



Sheltered Housing Review

The Highland Council
Housing Service
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1. INTRODUCTION

- 1.1 In August 2002, The Highland Council Social Work Service published the Strategic Review of Community Care Services for Older People. Within the Strategic Review, a commitment was made by Housing Services to review its sheltered housing provision. There were a number of reasons for undertaking the Sheltered Housing Review:

The population projections predicting a marked increase in the number of older people in Highland over the next 10 years.

The Scottish Executive Joint Future Report recommendation that older people are supported to live at home, rather than move into residential care.

The need to modernise The Highland Council's sheltered housing service, in line with these policy trends and demographics.

The need to ensure that the service provided in sheltered housing is consistent across all Council Areas.

- 1.2 A scoping document was produced, to inform the structure and content of the Review (see Appendix One). The main areas of the Review are as follows:

Literature review – investigating existing literature on sheltered housing, in particularly identifying areas of best practice; clarifying the definition of sheltered and very sheltered housing; looking at national research on the needs of older people in relation to housing and support.

Audit of current provision – identifying current sheltered housing across Highland, in the public and private sectors; identifying current suitability of local authority sheltered housing, in relation to age and condition; auditing existing sheltered housing warden services; comparison of the support provided for sheltered housing tenants with support provided to people living in other settings, eg residential care, mainstream tenancies.

Assessment of current and future needs – analysis of waiting lists for sheltered and very sheltered housing, across the public and private sectors; a 'dependency survey' of older people; analysis of the way that current allocations policies operate in relation to sheltered and very sheltered housing.

Definition of future service models – development of a range of possible models to meet estimated demand, taking account of the important links between sheltered housing and other models of accommodation and support provision.

Costs and implementation options – examination of the financial implications of any change to current accommodation and services to meet the future role of sheltered housing.

- 1.3 A Project Board and Project Team were formed to carry out the Review, involving staff from The Highland Council's Housing Service and Social Work Service.

2. EXECUTIVE SUMMARY

2.1 The following summary sets out the key points from each section of the Sheltered Housing Review.

2.2 Legislative and policy background

2.2.1 Sheltered and very sheltered housing provide part of a wide spectrum of accommodation options for people in need of care and support. Over the last few years there has been a strong national policy trend to move away from some of the more institutional types of care setting, eg nursing homes or long stay hospital beds, to services being available to support people in their own homes.

2.3 Current provision

2.3.1 There are a total of 1,063 sheltered houses and 26 very sheltered houses provided in the public sector in Highland. Much of the current sheltered housing stock (in particular in the public sector) is now at least twenty years old. It has small space standards, with the majority of houses (83%) having only one bedroom. The design of sheltered housing differs across the Council Areas. Across public sector provision, 54% of sheltered properties are bungalows, and 46% are flats.

2.3.2 The community alarm system provided in Council sheltered housing has been in place for a long time, and has not been upgraded in any systematic way.

2.3.3 There is a small, but growing, amount of sheltered (or retirement) housing available for owner occupation in Highland.

2.3.4 There are very low numbers of very sheltered houses in Highland.

2.3.5 All forms of sheltered (and very sheltered) housing provide similar facilities and services for tenants, including community alarm and warden services.

2.4 Tenancies

2.4.1 The average age of Highland Council sheltered housing tenants is 76 years old. There are a minority of younger tenants, many of whom have community care needs.

2.4.2 Within Highland, Cairn Housing Association currently levy the lowest charges for sheltered housing, with an average of £62 per week. The Highland Council charges an average of £65 per week. Charges for KirkCare's very sheltered housing are currently the highest, at £208 per week.

2.5 Vacancies

2.5.1 There is some variation between Areas, and providers, in the turnover of sheltered housing across Highland. Generally, turnover in the public sector during 2002/03 was around 14%.

2.6 **Current demand**

- 2.6.1 It is fairly difficult to gauge demand for sheltered housing accurately, due to many applicants applying as a “safety net” in case of future need. Of the 66 Highland Council sheltered housing vacancies allocated in 2002/03, 51 offers were refused by applicants. Of these, 18 were because people did not wish to move at that time.
- 2.6.2 On average, in relation to Highland Council vacancies, there were between 2 and 7 applicants for each sheltered housing vacancy that arose in 2002/03.
- 2.6.3 A total of 1,185 applicants on The Highland Council’s waiting list are aged 65+. 45% want ground floor housing, 38% would consider ground floor or two storey housing, 3% have requested only two storey housing, and 12% have stated that they only wish to apply for sheltered housing, and would not consider any other type of property, eg ground floor bungalow.

2.7 **Allocations**

- 2.7.1 All public sector sheltered housing providers use points based allocations systems.
- 2.7.2 Within The Highland Council’s Allocations Policy there is a requirement to carry out a needs assessment prior to an applicant being offered a sheltered house. At present, however, no formal process is in place to facilitate this.

2.8 **The Highland Council Warden Service**

- 2.8.1 The majority of Highland Council Sheltered Housing Wardens live on site, in tied accommodation.
- 2.8.2 There appears to be a lack of clarity about the role of Sheltered Housing Wardens, among applicants, tenants, families/carers, and other agencies.
- 2.8.3 Many Wardens feel they would like further training; more opportunities for networking with colleagues; a procedures manual; a change of job title; and a more integrated role in the assessment process with tenants.

2.9 **Staff perspective**

- 2.9.1 Highland Council Housing staff across Areas highlighted an overall decline in the popularity of sheltered housing, with the recognition that demand varies between schemes. The main reasons for this decline are felt to be:
- Small space standards, and one bedroom housing.
 - Some sheltered housing schemes are located fairly far from shops and other amenities.
 - Solid fuel heating in some sheltered houses.
 - Many applicants feel they are not ready to move yet, but have applied in case of future need.

2.9.2 Staff are concerned about the difficulties that arise when allocating tenancies where there is little or no demand from older people. They are aware of the clash of lifestyle that can often result from 'younger' people being allocated sheltered housing vacancies.

2.9.3 Staff highlighted the clash of lifestyles that can exist among older people in sheltered housing, and the difficulties this can cause.

2.10 **Service costs**

2.10.1 The Housing Revenue Account spend on sheltered housing for 2002/03 was £345,694, with the bulk being spent on warden salaries and rent for tied accommodation. From 2003/04, funding for sheltered housing is contained within the Supporting People grant.

2.11 **Other local authority provision across Scotland**

2.11.1 All of the local authorities who returned questionnaires (12 Councils) directly provide sheltered housing. Only one local authority directly provides very sheltered housing, but others have partnership arrangements to provide this type of housing with local Housing Associations.

2.11.2 The majority of local authorities provide a warden service on site, although some provide peripatetic, off-site warden services.

2.11.3 Rental charges for sheltered housing vary widely between local authorities, as do support charges.

2.11.4 Of the local authorities who provided information on trends in sheltered housing (7 Councils), all noted an increase in the average age of tenants and applicants. Only one local authority noted a shortage of sheltered housing, with the majority beginning to see a general decline in the popularity of sheltered housing.

2.12 **Needs assessment**

2.12.1 Population projections show a marked increase in the number of older people (aged 65+) in Highland over the next 10 to 15 years - an increase of 29% between 2003 and 2016. This will take the population of households with one or two older people from roughly 35,000 in 2003 to approximately 45,300 in 2016.

2.12.2 This projected increase is shown across Highland as a whole. The areas with the largest projected increase are Ross & Cromarty (44%) and Skye & Lochalsh (37%), while those with the lowest projected increase are Sutherland (16%) and Nairn (18%).

2.12.3 Within these projected increases, it is also anticipated that there will be an increase in the number of older people with dementia.

- 2.12.4 There is a shortfall of sheltered and very sheltered housing in Highland, when compared with guidance issued by The Scottish Office in 1991 on the provision of sheltered housing.
- 2.12.5 The Local Housing Strategy shows growth in the number of owner occupiers and Housing Association tenants in Highland, compared to a decrease in the number of local authority tenants.
- 2.12.6 There appears to be no significant difference in the profile of care and support needs among people living in sheltered housing compared to those people living in mainstream rented or owned housing.
- 2.12.7 Research, and consultation, focusing on the views of older people themselves show that, in the main, people wish to continue living in their own homes for as long as possible. Also that people need information on their possible options, to allow them to exercise choice.

3. **LEGISLATIVE AND POLICY BACKGROUND**

- 3.1 Sheltered and very sheltered housing provide part of a wide spectrum of accommodation options for people in need of care and support. Over the last few years there has been a strong national policy trend to move away from some of the more institutional types of care setting, eg nursing homes or long stay hospital beds, to services being available to support people in their own homes. This section of the Review sets out some of the legislation, and main policy drivers, behind this shift.
- 3.2 **National Health Service and Community Care Act 1990** – this Act aimed to oversee the policy aim of shifting the balance of care from hospitals and institutions to community based settings. It was also an attempt to bridge the gaps in community care law and to reduce DHSS expenditure on residential care. It placed a duty on local authorities to assess the need for ‘community care services’ and enhanced their duty to secure the provision of welfare services within a ‘mixed economy of care’.
- 3.3 **Modernising Community Care : An Action Plan** (Scottish Office, 1998) – published in response to concerns about the way services were being managed, delivered, and whether, in fact, they were the services people really required. It moved the focus of community care towards a partnership approach, and recognised that the successful delivery of community care depended on the ability of key agencies to work together, and with others. The main aims were:
- Better and faster results for people by focusing on them and their needs.
 - More effective and efficient joint working, based on partnerships.
- 3.4 **Modernising Community Care : The Housing Contribution** (Scottish Office, 1998) – recognised Housing’s essential role in achieving community care objectives, and was published to be read alongside Modernising Community Care : An Action Plan. Set out guidance for housing providers on general principles of good practice. The guidance covered:
- Strategic planning
 - Local planning and joint working
 - Translating strategic objectives into actual outcomes in local areas
 - The development of joint and shared assessments
 - Hospital discharge procedures
 - Options for a home based care and support solution for individuals
 - Housing management, including housing support functions
 - Monitoring and evaluation
- 3.5 **Community Care : A Joint Future** (Scottish Executive, 2000) – The Joint Future Group was established by the Scottish Executive in response to a view that the vision of joint working laid out in Modernising Community Care : An Action Plan had not been realised. The group was tasked with identifying ways of improving joint working among statutory agencies involved in delivering community care. The report that was published focused on achieving better outcomes for people, through:
- Better use of resources, with shared priorities
 - Better management, with single management arrangements
 - Less bureaucracy and duplication

Quicker and easier access to services

The report contained 19 detailed recommendations, including recommendations intended to assist with the shift of the balance of care (from institutional care to care at home). The Scottish Executive established the Joint Future Unit, to oversee the implementation of the recommendations contained in the report.

- 3.6 **Supporting People** (Scottish Executive, 2000) – policy and funding framework implemented across the UK for people in supported accommodation, or in receipt of floating housing support. The programme went live in April 2003 in order to support vulnerable people in different types of accommodation and tenure in ways responsive to their needs. The aim is to provide good range of quality services, focusing provision on local need more geared to the need of those receiving support and a greater degree of flexibility in service delivery. All local authorities received funding to establish administration of Supporting People with a view to the integration of support within wider local strategies, particularly Social Work and Housing departments, and Health Services.
- 3.7 **Community Care and Health (Scotland) Act 2002** – this Act introduced free personal care for the elderly, and the regulation of charging for home care services. It enabled a number of schemes to promote choice in care provision, and included measures to enable greater joint working between the NHS and local authorities. It also gave local authorities a duty to identify, as well as inform, carers of their right to a needs assessment, independent of the person being cared for.

4. LITERATURE REVIEW

4.1 A literature review was carried out as part of the Sheltered Housing Review, with two purposes - to examine the definition of sheltered and very sheltered housing, and to establish examples of good practice in relation to the provision of both.

4.2 The definition of sheltered, and very sheltered, housing

4.2.1 The model that we now recognise as conventional sheltered housing began to emerge shortly after the Second World War. The first priority during this time was the clearance of damaged or unfit housing, and the building of new family accommodation. However, over time, it was realised that this meant an imbalance in the type of housing available, with little provided for older people. Government policy began to encourage local authorities to provide “accommodation mid-way between self-contained dwellings and hostels providing care” (Ministry of Housing and Local Government design bulletin, 1958). This design guidance incorporated accommodation for a warden, the installation of an alarm system, and communal space. It was envisaged that this type of housing would provide low level support, and would be seen as one type of provision along a spectrum of care options. It was expected that people would move through that spectrum, ie from sheltered housing to residential and then nursing care.

4.2.2 Further guidance in a joint circular from the Ministry of Housing and Local Government, and Ministry of Health in 1961 introduced the idea of a ‘balanced population’ of tenants in sheltered housing. The intention was to balance the number of relatively fit tenants with those who were frailer, in order to not exceed the capacity of the warden service. Over time, however, this concept has faded, and sheltered housing is now generally allocated to those applicants with the highest need for support. Recent research¹ has highlighted this abandonment of the notion of balanced populations and takes the fact that sheltered housing tenants are now more likely to have higher support needs as the starting point for defining a new role for wardens. The research concluded that is becoming apparent the warden’s role needs to move towards becoming a professional partner in the assessment and care delivery system.

4.2.3 Research² has also shown that there can be considerable confusion about sheltered housing definitions, and that there are overlaps between categories routinely used to denote definitions. Common definitions/categories, used nationally, and based largely on the physical features of the property, are outlined in this section.

4.2.4 The longest standing definition of sheltered housing originated in the Ministry of Housing and Local Government Circular 82/69 (1969) “Housing Standards and Costs: Accommodation Specially Designed for Older People”. Sheltered housing was defined using the categories overleaf.

¹ ‘Sheltered housing is changing – the emerging role of the warden’, Metropolitan Housing Trust, 1998

² ‘Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing’, Housing 21, Oct 1999

Category 1 – housing specially designed or designated for older people. Dispersed bungalows and flats. Also blocks of flats and groups of bungalows, sometimes with a warden on site or a visiting warden. May have a common room. (Dispersed alarms are often provided to residents).

Category 1.5 – as above, but with the addition of a hard-wired alarm system.

Category 2 – grouped units, usually flats, specially designed or designated for older people. Usually have hard-wired alarm systems and internal corridors linking individual flats to communal areas. May have a resident or non-resident warden service.

Category 2.5 – designed for frailer older people, and may have special design features such as assisted bathing facilities and a dining room. May have a dedicated care team and a warden on site provided by a housing organisation or in partnership with a care provider. Usually have hard-wired alarm systems and may have other technology as well, such as movement sensors.

- 4.2.5 The Scottish Executive collect information annually on the amount of housing that is provided for ‘special needs’. This annual return includes information on amenity, sheltered, and very sheltered housing. The definitions used by the Scottish Executive are as follows:

Amenity housing - the design is based on the standards of general needs housing, with the addition of those features listed in 1 to 9 of the sheltered housing definition below. There is no warden, and a community alarm may or may not be fitted.

Sheltered housing - the design is based on the standards for general needs housing with the addition of the following features:

1. Housing should be provided at ground or first floor level, or in blocks over two storeys high served by at least one lift.
2. Space standards should be the same as for one or two person general needs houses.
3. Handrails should be provided on both sides of all common access stairs, and on at least one side of all common access areas and passages.
4. Bathroom doors should be either sliding or capable of opening outwards, and fitted with locks operable from the outside.
5. Bathroom floors should have a non-slip finish.
6. Handrails should be fitted beside the WC and bath/shower.
7. A space heating system must be provided which is capable of maintaining a temperature of 21C when the outside temperature is -1C in the following parts of the house: living area, sleeping area, kitchen, bathroom, hallway.
8. Light switches arranged to line horizontally with door handles.
9. Socket outlets fixed at a height of at least 500mm above the floor.
10. A warden service should be provided.
11. An emergency call service should be provided connecting each house to a warden system.

Very sheltered housing - this form of housing (sometimes known as 'care' and 'extra care' housing) generally has all the features listed for sheltered housing, but will usually have special bathroom facilities. In addition, a greater level of care and support is offered through the service of extra wardens, full-time carers or domiciliary assistance, and the provision of meals.

4.2.6 The definition used by The Scottish Executive is fairly technical, and focuses quite heavily on the physical design of the property. In reality, many houses that are classed by providers as sheltered housing do not meet all of the criteria above, eg blocks of flats without lifts.

4.2.7 Other definitions of sheltered, and very sheltered, housing are used by housing providers to describe the accommodation to the public. These are quite useful in understanding the type of service that is provided in sheltered, and very sheltered, housing. Two examples are quoted below, from Cairn Housing Association and Hanover (Scotland) Housing Association.

4.2.8 **Cairn Housing Association** defines sheltered housing as a type of housing intended for retired people aged 60 or over whom, while able to live independently in their home, would benefit from warden and emergency alarm call services. A resident warden is supported by a 24 hour emergency alarm call system. As part of the warden's duties s/he will contact tenants via the call system each weekday morning to ensure all is well. The warden will not carry out personal or nursing care, but will ensure that tenants receive adequate support. S/he may act as the first point of contact with a range of service providers. Communal facilities will generally include lounge with kitchen area; guest room(s); laundry room; central heating; limited on-site parking; garden area.

4.2.9 **Hanover (Scotland) Housing Association** defines sheltered, and very sheltered, housing as having the following features:

Sheltered housing

Unfurnished flatted accommodation, each of which is self-contained with its own living room, kitchen, bathroom and bedroom. On some developments 2 bedroom properties and cottages are available.

A daytime sheltered housing manager service (Monday – Friday) giving assistance to residents in the event of an emergency. Please note, the warden is not permitted to carry out nursing or domestic duties. On larger developments, the sheltered housing manager cover may be available at weekends. Otherwise, the community alarm service covers the development when the sheltered housing manager is off duty.

Connection to Hanover Careline or another provider of community alarm services.

Control door entry system.

Most developments have communal facilities such as communal laundries, guest room facilities and communal lounges.

Hanover maintains the ground areas and gardens.

Very sheltered housing

Specially designed to meet the needs which some older people may have, or may develop, in later life. Very sheltered developments promote independent living, allowing frail older people to live in their own homes but at the same time providing peace of mind with the knowledge that extra care is available if required.

Unfurnished flatlet with ensuite toilet and disabled access shower.

In some cases the flatlets have a kitchen area with sink, cupboards and facility for a refrigerator to allow snack preparation.

Flatlets have their own front door, letterbox and tenant control over entry to the development.

Hanover staff on development 24 hours a day.

All flatlets are fitted with a 24 hour alarm system.

Meals provided in the communal dining room.

Other communal facilities include laundry room, lounge and quiet areas.

Liaison with Health and Social Work agencies.

4.2.10 It would appear from these examples that, although the physical attributes of a property (in terms of accessibility in particular) are important in designating it as sheltered or very sheltered, the service that is provided for the tenant is perhaps more important in making the distinction between a sheltered, or very sheltered, house and a mainstream property.

4.2.11 At the moment, sheltered housing is exempt under the Right to Buy legislation.

4.3 **Examples of best practice**

4.3.1 The focus of many of the best practice examples that were found, across Scotland and England, appears to be the emphasis on enabling people to remain in their own homes. Two examples of best practice are highlighted below.

4.3.2 **West Lothian Housing With Care**

West Lothian Council's approach to support and care for older people in the community uses SMART technology in people's own homes, as well as in newly built housing developments specifically designed to deliver a new and innovative model of housing with care.

4.3.3 The ethos of housing with care is to promote and sustain independence for clients through capacity building and support. Clients moving into the scheme are moving house, often from their own homes. They are, however, moving as tenants into cottages to live independently with support from housing support workers in the complex, and from SMART technology installed in their homes. It is anticipated that through access to this combination of support, tenants should not have to move into a care environment. Instead, should their circumstances change, additional services can be brought in to help maintain them in their new homes.

4.3.4 West Lothian's housing with care developed from the 'Opening Doors for Older People' initiative, partly funded by Scottish Executive New Housing Partnership monies. Nearly £5m has been invested in the Partnership, which includes West

Lothian Council, Scottish Homes, Bield Housing Association, Hanover (Scotland) Housing Association and Lothian NHS Board. The Partnership funding is augmented by other funding from various sources, including the private sector, housing associations and the council itself. In total, the capital value of the developments over the first three years was more than £9m. The council's contribution to this was met in part through a decision to close three of its residential care units.

4.3.5 The 'Opening Doors for Older People' project involved a fundamental shift in the provision of housing and care for older people, with radical movement of investment from residential homes to people's own homes. Three of the six Council-owned residential homes have been closed, to be replaced by newly built housing with SMART technology. Three further developments have been built. In addition to the new build projects, older people's existing homes are being modified by using SMART technology, tailored to their assessed needs, though the development of SMART support at home.

4.3.6 The SMART support at home development has three phases:

Phase One - packages of technology were installed into approx 75 clients' homes, provided through a partnership agreement between Tunstall Telecom and West Lothian Council.

Phase Two – a tendering exercise was undertaken, confirming Tunstall Telecom as the providers of SMART technology in a project to upgrade the Council's community care alarm service to the new Home Safety Service. This enabled 1200 households to receive the Home Safety Service – core packages of technology, plus support from staff in the Health and Care Team, plus any personal equipment assessed as being required by tenants.

Phase Three – the Council intends to roll out the Home Safety Service to all people over the age of 60 years living in West Lothian.

4.3.7 The Home Safety Service provides support to tenants through the Health and Care Team. This team consists of 1 manager, 4 team leaders and 18 staff, all of whom are employed by West Lothian Council. They have a threefold role – rehabilitation, rapid response and community alarms.

4.3.8 In terms of the design of the housing with care, the new development consists of 21 flats built around a courtyard containing a garden area. Communal facilities for tenants include a laundry and assisted bathroom. At the front of the development is a 'hub' area, containing facilities that can be used by the tenants and also by members of the local community. The facilities include an internet café, a hairdressing shop and a bookable meeting/function room. Support staff are based at the hub, in a small office area.

4.3.9 The flats have a lift and are on one level once inside. They have a lounge, bedroom, bathroom and kitchen, connected by a hallway. They have been designed to permit access by disabled people, including wheelchair users. Each home contains a basic SMART technology package of:

Lifeline Unit (basic community alarm unit)

Two passive infrared detectors

Extreme temperature sensor

Smoke detector

Flood detector

Pendant alarm for tenant

Pull cord in bathroom

Door entry with video system

Some tenants may also have additional devices, such as fall detectors, window openers, etc, depending on their individual needs.

4.3.10 The development has a passive monitoring system installed, capable of monitoring the activities of daily living, but it is not yet being fully used. The system being used (Midas) is a prototype and is being developed in conjunction with the suppliers.

4.3.11 One of the properties in the development is set aside as a “flexible flat”, and can be used for up to 14 days at a time to provide short breaks from caring, for assessment and rehabilitation, or to avoid hospital admission and delayed discharges from hospital, assisted by the Health and Care Team.

4.3.12 There are now two housing with care developments in West Lothian, with a third due for completion in February 2004. The landlord for one scheme is Hanover (Scotland) Housing Association, and the other is Bield Housing Association. Average rents for the housing with care units are £185 per week, as follows:

Rent	£51
Property charge	£22
Heat/lighting	£7.00
Support charge	£82
Meals charge	£23

This compares to an average rent of £90 for sheltered housing in West Lothian, as follows:

Rent	£51
Property charge	£22
Heat/lighting charge	£7.30
Support charge	£10.30

4.3.13 An interim evaluation of the housing with care development has recently been published by Stirling University. The evaluation presents the results of a small scale study of the first, newly built, development, as experienced by tenants, carers and staff involved. Within the full evaluation, 83 staff and 48 clients and carers are to be interviewed. The first people to be interviewed were those living and working in the new housing with care development – a total of 10 tenants, 4 carers and 13 staff were involved in this first phase of evaluation. The main findings of this initial piece of work are summarised overleaf.

Tenant perspectives – once they had settled into their new homes, a large majority of the tenants were happy with them, positive about the benefits of the new model of care and the SMART technology. In several cases, people felt they had become more independent and able to do more for themselves than before they moved in, and there was a general feeling that they had been able to exercise choices and preferences. For a minority of tenants, there had been some difficulties, partly related to expectations that housing with care would be like residential care. For three tenants, the tenancies had proved unsuitable and they had moved on to residential care.

Carer perspectives – carers had been relieved of difficulties in most cases, and described their continuing involvement with the tenants positively. Generally, the new model of care had brought benefits, although there were suggestions that some carers also needed to be clearer about its purpose.

Staff perspectives – staff contrasted the new ways of working favourably with old ways, and there was continuing commitment and enthusiasm for the new model. Challenges for staff included ensuring that the community hub was fulfilling its purpose, and keeping up with continuing developments in technology.

Wider perspectives – other staff provided insights from a wider point of view. Again, comparisons were made with residential care, indicating a need for awareness of the new model. There was some debate about the extent of the support provided in the new development, and whether it was appropriate for everyone.

- 4.3.14 The interim evaluation concluded that there had been considerable achievements and there was continuing potential in the introduction of housing with care. It particularly highlighted the potential for capacity building, independence and the promotion of choice for tenants. Further evaluation is ongoing.

4.4 **South Ayrshire ‘Home Comforts’ Project**

- 4.4.1 The Home Comforts Project was established by South Ayrshire Council, and the local Acute Trust, Primary Health Care Trust and Health Board, in 2001, to pilot the use of SMART home technologies. The Project set out the following aims and objectives:

- Avoiding admission to residential care
- Avoiding admission to hospital
- Enabling those in hospital to return home
- Reducing the cost of care packages
- Reducing the intensity of individual packages of care
- Improving the quality of life of service users
- Providing additional comfort and respite to carers

- 4.4.2 The pilot project itself was relatively small scale, involving 22 service users within one postal district. This small sample necessitated qualitative rather than quantitative methods for the evaluation. At the beginning, the project aimed to cater for older people, but rapidly developed to also provide services for people with disabilities, including learning disabilities, from a wider age group.

4.4.3 The Project involved installing SMART technology in people's homes, with monitoring carried out by a central monitoring station (call centre). Calls made by tenants are directed initially to the monitoring station, who hold a list of volunteers (usually family members/carers) that can be contacted to respond to the call. In cases where there are no volunteers available, a team of mobile attendants (available 24 hours a day) would be called upon to respond. In addition, a rapid response team (North Ayr Speedy Action team) were able to provide a service for tenants if required.

4.4.4 The evaluation took place over a period of twelve months, and involved 8 service users, 6 carers and 12 staff members from a range of disciplines. The key findings from the evaluation were as follows:

Service user perspectives – Service users were generally positive, and many reported improved quality of life. Many had come to take the technology for granted. All service users valued their independence greatly, and the project appeared to support this. Security was a particular issue for service users, who appreciated the increased security provided by the technology. Control over entry to the house also brought improved privacy for service users.

Staff perspectives – staff experiences were generally positive. They felt that the project had benefited service users. Some staff were beginning to work in new ways, across disciplines, and to realise the potential of new technology. Staff were particularly keen to see the project rolled out across the Council area, and many staff mentioned the strong potential of the smart technology for use with people with dementia.

Carer perspectives – benefits to carers were marked in most cases, and reactions to the technology packages were positive overall, despite an indifference to some of the equipment. The commitment to the home was strongly emphasised in the interviews with carers, who insisted that the people they cared for were better off at home. For some carers, the use of the smart technology meant they could have a break for the first time in a long time without worrying about the safety and security of the person they cared for.

4.4.5 Within the evaluation of the Home Comforts project, a comparative study was made of service users who were not part of the project. The key aim was to examine whether the Home Comforts project had an impact upon service use. The samples were small, so the conclusions should be regarded as tentative and suggestive, rather than definitive. However, the comparison indicated that the Home Comforts users' service users were better sustained at home and showed a different pattern of service use than the comparative sample. They were less likely to receive GP visits or be admitted to hospital or residential care. They used the monitoring station and the North Ayr Speedy Action team more than the comparators.

4.4.6 Since completion of the pilot, in 2002, the use of SMART technology has been mainstreamed in South Ayrshire. Referrals are now made through the normal Social Work assessment process, and the post of Home Comforts Project Manager has been mainstreamed. SMART technology is funded through NHS

resource transfer monies and mainstream Social Work budgets.

5. AUDIT OF CURRENT PROVISION

5.1 This section of the Review looks at the sheltered, and very sheltered, housing that is available in Highland at the moment. It provides information on the number of houses, their availability (in terms of vacancies) and current demand. With respect to The Highland Council only, this section looks at the allocations process currently in place; the warden service; and staff views of existing Council provision.

5.2 Information is provided at the end of this section on consultation that was carried out with other local authorities in Scotland on their sheltered housing service.

5.3 Current provision

5.3.1 Sheltered and very sheltered housing is provided in both the public and private sectors in Highland. The vast majority of public sector sheltered and very sheltered housing is provided by four organisations – The Highland Council, Cairn Housing Association, Hanover (Scotland) Housing Association and Kirk Care Housing Association. Albyn Housing Society Ltd have 8 very sheltered tenancies within the Howard Doris Centre, Lochcarron, Ross & Cromarty.

5.3.2 The provision of public sector sheltered and very sheltered housing in Highland differs by Area, and provider, is shown in tables 1 and 2 below.

Table 1 : Public sector sheltered and very sheltered housing in Highland

AREA	Sheltered	Very sheltered
Badenoch & Strathspey	148	-
Caithness	120	-
Inverness	303	12
Lochaber	95	6
Nairn	72	-
Ross & Cromarty	204	8
Skye & Lochalsh	24	-
Sutherland	97	-
Highland	1063	26

5.3.3 Table 1 shows that the majority of sheltered housing is located in Inverness and Ross & Cromarty, as might be expected given their larger populations. It can be noted, however, that there is a fairly substantial amount of sheltered housing in Badenoch & Strathspey, the majority provided by Hanover (Scotland) Housing Association.

5.3.4 Table 2 overleaf shows the amount of public sector sheltered, and very sheltered, housing in the Highlands, by provider.

Table 2 : Public sector sheltered and very sheltered housing, by provider

AREA	Highland Council	Cairn	Hanover	Kirk Care	Albyn	Abbeyfield	Total
Badenoch & Strathspey	16	-	132	-			148
Caithness	60	60	-	-			120
Inverness	201	78	-	36			315
Lochaber	10	-	79	-		12	101
Nairn	42	-	-	30			72
Ross & Cromarty	172	32	-	-	8		212
Skye & Lochalsh	-	-	-	24			24
Sutherland	48	25	-	24			97
Highland	549	195	211	114	8	12	1089

5.3.5 In addition, The Abbeyfield Society provide ‘supported sheltered housing’ in five areas of Highland. Abbeyfield define supported sheltered housing as “small households offering private rooms (usually with ensuite bathrooms) and cooked meals. Residents enjoy freedom from bills and house/garden maintenance.” Abbeyfield properties in Highland are listed below:

<u>Area</u>	<u>Number of bedrooms</u>
Badenoch & Strathspey – Kingussie	8
Badenoch & Strathspey – Nethy Bridge	8
Inverness	8
Nairn	8
Ross & Cromarty – Fortrose	7

5.3.6 In writing up the Review, these Abbeyfield properties have not been counted as sheltered, or very sheltered housing. This is because accommodation is provided in large, shared houses. In this sense, the properties are not what would traditionally be regarded as sheltered or very sheltered housing.

5.3.7 Until recently, there was only one private sector sheltered housing complex in Highland, built in 1986 and managed by Hanover (Scotland) Housing Association in Inverness. The scheme comprises 38 one bedroom flats, on two storeys. Recently, however, further developments have taken place within the private sector in Highland. There have been two main developers – McCarthy & Stone in Inverness, and Mull Hall in Ross & Cromarty.

5.3.8 McCarthy & Stone currently have 61 flats in Inverness. A further development of 55 properties is planned on the site of the former Royal Northern Infirmary in Inverness.

5.3.9 Mull Hall is a care home in Barbaraville, Easter Ross. They recently built 10 bungalows alongside the care home, and there are plans for a further 40 bungalows.

5.3.10 It is appropriate to consider sheltered, and very sheltered, housing as only being part of the provision of accommodation with support and care for older people.

Residential and nursing home care is provided across Highland, with the number of bedspaces listed in the table below. It should be noted that the Care Commission now require residential and nursing homes to be registered as ‘care homes’, able to provide appropriate levels of care to meet individual needs. Care homes in Highland are moving towards this registration standard, but are shown in the table below by their original capacity.

Table 3 : residential and nursing care provision – number of bedspaces, by Area

Area	Residential	Nursing	Dual
Badenoch & Strathspey	60	45	
Caithness	90	156	
Inverness	178	431	95
Lochaber	56	40	
Nairn	65	94	
Ross& Cromarty	257	40	198
Skye & Lochalsh	98	40	
Sutherland	47		40
Total	851	846	333

5.3.11 Included in the figures on residential care are The Highland Council’s Resource Centres and Community Care Units. These are split across Areas as follows:

Table 4 : Highland Council Residential care provision, by Area

Area	Bedspaces
Badenoch & Strathspey	33
Caithness	42
Inverness	54
Lochaber	32
Nairn	23
Ross& Cromarty	89
Skye & Lochalsh	21
Sutherland	30
Total	324

5.3.12 With the Highland Council’s provision of residential care, 4 centres have been defined as Community Care Units. These are the Wade Centre in Badenoch & Strathspey; the Telford Centre in Fort Augustus; Lochbroom House in Ross & Cromarty; and An Acarsaid in Skye & Lochalsh. As Community Care Units, they are able to provide a flexible model of care. Older people can be provided with a level of care that equates to very sheltered housing, and care can be increased to residential and nursing care levels if required.

5.4 **Characteristics of sheltered housing**

- 5.4.1 All public sector sheltered houses within Highland (Council and Housing Associations) provide a community alarm for each tenant. These alarms generally take the form of pullcords in each room of the house. The Highland Council's community alarm system is provided by Tunstall Telecom, and calls are handled by either the warden or the local Social Work Service Resource Centre. Hanover (Scotland) Housing Association operate their own community alarm system (Hanover Careline), with calls being handled by a call centre in Edinburgh. This Careline also covers the owner occupied blocks that Hanover (Scotland) Housing Association manage in Inverness. KirkCare Housing Association and Cairn Housing Association operate similar careline systems to Hanover.
- 5.4.2 Within The Highland Council's sheltered housing, the age of the existing community alarm systems varies. Some alarms have been in place for twenty years, and are now in need of replacement. To date, replacements have been made on an 'as required' basis, by the Areas; there has been no planned programme for replacement and upgrading.
- 5.4.3 Across Highland, sheltered and very sheltered housing provided by the Council and Housing Associations (HA) is a mix of bungalows and flats, the majority with one bedroom. The mix of provision is set out in the table below, with more detailed information available in Appendix Two.

Table 5 : Sheltered and very sheltered housing by property type

	Total	Bungalows	Flats	Bedsit	1 bed	2 bed	3 bed
HA	540	113	427	107	414	17	0
Council	549	480	69	15	490	44	2
Total	1089	593	496	122	904	61	2

- 5.4.4 In terms of private sector 'retirement housing', facilities provided by McCarthy & Stone include a TV entry system; a community alarm system linked to the House Manager or directly to their Careline system when the House Manager is off duty; communal residents' lounge; guest suite. Residents must be aged 60 or over to purchase a flat.
- 5.4.5 The Mull Hall development requires residents to be aged 55 or over to buy their home. They can access services within the residential care home if they choose to, eg meals. A community alarm system is available, linked to Mull Hall. The first phase of development included a village shop, and a further phase will include a community centre.
- 5.4.6 In terms of the age of existing sheltered housing, The Highland Council's sheltered housing was built between 1950 and 1983 (with the exception of one scheme in Inverness that was built in the 1920s). The majority of the Council's sheltered housing was built in the mid to late 1970s.
- 5.4.7 Detailed information is unavailable on the construction, and characteristics, of all Council sheltered housing at present. It should be noted, though, that in some of the more rural areas, sheltered housing has solid fuel heating, in the form of an open fire. We also know that the majority of sheltered houses were

built with baths, rather than showers. These characteristics have changed over time, as individual tenants' needs have been assessed, and met through heating changes, and the installation of level access showers. There is no planned, Highland wide programme, however, to address these issues in all sheltered houses.

5.5 **Tenancies**

5.5.1 The Highland Council has a total of 549 sheltered housing tenancies (roughly 3% of its total stock). The age profile of sheltered housing tenants ranges from mid-fifties to nineties (with one tenant aged over 100). The average age of tenants is around 76 years old.

5.5.2 It is worth noting that there are a few tenants in sheltered housing aged in their thirties and forties (the majority of whom have community care needs). This is the case in a minority of tenancies, and reflects the difficulties that sometimes occur in allocating sheltered housing in areas with low demand. Issues relating to demand are highlighted in section 5.7.

5.5.3 Rents for sheltered housing tenancies vary between providers. The following tables show the average rent and service charges for sheltered, and very sheltered, housing in Highland. It should be noted that support charges for sheltered housing are now covered by the Supporting People programme, with tenants who were resident prior to April 2003 being exempt from charges.

Table 6 : Average weekly charge for sheltered housing

	Council	Hanover	KirkCare	Cairn	Abbeyfield
Rent	£45.00	£40.00	£68.00	£34.00	£50.74
Service charge	Nil	£22.00	£24.00	£17.00	£18.04
Support charge	£20.78	£14.00	*£20.00	£11.00	£65.84
Totals	£65.78	£76.00	£112.00	£62.00	£134.82

*charges vary from £6 to £35, depending on sheltered housing scheme

Table 7 : Average weekly charge for very sheltered housing

	KirkCare	Albyn	Abbeyfield
Rent	£68.00	£42.36	£55.81
Service charge	£73.00	£28.79	£18.03
Support charge	£65.00	*£70.00	£91.54
Totals	£206.00	£141.15	£165.38

*charges vary, depending on individual need

5.6 **Vacancies**

5.6.1 Between 1 October 2002 and 30 September 2003, there were a total of 67 vacancies in the Council's sheltered housing stock (12%). On average, these vacancies took between 6 to 12 weeks to allocate to new tenants. Within this average, there are marked differences in turnover times – from as little as 2 weeks, to one property at 43 weeks. The 12% turnover rate for sheltered housing in 2002/03 is slightly higher than the overall rate (9%) across all Council houses for the same period.

5.6.2 The Housing Associations that provide sheltered housing in Highland experienced slightly higher turnover rates over the same period. Hanover (Scotland) Housing Association had 33 vacancies (16%); and KirkCare Housing Association had 19 vacancies (17%).

5.7 Current demand

5.7.1 Information has been gathered on current sheltered housing waiting lists with The Highland Council, Hanover (Scotland) Housing Association, KirkCare Housing Association and Cairn Housing Association. It should be noted that it has not been possible to determine the overlap in waiting lists, so there will inevitably be an element of duplication in the figures recorded below. It is the Council and Housing Associations' policy to encourage applicants to apply to all relevant housing providers (particularly the Council, as they are able to nominate applicants to Housing Associations for vacancies). This means that **the level of duplication in the waiting lists is likely to be fairly high**. Work is underway in Highland to develop a Common Housing Register, with the aim of streamlining the way in which people apply for housing with The Council and Housing Associations.

5.7.2 The tables below show demand for sheltered housing. Table 8 shows the number of applications for sheltered housing by area, by provider, as at October 2003. It should be noted that the figures provided are by Council Area boundary, and do not reflect the wide variation that can exist within Areas in relation to demand for individual sheltered housing schemes. Also, that they show demand for sheltered housing in those areas where sheltered housing currently exists. Table 9 compares the number of applicants for Council sheltered housing with the number of lets over the year October 2002 to September 2003 (assuming that demand remained fairly consistent over that 12 month period).

Table 8 : Demand for sheltered housing, at October 2003 (waiting lists for letting areas with provision)

Area	Council	Hanover	KirkCare	Cairn
Badenoch & Strathspey	1	80		
Caithness	9			
Inverness	119		32	
Lochaber	2	77		
Nairn	32		20	
Ross & Cromarty	*62			
Skye & Lochalsh	**19		7	
Sutherland	10		6	
TOTAL	254	157	65	Not available

* In addition, Albyn Housing Society Ltd reported that, at end November 2003, there were 17 applications from older people for housing in Lochcarron (where Albyn have 8 very sheltered houses).

**Although Highland Council has no sheltered housing in Skye & Lochalsh, these may be applicants who would accept a nomination to KirkCare for vacancies.

Table 9 : Ratio of applicants to Council sheltered housing vacancies (based on waiting lists for lettings areas with provision, Oct 02-Sept 03)

Area	sheltered houses	vacancies	applicants	applicants per vacancy
Badenoch & Strathspey	16	1	1	1
Caithness	60	9	9	1
Inverness	201	18	119	7
Lochaber	10	0	2	2
Nairn	42	9	32	4
Ross & Cromarty	172	23	62	3
Sutherland	48	6	10	2
Highland	549	66	235	4

5.7.3 The Highland Council applications noted are all from older people who have indicated on their housing application that they would consider a sheltered house, and their first choice of area is one with sheltered housing provision. In practice, when allocating a vacancy, it can often be the case that applicants have applied for sheltered housing as a “safety net” in case they require it in the future. In considering the 66 vacancies noted above, records show that 51 offers were refused. This means that many of these vacancies were offered to more than one applicant before they were accepted. The reasons given for these refusals vary, with the majority (18) being due to applicants “not wishing to move at present”.

5.7.4 In addition, in relation to the Council’s waiting lists only, information has been gathered on demand from older people (aged 65+) for housing. The table below shows the type of housing that applicants have said they would consider, by Council wide area. Please note that these figures include applicants who have said they would consider sheltered housing whether the lettings area has sheltered housing or not.

Table 10 : Highland Council transfer and waiting list applicants aged 65+, by area and house type preference

Area	Ground floor only	Ground floor or 2 storey	2 storey only	Sheltered only
Badenoch & Strathspey	16	23	6	3
Caithness	45	36	8	8
Inverness	221	121	10	77
Lochaber	65	74	0	10
Nairn	24	32	1	11
Ross & Cromarty	114	120	8	28
Skye & Lochalsh	31	40	1	2
Sutherland	24	21	1	4
Highland	(45%) 540	(38%) 467	(3%) 35	(12%) 143

5.7.5 Table 10 shows that, of the 1,185 applicants aged 65+ across Highland, 45% want ground floor housing, 38% would consider ground floor or two storey housing, 3% have requested only two storey housing, and 12% have stated that

they only wish to apply for sheltered housing, and would not consider any other type of property, eg ground floor bungalow.

5.8 **Allocations**

5.8.1 The Highland Council and Housing Associations operate individual allocations policies, that are points based. This means that an applicant's housing circumstances are assessed, and specified levels of points are awarded to reflect those circumstances, eg overcrowding; living in substandard housing.

5.8.2 In addition, The Highland Council has nomination agreements with the Housing Associations. This allows a Housing Association to ask the Council for nominations from its waiting list, for a particular percentage of vacancies each year.

5.8.3 When allocating sheltered housing, a shortlist is drawn up of all applicants who have requested a sheltered house in the area that the vacancy arises. The vacancy would then normally be offered to the applicant with the highest points on the list, for whom the house would be suitable.

5.8.4 Sheltered housing applicants, in general, are older people, often with a medical need to move house (reflected in medical points on their housing application). The Highland Council's Allocations Policy states that "sheltered housing vacancies will be allocated on consideration of the points award for each applicant together with an assessment of needs". This is to allow a qualified judgement to be made about the individual's need for the support provided by the warden service. It recognises the fact that medical points in themselves do not always show the true picture of need in relation to support.

5.8.5 In the past, the needs assessment was carried out by Social Work Services once a shortlist had been produced for a vacancy. Over time, Social Work has become unable to carry out these assessments, due to increasing pressures on the Service.

5.8.6 At present, therefore, there is no formal system in place across Highland to provide such an assessment of needs, and in the main Accommodation Officers are allocating sheltered housing based on the points award and their own knowledge of the applicant if they have had contact with them.

5.9 **The Highland Council Warden Service**

5.9.1 The Highland Council operates a warden service for all tenants of sheltered housing. There are currently 29 Warden posts, 5 Assistant Warden posts, and 9 Relief Warden posts. Of these, 25 occupy tied housing provided by the Council. Six of the sheltered housing schemes in Highland have no resident warden – this function is provided by the local Social Work Resource Centre. These schemes are located in Lochaber, Nairn, Ross & Cromarty and Sutherland.

5.9.2 At the moment, wardens work slightly different hours, and have slightly different duties, depending on the Area that they work in, due to the way the posts have evolved over time. A review is currently underway of the terms and

conditions of Highland Council wardens, to meet the requirements of the Working Time Directive.

- 5.9.3 In basic terms, however, the warden's main role is to contact tenants twice daily, to ensure that they are well, and to then act as a liaison with other Services if required, eg Health or Social Work Service. This contact generally takes the form of a brief visit in the morning, and a call using the community alarm system in the afternoon/early evening. The warden also takes any community alarm calls that may come from sheltered housing tenants.
- 5.9.4 As part of the Sheltered Housing Review, a questionnaire was issued to wardens, asking for their views on their current role. Of the 42 questionnaires issued, 23 were returned (54%). The questionnaire covered a range of issues, including training, procedures, role and responsibilities. A detailed summary of responses is attached at Appendix Three. The main themes arising from the questionnaire are listed below:
- The majority of wardens have undergone very little training in their current role.
 - Wardens would like training in a range of subjects, including lifting and handling; dealing with bereavement; and health and safety.
 - Wardens would welcome more opportunities for networking with colleagues, both within the Housing and Social Work Services, and with Housing Association colleagues.
 - Wardens feel there is a need for a procedures manual, covering issues such as starting and ending a tenancy; hospital discharges; dealing with accidents; and dealing with complaints.
 - Wardens have mixed views about the benefits of living onsite, and therefore being physically available 24 hours a day (even when they should be off duty). Although they all feel that it is important for tenants to have a service available at all times, many felt that the service did not necessarily have to be provided by the warden themselves.
 - The majority of wardens feel they could have a more integrated role in the assessment process (in relation to health and social care) and a better liaison with health and social care services.
 - The majority of wardens feel that the term 'sheltered housing warden' is no longer appropriate, and would welcome a change of title. The preference was for 'sheltered housing officer', or 'sheltered housing manager'.
- 5.9.5 When speaking to other Housing staff (see section 5.9 below), there was a view that there are some misconceptions among applicants for sheltered housing (and in some cases, tenants) about the role of the warden. It was noted that there are often expectations that the warden will carry out more duties, eg social care and support, than their role allows. Housing staff felt it would be useful to have an explanatory leaflet for applicants, and a handbook for tenants, outlining the service they could expect to receive when living in sheltered housing.

5.10 **Staff perspective**

- 5.10.1 Consultation was carried out with Housing staff in all Areas of The Highland Council, to gain their view of current sheltered housing provision.

5.10.2 The main themes that came out through the consultation were as follows:

Recognition of the increasing age profile of sheltered housing tenants (many are now over 80 years old).

Difficulties can be experienced allocating sheltered housing. It was felt that this was for several reasons:

- Small space standards, and housing with one bedroom, becoming more unpopular.
- Some sheltered housing schemes have solid fuel central heating, and this can be unmanageable for older people.
- Some sheltered housing schemes are located quite far from town centres and other amenities.
- Many applicants on the waiting list feel that they are not yet ready to move, and have applied as a security for the future.

Difficulties providing nominations to Housing Associations for their vacancies – some Housing Associations have flatted accommodation and first floor vacancies can be unpopular.

Recognition that demand varies greatly across the Highland Council Area, with some sheltered housing schemes being hard to let and others being fairly popular with older people.

Potential conflict can arise when demand for a vacancy is very low – sometimes vacancies are allocated to ‘younger’ people, and this can cause a clash in lifestyle with older residents. In addition, some Areas are experiencing difficulties with lifestyle clashes among older sheltered housing tenants. This appears to be mainly due to some older tenants having problems with alcohol dependency.

Difficulties can sometimes be experienced in providing equipment and adaptations for people in sheltered housing, due to small space standards.

5.11 **Service costs**

5.11.1 Information has been gathered on the costs incurred by The Highland Council in providing sheltered housing. The total Housing Service revenue cost for 2002/03 was £345,694. The bulk of this spend was for warden salaries and rent for tied accommodation.

5.12 **Other local authority provision across Scotland**

5.12.1 Questionnaires were issued to all other 31 local authorities in Scotland. The questionnaires aimed to find out the amount, and type, of sheltered and very sheltered housing provided by other local authorities, along with information on rent and service charges, and any trends that local authorities have noted in relation to the service.

5.12.2 Of the 31 questionnaires issued, 12 were returned (38% return rate). The local authorities that returned the questionnaires were:

Angus	Moray	Scottish Borders
Argyll & Bute	North Lanarkshire	South Ayrshire
Dundee	Orkney Islands	West Lothian
Fife	Renfrewshire	Western Isles

5.12.3 Of these local authorities, Argyll and Bute are the only one to have carried out a strategic review of sheltered housing, although Angus Council are in the process of doing so. The responses received are summarised below.

5.12.4 Housing provision

All of the local authorities provide sheltered housing, apart from Scottish Borders Council who have transferred their stock. Dundee Council are the only Council to directly provide very sheltered housing. West Lothian Council have 8 tenancies that are classified as 'housing with care'.

All of the local authorities provide sheltered housing in 'schemes' or 'complexes', apart from Western Isles Council, who have 109 properties scattered throughout the community.

Fife Council are in the process of changing some of their sheltered housing to very sheltered.

5.12.5 Warden service

The majority of the local authorities provide a warden service on site, where the warden is provided with tied accommodation. The exceptions to this are Dundee, Fife, Moray, North Lanarkshire and Renfrewshire, where a peripatetic warden service is provided in some schemes.

The majority of the warden services are funded by the Housing Service. The exception to this is Western Isles Council, where the Social Work Service funds the warden service.

The majority of the local authorities' wardens provide a service only to the sheltered housing schemes. Fife Council provide a warden service to properties outwith their sheltered housing schemes.

5.12.6 Charging

Average rental charges for sheltered housing vary across the local authorities. The highest charge is West Lothian (£80.30 per week; compared to £45.13 for mainstream rent), and the lowest are Moray Council and Angus Council (from £35 per week; equivalent to their mainstream rents).

Support charges also varied across the local authorities. Charges in sheltered housing range from £10 per week to £43 per week, with the support charge for West Lothian's 'housing with care' at £82 per week. Renfrewshire Council levy individualised support charges, depending on the tenant's needs. North Lanarkshire, Orkney Islands and South Ayrshire do not levy a support charge to sheltered housing tenants.

5.12.7 Trends

Not all Councils answered this question in the survey. Of the seven Councils that did, all noted an increase in the number of frail elderly applicants (and existing tenants), who require additional support. They all noted an increase in the average age of tenants (mainly 70-80+). Three of the local authorities also noted an increase in demand from younger people (aged under 60) with a range of support needs, including learning disabilities, mental health problems and alcohol dependency.

West Lothian Council report that, although their waiting list for sheltered housing looks quite healthy (with 500 applicants), they are aware that

many applicants use the system as a form of ‘insurance policy’, and don’t always accept an offer of housing when it arises.

Renfrewshire Council are the only local authority to report a shortage of sheltered housing, and high demand (approx 1800 on waiting list, with annual turnover of 50 properties). They are currently exploring ways to increase supply.

Angus and Dundee Councils report difficulties in letting some of their sheltered housing. Both Councils feel that there are multiple reasons for this decline in popularity, including:

- Generally small space standards within sheltered housing.
- Unsuitability of some sheltered housing for people with physical disabilities or mobility problems.
- Increasing success of delivering care and support to people in their own homes.
- Introduction of Supporting People, reinforcing the separation between accommodation and support.

6. NEEDS ASSESSMENT

- 6.1 In order to consider options for the future direction, and development, of housing for older people, it is important to try to map out needs over the next few years. It should be noted that there is actually very little in the way of reliable methodology to allow this needs projection to be made accurately.
- 6.2 In 1998, The Scottish Office published guidance on the prevalence method of estimating housing and community care needs within a population. This methodology was used by The Highland Council when producing 'An Assessment of the Housing and Community Care Needs of Older People in the Highlands' (Feb, 1999). An explanation of the prevalence rate methodology is given in Appendix Four.
- 6.3 There was some debate, nationally, about the reliability of the prevalence rate methodology, and the Scottish Office issued a letter in 1999 stating that they were reviewing the methodology. In the meantime, they recommended that local authorities revert to guidance that had been issued in 1991, which stated that for every 1,000 people aged 65 or over in the population, there should be 20 very sheltered, 46 sheltered and 80 'medium dependency' dwellings.
- 6.4 Subsequently (in 2003), guidance on needs assessment was issued by The Scottish Executive, in relation to the implementation of Supporting People, recommending the use of prevalence rate methodology. This Review, therefore, looks at the assessment of need that is derived by using the prevalence rate methodology, and also makes comparisons with the 1991 guidelines on housing provision.

6.5 Prevalence rates

- 6.5.1 It should be noted that prevalence rates are only able to provide a broad, baseline estimate of the prevalence of housing and community care needs within a population. It is generally recognised that prevalence rates alone are unlikely to provide an accurate indication of need at a local level.
- 6.5.2 Based on population projections provided by General Register Office (Scotland)³, applying prevalence rates⁴ it is estimated that in 2003 there are around 35,000 households of people aged 65+ in the Highlands with varying community care needs (both one and two person households). It is estimated that by 2016 this will increase to around 45,300 households (a projected increase of 29%).
- 6.5.3 Within this overall figure of 45,300 households, the prevalence rate estimates for levels of housing and community care need would indicate approximately 20,000 households with minimal needs, 7,000 with low needs, 6,000 with medium needs and 3,000 with high needs. The Scottish Executive definitions of housing and community care needs would indicate that those people classed

³ 2000 based population projections, General Register Office (Scotland). It is important to note that the projections should not be treated as forecasts but as an indication of what might happen in the future if past trends were to continue.

⁴ 'New Guidelines on the Provision of Community Care Housing in Scotland', The Scottish Office Development Department, 1998

as having medium or high needs may wish to consider sheltered or very sheltered housing (see Appendix Four for definitions). As previously stated, however, caution should be exercised when using prevalence rate methodology. It is unclear to what extent the prevalence rate figures are likely to represent genuine immediate need, and to what extent it is likely to be satisfied by mainstream housing combined with special care packages (see Appendix Five for detailed statistics).

- 6.5.4 At the time of writing this report, detailed population projections by Area, based on the 2000 General Register Office (Scotland) statistics were not available. The prevalence rate information at Area level is therefore based on projections made using their 1998 statistics. This may mean that they slightly underrepresent the projected change highlighted through the 2000 statistics.
- 6.5.5 The prevalence rate projections show an increase in the number of people aged 65+ across all areas of Highland. Within this overall increase, however, the areas projected to have the largest percentage increase are Ross & Cromarty (44%) and Skye & Lochalsh (37%). The areas with lowest percentage increases are Sutherland (16%) and Nairn (18%) (see Appendix Five for detailed projections).
- 6.5.6 Within these projected increases, it is also anticipated that there will be an increase in the number of older people with dementia. Projections⁵ show an increase of approximately 20% in the number of older people with dementia between 2002 and 2012. In 2002, the estimated number of older people with dementia was 2,372, of whom approximately 1,660 would be likely to have moderate to severe dementia.

6.6 Scottish Office 1991 guidance

- 6.6.1 Using the Scottish Office 1991 guidance on sheltered and very sheltered housing (see para 5.3 above), and relating it to the provision of public sector sheltered housing (as set out in Table 1), it appears that the Highland area has a substantial shortfall in accommodation. The table below shows the amount of housing recommended in the guidance, compared to the amount currently available in the public sector by Area (see Appendix Five for projections).

Table 11 : Sheltered housing provision compared to Scottish Office 1991 guidance

Area	Sheltered		Very sheltered	
	Guidance	Actual	Guidance	Actual
Badenoch & Strathspey	110	148	48	0
Caithness	215	117	94	0
Inverness	446	282	194	12
Lochaber	124	95	54	6
Nairn	110	72	48	0
Ross & Cromarty	387	207	168	8
Skye & Lochalsh	96	24	42	0
Sutherland	128	97	56	0
Highland Total	1608	1042	699	26

⁵ 'Towards a 20/20 Vision : Caring for Older People the Highland Way', Highland Council Social Work Service, August 2002

6.6.2 It should be noted that, although Highland provision is low compared to the Scottish Office guidance (particularly in relation to very sheltered housing), the guidance is now twelve years out of date. It was issued prior to the main policy drivers (beginning with 'Modernising Community Care : An Action Plan' in 1998) that have seen the desire for a shift to enabling people to live in their own homes with appropriate care and support. As noted earlier in this report, the 1991 guidance has been used in the absence of anything being published to supersede it.

6.7 **Housing information**

6.7.1 The 2001 Census profile for Highland shows a total population of 208,914, with 34,679 people aged 65+ (of whom, 15,250 aged 75+). In relation to the population as a whole, it showed the following tenure pattern:

- 65% owner occupiers
- 18% rented from Council
- 4% rented from Housing Associations
- 7% private rented
- 6% other

6.7.2 Statistics ⁶ show that the proportion of Council housing has decreased significantly over the last decade. The proportion of owner occupation has increased, with the greatest growth in outright owners. The proportion of Housing Association stock has doubled, whilst the proportion of private rented housing has remained the same.

6.7.3 The Census also showed information on household composition, as follows:
31% are single households (any age)
23% are pensioner households (1+)

6.8 **Current 'dependency' information**

6.8.1 It was anticipated that, as part of the Review, a 'dependency survey' would be carried out. In practice, this was difficult to achieve in any reliable way, without actually questioning large numbers of individuals about their current situation, and their likely future needs. A decision was therefore taken to try to take some measure of dependency from information that is already available.

6.8.2 Analysis was therefore carried out of the home care currently provided by The Highland Council Social Work Service. This analysis looks at the overall amount of home care provided to older people, to try to measure the levels of dependency that exist in the community. It also provides information on the levels of home care that are provided to The Highland Council's sheltered housing tenants, in an attempt to make a comparison.

6.8.3 The most recent statistical information available on home care provision is for the month of September 2003. In that month, a total of 3,924 people aged 65+

⁶ Highland Housing Needs Study (DTZ Pineda, May 2003)

were in receipt of home care (including free personal and nursing care) through the Social Work Service.

- 6.8.4 The following table shows the breakdown of people aged 65+ receiving home care in Highland, by the amount of home care provided. It shows the breakdown for all service users, and also by those who are Council sheltered housing tenants (using info gathered in November 2003).

Table 12 : Hours of home care provided in the community, compared to home care provided in Council sheltered housing

Hours per week	All clients	Percentage	Sheltered housing	Percentage
Up to 2 hours	979	25%	34	20%
2 to less than 4 hours	1,159	29%	58	34%
4 to less than 10 hours	1,162	30%	50	30%
10 to less than 20 hours	510	13%	22	13%
20 or more hours	114	3%	5	3%
Total provision	3,924	100%	169	100%

- 6.8.5 The table appears to show that those Highland Council sheltered housing tenants in receipt of home care have a broadly similar profile (in relation to levels of home care provided) as those people receiving home care across the community. Further analysis was undertaken in one area of Highland, to try to provide a more detailed comparison of needs between people living in sheltered housing and those in mainstream housing (either rented or owned). Although the sample was small, the analysis showed that the levels of home care provided depended very much on the amount of unpaid care people were already receiving from friends and family. It appeared that there was no link between the type of property that people were living in, and the subsequent amount of home care required to assist them to remain independent. Detailed findings are attached in Appendix Six.

- 6.8.6 Analysis was undertaken of the number of tenants in Council sheltered housing who receive home care – in order to give us an idea of the proportion of tenants who are in need of support services over and above that provided by the warden service. The following table shows the number of Council sheltered housing tenants for each Area, and the number of those in receipt of home care.

Table 13 : Number of Highland Council sheltered housing tenants in receipt of home care, at November 2003

Area	Total number of tenants	Tenants receiving home care	Percentage
Badenoch & Strathspey	16	2	12%
Caithness	60	24	40%
Inverness	201	53	26%
Lochaber	10	4	40%
Nairn	42	9	21%
Ross & Cromarty	172	55	32%
Skye & Lochalsh	-	-	-
Sutherland	48	27	56%
Highland	549	174	32%

6.8.7 The table shows that there is a fairly wide variance, by Area, in the percentage of Council sheltered housing tenants who are in receipt of home care. This may be taken to indicate that it is not only those people who are most likely to be in need of care and support that occupy sheltered housing, but that it caters for people with a wide range of needs.

6.9 **The views of older people**

6.9.1 In 1999, The Highland Council Housing Service published “An Assessment of the Housing and Community Care Needs of Older People in Highland”. During the course of this research, consultation was carried out in each Area of Highland with staff groups, voluntary organisations, older people themselves and carers. A literature review was also carried out.

6.9.2 The main themes and issues emerging from the consultation, and literature review, relevant to sheltered housing were:

There is a need for more localised housing with support options to enable people to remain in their own communities.

Accommodation must become more flexible, able to adapt to increasing needs, so that people don't have to move.

There is a lack of sheltered accommodation in some areas and an oversupply in others.

Some sheltered accommodation is now considered inadequate, especially that with only one bedroom.

The role of wardens should be expanded, and more community wardens should be provided.

Work is needed to improve housing information and advice for older people.

6.9.3 During focus group discussions that were held as part of the consultation, the following was the summary of people's views on sheltered housing:

Reasons for moving to sheltered housing

- Home no longer suitable for needs, eg mobility problems.
- To be nearer family.
- Upkeep of property and garden too much.
- Health problems meant no longer safe to live at home.

Preferences for care

- Most people would have preferred to continue living in their own homes.
- Some people expressed concern about future health difficulties, but most tried to be accepting of future restrictions and positive about what could still be done.
- People were reluctant to consider going into a residential home as this was felt to involve a loss of independence.

Views on accommodation

- Overall, people were satisfied, however there were some complaints about design of individual properties.
- There was a feeling of security and companionship.
- There was a feeling that not enough attention was being paid to building energy efficient housing.

Summary of needs of people in sheltered housing

Accommodation

- own front door
- a reasonable size of accommodation was important
- good standards of accommodation and refurbishment
- to move only once
- energy efficiency

Support

- unobtrusive but enabling
- help with shopping/medicines
- activities if want them, both coming in and going out
- help in home if not able
- relevant health services

Social Contact

- the desire for people to know “I’m not dead yet!”
- maintaining the life they knew
- being near family

Independence

- transport
- being able to do shopping
- adequate income

- 6.9.4 Although the views represented above were gathered four years ago, it can be assumed that little has changed during that time to alter these views and perceptions – in particular, no other model of sheltered housing has been provided in Highland.
- 6.9.5 Looking outside Highland, there is a lot of national, published material on older people’s needs, wishes and aspirations. Relevant information from these is set out below.
- 6.9.6 ‘Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing’ was published by Housing 21⁷ in 1999. It presented findings from a research study on very sheltered housing within a broader framework of rethinking the pattern of services for older people. Twenty three local authorities from different parts of England participated, along with Housing Associations who provide very sheltered housing.
- 6.9.7 The research found that
“...there is a growing realisation that older people’s aspirations are changing more rapidly than used to be the case. Older people in advanced older age (75+ years) no longer expect the state alone to

⁷ Housing 21 is a Housing Association provider of sheltered housing who commissioned research into future models of housing, care and support.

provide services, nor are they grateful for those services, whatever their quality. There are signs that instead, people over the age of 75 years are more likely to have higher expectations over service standards and are looking for more choice of service options. Research on and with older people who use social care, health and housing services indicates that this shift is happening across the country, including areas where there is a strong tradition amongst the older population that ‘the Council will provide and knows what is good for me’.”

6.9.8 The research also showed that

“.....the shift in expectations and aspirations is particularly pertinent where older people are paying for part or all services received. Payment by older people will increasingly be the norm. This is because more older people are paying some or all of the charges for services out of their own resources. There is a growing appreciation that older people are heterogeneous although homogeneity tended to be assumed for the purposes of housing, health and social care planning until very recently. Recognition of diversity means that both building and service models need to be flexible enough to allow for future change and for the individual needs and preference of users to be met.”

6.9.9 Key themes from consumer research (Farrell, Fletcher and Robinson, 1999; Sykes and Leather, 1996 and 1997; and Henwood and Waddington, 1998) indicate that:

Maintaining independence and control, despite being very frail, are central to wellbeing.

Services need to maintain ordinary living as far as possible. Choice about housing and services, having a say in how those services are delivered, service responsiveness and flexibility, safety and security, and help in developing and maintaining social activities and informal support networks are all vital.

Residential care has a place, but for many (but not all) it is the last service option they want to consider. Intermediate options such as services that can be provided at home and sheltered/very sheltered housing are important and are closer to what people want.

Physical standards to allow privacy and personal space are of growing importance, and some residential care and sheltered housing is seen by older people as being below an acceptable standard.

When older people are thinking about moving, many want to move within a very small geographical area. This area is usually chosen with great care either because it is the locality they are familiar with, or the locality has the support, transport and care services older people need close by. These tendencies appear amongst older people regardless of the tenure they occupy.

People are moving to sheltered housing at a later stage. This is because they are often moving for care and support or security, rather than lack of suitable housing.

Research evidence shows that sheltered housing is often able to support residents who develop dementia during the course of their life in sheltered housing, unless they exhibit challenging behaviour. However,

there is less clarity about whether sheltered housing can support people who move to sheltered housing as new residents, particularly if they have more than mild dementia.

- 6.9.10 Communities Scotland published “Delivering Choice in Housing and Support for People with Particular Needs : Perceptions and Realities” in March 2003.

The report stated that

“Most of the older people who were involved with this study reflected a determination to remain as independent as possible for as long as possible. For those considering sheltered housing, this attitude was tempered by an awareness of their relative vulnerability in some more normal housing environments. In this context sheltered housing was viewed as offering them the opportunity to keep their independence and enjoy a lifestyle of their choice whilst at the same time being reassured by the support and community living that was on offer. It is also apparent from this study that close relatives feel reassured for their older relative by the environment of a sheltered housing scheme. Where the burden of care upon them is also eased, it enables them to reduce their level of commitment in the sure knowledge that an alternative is readily at hand.”

- 6.9.11 Although research and consultation has been carried out in different areas of the UK, the theme of people wishing to live as independently as possible does seem to appear throughout. In addition, the principle of choice, and the fact that older people are likely to have higher expectations now than in the past is also prevalent.

7. OPTIONS AND RECOMMENDATIONS

7.1 Having considered the findings within the Sheltered Housing Review, a set of criteria was drawn up. The criteria were devised to reflect the key issues of importance within the Review, in particular those issues that were important to older people themselves. The criteria were used to allow an appraisal of a number of strategic options to be carried out by the Project Board.

7.2 The criteria used are:

- **Provide for increase in population** - to try to meet the housing needs of the projected increase in the number of older people in Highland over the next 10 years. (Source :
- **Cater for different, and increasing, levels of dependency** – to try to meet the changing needs that individuals might have, over time, while living in the same accommodation, and to try to meet a range of needs within the same model of housing.
- **Enable people to retain independence** – to try to ensure that people can remain independent, and able, for as long as possible.
- **Enable people to continue to live at home in their own communities** – to try to ensure that, in order to have their housing needs met, older people do not necessarily have to move away from their familiar environment.
- **Costs** – to allow a measure of what is realistic in terms of cost, relating to each option.
- **Risks** – to allow a measure of what is realistic in terms of risk (political, financial, etc), relating to each option.

7.3 A set of strategic options was devised, to consider ways in which the Council's sheltered housing service might develop in Highland. These options are:

Option 1 – No change to current sheltered housing service.

Option 2 – Adapt existing service.

2a Remodel sheltered housing, providing 2 bedrooms and communal space (where possible).

2b Remodel sheltered housing (as above) and provide very sheltered service.

2c Extend warden and community alarm service into wider community.

2d Remove warden service and replace with centralised call handling service.

Option 3 - Provide new, purpose built sheltered housing schemes.

Option 4 - Transfer sheltered housing stock to Housing Associations.

7.4 The Project Board carried out an appraisal of the four options, using the criteria described in para 7.2 above to assist them.

7.5 The appraisal process concluded that **Option 1** and **Option 4** were the **least favoured** options, mainly because they do not provide for any increase in population, or for people's changing, and increasing, needs. **Option 2** and **Option 3** were **favoured**, with particular emphasis within Option 2 on Option **2c** and Option **2d**. It was felt that option 2c and 2d could allow for more

flexible use of existing housing, by providing the ability to provide a sheltered service to people living in their own homes in the wider community. It was felt to be important, particularly in relation to option 2d, that any developments are carried out in conjunction with Social Work Services and NHS Highland, to ensure that they link with the development of integrated community care services under the Joint Future agenda. There was agreement that Option 3 could enable most of the criteria to be met, although a recognition that there are obviously fairly high cost implications.

- 7.6 Through discussion, it became clear that a combination of Option 2 and Option 3 would need to be considered, depending on the geography, demography and needs of each of The Highland Council's Areas. It also became clear that a range of models for sheltered and very sheltered housing need to be considered. This should include new build very sheltered housing, adaptation of existing sheltered houses, and changes to the current allocations policy to enable older people to be housed in appropriate mainstream housing with a "sheltered" service delivered to them in that setting.
- 7.7 It was agreed that costings should be drawn up for this range of options, and feasibility work carried out relating to the development of new very sheltered housing, and/or the redesignation of existing sheltered housing as very sheltered.
- 7.8 In addition to the strategic options outlined above, the Review highlighted a number of areas where development, or management, recommendations can be made. These are recommendations relating to the direct management of the current service that can be put in place alongside any development of the strategic options. These recommendations are:
- Carry out an audit of the age, and condition, of current sheltered housing alarm systems, to inform a strategic programme for replacement.
 - Develop a Highland wide training programme for sheltered housing wardens (joint training with Housing Associations, Social Work Services and NHS Highland where appropriate).
 - Develop a procedure manual for sheltered housing wardens.
 - Develop a sheltered housing handbook for tenants, and an information leaflet for applicants.
 - Introduce the use of single shared assessment into the allocation process for sheltered housing.
 - Develop procedures for information sharing between sheltered housing wardens and the Social Work home care service.
 - Consider a change of title for sheltered housing wardens.
- 7.9 A report has been prepared for presentation to The Highland Council's Housing and Social Work Committee on 17th March 2004 summarising the findings of the Sheltered Housing Review, and presenting the options and recommendations.

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APPENDIX 1

Strategic Review of Community Care Services for Older People

Remit for Joint Review of Sheltered and Very Sheltered Housing

1. Background

- 1.1 In 2000, 19% of Highland's population was at or above pension age. Highland is expected to experience the 5th highest increase of all Scottish local authorities in people who are of retirement age (60/65), with the number of people of this age expected to rise from around 39,500 to nearer 53,000 between now and 2016, an increase of around 34%. Within this overall increase in the number of people over retirement age, it is anticipated that there will be a substantial increase in the number of people aged 75 and over (17% compared to 7% within the 65-74 year age range).¹
- 1.2 Suitable housing is integral in maintaining older people's dignity, privacy and independence. Increasing home and community based solutions for elderly people such as equipment, and adaptations to the home can allow them to remain at home for longer. More intermediate solutions such as "sheltered housing" can assist in maintaining independent living reducing the overall level of institutional care.
- 1.3 There are currently around 1,500 sheltered housing units in the Highlands owned and managed by either the council or registered social landlords / housing associations. There are also a significant number of private sector housing developments aimed at older people. In addition the Council operates a "Help Call" system which is available, subject to need and resources, irrespective of housing tenure, and which offers a limited degree of support to older people.
- 1.4 The proportion of sheltered housing by population in the Highlands is lower than the national average. In terms of **local authority** sheltered housing, Highland has approximately one sheltered house per 79 people over retirement age, compared to the Scottish average of one sheltered house per 50 people over retirement age.
- 1.5 A review of sheltered housing services is required to ensure that the current and future needs of the ageing population are met, in a cost effective way, and also in ways which maintain independent living and reduce institutional settings. This supports the policy directives within the Joint Future Report, and the Highland Joint Community Care Plan 2001-2004, which are aimed at enabling people to remain in their own homes and communities in older age.

2 Scope of Project

- 2.1 The project will be carried out in 6 phases / elements of work, as follows.

¹ Highland Joint Community Care Plan 2001-2004

Literature review

- 2.2 It will be necessary to investigate current literature on sheltered housing, including the available models and the experience of their operation. This should provide useful information on best practice / experience in similar environments. This element of work should also involve benchmarking with other local authorities on current practice.
- 2.3 This element of the research should also establish very clear definitions of “sheltered housing”, “very sheltered housing” and other related terminology.
- 2.4 This phase of the project should provide a very clear template of best practice in relation to housing and related support services for older people.

Audit of current provision in the Highlands

- 2.5 This stage of the review will involve a detailed audit / assessment of current sheltered housing provision.
- 2.6 This should involve an assessment of:

Current suitability of existing buildings for frail elderly people, in terms of current physical standard, including buildings; energy use; space standards; health and safety of residents, and comparing these to best practice / current regulations.

Current warden services provided in existing services, and comparing these to best practice.

Comparison of the provision of home care/housing support/Helpcall to older people who live in sheltered and very sheltered housing against the provision to those who live in mainstream housing.

Assessment of current and future needs in the Highlands

- 2.7 This should involve an analysis of current and projected needs for different levels of housing support services for older people. This will include analysis of relative needs for varying levels and types of support – eg. Help call, sheltered housing, mobile wardens, very sheltered housing. An analysis will be made of the relative supply and demand pressures in different Council Areas and communities.
- 2.8 The work should include a “dependency survey” of existing sheltered housing residents and help call clients as well as those on the waiting list. Options, including the Resource Use Measure, will be considered when deciding upon the most appropriate dependency measure to use for this purpose.
- 2.9 This phase of work should also involve an analysis of the operation of the current allocation policies of both the council and housing associations in terms of priority points, and the role of medical assessments / single shared

assessment process in prioritising and accessing housing and support solutions.

Definition of future service models

- 2.10 It is likely that a range of models of accommodation, and support, will be required to meet the diverse needs of older people across the Highlands. If that is borne out by the research it is likely that the future service will be characterised by a more flexible range of support services, either home-based, with a warden or in a more intensive “very sheltered” model.
- 2.11 Based on the above 3 phases of research this phase should set out a range of specific models of provision for consideration. It will be important to consider the links and relationships between sheltered housing and other models of accommodation and support provision, including the role played by home care, housing support and institutional care, for example.
- 2.12 This phase would also quantify the services required, by location, based on the needs analysis and “dependency survey” work.

Costs and implementation options

- 2.13 Having established the framework for future service provision there will be a need to compare existing provision with what will be needed in future.
- 2.14 It is likely that this will need to involve the reconfiguration of existing services, and buildings.
- 2.15 This phase of the review will therefore examine what will be required to change current accommodation and services to meet the future role of sheltered housing.
- 2.16 This will involve assessing the utilisation of existing buildings that are underused, including change of use for existing buildings and services to meet future needs.

Implementation

- 2.17 This phase will involve a clear, costed programme of works and service developments required to achieve the reconfiguration of current services. This will include consideration of capital and revenue costs associated with these changes.

3 Inclusions

- 3.1 The review will include all existing sheltered housing provision in the social rented sector, as well as existing housing support services to older people. It will also take account of developments in the area of private sheltered housing.

4 **Exclusions**

4.1 None

5. **Constraints**

5.1 Difficulty in existing methods of needs assessment at local level – the needs assessment methodology which is currently available is not robust enough to provide reliable information at a very local level. This is particularly the case in relation to prevalence rate information.

5.2 Difficulty in agreeing terms and definitions to allow national comparisons – there are several working definitions of sheltered and very sheltered housing.

5.3 Need to incorporate work with required service review process in relation to Supporting People.

5.4 Difficulty in applying benchmarking and best practice in the context of the Highland situation.

5.5 Resource implications in carrying out full “dependency survey” of all sheltered housing tenants.

5.6 Measuring “unmapped” need, eg older people living at home with fairly intensive home care packages, but who have not applied for sheltered housing, so demand wouldn’t be picked up from waiting lists. While this is a difficult area to assess, it will be addressed during the review if time and resources allow.

5.6 Lead in times and resource issues in relation to both capital and revenue implications.

5.7 Personnel implications in relation to future configuration of warden services.

5.8 Geography and rural sparsity may constrain options which could be proposed, due to cost concerns.

6 **Methods to be used**

6.1 Desk top / literature review of best practice.

6.2 Dependency surveys of existing service users, and those on the waiting list

6.3 Needs analysis and related analysis of waiting list information, and other available information on demand (see 5.6 above).

6.4 Option appraisal on alternative models

6.5 Area sensitive assessment of alternative models.

6.6 Work study assessment and analysis of future personnel resources

7 **Participants**

Housing Services
Social Work Services
NHS Highland – as required
Housing Associations – as required
Property & Architectural Services – as required
Tenants Consultative Group (TCG)
User and carer involvement - HCCF

8 **Reporting arrangements**

8.1 There will be a **Project Board** comprising:

Director of Social Work
Director of Housing
Head of Housing Strategy
Head of Operations (Community Care)
Housing Policy Officer (Community Care)

8.2 The project board will meet every 6 weeks for the duration of the project.

8.3 There will be a **Project Team** comprising:

Head of Housing Strategy
Housing Policy Officer (Community Care)
Housing Policy Officer (Supporting People)
Senior Housing Officer – Assistant Area Housing Manager
Senior Housing Officer
Community Care Planner

Head of Housing Development – as required

Head of Design – as required

9 **Consultation with stakeholders**

Progress reports to The Highland Council Housing & Social Work Committee

Tenant Consultative Group

Highland Community Care Forum

Senior Citizens Network

Staff and Trade Union briefings as required

Housing Association Liaison group

Housing Management Team

Social Work Management Team

Sheltered Housing Tenants / carers

Related National Voluntary Organisations

10 **Timetable and Project Plan**

10.1 To be developed as preliminary stage of review.

11 **Output**

11.1 Report which outlines the following:

Current status and condition of public sector sheltered and very sheltered housing

Current and projected demand for sheltered and very sheltered housing

Current and projected demand from older people for support at home

Examples of best practice, and service models for sheltered and very sheltered housing, and support at home for older people

Recommendations on the way forward for the development of sheltered and very sheltered housing, and support at home, for older people (including cost comparisons)

David Goldie
Head of Housing Strategy

19/08/03

VERSION 5

APPENDIX 2

SHELTERED HOUSING BY AREA AND PROVIDER - HOUSE TYPE, NUMBER OF BEDROOMS AND COMMUNAL FACILITIES

Key: Communal facilities : l=lounge, dr=dining room, gf=guest flat, ly=laundry, g=garden

Provider	Location	Classification	Units	Bedsit	1 bed	2 bed	3 bed	bungalows	flats	ground	first	second	lift?	communal
Badenoch & Strathspey														
Hanover	Aviemore	sheltered	26		26			6	20	12	8		no	l,dr,gf,ly,g
Hanover	Grantown	sheltered	23		18	5		12	11	5	6		no	ly,g
Hanover	Grantown	sheltered	28		26	2		2	26	13	13		no	l,gf,ly,g
Hanover	Kingussie	sheltered	27		26	1		5	22	11	11		yes	l,gf,ly,g
Hanover	Newtonmore	sheltered	28		28			10	18	9	9		yes	l,gf,ly,g
Council	Aviemore	sheltered	16		16			16						none
			148		140	8	0	51	97	50	47	0		
Caithness														
Cairn	Thurso	sheltered	24		24				24	12	12		no	l,gf,ly,g
Cairn	Wick	sheltered	36	26	10				36	17	19		yes	l,gf,ly,g
Council	Halkirk	sheltered	10		10			10						none
Council	Lybster	sheltered	8		8			8						none
Council	Thurso	sheltered	34		34			34						none
Council	Castletown	sheltered	8		8			8						none
			120	26	94	0	0	60	60	29	31	0		
Inverness														
Cairn	Huntly Street	sheltered	44	24	20				44	21	20	3	no	l,gf,ly,g
Cairn	MacEwen Court	sheltered	34	17	17				34	17	17		no	l,gf,ly,g
Kirk Care	Lower Kessock St	sheltered	24	0	20	4			24	18	18		yes	l,dr,gf,ly,g
Kirk Care	Lower Kessock St	very sheltered	12	0	12	0			12	"	"		"	"
Council	Balnacraig Court	sheltered	17		7	10		17						none
Council	Balnacraig Road	sheltered	25		25			25						none
Council	Queen Mthr Hse	sheltered	17	13	4				17	17				l,dr,gf,ly,g
Council	Haugh Court & Rd	sheltered	28		28			8	20	10	10		no	none
Council	Lochiel Road	sheltered	37		37			37						none
Council	Macewen Drive	sheltered	23		2	21		21	2					none
Council	St John's Ave	sheltered	10		10			10						none
Council	St Mary's Ave	sheltered	32		32			32						gf
Council	Beauly	sheltered	12		11	1		12						none
			315	54	225	36	0	162	153	83	65	3		

Provider	Location	Classification	Units	Bedsit	1 bed	2 bed	3 bed	bungalows	flats	ground	first	second	lift?	communal
Lochaber														
Abbeyfield	Ballachulish	sheltered	6		4	2		6						none
Abbeyfield	Ballachulish	very sheltered	6		4	2		6						none
Hanover	Corpach	sheltered	24		24			8	16	8	8		no	l, gf, ly, g
Hanover	Fort William	sheltered	29		28	1			29	9	10	10	yes	l, gf, ly, g
Hanover	Kinlochleven	sheltered	26		26			6	20	10	10		no	l, gf, ly, g
Council	Arisaig	sheltered	8		8			8						none
Council	Strontian	sheltered	2		2			2						none
			101	0	96	5	0	36	65	27	28	10		
Nairn														
Kirk Care	Whinnieknowe	sheltered	30	2	28			1	29	14	15		no	l, dr, gf, ly, g
Council	Maclean Court	sheltered	20		20				20	13	7		yes	l, ly, gf, g
Council	Q'park Gardens	sheltered	22		22			12	10	6	4		yes	l, ly, gf, g
			72	2	70	0	0	13	59	33	26	0		
Ross & Cromarty														
Albyn	Lochcarron	very sheltered	8	6	2			8						
Cairn	Tain	sheltered	32	18	14				32	16	16		no	l, gf, ly
Council	Fortrose	sheltered	20		20			20						none
Council	Conon Bridge	sheltered	8		8			8						none
Council	Muir of Ord	sheltered	10		10			10						none
Council	Dingwall	sheltered	10		10			10						none
Council	Gairloch	sheltered	15		14	1		15						none
Council	Alness	sheltered	7		6	1		7						none
Council	Ullapool	sheltered	13		12	1		13						none
Council	Avoch	sheltered	19		19			19						none
Council	Balintore	sheltered	13		11	2		13						none
Council	Invergordon	sheltered	10		5	4	1	10						none
Council	Lochcarron	sheltered	12		12			12						none
Council	Dingwall	sheltered	18		16	2		18						none
Council	Evanton	sheltered	9		9			9						none
Council	Cromarty	sheltered	8		8			8						none
			212	0	160	11	1	172	0	0	0	0		
Skye & Lochalsh														
Kirk Care		sheltered	24	16	8			18	6	6				l, d, gf, ly, g

Provider	Location	Classification	Units	Bedsit	1 bed	2 bed	3 bed	bungalows	flats	ground	first	second	lift?	communal
Sutherland														
Cairn	Dornoch	sheltered	25		25			9	16	8	8		no	l,gf,ly
Kirk Care	Helmsdale	sheltered	12	0	12			12						l,gf,ly
Kirk Care	Lochinver	sheltered	12	0	12			12						l,dr,gf,ly,g
Council	Melness	sheltered	4		4			4						none
Council	Brora	sheltered	12		12			12						none
Council	Golspie	sheltered	7		6		1	7						none
Council	Ardgay	sheltered	14		13	1		14						none
Council	Melvich	sheltered	4		4			4						none
Council	Lairg	sheltered	7		7			7						none
			97	0	95	1	1	81	16	8	8	0		

Provider	Units	Bedsit	1 bed	2 bed	3 bed	bungalows	flats	ground	first	second	
HIGHLAND											
Abbeyfield	12		8	4		12					
Albyn	8	6	2			8		8			
Cairn	195	85	110			9	186	91	92	3	
Hanover	211		202	9		49	162	77	75	10	
KirkCare	114	16	92	4		43	71	38	33		
Council	549	15	490	44	2	480	69	46	21		
	1089		122	904	61	2	593	496	260	221	13
Overall		11%	83%	5.80%	0.20%		54%	46%	52%	45%	3%
Council		3%	89%	7.80%	0.20%		87%	13%	67%	23%	

Overall provision

22 schemes with flats; 7 of which have lifts (31%)
61 schemes in total; 22 with communal facilities (36%)

Council provision

2 Council schemes with flats; both have lifts
40 schemes in total; 3 with communal facilities

APPENDIX 3

Sheltered Housing Wardens – Survey Results

Of 42 surveys issued, 23 replies were received (55% response rate).

Of the 23 replies, 1 was from Badenoch & Strathspey, 9 were from Inverness, 10 from Ross & Cromarty and 3 from Sutherland.

Section 1 : Training

1. How long have you been in your post?

Varied from 4months to 25 years (majority 5 years plus)

2. Do you have any qualifications in the following fields?

2 nursing qualifications; 3 SW qualifications (1 Scotvec I&II; 2 unspecified);

1 other (unspecified)

3. Have you undertaken any training since your appointment?

Internal	11
External	3
Both	3
None	6

4. If you have undertaken training, please specify:

Moving and handling	9
First Aid	9
CIH – The Warden’s Role	5
Dementia awareness/care	8
Food hygiene	4
Role of carer	1
Community care	1
Mental health awareness	1
Caring skills	1
Handling bereavement	1
Stress management	2
Customer care	4
Health and safety	1
Risk assessment	1
Gas safety	1
Managing change	1
Adults with Incapacity Act	1
Disability Equality	3
Flexicare	2
Care of the elderly	1

5. Would you be interested in attending training courses?

18 Yes 5 No

6. If yes, please specify particular topics of interest.

Anything relevant	3
Updates on previous courses	2
More about housing side of things	1
Terminal illness	2
Strokes	2
Medical problems	2
Alcohol problems	1
Communication skills	1
Dementia awareness	1
Mental health awareness	1
First Aid	3
Health & Safety	3
Procedures for various issues	1
Aspects of caring for older people	2
Benefits and form filling	1
How to operate tenants' heating	1

7. Have you ever referred to any of these publications?

Sheltered Housing Today	1
Effective Sheltered Housing	4
Wardens Guide to Healthcare	3
Other	-

8. Who is your line manager?

The majority of respondents were clear about who their line manager is.

9. How often do you have contact with your line manager?

More than once a week	3
Once a week	1
Fortnightly	0
Monthly	0
At least 6 times per year	5
Only as the need arises	12
(2 no answer)	

10/11/12. Do you think more formal contact (eg more joint training/meetings) with colleagues is:

Other Council wardens	
Very important	10
Quite important	12
Not important	1
Not at all important	0
Local Housing & Social Work staff	
Very important	9
Quite important	8
Not important	5
Not at all important	0
Wardens from other organisations	
Very important	5
Quite important	15
Not important	2
Not at all important	0

13. Would you like training/information on:

Allocation of housing	10
Community care	17
Equipment and adaptations	15
Health and safety	18
Other	
Anything relevant to post	3
Complaints procedures	3
Bereavement counselling	1
Counselling people living alone	1

14. Do you know the appropriate contact for reporting repairs, rent/benefit enquiries, tenancy queries, health problems, care and support issues.

All respondents knew where to contact relevant agencies (3 respondents unclear about who to contact for tenancy queries and rent/benefit enquiries).

15. Do you have a procedures manual for:

Starting a tenancy	5
Ending a tenancy	5
Hospital discharges	1
Benefits claims	1
Reporting repairs	11
Dealing with accidents	8
Dealing with complaints	9
Fire safety	9

16. How would you prioritise the need for a procedures manual on the following subjects:

Priorities were:

1. dealing with accidents
2. fire safety
3. dealing with complaints
4. hospital discharges
5. reporting repairs
6. benefit claims
7. starting and ending tenancy

Section 2 : Warden Duties

17. Does your current job description reflect the nature of your routine work?

Very well	2
Fairly well	11
Not well	5
Very badly	1
No job description	1

Note : 3 wardens did not answer this question.

18. Which of the following activities and tasks are you **actually** involved in?

	At least once a day	At least once a week	At least once a month	Rarely or never
Keeping tenant records	12	6	0	4
Involve in care assess & mgmt	2	1	4	17
Support in emergencies	6	0	12	4
Regular contact	23	0	0	0
Collecting prescriptions	0	9	5	7
Help in taking medicine	3	2	3	13
Collecting pensions	0	6	0	16
Shopping	1	8	3	10
Housework	2	2	3	15
Transporting tenants	0	3	5	14
Cooking	2	1	2	17
Contacting Housing / SWork	2	6	10	4
Repairs / maintenance	3	8	7	3
Organising social activities	1	3	1	17
Preparing communal meals	2	2	1	17
Management of relief staff	0	2	0	20
Management of cleaners	3	2	4	14
Personal care	0	0	3	16
Resolving neighbour problems	11	6	3	2
Paperwork	3	2	1	15
Cleaning communal areas	3	2	1	15
Other (please specify)				
Putting bins out for collection	0	1	0	0
Social activities with tenants	1	0	0	0
Arranging appointments, eg GP	1	0	1	0

19. Do you feel that any of these tasks **should not be** included within your remit/responsibility?

	Within remit	Outwith remit
Keeping tenant records	17	2
Involve in care assess & mgmt	16	5
Support in emergencies	21	0
Regular contact	21	0
Collecting prescriptions	14	6
Help in taking medicine	7	13
Collecting pensions	6	15
Shopping	9	12
Housework	5	16
Transporting tenants	4	17
Cooking	5	16
Contacting Housing / SWork	20	1
Repairs / maintenance	21	0
Organising social activities	8	13
Preparing communal meals	2	19
Management of relief staff	5	16
Management of cleaners	1	20
Personal care	9	12
Resolving neighbour problems	7	14
Paperwork	17	3
Cleaning communal areas	3	15
Other (please specify)		
Putting bins out for collection	no response	no response
Social activities with tenants	no response	no response
Arranging appointments, eg GP	no response	no response

(2 wardens did not complete this question)

20. Are any of the following activities provided for tenants?

Coffee mornings	6
Bingo clubs	8
Keep fit / exercise	1
Knitting classes	4
Lunch clubs	13
Video clubs	0
Hairdressing	8
Church meetings	9
Sport / hobby (please specify)	
Craft classes	3
Other (please specify)	
Afternoon teas	2
Games afternoons	2
Parties	1

21. Who do you think should be responsible for developing such activities?

Warden	9
Residents' Association	9
Housing Officer	0
Social Work Service	5
Voluntary organisations	15
Other (please specify)	0

22. Do you hold regular tenants' meetings to discuss:

Social activities	2
Building repairs/maintenance	0
Benefits / finance	1
General information	2
Other (please specify)	0

23. How often do you contact each tenant?

More than once a day	17
Once a day	6
More than once a week	0
Once a week	0
Less than once a week	0
Only on request	0

(most wardens commented that the number of times they visit a tenant can vary, depending on each tenant's needs at the time)

24. Is the contact usually:

A personal visit	8
Through the call system	0
Combination of both	15

25. Over the last year, approximately how many times have you been called out by a tenant during the night?

	Average number of times	Minimum number of times	Maximum number of times
Badenoch	30		
Inverness	20	never	100
Ross & Cromarty	12	1	50
Sutherland	5	Never	8

26. What were these call outs about?

Overall, the majority were in relation to an emergency, or significant illness or accident.

27. Are you happy to be living on site and therefore available to tenants even when off duty?

Very happy	5
Happy	10
Unhappy	1
Very unhappy	1
No opinion	6

28. Do you feel it's important to be available 24 hours a day?

Very important	8
Important	10
Not important	4
Not at all important	0
No opinion	1

(Note: some wardens stated that it's important that a service is available 24 hours a day, but not necessarily the warden themselves)

29. What are your normal working hours?

This question has not been summarised here, as answers vary so widely, and information is being gathered by another group looking at working terms and conditions.

30. How happy would you be to encourage community integration, by allowing non-residents to use communal lounge/facilities?

Very happy	5
Happy	2
Unhappy	0
Very unhappy	0
No opinion	0

(Note: Inverness is only area with any communal lounge facilities in sheltered housing)

31. If you had more time available (eg if there was extended use of alarms/technology), what other tasks would you prioritise, or like to develop within the sheltered housing scheme?

Comments were:

Inverness

More social activities. (x 4 respondents)
 More craft classes.
 More keep fit classes.
 More extended house calls. (due to age and frailty of tenants)

Ross & Cromarty

More one to one.
 Encourage tenants to meet one another.
 Unsure. (x 3 respondents)
 Not a housing complex – individual houses for tenants’ use.
 Social get togethers, for tea and a chat.
 Premises needed to allow social activities for tenants.
 Would like to be able to spend more time with tenants to encourage hobbies, gardening, even walking – particularly with those with no family or friends, to encourage them, not to sit and wait for things to be done for them.

Sutherland

One to one contact is the most important factor you can give. The bottom line is that tenants love to see people regularly.

Section 4 : Warden’s role in health care, assessment and allocations

32. Do you agree that the warden should be more involved in care assessment and liaison with health and social care services?

	Care assessment	General liaison
Strongly agree	14	14
Agree	3	6
Disagree	1	0
Strongly disagree	0	0
No opinion	5	3

33. Is there a formal procedure in place for reviewing a tenant’s ability to sustain their tenancy?

Yes	3
No	20

34. Do you agree that tenant review procedures should be developed, with the involvement of the warden?

Strongly agree	10
Agree	12
Disagree	0
Strongly disagree	0
No opinion	1

35. How important is it to establish a good mix of tenants within each scheme, ie the right mix of age/gender, etc, given the issues arising from an increasingly elderly population and greater numbers of frail elderly tenants and applicants?

Very important	15
Important	6
Not important	1
Not at all important	0
No opinion	1

36. Do you feel the warden should have some role in helping to establish a well balanced mix of tenants, through, for example, input to the pre-allocation process?

Yes	16
No	6

Section 5 : The future of the Service

37. Current national research has suggested that the term 'warden' is no longer appropriate in the context of sheltered housing. Do you agree?

Strongly agree	8
Agree	9
Disagree	2
Strongly disagree	0
No opinion	4

38. If you agree, which of the following suggested terms would you prefer?

Scheme manager	3
Resident manager	1
Sheltered housing officer	7
Sheltered housing manager	4
Sheltered housing co-ordinator	2
Other (please specify)	0

39. Would you agree with the following suggestions for standards of performance targets for the sheltered housing service in general?

	Agree	Disagree
All residents will receive morning calls each day via their intercom, or by a personal visit.	23	0
A personal record file for each tenant should be kept by the warden, with the tenant's permission.	19	3
The home care plan for each tenant should be accessible to the warden, with the tenant's permission.	16	2

40. Are there any changes you would like to make to the suggested standards above? Do you have any further suggestions for specific performance standards that should be set?

Comments were:

Inverness

- Tenants should all have at least one visit per week and should be told when they are allocated a sheltered house that the warden should be allowed to visit them once per week.
- Regular visits by line manager (min 2 times per year) to speak directly to tenants, doing a complete round with warden.

Ross & Cromarty

- Set meetings for wardens together, and with management, on a more regular basis.
- Feel quite strongly that tenants who do not wish a daily visit should sign an 'opt out' form in order to protect the warden, and enforce the tenant's right of choice, for example if they only want support in an emergency.
- Would be happy to provide mobile warden service, as only have 8 units. It would seem acceptable to cover other areas in the region, as time goes on I feel that there will be lots more sheltered housing but not enough experienced wardens to cover. This would also cut out using extra housing for wardens, thus affording more revenue, eg housing would be able to be rented out to tenants.

Sutherland

- Feel that in my particular scheme (I live off site), the tenants like to look after themselves, and don't like to depend too much on the warden. They are happy that I visit them twice daily and give any support or help that they need. If 'we' do everything for them, they get bored as they have nothing to do for themselves.

APPENDIX 4

PREVALENCE RATES

The original Scottish Office guidelines for community care housing, which were first issued in 1991, stated that for every 1,000 people aged 65 or over, there should be 20 very sheltered, 46 sheltered and 80 medium dependency dwellings; that up to 1% of the housing stock should be wheelchair housing and that there should be around 10% mobility housing for ambulant disabled people.

However, the guidelines suffered from several defects. They were confined to housing for older and disabled people, and did not cover the majority of community care client groups. They did not cover the use of mainstream housing with appropriate support services, or indeed refer to support services, except in those cases where support was integral, eg in sheltered housing.

Therefore, in 1996, the Scottish Office commissioned evaluative research into the 'prevalence method' of estimating housing need for community care client groups, first developed by Smart & Titterton for Glasgow District Council, and then for Scotland as a whole in a report by Scottish Homes. The evaluative research was undertaken by Heriot Watt University, and tested whether the prevalence method of estimating housing need could be used to produce more comprehensive national guidelines for community care.

The research concluded that a prevalence rate could give a good 'top line' indication of the scale of need, particularly among the better researched and defined, and larger, needs groups.

The Prevalence Method

The Method involves four main stages:

1. A prevalence rate is estimated for a particular condition or problem, among either the general population, or a particular population group, eg people aged 65 or over. The prevalence rate is based on existing research evidence, critically assessed to identify reliable studies, and to take into account variations between studies in, eg the type of populations covered.
2. Within a group a distribution of the severity of the condition is estimated and expressed in terms of high, moderate and low needs.
3. A 'household' adjustment is made to convert individual needs into household needs, to take account of the fact that not all users will need a separate house, ie a proportion of those living with others are excluded.
4. The households are assigned preferred housing and support solutions, depending on their characteristics.

Revised prevalence rates were applied to population information on people aged over 65. The prevalence rates used are noted below:

Older People (aged 65 and over)

Minimal Needs - 441 per 1000 households - These people will generally be accommodated in mainstream housing, though there may also be a requirement for low level social support.

Low Needs - 161 per 1000 households - This group may require additional support (home helps, etc) and housing with minor adaptations and perhaps alarms. Care and Repair may be an option for some, depending on current living circumstances.

Medium Needs - 134 per 1000 households - This group may need more support and community alarm and mobile warden schemes. A proportion of the housing for this group might require significant adaptation, or to be specialist housing, including standard sheltered housing.

High Needs - 67 per 1000 households - This group includes the most frail older people assumed to need institutional care, or its equivalent delivered in the community. This group also includes those suitable for extra care housing or very sheltered housing. Some will be able to manage in standard sheltered housing.

The category for older people is intended to take account of all people over 64 years, regardless of the wide variety of needs which they may experience. The reasoning for this is to avoid duplication by including older people with mental health problems, for example, in the mental health rates and also in the older people rates.

APPENDIX 5

HIGHLAND

Population projections (based on 2000 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	208275	205732	202490
65-69	10616	11994	14739
70-74	9093	9869	11186
75-79	6973	7603	8395
80+	8266	9678	10987
65+ total	34948	39144	45307

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	15412	17263	19980
Low	5627	6302	7294
Medium	4683	5245	6071
High	2342	2623	3036

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	20	699	783	906
Sheltered	1036	1608	1801	2084
Medium dependency	unknown	2796	3132	3625

BADENOCH & STRATHSPEY

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	11691	11903	12093
65-69	644	769	942
70-74	635	599	758
75+	1106	1285	1376
65+ total	2385	2653	3076

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	1052	1170	1357
Low	384	427	495
Medium	320	356	412
High	160	178	206

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	-	48	53	62
Sheltered	148	110	122	141
Medium dependency	unknown	191	212	246

CAITHNESS

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	25180	24238	23174
65-69	1499	1567	1837
70-74	1263	1355	1445
75+	1915	2360	2682
65+ total	4677	5282	5964

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	2063	2329	2630
Low	753	850	960
Medium	627	708	799
High	313	354	400

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	-	94	106	119
Sheltered	120	215	243	274
Medium dependency	unknown	374	423	477

INVERNESS

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	65998	67119	68083
65-69	2952	3525	4318
70-74	2619	2873	3255
75+	4130	4649	5340
65+ total	9701	11047	12913

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	4278	4488	4872
Low	1562	1639	1779
Medium	1300	1364	1480
High	650	682	740

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	12	194	204	221
Sheltered	303	446	468	508
Medium dependency	unknown	776	814	884

LOCHABER

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	19334	19312	19204
65-69	948	1024	1147
70-74	753	820	899
75+	990	1114	1262
65+ total	2691	2958	3308

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	1187	1304	1459
Low	433	476	533
Medium	361	396	443
High	180	198	222

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	6	54	59	66
Sheltered	95	124	136	152
Medium dependency	unknown	215	237	265

NAIRN

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	11152	11224	11276
65-69	609	587	780
70-74	575	584	579
75+	1203	1363	1455
	2387	2534	2814

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	1053	1117	1241
Low	384	408	453
Medium	320	340	377
High	160	170	189

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	-	48	51	56
Sheltered	72	110	117	129
Medium dependency	unknown	191	203	225

ROSS & CROMARTY

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	50640	50538	50003
65-69	2519	3141	3968
70-74	2114	2425	3022
75+	3775	4423	5115
65+ total	8408	9989	12105

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	3708	4405	5338
Low	1354	1608	1949
Medium	1127	1339	1622
High	563	669	811

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	8	168	200	242
Sheltered	212	387	459	557
Medium dependency	unknown	673	799	968

SKYE & LOCHALSH

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	12325	12578	12790
65-69	587	739	1014
70-74	451	555	706
75+	1051	1045	1147
65+ total	2089	2339	2867

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	921	1031	1264
Low	336	377	462
Medium	280	313	384
High	140	157	192

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	-	42	47	57
Sheltered	24	96	108	132
Medium dependency	unknown	167	187	229

SUTHERLAND

Population projections (based on 1998 GRO(S) figures)

PERSONS	2003	2010	2016
All ages	12765	12306	11873
65-69	842	858	1012
70-74	695	724	779
75+	1240	1337	1430
65+ total	2777	2919	3221

Prevalence of housing and community care needs

NEED	2003	2010	2016
Minimal	1225	1287	1420
Low	447	470	519
Medium	372	391	432
High	186	196	216

Provision – compared to 1991 Scottish Office guidance

HOUSE TYPE	Current stock	2003	2010	2016
Very sheltered	-	56	58	64
Sheltered	97	128	134	148
Medium dependency	unknown	222	234	258

APPENDIX SIX

Home care provision – sheltered housing and other settings

Up to 2 hours

Setting	Age	Level of need	Other support in place	Personal care	Domestic care
Own home	67	Low	Lives alone, no family or friends providing care.		1 hour
Own home	89	Low	Husband providing care (covers domestic tasks so home care not required for these).	1 hour	
Sheltered housing	89	Low	Lives alone.		0.5 hours
Sheltered housing	83	Low	Lives alone, no family or friends providing care.		1 hour

2 hours to less than 4 hours

Setting	Age	Level of need	Other support in place	Personal care	Domestic care
Own home	66	Low	Husband providing care (covers domestic tasks so home care not required for these).	3 hours	
Own home	82	Medium	Lives alone, but family provide daily support and personal care.	1.25 hours	
Sheltered housing	86	Medium	Lives alone, no family or friends providing care.	1.75 hours	1 hour
Sheltered housing	90	Low	No family or friends providing care.	3.5 hours	1.75 hours

4 hours to less than 10 hours

Setting	Age	Level of need	Other support in place	Personal care	Domestic care
Own home	73	High	Wife providing care (would otherwise need nursing home levels of care).	3.5 hours	
Own home	84	Medium	Has a lot of family support for shopping, finances, visiting, etc	7 hours	
Own home	66	Medium	Wife and family friend providing care (domestic tasks and meals).	7 hours	
Own home	70	Low	Lives alone. Family provide help with meals and shopping.	1 hour	4.5 hours
Sheltered housing	93	Medium	Family help with some meals, and shopping.	6 hours	2 hours
Sheltered housing	73	Medium	Lives alone	7 hours	2 hours
Sheltered housing	86	Low	Lives alone, no family or friends providing care.		4.5 hours
Sheltered housing	86	Medium	Family assist with shopping, etc.		5.25 hours

10 hours to less than 20 hours

Setting	Age	Level of need	Other support in place	Personal care	Domestic care
Own home	82	High	Lives alone. Family provide help with domestic care and some meals.	16.5 hours	

Note: no sheltered housing tenants in this area in receipt of 10 hours or more per week.

Information was gathered by looking at case files for individuals. The two experienced care assessors who looked at the files concluded that they could see no differentiation in the levels of care provided between those people living in sheltered housing and those in their own homes. The decision about levels of care to be provided had been based on levels of need, and the amount of support and care that individuals were already receiving from family and friends.