

20|20 a vision for
housing and care



THE **20|20** PROJECT
a vision for older people's services

A 2020 Vision for Housing and Care

RESEARCH REPORT
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| Contents | Page |
|--|-------------|
| Foreword | 4 |
| Executive Summary | 5 |
| The Vision for 2020 | 8 |
| Responding to needs and aspirations | 12 |
| Housing choices: today and tomorrow | 16 |
| Extending the options | 20 |
| Future-proofing | 25 |
| Diverse communities | 30 |
| Dignity and independence | 35 |
| Empowering the workforce | 38 |
| Methodology | 41 |
| Glossary | 41 |

Foreword

The age balance of the UK population is fast changing. We shall shortly have more people over 55 than under 16. The change has implications for the whole of our society, its economy, workforce, health services and the homes we live in.

The 20/20 name was deliberately chosen to focus attention on the issues we all need to think about over the next few years as our average age increases. How can we use to the best advantage the resources we already have, like sheltered housing and residential homes? How can we continue to provide personal care as competition grows for younger able-bodied staff? What do we need to do to enable older people to maintain dignity and independence, and to deal with maintenance of their homes as their physical capacity declines? How can we use advances in technology in ways which empower without intrusion or threatening privacy?

All these questions make it vital for Government at all levels, care agencies and those concerned with policy and provision in the housing and health fields to combine their thinking and coordinate all available resources. There is little doubt that the ageing UK population represents an enormous challenge. The 20/20 Project aims to focus thinking to meet not merely the needs, but also the aspirations of older people in the critical period of change leading to 2020.

Ken Bartlett
Patron, 20/20 Project

Executive Summary

The launch of the 20/20 Project's green paper about the future of older people's housing and care services in April 2005 was the largest consultative exercise to take place outside of Government this year. Over four months, a range of stakeholders have responded and their views have been used to form this report which is a forward thinking proposal about the shape and form of housing and care services for older people in the 21st century.

The proportion of people aged over 60 is increasing worldwide, and is estimated at nearly 10% of the world population. In the UK, there are around 19 million people aged 50, which is 40% of the adult population. This figure is expected to increase to 22 million by 2020.¹ Think back 15 years to 1990, and for many of us it was not that long ago. Think ahead 15 years and it is 2020, and so not that far ahead.

Our society has lost its deference to age and anyone over the age of 50 is considered 'old'. Consider that 25% of non-working people aged 50+, and 48% of registered unemployed people aged 50+ currently report suffering age discrimination in the workplace².

Yet, older people should not be regarded as an homogeneous group - we do not treat a 10 year old the same as a 30 year old - and so they should not be stigmatized by ageist labels, language and stereotypes. Today's generations generally enjoy a higher standard of living than those in the past and this greater affluence will be reflected in their aspirations about the housing and care services they will want in later life. Many will also be accustomed to having a portfolio of jobs, rather than remaining in the occupation they trained for, and so will be used to making their own decisions. They will be reluctant to relinquish this control and will expect to continue exercising choices about how they live. No single housing and care model will suit everyone and this will be a significant factor influencing future housing and care policy.

The Government's perspective

The Green Paper, *Independence, Well-being and Choice: a vision for adult social care in England*, was launched in March 2005 by the Department of Health (DH). It set out a 10 -15 year programme designed to address the challenges for social care in the context of a changing and ageing population, higher expectations and people's desire to retain control over their own lives.

¹ Annual Local Area Labour Force Survey 2000/01

² Research toward the Code of Practice on Age Diversity, DfEE 1999

Its principal recommendations include:

- individual budgets, with care brokers helping people to assess their own needs and manage their own budgets
- development of new responsive care models, such as extra care housing and telecare, along with the right to choose not to enter residential care
- new Directors of Adult Social Services to provide strategic leadership across all adult services
- streamlined assessments between agencies a shift to more proactive, preventative services
- support for families, friends and carers delivering care
- empowerment of the social care workforce

The Green Paper, however does not go so far as to place a statutory duty on agencies to work together to create an overall strategy. Although public funding of £14.4 billion has been allocated to social care spending for 2004/05, the changes proposed in the Green Paper are expected to be cost-neutral.

Although housing is just as crucial to people's independence as social care, it is only superficially discussed in the Green Paper. The need for adequate housing stock if more people are to be supported living at home is mentioned in the seventh chapter. Extra care housing and telecare are not covered until the ninth chapter and then only briefly.

In July this year, the DH also released a joint White Paper designed to deliver integrated health and social care services. Its ambition is to give dignity for life by putting individuals and their families at the centre of care. Amongst the initiatives outlined are:

- new taskforces to identify obstacles to delivering social care in partnership with health and the voluntary sector
- a joint review with the Department for Further Education & Skills to look at workforce development options
- pilots of individual budgets to see how they work for older people and those with learning or physical disabilities
- guidance to local authorities on investing £80 million from the 2004 spending review on telecare projects

The 20/20 Project

The 20/20 Project is driven by a group of national older people's housing stakeholders to help shape future housing and care policy. The partner organisations are the Telecare Services Association (formerly ASAP), Centre for Sheltered Housing Studies (CSHS), EROSH, the national consortium for sheltered and retirement housing, National Housing Federation, Association of Retirement Housing Managers, Chartered Institute of Housing (CIH), Counsel and Care, Elderly Accommodation Counsel and Federation of Black Housing Organisations.

Launched at the House of Commons in March this year, the 20/20 Project has sought to provide a vision for older people's housing and care services by the year 2020. This is the year when the number of older people will also start to peak from the increasing demographic of this sector of the population, and when the Baby Boomers from the sixties and seventies will be demanding services which meet their needs in older age.

Its consultative 20/20 'green paper', also launched in March 2005, sought the views of all those involved in older people's housing and care on a range of issues - the type of housing older people will want in 2020, extra care housing, design standards, support services, diversity and equality issues, the market place, telecare and the sheltered housing workforce.

The consultation responses are summarised in this report. It is intended that these findings be considered in conjunction with both the Green Paper and the recent joint White Paper to develop responsive housing and care services.

Making the 20/20 Vision happen

The 20/20 vision is

‘A society where people will be able to access and benefit from the housing support, telecare and health services they aspire to, with a full knowledge of the options available’

The responsibility for this rests with a range of stakeholders for a) managing local supply and demand by offering a range of tenures for people as they age, b) ensuring appropriate design which empowers people to live independently as they age, and c) providing effective and seamless support services to individuals so that they can live independently at home as they age.

The action points below consider the actions that need to be taken in the more immediate future to start to reshape housing and care services for older people now.

The stakeholders have been identified as providers, either public or private, national government and thirdly, Supporting People teams, social services and housing departments within local authorities (from now on referred to as local authorities), sub-regional groups and regional housing boards.

‘Sheltered/Retirement Housing

Providers need to consider:

- Changing the use of social sheltered housing schemes where demand is low and or the design/location is unsuitable for older people.
- Assessing viability of existing schemes as hubs for local older people services.
- Re-evaluating the scheme manager role as provider of floating support to other sheltered housing in the area and older people in their own homes.
- Assessing the benefits and outcomes of the scheme manager service to residents in order to properly evaluate the value that scheme managers give.
- Partnering private developers and working with older people to develop new purchase options for older home buyers, possibly age friendly properties with built in telecare portals for future use with on site concierge and no scheme manager; live work apartments; flexible tenure models, etc.
- Working with Social Services and PCTS to realise the value of ‘balanced communities’ in sheltered housing.

Government to consider:

Establishing a set of core national standards for Supporting People services to avoid the development of a postcode lottery in housing and care.

Local Authorities to consider:

Fulfilling an obligation to tell older people about the availability of Supporting People funding and their right to an SP assessment.

- Giving recognition to the value that the current generation of older people place on their housing - sheltered housing included, and the services they receive.
- Investigating future demand and planning for provision of spectrum of housing and care services for older people in the future.
- Involving sheltered scheme managers and housing professionals in assessment of needs and potential solutions (greater recognition of the importance and potential of housing in the Single Assessment Process).

Regional Housing Board and Local Authorities to consider:

- Including an assessment of current and future generations of older people's housing aspirations in their regional and local housing strategies, Community Plans and other strategies; recognising that mixed income/mixed age developments are vital for a future proofed housing strategy.

Extra Care Housing

Providers to consider:

- Establishing indicators which demonstrate and promote value for money for the public purse.
- Developing less institutional models of extra care in both design and service delivery, in partnership with older people.
- Developing new models for older people with learning disabilities/dementia.
- Assessing value of extra care add-ons and market test their value with older people.
- Cross subsidising costly rented provision with mixed income estates.
- Private developers to expand provision of models home buyer options.

Government to consider:

- Basing funding over next ten years on future demographics of 'very old' and tripling from 25,000 units to a minimum of 75,000+ units over next ten years.

Regional Housing Board and Local Authorities to consider:

- Including development of mixed income, outright sale extra care developments in local and Regional Housing strategies.
- Carrying out housing and care needs analysis of the 'very old' locally, sub regionally and regionally to inform local older people, SP and housing strategies, and regional strategies.

Telecare

Providers to consider:

- Establishing a directory of fully costed national best practice in telecare services for older people, for service providers to keep developing innovative services and to help promote the technology to older people.
- Developing generic telecare products that older people can utilise without embarrassment.
- Developing costed telecare menu option approach to housing and care needs that can upscale and downscale as needs change.
- Training housing staff on telecare potential and plan for potential usage in all new developments.
- Introducing telecare options in outright sale properties and research potential for lower service charges.
- Selling an expanded telecare products and services range to older people in their own homes.

Government to consider:

- Funding research with older people on their reservations to telecare services and asking older people how they would like telecare to help them live independently.
- Increasing funding to help develop more innovative telecare products.
- Increasing direct funding to local authorities to provide telecare.
- Adding telecare considerations to Single Assessment Process.

Local Authorities to consider:

- Including telecare considerations in SP and housing strategies for all client groups.

Staffing

Providers to consider:

- Providing appropriate training and development equip the workforce with the identified skills.
- Promoting and educating Social Services, Supporting People and PCTs on the role and skills of their estate managers.

Government to consider:

- Establishing enquiry/panel into future staffing to meet older peoples health, housing and care aspirations including representation from Older People, PCTs, Hospitals, Home Improvement agencies, Housing providers, Social Services, Supporting People, Doctors, Care Providers.
- Tasking “Asset Skills” to lead on work with “Skills for Care” in establishing the availability and quality of qualifications for housing support workers, including sheltered scheme managers.

- Moving towards a requirement for minimum qualifications for housing support staff, as in Scotland.
- Expanding flexible working practices to staff caring for older relatives.
- Funding research to establish how much of that ‘little bit of help’ older require to live independently may prevent future spending on care.
- Funding research to ask older people what they would like to use individual budgets for.
- Recognising the role of millions of middle-aged informal care and support providers, for example, by permitting direct payments to them.
- Researching with older people the preference for direct payments / individual budgets, and the scope of services these should cover.

Information and Advice

Providers to consider:

- Increasing training to sheltered and extra care scheme based staff, on information and advice.
- Providing advice/information services from schemes.
- Developing ‘paid for’ advice and information services by the private sector for older people/their children looking into future choices for themselves or their parents.

Government to consider:

- Funding information services as part of Supporting People.
- Investigating the application of a Single Assessment Process across local authorities, strengthening the recognition of the roles of housing and related support services in delivering effective support.
- Ensuring there is wide promotion of the Single Assessment Process and what it entails among older people.
- Funding national housing, health and care services website which outlines older people’s entitlements simply and signposts them to local provision.

Regional Housing Board and Local Authorities to consider:

- Ensuring local service provision entitlements are promoted to older people – think it needs to be clearer as to exactly what is meant here
- Establishing one stop high street information and advice centres – aimed at local authorities.
- Funding advertising campaigns aimed at older people from diverse communities to demonstrate that housing and care options are accessible to them.

Diverse Communities

Government to consider:

- Funding research into older people's housing aspirations from diverse communities.

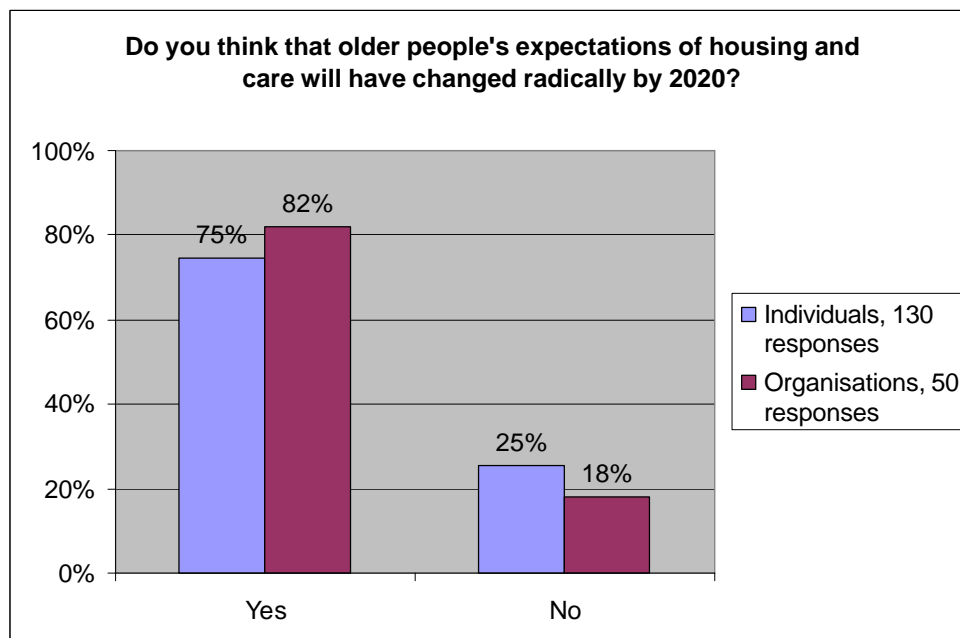
Providers to consider:

- Recognising that existing residents in sheltered housing are not all open to an equalities and diversity agenda and therefore must ensure the appropriate support is given to BME elders when moving into sheltered and extra care schemes.
- Creating dialogue with diverse communities to establish their housing and care aspirations.
- Working with older people from diverse communities to develop generic housing models that all older people would want to live in.
- Responding to housing and care aspirations from more affluent older people from diverse communities – influencing private sector developments.

Regional Housing Board, Sub Regional Partnerships and Local Authorities to consider:

- Including housing and care aspirations of diverse communities in regional and local housing strategies, to contribute to developing sustainable communities.

Responding to changing needs and aspirations



Factors influencing choices for the next generation of older people

As older people are not a homogeneous group, one certainty is that their aspirations will vary tremendously, as will their preferred choices. Statistical probabilities based on current trends show gender related mortality patterns will shift with more men surviving into later life, more couples, a greater variety of ethnic minority origins and more 'out' lesbian, gay, bisexual and transgender (LGBT) people. Both private and public sector housing policy makers and providers will need to take these population changes into account, for example, more space for couples and more male orientated décor and activities, carried out in consultation with older people – rather than the professionals – thereby making the process more flexible.

Age alone will not be the main driver. The majority will make their decision on the same basis as everyone else does – availability, location and cost. (Choices at all times of life are usually constrained by cost. The important point here is valuing the capacity of older people to weigh up and make their own choices within their own constraints, not professionally imposed ones). Those buying their own homes will increase as the proportion of owner-occupiers increases in the general population. Nevertheless, there will still be older people unable to exercise similar choices. The trends indicate that the traditional clients of social rented sheltered housing will fall in relation to an increase in owner-occupiers and so providers of rented sheltered housing will need to be aware of changing expectations and offer what people want.

The private sector's role in providing housing and care services is already large and is likely to increase further as people want more choice in how they live in later years.

However although many of today's retired people are enjoying greater wealth than previously, there is an increasing number of older people being assessed who have outstanding debts and mortgages. By 2020, pension shortfalls are also likely to be a reality and as a result, people will want housing costs to be predictable and containable.

Case study

Facing poverty in retirement

Having divorced her financially successful husband before new pension sharing rules were introduced in December 2000, Angela is facing the prospect of chronic poverty in retirement. In the five years since her divorce, she has returned to the workforce and is paying into an occupation-based pension, but she will not be able to put enough aside to build up an adequate pension before she retires in 2020.

"I feel I'm being penalised for giving up work to raise a family," she says. "There's no way I'll be able to survive financially on my pension once I retire. I'm just going to have to rely on releasing equity from my property to provide additional income."

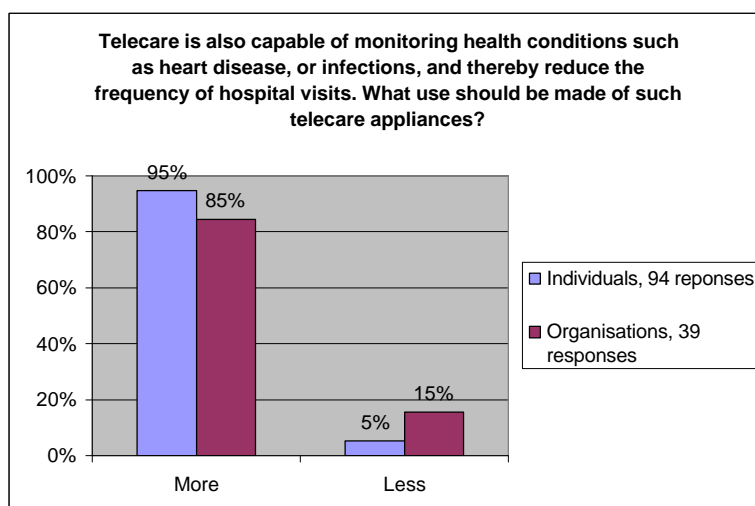
Apart from income, decisions will also depend on ethnicity, level of support needed, security offered, accessibility, tenure, space and privacy, technology, maintenance costs, quality design and ease of adaptability, as well as proximity to family, friends, amenities and transport. Many will prefer to retain their independence and remain in their own homes with levels of support that can staircase up or down, rather than moving several times. This is borne out by a recent survey on behalf of Colchester Borough Homes, which indicated a desire for care and support to be adapted around the individual.

Having grown up in the consumer society, people will want the best they can afford - more space, en suite bathrooms and additional bedrooms for family to stay or live-in carer. Recent consultation by South Gloucestershire County Council shows that the next generation will be especially influenced by the size of accommodation – most, if not all, prefer two-bedroom properties. That being the case, however, there may not be any available in a given area, or too expensive.

Current residents also felt that accommodation on one level with its own front door, preferably two-bedroom bungalows, level-entry showers, away from areas with incidence of anti-social behaviour, with adequate warmth, ventilation, cleanliness and resident staff would also be significant considerations. While many respondents indicated their distaste for bedsits, this may be the only choice available for those who may have traded size of accommodation for other considerations.

Favoured housing and care in 2020

Living with family or relatives was the last favoured option with both individuals (3%) and organisations (7%). There was little difference in percentage terms between the two regarding the other options.



Although its use must be balanced with people’s right to privacy, individuals said that they appreciated the advantages of telecare as a preventative measure in terms of its potential to minimise hospital visits and admissions. Telecare is also

seen as contributing to an individual's sense of security, especially being able to contact someone in an emergency.

Some local authorities are already ahead of the game. West Lothian Council has researched and tested technology as a support mechanism and undertaken intensive staff training in technology and new models of care. As a result, it says it has become the first organisation in Europe to successfully mainstream the use of telecare technology within housing, social care and primary care services for vulnerable people. A multi-agency group has been set up by Gateshead City Council to look at initiatives to promote technology in its sheltered accommodation. It believes it is best if it links seamlessly with clients able to self-refer or access telecare as part of their community care plans.

Developing telecare

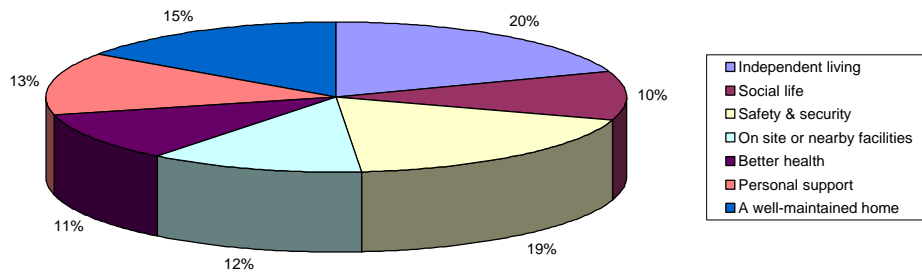
The current telecare range is property rather than person-based and includes alarms, sensor technology to detect falls, smoke/carbon monoxide and floods, as well as lifestyle monitoring equipment, et al. As most of these, apart from the alarm system, are not well known even by social services, the Centre for Sheltered Housing Studies (CSHS) believes that housing, social services and health staff need to be better educated about what is on the market. The Royal National Institute for the Deaf would also like to see any telecare, such as social alarms, adapted for the deaf and hard of hearing.

According to Age Concern, access to telecare is a lottery and it questions whether users are being offered a choice in the package selected. It also believes that more work needs to be done to integrate telecare with other forms of everyday technology, such as mobile phones and personal radios. It is vital that current users are consulted about the technology installed and are involved in testing out any new telecare products, to meet future needs.

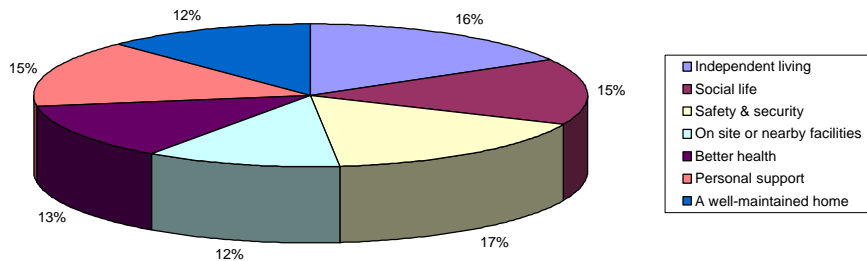
Other issues that need to be addressed include funding, as costs prevent users from having the appropriate support packages. This is partly attributed to the fact that the market is in the hands of one or two monopolies, which may slow the pace of change and delay any reduction in the cost of the technology.

Housing choices: today and tomorrow

What do you think are the key benefits of living in sheltered housing?
Individual responses.



What do you think are the key benefits of living in sheltered housing?
Organisational responses.



Amongst individuals and organisations, independent living followed by safety and security were rated as the key benefits. 15% of individuals and 12% of organisations considered a well-maintained home important, with responses evenly matched regarding on-site or nearby facilities. There were only slight variations in the importance attached to better health and personal support, while organisations rated social life more highly than individuals.

Valuing the benefits

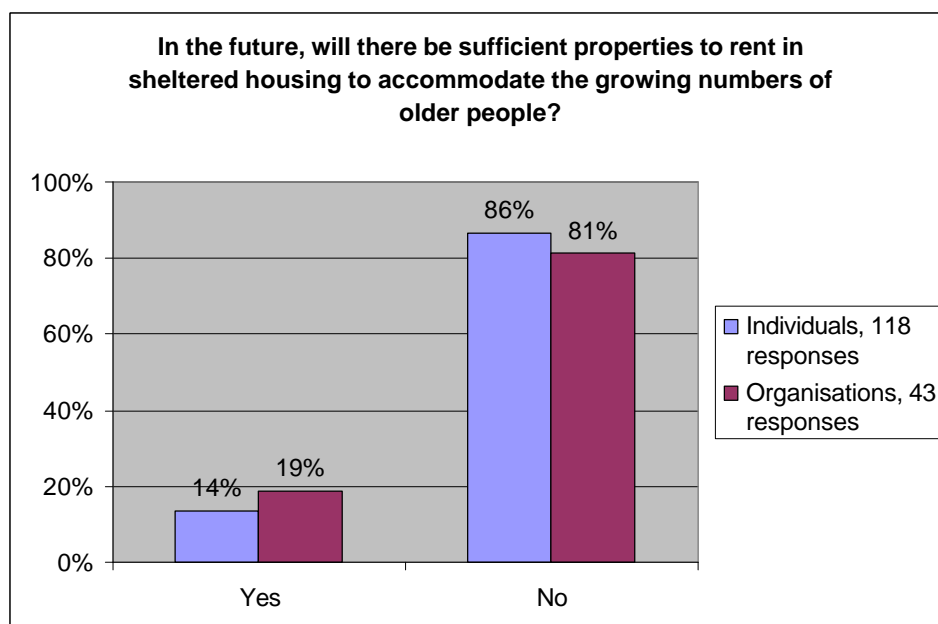
People will value what they perceive to meet their needs. Those who are socially isolated, vulnerable or in poor health will appreciate the sense of support from being part of a 'like-minded' community, with on-site staff geared to their specific needs and accessible facilities. Others will want to continue their preferred lifestyle, with support services in their own homes where necessary.

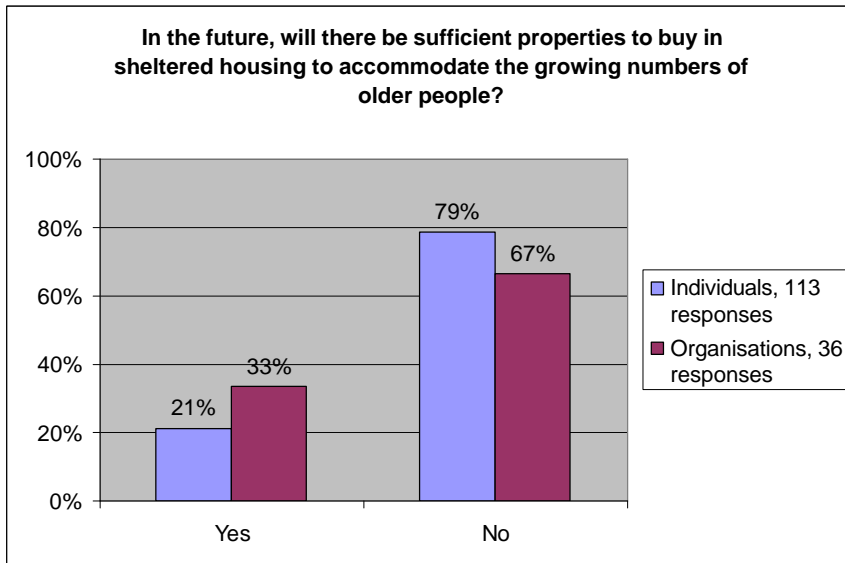
Sheltered housing may also be more attractive to very old people. This trend is already being seen, with 13% of those aged 80-84 and 19% of those aged 85+ compared with 4% of people aged 65-69 (2001 General Household Survey).

As sheltered housing has previously only been taken up by a small proportion averaging 4-5%, the increasing emphasis on remaining at home makes it likely that sheltered housing in the public and private sectors will need to change to provide a valuable alternative. Supporting People might also influence this change. With people buying into a menu of support, an on-site scheme manager may seem prohibitively expensive, however, eliminating an on-site manager service might be a concern for frail older people, as is the experience of many providers who frequently raise this as a concern of their residents.

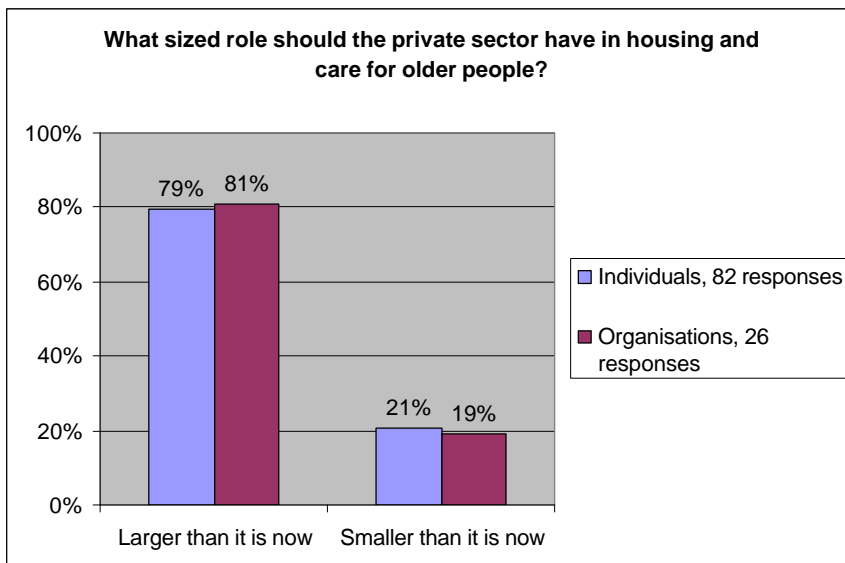
Of course, being independent in ones own home does not necessarily have to mean the house in which they raised children, but with greater choice in style and tenure in housing options, it could mean a move to a bungalow or flat.

ERoSH, the national consortium for sheltered and retirement housing, has been working and campaigning to raise the profile of retirement housing since 1997. They believe that the concept of sheltered housing will have to be re-branded and better marketed.





Market forces



The private sector is a valuable partner with equity and resources, and is ideally placed to provide choice in housing and care. The private sector can respond to market needs, however there is concern within this sector that the planning system is working against it and interfering in the housing market for older people. To counter this, the private sector should be involved in the planning and commissioning stages as well.

As nearly 75% of older people are owner-occupiers, moving into rented sheltered accommodation is often seen as a backward step. The private sector may also want to consider a flexible approach to mixed tenure and differing levels of equity amongst potential purchasers.

Hanover Housing Association is currently planning to develop a number of mixed income extra care estates and feels that this provides another housing option for older home owners and renters, and also helps to reduce the burden on the public purse.

The option of extra care housing ensures that the private sector has a variety of accommodation types available and avoids the risk of a 'one size fits all' solution. Currently however, there is no, one consistent view between the private and public sectors about what extra care housing is and should provide (which may well be a good indicator of an increasing element of choice for older people).

Affording retirement housing in lesser value areas

According to Age Concern, the ownership of retirement housing may not necessarily be the preferred choice for those with low equity, especially when leasehold service charges are taken into account.

Offering financial incentives for downsizing, equity-release schemes, part-exchange of existing property to an RSL or housing association and interest-free mortgages were suggested as options to help those in lesser value areas afford retirement housing.

The problem highlighted with shared ownership and equity-release schemes is that some private sector providers have very strong views about not mixing people with different stakes in their properties. Shared ownership and equity-release schemes may also be contentious as far as families are concerned.

Perceptions - Avoiding the institutional tag

Lessons should be learnt from building corridor schemes with limited parking provision. The image is not helped by being described as 'sheltered'. Identify and publicise the unique selling point of sheltered housing – security, companionship, social activities – and remodel schemes with the community's involvement to incorporate outward-looking services.

Design is the key. Many desirable blocks of flats have one entrance, but one building with a single door, set aside from its neighbours, can be perceived as an institution. Choose enlightened architects and consider the external and internal features, décor, private space, the number of units in a scheme, streets rather than blocks, bungalows where space is available and opportunities for wider community integration. Involve today's and tomorrow's older people in the planning and design. Individuals also commented that they would like to be able to personalise their own space. If lifetime home standards are adopted in 2007 as intended by the Government, these may help to mainstream design.

Other respondents felt it was not so much a matter of bricks and mortar, but the managerial culture and staff attitudes that can contribute to an institutional image. The practices of scheme / estate managers and some housing providers' requirements around issues such as not being able to keep pets would benefit from review and residents should be encouraged to actively participate in managerial decisions.

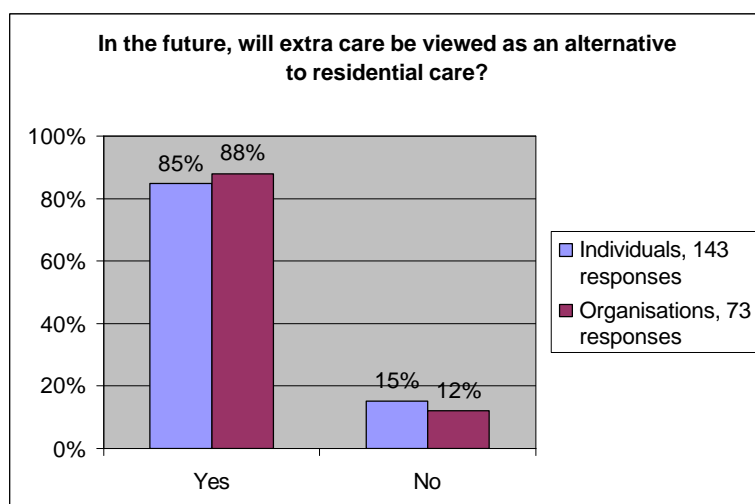
Flexible and responsive support that people can opt into at different stages of their lives will help sheltered housing to be seen as a preventative measure, rather than a last resort triggered by a crisis. Funnelling residents into rigid types of support also reinforces negative perceptions.

Information on housing and support services

People want a source they can trust to provide impartial information. Suggestions included a one stop shop website and a national telephone line, information kiosks at supermarkets, using touch screen technology and community gateways via access points in key locations, such as local authorities, Age Concern and other voluntary sector agencies like CAB, libraries, GP surgeries, Post Offices, community centres, television, places of worship, estate agents, pre-retirement courses and word-of-mouth were also seen as options.

With higher standards of IT literacy by 2020, the internet was recognised as an increasingly important information tool. There was also an expectation that information would be accessed from a genuine one-stop shop in line with the DWP *Link-Age* proposals.

Extending the options



Current figures indicate that there are only 25,000 units of extra care housing in the UK, compared with 500,000 sheltered housing properties and similar number of residential care home places.

Extra care housing has come to be seen by many as preferable to residential care, but should be one of a menu of housing and care options. It was recognised that there will always be a demand for nursing care for those with high level needs, such as severe dementia and extreme frailty. Admittedly, some people might also feel that residential care is the right choice for them. In some areas, however, extra care is already being seen as an alternative as many residential homes have been closed.

Extra care is often marketed as an attractive alternative to residential care, promoting independence with the convenience of on-site care teams, self-contained accommodation and opportunities for social interaction. Unlike residential care, it also allows couples to live together even where one of the partners does not require care. Other people, though, will be looking for extra care type services to be delivered to them in their own homes.

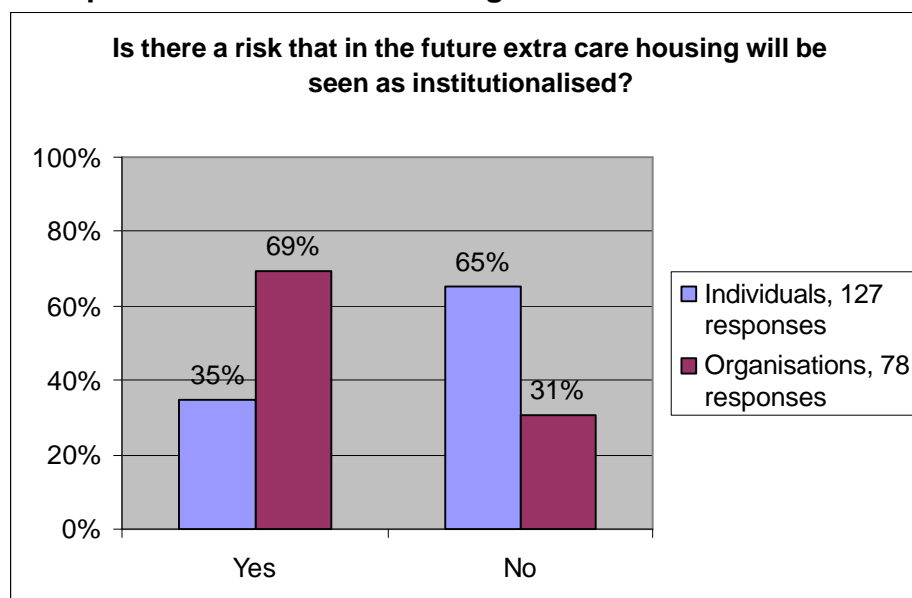
Some respondents were also sceptical about the projected wide scale expansion of publicly funded extra care housing, as it is expensive in capital and revenue terms. The reality is that the costs of providing purpose-built extra care as a replacement to residential care are likely to be prohibitive.

Preparing for an upturn in demand for extra care housing

The general consensus was that we are not ready for an upturn in demand. In the social rented sector at least, demand already seems to be outstripping supply. Current difficulties in funding and dislocation between capital and revenue funding via Regional Housing Boards and Supporting People teams will also make responding to an upturn in the near future difficult to meet.

An injection of Government investment and forward planning by local authorities are required. The Centre for Sheltered Housing Studies, however, suggests that providers do not wait for statutory bodies to tell them what is needed, but work together now to carry out a needs assessment and develop their own strategies. The Anchor Trust is already responding by developing its own strategic integrated care and housing model. Using private/public partnerships with mixed tenures and selling some units privately to offset the building costs or converting existing sheltered housing and residential homes were also proposed as ways forward.

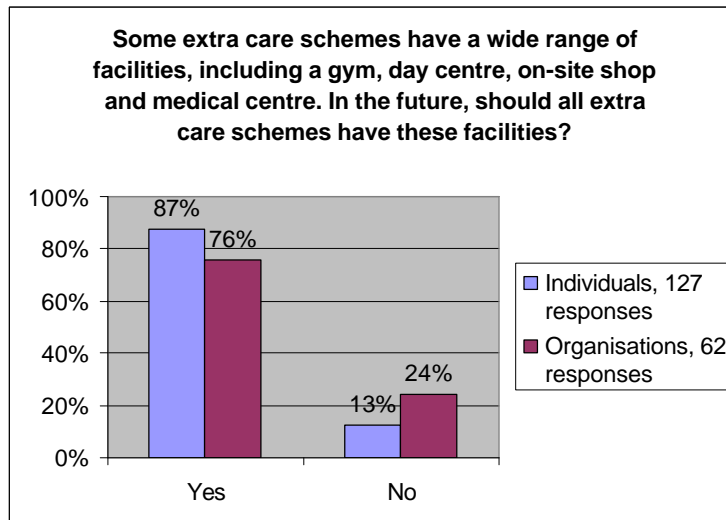
Perceptions of extra care housing



At 69% and 65% respectively, organisations and individuals agree that extra care housing will be perceived as institutionalised in the future. Perhaps this lies in the fear that if any 'model' of housing is around long enough, it is in danger of becoming stale and out of touch with people's needs and aspirations. The extra care model is a relative newcomer to the housing (and care) sector and many different applications exist already. The bricks and mortar will not change by 2020, therefore re-evaluating and changing, where necessary, housing management techniques and care delivery will provide the only way to prolonging the life of existing schemes beyond the next 15 to 20 years.

For example, any specialist housing may be tagged as institutional because the criteria for residency is controlled. If only frail people are admitted, extra care is likely to be regarded as institutional in the future. How a scheme is balanced will have an impact if it is to avoid being a residential home in all but name. As with sheltered housing, the design, services, staff working practices and its relationship with the local community can contribute to or dispel this image.

Facilities in extra care schemes



Whilst a high proportion of respondents agreed that all extra care schemes should have a wide range of facilities, discussion focused on the balance required between residents' aspirations and an outward-looking scheme that promotes independent living. Having all these facilities on site may not be cost-effective if they are exclusively for residents' use. There is also a risk that residents may become isolated from wider community networks.

Suggestions for additional facilities included guest rooms for family, restaurant and bar for socialising, swimming pool, library, cashpoints, Post Office, cinema, IT suites, lifelong learning classes and a dance floor – 'Even those in a Zimmer frame like to jig around sometimes.' A hairdresser, optician, chiropodist, dentist and doctor, as well as access to alternative therapies were also seen as desirable. Offering some of these services to the wider community as well can prevent schemes being stigmatised as institutional.

The next step in the extra care model

Whilst any development of the model should be planned in consultation with existing and future service users, providers and partner agencies to identify local needs, extra care has the potential to provide homes for life. A greater use of telecare, adaptations and integrated community services could all contribute.

The range could also be broadened to accommodate those with learning difficulties, dementia or a history of homelessness. In rural areas, small-scale schemes could incorporate rooms for peripatetic health professionals, so that people do not have to move into urban areas to receive the care and support they need.

Case study**Making the move**

Nine years ago, Dorothy, who has no immediate family, started to think about the care and support she would need in the future. Although she loved her bungalow, she realised that maintenance would become a burden. She also felt vulnerable living on her own, especially when dealing with tradesmen.

Determined to make the move while she was still active, she investigated available housing options, before deciding on an extra care housing scheme. She describes it as perfect, with a self-contained flat, 24-hour cover, a midday meal and an on-site shop.

Dorothy believes that many people are unaware that there are alternatives to one room in a residential or nursing home. She is independent, has her own front door and is surrounded by her treasured belongings. "A family of five now lives in my former home, instead of one person," she adds. "I know that many people are reluctant to move, but once they're experienced living somewhere like this, they wouldn't want to return to their past loneliness."

Co-housing

No definite conclusion was reached about whether the European model of co-housing would become popular. Whilst it was recognised that it might appeal, some felt that this model did not sit comfortably with British people's natural reserve and the desire for privacy. The culture of dependence on the state would also have to change dramatically.

Others felt that it might be favoured by minority groups, although this would have to be researched and care would also need to be taken to avoid potential segregation.

Some considered it would only ever be a niche market, but it should be available as a housing choice. Mutual support from friends in well-established communities may well be an attractive option, especially with families living further away. Funding, building and the commitment required from residents in developing co-housing schemes, however, were identified as obstacles. And what happens when groups of friends grow frailer and no one is able to cope?

If this is to become a widely sought model of housing for older people the private sector may be interested in developing larger properties that are co-owned by small numbers of people living together informally supporting one another.

Future-proofing

All consultation responses on the question of influencing the design of older people's housing and care were approximately of equal significance for both individuals and organisations.

Future design considerations

The lack of vision, consultation and planning 15 to 20 years ago is already impacting on housing provision with schemes no longer fit for purpose being closed and demolished. To avoid making the same mistakes, the housing sector should be consulting not only with those who will live in today's new builds or refurbishments, but also those who are in their 40s and 50s now.

Hanover Housing Association has carried out qualitative research through focus groups and quantitative research (through questionnaires), with both people in their seventies and eighties and people in their middle years, on a mixed tenure model of extra care housing.

Future-proofing should mean that all housing is built for people, not necessarily just with older people in mind. One size does not fit all as the age of retired people can range from 55 to 95 or older, with different needs and interests. The National Association of Almshouses suggests that housing should be designed to cater for a life expectancy of 100 years, so that independence can be maintained for as long as possible.

All housing should also follow inclusive design principles to accommodate all abilities.

A home designed around the needs and aspirations of an older person will also suit the demands of a young family or someone with a physical disability. This includes good-sized switches, technology, adjustable work surfaces and walls to alter the layout for different users. Alongside statutory considerations such as lifts, grab rails and entry level showers should also be considerations. With a growing 'green' market, more people will be looking for their accommodation to be eco-friendly, with alternative heating sources such as solar energy.

Car parking is already an issue and will become more so as a greater number of people will still be driving in 2020. Storage for mobility scooters and charging facilities for these will also need to be accommodated.

One of the main reasons people give for moving into schemes is security. Although the fear of crime is greater than the actual risk, security is paramount but should be discreet. The last thing people want to feel is that they are living in a prison.

The key question designers, planners and housing providers should ask is whether they would be happy to live in the accommodation. If not, then those it is designed for are unlikely to either.

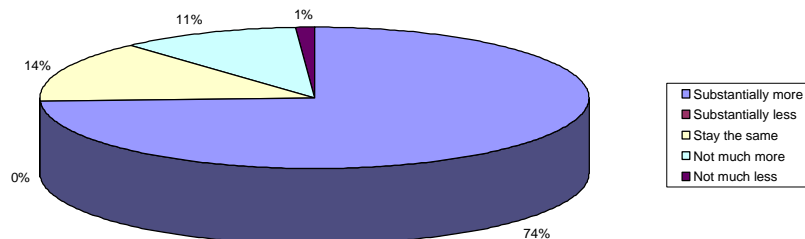
Non-intrusive technology

The general consensus amongst respondents was that all new build homes must be compatible with electronic communication and information. Housing should be designed with the infrastructure to enable technology to be opted into easily and cost-effectively. As technology develops so quickly, the priority is to ensure that what is installed does not become obsolete and is compatible with new telecare products.

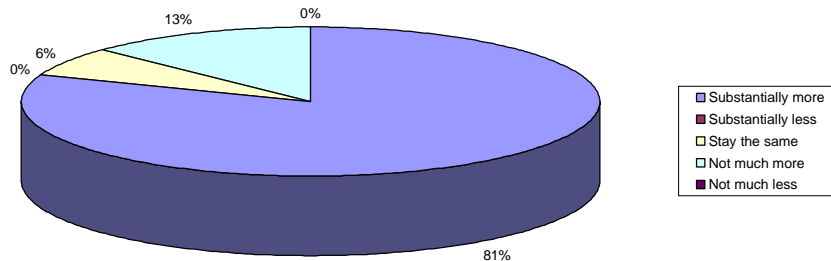
All new build and those re-modelled for older, vulnerable groups should incorporate wireless systems to install non-invasive and user-friendly technology. This is a baseline requirement could be included in the lifetime homes standards. After all, people in their 40s and 50s now will expect a broadband connection at the very least.

Architects should also be sensitive to the impact of the materials they specify in construction, as wall density and steel skeletons can affect wireless applications.

How will the use of Telecare (assistive technology) develop in the future?
Individual responses.



**How will the use of Telecare (assistive technology) develop in the future?
Organisational responses.**



Remodelling outdated sheltered housing

Any remodelling needs to be addressed on a case by case basis, as the housing needs to be physically suitable. There is also an issue with listed buildings in terms of making them accessible for the disabled. Where schemes are remodelled, it is important to remember that many existing sheltered housing residents are happy with where they live and feel anxious if they have to move temporarily while work is carried out.

Remodelling costs may also be prohibitive. When two bedsits are converted into one flat, there is a reduction in the overall number of units, with a consequent loss of rent and/or service charges. This will naturally affect the scheme's financial viability.

Barrier or bridge?

A major barrier identified was a lack of understanding by both potential service users and health and social care professionals of telecare's capability to promote independence. Linked to this was a fear of creating a Big Brother scenario, where human contact would become negligible.

Telecare is also only as good as the people who are providing the service. The Royal College of General Practitioners stresses the need for calls to be handled by trained personnel. Likewise, someone who is self-managing also needs to be able to handle blood pressure and blood glucose measurements and, if living alone, to be able to communicate. Moreover, no matter how good the technology is, if people are living in inappropriate accommodation.

Funding was another major concern as £80 million would be spread over two years for all local authorities, and there is a danger that it would be dissipated to balance the general local social services budget or help to keep council tax increases to a minimum.

Paul Gee, Chief Executive of the Telecare Services Association, comments: "Alarm systems have traditionally been seen as the prerogative of the housing function, primarily in sheltered schemes. It is widely agreed that health and social services, together with their clients are the principal beneficiaries. The barrier is that housing pays and others benefit. Pooled budgets and a more intelligent client-centred, rather than a provider-based approach to care is the way forward."

Although it was recognised that the telecare market will grow, there is a need to educate not only as an effective preventative measure, but also how to use the technology. Fear that they will be made prisoners in their own homes, of getting it wrong and of the system failing need to be overcome.

A White Paper on Care outside Hospitals is due to be published in January 2006, which will help promote telecare. The NHS Confederation is currently working with Primary Care Trusts (PCTs) to see how people and/or their carers can monitor their own health and would be interested in working more closely with other stakeholders in the housing sector with regard to this.

Benefit to other groups

Although historically positioned as a service for older people, other groups could also benefit. These include people with mental health problems or dementia; learning difficulties; physical and sensory impairment; poor mobility; and the terminally ill. It can also be used to help reduce 'bed-blocking' by monitoring those discharged early from hospital.

Configuring service delivery

The way forward is partnership working between housing, social services and health with pooled budgets and a joint accommodation and care strategy, together with joint assessments by fully trained staff who are fully conversant with the technology and its use

Nevertheless, it must not be forgotten that it is a user-centred service and more research is needed in consultation with potential and existing end-users and care providers in this respect. As the very least, the system should be simple, user-friendly and provide the necessary service quickly. (Response times can be more of an issue in rural areas, where the call centre might be some distance from the caller's home.) People should also be able to access the equipment, regardless of their financial situation, either through means-testing or renting.

Managing the tensions with the benefits

Historically, social alarms were responsive, but now with lifestyle monitoring capabilities, they could be seen as intrusive with sensitive issues around data collection. There must be a balance between monitoring people's wellbeing and invading their privacy. "Would you want everyone knowing about your incontinence problem?" queried one respondent.

Data monitoring is covered by the Data Protection Act, which gives people the choice to opt out of their data being shared. The Single Assessment, with shared

data and ownership of cases also addresses this issue. However, amongst organisations that responded there was a general feeling that protocols and procedures should be in place. When incorporating telecare into care and support packages, for example, issues about information sharing must be transparent and discussed and agreed with users. Where they are incapable of giving their consent, families and guardians should be consulted.

Users should be able to insist on only minimal data being gathered to protect their privacy and block any transfer of information to other organisations if they so wish.

South Warwickshire Housing Association suggests users could receive independent advice through organisations such as Age Concern and Help the Aged or from current users. Offering no-obligation equipment trials would also help people decide whether they feel comfortable about the implications of using the equipment.

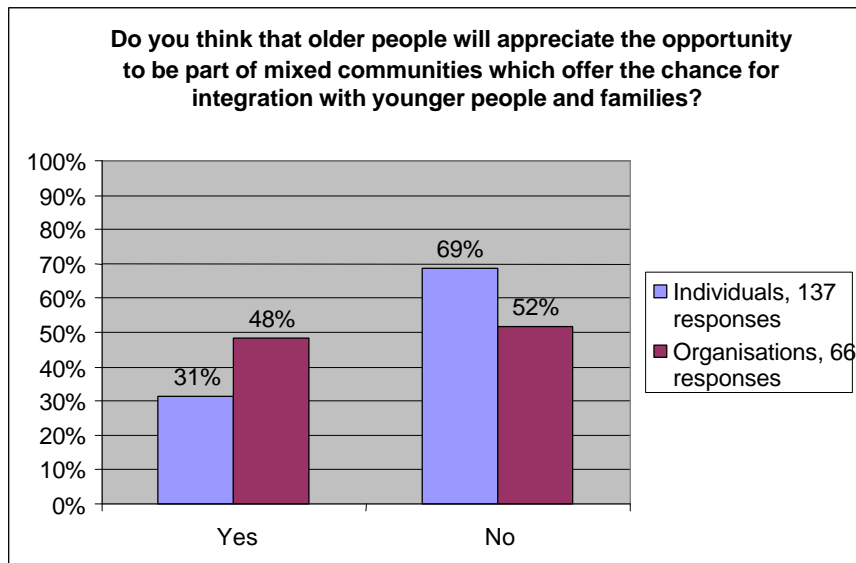
Building users' confidence

Technology will be an intrinsic part of every day life in the future, but steps need to be taken to build the confidence of those who could benefit from telecare packages now. There is a perception that today's retired people are reluctant to use technology. Yet Nottingham City Council is successfully engaging with local people by providing IT suites in sheltered housing and adult education courses, which are helping them to be less fearful of technology.

The use of demonstration sites, DVDs, sampler sessions in places such as community centres and asking existing users to market the benefits to those attending the sessions can all help build potential users' confidence. Greater publicity of the benefits amongst potential users and their families could also encourage greater up-take by having show homes installed with 'Smart' technology.

The sensor design also has a role to play, so that techno-fear is not generated at first sight. More mature hands and fingers are less nimble so the equipment needs to be simple to use with big buttons, but not so as to scream "vulnerable and cannot cope".

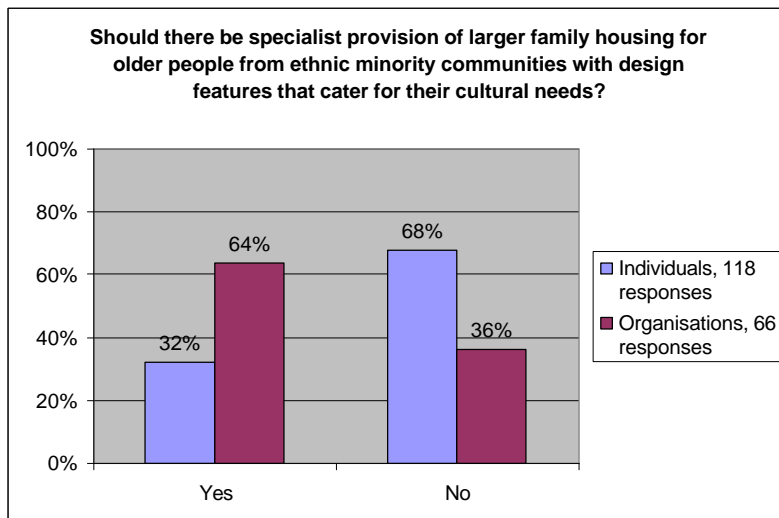
Diverse communities



Age – inclusive or exclusive?

There will always be those who like living in age-exclusive communities and it is important that they have this option. Having spent most of their lives in an integrated community, others will wish to continue doing so. Age does not necessarily imply having to opt for communal living with the same age group. Additionally, with the changing perception of old age, it is likely that younger older people will continue to enjoy younger people's company. There is a good case to make in developing smaller clusters of sheltered units set within a local community which can provide the best of both worlds.

There are risks associated with both – a clash of lifestyles in mixed communities as opposed to creating old people's ghettos. If non-age specific accommodation is provided in the future, the resident mix needs to be carefully considered to avoid such clashes. Those who choose not to live in mixed communities usually do so because it makes them feel more secure, but by doing so they can become isolated from the rest of the community and possibly less active.



With intergenerational contact breaking down and the aspirations of younger people from these groups changing, can it be assumed that this is the preferred model and that it will remain so? It may have been the situation in the past because BME groups were unaware of the alternatives available. Chester City Council admits that providers find it difficult to engage with these groups, with little or no take-up of sheltered housing by them locally.

Choice is essential and requirements will vary from area to area, from minority to minority. Strategies should be devolved locally, but follow nationally established good practice. Where groups are integrated, integrated schemes may be preferred but where there are racial tensions or religious separatism, minority-dedicated schemes may be popular. Local authorities and provider partners should be developing systems to assess the changing needs and aspirations of these communities to shape planning. Local authorities' duty on equal opportunities is therefore significant, while the tip of the iceberg for the future planning for new migrant groups and their cultural preferences has not yet been explored.

A commitment to lifetime homes in all new build and refurbished property should assist with specialist features to enable families to live together where this is their choice. Such provision is unlikely to be seen as divisive where this option is available to all groups in the community, not just BME.

Deaf and disabled people are also a minority group and may require housing adaptations, such as alterations to the building and provision of specialist support and services – an interpreter, for example, to help a deaf person communicate with housing staff.

Case study

A different demographic pattern

Southwark's demographic profile is undergoing different patterns of change to other areas in Britain. The trend within the borough is towards a lower population of people in the 65-84 age range and an increase in the 85+ range. It is also very culturally diverse, with BME communities making up 37% of the population and over 100 languages spoken. While the BME age profile is younger than the average, there are increasing numbers of BME elders.

In 2003/4, due to a significant under-representation of BME service users in older people's services, Southwark undertook a major survey of BME elders' needs and aspirations. This found that BME elders are more likely to want to stay close to family in a community setting. Clear wishes and expectations around family support were identified and age-related housing provision was not considered an adequate substitute. The BME elders also wished to remain in their communities of origin, with access to culturally appropriate services in their own language and outreach support for elders remaining in their own homes.

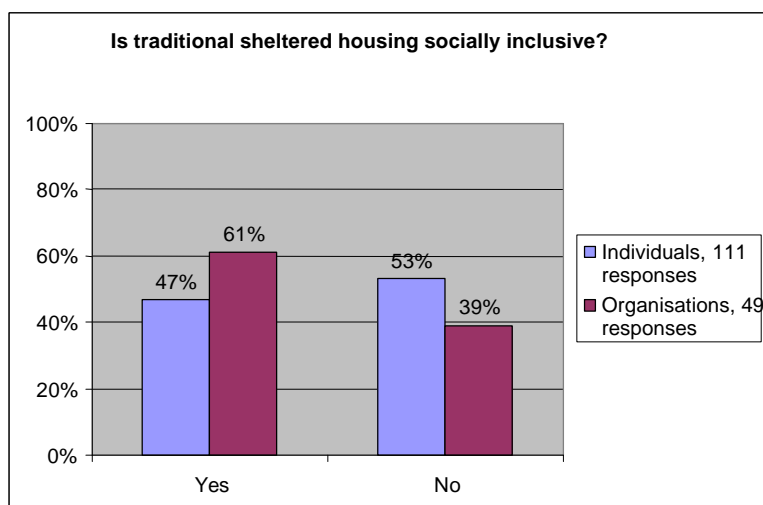
Cultural needs

There is already some demand, although its extent is unclear and it is difficult to judge the scale of unmet demand. According to CSHS, demand in 2020 will depend on whether or not mainstream schemes continue to be perceived as almost exclusively white.

Local demographics will also impact on demand. Plymouth already has a specialist sheltered housing scheme for older Chinese people, which it says is working well. A cluster system, where properties are arranged in groups of variable sizes, for different ethnic groups may also be an option in sheltered housing. New builds should also encourage inclusion of cultural differences, for example, having separate meat and non-meat areas in communal kitchens and recreational opportunities with multi-lingual staff.

However, there is a balance to be achieved between maintaining cultural identity and integration into the community. Moreover, by 2020, older people from minority groups will be more likely to have English as their first language. Likewise, as younger BME people's aspirations change, there could be a reduced demand for specialist community schemes in the future.

A problem of acceptance



Slightly over half of the individuals' responses did not see members of minority groups, including lesbians and gays, fitting into the traditional sheltered housing model, in contrast to organisations where 61% felt they would.

The question also carries the implication that society will not have moved on any further by 2020 than it already has in accepting different lifestyle choices. Housing should reflect the diversity in communities and different needs should be respected. Some, however, may feel more comfortable in exclusive communities and some do exist.

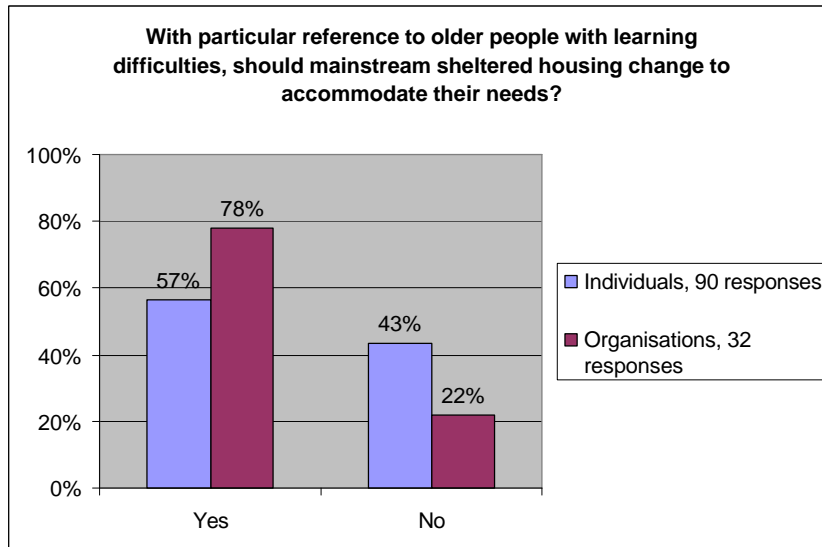
The issues about making sheltered housing communities more welcoming to lesbian and gay people are the same as for all under represented groups - acknowledging and understanding their individual needs and fostering respect for different lifestyles. Yet, partners should also be given equal rights, for example, tenancy succession when one partner dies. How schemes are managed will also be influential. Recruit a diverse workforce and train frontline staff to encourage tolerance and challenge any inappropriate behaviour or comments.

People with a history of homelessness and rough sleeping are likely to have complex needs related to issues such as substance misuse, mental illness and challenging behaviour. Homeless people have not tended to fare well in sheltered housing and are often perceived as outsiders by other residents. There is also little provision for the needs of frail elderly being released from prisons.

Thames Reach Bondway, a service provider for single homeless people, says that the low level of support in mainstream sheltered housing makes it unsuitable for many older homeless people. Local authorities are also inconsistent in their interpretation of the age at which an older vulnerable person is considered for housing. As the long-term homeless die much younger than the general

population, Thames Reach Bondway would like the term 'older' to apply to anyone over the age of 50.

Accommodating older people with learning difficulties



People with learning difficulties often face a reduction in services when they reach 65 because a lower priority is given to continuing personal development. Mainstream sheltered housing should accommodate these needs where possible through appropriate support. Extra care schemes are being developed to include people with learning difficulties, so lessons from these could be transferred to sheltered housing.

Housing does not necessarily need to change, but the support services need to understand the special requirements of people with learning disabilities and staff may require additional training to do so. Housing providers should also be working with specialists to ensure they have the knowledge needed to include this client group.

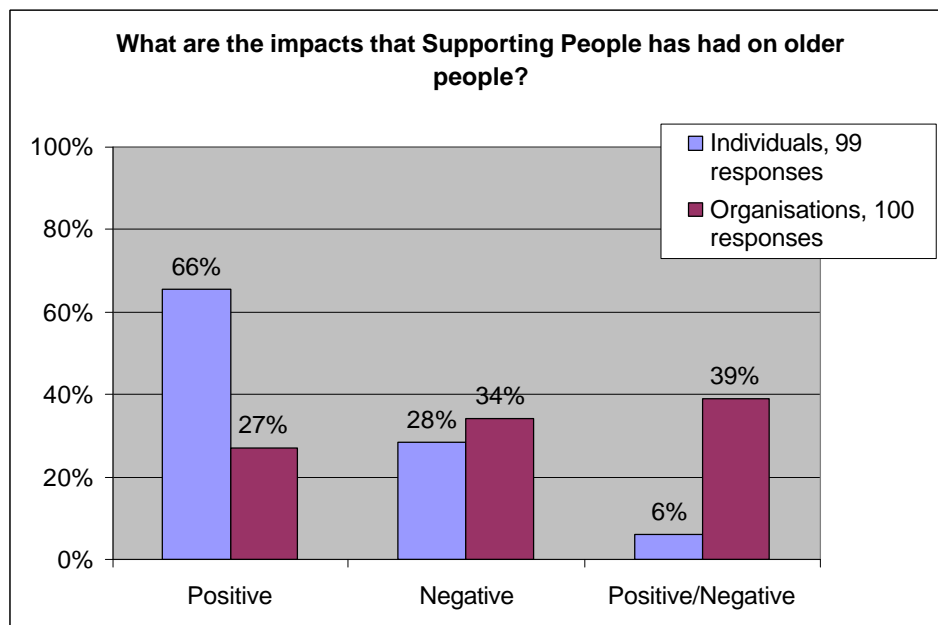
Tackling age discrimination

Terminology such as 'older people's housing' is stigmatizing, particularly if seeking to integrate housing schemes in local communities. People's needs and expectations should be identified and met regardless of age, gender, culture, religion or sex.

A possible solution to combating age discrimination in older people's housing is to create mixed, sustainable communities by sensitive allocations of a diverse range of people who will complement each other. Woking Borough Council has reduced the age criteria to 45 years, integrating people with support needs into traditional sheltered housing.

An effective and widespread educational programme is required to deal with negative attitudes which exist towards old age and older people, even amongst professionals. Older people should also be actively engaged in decisions that affect them. The London Borough of Newham, for example, works with an Age Discrimination Scrutiny Committee, a multi-agency Older People's Partnership Board and Older People's Champions to tackle age discrimination in service design and delivery.

Dignity and independence



Amongst individuals, 66% felt that Supporting People (SP) had had a positive impact. It was described as making the difference between a dignified, independent life and one of neglect, poverty and loneliness. Many appreciate the ability to remain in their own home, knowing that help is available. A lack of understanding about what it is and how it is paid for were seen as negative aspects.

39% of organisations believed that SP has had both positive and negative impacts. Negatives cited were the increased bureaucracy caused by form-filling and auditing. Implementation has also led to confusion and anxiety about both the reduction in funding over the next two years and the loss of scheme-based managers.

Positives about the programme included an improved quality of services focused on individuals and value for money by providing support where it is most needed. It also allows for continuous service improvement with better monitoring through the Quality Assurance Framework requirements.

Possible changes

It was felt that a review of the system is required to reduce bureaucratic and time-wasting paperwork and introduce greater flexibility with contracts and monitoring requirements. The latter is an administrative nightmare for some providers who are already regulated by both The Housing Corporation and the CSCI. Although regulators are supposed to liaise, providers are being asked repeatedly for the same information. This regulatory burden should be reduced, particularly for small providers and low-level support services.

The programme should be more adaptable to individuals' requirements and a sliding scale of service charges introduced. The ring-fenced Supporting People pot might be best incorporated into a general pot available to people through the personalised budgets proposed by the Green Paper. Eligibility should be extended to owner/occupiers and private leaseholders. Individual respondents would also appreciate clearer information about Supporting People.

A long-term commitment to funding is required to meet increasing demand and develop innovative services. The distribution formula, which is not yet in place and due for further consultation soon, should be removed altogether as this is leading to arbitrary cuts irrespective of the quality of services offered. Furthermore, there needs to be greater collaboration between housing, health and care service providers to ensure a whole-system approach, rather than the current piecemeal fashion.

Integrating the programme into mainstream social care funding was also suggested as a way of streamlining services and removing the artificial division between support and low levels of care. At present, sheltered housing receives Housing Benefit, Supporting People and a local authority grant for care, making it unnecessarily complicated.

A change of direction is needed, moving away from a building and accommodation bias to concentrate on floating support. A commissioning culture with a national quality framework is another aspect that would offer the best value and recognise the potential need for support services early.

A return to Housing Benefit was also favoured, while there were arguments for retaining the principles of Supporting People, but reducing the bureaucracy and simplifying the charging system. Local Area Agreements (LAA) could also offer an appropriate structure to investigate alternative funding sources, such as pre-retirement insurance schemes, which are currently being developed in Japan.

Although it would require a change to the legislation, one alternative would be to fund through Direct Payments.

Extending Direct Payments/Individual budgets to sheltered housing

This is already under consideration by the Government and the Adult Social Care Green Paper might accelerate this development. The growing number of older people used to being in control of their own financial affairs could be an additional driver.

The take-up of Direct Payments is currently very low and until it is simplified, is likely to remain so. It should be an option, though, for those who wish to use the system and meet the criteria, although not everyone will want to employ and manage their own care staff. Moreover, carers and support workers are scrutinised and older people may be made vulnerable employing someone without Criminal Records Bureau disclosure or Commission of Social Care Inspectorate (CSCI) validation. Adequate support will also be needed to protect those at risk of financial abuse from their families.

These issues could contribute to developing the scheme / estate manager's role as a housing and care broker for individuals purchasing services with individual budgets. The role was generally seen as being a facilitator, rather than becoming directly involved in residents' finances. Managers would need to have greater financial acumen to do so and providers should not expect them to have this level of knowledge.

If training were to be provided, it would be preferable for this to be given by specialists outside the scheme, such the Department for Work and Pensions (DWP) and Citizens' Advice Bureaux (CAB) to avoid conflicts of interest. The extent of the training should be awareness-raising, focusing on how Direct Payments work, the benefit to users and the ability to signpost individuals, their families and carers to the appropriate specialists. Concerns were expressed, though, about how such training would be funded.

Furthermore, extending Direct Payments could compromise housing providers' financial viability where clients opt out of certain services provided, particularly where support contracts depend on a minimum number of guaranteed hours. Payment collection might also be more difficult and lead to rent arrears or loss of services for non-payment by clients. So the challenge for housing providers is to find ways to adapt.

Empowering the workforce

Desirable knowledge, skills and personal qualities

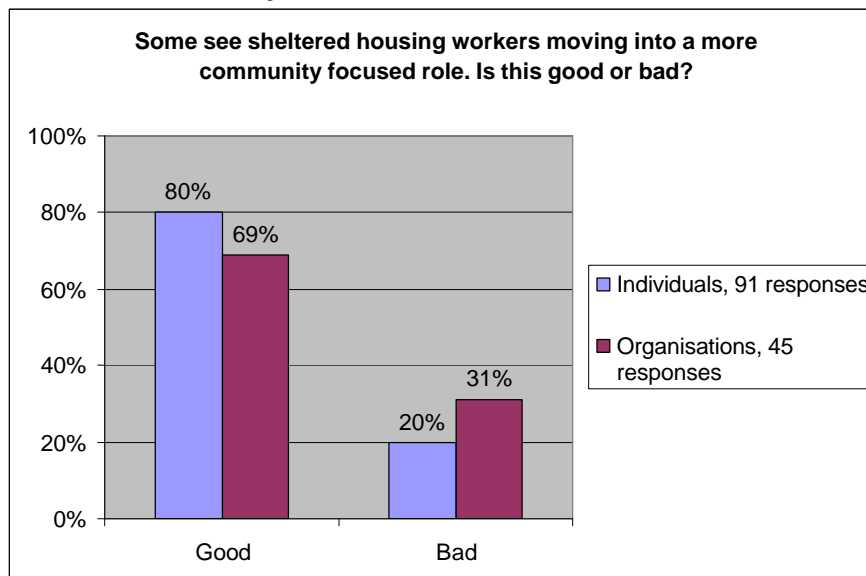
“Good scheme managers are essentially the eyes and ears for their residents,” says Age Concern. “They are able to spot difficulties without being told directly and know whom to contact about resolving these difficulties.”

Anyone working in housing – particularly frontline staff – must be, first and foremost, a ‘people’ person with common sense, excellent communication skills and the ability to empathise. The role calls for tact, patience, tolerance, commitment and respect for others’ dignity. Yet, the scheme / estate manager’s role is no longer that of the ‘good neighbour’. Staff also need to be enablers, enthusing residents to lead as active a life as possible. Knowledge of local services relating to benefits, housing, health, social care and recreational activities is also crucial, so that they can signpost people to the appropriate services.

Although a medical background has not generally been thought of as essential in the past, the British Geriatrics Society believes that training in health-related issues, such as dementia, Parkinson’s Disease, stroke, incontinence, arthritis and ethical issues would also be beneficial. The London Borough of Hammersmith and Fulham is also looking at staff giving advice on dietary and basic health matters.

Staff also need administrative, organisational, IT, and literacy and numeracy skills. The ability to deal with people with physical and learning disabilities, mediation, mental health problems and substance misuse, as well as promoting diversity and inclusion are also important.

A more community-focused role

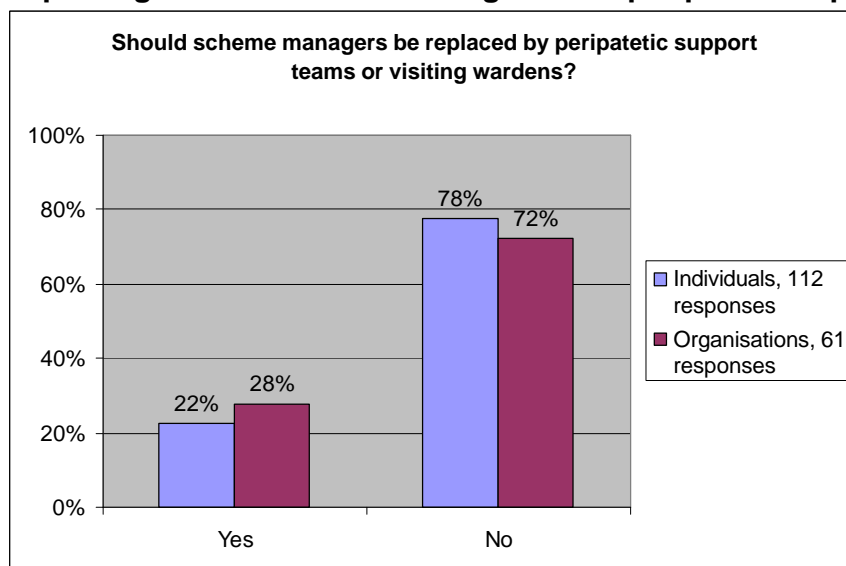


It is envisaged that the role will develop into an 'enabling' housing and care role, and scheme / estate managers will need support to fulfil this. This involves building their confidence, assessing their capacity to perform the role and moving away from the notion of the scheme. It is also about their attitude and whether staff are willing or able to encourage the local community into the complex. Existing residents would also have to be less territorial.

A combination of on-going training with other professionals and across organisations, encouragement to embrace this approach, supportive line management and mentoring will help staff to work in this way. Dudley Metropolitan Borough Council has introduced five area teams, so that staff do not feel isolated and also encourages staff to be involved in other community activities, such as Neighbourhood Watch.

The same core skills required for an internally focused service are transferable to an outward-focused service. The Oldham Local Implementation Team for Older People suggests there could be benefits in having housing placements in training initiatives like its trainee practitioner scheme, which would give health and social care staff some understanding of housing issues and vice versa.

Replacing scheme / estate managers with peripatetic support teams



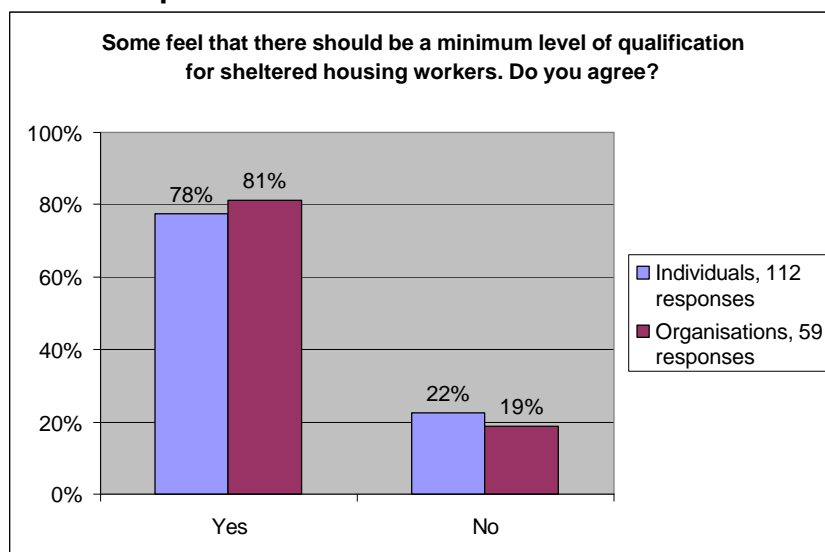
This proved particularly unpopular with 78% of individuals and 72% of organisations. However, with the drive for cost reductions following cuts in Supporting People funding and the need for schemes to respond to the pressures to adapt, the role is likely to move towards one of a floating support service. Those who saw this as a negative move cited the loss of local knowledge and a consistent approach to support. There was also a preference amongst existing residents' for the former 'good neighbour' service.

One respondent commented that staff can become stale seeing the same people for years and complacency about their problems could set in. Staff rotations

enable a fresh outlook. New Leaf, an RSL, believes Supporting People has broken the link between housing and support services. Its scheme / estate managers are now employed to provide support services rather than housing management services, so there is no need for them to be tied to a particular scheme.

Others felt there was no simple answer and that it depends on the provider, its role, costs and how well individuals' needs can be met. Risk assessments could be one way to help determine whether services would be best provided by peripatetic teams.

Minimum qualification



Both individuals and organisations, 78% and 81% respectively, were overwhelmingly in favour of a minimum qualification for sheltered housing workers. This was seen as valuable in standardising practice and raising the status of those in the sector, especially amongst other professionals.

However, on closer examination, respondents admitted that this would be costly in terms of higher remuneration and that qualifications do not necessarily ensure the best practitioners. The entry level qualification should not be so inflexible as to exclude those with the right people skills who could achieve the qualification once in post.

Where possible, Counsel and Care would also like to see qualifications including 'housing and care of older people' learning, as multi-disciplinary training is likely to improve teamwork within schemes and enhance individuals' care.

Recruitment and retention

Recruiting and retaining high calibre staff is increasingly difficult in a climate of reduced funding and contracting culture aimed at driving costs down. The tendency for other statutory partners to reinforce the image of scheme managers as the poor relation of social care does not help and overlooks the valuable job they do.

To overcome this, the role needs to be professionalised with ongoing training opportunities, a qualification structure that offers career progression, regular hours, higher remuneration and a supportive working environment. Separating the housing and support role and having peripatetic building managers would also possibly enhance the role. Reducing paperwork and making the post non-residential were other factors identified.

Scheme / estate managers could possibly be assisted with off-site accommodation through low-cost housing initiatives similar to those for key workers.

Methodology

Two versions of the 20/20 consultation were released. For analysis purposes, these were called Questionnaire A, which was made up of open and closed questions and Questionnaire B containing open questions. Where there was a direct correlation in responses to a closed and a corresponding open question, these figures have been combined in the graphs. Responses to the open questions in both questionnaires were commentary in nature and form part of the general discussion in each section.

A total of 331 responses were analysed. Not all respondents answered every question. Questionnaire A attracted 141 responses from individuals and organisations. A high proportion of the 141 individuals were existing residents who had already made their housing and care choices and this is reflected in their responses. There were 112 responses for Questionnaire B. Ten were from individuals and the remainder from organisations - 50 local authorities, 23 housing associations, 10 charities and 18 others.

Glossary of terms

Care home accommodation is a bedroom or bed-sit room, sometimes with ensuite lavatory or bathing. Meals are generally served communally.

Close care is sheltered housing on the site of a care home, where the care home staff can provide extra help to residents if required.

Direct Payments are cash payments made in lieu of social care services to individuals who have been assessed as needing services, so that they can

decide how their care is delivered. Under this system, State Pensions and benefits are also paid direct to recipients' bank accounts.

Extra care housing can offer flexible care, with 24-hour support from social care and health teams. It can be new build or remodelled from existing buildings or a mix of both. The basic design features include self-contained flats with kitchen and bathroom facilities; staff facilities; a range of services such as laundry; communal areas; guest facilities; good links to the community; and staff on site to maintain the building and manage the delivery of care and support services.

Housing Associations/Registered Social Landlords (RSLs) are not-for-profit housing providers.

Individual budgets allow people to buy in the services they need. Under this proposal, a person's needs are assessed by social services and are then told how much the care they are entitled to is worth. They can then choose to have this as a cash direct payment or in provision of services. The services that they choose or buy can be anything that they feel will appropriately support them, and may be outside the range of services traditionally offered by social care, such as a holiday.

Sheltered housing ranges from purpose-built bungalows to self-contained flats, bed-sits and rooms with shared facilities. The presence of a scheme / estate manager living on the premises or nearby differentiates it from other types of housing. Many also provide 24-hour emergency assistance through an alarm system. All residents pay a service charge, whether they own or rent their home. Sheltered housing is provided by four main organisations: local authorities (rent only); housing associations (rent or part-buy); voluntary sector (rent only); and private sheltered housing developments (buy only).

The **State Pension** is made up of the basic State Pension and additional State Pension. Men need 44 qualifying years of paying National Insurance Contributions (NICs) by the age of 65 to receive the full basic State Pension. Women who reach the age of 60 before 2010 need 39 qualifying years. As State Pension age for women will change between 2010 and 2020, the number of qualifying years a woman needs will gradually increase to 44 years. The full basic State Pension for 2005/06 is £82.05 for a single person and £131.20 for a retired couple. More information is at www.thepensionservice.gov.uk

Supporting People was launched in April 2003. A Supporting People grant is allocated by the Office of the Deputy Prime Minister (ODPM) to local authorities, which are responsible for administering the programme locally. It provides housing related support to enable people to live independently. All short-term housing related support services are free. Charges apply for those using long-term services whose financial ability to pay is assessed. People who cannot afford to pay are eligible to claim a subsidy from their local authority.