manager of Trellis House were categorised and thorough. Unfortunately, she only had records for current tenants, not records from the original tenants. This caused us to not be able to compile an original tenant profile for the Trellis House scheme. If we had these records, we would have been able to develop trends to more thoroughly understand how the population has changed across categories over time. These records have been lost in the restructuring of the scheme, so valuable information was unavailable.

In the case of Glebelands we were given access to the complete files that the Estate Manager keeps, but these files were disorganised and at times incomplete. The reason for this is that she is not responsible for keeping records on the residents because of the independent care service within the scheme. These records were just records she had compiled. Fortunately, we were able to discover semi-complete records for twenty original residents who all moved in during the opening year of 1995. From the records available, we could compile both a complete current tenant profile and an original tenant profile that represented approximately half of the initial population.

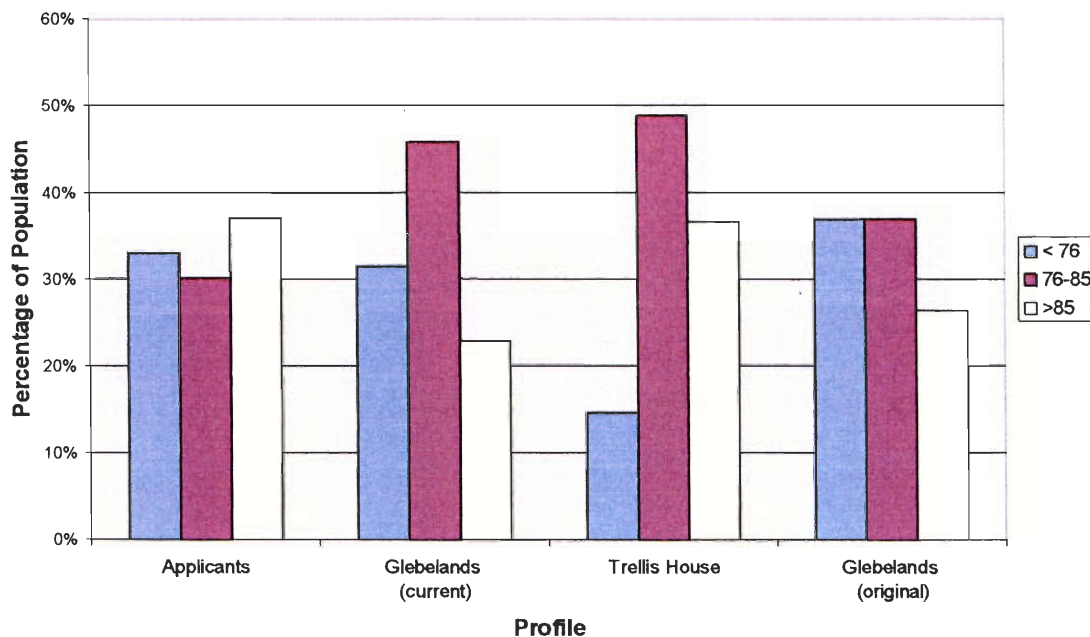
We ensured that all profiles were based on the same categories to avoid ambiguity during our cross-profile analysis. We selected nine categories for each profile. We attempted to avoid using the tenants' names, which would breach certain confidentiality agreements we made with the estate managers, and chose to differentiate between individuals using their flat numbers, an approach we also used during our tenant

interviews. The other general categories were gender and date of birth; these categories allowed us to develop some demographics for initial analysis. Our categories for comparison were type of assistance required for mobility, impairments, fees charged per month, ethnicity, and care hours required. We broke the care hours category into domestic care and personal care needs. This allowed us to differentiate between the two different types of assistance provided to the tenants. We also intended to collect information regarding financial assistance provided to each tenant. We received this information from the Trellis House scheme; however, this information was not available from the Glebelands scheme and therefore we were unable to make this comparison.

1.1 Inter-Profile Comparison – Age

Once we had completed compiling our records and organising all the relevant data into categories, we were able to develop charts to allow visual comparisons between different populations. Our first comparison was based upon age. Here we split the ages of all the tenants into ranges to quantify our results, then charted all profiles together in Figure 1 to allow easy visual inspection of our results.

Figure 1: Age Ranges



From this figure we can see some obvious initial differences between each profile. When Glebelands was first opened, it was filled with younger individuals than currently inhabit the scheme. Although this could reflect an increase in very old people being placed within the scheme, there is another possible explanation. This difference could be due to the original tenants of the scheme aging within the schemes and thus shifting the

age balance. We feel the difference in comparisons is attributable to a combination of both effects because the application profile also shows an older population than the original Glebelands scheme population. This original population can be also considered as an applicant profile from 1995 because the original tenants were those who had been placed on a waiting list for the Trellis House scheme. We can see that relatively few people over eighty-five applied to the Glebelands scheme and were placed when the scheme opened. In comparison, over the last two and a half years, more applicants have been over the age of eighty-five than in any other category. This illustrates a significant change in the applicant populations over the last seven years and will be reflected in the tenant populations. Although there is not always a direct correlation between increased age and increased care needs, it is generally true among older people populations. Although an aging population within the Glebelands scheme could result in the current older population than originally placed in 1995, we feel that the older applicants currently being placed in the schemes is significantly reflected in an older population at both schemes.

Comparing ages between the two current populations of Trellis House and Glebelands led us to some significant differences. When comparing Glebelands and Trellis House, one can see that there are similar numbers of tenants between the ages of seventy-six and eighty-five. Differences between the schemes emerge when we compare the other age brackets. Trellis House has far more tenants over the age of eighty-five (37%) than Glebelands (23%). At the same time, there is also a large gap in the population seventy-six and younger; 31% of tenants at Glebelands are younger than seventy-six, compared to 14% of tenants at Trellis House. This represents a significant

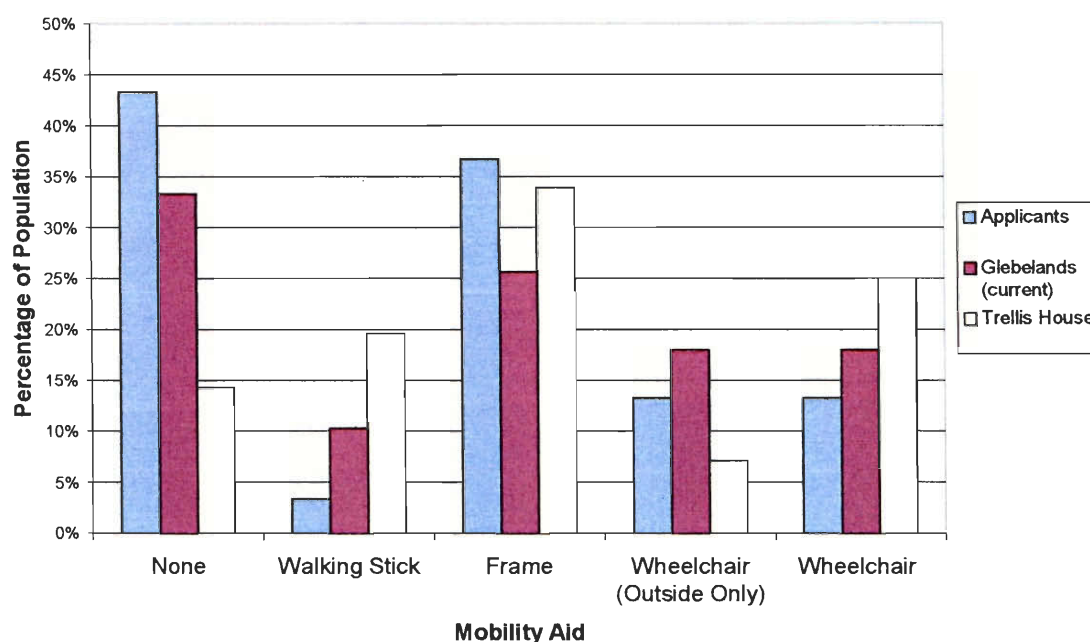
difference between the two populations; Trellis House reflects a far older population than Glebelands and also appears to be less diverse in terms of age than Glebelands. This confirms our initial understanding from our interviews, where we heard that Trellis House has a population swayed towards the very old.

Interestingly, the profile of current applicants represents a more diverse slice of the range of older people in terms of age. More younger people are included in this applicant population than at either housing scheme, and also a large quantity of very old individuals as well. Although this applicant pool should be directly influencing both of the scheme populations, their effect seems to have been countered by the existing populations within each scheme. Over time, the schemes will more closely reflect the applicant characteristics as the existing tenants move on and are replaced by applicants.

1.2 Inter-Profile Comparison – Mobility

Although these age ranges are important, more important data is presented in Figure 2, which displays the mobility levels for each of our profiles. Enough data for proper representation was not uncovered for the original tenants of Glebelands, so that profile was excluded from Figure 2.

Figure 2: Mobility



Of the three profiles, the applicant population had a greater percentage of people who could walk without any mobility aid, followed by Glebelands, then Trellis House. Trellis House had the largest number of people who could not walk at all and needed a wheelchair, significantly higher than both the applicant population and the Glebelands population. Residents at Glebelands seemed to be significantly more mobile than Tenants at Trellis House; more than twice as many residents of Glebelands can walk than at Trellis House. In the middle three categories the results are less clear; this is probably

due to different approaches by each population in dealing with mobility issues. Overall it can be determined that tenants at Trellis House are less mobile than tenants at Glebelands, and it also appears that the applicants have been assessed to need less assistance with mobility issues.

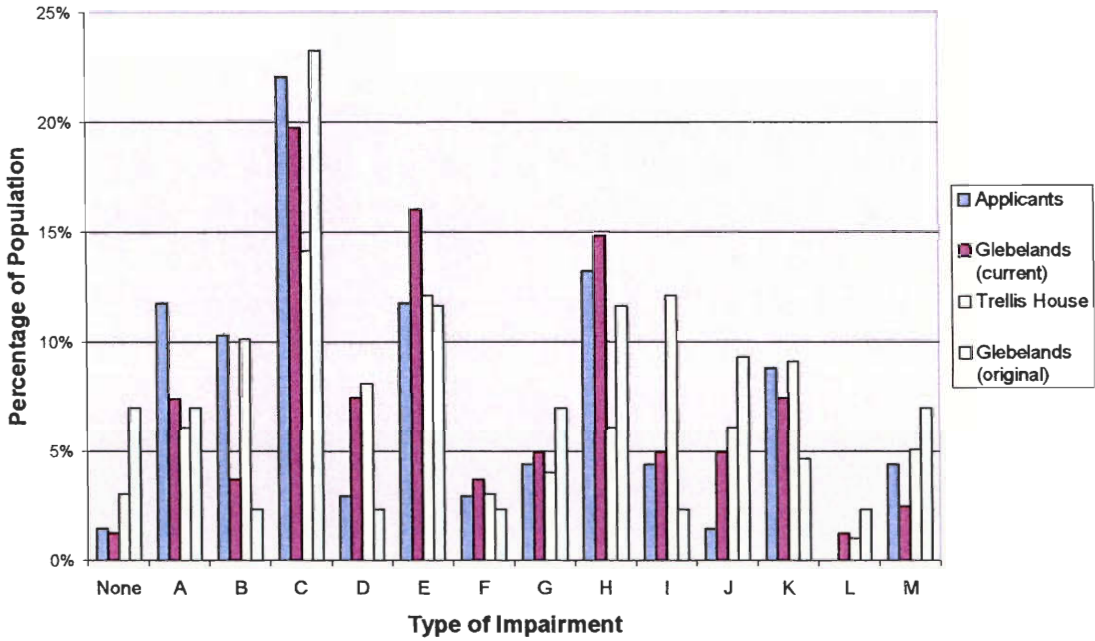
1.3 Inter-Profile Comparisons – Impairments

The next category for comparison is physical impairments. When deciphering this chart, notice that each tenant’s physical impairments have been coded to the categories in the Key to Physical Impairments. This allowed each individual’s unique situation to be summed with others; we could then make comparisons between populations.

Key to Physical Impairments:

A. Vision	B. Hearing
C. Arthritis	D. Cerebral CVA
E. Cardiovascular	F. Parkinson’s
G. Dementia	H. Mental Health History
I. Surgery/Carcinoma	J. Diabetes
K. Respiratory	L. Behaviour Difficulties
M. Incontinence	

Figure 3: Impairments



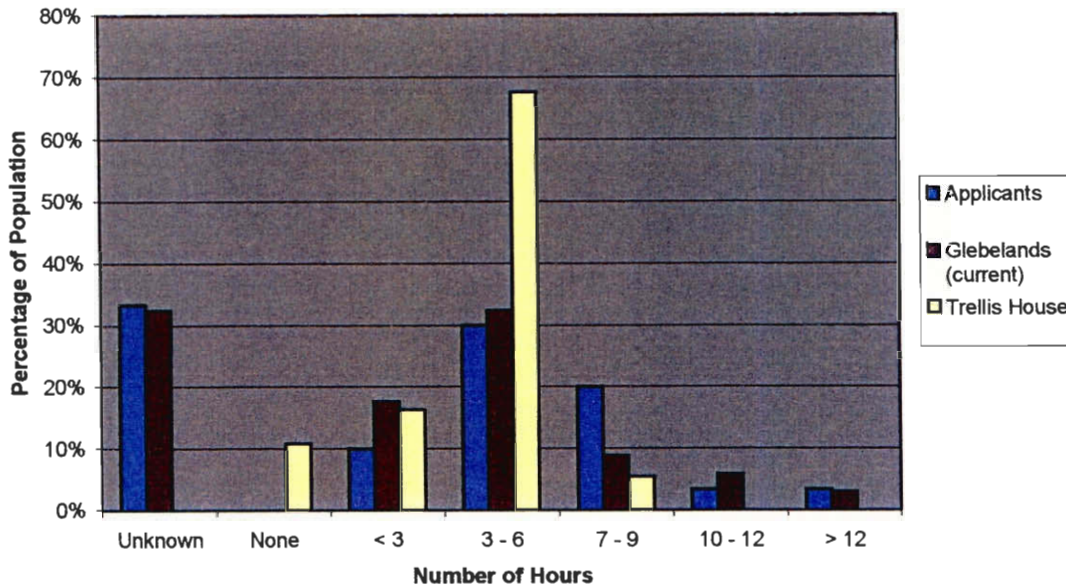
From Figure 3, we can make some comparisons between the original and current populations of the Glebelands scheme. Problems such as cerebral CVA (stroke), cardiovascular issues, incontinence, mental health issues, respiratory problems, and surgery/carcinoma problems have increased dramatically over the last seven years. All other issues have remained relatively constant. More people who currently live in Glebelands have severe physical and mental problems than in the original population, this reflects a trend towards more intensive care over time within the Glebelands scheme. Comparisons between Glebelands and Trellis House result in few significant results; in some categories Glebelands had more tenants than Trellis, in others the opposite was true. A more interesting comparison is between the applicants and the current populations of each scheme. Consistently across almost all categories, the applicants

have similarly high needs comparable to the tenants either scheme, and in many cases exceeding the levels seen within the schemes' current tenants. This means that the applicants upon arrival have similar needs to the current inhabitants. This can be interpreted as a warning sign; a definite trend is that the condition of older people tends to worsen over time, thus these applicants with already high needs will worsen and continue to need more resources. A better goal may be to target applicants with needs that do not compare to the current populations, understanding that their needs will probably increase as time passes. Thus we can plan ahead to ensure that the collective needs of the population will not overwhelm the care providers. Figure 3 is a good guide to understanding the collective needs of each profile's population and can provide insight into what changes to applicant targeting may be necessary in the future.

1.4 Inter-Profile Comparisons – Domestic and Personal Care

Applicants to either scheme are prioritised from the level of care they require. There are three categories by which applicants are sorted: high, low, or medium care. This is based on types of impairments and care hour requirements. There are two types of care available at Glebelands and Trellis House: domestic and personal care. Domestic care is assistance with housekeeping, cooking, and shopping, while personal care is assistance with washing, dressing, and mobility. Figure 4 displays the domestic care hours necessary for current tenants at Glebelands and Trellis House and the predicted necessary domestic care hours for applicants, as determined by an occupational therapist assessment. These figures were split into different need ranges for clarity.

Figure 4: Domestic Care

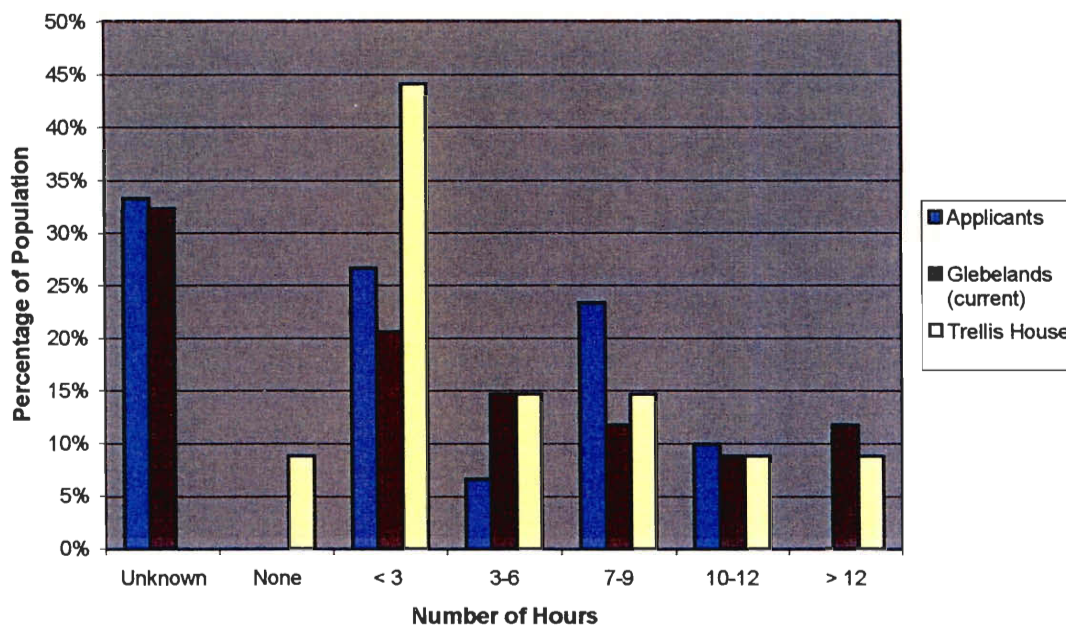


A number of interesting conclusions can be made from Figure 4. Applicants have similar domestic care needs to the current populations of both schemes, even twice as high within some ranges. This is a fact of some significance; applicants need as much domestic care as current tenants and their situations are not, on the whole, likely to improve. Thus care will be stretched further than it is currently.

The majority of tenants at Trellis House receive somewhere between three and six hours of care while Glebelands has a more diverse population of domestic care needs. This could be due to a more tailored approach to domestic care at the Glebelands scheme, where domestic care can include help with shopping and cooking across the board; Trellis House appears to provide more of a standard housekeeping service that would take approximately the same amount of time in most flats. Few tenants at Trellis House require domestic care beyond six hours, while tenants at Glebelands can require upwards

of twelve hours. Again, differences in approach between the two schemes could cause this disparity. We can deduce differences between the two very sheltered housing schemes, this time in terms of personal care provision.

Figure 5: Personal Care



Overall, both schemes are providing similar amounts of personal care to their tenants. It is interesting to note that the applicant's recommended care hours also roughly parallel the schemes in terms of needed personal care. This shows that the social workers and occupational therapists are referring people who are similar in terms of personal care needs to those currently living within the schemes. More vigorous examination of these records could provide a more detailed understanding of the personal and domestic care situation. Unfortunately, the lack of clear and complete records makes this virtually impossible. We had problems with incomplete applicant records and also records at Glebelands which lead to unknown care provision levels around 30%. Only at Trellis

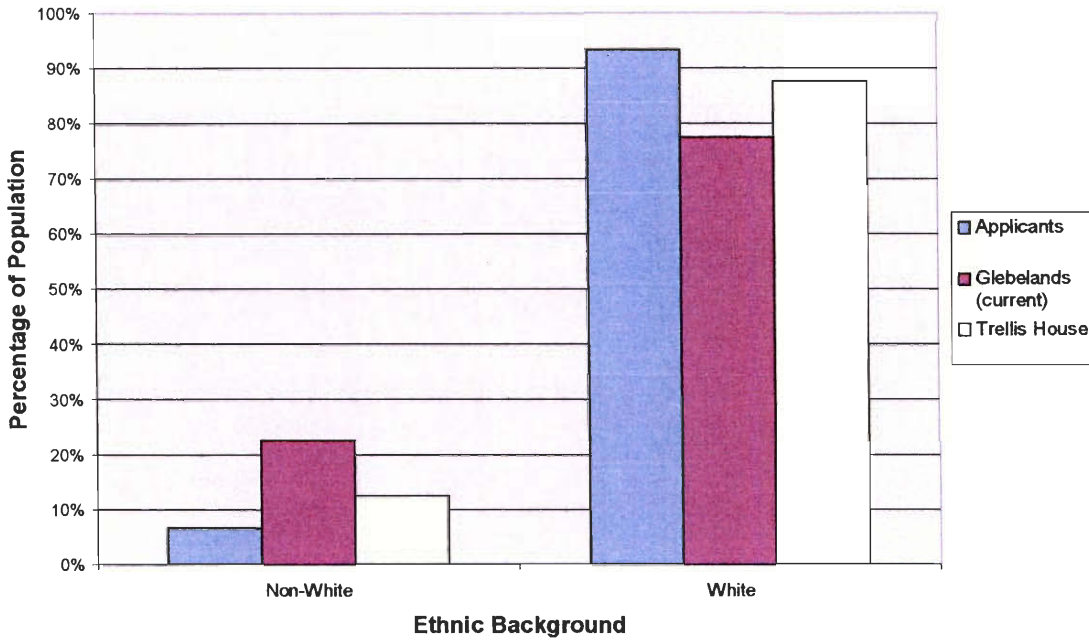
House could we compile complete personal and domestic care records. Unfortunately, a disparity has emerged between the care provision and administration elements at the Glebelands scheme and care records were not available.

Both the schemes and the Borough are required by law to keep proper records of care provision and a thorough review of these records is supposed to occur regularly by the Borough. Unfortunately, the estate managers are unaware of a care package review having occurred in the past and have not heard of plans to complete one in the future. If better records were kept by either party, tracking changes and making comparisons to understand population-scale trends would be far easier, more reliable and quite effective.

1.5 Inter-Profile Comparisons – Ethnicity

Figure 6 compares the ethnicity of the different populations. From this we were able to determine that there are few significant differences between the populations in terms of ethnicity.

Figure 6: Ethnicity



The bar graphs show that Glebelands is slightly more ethnically diverse than Trellis House and the application profile. Generally, Trellis House has mainly a white population, while Glebelands has people from many different ethnic backgrounds. This is not very significant and could be due to random placement rather than any problem with targeting. A problem may be emerging and is evident when one considers the applicant population. This population was less diverse than either of the two schemes and could represent a current problem in marketing the schemes towards ethnic minorities. In order to increase the number of minorities that apply to the schemes it may be necessary to change the approach towards this group.

1.6 Day Centre Attendees Compared with Current Tenants

We were able to speak with older people comparable to the tenants at the two very sheltered housing schemes at day centres, places for older people to socialize outside of their housing situation. While we directly questioned them about their housing needs, current housing situation, and awareness of their housing options, we were also able to create rough profiles including age, mobility and care needs. This we later used to draw some basic conclusions regarding the similarities and differences between these groups.

This population was approximately the same age as the populations at Glebelands and Trellis House. They also used many similar mobility aids, such as frames, canes, and wheelchairs, but not to the degree we observed at either very sheltered housing scheme. Where most tenants at Glebelands and Trellis House needed an aid for mobility, only about a fifth of the day centre attendees needed some form of assistance with mobility. Many of these older people at the day centres had requested ground floor flats or needed assistance with stairs, so they were experiencing similar issues as tenants in either housing scheme. These similarities to the tenant populations would suggest that the day centre attendees would be potentially suitable for very sheltered housing, if they were aware of it and understood its strengths.

A significant disparity between the tenants of very sheltered schemes and the day centre attendees emerged when we considered care requirements. Having some sort of constant care requirement is one of the most important criteria for entrance into very sheltered housing. Most of the individuals at the day centres that we spoke with had no personal care needs. More had domestic care assistance brought to them, but many could manage independently without any need for help. This is a major difference between

these individuals and the scheme tenants; all tenants have at least some consistent need for domestic or personal care. Although these individuals would be suited to the independence available to tenants at very sheltered schemes and many expressed interest in the community aspect which would reduce loneliness, on the whole these individuals would be better suited for general sheltered housing than very sheltered housing.

2. Comparisons between Housing Schemes

We made comparisons between the different types of housing available to older people based upon our tours of the facilities and understanding of the intentions of each type of housing. This allowed us to define more thoroughly how very sheltered housing fits into the options available to older people. A comparison between Glebelands and Trellis House led us to some fundamental aspects of very sheltered housing and provided some potential areas for improvement.

2.1 Very Sheltered Schemes - Physical Comparison

Following the analysis of the tenant profiles, we compared the physical schemes themselves. Looking at the layout of Glebelands and Trellis House allows us to extend our comparisons beyond the tenants. All the flats in each scheme are virtually identical. Although some flats are doubles to allow for couples, they are only slightly larger and the general layout remains the same. The fact that all of the flats are structurally identical makes them cheaper to design and construct, but it lends the facility an institutional feeling. This is true of both Glebelands and Trellis House; in fact, the flats are basically structurally identical between the two schemes as well within each scheme. The criteria

that determined the actual layout of the flats (one set of criteria for both schemes) were quite rigid, and required most of the amenities contained within each scheme, i.e. oven, hob, toilet, shower.

Differences emerged when we examined the remainder of the structure of the schemes. The institutional feel remains, but it appears that Glebelands was developed with the intention of dealing with some of the problems discovered through the first year or two at Trellis House. Trellis House has few amenities. At the time of its development, it was pioneering as one of the first very sheltered housing schemes, and the importance of the community aspect of very sheltered housing was not stressed as much in development as it is currently. Trellis House does contain communal rooms, but they are more like conference rooms rather than places for gathering and socialising. Although there are lots of these communal rooms, no single room can contain even half of the tenants; seating in each room would be limited to fifteen tenants. Also, these rooms contain little more than tables and chairs, with an available small kitchen attached. Glebelands does have an adequate room that allows for large meetings that includes a computer, organ, games, and books among other activities. This room is used much more than the communal rooms at Trellis House.

2.2 Importance of Community

We feel the community aspect of sheltered housing is important to retain in very sheltered housing. Without this sense of community, very sheltered housing appears very similar to residential housing. If an older person is able to associate with other people of similar age, their mental happiness will increase because they can relate their problems to

each other, converse on daily issues, talk about the weather, and generally communicate. It has been shown that a person's physiological condition is quite dependent on their mental state. Although a major aspect of very sheltered housing is the independent nature of the flats, equally important is the community aspect. These two aspects, independence and community, define the dual nature of sheltered housing in general: providing both one's own space and a nearby community of receptive people. This is the major advantage of sheltered housing over both staying within one's own home and residential homes. While very sheltered housing adds the aspect of additional on-site care, it must not lose these vital aspects that make it sheltered housing.

2.3 Recommendations for Community Improvement

We believe there is room for improving the community part of the very sheltered identity of both Glebelands and Trellis House. The more that these homes can increase the happiness of the tenants, the more attractive the schemes will be to potential tenants.

Glebelands currently provides a meal every day for its residents through an independently contracted cooking agency. This meal is well attended by the residents, who enjoy the time available to gather and socialise. Trellis House does not offer this group meal option, although it does have a fully stocked and capable commercial kitchen. This kitchen has never been used because upon opening it was determined not to be necessary. A large portion of the tenants at Trellis House have individual meals cooked for them within their own flats by a care worker. We felt that instead of spending this time inefficiently cooking meals on a person-by-person basis, it would be easier and less time consuming if the meals were cooked collectively and then served to the tenants.

This would provide a time for socialisation and a simple way to improve the community within Trellis House.

Planning simple community events would help tenants get out into the area. The general goal of most of our suggestions is to provide methods for getting older people out of their rooms and bringing in aspects of normal daily life. Currently neither scheme feels able to provide trips to the theatre or cinema, simple ways to break up the tedium of constantly feeling trapped within one's home. The reason they stated was a lack of time to adequately plan such trips and a problem with providing care to all tenants when out of the scheme. We believe trips like this would be relatively simple to organise and a huge boost to morale and enthusiasm. By providing older people with event options that they cannot organise and attend by themselves, an estate manager can boost the sense of enjoyment of living within a scheme rather than having older people feel trapped within.

Day centres currently provide an option for older people living within their own homes to get out and socialise with other older people. Most older people we spoke with who lived in either Glebelands or Trellis House were unaware that this option existed to get out of their flats and meet new people. We spoke with both estate managers and they agreed that posting lists of available day centres would provide older people with good reasons to get out and socialise. We believe that day centres are a very important part of the lives of many older people. When speaking with some older people who attended day centres, they told us that day centres were the only time they meet people during the week and it was their main break from isolation. Isolation is a large problem among older people, and day centres can provide relief from these problems as well as providing a forum for concerns and action on the part of older people.

A final recommendation concerns the communal rooms at Trellis House. We believe this is a major problem with the scheme layout. A community feel is impossible in a housing scheme without any suitable room for gatherings. Through no fault of the estate manager or care workers, the tenants become increasingly isolated and tend to spend their time within their rooms rather than in the healthy environment that could be provided through communal rooms. The situation is currently unacceptable and an immediate review is necessary to evaluate the viable options for enhancing the community feel.

We feel these changes will be necessary to make the schemes attractive to older people and to increase the satisfaction of the people currently living in the schemes. Due to necessity, the schemes have an institutional feel that does not help their image. Simple changes can be made to minimise this problem and increase the standard of living. By developing the schemes as a place to live and promoting the advantages of very sheltered housing, interest in the schemes will increase.

3. Summary

This analysis shows that the current tenants of these very sheltered schemes are older and frailer than the original tenants. The Glebelands and Trellis House tenants are similar in many respects, except that the Trellis House tenants are older and less mobile. We also established some similarities and differences between the physical layouts of the schemes. Finally, we made some recommendations for improvements based on our understanding of the importance of the community aspect of very sheltered housing, which we feel is currently under-represented. Most of this analysis does not directly relate to application levels; however, it provides invaluable, quantitative support for

statements made regarding the importance of the limiting factors. It also assisted in the development of guidelines to use when considering a standard definition of very sheltered housing, especially as it applies to Glebelands and Trellis House.

Conclusions

We have isolated eight factors that restrict the level of applicants to the Glebelands and Trellis House very sheltered housing schemes. These limiting factors, as we have decided to call them, have a variety of sources. Some are policy problems, some are staffing problems, and some are communication / information problems. Our conclusions are based upon these limiting factors. In developing our recommendations for feasible improvements, we have to understand that each issue comes from unique sources and make suggestions for improvements based on separate analysis of each factor.

1. Lack of Communication Between Organizations

One of the biggest problems that we have found is a lack of communication. There are three different areas where communication could be improved: the communication between members of LB Merton's Housing and Social Services Department (HSS); the communication between Estate Managers and HSS; and finally the communication between the Estate Managers and care providers, especially in Glebelands where the care is handled by an Independent Care Provider rather than by Hanover Housing Association.

The Housing and Social Services (HSS) Department was originally two separate departments that have recently been merged. The members of this combined department are supposed to be working together as a team, but physical separation and differing viewpoints make cohesion difficult. The Social Services component of this department, represented by Fieldwork Manager, feels that there is no need to attract more potential

tenants to the Glebelands and Trellis House schemes. The Fieldwork Manager, who is also the chair of the Nomination Board, expressed the view that the Housing portion of HSS was concerned only with filling rooms, regardless of the need or suitability of the tenants being proposed (see Results Section C-6). This is a clear indication that the two parts of the department are not communicating, compromising, or working together. An assessment of how the two sections of the department work independently and how they might cooperate to work more efficiently on team tasks, like the Glebelands and Trellis House schemes, is necessary to fully understand and remedy this issue.

Much like the problem within the Housing and Social Services Department, an external communication issue exists between the estate managers of the housing schemes and the HSS Department. Currently few meetings, if any, occur outside of the nomination board meetings that involve members of both of these groups. Unfortunately, this leaves individuals to make decisions that would be much better made by a group with considerations for all sides of the schemes. More meetings need to take place consistently with members of HSS and the estate managers. By scheduling regular meetings to discuss the progress of the schemes and any issues that may arise, we can ensure that all people who have input into the schemes can communicate and coordinate to ensure healthy change and progress.

The final significant communication issue is between the Estate Manager of Glebelands and the care workers providing for the tenants (see Results Section C-1). The care workers are employed by Anchor Care, an independent care provider, while the Estate Manager is employed by Hanover Housing Association. The Estate Manager is responsible for the building and the daily organization within the scheme. She has no

authority over the care workers and no responsibility for the care provided to the tenants. Should an incident be brought to her attention, she must go to the care workers' supervisor rather than speaking to the care workers directly. Only when the Estate Manager and the care providers work together on every case can each older person be given adequate housing, care and support on a level that they are comfortable with and which also provides for their basic requirements.

2. No Standard Definition of Very Sheltered Housing

Perhaps only a symptom of the communication issue mentioned above, but still a major limiting factor, is the lack of a standard definition of a very sheltered housing scheme. Everyone that we have interviewed seemed to have a different interpretation of the concept and capabilities of very sheltered housing. Each organization, and often individuals within organizations, has a different name for the schemes and a slightly different interpretation of how these schemes fit into the larger picture of older people housing. There are different understandings of the abilities of the schemes to provide for a wide range of tenants as well as differences regarding best-suited applicants. These differences of opinion play a role in ensuring that at each stage of the application process the applicant is being judged based upon different understandings of the two schemes.

The two estate managers have differing views on the housing schemes and their role within the housing schemes. The Estate Manager at Glebelands is a facilitator, encouraging the tenants to play an active role and to participate in activities. She holds her weekly coffee morning in the music room and brings tenants' attention to the new computer sitting in the corner, encouraging them to take advantage of the instructor who

comes in to provide them with lessons on how to use the computer and what functions the computer can perform. The Estate Manager of Trellis House takes a very different approach; she does her best to not influence her tenants one way or another. She feels the tenants should make their own decisions and take initiative if there is a specific activity that they desire. The differing approach taken by the two estate managers creates in each scheme a unique environment and sets the schemes apart from each other. While this is a good thing, because it offers potential tenants a choice of housing schemes, the different styles of administration and management can create confusion for people who are trying to understand the schemes. To counteract this confusion, a standardized definition of very sheltered housing and how it applies to these specific schemes needs to be developed and agreed upon by all organisations involved in the running of the schemes.

We have outlined guidelines from our examination of the current state of the two schemes for the development of this standard definition of very sheltered housing.

3. Criteria Lacks Community Context

A major problem with the existing criteria used to determine suitable applicants is that they only considers the individual's needs and abilities (see Appendix 2 – Criteria for Application). While an individual's needs and abilities must be considered, this exclusive focus is not fulfilling the original intent of the very sheltered scheme. Very sheltered schemes were intended to be a balanced community of people who all interact. This is one of the main reasons that people tend to flourish in very sheltered accommodation. There must be a properly maintained balance between the groups of different care and need levels. Each applicant must be considered in this context so as to

ensure that the balanced community and appropriate need level is maintained throughout the scheme. Therefore there must be additional guidelines to follow when considering applicants, taking into account the current situation of the schemes as well as the applicant's situation.

Right now, in the Glebelands and Trellis House schemes, there are a large number of older people who need high care. This highlights another aspect of this limiting factor. High need applicants have a higher priority than medium need applicants just as medium need applicants have higher priority than low need applicants. This was originally intended to ensure that the facilities were used to their full extent and that very sheltered schemes had higher need tenants than did normal sheltered schemes. Unfortunately, the applicants that make it to the point of prioritising have already been deemed too high need for regular sheltered housing. Thus, the prioritising has the effect of promoting only the highest care need applicants, which again violates the need for a diverse community. Eliminating or lowering the importance of the prioritising process and replacing it with community consideration guidelines would ensure a more broad entering population, maintaining the balance needed for optimum scheme operation.

4. No Tenant Transfer Process

Tenants at the Glebelands and Trellis House schemes have an Assured Tenancy. This means that so long as they do not breach the contract in any way (i.e. not paying their rent or posing a danger to other tenants or staff), there is no way to move a tenant to another facility, even if the tenant's needs become too high to be met by the scheme. This has a seemingly obvious solution – simply change the tenancy agreement to include

a Too-Much-Care clause. However, adding such a clause would breach the Assured Tenancy agreement that ensures the tenant a place in the scheme until they wish to move on. There is no room for the housing association to force a tenant with overly high needs to move on to a different facility. The Assured Tenancy makes the sheltered housing schemes quite attractive to older people because it offers a ‘home for life’ and seems to imply that the schemes can increase their level of care infinitely to meet any level of need.

Augmenting the Assured Tenancy with an assurance of relocation into a different facility when a tenant’s needs become too high is in the best interest of the tenants and the scheme. It is necessary to ensure that the tenant gets proper care for their needs and that the services of the scheme are not focused on providing for only one tenant, resulting in neglect of the rest of the community. The sort of clause suggested focuses on the schemes’ requirement to provide adequate care for the individual rather than on the eviction of a frail and needy older person.

This type of moving-on procedure should be implemented in both sheltered and very sheltered housing, so that an active flow between all levels of care is established. To ensure that the transfer is done only in the individual tenant’s best interest, it is of the utmost importance that this process is overseen by the Borough and all parties involved.

5. Home Services More Widespread

There is an increasing trend of older people modifying their homes, thus putting off their need to move into a housing scheme. Also, there is a trend for people to stay in ordinary housing or sheltered housing schemes and just increase the care package being

brought into their home or scheme. These trends are backed by the ‘Supporting People’ initiative, which encourages the concept of a ‘home for life’, and also by a growing awareness that moving is very stressful on older people, resulting in occupational therapists and other professionals not recommending a move unless there is no other choice.

Overall, the ability to remain at home longer is good for older people who can stay where they feel safe and still have their needs met. However, there is still a need for very sheltered housing. There are people who value the availability of twenty-four hour care and a community of people to associate with over staying in their own homes alone and without round the clock care. By more aggressively marketing these attractive aspects – namely, care and community – of very sheltered housing, we can attract more applicants with the need levels catered for at a very sheltered scheme.

6. Public Lack of Information

From talking with older people at Day Centres (see Results Section B-3 through B-5, Day Centre Interviews), we discovered that older people do not know much about very sheltered housing in general and that they know even less about the Glebelands and Trellis House schemes specifically. People we talked to had either never heard of very sheltered housing, or had heard of it but thought it was residential housing.

This public lack of information is a daunting problem. Nursing and residential homes have a very different atmosphere and different care provision standards than very sheltered housing schemes provide. Also, a negative stigma exists regarding residential and nursing homes due to the hospital-like conditions and lack of dignity. Because

Glebelands and Trellis House are associated with nursing homes by many in the general population, that stigma is passed on unfairly to these two schemes. Although Social Services generally makes the suggestion to move into housing, if a client feels that their options are all residential facilities, they are not likely to consider themselves frail enough to move, except in extreme circumstances. And of course if they have not even heard about the schemes they will be unable to consider those options unless a social worker suggests it to them.

This problem has far-reaching effects upon the application levels. Any solution to this problem involves a strategy of education. A campaign to spread clear and concise information regarding the two schemes is one possible solution. Information must be both informative and easy to understand, as well as highlighting all of the benefits of the schemes and being targeted to attract people who meet the criteria for the schemes.

Marketing for these two schemes has not been promoted enough. If this marketing were coordinated on all fronts, potential tenants could be recruited by the schemes, by the housing associations, and by the Borough itself. A campaign to promote the strengths of the two schemes would increase applicant levels by informing older people about the schemes and marketing them as attractive, convenient places to live.

Aggressive marketing of the schemes, along with a general promotion of older people planning ahead, would attract even more applicants to the schemes. Many of the applicants do not plan to live in the schemes but are forced by circumstances beyond their control to seek alternate housing when theirs is suddenly no longer suitable. If older people planned ahead for their future, even when such planning is not appealing, the Borough would be able to look farther ahead to plan for future housing of older people.

For example, if people began to plan ahead for their future housing, even five years before they actually needed to move, the Borough could plan to develop additional housing to suit their needs, save them spots in a scheme, prepare for upcoming trends, and generally serve people before the situation becomes an immediate emergency.

In order for people to plan ahead, they must have knowledge. For these housing schemes to be successful, people have to know about them and want to live in them. Promoting a scheme's strong points, such as independence, security, and available care provision that will change to meet their needs, will ensure that people are aware of the schemes and view the schemes as an attractive place to live.

7. Advertising Mismatch with Application Process

Currently, any marketing, promoting, or advertising of the schemes is handled solely by the estate managers. Applicants to the schemes must be evaluated and nominated by a social worker from the Borough's Housing and Social Services Department before being presented to the Nomination Board and being accepted to the scheme. Thus a potential applicant, hearing about the scheme from the estate manager, must then contact HSS to actually apply to the scheme, a process that is difficult and potentially confusing to a frail older person.

The disparity between the handling of advertising and the handling of applications reduces the effectiveness of the advertising that the schemes conduct because responses must be forwarded to HSS for review. This is not necessarily bad, because the whole procedure exists to ensure that only proper applicants get into the schemes, but it does eliminate much of the impetus behind any urge to advertise on the part of the schemes.

This has been confirmed by the Housing Management and Estate Managers of Glebelands, who explained that while they have a large number of people coming in for information and applications, most of the people do not make it to the nomination board and neither of the managers know what is happening with them (see Results Section C-1).

In order for any advertising campaign to be effective, it must be coordinated with the Council. Coordination in advertising will ensure that all parties involved with the schemes know what is being done and who is applying. Glebelands already has an independent marketing program to promote the scheme and Trellis House is currently developing a marketing campaign; it is imperative for the Council to get involved with this process and ensure that the advertising is accurate, targeted, and developed thoroughly.

8. Lack of Occupational Therapists

All people wishing to be considered for acceptance to either of the schemes must go through a thorough assessment with an Occupational Therapist (OT). Currently there are four OTs performing assessments of older people for LB Merton, and an average of five new people each week are added to the waiting list for an OT assessment. These are not just assessments for older people desiring to live in supported housing, but also for older people desiring any special equipment or assistance in their homes. An OT assessment can take from several hours to several days to several weeks, depending on the capability and cooperation that the older person demonstrates. Each evaluation must be thorough to ensure that the person is only given assistance they need, which allows

them to retain as much of their independence and dignity as possible (see Results Section C-7).

One of the goals of very sheltered housing is to encourage people to be more independent by removing some restraints upon their capability and aiding them in helping themselves. The OT assessment determines the care package each potential tenant needs, information that is vital to the schemes' ability to meet the needs and encourage the independence of a potential tenant. Thus, the OT assessment is a necessary and valuable tool for determining an applicant's eligibility for acceptance into one of the schemes. However, because of the shortage of OTs and the length of time an OT assessment takes, the assessment process creates a bottleneck in the application process for the schemes.

The OTs already feel that they are being asked to take part in an "assembly line" process when performing assessments. Often, when a person will request an OT assessment, there is no interest in the actual assessment but rather just a desire for justification for a piece of equipment or some services. A person may have difficulty with his/hers stairs and rather than seeking ways around this or other forms of assistance, the person wants a stair lift installed. Because of the waiting list that exists, the OTs are being pushed to simply sign off on the need for a stair lift without performing a full assessment. This lack of job satisfaction is a major factor contributing to the shortage of OTs (see Results Section C-7). Though it would speed up the application process, asking the OTs to assess applicants after they have been accepted into the schemes would make it difficult to determine whether an applicant's needs could truly be met by the scheme and it would further increase the dissatisfaction felt by the OTs, thus making the problem worse rather than better.

Because the OT determines the needs that a person has and the care package that a person gets, there is no feasible way to avoid or alter the OT assessment process. The obvious answer is to recruit more OTs, but this is more difficult than it sounds and beyond the scope of this project. A full evaluation of the recruiting and retention of occupational therapists is necessary to determine the full causes of this issue and the best methods to effectively deal with them. It would also be useful to look at other boroughs, to determine if they are encountering the same or similar issues with OTs, and to gain insight into how to deal with these OT issues.

Recommendations

In order to minimize the effect of the limiting factors explained above, we have developed a comprehensive action plan. The key elements in this action plan are communication and information.

The first thing that needs to be done is an assessment of communication and cooperation within the Housing and Social Services Department. This assessment should look at the various members of the department, who they interact with, and what their view of the rest of the department is. From there, the assessment should make feasible recommendations about how to increase unity within the department.

A meeting should be held with at least one representative present from each organization involved with the schemes. The goal of this meeting is to obtain a clear understanding of the various views held by the organizations involved with the schemes. From this, a standard definition of very sheltered housing, specifically as it relates to the Glebelands and Trellis House schemes, should be developed. This definition should include what very sheltered housing is, what sorts of community and tenants are desirable in a very sheltered housing scheme, and how very sheltered housing should be administered. The definition needs to be specific enough so that everyone understands it and yet broad enough to allow for differences between the schemes. The definition must be made known to all persons and organizations involved with the schemes. Our definition of very sheltered housing is included at the end of this section.

Members of the HSS who deal with the schemes and the estate managers of the schemes should meet outside of the Nomination Board meetings to discuss general scheme information, including problems that the schemes may be experiencing, potential

changes to the schemes, and possibilities for change within the schemes. Future planning and policy changes for either of the schemes should also be discussed during these meetings. This will ensure that all decisions made are done so in a knowledgeable and informed manner, with the consent of all involved and affected parties.

Attendance at Nomination Board meetings should be made mandatory, except in extreme cases where an absence is unavoidable. In those instances, a substitute who is involved with the schemes should make an attempt to attend in order to ensure that all viewpoints are represented at each Nomination Board meeting.

The criteria for entrance to the schemes should be revised to reflect the community requirements as well as the individual needs of the applicants. This means that when an applicant is considered, the needs that already exist in the community should be considered to determine if the individual applicant's needs can be met in the community, as it exists at that moment. If the applicant's needs cannot be met in the community at the time of application, but the individual meets the criteria for the scheme, the applicant should be put into an applicant pool, advised that he or she has been accepted but that there is not currently a suitable accommodation. When a new opening arises, applicants from the pool will be reviewed to determine the one whose needs best fit within the community. Also, the emphasis in the criteria on prioritisation should be lessened, to allow for a broader range of applicants.

When revising the entrance criteria for the schemes, the total number of care hours per week that the scheme is capable of providing should be included in the criteria. This can be determined by identifying how many care workers there are and how many hours per week each one works. Then, when an applicant comes before the Nomination

Board, his or her total weekly care hours can be summed with the total number of care hours being provided and compared to the total number of care hours the scheme is capable of providing, to ensure that the addition of this tenant will not overstress the scheme's available care provisions.

We advise that the tenancy agreement be revised to include a clause stating that a tenant whose needs can no longer be met by the services available within the scheme will be allowed to remain in his or her flat until a suitable accommodation, where the tenant's needs can be met, is available. If a tenant's needs begin to infringe on or otherwise affect the level of care provided to other tenants, or if the tenant becomes a burden on the community, then it should be considered that the tenant's needs can no longer be met by the scheme and the tenant should be moved on to a higher-care facility. In order to facilitate this, agreements should be reached between sheltered housing schemes and very sheltered housing schemes to allow for the movement from sheltered to very sheltered, and also between very sheltered housing schemes and nursing or residential homes to allow for easy movement from very sheltered to nursing or residential. All movements should be presented to the Housing and Social Services Department representatives for review before the actual transfer takes place.

A marketing campaign should be developed in conjunction with the Housing and Social Services Department. Ads for the schemes should be placed in areas frequented by older people, like doctors' surgeries and day centres, as well as throughout the Civic Centre and the public parts of the Housing and Social Services Department. The ads should emphasize the advantages of living in a very sheltered housing scheme, such as

the availability of twenty-four hour care, the community that exists within a very sheltered housing scheme, and the opportunity to still have “your own front door.”

Applicants who receive their applications from the estate managers should return their applications to the estate managers to ease the difficulties and confusion that may be encountered during the application process. Meetings should be held to follow the progress of people currently in the application process so that the scheme managers have more information about the potential tenants before they come before the Nomination Board.

Finally, the lack of occupational therapists must be investigated and remedied. Unless and until the OT issue is resolved, implementing the recommendations listed above will not increase the applicant pool. The OT assessment is a vital part of the nomination and acceptance process for these schemes, and until there are more OTs to perform these assessments, a bottleneck will continue to develop at this point in the process.

Very Sheltered Housing Definition

We have established a definition from our research for very sheltered housing. Although idealistic, we believe it can provide a model for the schemes to aspire towards. This model will be relevant for determining direction in policy planning. Preparation for the future of very sheltered housing is vital to guarantee that this new form of housing remains effective as the populations within them change.

Very sheltered housing is sheltered housing with 24-hour on-site care available. Very sheltered housing provides a place for older people with physical and mental limitations to overcome their problems with the provided assistance. This care provision

only provides enough assistance to meet the tenant's needs as assessed by an occupational therapist. The assessments ensure that no tenant becomes unknowingly dependent on care by uniquely tailoring a care package for individual needs. Tenants live in an environment that they control, allowing them their personal dignity and independence. A community atmosphere is structured to provide social interaction and to avoid repetition and sterility. By providing independence and a community, very sheltered housing is in a unique position to serve many older people in an appropriate manner than other housing options.

After defining our impression of very sheltered housing, we made recommendations based on our comparisons between this model and each very sheltered housing scheme. Although Trellis House pioneered the concept of very sheltered housing, it has aged and needs adjustment to provide adequate sheltered services and care to its frail tenants. The population within Trellis House is comparable to that of a residential home; the scheme must avoid becoming a traditional residential home by building a better community atmosphere. The estate manager must attempt to bring in a sense of community to the scheme, which would aid in the vitality of the tenants. Although the facilities are not ideal, more interaction between the estate manager, care staff, and tenants when planning and executing community based events would improve the scheme. Due to the frailty of the current population, a community will not develop without the assistance of the estate manager or another figure in charge of developing events. It must be emphasised that the residential structure of the scheme must not influence its very sheltered housing identity.

Glebelands is in a different position. The physical structure is much more adequate for very sheltered housing and a basic community atmosphere is in place. The only problem here is in interaction between the estate manager, care staff, and tenants. Although financially more efficient, the separation of care provision from the estate manager has forced a gap to develop between the estate manager and the tenants. The estate manager is unaware of the care status of many of the tenants because care provision is not under her control. This is hindering the effectiveness of the estate manager in dealing with complaints and requests from the tenants, and a valuable link between the administration and the tenants is missing. We recommend that the estate manager be given more control over care staff to allow one person to manage the needs of the tenants.

Summary

Very sheltered housing was originally intended to provide for individuals with slightly more care than could be catered for in sheltered housing. Over time tenants with greater needs have been placed within very sheltered housing schemes because of its initial superiority over residential care in dealing with this population. This has slowly altered the intentions of very sheltered housing. In fact, very sheltered housing is currently providing for a population similar in terms of actual care needs to that of residential housing. Even though the populations are similar, the environments show large differences. Traditional residential housing remains very institutional in feel and repressive in terms of environment. Very sheltered housing allows independence and retention of personal dignity. The problem that is currently emerging is the increasing difficulty of providing care to a very frail population while also allowing independence

and creating a vibrant community environment. Although this is a difficult compromise, strict entrance criteria that focuses on ensuring a diverse community and tenant independence while catering to the care needs of a wide range of older people can guarantee that very sheltered housing remains a success. Very sheltered housing can eventually replace residential homes by providing a superior environment that allows older people to enjoy the last phase of their life.

OCCUPATIONAL THERAPY SERVICE INFORMATION LEAFLET

YOU MAY QUALIFY FOR AN OCCUPATIONAL THERAPY ASSESSMENT IF:

1. You are a permanent resident of the London Borough of Merton.
2. You are substantially and permanently handicapped (as stated in Section 29(1) of the National Assistance Act 1948).

Substantial means - the degree to which your disability affects daily living, i.e. if there is a significant effect on the ability to carry out essential activities.

Permanent means - your medical condition is deemed to be life-long and unlikely to improve, and/or there is a likelihood of further deterioration and/or the condition is terminal.

YOU WILL NOT QUALIFY FOR AN OCCUPATIONAL THERAPY ASSESSMENT IF:

1. You are not substantially and permanently disabled.
2. You have a temporary impairment(s) or mild forms of medical conditions which do not substantially impair your ability to carry out normal activities of daily living.
3. You are discharged from hospital following treatment to improve your function, e.g. joint replacements and should receive help from the hospital.

If you do not qualify for an Occupational Therapy Assessment, but still require advice, please contact the relevant office as stated on the referral form. They will be able to send you information on alternative suppliers of equipment and adaptations.

TYPE OF SERVICE PROVIDED BY THE OCCUPATIONAL THERAPY SERVICE

If you qualify for our help, all areas you are concerned about will be discussed when you are visited.

ASSESSMENTS

If you meet the qualifying criteria, a home visit will be arranged by mutual convenience to assess your functional problems and needs in activities of daily living. Following the assessment a plan will be drawn up outlining your problems and needs, together with possible ways of overcoming them.

Carer, e.g. spouse, relative, friend - please note, if they are regularly providing care or have problems caring, they are entitled to a separate carers assessment and this can be arranged at their request.

FOLLOW-UP VISITS

Further home visits will be made by mutual arrangement to ensure equipment and/or adaptations have met your assessed needs.

EQUIPMENT SERVICE

We may provide certain equipment to help meet your needs. This will be provided on loan as long as necessary. The equipment supplied has been specifically designed and manufactured for use by disabled people, and has been professionally approved by us for its suitability for use.

Equipment available in the shops, made to benefit able-bodied people and disabled people alike, e.g. electric can openers, bath mats, etc., will not be provided by this service.

ADAPTATION SERVICE

Following a functional assessment and technical assessment of your property, adaptations may be suggested. How they are funded will always be discussed with you. Works will always require the permission of the owner of the property.

If you are an Owner Occupier and need major adaptations, a Disabled Facilities Grant may be available to you. To be eligible for a grant you are required to complete a financial assessment, and may have to contribute to all or part of the cost of the works.

APPLICATION FOR OCCUPATIONAL THERAPY ASSESSMENT
IN ACTIVITIES OF DAILY LIVING

OFFICE USE ONLY											
Date received:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Worker: OT	<input type="checkbox"/>	OTA	<input type="checkbox"/>	DO	<input type="checkbox"/>
Priority:	1	<input type="checkbox"/>	2	<input type="checkbox"/>	OP East	<input type="checkbox"/>	OP West	<input type="checkbox"/>	C + A	<input type="checkbox"/>	

Please use BLOCK CAPITALS. To help us avoid delays, please complete all sections in full. This information will be used to establish your eligibility for assessment.

Title: (please tick)	MR	MRS	MISS	MS
Surname:	<input type="text"/>			
First Name:	<input type="text"/>			
Address:	<input type="text"/>			
Postcode:	<input type="text"/>			
Date of birth:	<input type="text"/>			
Home telephone:	<input type="text"/>			
Work telephone:	<input type="text"/>			
Marital status:	<input type="text"/>			
Do you live alone?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please return completed form to:

If over pensionable age:-
Gifford House, 67c St. Helier Avenue
Morden, Surrey, SM4 6HY

If under pensionable age:-
42-44 Russell Road
Wimbledon, SW19 1QL

If a Child under 18 years old:-
Worsfold House, Church Road
Mitcham, Surrey CR4 3BE

Who owns your Home?	please tick
LONDON BOROUGH OF MERTON	<input type="checkbox"/>
HOUSING ASSOCIATION	<input type="checkbox"/>
OWNER OCCUPIED	<input type="checkbox"/>
PRIVATELY RENTED	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

What are your medical problems / disabilities? And how long have you had them?

What problems with day to day activities require our help now?

* All questions must be answered. Please tick the box which most closely describes your situation.

PERSONAL CARE:	ABLE	ABLE WITH EQUIPMENT	ABLE BUT A STRUGGLE	ABLE WITH HELP	NOT ABLE
Can you dress / undress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you wash all over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you comb your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSFERS:	ABLE	ABLE WITH EQUIPMENT	ABLE BUT A STRUGGLE	ABLE WITH HELP	NOT ABLE
Can you get on / off your toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get on / off your chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in / out of your bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in / out of your bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in / out of your wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in / out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get on / off of a bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESS:	ABLE	ABLE WITH EQUIPMENT	ABLE BUT A STRUGGLE	ABLE WITH HELP	NOT ABLE
Can you get to your toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage your stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get to your front door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get in / out of the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOMESTIC CARE:	ABLE	ABLE WITH EQUIPMENT	ABLE BUT A STRUGGLE	ABLE WITH HELP	NOT ABLE
Can you feed yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get yourself a drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get yourself a snack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get yourself a cooked meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you do your laundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you do your housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you do your shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What equipment do you have?

All questions must be answered.

Please tick the box which most closely describes your situation

MOBILITY:

		Not at all	Part of time/ Sometimes	All the time
Do you use a walking stick?	Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a walking frame?	Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does someone push you in your wheelchair?	Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a self-propelling wheelchair?	Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an electric wheelchair?	Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have speech difficulties?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you blind or partially sighted?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you deaf or hard of hearing?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please tick if you receive help from any of the services below:

Home Care	<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Day Centre	<input type="checkbox"/>

Do you receive any other help from Social Services?

Do you have help from a Carer, e.g. spouse, relative, friend? YES NO

If so, what are the main problems in providing care and support?

Is there anything else you think we should know about your situation?

Please advise us of times you are ROUTINELY UNAVAILABLE so we may plan our visits around them.

Please turn over

CONSENT TO CONTACT G.P.

It may be necessary for us to contact your G.P. to clarify medical information. Please provide the Name, Address and Telephone number of your G.P. below.

G.P.'s name:

Address:

Tel. No:

CONSENT
I agree to you contacting my G.P. to clarify medical information.

Signature:

I confirm that the information provided about me is true and correct.

Signature: _____ Date: _____

If you have completed this form on behalf of the applicant, please sign and date the section below:

Signature: _____ Tel. No: _____ Date: _____
Relationship to applicant:
Reason applicant could not fill in the form.

FOR OFFICE USE ONLY

Eligible for assessment : YES NO

Reason for decision by Senior O.T.:

Signature: _____

Delay letter:
Carers forms:

Type of assessment: 42 43 123 124 Client Group: _____
Standard Complex Direct Order NFA

SOSCIS NO:
Referral reason: _____

Allocated Worker: _____ Date: _____
Manager: _____ Date: _____

ETHNICITY

Please complete the information below. This is to help us make sure we are meeting the whole community's needs.

Please **tick** the most appropriate box:

White

10	White British	
11	White Irish	
12	White Other	

Asian or Asian British

17	Indian	
18	Pakistani	
19	Bangladeshi	
49	Other Asian or Asian British	

Mixed Parentage

41	White and Black Caribbean	
42	White and Black African	
43	White and Asian	
7	Mixed Other	

Other Groups

20	Tamil	
21	Chinese	
22	Other	

30	Not declared	
----	--------------	--

Black or Black British

45	Black British - Caribbean	
46	Black British - African	
13	Black British - Other background	
15	Black - Caribbean	
14	Black - African	
16	Black - Other non-British	

First Language

Translator / Interpreter required?

Appendix 2:

CONTINUING CARE HOUSING - PROPOSED CRITERIA FOR ENTRY

SECTION I. CRITERIA FOR SELECTION

SECTION II. PRIORITIES FOR SELECTION

I. CRITERIA FOR SELECTION

1. Tenancies in Continuing Care Housing (CCH) schemes will be allocated primarily on the basis of applicants' care needs as defined below; existing housing conditions will normally be of less significance. All applicants will have their community care needs assessed in accordance with Merton's current assessment procedures under the National Health Service and Community Care Act 1990 or any Act amending or replacing the same.
2. The final decision on allocation will rest with the respective Housing Association on the basis of and having regard to the Panel's recommendations.
3. The Panel's recommendations will be based on the following guidelines.
 - 3.1 There must be a clear need (see 3.2 and 3.3) for care (which must include an element of personal care) capable of being provided (see 5) in CCH and the applicant must have a positive desire to retain his or her independence within the community.
 - 3.2 The need for care must be already present or be expected to develop (on the basis of medical or other professional opinion) within the next 12 months because of an existing, deteriorating illness/disability.
 - 3.3 Applicants will need to have a continuing rather than temporary need for care services.
 - 3.4 An applicant may be in permanent care but wish to live in a continuing care housing scheme.
 - 3.5 An applicant must live or work or have worked in the London Borough of Merton or have a strong social need to return to this area.
 - 3.6 An applicant must understand and agree to the payment of care charges, which will be based on their individual care needs and financial circumstances. No final offers will be made by the housing associations until this agreement is secured.
4. Types of Need for which CCH may be suitable:
- 4.1 An applicant, irrespective of age, may be physically disabled having, e.g. restricted mobility / physical frailty / sensory handicap and/or be housebound or wheelchair-bound.
- 4.2 An applicant may be mentally infirm provided they will be able to cope with the independent living aspects of CCH and be likely to derive psychological benefit from living in this setting in preference to, for example, residential care.

5. Appropriate Dependency Levels for Tenants in CCH Schemes

5.1 Comparison with Criteria for Residential Care:

Applicants in Priority Category A, from which nominations will normally be drawn (see section II below), will have to meet Merton's criteria for admission to residential care, i.e. they must require personal care but must in turn be able to assist the care provider.

In addition, all applicants must be motivated and able to live in a self-contained flat (notwithstanding the availability of substantial on-site assistance).

For exclusions, see 5.3.

5.2 Minimum Dependency Level:

An applicant will have a need for both personal care and an environment of assurance and security in order to be able to function safely and effectively, which cannot better be provided in some other way, e.g. 'normal' sheltered housing, with domiciliary support as appropriate. Applicants with no personal care needs will not be considered.

Applicants without any personal care needs will not be considered.

5.3 Maximum Dependency Level:

An applicant should not have on entry to the scheme (or be predicted on the basis of medical or other professional opinion, to develop within a short time of entry) a level of frailty, dependency or mental infirmity exceeding that which can reasonably be met by care within a CCH scheme, and/or which is likely to cause serious disruption or risk to other tenants. Applicants must be able to sustain, albeit with a very high level of support, the degree of independence inherent in living alone in a self-contained flat.

Therefore, applicants whose needs exceed those which can be met in residential care will not normally be eligible for nomination to CCH. This will include, for example, those with an untreated illness; who are bedfast, immobile and unable to contribute physically to their own care; those who will be physically aggressive and/or in other ways cause serious risk/disruption to other tenants.

Those who need nursing care frequently and throughout the 24-hour period beyond the level available from the community nursing service may instead meet the criteria for nursing home care.

3

II. PRIORITIES FOR NOMINATIONS TO CCH

- 6.1 All applicants must conform with the criteria set out above. The Panel will then place applications in one of the following priority categories shown below.
- 6.2 Nominations will be made in respect of people in Category A before those in Category B, and from Category B before those in Category C, to ensure that the service is focused on those most in need.

CATEGORIES

A. HIGH NEED

- 1. Applicant has a need for personal care of a type, frequency/intensity, and/or unpredictability which cannot be met by informal carer(s), or by providing or increasing current services in the current accommodation and which will otherwise require admission to residential care. In particular, this will include care needs which can only effectively be met by the availability of on-site services, with their particular capacity for quick response, reassurance, monitoring and flexibility;

AND

- 2. The non-availability of such services is likely to produce a crisis for the applicant and/or carer which will otherwise only be resolved by admission to residential care;

AND

- 3. The applicant:
 - a) has a demonstrated and definite wish to avoid admission to residential care
 - b) is able to appreciate the difference between institutional care and CCH and to derive psychological benefit from the latter in preference to the former.

B. MEDIUM NEED

Needs, as for High Need, which are not yet present but predicted on the basis of medical or other professional opinion to develop within the next 12 months because of an existing, deteriorating illness/disability, and/or because the applicant's existing network of care and support is not expected to continue at its present level.

Where there is a need for:

Increased personal care because of advancing frailty, but not to the level required in 1. or 2. above;

and three or more of the following apply:

- * a need for alternative accommodation on housing grounds
- * a need for the services of a warden and alarm call
- * a desire to forestall admission to residential care at some future time by maintaining independence and social networks in a CCH setting
- * a need to reduce applicant's isolation which will not be achievable, e.g. by attendance at day centre.

(Note: these factors would not singly merit CCH but where present in multiples might indicate CCH as a more satisfactory single solution to a range of needs than a series of piecemeal solutions which might still leave the applicants' needs unmet in, say, a further 2-5 years.)

All applications will have additional priority where the following factors apply:

- * A need to reduce isolation which cannot be achieved in current accommodation because of mobility difficulties and/or because applicant is unable to use day care facilities by reason of poor health or frailty, whereas applicant could benefit from opportunities to interact with other tenants in CCH because of accessibility of other flats and of the communal lounges.
- * Poor housing conditions which require alternative accommodation on medical or other grounds.
- * An existing care package which may not be sustainable at its present level because of stress on informal carers where the latter make up a vital part of the whole package.
- * Disability which necessitates access to adapted units where these facilities cannot be cost effectively adapted into current accommodation.
- * Where applicants are a couple or pair wishing to share a unit (since there is little other availability of sheltered housing for these groups).

Appendix 3:

Survey – IQP MVSH C'02

Name:

Age:

Tenure:

How has scheme changed since you've lived here? Do you like these changes?

Why did you choose to live in this scheme?

How did you hear about this scheme?

Where did you live before you moved in?

Did you consider any other schemes in addition to this one?

Do you think this scheme offers you the right amount of personal care?

As your needs have changed, has the care changed to meet these needs?

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Would you like to play more of a role in determining the daily running of the scheme?

Is there anything you think needs to be changed or added to the scheme?

Do you have any other comments?

Appendix 4:

Survey – IQP MVSH C'02

Name:

Age:

What kind of housing do you live in? Do you rent? Do you own your own home?

Do you receive any assistance in your home, i.e. care or support?

What kind of assistance do you need (security, housekeeping, shopping, etc)?

Are you familiar with the terms Very Sheltered or Extra Care? Have you or would you ever consider an Extra Care Facility?

Have you ever heard of Trellis House or Glebelands?

What is the most important aspect of housing to you?

Where do you plan to live in the future?

Appendix 5:

Survey – IQP MVSH C'02

Name: F.M.

Sex: Female

DOB: 13/01/1918

Flat #:

Admission: 31/07/2000

How has scheme changed since you've lived here? Do you like these changes?

No not really

Why did you choose to live in this scheme?

How did you hear about this scheme?

Daughter Choose Trellis for her b/c other place was costing too much money.

Where did you live before you moved in?

Was living at a nice country home in Hadley with fields in the back, but she had a stroke and was forced to move to Heathland Court (residential home) for 500.00 pounds a week.

Did you consider any other schemes in addition to this one?

No

Do you think this scheme offers you the right amount of personal care?

Not a lot of staff...one of the tenants had fallen and the staff person on duty that night was found asleep. And sometimes they forget.

As your needs have changed, has the care changed to meet these needs?

Been the same...needs haven't changed

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

Goes out shopping by herself every once in a while, but the bags are too heavy for her to carry. While I was in the flat a care provider came to get her Florence's shopping list. She was very kind and helpful to Florence. Florence gave her money and the list and I assume she got her groceries after I left.

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Likes Independence

Would you like to play more of a role in determining the daily running of the scheme?

Yes she would like it

Is there anything you think needs to be changed or added to the scheme?

Would like an airing cupboard...it is a closet that you can dry things I think. She doesn't like paying out all of the time...it cost her 10 pounds for the house work every time.

Do you have any other comments?

- *Walks by the river for exercise*
- *Rooms are good not cramped*
- *Cleaning is good, she wishes it was more thorough though*
- *Misses her Hadley home*
- *She wishes there was a daily knock on the door like there used to be. It is called a "Pop in Call" they used to have that but not any more. It is just to check and see if every one is all right in the morning.*
- *Scheme was different and better before*

Appendix 6:

Survey – IQP MVSH C'02

Name: T.G.

Sex: Male

DOB: 25/02/1927

Flat #:

Admission: 13/08/2001

How has scheme changed since you've lived here? Do you like these changes?

No, hasn't been there long enough, but others tell him that it has

Why did you choose to live in this scheme?

How did you hear about this scheme?

He has bad asthma, which got really bad and he was put into a nursing home but that was too much care so Merton offered the Trellis House flat

Where did you live before you moved in?

T lived in a privately rented a flat in Wimbledon for 20 years and he lived in Wimbledon for 54 years.

Did you consider any other schemes in addition to this one?

Showed him one other place but he didn't like the communal toilets, and it was also away from the shopping area

Do you think this scheme offers you the right amount of personal care?

Just about, some care was is better than others, some times only a few turn up. But T feels isolated; he says he might as well be in a dessert. T doesn't like how there is no socializing room and nothing is organised

As your needs have changed, has the care changed to meet these needs?

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

More community

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Nothing stops him, but he feels he needs a little help to go out b/c of his health

Would you like to play more of a role in determining the daily running of the scheme?

No not really but, maybe if his breathing was better

Is there anything you think needs to be changed or added to the scheme?

Social events; for example: Bingo, cards, chess, trips to a theatre or a bus to go shopping. But nothing is organised.

Do you have any other comments?

- *Feels Isolated*
- *He is still settling in*
- *Feels that people who are in Trellis House should be active and able to do social events*
- *T also said he would have like to come to a place like this earlier but he had never heard of such a place*

Appendix 7:

Survey – IQP MVSH C'02

Name:

Sex: Female

DOB:

Flat #:

Admission: 1995 (since beginning)

How has scheme changed since you've lived here? Do you like these changes?

New people, more incapacitated people

Why did you choose to live in this scheme?

How did you hear about this scheme?

Near to home and family support

Heard from Social Services, took tour with daughter

Where did you live before you moved in?

Personal Council Flat

Mobility issues

Did you consider any other schemes in addition to this one?

Trellis House, but it was farther away

Do you think this scheme offers you the right amount of personal care?

Yes, don't need any personal care, do get laundry and floors cleaned

As your needs have changed, has the care changed to meet these needs?

N/A

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

Food good, cook is good

eat in dining hall unless you can't make it, then they bring it to you

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Do go out sometimes, it can be a bit of a struggle

Would you like to play more of a role in determining the daily running of the scheme?

Didn't ask this question

Is there anything you think needs to be changed or added to the scheme?

Too hot, turn down the heat

Do you have any other comments?

Scheme poorly designed, i.e. Dustbins in horrible location w/o lights

Architects messed up?

Love Lane is sketchy

Name:

Sex: Female

DOB:

Flat #:

Admission: December 1995

How has scheme changed since you've lived here? Do you like these changes?

No really Residents have changed, they are now not as friendly as they use to be. Meg says residents use t e more able.

Why did you choose to live in this scheme?

How did you hear about this scheme?

Put name on council for a flat type place, and it was suggested from a social service lady that she look into the extended care facilities

Where did you live before you moved in?

Rented a house

Did you consider any other schemes in addition to this one?

Flat that Merton would have provided

Do you think this scheme offers you the right amount of personal care?

Yes no day-to-day care, but they come if she is not well

As your needs have changed, has the care changed to meet these needs?

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

Shopping and Laundry services are great

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Yes

Would you like to play more of a role in determining the daily running of the scheme?

No

Is there anything you think needs to be changed or added to the scheme?

No

Do you have any other comments?

- *Walks with a walker inside, but has a scooter for outside*
- *Had bad hearing but sight was OK*

Appendix 8:

Survey – IQP MVSH C'02

Name:

Sex: Female

DOB:

Flat #:

Admission: April '01

How has scheme changed since you've lived here? Do you like these changes?

N/A

Why did you choose to live in this scheme? *Health wasn't good; wanted to be nearer family*

How did you hear about this scheme?

Granddaughter

Where did you live before you moved in?

Chelsea Court

Did you consider any other schemes in addition to this one?

No

Do you think this scheme offers you the right amount of personal care?

Yes, health has improved since moving here

As your needs have changed, has the care changed to meet these needs?

Yes

Are you satisfied with the other services this scheme provides (transportation, food, community, security, etc)?

Yes, likes the dinner, likes the people, wants more activities and to be more involved

Do you enjoy the level of independence that this scheme provides? Would you prefer more or less independence?

Very happy with level of independence, can come and go as she wishes, just has to let Meg know.

Would you like to play more of a role in determining the daily running of the scheme?

Yes, but little/no interest by other tenants (see note below)

Is there anything you think needs to be changed or added to the scheme?

Can't see anything

Do you have any other comments?

Very happy here overall, much better than at Chelsea.

And a story:

T runs the Bingo; T got ill, so D said she would be willing to take over for him if he couldn't do it. T had an appt, couldn't do Bingo, D wanted to take it over for the night, but E cancelled it and T backed E. T and E have both been in the scheme significantly longer than D; D feels that they do not want her to organize events and that because of them, other tenants would not be inclined to attend events if she were to organize them.

Appendix 9:

Survey – IQP MVSH C'02

Name:

Age: 82

What kind of housing do you live in? Do you rent? Do you own your own home?

Owns Home, Town house with 3 levels

Do you receive any assistance in your home, i.e. care or support?

Has a cleaner, b/c there are so many stairs she can't handle it. Her legs are bad and walks with a cane.

What kind of assistance do you need (security, housekeeping, shopping, etc)?

Housekeeping

Are you familiar with the terms Very Sheltered or Extra Care? Have you or would you ever consider an Extra Care Facility?

Yes she is familiar, but not really considered living in it. She might have to some day but she describes the population in the schemes as the living dead. People are not active at all.

Have you ever heard of Trellis House or Glebelands?

Yes

What is the most important aspect of housing to you?

Good neighbours near her. Public transportation near her home; bus, underground.

Where do you plan to live in the future?

Live in home as long as she can

Comments –

Runs a lot of events at the S. Wimbledon Community Centre. Other older people told me that she organizes all kinds of parties and dance type events that are a lot of fun. So maybe the Older People are having so much fun in the community centres that they don't need the Community feeling of sheltered housing.

Appendix 10:

Survey – IQP MVSH C'02

Name:

Age: 94

What kind of housing do you live in? Do you rent? Do you own your own home?

Rented Flat

Do you receive any assistance in your home, i.e. care or support?

Yes, but it is her daughter helping her, and she receives financial support.

What kind of assistance do you need (security, housekeeping, shopping, etc)?

Are you familiar with the terms Very Sheltered or Extra Care? Have you or would you ever consider an Extra Care Facility?

No, would consider it at her age. The doctor even recommended it but the doctor said there was a long waiting list.

Have you ever heard of Trellis House or Glebelands?

Yes.....but doesn't know about them

What is the most important aspect of housing to you?

Where do you plan to live in the future?

Appendix 11:

Survey – IQP MVSH C'02

Name:

Age: 89

What kind of housing do you live in? Do you rent? Do you own your own home?

*Glebe Square council flat – rented
Doesn't feel safe, had two robberies
If she fell, no one would know*

Do you receive any assistance in your home, i.e. care or support?

No assistance, but limited mobility means she may need it

What kind of assistance do you need (security, housekeeping, shopping, etc)?

Mobility, security

Are you familiar with the terms Very Sheltered or Extra Care? Have you or would you ever consider an Extra Care Facility?

*Familiar with sheltered, has no idea how to get into it though
Doesn't know how to apply, would like to live in one though*

Have you ever heard of Trellis House or Glebelands?

Yes

What is the most important aspect of housing to you?

Safety and community

Where do you plan to live in the future?

Hopefully in supported housing if someone can help her figure out how to get it