

# **Report of the Evaluation of Pilot Local Housing Options Advice Services for Older People**

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# Evaluation Report

This report has been produced by Sheffield Hallam University for Care & Repair England. The report contains details of the University's evaluation of the eight local housing options projects which contributed to Care & Repair England's national housing options programme for older people '*Should I Stay or Should I Go?*'

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# Contents

Page

## CHAPTER ONE

The “Should I Stay or Should I Go?” National Programme.....1

## CHAPTER TWO

Analysis of Monitoring Data..... 10

## CHAPTER THREE

Older People’s Experience of Housing Options Services.....29

## CHAPTER FOUR

Commissioners, Planners and Providers of Services:  
Perceptions of Housing Options Services.....47

## CHAPTER FIVE

The Perspectives of Housing Options Workers.....56

## CHAPTER SIX

Conclusions..... 68

## APPENDICES

Appendix One: Evaluative Framework.....74

Appendix Two: Data Collection Monitoring Form.....78

Appendix Three: Interview Proforma (older people).....94

Appendix Four: Interview Proforma (other professionals).....96

Appendix Five: Interview Proforma (housing options workers).....98

## CHAPTER ONE

### The “Should I Stay or Should I Go?” National Programme

This chapter contains brief details of the National Programme and the projects it has involved since its inception in 2002

#### Background

The Should I Stay or Should I Go (SISOSIG) Programme is a national initiative coordinated by Care & Repair England to stimulate the development of housing options services for older people. A range of national funding bodies support the National Programme and local pilot projects, which are also supported by local funding sources. The national sources include the Housing Associations Charitable Trust (hact), the Housing Corporation, the Rank Foundation, the Tudor Trust, the Countryside Agency, Office of the Deputy Prime Minister [indirectly via a core costs grant] and Help the Aged.

The Programme was initiated as a result of a number of current policy drivers such as Supporting People, Private Sector Housing Renewal, Hospital Discharge, Social Exclusion and Neighbourhood Renewal. The need for this form of service provision was also highlighted through comments made by older people at various ‘listening’ events across the country facilitated by Care & Repair England. Participants were invited to comment on their housing needs and related issues as well as any experience they might have had of using home improvement agencies. The results of the events are documented in *Learning to Listen* (Care & Repair England, 2000). These needs have been expressed elsewhere including at a housing event for older people convened jointly by Care & Repair England with Age Concern Warwickshire and through research undertaken by Age Concern England and hact.

One of the major points made consistently by older people was a recognition that there might well come a time when they would want to think through whether to move home or not, and that they would really value an opportunity to talk things through face to face and get practical help from someone independent of their family. The problem was particularly acute for older people from Asian communities. Many of these people were reportedly living in the worst housing but were least likely to access existing services.

Various national initiatives already existed to provide older people with the necessary information when considering moving home and to help them with the decision making process. These included the housing options for older people (HOOP) questionnaire, and the Elderly Accommodation Counsel and Counsel and Care’s information services for older people contemplating moves to special needs accommodation or residential care. However, there appeared to be a gap in local provision, whereby older people would be able to access individualised, impartial advice together with practical help as appropriate. The

only service that appeared to offer this kind of help was a project in Bristol. The Care & Repair Move on Service in Bristol had been introduced in 1998 and had proved popular. The definition of a housing options service adopted by Care & Repair England is a scheme that provides information, advice, support and practical help to older people who are living in poor or unsuitable housing and/or considering options for moving on. The intention was to target housing options services in the main at low-income older people living in the private rented and owner occupied sectors.

The anticipated role of the housing options worker was to help individuals reach a decision about their future housing and provide the practical help necessary to put their decision into action. This included assisting the person to move to alternative housing or special needs accommodation; or helping them to make their current home more appropriate to their needs by assisting them to access support services including home repairs and/or adaptations. Additionally, given the limited range of housing options that can be available in many localities, it was expected that the housing options workers would find ways of channelling their experiences and those of the older people referred to them into local planning processes. Housing options workers were to be located within a range of agencies providing services to older people. These included Home Improvement Agencies, Age Concern projects and Housing Advice Centres.

The vision of the National Programme was to help workers to think creatively about how the housing needs of older people might be met. Innovative thought and action, created through the activities of the housing options workers would stimulate needs for change in local policies and working methods within the established health, housing and social care service systems. One anticipated outcome would be to describe a number of different models that might be readily adapted to match the specific needs of localities, and could be used by policy makers at local, regional and national levels. Since 2002 the National Programme has been working with local housing options services to support the introduction and development of projects operating in a variety of settings. It has provided training, information and support to local projects whilst assisting with the identification of replicable service models and good practice.

A National Advisory Committee was convened to steer the National Programme. This included representation from Age Concern England, Anchor Trust, Bristol Care & Repair, Counsel and Care, Countryside Agency, Office of the Deputy Prime Minister, Department of Health, Elderly Accommodation Counsel, Help the Aged, HoDis (National Disabled Persons Housing Service), Housing Corporation, Local Government Association, National Housing Federation and the Rank Foundation as well as the Director of Care & Repair England and the Programme Coordinator. Meetings of the Advisory Group and meetings of the housing options workers took place every 3-6 months from 2002 to June 2004 with the aim of pooling expertise and providing support.

Care & Repair England have developed training, information, and support services to back up the work of local projects; for example a toolkit is available on the Care & Repair England website (listed under *Housing Options*) to help agencies to introduce their own housing options service and/or to assist in raising awareness about housing options issues among workers from housing health and social care. Information packs have been developed to

support volunteer involvement in housing options services and good practice models have been identified to facilitate productive working with Local Authorities and Housing Associations. Through this evaluation, further practice guidance will be produced to assist those working to assist older people from Black and Ethnic Minority (BME) populations and those living in rural settings with their housing options.

### The Projects Within the Programme

The SISOSIG programme was originally envisaged as a minimum of three local 'demonstration' housing options projects, which would be monitored and evaluated, and from which lessons would be drawn to influence policy and planning issues at local, regional and national levels. Eight local housing options projects were eventually identified to demonstrate response to a variety of needs.

Through the creation of a range of different pilot projects operating in a range of environments the National Programme aimed to examine the wider applicability of the service model to:

- » black and minority ethnic (BME) communities
- » rural areas
- » areas with high levels of urban degeneration and market collapse

The impact of various management models was also to be examined through locating the projects with a range of managing agents. The most established project in Bristol provided a practical working model from which the SISOSIG National Programme was able to draw lessons particularly in the early stages of the programme's lifespan.

As previously stated, all housing options services were introduced into an existing agency. The participating schemes and examples of the established services provided by the managing agents are illustrated in the following table.

**Table 1:1 The Demonstration Projects**

<b>Scheme Location</b>	<b>Managing Agent</b>	<b>Examples of Services Provided by Managing Agencies</b>	<b>Date of Introduction of Housing Options</b>	<b>Additional Factor being examined</b>
Bristol	Bristol Care & Repair (voluntary organisation & HIA)	Advice on home adaptations, repairs, security, financial advice handyman service for minor repairs and adaptations (all tenures).	1998	BME

Burnley	Anchor Staying Put (HIA)	Advice, support and assistance with home improvements and home adaptations. A handyman service.	September 2003	Urban housing market decline/ regeneration
Derbyshire Dales	Age Concern Derby & Derbyshire (voluntary organisation)	A range of information, advice and support services including advocacy, befriending, day care, falls prevention, daily living aids and charity shops.	June 2003	Rural
Enfield	London Borough of Enfield (Local Authority managed HIA)	Advisory and support service for older and disabled homeowners. Helps with small and large-scale repairs/improvements.	October 2003	Urban
East Riding of Yorkshire	East Riding of Yorkshire (Local Authority managed HIA)	Advice, information, support re large and small repairs, improvements, adaptations, energy conservation, security and financial advice.	May 2003	Rural
Hackney	Anchor Staying Put (HIA)	Advice , support and assistance with home improvements, repairs, adaptations, security and welfare benefits. Handyperson and volunteer gardening services.	September 2003	Urban

Leeds	Care & Repair Leeds (voluntary organisation & HIA)	Advice, information, support on all aspects of home repair and adaptation. Handyman, security, fall prevention, hospital discharge and minor adaptation services. Financial advice.	November 2002	Urban (BME)
Warwickshire.	Age Concern Warwickshire (voluntary organisation)	Advice, information, support on all aspects of home repair and adaptation via HIA Other services; respite, gardening, daily living support, and home safety check	January 2003	Rural BME

Note: HIA = Home Improvement Agency

The monitoring and evaluation was conducted over a 21-month period between 2002 and 2004, with schemes joining the programme between 2002 and 2003.

Through the evaluation we sought to explore the following:

- What is the demand for housing options services?
- What impact do they have on older people's housing situations?
- What impact do they have on service planning and provision?
- What are the lessons about the ways to deliver such services?

The subsequent evaluative framework is described in Appendix One. It can be seen that a variety of data sources were drawn upon during the course of the evaluation.

## **Establishing and Maintaining the Participating Projects**

### **Funding**

The time taken in establishing new housing options services proved to be much greater than originally anticipated. As can be seen from the previous table, the majority were not established until 2003. Three of the projects, namely Burnley, Enfield and Hackney, had been up and running for only 12 months at the time of writing this report.



Funding proved to be a major obstacle to progress. The delays were even more significant in the rural areas. In spite of the difficult financial climate, work undertaken by Care and Repair England helped to secure significant amounts of funding from Help the Aged, the Countryside Agency, the Housing Corporation and the Rank Foundation.

The range of budgeted expenditure for a local service was £14,748 to £76,636 , with a salary range for project workers of £16,787 to £24,000.

## **Pen portraits of the eight participating projects**

A brief profile of each project within the National Programme is provided below. All had the broad objective of providing housing options advice and information and some had an additional aim(s) to enable particular dimensions of their work to be explored through the monitoring and evaluation.

### **Bristol**

Bristol Care & Repair has been operating a Move On project since 1998. This service was established in response to clients whose needs could not be met by the main service and who needed help to look at their housing options and support to find and move to new accommodation.

#### ***Additional aim of the pilot***

- To generally extend the service as well as trying to encourage uptake amongst BME groups.

#### ***Local context***

An established and positive relationship with Bristol City Council led to the service being involved in consultation when the authority was developing its new 'Powers to Assist Policy'. This consultation led to a DFG (Disabled Facilities Grant) policy where assistance is made available to enable people to move rather than adapt properties in certain situations. The Bristol project has extended its remit to work with younger, disabled people in the light of this policy development.

#### ***Staffing***

The project has two workers, one focusing on the older mover and the other focusing on working with the younger disabled clients.

### **Burnley**

This project, managed by Anchor Staying Put, commenced in September 2003 with the appointment of a housing options worker.

#### ***Additional aim of the pilot***

- To work in an area of urban decline, property abandonment and low equity.

### ***Local context***

The area is part of a Housing Market Renewal Pathfinder region. It is hoped that the housing options service will become an integral part of this initiative, providing users of the service with priority access to housing alternatives.

### ***Staffing***

A project worker was appointed in September 2003. Initially there was no agency manager in post. The project worker resigned in March 2004 having obtained employment with a Local Authority in another area. A new project worker is now in place together with a permanent agency manager.

## **Derbyshire Dales**

This housing options project is managed by Age Concern Derby & Derbyshire as part of its range of community based information and advice services for older people. It was established in June 2003 specifically to target the rural district identified as the Derbyshire Dales.

### ***Additional aims of the pilot***

- To work with older people living in rural settings.
- To develop a service model within a voluntary sector, non-HIA setting.

### ***Local context***

Even though the project is managed through a charitable agency, a close working relationship exists with the District Council.

### ***Staffing***

This project commenced in June 2003 with the appointment of a project worker. The original project worker resigned in early June 2004 and a new project worker was recruited in August 2004.

## **East Riding of Yorkshire**

The housing options service in the East Riding of Yorkshire is part of the established Staying Put scheme. It was introduced in May 2003.

### ***Additional aims of the pilot***

- To work with older people living in rural settings.
- To develop a service model within a Local Authority setting.

### ***Local context***

The managing agent, the Staying Put (Home Improvement) Agency has been the responsibility of the East Riding of Yorkshire Council since 1996. It was previously a service

managed by the District Authority. The Staying Put Agency is part of the Directorate of Social Services, Housing and Public Protection.

### ***Staffing***

The housing options worker commenced in May 2003 on a part time basis. There are three other caseworkers within the Agency with responsibility for providing housing options information to individuals as appropriate, but the housing options worker takes the lead. A second part-time worker was appointed at the beginning of 2004 (but during the period of evaluation, they did not undertake any work on the project).

## **Enfield**

This project, sited within a Local Authority, commenced in October 2003.

### ***Additional aims of the pilot***

- To work in an urban area reflecting a range of housing quality
- To develop a service model within a Local Authority setting

### ***Local context***

The housing options service is based within Enfield Council's Care and Repair Scheme and was created as a result of interest in the SISOSIG National Programme by a Social Services manager.

### ***Staffing***

An existing Council staff member was seconded in October 2003 to the Staying Put Scheme to establish the housing options project.

## **Hackney**

This project commenced in September 2003 and is managed through Anchor Staying Put.

### ***Additional aim of the pilot***

- To work in an inner city area with high rates of property unfitness and crime

### ***Local context***

Another aim of this housing options service, agreed as a result of local funding arrangements, is to help older people locate suitable accommodation in situations where a return home is impractical, particularly upon discharge from hospital.

### ***Staffing***

The housing options worker commenced in September 2003 and left in May 2004 to join a local Social Services Department in a management position. A new housing options project worker was recruited during the summer of 2004.

## **Leeds**

This project, managed by Care & Repair Leeds, was the first new project to be established as part of the SISOSIG National Programme in November 2002.

### ***Additional aims of the pilot***

- To work in an urban area within an independent HIA which had a good track record on reaching BME groups

### ***Local context***

Care and Repair Leeds is a home improvement agency helping older, disabled and low-income people to live in well-maintained and adapted homes. The agency covers the whole of the locality covered by Leeds City Council.

### ***Staffing***

One permanent full time worker was recruited in November 2002 to work across the whole city of Leeds.

## **Warwickshire**

Following an initial scoping of needs by Age Concern Warwickshire, the project was launched in January 2003.

### ***Additional aims of the pilot***

- To work with BME elders in Leamington Spa
- To work with older people living in the rural areas around Warwickshire

### ***Local context***

A further aim of this project is to act as a spearhead and link to existing Age Concern local services including those provided by the home improvement agency, daily living support, gardening and carer support.

### ***Staffing***

One member of staff was recruited to work with the rural communities around Stratford-upon-Avon and with referrals from Leamington Spa. A second member of staff (selected as being from an ethnic minority group) initially worked 10 hours a week covering Warwick District, the aim being to provide input primarily to BME elders. By September 2003, his hours of work had increased to 15 per week. By January 2004 he had left the project and has not been replaced.

## **Summary**

The above descriptions of the projects that participated within the National SISOSIG Programme provide a flavour of the variance that exists across the eight localities in terms of project briefs and organisational contexts.

## CHAPTER TWO

### Analysis of Monitoring Data

In each site, housing options workers completed monitoring forms for each individual person referred to the service (See Appendix Two.) The Bristol project collected monitoring information for the period 3<sup>rd</sup> January 2003 to 31 July 2004. The other seven projects collected monitoring information from the project start dates up to 31 July 2004. These data were collected using an Access database at site level, and then converted to an overall SPSS (Statistical Package for the Social Sciences v.10) database for analysis. The results of data analysis are tabulated throughout this chapter, with percentages given in brackets.

Overall, data were collected for 561 service users and included open as well closed cases. The full range of outcomes was only available from the closed cases. Open cases included service users who were still waiting for suitable alternative accommodation.

The breakdown of service users in each site is shown in Table 2:1 below. The number of cases recorded for each site differs, as the sites did not all collect data for the same length of time. Findings across the eight sites should be compared with some caution, as the sample sizes are variable and there are some missing data. In all tables percentages are shown in brackets.

**Table 2:1 Numbers of Service Users Across the Eight Sites**

<b>Site</b>	<b>*1 Project operating (months)</b>	<b>Worker full or part time</b>	<b>Data collection period (Months)</b>	<b>Number of service users</b>	<b>Projected number of service users per annum per full time worker</b>
Burnley	7	100%	11	30	51
Bristol	72	100%	19	137	86
Derbyshire	9.5	100%	14	65	82
East Riding	12	61%	15	25	41
Enfield	6.5	100%	10	22	41
Hackney	6.5	100%	11	48	89
Leeds	18	100%	21	137	91
Warwickshire	16	65%	19	97	112
<b>Total</b>				<b>561</b>	
<b>Average</b>					<b>74</b>

**\*1 – months that a worker was in post minus 3 month start up period. In some areas there was a change of post holder during the data collection period**

## Summary of Characteristics of Service Users

### Age, gender, household composition

Overall, there were 333 (59%) female and 203 (36%) male service users recorded (25 service users did not have gender recorded). The mean age was 76 years although ages covered a wide range (50 - 102). A comparison between the ages of those living in rural and urban areas revealed that those living in urban areas were slightly younger than those in rural areas. The majority of service users were widowed (n=184, 33%) or married (n=148, 26%) and living alone (n=295, 53%). One hundred and fourteen (20%) did not have a carer and 100 (18%) were cared for mainly by a son or daughter.

Table 2:2 compares the proportion of males/females and service users living alone/as a couple. More women than men lived alone overall. The largest proportion of men living alone was in Burnley and Enfield. Warwickshire and Bristol had the highest proportion of women living alone. Derbyshire and East Riding (two of the rural projects) were recorded as having the largest proportion of couples.

**Table 2:2 Gender and Living Situation**

Characteristics	All areas	Burnley	Bristol	Derby-shire	East Riding	Enfield	Hackney	Leeds	Warwick-shire
<b>Males</b>	203 (36)	13 (43)	46 (34)	28 (43)	13 (52)	9 (41)	20 (42)	50 (37)	24 (25)
<b>Females</b>	333 (59)	17 (57)	70 (51)	35 (54)	11 (44)	13 (59)	28 (58)	86 (63)	73 (75)
<b>Males living alone</b>	84 (15)	7 (23)	25 (18)	7 (11)	3 (12)	5 (23)	0	18 (13)	19 (20)
<b>Females living alone</b>	215 (38)	12 (40)	61 (44)	14 (22)	9 (36)	6 (27)	12 (25)	57(42 )	44 (45)
<b>Couples</b>	143 (25)	3 (10)	30 (22)	27 (42)	10 (40)	6 (27)	7 (15)	46 (34)	14 (14)

Table 2:3 shows the age distribution of service users for each area. Overall, the largest proportion of service users were 80 years and over, with few under 60 years. Warwickshire represented an older age group of service users compared to the other areas, although Bristol and East Riding had equally high proportions of people aged 90 years and over.

**Table 2:3 Age Distribution by Location**

Age distribution	All areas	Burnley	Bristol	Derby-shire	East Riding	Enfield	Hackney	Leeds	Warwick-shire
<b>50-59</b>	29 (5)	5 (17)	10 (7)	1 (2)	3 (12)	4 (18)	1 (2)	5 (4)	0
<b>60-69</b>	89 (16)	5 (17)	17 (12)	13 (20)	4 (16)	7 (32)	9 (19)	27 (20)	7 (7)
<b>70-79</b>	141 (25)	7 (23)	28 (20)	12 (19)	6 (24)	6 (27)	11 (23)	56 (41)	15 (16)
<b>80-89</b>	154 (28)	4 (13)	44 (32)	13 (20)	5 (20)	4 (18)	12 (25)	35 (26)	37 (38)
<b>90 +</b>	42 (8)	0	15 (11)	2 (3)	3 (12)	1 (5)	0	9 (7)	12 (12)

## Ethnic background

An overall picture of ethnic background is given in Table 2:4. Whilst the overall picture is one of a majority of white service users, the greatest diversity of ethnic background was found in Leeds, and in Hackney less than half the service users were white. Four per cent of service users overall were recorded as from 'other' ethnic groups. These included Jewish, Polish, West Indian, East Asian, Italian, Danish, Portuguese, New Zealand, French, and Irish definitions of ethnic groupings.

**Table 2:4 Ethnic Backgrounds by Location**

Ethnic Background	All Areas n (%)	Burnley	Bristol	Derby-shire	East Riding	Enfield	Hackney	Leeds	Warwick-shire
White	436 (83)	27 (90)	109 (95)	59 (100)	24 (100)	16 (73)	21 (44)	94 (69)	86 (92)
Caribbean	27 (5)	1	2			1	14 (29)	7 (5)	2
Black other	2		1					1	
Indian	24 (4)	1				3	4 (8)	12 (9)	4
Pakistani	12 (2)	1	1					10 (7)	
Bangladeshi	2						1	1	
Chinese	1							1	
Eastern European	2							2	
Other	21 (4)		2			2	8 (17)	8 (6)	1
<b>Total</b>	<b>527</b>	<b>30</b>	<b>115</b>	<b>59</b>	<b>24</b>	<b>22</b>	<b>48</b>	<b>136</b>	<b>93</b>

## Characteristics of accommodation

Data were recorded for type of accommodation, tenure, number of bedrooms, whether any basic amenities were lacking and the presence/type of hazards in the home environment.

Tenure and the characteristics of tenure across the sites is displayed in Table 2:5. Three hundred and sixty two (65%) were homeowners of which 17 (3% of service user total) had purchased their homes under 'Right to Buy' arrangements. In Enfield, 22 (100%) were homeowners, compared to only 27 (42%) in Derbyshire. Hackney and East Riding had a significant proportion of private tenants (n=7, 15% and n=4, 16% respectively). Leeds and Burnley had the highest proportion of tenants living in social housing when compared with other urban areas.

**Table 2:5 Tenure of Service Users**

Tenure	All	National Average	Burnley	Bristol	Derbyshire	East Riding	Enfield	Hackney	Leeds	Warwickshire
Owner-occupier (all)	362 (65)	(71)	17 (57)	109 (80)	27 (42)	18 (72)	22 (100)	17 (35)	93 (68)	59 (61)
Owner Occupier (Right to Buy)	17 (3)		0	3	0	0	0	8 (17)	0	6 (6)
Social Rented	60 (11)	(19)	7 (23)	4 (3)	10(15)	2	0	3	34 (25)	0
Private Rented	40 (7)	(10)	1	5 (4)	7 (11)	4 (16)	0	7 (15)	7 (5)	9 (9)

As can be seen in Table 2:6, 131 (23%) of all service users lived in a terraced house and a further 116 (21%) lived in a semi-detached property. Only 42 (8%) lived in a bungalow, with most bungalow dwellers living in the rural areas of Derbyshire, Warwickshire and East Riding. The largest proportion of flat-dwellers lived in Hackney (17 in total; 35%).

One hundred and thirty-three people (24%) were living in homes that had 2 bedrooms and 153 (27%) had 3 bedrooms. However, it should be noted that bedroom number was not recorded for 32% of service users. Service users in Enfield, Leeds and Warwickshire were most likely to have two or more bedrooms compared to the lowest number in Bristol.

The highest proportion of homes lacking basic amenities and/or having hazards were in Enfield whilst the lowest were in Hackney and Warwickshire, although this is unlikely to be representative of the larger population in these areas. The rural area of East Riding had a high number of homes with one or more hazard (17 in total; 65%). In 60 cases (11%) one or more basic amenity was lacking as described in table 2:6 and no differences could be found between those living in rural or urban areas.



**Table 2:6 Characteristics of the Properties of Service Users**

Characteristics	All areas	Nat. av.	Burnley	Bristol	Derbys hire	East Riding	Enfield	Hackney	Leeds	Warwick shire
Detached house	25 (4)	(22)	0	3 (2)	8 (12)	0	0	0	4 (3)	10 (10)
Semi-detached house	116 (21)	(34)	2	13 (10)	9 (14)	10 (40)	1	0	55 (40)	26 (27)
Terraced house	131 (23)	(28)	16 (53)	24 (18)	9 (14)	5 (19)	15 (68)	11 (23)	42 (31)	9 (9)
Other house	80 (14)		0	51 (37)	14 (22)	0	0	10 (21)	2 (2)	3 (3)
Bungalow	42 (8)		0	2 (2)	10 (15)	5 (19)	0	0	9 (7)	16 (17)
Flat/ maisonette	84 (15)	(15)	3 (10)	14 (10)	4 (6)	4 (15)	6 (27)	17 (35)	23 (17)	13 (13)
2 or more bedrooms (all property types)	329 (59)		16 (53)	43 (31)	32 (49)	18 (69)	20 (91)	18 (38)	112 (82)	70 (72)
Lacking basic amenities	60 (11)		4 (13)	12 (8)	6 (9)	4 (15)	7 (32)	1 (2)	21 (15)	5 (5)
1 or more hazard in the home	195 (35)		16 (53)	32 (23)	24 (37)	17 (65)	15 (68)	6 (13)	76 (56)	9 (9)

Further analysis was undertaken regarding the types of amenities that were lacking in some homes and the number of instances in which they were lacking. As can be seen in Table 2:7, heating was most often reportedly inadequate.

**Table 2:7 Lack of Amenities**

Type of amenity	Number of cases in which amenity was lacking
Central heating	41 (7)
Adequate heating in main rooms	25 (4)
Hot water	13 (2)
Kitchen facilities	7
Indoor WC	7
Bath/shower facilities	6
Wash basin	5

As can be seen from Table 2:8, 195 (35%) of service users were recorded as having at least one environmental hazard present in the home, representing a potential danger to them. Types of hazard most frequently identified were on the stairs (n=85; 15%) associated with

the bath or shower (n=54; 10%) and access problems (n=46; 8%). Other hazards recorded included carpets/mats, cables/wires, lighting, kitchen work surfaces and inaccessible power points.

**Table 2:8 Reported Hazards**

<b>Type of hazard</b>	<b>Number of cases in which hazard was identified</b>
Access problems	46 (8)
Cables/wires	11 (2)
Carpets/ mats	27 (5)
Kitchen work surfaces	10 (2)
Lighting	10 (2)
Power points	19 (3)
Shower/bath	54 (10)
Stairs	85 (15)
Other	42 (7)

## **Health Problems**

Of the overall sample, 414 (74%) were described as having health problems by the referrer. There is a difference in the proportion of older people who had health problems in the different sites, particularly between Hackney and Enfield, as given in table 2:9. There does not seem to be a difference between urban and rural areas. The low proportion of service users with health problems in Hackney relative to the other sites, is not representative of the overall population of older people and it must be noted that the sample size was small.

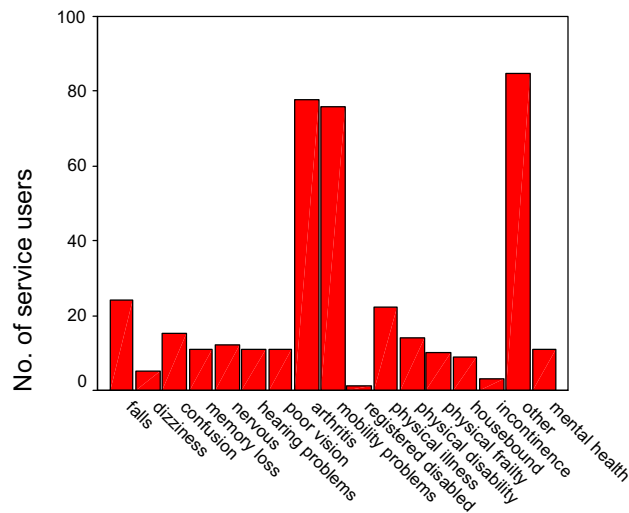
In Derbyshire, East Riding, Enfield, Leeds and Warwickshire, workers reported a similar volume of health problems to those stated by service users themselves. This suggests that the workers were identifying the extent of health care problems being experienced by users. From the available data, it appears that workers in Burnley, Bristol and Hackney may have been identifying a greater number of health needs in comparison with those reported by users.

**Table 2:9 Reported Health Problems**

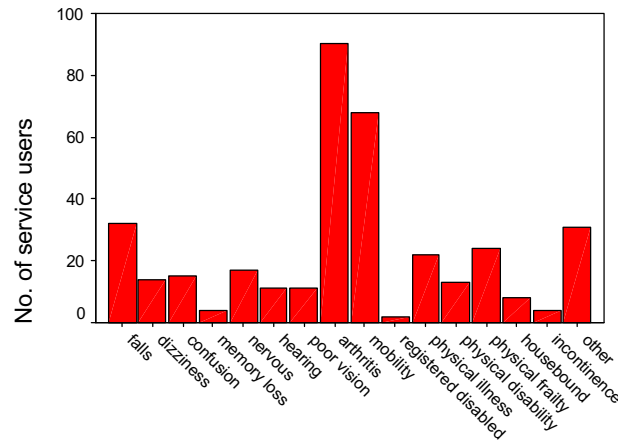
Site	Percentage with health problems (reported by referrer)	Percentage with health problems as stated by service user
Burnley	70	47
Bristol	74	53
Derbyshire	68	65
East Riding	88	88
Enfield	95	91
Hackney	44	32
Leeds	85	91
Warwickshire	68	65

It is interesting to note below that the referrers' description of health problems shows a similar pattern to the description of health problems given by the service users, illustrated in the next two bar charts. Arthritis and mobility problems are the dominant reasons given for considering housing options.

**Chart 2:1 Referrers' Description of Service Users' Health Problems**



**Chart 2:2 Service Users' Description of Their Health Problems**



Service user's description of their health problems

### Service users' support needs

Two hundred and twenty four service users (40%) were identified by the worker (in discussion with the service user) as having support needs in that they required help with daily living activities or other support to remain in their home. Half of this number (n=111, 20%) had 2 support needs and 33 (6%) had as many as 5 support needs. The most frequently recorded types of support needs were help with bathing, with climbing stairs, with intensive support requiring community care assessment and help to claim benefits.

Table 2:10 shows that there was a marked difference in the number of older people with support needs across the sites. Hackney and Warwickshire had the smallest proportion of people with support needs. The highest proportion was in Leeds, where almost all service users had at least one support need.

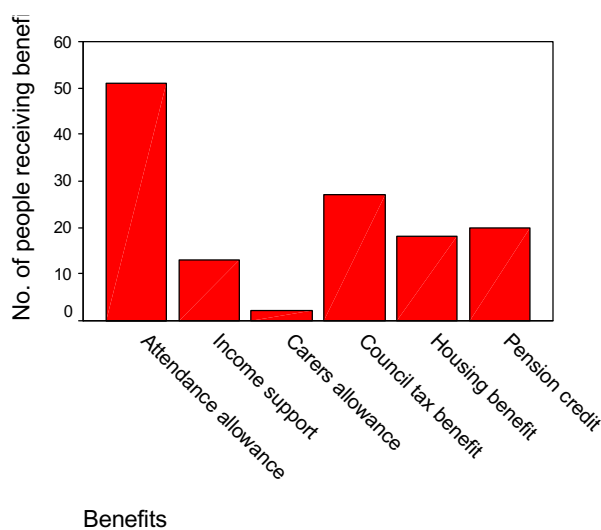
**Table 2:10 Reported Support Needs**

Site	Percentage with support needs (as defined by the worker in discussion with the service user)
Burnley	50
Bristol	17
Derbyshire	32
East Riding	50
Enfield	50
Hackney	10
Leeds	92
Warwickshire	8

**Benefits received by service users**

Ninety-six service users (17%) were recorded as being in receipt of one or more state benefit although for many service users this information was not noted. As illustrated in Chart 2:3, the most common benefit received was attendance allowance. Twenty-eight service users (5%) were also recorded as having been helped by the service to obtain welfare benefits.

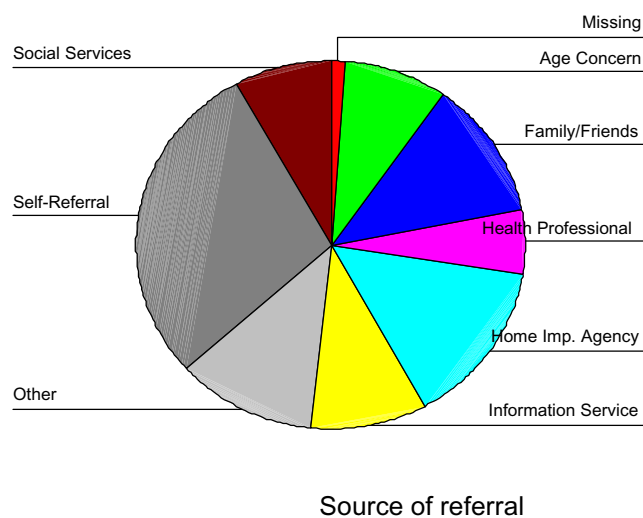
**Chart 2:3 Benefits Received**



## Source of referral

As seen in the following pie chart, most service users referred themselves to the service. The next most significant sources of referral were through the Home Improvement Agency, or family/friends. This finding is interesting given the older people's perceived lack of clarity about the service raised in service user interviews reported in Chapter Three.

**Chart 2:4 Source of Referral**

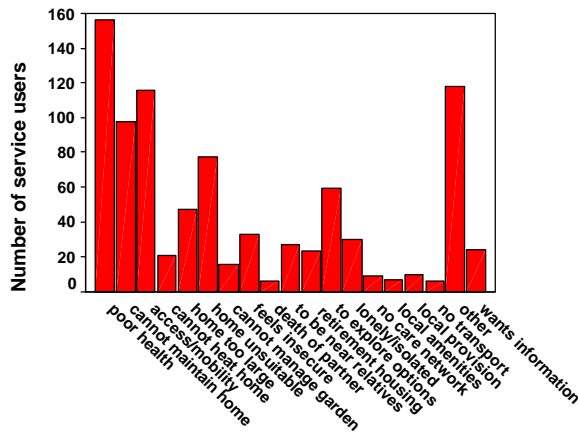


## Reasons for referral

Workers were asked to record the various reasons for referral. Chart 2:5 shows the five most commonly quoted reasons given for referral in each project area.

Poor health appeared to be the dominant reason, a finding echoed in our interviews with older people (see Chapter Three). The primary reason for referral did not differ across men and women.

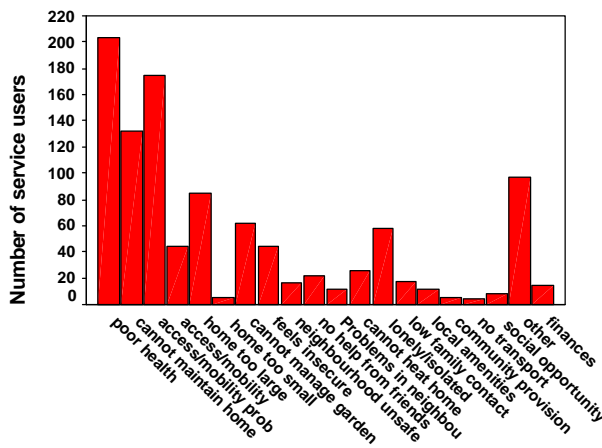
**Chart 2:5 Most Common Reasons for Referral**



Five most commonly quoted reasons for referral

Similarly, service users were asked to state what they considered their difficulties to be in their present home. Chart 2:6 gives the five most commonly quoted difficulties. It can be seen that a common pattern of reasons has emerged across the service users with health needs, difficulty in maintaining the home and access/mobility problems predominating.

**Chart 2:6 Most Commonly Quoted Difficulties**



5 most commonly quoted user descriptions of difficulties

### Housing Aspirations and Outcomes

Table 2:11 shows that overall, 159 (28%) of those surveyed were considering staying put as one possible option, and 352 (63%) were considering a move when they first made contact with the housing options service. Some service users considered that repairs or adaptations might help them to stay put. This was most evident in Leeds, where 20 service

users were thinking about having major adaptations carried out to their property. It is also apparent that many service users were considering more than one option for moving home and/or staying put.

**Table 2:11 Initial Options Considered for Moving/Staying Put**

	All areas	Burnley	Bristol	Derbys hire	East Riding	Enfield	Hackney	Leeds	Warwick shire
Considered staying put at point of first contact	159 (28)	11 (37)	29 (21)	12 (19)	16 (64)	12 (55)	6 (13)	72 (53)	1
Considered moving at point of first contact	352 (63)	21 (70)	100 (73)	52 (80)	8 (32)	16 (73)	16 (33)	84 (61)	55 (57)

**Table 2:12 Services Needed in Order to Stay Put**

Services considered in order to stay put	All areas	Burnley	Bristol	Derbys hire	East Riding	Enfield	Hackney	Leeds	Warwick shire
Minor repairs	17 (11)	4	6		3			4	1
Major repairs	21 (13)	2	9	3	2	2	3		
Minor adaptations	20 (12)	1	1	2	5	3		8	
Major adaptations	36 (22)	2	1	1	5	5	2	20	
Garden maintenance	4 (3)	2	1					1	
Other	25 (16)		6	6		2	1	9	1

For those considering moving, different types of social housing, such as retirement homes or sheltered housing, were frequently perceived to be a desirable option. Table 2:13 confirms that this was particularly the case in Leeds.

**Table 2:13 Initial Housing Moves Considered**

Options for moving considered	All areas	Burnley	Bristol	Derby-Shire	East Riding	Enfield	Hackney	Leeds	Warwick shire
Residential care	45		11	2		2	5	5	20
Social housing (various options considered)	406	29	74	66	6	16	11	170	34
Buying a house	87	1	35	2	5	13	2	20	9
Private rental	18	5	2	1	3	2	2	3	
Other	55	5	31	4		3		10	2



Data analysis revealed that 343 cases (61%) were recorded as closed to workers. The outcome of the service for these clients is given in Table 2:14.

**Table 2:14 Recorded Outcomes of Closed Cases**

Closed cases only	All areas	Burnley	Bristol	Derbys Hire	East Riding	Enfield	Hackney	Leeds	Warwickshire
Number of service users who stayed put after contact with service	284 (83)	18 (95)	70 (74)	49 (84)	4 (80)	13 (93)	33 (97)	63 (85)	34 (77)
Number of service users who moved after contact with service	59 (17)	1	25 (26)	9 (16)	1	1	1	11 (15)	10 (23)

Of the 59 service users (closed cases) who decided to move after contact with the service, only one person living in Burnley, in East Riding, in Enfield and in Hackney actually moved. This finding contrasts with Bristol, Derbyshire, Leeds and Warwickshire, where the percentage of service users who moved after contact with the service ranged from nine to 25 individuals (15% to 26%). Bristol and Warwickshire recorded the highest percentage of closed cases where older people had moved home.

The available data suggests that whether a person moved house or not was not influenced by whether they lived in an urban or rural area. Only three service users (from Bristol, Hackney and Leeds respectively) who were helped to move were from an ethnic minority group. All the others who moved were of white ethnic origin. However, this finding may reflect the overall small numbers of service users from BME groups in the sample rather than indicating a difference in housing aspirations.

An analysis of the housing moves made by four of the locations is detailed in Tables 2:15 to 2:18.

**Table 2:15 Outcomes - Bristol**

<b>Bristol</b>	<b>Moved from (accommodation)</b>	<b>Moved from (tenure)</b>	<b>Moved to (accommodation)</b>	<b>Moved to (tenure)</b>
<b>Bungalow</b>	1		4	
<b>Flat</b>	3		13	
<b>House</b>	19		1	
<b>Other</b>	2			
<b>Owner-occupier</b>		22		6
<b>Private tenant</b>		2		
<b>Residential/nursing home</b>			7	7
<b>Social housing</b>				11
<b>Other</b>		1		1
<b>Total</b>	25	25	25	25

**Table 2:16 Outcomes – Derbyshire Dales**

<b>Derbyshire</b>	<b>Moved from (accommodation)</b>	<b>Moved from (tenure)</b>	<b>Moved to (accommodation)</b>	<b>Moved to (tenure )</b>
<b>Bungalow</b>	1		3	
<b>Flat</b>	1		4	
<b>House</b>	4			
<b>Other</b>	3			
<b>Owner-occupier</b>		2		
<b>Private tenant</b>		2		
<b>Residential/nursing home</b>			2	2
<b>Social housing</b>		2		7
<b>Other</b>		3		
<b>Total</b>	9	9	9	9

**Table 2:17 Outcomes - Leeds**

Leeds	Moved from (accommodation)	Moved from (tenure)	Moved to (accommodation)	Moved to (tenure)
Bungalow	2		2	
Flat	3		7	
House	6			
Other			1	
Owner-occupier		7		1
Private tenant				
Residential/nursing home			1	1
Social housing		3		8
Other		1		1
<b>Total</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>11</b>

**Table 2:18 Outcomes – Warwickshire**

Warwickshire	Moved from (accommodation)	Moved from (tenure)	Moved to (accommodation)	Moved to (tenure)
Bungalow	4		2	
Flat			7	
House	5			
Other	1			
Owner-occupier		6		
Private tenant		2		1
Residential/nursing home			1	1
Social housing				8
Other		2		
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

The available data suggests that older people referred to the housing options service were more likely to move from a house to a flat and more likely to give up owner-occupied accommodation. In Bristol service users were more likely to move to social housing. Additionally, a small number of older people out of the total sample of closed cases chose to move to residential or nursing care (n=11; 19%).

It appears that although a higher proportion of service users overall had considered moving rather than staying put, only small numbers of the closed cases had achieved their housing aspirations to move (n=59; 17%). However a further 22 people, whose cases remained

open, had also moved home. Thus, the overall number of people who actually moved was 81. Even though the aspiration to buy property was recorded as an option for 87 cases, it was less likely for service users to purchase new accommodation as an outcome (only 7 people out of the 59 recorded as closed cases paid for their next home). Very few service users moved to residential care, even though it was initially been considered to be a suitable option in 45 cases. The considerably high number of options for social housing considered by service users is not reflected by the handful of people who actually moved. This may be due to the work of the housing options worker in assisting service users to stay in their existing accommodation.

Of the cases recorded as being closed, 34 (10%) did not move because they could find no suitable place to move to, 25 (7%) preferred their existing home to the alternatives and eight (2%) could not face the upheaval of moving. A breakdown of these reasons by site is given in Table 2:19. In Derbyshire, 25 (43%) felt that there was no suitable option for moving available to them. Significantly, the higher number of service users (n=56, 16%) who did not move for other reasons provided a highly individual reason for not moving. Some of these reasons were that no suitable accommodation was available, but the worker had recorded them as 'other' on the monitoring form in order to give more detailed explanations of personal circumstances. More exceptional other reasons for not moving included examples such as a house fire or having a stroke. In other cases the service user does not appear to have given a reason, other than they did not wish to move. These reasons are echoed in Chapter three, which reports on the perspectives of the older people we interviewed.

**Table 2:19 Reasons for Not Moving (Closed Cases)**

Reasons for not moving (closed cases)	All	Burnley	Bristol	Derbyshire	East Riding	Enfield	Hackney	Leeds	Warwickshire
No suitable option available	34 (10)	0	4 (4)	25 (43)	2 (40)	0	0	0	3 (7)
Preferred existing home to alternatives	25 (7)	0	4 (4)	4 (7)	0	5 (36)	3 (9)	7 (10)	2 (5)
Could not face the upheaval	8 (2)	0	2 (2)	0	0	1 (7)	0	0	5 (11)
Other reasons	56 (16)	3 (16)	8 (8)	2 (3)	1 (20)	5 (36)	3 (9)	29 (39)	5 (11)

## Nature of Housing Options Services

The work carried out by the housing options workers can be described as the provision of information, advice and practical assistance, or a combination of advice, practical assistance and casework, in which the worker may have considerable involvement with the older person over a period of time. The nature of work undertaken was recorded for 332 (97%) closed cases. One hundred and fifty (44%) people received information, 81 (24%) received advice and practical assistance and 101 (29%) received casework in conjunction with advice and practical assistance.

The number of home visits undertaken by the workers was recorded as being 291 (85%) for cases subsequently closed. Seventy-nine service users (23%) did not have any visits at all, suggesting that these clients received telephone information and advice only. One hundred and twenty three people (36%) received one visit, 46 (13%) received two visits and 17 (5%) received three visits. Twenty-six (8%) received four or more visits. Of these one service user in Derbyshire had 17 visits. These findings illustrate the wide variety in the nature of the work, from simple telephone advice extending to much more intensive input with some individuals.

Twenty-six individuals (5%) received further contact from the worker after their case had been formally closed, indicating that it might be difficult in some cases for workers and service users to reach an end point in the intervention. As stated in the following chapters, we found that a number of service users became reliant on the worker for information, support and advice.

The workers made a total of 328 referrals to other agencies or departments (see table 2:20) for both closed and open cases. The most frequent request made through the referral was for welfare benefits (n=54, 16%) followed by referrals for major adaptations (n=41; 13%). There were 91 referrals in the 'other' category, of which Leeds made 48 referrals. Twelve of these referrals made in Leeds were to the medical housing team and seven to the falls prevention scheme. Out of the nine referrals made by Derbyshire under 'other' category, two were to the 'Supporting People' team and three were for social services' assessment.

**Table 2:20 Reasons for Referral to Other Services (All Cases)**

Reasons for referral to other services	All	Burnley	Bristol	Derbyshire	East Riding	Enfield	Hackney	Leeds	Warwickshire
Minor repairs	13	2	2		2		2	3	2
Major repairs	11		1		5	1		3	1
Minor adaptations	17				4	1		12	
Major adaptations	41			3	7	3	1	27	
Daily living support	26	2	3	5	2	3	1	8	2
Help with gardening	7			2			2	2	1
Befriending	13	1	3	3				4	2
Security	8					2	1	5	
Welfare benefits	54	6	2	8	5	2	1	27	3
Household items	2		1	1					
Loans	1								1
Grants	14	3	1	3		1	1	5	
Equity	8							8	
Alarms	22	1	1		2	1	3	13	1
Other	91	4	13	9			12	48	5
<b>Total</b>	<b>328</b>	<b>19</b>	<b>27</b>	<b>34</b>	<b>27</b>	<b>14</b>	<b>24</b>	<b>165</b>	<b>18</b>

## Summary

The monitoring data routinely maintained by housing options workers proved to be an invaluable source of information about the flow of referrals into services and their subsequent management. It also clearly describes the socio-demographic and living circumstances of users of housing options services.

The data confirms that people being referred to the service were in the main old and frail with multiple health needs. It is significant that one fifth of the sample did not identify an informal carer.

This quantitative analysis provides a flavour of the difficulties being expressed by users of housing options services and the efforts being made by workers to meet what are frequently complex and changing needs. It also confirms the challenges faced by many older people when facing the reality of moving home. These issues are considered in depth in the next two chapters of this report where interviews conducted with people using housing options services and the workers providing the service are described and discussed.

## CHAPTER THREE

### Older People's Experience of Housing Options Services

Obtaining views of service provision from people who have used the service should be the focus of any form of evaluation. This is particularly so for services like housing options where the aim is to work with vulnerable people to meet needs that have not been addressed previously. For this reason, interviewing older people who had received a housing options service was given priority within the overall evaluative framework. Our aim was to describe the aspirations and experiences of service users as they weighed up their housing options with help from dedicated workers. Names have been changed to protect service users' identity.

Table 3:1 below provides details of the locations and total numbers of interviews conducted with older people who had received a housing options service. We interviewed 50 service users in 8 locations. All interviews were undertaken between April and August 2004. Due to the varying lengths of time that housing options services had been in place within the participating schemes, referral rates were not uniform across the 8 projects. Therefore, the numbers of interviews achieved were not evenly spread across study sites.

**Table 3:1 Summary of Interviews Held with Older People**

Location of service provider	No of respondents: Interviewed by telephone	No of respondents: Interviewed in person	Received advice only or limited intervention	Received package of information, advice and help
<b>Burnley</b>	1	2	2	1
<b>Bristol</b>	0	6	1	5
<b>Derbyshire</b>	0	4		4
<b>E. Riding of Yorkshire</b>	0	6		6
<b>Enfield</b>	4	0	3	1
<b>Hackney</b>	5	4	5	4
<b>Leeds</b>	5	6	8	3
<b>Warwickshire</b>	4	3	4	3
<b>Totals</b>	<b>19</b>	<b>31</b>	<b>23</b>	<b>27</b>



**Table 3:2 Outcomes for Those Who Were Interviewed**

<b>Agency</b>	<b>Moved home/ about to move</b>	<b>Waiting to move when/ if suitable home located</b>	<b>Wanted to move but gave up due to lack of options</b>	<b>Decided to stay put</b>	<b>Total</b>
<b>Burnley</b>	2	1	0	0	3
<b>Bristol</b>	2	2	1	1	6
<b>Derbyshire</b>	3	0	0	1	4
<b>E. Riding of Yorkshire</b>	0	2	0	4	6
<b>Enfield</b>	1	2	0	1	4
<b>Hackney</b>	3	4	0	2	9
<b>Leeds</b>	3	1	2	5	11
<b>Warwickshire</b>	2	3	0	2	7
<b>All</b>	<b>16</b>	<b>15</b>	<b>3</b>	<b>16</b>	<b>50</b>

The topic guides shown in Appendix Two guided all interviews. Three main groups could be identified from the total of 50 older people interviewed, those who received advice only or very limited intervention, those who received a package of interventions and decided that they would like to move and those who received a package of interventions and decided to stay put.

As would be expected, some people who contacted a service or were put in contact with a service only received advice or a “one-off” intervention. We aimed to interview all those older people who fell within this group and consented to be involved over the telephone. However, we found that these different groups were not always readily defined. Some of the older people interviewed over the telephone were able to describe a sequence of interventions with the housing options worker. All those older people who had definitely received a package of interventions and consented to be involved in the study were interviewed face to face.

### **The Impact of Personal Circumstances on Housing Needs**

Living in pleasant, well-maintained and appropriate housing is a central aspect of quality of life for the majority of us. For older people there is an acknowledged spectrum of interwoven factors, all of which contribute towards overall quality of life. These include housing, health, disability, environment (including the perceived safety of the local environment as well as its physical nature and amenities), involvement in meaningful activities, income and extent of social contact. The older people we interviewed all discussed their housing needs within the context of individual aspects they considered to be important to their quality of life as well as their housing and local environment.

While the outcomes were different for the older people we interviewed, the process of weighing up the issues involved in moving or staying put and the impact of housing and environment upon overall quality of life were echoed across the entire group. Older people were concerned about the following individual factors, all of which impacted on their housing needs:

- Health
- Transportation
- Support and neighbourliness
- Opportunities for socialisation
- Crime
- Local facilities
- Personal finances

### **Illness, disability and its consequences**

As can be seen from the data collected by workers on the older people referred to them, ill health and its consequences was the most significant reason for considering housing options across all the participating schemes.

*Well if I hadn't had health problems, it was the stairs that we were having problems with; we'd been there 25 years, that's what decided us to move.* Mr Green (moved)

Participants described a range of illnesses and health problems that impacted on their quality of life, including poor eyesight, falls and minor mental health problems:

*My biggest depression is my failing sight. That is the worst thing really. It's the reading and that sort of thing that's getting impossible....* Mrs Morley (telephone interview)

In spite of having to cope with poor health and disability, participants were, on the whole, independent minded. They expressed determination to carry on with their present circumstances for as long as possible, as illustrated by the following extract:

*At the time I'm fighting tooth and nail to stay at home until it gets to the time I'm incapable.* Mrs Moore (stayed)

As a consequence of poor health and disability, coupled with a lack of friends and facilities in the local area, some older people were unable to participate in leisure or social activities as much as they would have liked.

*Now my good friends have left, I feel...I don't get enough interests. If I had more interests, more money, more friends...I'm not doing enough to fill my time.* Mrs Picton (telephone interview)

*I like the radio and the TV and I like to read a nice book. I haven't been able to do any knitting for years, I haven't been able to find a wool shop. Perhaps when I move there will be a wool shop there. I might be able to knit some squares for Oxfam.* Mrs Smith (telephone interview)

However, 18 people still remained optimistic and active within limitations. One person who had been in intermediate care following a stroke reported having recently joined a gym.

## **Getting out and about**

For a number of older people interviewed, the effects of illness and disability severely compromised their ability to leave their home, particularly going out alone. The difficulties resulting from increasing age also underscored this reluctance. Sixteen participants reported difficulties with public transport.

*The nearest bus is down at the end of R Road, which is about a quarter of a mile away, but you can't depend upon it, if you have gone for it you probably stand there for 10 minutes, quarter of an hour because it's sometimes late. It's standing about that tires me out.* Mr Homer (stayed)

*I don't use the buses. I'm so slow and unsafe and I'm afraid that I would have a lot of difficulty getting on and off the bus. I would be scared.* Mrs Munro (telephone interview)

Not all participants reported problems with public transport, which was described as perfectly adequate by 13 participants especially those living in urban areas. One participant had been proactive in ensuring an appropriate service was set up in Hackney:

*We got funding out of this new deal and we organised what we call the East to West Bus. All our buses run from North to South and ....we got London Transport to do something about it. People say to us what a wonderful job you did; it's changed our lives. It's a wonderful little route.* Mrs France (telephone interview)

One person who had moved (Mrs King) reported the usefulness of a community transport service, which enabled her to get to the shops in the morning and to visit her sister in a residential home in the afternoons. Car ownership could also alleviate difficulties:

*I was out today. I have an old car and I keep it in good condition. Walking is very painful.... it takes time and is difficult.* Mrs Munro (telephone interview)

## **Support and neighbourliness**

Those interviewed described various changes to their neighbourhoods over time; for example friends moving away, younger people moving into the area and the impact of children living in the locality. Very individual preferences were expressed; for example

some described not liking the quiet and solitude when people were out at work whereas for others a quiet life was definitely sought.

A few were fortunate enough to be well integrated into their community. One person described how she had built up a local network of support:

*One of the chemists came with my prescription this morning, I said could you get this cork out of my wine please, everyone who comes, could you open this jar of meat because I haven't got any grip in my hands, I've got everything taped so that I can cope. Mrs Dobson (stayed)*

Even in a more rural setting, an older person described a good neighbourhood network.

*They (neighbours) literally come in, I've got a new back gate on, my next-door neighbour noticed my one was getting a bit tatty and he made me one and fitted it. Neighbours are great and the local trades people. The log man brings the logs in and he stacks them up on the side, people are just so helpful and friendly. I don't want to move. Mr Jarvis (stayed)*

## **Isolation and loneliness**

For 15 participants, one of the consequences of poor health, together with loss of a spouse and decline in the number of nearby friends resulted in feelings of isolation and loneliness. Ten of these older people lived in urban areas, suggesting that people living in less well-populated areas may have better networks of support.

*I did have a fall one day and I was ages, I couldn't get up and it was when it was dark nights and I shuffled to the back door, opened the back door and shouted and shouted, nobody heard me from next door. Mrs Martin (stayed)*

*It takes time to get to know people but they don't bother you and you don't bother them. Mrs Beckinsdale (stayed)*

One participant (Mrs Moore) who moved demonstrated a proactive means of combating loneliness by taking up voluntary work, enabling her to get out and meet other people.

## **Crime and fear of crime**

In common with the older population 14 of the older people we interviewed expressed fear of crime. However for three people living in inner city London, the fear had turned into a reality:

*The neighbourhood is not too bad. We've only been mugged five times...we ended up on the floor half way in the road and half way on the kerb. Both drug addicts knocked us on the kerb and we ended up wearing hearing aids where we both cracked our heads. Mr Burt (telephone interview)*

One person had moved recently into sheltered accommodation and graphically described a whole catalogue of disturbing incidents due to poor security. They attributed these problems in the main to inadequate warden cover including no weekend cover. Not surprisingly, these problems were blighting their overall experience of living in the flat and neighbourhood.

In contrast, a participant living in Enfield described a much more secure life:

*It's crime free, a nice neighbourhood. It's quiet. The neighbours have changed over the years but there's still 2 or 3 who've been here as long as we have. I haven't used the car for a few days now and I found I hadn't locked it. It's still there. You can leave things in the garden and no one touches them. You can't say that about many places. Mrs White (telephone interview)*

One person who the service had helped to move (Mrs Keenan) described how her daughter had peace of mind knowing she had moved to a warden-controlled accommodation complex.

## **Access to facilities**

The need for facilities extended from transport (described above) to shops and recreational facilities.

*I think I'd like a change. It's a nice area but I'd like to be nearer to more activities without too much trouble. I'd like to be nearer to a hall where there's keep fit or bridge. Mrs Picton (telephone interview)*

Satisfaction with shopping facilities and ability to shop independently was dependent upon a range of factors across the group irrespective of whether they lived in urban or rural settings; for example the location of shops, what they sell, availability of transport, extent of disability and availability of help with shopping.

*My nephew and his wife go shopping for me. I wished they would deliver but they haven't got round to that yet. Mrs Jackson (stayed)*

*I'm afraid that all my friends have passed on; you know what I mean. Before we came here we lived at the next village like and I used to do shopping for quite a few people and that. My only trouble now is shopping really. So when they (family) come from Derby they fill up my freezer and everything up for me so I'm alright for a long time. Mrs Brown (stayed)*

## Personal finances

The availability of finance to be able to purchase what is required and plan for the future remains of central importance throughout the life course. Twelve participants expressed financial concerns as a clear reason for not being in a position to move.

*If we sell the flat, and even with some savings we still haven't got enough money to buy anything else so we thought that this scheme that was advertised may help us.* Mrs Drake (telephone interview).

*I can't afford to move; it will be something which happens in life, which moves our circumstances, that's how it's going to happen.* Mrs Graham (stayed).

## Should I Stay or Should I Go: Weighing Up the Options

The people we interviewed lived in wide variety of property types including flats, sheltered accommodation and large Victorian houses. One person lived in converted flats of which he was the leaseholder.

It can be seen from the following chart that a quarter of those interviewed had lived in their home for over 40 years. The large number of participants who had lived in their homes for less than 10 years accounts mainly for those older people who had recently been helped to move by the housing options service.

**Table 3:3 Length of Time in Present Home**

Length of stay in current home	>40 years	>30 years	14 – 30 years	10 -14 years	<10 years	Unknown
No. of participants (%)	13 (26)	6 (12)	5 (10)	6 (12)	17 (34)	3 (6)

Given the length of tenure, deciding whether to move or stay put was a matter for serious consideration and deliberation. Whether they decided to stay put or move on, a considerable proportion of people we interviewed (15) were adamant that the decision was one that only they could make, even if they asked the opinion of family members.

*We made our own minds up.* Mr Green (moved)

*She (the housing options worker) certainly didn't push it, did she, she was quite happy that we were happy to stay here.* Mr Jarvis (stayed)

The housing options workers perceived themselves as facilitating rather than directly influencing the decision-making process, mirroring the views of the older people we spoke to.

*When they know that you're not the person who's going 'oh you need to go into sheltered housing' or 'you need residential', you're going to go just at the pace they want you to and I think that's important. Worker 4*

The older people we interviewed were vociferous to us about their desired homes and housing needs. They had given in-depth consideration to their needs and aspirations. Of course, the involvement of the housing options worker will have contributed to the high level of thought that had gone into their needs.

*I must admit now I'd like to be a bit nearer to the centre of town, but 20 minutes away is not very far when the weather is alright. Mrs Morley (telephone interview)*

*It would be nice to get somewhere where you can go and sit outside, even if it's just a little front garden especially if it's weather like this. Mr Harding (waiting to move)*

## **Making the decision to move**

The impetus for moving was expressed in terms of the following reasons, some of which have been discussed above:

- To cope better with disability and accessibility
- To downsize to a smaller, more manageable home
- To be closer to relatives
- To move to a safer neighbourhood
- To move into sheltered housing or residential care

Table 3:4 provides details of those service users from the overall sample (not just those interviewed) who were considering a move at the time they were first visited by the housing options worker and those who actually moved. Some service users moved several times during the period the worker was in contact with them. Bristol and Derbyshire had the biggest proportion of service users who had already been considering moving when they first contacted the housing options service, whilst Bristol and Warwickshire had the highest proportion of service users who actually moved home.

**Table 3:4 Service Users Considering Moving**

	Urban areas					Leeds	Rural areas		
	All	Bristol	Burnley	Enfield	Hackney		Derbyshire	E. Riding	Warwick-shire
Considered moving prior to contact with service	352 (63)	100 (73)	21 (70)	16 (73)	16 (33)	84 (61)	52 (80)	8 (32)	55 (57)
Actually moved (closed cases only)	59 (17)	25 (26)	1	1	1	11 (15)	9 (16)	1	10 (23)

Sixteen of the older people we interviewed had actually moved home (or were about to move). A breakdown of these service users showing the type of accommodation they had moved to is given below. Most commonly, housing with a warden was chosen.

**Table 3:5 Those Interviewed Who Had Moved/ Were About to Move**

	Urban areas					Leeds	Rural areas		
	Bristol	Burnley	Enfield	Hackney	Derbyshire		E. Riding	Warwickshire	
Housing with warden service/ sheltered housing	1	1	1	1	2	1		1	
Bungalow					1	2			
Ground floor flat				1					
Private housing to buy	1	1							
Retirement housing to rent								1	
Retirement Housing to buy				1					

The majority (12) of those interviewed who had actually moved, were content with their new homes.

*We were pleasantly surprised and it's all so spacious because we've got all this grass at the front, so there's no overcrowding. It's very nicely laid out. We're very lucky. Mrs Wood (moved)*

Nine participants missed the space afforded to them in their previous/current homes:

*We've had difficulty in coming to terms with the smaller house and the lack of facilities. It's just a matter of adjusting to a smaller home. My wife calls it her Wendy House because it's so small. We moved from a large 3-bedroom house. There was a loft conversion and there*



*was an outhouse that I turned into a utility room. There was a large garden with a vegetable patch. Now we're in a one-bedroom bungalow, waiting for the OK to build us a brick garage and a conservatory. Things need to be done.* Mr Garland (telephone interview)

*You could get the flat into this room, you could get a cup and saucer and a kettle in the kitchen and that's it. Where do you put anything, how do you do anything? I like a lot of space.* Mrs Graham (stayed)

For some (10) the lack of space was outweighed by the advantages of smaller homes, especially if there were communal laundry areas and guest rooms available.

*Well it's a smaller place but it will suit me much better. Even though these places (current home) are lovely, they're high and they're airy and they have lots of nice pretty features about them but it's not practical.* Mrs Elliott (waiting to move)

## **Allowing time for the process of moving**

Making the decision to move was not one that participants took lightly, even if the impetus for moving was clear and the person was unhappy in their current housing. A clear decision to move is illustrated by the example below, in which an older person moved from upstairs to the ground floor in a warden-controlled complex:

*I got a lot of noise from dustbins, when they come to empty them, I was right over them and that washing noise 7 days a week, I was getting the fumes and then I heard this was going so I applied for it.* Mrs Bird (moved)

However, for some (9) the process of moving was all too rushed. Once they had decided to move they were often asked to make a rapid decision on a particular property, which provoked anxiety.

*I got a call from the Council saying there was a flat coming vacant, you know, was I – I said well I haven't even put my house up for sale yet.* Mrs Potter (stayed)

For one participant, the speed of the moving process was welcomed:

*It was soon after that visit I was offered one flat at B, which really wasn't very suitable, and this is the second one in a matter of weeks. I was astonished really. I thought you had to wait on the list for ages.* Mrs Wood (moved)

## **The waiting game**

Some participants (15) who had made the decision to move found themselves with nowhere suitable to move to. They were left with no choice but to wait until something suitable became available.

*Well at the moment there's not a great deal of choice. There are some houses. Bungalows are very few and far between. Flats, most of them ground floor flats are only one bedroom, which would be no good; we've got to have 2 at least. Mr Harding (waiting to move)*

The same participant spoke highly of the worker, who he did not hold responsible for the lack of options.

*Whether it comes this year or next year when it happens, she's (the housing options worker) bringing us hope. She's trying her very best for us, she really is. She goes out of her way for us.....she doesn't just come and look on it as a job, she actually cares.*

One person (Mr Jarvis) expressed concern that his house was not saleable, so had decided not to move.

Frustration with waiting for appropriate housing to become available was also expressed by the housing options workers:

*If for example someone wants to move and they require very specialist accommodation then it (funding) is going to affect that because maybe they are still waiting by the time your funding comes to an end in which case they are still going to be waiting and you're no longer able to provide a supportive service. Worker 2*

## **Making the decision to stay**

Although some older people decided to stay put because they liked their homes, for the majority the decision was made because there were obstacles to moving. For some it was easier to stay put. For others a fierce independence made them reluctant to consider sheltered housing or institutional care. For some participants the decision to move was too big a step to take at the time. What nearly all the 'stay put' participants (14) had in common was an ability to think about the future and forward plan for more difficult times ahead. There was a sense of 'holding on' for as long as possible. As all the older people who participated had received input from the housing options service, the involvement of the worker is likely to have assisted participants to be able to articulate such firm decisions about the future.

*I don't particularly want to move but there might come a time when I can't afford to live here because I've got the garden to do. I do have a chap comes round sometimes and he cuts the grass for me but I just might have to, I don't know how I'm going to progress over the next few years. Mrs Potter (stayed)*

*I don't need a lot do I, I'd have plenty for a bungalow. But then as time goes on even that would become too much I'd have to go in one of these (sheltered housing complex) across the road. Mrs Jackson (stayed)*

## **Obstacles to moving**

One of the obstacles to moving and the reason why five participants had decided to stay put, was their pet. Older people expected that they would not be able to take their pet cat or dog with them to their new accommodation, especially if going to sheltered housing. For the older people we spoke to, many of whom lived alone and were isolated, they considered their pet as family.

*It's [the current home] much too big for me naturally, I've a bit of a struggle with it but you know, what's the alternative, because I've got a couple of cats and I've got Pip (dog) so sheltered accommodation is out really. Mrs Brown (stayed)*

*They wouldn't have me because I had an animal and I mean I was very undecided about moving, I didn't really want to move because if I'm not very well I can open the door and the dog will go in the garden. Mrs Potter (stayed)*

A staunch independence meant that some people were reluctant to consider moving from their current home. The housing options workers had taken a number of participants to view sheltered accommodation. The visit helped to enlighten these participants that they did not identify themselves with residents in sheltered housing at this stage, although they could foresee a time in the future when such an option would be appropriate. In this sense the housing options worker had perhaps helped the older person to make the decision to stay put for longer.

*A residential home, there was one room in particular but it opened onto a courtyard and it wasn't occupied at the time, and there was an old lady like myself who was a bit affronted because I was sitting in her chair and do you know I felt much better when I came out of there, because I thought that's it, I'm not coming anywhere like this. Mrs Moore (stayed)*

For 5 participants, the idea of moving was perceived as an upheaval they could do without, as illustrated below:

*I just decided that I'd fight it out and stay put and the awfulness, I still have nightmares, years ago I started getting nightmares and they are always about having to pack up my home, in a hotel because the next people are coming in, I just think having lived in a place so long you don't want the upheaval until you really have to. Mrs Moore (stayed)*

*My inclination is to stop here rather than go through the emotion of moving. I have moved 6 times before. I know what it's like. Mr Homer (stayed)*

## **Hitting a brick wall: limited options**

Just as some who had decided to move found themselves in a 'waiting game', 18 of those who had decided to stay had done so because of the limited options available to them.

*Happy with the advice and I say it's all good intentions but we are still where we were 18 months ago. Mr Jarvis (stayed)*

*Well really something similar to this that we've got now. Erm, just a two bed roomed flat, well two bed roomed if possible but unfortunately a lot of these retirement places only seem to have one. Mrs Drake (telephone interview).*

## **Difficulty with maintaining the home**

Many participants (16) who had decided to stay put expressed dissatisfaction with services that were supposed to improve their independence and accessibility in the home.

*Last I heard she (worker) got onto this occupational therapist who is supposed to be coming back to see us again, but that was 3, 4 months ago. Mr Jarvis (stayed)*

*I'm just waiting for him to tell me I've got a wheelchair, I said I've waited 10 months to hear from you so I suppose I've got to wait 18 months for the chair. Mrs Moore (stayed)*

This finding is mirrored in the interviews with workers, who were unable to control outcomes once they had referred a person to a different department or service for further work.

*There's not always accommodation available ...of course there is adaptations but there is a 12-month waiting list for the OT to DFGs (disabled facilities grants) that sort of thing. There is also our handyperson service but at the moment it's only operating in a certain area of the town. Worker 7*

## **Perspectives of the Service Received**

### **Getting in touch and staying in touch**

The participants found out about the housing options service via a number of different routes. Some obtained the worker's contact number through a friend or relative, one lady heard the worker speak at a lunch club (Mrs Dobson, stayed), others responded to advertisements in local newsletters and newspapers.

*Well it was the lady next door, she was either secretary or treasurer for the old age pensioners ... and they used to send her one of these leaflets ... she brought it round to us and let us have a look at it, so that's how we got hold of the leaflet. Mrs Jones (stayed).*

*She said 'have you seen that advert in the paper?' ... she said 'why don't you ring them up?' and that's how I found out about it and I rang up and it was (worker) that answered. Mrs Potter (stayed)*

Some participants were initially referred for other services, such as Age Concern, occupational therapy adaptations or home improvements and these service providers instigated contact from the housing options worker.

Twenty-six participants reported that they were visited very promptly at a time convenient to themselves; only one person reported having to wait over a fortnight for an appointment. The majority of the older people we spoke to described how the worker had stayed with them, helping them throughout the whole process of moving, as discussed in depth below.

*She said I'm seeing this all the way through, until it's resolved.* Mr Green (moved)

In some cases older people were not satisfied with the housing options service:

*Well there wasn't any follow up and she didn't give me any other suggestions, this is the thing.* Mr Thomas (telephone)

### **Lack of clarity about the service**

For 20 participants, especially those who were contacted by the housing options worker rather than the other way round, there was a lack of clarity about what the service was for. Participants were able to identify that the service was something to do with either the Council, Age Concern, Care and Repair or Anchor housing. The service was frequently muddled with the services that dealt with home improvement for older people. Nevertheless, this did not affect the perception that the service was valuable. Given the number of professionals, services and agencies that can be involved with a vulnerable older person (such as those we interviewed), it is hardly surprising that they experienced difficulties navigating through the complex process of health and social services.

*Was it that (Housing options service) that got me to the top of the list or was it a GP's letter about my infirmities that got me to the top of the list? I've really no idea. You don't know how everything works, do you?* Mrs Wood (moved)

Interestingly, a lack of clarity about the service was far more evident amongst the participants who stayed put rather than those who moved.

*I don't know what we were talking about, what it was to do with, heating or what it was I don't know. She wanted to know what I had in the Bank and this sort of thing. You see I had papers, I didn't know what they were, so I got them out because I didn't know what I was expected to do.* Mrs Martin (stayed)

*Well, one lady came in, I'm not sure who she was, and she said 'would you be better to move to a flat?'* Mr Travis (telephone)

One person who had not been directed to the housing options service but had discovered it for himself, had a very clear view of what it was about:

*I thought it would help me focus on key issues, on staying or moving, what would be the right outcome for me. I know that it's a matter of choice and judgement, it's not a prescription. There's a valuable role to be played, has been played in getting a coherent whole picture.* Mr. Fielding (telephone)

## **Information and advice**

A key component of the intervention by workers was the giving of information and advice. Nine participants valued this input:

*Well she did a lot of things didn't she, she told us to apply for housing, and got estate agents' numbers and forms, things like that.* Mr Harding (waiting to move)

*Well, she took lots of notes and she put a package together for us about the options. She told us she could get more information for us, and she did.* Mr Lowe (telephone)

Provision of leaflets and pamphlets was a common strategy. However, for one person we interviewed, this was not appropriate:

*It (written advice) wouldn't have been any good because I'm blind. I was told to contact a solicitor, that's right, so I used my own.* Mr Thomas (telephone)

A few participants felt overwhelmed by information:

*We received a package of papers you know and a questionnaire to fill in which was quite daunting I must say to people who are getting on. So many questions and bi-questions, you think, oh should I answer that one or not.* Mrs Drake (telephone).

## **Guiding the service user through the system**

Older people described a range of interventions that they had received from the housing options worker. In addition to information and advice, a major component of the work was practical in nature. The worker filled in forms, took participants to Banks, was present at meetings with estate agents and accompanied participants to look at housing options. All of these activities can be described as guiding the older person through the system, in terms of how they perceived the service received.

*I decided that I would go for a flat so she came and we had a talk about it, and she said what I want you not to do is get in somewhere where you're going to regret later on. So she came with me and we came into this flat, the man who brought us in from (the) District Council was very abrupt, very sharp and he wanted me to sign straight away and (the worker) said no we don't, we don't sign anything, we want to think about it and have a look round. They argued a little bit and he said I haven't got time, I've got to go somewhere else after this and all that*

*and so of course tempers flared a little and we said well that's it we're not signing anything, we'll go back home and think about it which we did.* Mr May (moved)

There was a sense that the older person had a 'friend' in the worker, a single person who they could trust to guide them through the whole process of determining where to live.

*She was my right hand. She was my shadow.* Mrs Rider (moved)

*She was like another wife if you like, we talked to one another the same, what do you think of this, what do you think of that. She was very good, and I was thankful for it.* Mr May (moved)

The loss of 2 housing options workers from their posts during the evaluation period also had an effect on some service users that was expressed during interviews. Some older people became quite dependent on the worker, viewing them as a friend as described above. They found it quite hard to cope when the housing options worker left for another position.

*Well she was very nice, and seemed to know her job very well, she just left me very midstream and I couldn't get anyone else to step in her place. I was a bit disappointed there.* Mrs Hanson (stayed)

## **Personal qualities of the housing options workers**

Twenty-three of the older people we interviewed had nothing but praise for the housing options worker. Although there is a distinction to be made between 'being a nice person' and being an effective worker, it is clear from the nature of the work undertaken (a person in whom trust was vested, a personal advocate) that personal attributes are essential in this job. Several participants spoke of the caring manner shown to them by workers.

*I was surprised, I said to my nephew I've never known such kindness and I haven't, it was as if they cared you know, I was surprised. When you're fending for yourself you think nobody's bothered.* Mrs Jackson (stayed)

*She's trying her very best for us, she really is. She goes out of her way for us, nothing against her at all. I'm sure, judging from the way she is with us, she must be like that with everyone. She doesn't just come and look on it as a job, she actually cares.* Mr Harding's wife (waiting to move)

Friendliness and caring were considered to be essential attributes:

*Well it's got to be a friendly sort of person, not exactly pleasant and placid as long as she's friendly and shows she cares.* Mrs Beckinsdale (stayed)

One participant considered that older people living on their own needed a single person on whom to rely:

*People of my age who are on their own as I am without family to fall back on, if we could have one person that we could confide in, like the old district nurse, I have the sense that nobody is really interested.* Mrs Moore (stayed)

Not everyone's experience was as positive as the above comments suggest and 13 service users were critical of aspects of the service. As with many health and social care services, having time to spend with individuals is a luxury.

*To be honest, (the worker) wasn't very forthcoming. There was questions I wanted to ask...I'm an inquisitive sort of bloke...and I couldn't find an opening to ask anything like...The world is full of rushing about. I appreciate people coming.* Mr Burt (telephone)

### **Perceptions of outcomes**

Even though the process of working with a person, if only in a limited capacity led to outcomes along the way as previously described, the older people we interviewed found it difficult to perceive any other outcomes other than the major goal of deciding to move or stay put with changed circumstances.

*No (interventions) apart from the things arranged like the banister and other things.* Mr Travis (telephone)

*I think it's a brilliant scheme I really do. It has given me options, which I didn't know I had. As I said, now I am looking at all the options.* Mrs France (telephone)

Those interviewed expressed enthusiasm about recommending the service; some had already done so:

*I showed this information to a friend of mine and she said it is so fantastic. She thought this is just what elderly people needed.* Mrs France (telephone)

*Oh yes. I recommended them to one old chap above here who has had some work done by them. Oh yes, they're very good indeed.* Mr Burt (telephone)

*I would because sometimes people don't know where to turn.* Mrs Moore (stayed)

### **Summary**

For the older people we spoke to, deciding whether to move or stay put was a complex process of weighing up numerous inter-related factors. Whilst health was a dominant factor in seeking help or being referred to the Housing Options service, other factors including transport, isolation, fear of crime, access to facilities, personal finances and support networks impacted on how people felt about their homes. Most people we interviewed were



firmly in control of the decision-making process. However, they valued the personal and informative approach of the housing options worker in assisting them in the process, despite often being unable to realise their housing aspirations due to factors outside their control or that of the workers.

## **CHAPTER FOUR**

### **Commissioners, Planners and Providers of Services: Perceptions of Housing Options Services**

Perceptions of the extent of influence housing options workers considered themselves to have within the local housing, health and social care service system is described in Chapter five. This chapter gives the views of the service from the perspectives of other workers interfacing with housing options services. The aims of undertaking these interviews was to get perspectives of the impact the service was having on local policy and planning for housing, health and social care as well as the impact upon actual service delivery in both the statutory and non statutory sectors.

The information described below is based upon an analysis of telephone interviews conducted by the SISOSIG programme co-ordinator during August 2004 with 18 health, housing and social services professionals in six of the eight local housing options project areas. Interviews with professionals in the localities of two of the projects; namely Hackney and Derbyshire, could not be undertaken due to project staff and management changes and difficulties experienced in making contact with professionals within the allotted time scale. The interview schedule is given in Appendix Four.

Each local housing options project was requested to provide names of key local housing, health and social care professionals with whom they had been in contact either as referrers or in other contexts such as policy and planning processes. Six names were requested in total from each project to include representation from commissioning, planning and practice.

The spread of individuals subsequently interviewed is shown in Table 4:1

**Table 4:1 Spread of Interviewees**

<b>Work Roles</b>	<b>No. of People in Each Type of Work Role</b>	<b>Housing</b>	<b>Health</b>	<b>Social Services</b>	<b>Other Agency</b>	<b>Project Location</b>
<b>Commissioners</b>						
						<b>Bristol</b>
						<b>ditto</b>
						<b>Enfield</b>
						<b>Leeds</b>
	<b>4</b>					
<b>Policy Makers/ Planners</b>						
						<b>Burnley</b>
						<b>Bristol</b>
						<b>East Riding</b>
						<b>ditto</b>
						<b>Warwickshire</b>
						<b>ditto</b>
	<b>6</b>					
<b>Practitioners/ Service Managers</b>						
						<b>Burnley</b>
						<b>ditto</b>
						<b>East Riding</b>
						<b>Enfield</b>
						<b>ditto</b>
						<b>Leeds</b>
						<b>ditto</b>
						<b>Warwickshire</b>
	<b>8</b>					
<b>Total No. Of People</b>	<b>18</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>2</b>	

It can be seen from the above table that eight of those interviewed were practitioners or service managers and six were local policy makers or service planners. Four people had specific commissioning roles (two of these also undertook policy and planning work). Only three professionals came from health backgrounds but there was a fairly even split between those working in housing settings and those working for a Local Authority social services.

## **Satisfaction With the Local Housing Options Projects**

### ***Views of commissioners***

The four professionals with commissioning responsibilities who were interviewed came from Bristol, Enfield and Leeds and included representation from housing, health, and social services. The three who knew of older people being referred by colleagues to the local project all stated a high level of satisfaction with the service from the perspectives of people using the service.

The service is very patient focused. They have a 'can do' attitude, which comes through time after time. (health commissioner)

The fourth commissioner could not comment because of stated limited knowledge of the service, which was based only on the information provided by the project worker.

### ***Views of local policy makers/planners***

The six managers/policy officers with policy and planning responsibilities who were interviewed came from Bristol, Burnley, East Riding of Yorkshire and Warwickshire. Five of these represented the housing sector and one was from social services. All knew of older people being referred by colleagues to the local project and five were able to give positive feedback on the service provided. The sixth manager/policy officer was unable to comment as they did not receive information about outcomes. Some of the comments included:

*She gives a quality service. (Warwickshire)*

The work was brilliant. The service fills an important gap. (Burnley)

### ***Views of practitioners and service managers***

Six practitioners and two managers from a mix of housing, health, social services and related backgrounds were interviewed from the project areas of Burnley, East Riding, Enfield, Leeds and Warwickshire. No practitioners/service managers from Bristol were interviewed.

All those interviewed had referred older people to the local housing options project and, with the exception of one person, they were able to describe the type of cases they had referred. These ranged from older people in need of benefit advice, to individuals living in their own homes needing advice/support about moving home or needing discharge from hospital or from temporary care/nursing home placements. The person who was unable to describe the type of case referred to the local project, said they could not give an example because it was such a long time since they had made a referral.

Feedback on the help provided by the service was positive and seven of the eight were particularly complimentary. Some of their comments included:

*Absolutely superb. I could not fault. I can only praise this project. (Burnley)*

*The service is really good. (Leeds)*

*We have to have a wide base of knowledge on medical, social services and hospital issues. (Project worker)...has been able to take that part of the assessment (housing) from us. She can do it with more expertise than we can. (Enfield)*

*It is always very good. (Project worker)...is always polite and helpful. She acts on details. It is what you want. (Warwickshire)*

The eighth practitioner interviewed expressed appreciation of the way in which the project worker had kept them updated and had advised them of outcomes after visits. This same practitioner said they did not get too much involved with individuals after referring them on to the project but, as far as they were aware, the project worker was able to assist people.

## **Impact upon the Existing Service System**

### ***Views of commissioners***

Two commissioners from health and social services gave specific examples of how they considered that housing options were providing a valuable and needed service in their locality.

*It provides another option. The service offers thoughts and skills that social workers and OTs haven't got. It fills a gap in the market. (Bristol)*

*It gives us a bit more choice especially for someone with health problems... Our aim is to get people back home so the more services we can contact to do this, the easier it is for us. (Leeds)*

The remaining two commissioners had more difficulty responding, for example:

*It's really difficult to say. So many other things have happened over the last 18 months. ....There are other factors. The timing of the project has made it more acceptable. It fits well with attention being given to strategic re-imburement. (Bristol)*

### ***Views of local policy makers/planners***

Three of the six policy makers/ planners interviewed considered that the local housing options project had made a difference to the way in which they and their colleagues worked.

*In Stratford-upon-Avon owner-occupiers were excluded from the waiting list but they can now be included as they are of pensionable age. The majority of owner occupiers don't know so (project worker) is an invaluable way of getting the message across. (Warwickshire)*

I think it improves the effectiveness of our private sector work with older people who are homeowners or private tenants. (Bristol)

The housing options service ...is incorporated into the way we work. It is part of the assessment service. It enables us to properly assess options. (East Riding)

Comments from two of the other managers/policy officers indicated that the housing options project had indirectly affected their work but not directly influenced policy.

I saw (the project worker) as a valuable addition... She is better able to do this work because she is not doing anything else. (East Riding)

*It wouldn't influence our decision but it has an impact on the person being helped. It fills a gap. (Burnley)*

The sixth policy officer did not feel able to make an informed comment due to the temporary nature of their role.

### ***Views of practitioners and service managers***

Six of the eight professionals interviewed considered that the local housing options project had made a difference to the way in which they and their colleagues work.

*It has made it easier. If we come across a housing problem, we have been able to go somewhere else and get a response. Previously we went around in circles. (Enfield)*

*It has provided us with a wider option. (Leeds)*

*We work together and interact. At one time we never knew what other Departments were doing. The project has made me aware. (East Riding)*

*The people we see are in some kind of crisis. It's good to know there is somebody who can take it one step further. (Burnley)*

The other two professionals did not feel the local housing options project had made a difference, for example because information about the project had only recently been received. They were nevertheless supportive of the projects.

*It is nice to know that it's one of a range of options. Its neutrality is a big plus point. (Warwickshire)*

*It's not made much of a difference. We're still in the process of getting there. We're getting there slowly but surely. (Enfield)*

## **Impact upon Local Policy Making**

### ***Views of commissioners***

Three of the commissioners felt that their local housing options project had made a difference to local planning and policies concerning housing and related issues for older people. Only one of the four did not report any impact. A health commissioner thought the project was very timely whereas in previous years it would not have been so well received. This commissioner said:

*It has impacted on .....the joint commissioning strategy between the Council and the PCT. (The strategy) has referred not just to health and social care but has included housing. (Bristol)*

The housing commissioner described one specific change made as a result of the local project's work:

*The only difference is that we are now considering requesting Housing Associations to develop leasehold schemes for the elderly. We would not normally have done this without (the project)'s work. We wouldn't normally have considered that such people were in need. (Enfield)*

### ***Views of local policy makers/planners***

Two of the six managers/policy officers interviewed thought that their local housing options project had made a difference to local planning and policies concerning housing and related issues for older people. The East Riding manager talked of changes being made to the way in which occupational therapy and disabled adaptation assessments were to be carried out. The housing options service has been informally incorporated into the assessment process to date but this will be formalised in the autumn. The other manager referred to the way in which the project worker and her agency had:

*....influenced me personally in my review on the need to broaden our approach to support services for the elderly. They are still focused on sheltered housing and on statutory powers to assist in the private sector rather than more general co-ordination. (Bristol)*

These two managers gave some specific policy changes that have resulted from the work of the local housing options projects.

*I would think the housing options service has influenced and advised our response to and interpretation of the new powers introduced in 2002. (Bristol)*

*She pointed me in the direction of how to carry out consulting with older people from BME communities. (Bristol)*

*The specific change has been the assessment process for the Disabled Facilities Grant with regard to what is feasible. (East Riding)*

One of the four managers, who did not feel that the project had made a difference, referred to the fact that the project had already been included in policies and strategies. This manager commented that there had been no changes because the policy came first.

*The worker being here has not changed our strategy. We were aware of why we wanted the post. We were conscious of needs. (East Riding)*

The remaining three managers /policy officers were not aware of their local housing options project having made any difference to local policy making. However, one of these was able to describe specific policy and/or service changes resulting from the work of the housing options project.

*Yes. The promotion of availability of accommodation for owner-occupiers. We saw the potential.... and exerted pressure on the Stratford-upon-Avon Council to change its policy. (Warwickshire)*

Another of the managers, who did not feel the project had made a difference, gave a commitment for the future.

*We need to build it (the project) into the process and incorporate it into procedures. We will do this. (Burnley)*

### ***Views of practitioners and service managers***

Only two of the eight practitioners/service managers provided comment on the difference they thought the existence of the local project had made to local planning and policies concerning housing and related issues for older people. One of these, a practitioner, spoke of housing colleagues being more aware of the project and its work. Another practitioner thought the project had made people more aware that a lot of older people cannot manage in their own homes and need sheltered schemes.

Three practitioners/service managers made it plain they did not feel able to comment on local policy and planning issues. One of these went further by explaining that they did not get feedback on planning and policies.

One practitioner felt it was too early to comment.

*I think it will make a difference but it's very early days. (Enfield)*



Two practitioners said there were not sure about any difference to local planning and policies. One of these (Enfield) also referred to the lack of properties in the area particularly those with wheelchair access.

## **Impact on service delivery in the statutory and voluntary sectors**

All of those interviewed were asked to describe any tangible service changes that had resulted from the work of their local housing options service. One service manager talked of their own service being improved by the local housing options project.

*I cannot say there has been a massive change but it has improved our service. It is another option. I'm a convert; I'm (now) more of a believer that a very small team can make a difference (Leeds)*

Two professionals referred to the service adding another option or support for their own work.

*It is highlighting needs. It is providing some one else to share with. Otherwise we tend to hit a brick wall. (Burnley)*

*To us it's an additional service, one we talk about. It helps us look at the holistic aspect of our customers. (Warwickshire)*

Another practitioner (health) commented that it was too early to comment.

*Not everybody has taken the service on board (yet). (Enfield)*

None of the remaining fourteen interviewees were able to describe specific and tangible service changes in response to the direct question about this issue. However, examination of answers to previous questions reveals that ten of these fourteen people reported that their local housing options service was supplementing their own service to older people. This supplementation was clearly having an impact on other services. For example:

- a health professional dealing with people being discharged from Accident and Emergency wards was using the housing options service to undertake the housing part of an older person's assessment (Enfield),
- a social services commissioner thought the housing options service was offering thoughts and skills not possessed by social workers and OTs (Bristol)
- a health commissioner considered the service provided them with more choice thereby making the job of getting older people back home easier (Leeds)
- a housing policy maker viewed the local project as an invaluable way of promoting the message to owner occupiers that they can now be included on housing waiting lists (Warwickshire),
- a housing policy professional thought the local project improved the effectiveness of the Council's private sector work with older people who are home owners or private tenants (Bristol),

- a Council policy professional commented that the local project enabled them to properly assess options (East Riding),
- a health professional mentioned that the project had made their job easier.(Enfield)

## **Summary**

According to those interviewed, the six local housing options projects discussed during these telephone interviews had had some impact on local policies and planning particularly in relation to the responsibilities of local Councils. This was particularly evident in Bristol where the service was far more established, but even the newer services revealed evidence of impact. Satisfaction with the service was high, with most respondents praising the service being provided. Housing options services were perceived to be valuable, particularly through filling gaps in existing provision. The reporting of actual impact upon service delivery was low. Only three people were able to describe any changes to established patterns of service delivery. Those who did describe changes mentioned adding another option or support system or improving their service delivery. However, in answering different questions about the housing options projects, a further ten people talked of local projects supplementing their own services to older people, making their job easier and improving their effectiveness. This indicated that the degree of impact on service delivery might have been greater than professionals were directly reporting.

## CHAPTER FIVE

### The Perspectives of Housing Options Workers

The housing options workers employed by seven of the eight participating schemes were interviewed over the telephone during July 2004. We were not able to interview the worker from Derbyshire as she had left employment and the scheme was waiting for a new worker to take up post.

The aim of the interviews was to get the individual workers to describe their roles and responsibilities as well as providing perspectives of the challenges and job satisfaction that they had experienced. (The interview schedule is given in Appendix Four). Additionally, views expressed by workers were taken from records of meetings held between housing options workers and the programme co-ordinator. Out of the body of available data, some clear themes emerged across the group.

#### Role

Workers described their roles in terms of a mix of information and advice giving, together with assisting with very practical tasks. It was evident that the housing options workers had to be prepared to literally “get their hands dirty” in addition to talking with the older people referred to them and providing an advice, advocacy and liaison role as appropriate.

*My role is specifically concerned in assisting people who want to give some serious thought to moving, for whatever reason. They have got at least to the stage of thinking well, this could be a possibility, but they are worried about all sorts of things to do with it. I see my main role as helping them in whatever way, which includes providing information about their choices for moving, what they can do, how to go about it and really to assist and support them through a very stressful event in their lives. It's everything throughout the whole process through to sometimes helping people with the actual moving day. W5*

Implementation of “Supporting People” and the resulting combination of meeting housing and support needs can result in heightened demands upon housing options workers; for example assisting with house furnishing following a move and ensuring that the appropriate workers are alerted to assist with a care package. One worker talked about being called on a daily basis by one vulnerable older man.

The impartiality of the advice and support offered through the housing options service was considered to be an important dimension. The need to maintain professional boundaries in relationships with vulnerable older people was also raised, in particular the need to manage the reliance upon individual workers that can develop.

*You have to talk to them about...what's important; you hear stuff about their families that explains why the family isn't there; all sorts of stuff comes out, and you're the recipient and then of course, they trust you and regard you as a friend. And they don't want to let you go either. I had a client recently who was extremely distressed and became quite angry with me because he said you don't come and see me anymore. W5*

*It is a little frustrating knowing that the help you can provide is often so limited. It appears I could become a counselling service, for someone for others to talk to, in desperate times. I hope I do more but it just feels like that at times. W7*

## **Previous background and future career aspirations**

Five of the workers (out of the 7) had a previous background in housing. For this group, reasons for the move to work as a housing options worker included having existing experience of working with older people, wishing to work with older people and having previous experience of Housing Association work. One person previously worked as a social welfare officer with children in a location not convenient for her home and family and had therefore taken the opportunity to work closer to home. The seventh person had been an informal carer and had not been formally employed for 12 years.

*Until last year I'd looked after my elderly mother....and I also have a friend who's extremely disabled. ....so I thought it would be a job I could do, that I could get satisfaction from and could provide a good service. W3*

Only one person described the post in terms of meeting future career aspirations.

## **Views of the role**

At the time of interview, satisfaction with the role varied greatly across the group. Concerns expressed during interviews included rate of pay on the part of one worker.

*The only thing was it was far less pay, the pay is far less in this part of the country. For the same job you could be earning £4-5,000 more for exactly the same job. W6*

Two workers described their role as being stressful at times. Helping older people to decide whether to move home or not is not confined to practicalities. It necessitates becoming involved in emotional issues that often surface when a move of home is being considered. Additionally, workers could find themselves involved with older people with mental health problems, raising questions about the extent to which they had been prepared through training and mentoring to cope with the full range of issues that they might encounter, and be expected to find solutions to.

*It's very demanding though and I've certainly found it stressful, particularly working with people who have mental health problems, high degrees of anxiety, people who want to make*

*a decision but are incapable of doing it. You cannot just send a letter to someone and well say get on with that; you have to go and see them and it can be very stressful to spend an afternoon with someone who is quite anxious. W7*

*I've contacted people late in the evening just because I've been concerned or gone round out of hours because I couldn't get any response....there is a kind of tremendous worry there that you're not doing enough. W5*

*It can be very upsetting and stressful at times. If you get to know a client and every time you go they're crying and upset....you've got to deal with so many different emotional issues as well and some people are quite agitated and become aggressive at times. You've got to cope with all situations. W3*

Despite the challenges of the role, four out of the seven of those interviewed were finding their work very satisfying.

*I love meeting people, people are so grateful for what sometimes you really not doing that much and they are so happy to see you and often just sitting there, talking to people giving them what the options and them being so grateful to you for doing that. Literally 99% of the people you come in touch with are very nice people so it's a pleasure to be going out there visiting them. W4*

*I find this rewarding and interesting and it's challenging because you have to learn such a lot and there is tremendous responsibility. W3*

However, the downside was not being able to fulfil the needs and wants of older people referred to them, due to various limitations outside their control. Workers could find themselves breaking bad news to older people and sometimes their relatives if suitable options cannot be identified from what is available.

*Very enjoyable. Sometimes it feels like you're banging your head against a brick wall...it's a bit disheartening...I think the best thing to do is to keep offering your services and support in any other way you can. W7*

One worker was clearly feeling disenfranchised because she was being asked to work with people whose needs fell outside the remit of housing options. This was making her feel dissatisfied, as well as creating an untenable workload.

*I seem to be doing far more in 3 days than I would be doing if I was working full time to be honest....I thought I would just be doing housing options but it's turned out that I'm doing, we've got over 60 active grant cases which is nothing to do with housing options....I just don't know what to do. I'm thinking I've got too much on. W6*

Another area of dissatisfaction expressed by one person was in relation to how the schemes are funded and how this could erode tangible evidence of benefit.

*I think the difficulty is with funding. .... it's a piecemeal approach really as opposed to a more stable funding stream. I don't think anything qualitative can come about until the funding is stable. It's not only detrimental to us as workers but also it's detrimental to older people who we seek to help. W2*

## **Perceptions of Effectiveness**

How effective individual workers felt in their role varied greatly from person to person. We found that the word "effectiveness" was translated in different ways by those interviewed. Interpretations included extent of influence they considered themselves to have within the overall configuration of housing, health and care services within the locality, as well as outcomes they sought to achieve on behalf of the older people referred to the housing options service.

## **Influence within the overall service system**

Workers talked in some depth about their work within the local health, social care and housing service system. The experience of the majority was of acceptance and involvement on the part of other service providers. However, this did not generally extend to being able to influence local decision makers towards more favourable housing and social care policy. Some of those interviewed perceived that they were lacking the influence to bring about change particularly if local policies were underpinned by cash constraints.

*They accept what I say but they are loath to make changes or do anything about it. There aren't any funds...and if there's no funding they have no options, and that frustrates me no end. I feel I'm not achieving anything because whatever avenues I go down there's no money so there's no option. W3*

There was a desire to be influential, but an awareness of the challenges this often presents in light of prevailing financial constraints within housing combined with existing, embedded policies. These ingredients combined with a possible view on the part of other professionals that housing options services were transitory due to their short term funding base resulted in a difficult arena within which housing options workers could not exert any real influence.

The workers were aware of the need to exploit opportunities to look at ways of influencing change to the benefit of older people but also described the need for authority to put innovations into practice. Despite the challenges, one of the established workers participated in a lot of policy oriented work and another described meeting local professionals and planning joint working with them with the aim of influencing the Council so that the difficulties being experienced by older people in accessing social housing might be addressed. This situation was underscored by one of the workers in an advisory group meeting expressing the perception that planning for the future seemed to be restricted, for the most part, to those who wish to remain owner-occupiers. Despite this pessimistic observation, the worker was engaging in a range of activities aimed at appropriately informing the City Council.

In another situation involving an individual older person, one of the workers, appalled by the insensitivity of a Housing Association, did complain about what they had observed, with some positive outcomes.

*I had an instance where I took a gentleman to a sheltered housing scheme and, a form was thrust under his nose, and he was told that he had to fill that form in, if he wanted that flat he had to fill it in that day, which was totally not right and it was a very unpleasant housing officer and so on and it was all very unpleasant. I actually wrote to the LA and said I really didn't feel, particularly for vulnerable people, that was the way to go .....in fairness I had a letter back saying thank you I'll take it on board and they would be reviewing their policy and I have noticed in the last couple of times there hasn't been this mad urgency, they have given them a little bit of leeway, so in a very small way, just that letter and maybe it was just that they weren't thinking, ..... So in that respect a little bit of victory there. W4*

The complexity of the existing configuration of services and a tendency for services to pass responsibility onto another agency rather than arriving at a solution was another challenge. In this situation housing options workers could feel that they were the one person trying to bring about a solution to a problem that others were trying to sidestep.

*It's very limited what you can do. That is frustrating and I find I do go round in circles with different divisions to try and find the most appropriate service to offer the person. You know something wants doing but nobody seems to admit to being responsible for doing it. Certain things seem to go by the way and don't actually get done. W3*

There could also be unrealistic perceptions of what the housing options workers might be able to achieve in situations where other services had not been able to achieve positive outcomes.

*I have had a lot of contact with the local Council, Environmental Department, Social Services, Mental Health Teams, and Housing Associations. This is encouraging. However, the down side to this is that often, they come to me looking for miracles, in difficult situations and cases. In many cases I appear to be a last resort. I do not have the answers for them all too often. They are problematic and complex cases. This just highlights the need for considerable changes within the area. W7*

Some of the adverse local policies raised by housing options workers are discussed in a forthcoming section on obstacles to effectiveness.

## **Outcomes at an individual level**

The workers described a range of reasons why older people would wish to move. These included having cold, damp homes, those suffering from neighbour nuisance, inability to manage the housing so that health and safety was maintained, and death of spouse.

*It varies. I would say the majority of them aren't too badly off. The properties are alright. Structurally, most of them are alright. I have been to some really bad ones but it does vary..... Generally they're not able to (keep their house tidy) and it's a vicious circle. When it starts to go downhill, they feel defeated and start to give up. W3*

*Many of the cases I have are all similar in outcomes. The homes are often so unfit, but there is no real choices for them, due to the overall lack of availability or suitability, or the very high demand for fit, suitable safe homes that meet people's needs. So the help I can offer is often limited. W7*

Effectiveness in terms of outcomes was perceived in a number of ways, depending upon whether the perceptions of the older person were taken as being the main outcome or what the worker had hoped to achieve for them.

*It depends on what you're helping a person with. It's not rocket science.... I do think we can in terms of housing options make a difference to these people because we are looking out for their interests. W2*

*I've done a lot and I've been satisfied with everything I've done because sometimes it doesn't seem a lot, it might only be a small thing, but it satisfied them. W3*

*It's a bit difficult because sometimes they are ringing me and I'm not quite sure. One client did say that he felt that I'd influenced .....I don't really know, but he felt that I had. So I suppose in his mind I had influenced somebody, but as I say, I'm not sure about that. W7*

Also, older people are a highly heterogeneous group with different needs, aspirations and personal capacity to accept help.

*I've noticed .....that it's almost like two poles. I've seen people who've been at the empowered end...they don't want anyone involved.... and I've seen people who have talked about how they have appreciated the project workers hand holding through the whole process. W5*

The extent and complexity of input required to achieve outcomes for some individuals could cause some anxiety about meeting service targets.

*When you embark on this, particularly with the residential home end of it, no family and you are leading them through the whole process, estate agents and liaising with solicitors, they were concerns for me that I was spending a lot of time but once you had embarked on it there was no way I could suddenly abandon them, I had said I will take your hand and indeed I did and there were a couple of instances where it was very time consuming. I had concerns about that. There wasn't too many but there were two where there was a lot of time spent, well worth it, two very successful outcomes but I was fairly concerned and I did raise it at a couple of meetings, was the right thing having to put so many hours to a particular case. W4*



## Obstacles to effectiveness

Workers perceived themselves to be offering an accessible service. However, as previously indicated the policies and procedures of other key services could limit the effectiveness of the overall experience for older people. This is described by the following quotes from two different workers.

*In terms of the day-to-day working with clients I don't think it could be improved, because the service is accessible. Thinking wider, in terms of the actual procedures within which I am working...I sometimes feel I have my hands tied...because I can only take it to a certain point and then I am beholden to other services. W2*

*You go to these people (other services) who provide the service required but ...you need things to happen now and the availability of these people .....there is a waiting list, everybody's got so many people to see...you can't get things to happen quickly enough. W3*

It was very evident that the nature of the host agency could facilitate or inhibit the individual effectiveness of the housing options worker. Those working under the auspices of other housing improvement agencies could readily refer on for other services.

*We have the Care & Repair division in Age Concern and I'm very fortunate that when I go round and if people want to remain in their home, I can just hand that over to Care & Repair who will look at all the grants, the funding is difficult and it can take a long time, but I happily hand that over and don't get too involved so I'm really not too sure on exactly the funding and whether they can manage or not, we certainly if they haven't got any money, we can usually as long as its not immediate and the person is quite able to carry on living there while we wait for the grants, the grants take for ever, but if they haven't got the money and the work needs to be carried out it will be done in time. W4*

Even though workers employed by the Local Authority were able to benefit service users through their expert knowledge of grants and social services support, they were also constrained by the policies of the organisation, perceiving that they were not able to act as independent advocates of the service user in situations where there is conflict about what the Local Authority will or will not offer.

One person gave an example of how the involvement of families could limit their effectiveness.

*I don't have the authority or the right to do certain things and if I don't they (the families) sit back and nothing happens..... The son never visits her and the mother won't do anything unless the son agrees, so it's held up for about 8 months...it's frustrating that you can only go so far. W3*

However, the major obstacle to effectiveness, raised by all and forcefully by three workers was a lack of housing options to direct older people towards. The experience of helping

people to fill out forms with an awareness of the limited options available to them could prove distressing.

*You feel that you're giving people false hope, because there's never going to be a place for them. Just no chance. W6*

*Not very (effective). Not through any fault of mine but because when it boils down to it, you can explain all the options but when it boils down to it, there aren't any. W3*

Limited housing options were attributed in the main to lack of suitable housing and sufficient choice regarding options. One worker, while participating in an advisory group meeting observed that there did not appear to be any forward thinking to enable people to plan for the future. Priorities for local housing in her locality appeared solely dependant upon older people having recognised needs arising as a result of one or multiple medical conditions. Needs presented to the housing options workers included housing adaptations and accessible housing in the form of flats. The popular belief that for older people small accommodation is preferable was not supported. These various dimensions upon the overall problem of insufficient choice were expressed by five out of the seven interviewed.

*You see there are no properties being built. There's people living to an older age, more people living in a disabled capacity, but no disabled properties, so there's nothing. Okay, we can adapt them, but it takes up to 6 months to a year to do it. And what does the person do for a year because they can't get upstairs? We need more properties being built, small cheap to run properties, even flats. There's got to be something done. W6*

*I can only tell people what's there, and mostly that does not meet their requirements. It's not the right sort of thing...unless you're prepared to accept something either of a lower standard or a very small size...The choices for the average sort of person with the average amount of money to spend are limited..... It may be the quality of what's there is not good enough; it doesn't count that you've got lots of bedsits available if that's not what people want. W5*

*It's trying to get the picture across to them that sheltered housing is wonderful but older people don't necessarily want to live in small little box like rooms, and if they want to make their schemes more attractive they've got to be looking at the size of the flats because they don't want to give up a home and move in to something that's small and box like, just because you're older doesn't mean you want to live in a tiny little flat or a bed sitter even. W4*

On a more positive note one worker also talked about what appeared to be a change in local policy whereby bed sitting rooms were being knocked together to make more reasonably sized accommodation.

The need for innovative approaches to meet the housing needs of older people was raised; for example one person working in a more affluent area talked about the possible value of shared ownership whereby Housing Associations pay a proportion of the cost of the property and the older person pays the rest. This can make retirement housing an affordable option

for some. In contrast, for more needy people, a move can be dependent upon provision of state aid, as this person working in a more deprived area described.

*Nearly all of the cases I have to enable a client to move will depend on a Community Care Grant being awarded. If this grant is refused it will be virtually impossible for the move to go ahead due to clients being unable to purchase basic carpeting, and curtain rails etc. This may seem extreme, but it's a huge concern in a difficult time for clients. W7*

Policies for letting properties within the area, including those of Housing Associations could work against the housing options service.

*I find it quite frustrating because I have no influence over how properties are allocated and who gets them. The allocation procedures differ from Housing Association to Housing Association...they can't allocate off a common waiting list. They've had to revert back to their old allocation and letting procedures instead of using the housing register. W2*

*Housing Associations are a completely different ball game. You can't seem to get anywhere with them. They're not very helpful. They just don't seem bothered or interested. Your hands are tied because you have to hand over to the Housing Association and then it's a bottomless pit. W6*

It was agreed that more consultation is needed with older people to determine what their needs are and how they can be most effectively met.

*You just need a wider look at what's needed and what age it is needed. ....you'd have people from a range of areas talking about what they've tried and comparing notes and seeing what works and doing some really innovative thinking about what could be done. It's really bizarre, but I suppose most people just get bogged down in what they've got to do and there isn't time to do that thinking or reaching out to other people. W5*

## **Management, support and team working**

As described in the introduction, housing options workers were most often working single handed within an existing agency, being managed by a designated individual. This arrangement brought with it a number of benefits and challenges for the housing options workers. Being the only person undertaking a specific role, which might not be readily comprehended by all, can be isolating, providing limited opportunities to share and discuss.

*You really need to share it with someone. It's just that day-to-day thing where you need to talk it through. Even with my manager, it's hard even for a manager to know quite what you're doing out there. W5*

*It's nice to get together with people who are doing the same job as you because sometimes being a lone worker you do think am I approaching this in the right manner, is what I'm doing the most effective way of doing it. You can get ideas from one another. W2*

However, there was another dimension expressed by the same person who was also able to perceive the benefits of this arrangement in that they could be in a pivotal position within the overall agency, picking up referrals from others.

*It's really good because I can link up to so many other services.... there's lots of in-house services so we sort of inter-refer within the agency. W2*

Working within an existing service also offered opportunities to obtain advice from experienced workers even if they were not the designated manager. However, to achieve this the worker had to be sufficiently confident to network and request help from other workers.

*The home improvement agency has a manager and she's very supportive and the surveyor is also supportive. I can go to both for advice.....then the manager above her is very supportive in environmental services. I've contacted (housing options workers around the country) we do try and help each other and they are helpful. W3*

Even in situations where there was not a co-worker, the location of the housing options worker with other workers within the host agency could offer a source of mentorship and support.

*I used to share an office with someone .....and we used to have a real team support going over cases, sharing what we were doing and looking at how we were hanging on to our boundaries. W5*

The qualities of the management within the agency and the effects this had upon the overall team could produce tangible benefits for the housing options worker.

*I'm very lucky to work within an agency that is very good at team working and pulling together. (Once) there was a number of things happening at once and I couldn't have managed without the support of my colleagues. They were excellent so really I was very fortunate in that respect.... W2*

One person who did not have this level of support expressed a need for a regular forum for exchange of ideas and support. Not surprisingly the housing options role could prove extremely difficult if support from a designated manager within the host agency was not forthcoming. Two workers expressed feeling very unsupported in their role. One worker attributed this directly to the attitudes and behaviour of her immediate superior. It was clearly important for the manager to be informed of the work of the housing options worker, providing support as appropriate.

Meeting needs for training was raised by four of the seven workers. Two people expressed specific training needs; namely assessment skills in health and social care and presentation skills to boost confidence when speaking to large groups. Only one person was able to confirm that they had been well supported in meeting their training needs.

*They have provided me with a lot of training so that's been very good. I'm allowed quite a bit of freedom in going to courses and to meetings and things. W3*

A course undertaken in previous employment was raised by one of the workers. Participation in a diploma in supported housing had included bereavement counselling. The worker was finding this knowledge extremely helpful in her housing options role.

Only one person raised limitations arising from organisational infrastructure.

*I don't have a computer on my desk. We have a shortage of staff so reception is only open in the morning. We don't have direct dial telephone numbers, so people can't get through. We have to switch the answer phone on and we say to people we'll call you back but it's not ideal. It would be great if we could have a direct line so that people can get in contact with us. We have one e-mail line so I can only check my e-mails once a day. W2*

Worker 1 also perceived a lack of support from within the agency including an absence of understanding from colleagues about the complexity and demands of the housing options project role. This person expressed general unhappiness about the lack of resources (up to date computer etc.). Additionally, there were uncertainties within the agency caused by the absence of a permanent manager for most of the period between September 2003 and April 2004.

## **Views of Monitoring and Evaluation**

All the housing options workers we interviewed accepted the need to monitor and evaluate the service they were providing, particularly given the short-term nature of funding support for projects. However, this was perceived by some to be a low priority when compared with other aspects, and in particular work with clients.

*I'm quite used to having lots of monitoring to do. I do find it quite time consuming.....it's a necessary evil and I just resign myself to the fact that it has to be done. Monitoring is intrinsically linked to that (funding) you can't apply for more funding unless you can prove you're providing a good service. W2*

*I know you have to do it because you've got to justify roles and if it's going to help people in the future get a service they need, then it's got to be done. W3*

One person felt very angry at having to participate in this aspect of the project, feeling that they had not received sufficient explanation and support to undertake the tasks required.

## **Summary**

Housing options workers have to undertake their role in the context of a complex array of housing, health and social care services, each exerting their own policies and procedures.

Against this backdrop, they have to assist older people with the practical and emotional upheaval that inevitably accompanies them considering a house move. These interviews have graphically illustrated the dedication of the workers we interviewed and their desire to provide the best service for the older people they worked with. They have also confirmed the crucial importance of the organisational structure within which they are employed and the extent of managerial support that is required to ensure that housing options workers remain in their post and continue to provide a quality service.

## CHAPTER SIX

### Conclusions

The framework developed prior to the evaluation by the Care & Repair programme co-ordinator in collaboration with researchers at Sheffield Hallam University (and shown in Appendix One) provided a template for data collection and analysis. Not all the data collection that we initially aimed to collect was achieved due to resource limitations. Nevertheless, a substantial amount of monitoring data (from 561 cases) was collated and analysed, with the findings being complemented by fifty interviews with older service users, with all the workers involved in delivering housing options services at the time and with a sample of 18 other professionals in a variety of roles in six of the eight localities. Finally, records of advisory group meetings were scrutinised for additional information.

This chapter draws together salient findings from the different strands of enquiry enabling conclusions to be drawn about the needs of older people referred to housing options services; the nature of housing options services in a range of different settings across England; and the value of what is provided (as perceived by older people and by other professionals working within the wider service system). From this valuable information, lessons are identified regarding requirements for the introduction of similar services and the steps that need to be taken to try and ensure effectiveness.

#### ***Do older people want these services and do they help to improve older people's housing situation?***

The eight housing options services that participated in the evaluation were either solely or mainly provided for older people; analysis of monitoring data revealed an average age of 76 years amongst those referred. The largest proportion of older people using the services were aged 80 years and over (36%). The fifty older people we interviewed all graphically described how their housing and the community within which they were living were pivotal in determining the quality of life they experienced.

The reasons for older people seeking or being referred to housing options services were many and varied. Each of the eight services received referrals from older people with a wide spectrum of difficulties and consequent needs. It is important but not surprising to note that 74% of all service users were recorded in the monitoring data as experiencing health problems, with a high level of agreement between workers and older people regarding the nature and extent of illness and/ or disability and consequent difficulties. Health combined with housing difficulties frequently led to requests for assistance with finance, transport, security, home maintenance, care, and to manage mobility limitations. The desire for housing, an environment and community that enabled continuance of an independent life despite the cumulative effects of ageing, disability and illness was frequently described by older people during interviews with them. For some, an insight into what might be necessary in the future had led them to seek assistance. However 14 of the people we interviewed,

who decided to stay put, also did this in the knowledge that their situation might deteriorate in the future.

Meeting older persons' needs for housing options advice demands a whole series of interactions with the people themselves and with other housing, health and social care workers. For those older people recorded as having a family carer, it might also require the worker to meet with the persons' family and manage expectations in a manner that maintains the older person at the heart of resulting decisions. Fifteen of the older people we interviewed underscored their need to remain in control, with the housing options workers themselves identifying the need to maintain a facilitation rather than decision-taking role.

It is significant that the majority of older people we interviewed had lived in their current home for many years, with a quarter having lived in the same house for 40 years and over. Also over half of all service users (299) were living alone. Consequently, decisions about moving were likely to be highly significant both practically and emotionally, leaving individuals feeling vulnerable. Interviews with older people confirmed the effort that they invested in weighing up the various options available to them. For all older people and in particular for those recorded as having no carer and/or experiencing loneliness and isolation the housing options worker could be a vital source of information as well as acting as a sounding board to test the viability of future plans.

It is evident that housing options services were acting as a conduit to referral to a whole range of other services within the local service system. Despite this, the response of other services in enabling older vulnerable people to remain living in their own home was reportedly inadequate. Forty per cent of those surveyed through the monitoring data had needs for a spectrum of support with half of this number having more than one need. Even though the housing options workers were not able to compensate for existing gaps in provision, they were able to very effectively guide older people through the network of housing, health, social care and benefits agencies. One particularly important role described by older people was taking them to view alternative accommodation and in particular sheltered housing.

Taking all the above factors into account, it is not surprising that the work of the housing options workers was recalled in depth by all the older people we spoke with. The qualities of the housing options worker were very important to those interviewed and the work they undertook in partnership with older people was reportedly of great value to the majority even when initial aspirations could not be satisfied.

### ***i) Are these services cost effective and sustainable?***

Unfortunately the scope of the evaluation was not able to address this question adequately, apart from highlighting the benefits described by older people who received housing options services. The costs of the housing options service varied widely from project to project as did the number of older people actually using each service. An additional factor affecting the evaluation was the limited period of time during which some of the projects had been



operating. However, it does appear that a housing options service employing one full time worker can potentially help between 90 and 100 older people each year by providing information, advice, advocacy and practical support. This would not necessarily meet the full extent of local need for housing options support but there are clear cost benefits if older people can be enabled to live independently in their own homes for a longer period of time. This has to be of interest to those involved in commissioning services from the health, housing and social care sectors and particularly for Supporting People Teams. Future expansion and sustainability of housing options services will very much depend on the willingness of such commissioners to free up resources for the type of intensive support described throughout this report.

***i) Did the services improve the local housing situation of local older people through influencing service provision and planning?***

The importance of trying to influence local policy was recognised by the housing options workers as being one of the key aspects of their role. However, as described during interviews with workers, being instrumental in creating change to what are sometimes longstanding patterns of working could be a difficult task. Some of the workers described getting actively involved within the established service system and being accepted by a range of organisations but not having sufficient influence to create change, particularly where continuance of funding was an issue.

The other professionals interviewed who were working outside the housing options services in the same localities as the schemes were almost unanimous in their praise of what the housing options workers were achieving. However, this was most often in the context of helping to get the message across to people regarding the full range of options available to them and enhancing the range of existing provision rather than stimulating changes to established working methods and networks. Nevertheless, a small number of cited examples of changes to local policy were directly connected with housing options services. This was particularly noteworthy in Bristol where the scheme had been in place for some years. This indicates that the services were creating a climate where health, social care and housing services were being encouraged to consider how to make changes for the benefit of service users.

## **Housing Association provision**

Of the 16 older people out of the 50 interviewed who actually moved, the choice of most was warden assisted accommodation or some other form of sheltered accommodation. This finding was substantiated by analysis of the monitoring data, which revealed that some form of housing combined with support was the most common first choice for those seeking to move. One of the salient issues to arise was the speed with which people had to make a decision about any prospective tenancy offer. Even though speed was valued in terms of providing realistic choices, time and sensitivity was an imperative for older people when it came to them making a positive choice to take action.

## **Movement across tenure**

The tenure of the homes of older people referred to housing options services revealed a very different picture across the eight localities served by the schemes; for example all referrals analysed from Enfield were owner occupiers whereas in Derbyshire the lowest number of home owners were recorded. The urban settings of Leeds and Burnley recorded the greatest number of social housing tenants.

Movement across tenure was clearly problematic, irrespective of the starting position of the person who was seeking to move. Housing options workers provided examples of older homeowners having very limited choice, with examples of gazumping and low equity being cited by both older people and workers. Older people themselves described the implications of not having sufficient equity and income, which could place them in the position of having to give up owner occupation. This situation exists against a backdrop of inadequate social housing provision in many locations so that choosing to move to social housing for some became an unachievable goal.

## **Provision for BME elders**

Reaching out and working with BME communities is challenging even for workers from the same ethnic background. We were aware that housing options workers operating in areas with a high ethnic population had invested time and effort publicising schemes, with one scheme in Warwickshire employing an ethnic minority worker. However, the extent to which information was managing to reach those from ethnic populations was in question, given the low rates of referral to some schemes described in Chapter two. Even so, the profile of service users in many of the projects operating in areas with significant BME communities was in line with the local ethnic profile. Furthermore, it is apparent from the available data that workers have to be prepared to respond to a wide range of ethnic groupings.

Cultural difference, particularly in terms of the expectations older people have of their families (even if they are not met) makes it difficult to get an accurate picture of the needs that exist and how to respond to them most appropriately. This is an area where sustained involvement with older people and their families is required over a protracted timescale before a true picture of the potential impact of housing options services can be drawn. Data is already available in respect of the 91 older service users from BME backgrounds who used the housing options services. This data will be analysed separately by Care & Repair England to provide a useful starting point for further work.

## **Reality of housing choice**

The evidence that has emerged from these pilot projects underscores the inadequacy of available housing options to meet needs in older age. Fifteen of the fifty older people interviewed were not able to move even though they wished to due to lack of choice, and a further 18 had accepted that they must stay put due to a lack of viable options for them.

Additionally, even though staying put might be the most desirable situation, the services to support that choice such as home care and housing adaptations were not always available, leading to expressed frustration on the part of both older people and housing options workers. The approach of the housing options worker was reportedly crucial in widening the scope of possible options and in assisting individuals with resultant disappointment if what they wanted could not be provided.

## **Services in rural areas**

Older people living in rural areas usually wish to remain in the area where they are already living rather than move to another village or to the local town. The interview data supported the notion that older people living in less populated areas have better levels of community support. However this also means that they have to be prepared to remain living in what might be unsuitable accommodation; for example In Derbyshire, 43% of those people who did not move considered that they had no choice. The lack of affordable housing across the area, the low availability of social housing, and the scarcity of support services, means that many older people can be left struggling in their homes.

Workers involved in providing housing options services in rural areas reported a patchy distribution of support services across a wide geographical area and poor availability of information about what is available. One of the roles identified by the housing options workers was to try and draw together information about housing and support services for older people and for other workers and to assist older people to get the benefits they are entitled to.

## **Scope for self help/ peer support**

The SISOSIG National Programme had a number of aims common to all projects. One of these was to stimulate volunteer and user participation in housing options projects, particularly through the involvement of older people who had previously received assistance from the service. Given the short life of many of the projects that participated in the evaluation, it is not surprising that these forms of support were rarely mentioned. However, in light of the views expressed by older people during interviews and the commonality of their experience, this aspect of the provision is one that ought to be pursued over time.

## **Best methods for providing housing advice and information: the lessons identified through the evaluation**

A range of organisations as described in Chapter one hosted the eight services that participated in the evaluation. The nature of the host organisations did have some impact upon the type of services provided and routes of referral to other services; for example location within an existing HIA provided a clear route to home improvement services, working within a local Council smoothed access to other Council provided services, and

placement within a charity heightened awareness of the full range of services offered by the organisation. All the options we observed led to benefits and challenges for both workers and service users. Nevertheless, a common requirement irrespective of location was for the housing options service to be dedicated, rather than being piecemeal. Where this was not the case, erosion of the housing options service by other demands being placed upon the worker by the host organisation could easily occur.

Comprehensive knowledge of what other providers could offer to older people; for example help with minor home adaptations, home repair and carer respite was necessary for all housing options workers. A full understanding of how older people move through the health, social care and housing services in the locality was also required. To work most successfully housing options workers had to be prepared to invest time in actively networking with the wider service system.

The role of housing options worker is complex and demanding. The commitment and active support of the agency manager and the overall host agency was reportedly critical in helping the projects described in this evaluation to make progress. Workers require on-going support, training and mentorship to fulfil this role. They also need to be provided with adequate resources to undertake the work such as administrative support and technology.

Introducing new housing options services was problematic for workers in many of the locations. Reported and observed difficulties included attracting referrals and following this, sustaining an adequate flow of people through the service. It took time for the housing options service to become embedded within the established service system within the locality. However from the evaluation it is also evident that over time, services could become valued, and following that begin to exert influence over practice and local policy. Unstable funding was one of the major deterrents to progress. This led to attrition of staff and a general lack of confidence. Long term funding is necessary if maximum benefits are to be gained from housing options services.

## Appendix One: Evaluative Framework

### Monitoring and Evaluation of Local “Housings Options” Projects

Key Questions	Data Source	Info Obtained
Do older people want this service?	<p>Existing research -e.g. Learning to Listen, Age Concern England, hact</p> <p>“Listening Events” with older people to include questions on housing information and advice.</p>	<p>Scoping information regarding awareness of, and demand for the service</p> <p>Perceptions of older people from a range of circumstances</p>
How is information about the service being disseminated within the locality	<p>Mapping of services within each locality and links between services</p> <p>Telephone interviews with a key number of service providers</p> <p>Samples of publicity material and any promotional strategies</p>	<p>Extent of awareness of the service amongst other providers in the locality</p> <p>Audit of materials</p> <p>Modes of dissemination</p> <p>Effort being put into publicity</p> <p>Effectiveness of publicity</p>
How well is the service used and by whom?	<p>Service statistics</p>	<p>Service input and throughput</p> <p>Use of service by BME elders</p> <p>Use of service by older people living in different localities in the area being served</p>
To what extent is housing choice in the locality a reality?	<p>Referral and outcome information – service statistics</p> <p>Description of extent of local housing provision and the nature of the local environment</p>	<p>What people are referred for compared with compared with what happens</p> <p>Expressed options from referrer and older person on referral compared with outcomes</p>

	<p>Discussions with older people who have received service</p> <p>Interviews with workers from the agency</p>	<p>Comparison of what people would like with availability of local provision</p>
<p>What is the quality of housing of those referred to the service?</p>	<p>Discussions with older people in receipt of the service</p> <p>Interviews with planners, managers and providers</p> <p>Interviews with workers from the agency</p> <p>Caseload analysis – service statistics</p>	<p>Problems posed by current housing stock e.g. hazards, isolation due to location</p> <p>Possibilities for improvement of current housing stock</p> <p>Unmet needs for housing for older people in the locality</p>
<p>What needs to change to facilitate improvements to the choice and quality of housing provision in the locality?</p>	<p>Caseload analysis – service statistics</p> <p>Discussions with older people who have received service and with a number after case completion</p> <p>Interviews with workers from the agency</p>	<p>Lessons for RSL service provision</p> <p>Lessons for cross tenure movement</p> <p>Lessons for LA housing providers</p>
<p>Does the service change older people’s views of their options?</p>	<p>Referral and outcome information – service statistics</p> <p>Discussions with older people who have received service and with potential users</p>	<p>Expressed options from referrer and older person on referral compared with outcomes</p> <p>Perceptions of older people receiving the service</p>
<p>What problems do older people bring to the service?</p> <p>What happens next?</p> <p>What are the outcomes?</p>	<p>Referral information - service statistics</p> <p>Discussions with older people who have received service</p> <p>Case vignettes identified by the worker</p>	<p>Perceptions of older people receiving the service</p> <p>Perceptions of older people with needs who are referred to the service</p> <p>Case illustrations</p>

<p>What impact does the service have on local policy and planning for housing, health and social care?</p>	<p>Analysis of local interpretation of national policy through implementation documents introduced during the life of the project</p> <p>Interviews with planners and providers</p>	<p>References to the service in policy documents</p> <p>Changes in policy implementation to take account of the service</p> <p>Changes in levels of support and funding</p> <p>Views of the value of the service in meeting policy goals</p>
<p>What impact does the service have on housing, health and social care and voluntary sector provision and service delivery?</p>	<p>Source of referrals –service statistics</p> <p>Analysis of enquiries from providers – service statistics</p> <p>Interviews with a key number of service providers</p>	<p>Extent to which service has impacted upon the whole system in the locality</p> <p>Levels of Interest and awareness on the part of other providers</p> <p>Examples of good practice</p>
<p>What is the nature of each of the pilot sites and how do they develop over time?</p>	<p>Documented aims and objectives of the service and target populations at the start of the project</p> <p>Independent interviews of workers to find out their views about the aims of the project and their role, and how views have changed over time</p> <p>Revised internal policy documents</p>	<p>Extent to which original aims were met</p> <p>Policy changes</p> <p>Changes to the remit of the work over time</p>
<p>Can volunteers be integrated into the service?</p>	<p>Independent interviews of workers to obtain views about the tasks that can be undertaken by volunteers</p>	<p>Reality of volunteer involvement within the service setting</p> <p>Nature of volunteers attracted towards the service</p>

	<p>Analysis of needs of older people on referral – service statistics</p> <p>Profile of volunteers</p> <p>Interviews with any volunteers assisting with the service</p> <p>Actual use of volunteers over time</p>	Needs of older people that can be met by volunteers
What is the cost of the service compared with the activity levels?	<p>Number of service users per annum – service statistics</p> <p>Average number of cases held by the worker at any one time</p> <p>Service costs per annum</p> <p>Analysis of reporting forms from project workers. This will quantify information/advice given to housing/health/social care workers; attendance at policy/strategic meetings; training provided etc.</p>	<p>Notional view of what resources are required to run the service</p> <p>How the key worker uses their time</p>

### Summary of data collection to address questions

1. Analysis of service statistics
2. Analysis of research/ policy documents
3. Focus groups with older people from the locality (not receiving the service)
4. Interviews with key service providers and other professional stakeholders
5. Interviews with older people who have received service
6. Collation of service information
7. Interviews with key worker and others employed by the agency
9. Reporting form to be completed by key workers



## Appendix Two: Data Collection Monitoring Form

“SHOULD I STAY OR SHOULD I GO?”

### MONITORING REQUIREMENTS FOR LOCAL HOUSING OPTIONS PROJECTS – FILE VERSION

Case Number.....

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	Page No.
<b>SECTION 1 - SERVICE USER.....</b>	<b>2</b>
<b>SECTION 2 – KEY CONTACTS.....</b>	<b>4</b>
<b>SECTION 3 – REFERRAL DETAILS.....</b>	<b>5</b>
<b>SECTION 4 - SERVICE USER’S HOME.....</b>	<b>7</b>
<b>SECTION 5 – CASE INFORMATION.....</b>	<b>8</b>
<b>SECTION 6 – CASE OUTCOMES.....</b>	<b>12</b>
<b>SECTION 7 – CASE ANALYSIS.....</b>	<b>15</b>
<b>SECTION 8 – FINANCIAL INFORMATION.....</b>	<b>16</b>

**Note:** This form was used by project workers for case files. Sheffield Hallam University and Care & Repair England developed an Access Database to contain all of this information at each project location for service user monitoring and casework purposes. The data subsequently analysed by Sheffield Hallam University and Care & Repair England was anonymous and did not contain any personal financial information.

## **SECTION 1 - SERVICE USER**

**Note: If more than one person is being helped at the same address, the following details need to be recorded for the person who is the primary service user (usually the person who has the highest level of need).**

**Name**

**Address**

**Postcode**

**Telephone Number**

**Change of Address Details**

**Post Code**

**New Telephone Number**

**Gender**

- Male  
 Female

**Marital Status**

- Married  
 Widowed  
 Divorced  
 Single

**Date of Birth**

**Ethnicity**

- White
- Black (Caribbean)
- Black (African)
- Black (Other)
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Eastern European
- Other - *Please state* .....

English is first language  
Other first language - *please state* .....

**Household Type**

- Single
- Couple
- Other - *Please specify* .....

**Carer/s most involved (where applicable).** Mark ALL relevant boxes.

- Spouse/Partner
- Son/Daughter
- Grandchild
- Other Family Member
- Friend
- Neighbour
- Community Worker
- Private Carer
- Other - *please specify* .....
- No Carer involved

## **SECTION 2 – KEY CONTACTS**

**Name of Carer most Involved**

**Address**

**Postcode**

**Telephone Number**

**Name of Key Contact - 1**

**Address**

**Postcode**

**Telephone Number**

**Name of Key Contact - 2**

**Address**

**Postcode**

**Telephone Number**

**Name of G.P./Medical Adviser**

**Telephone number**

**Name of Next of Kin (where appropriate)**

**Address**

**Postcode**

**Telephone Number**

## **SECTION 3 – REFERRAL DETAILS**

**Date of Referral**

**Source of Referral** (Mark the most appropriate box)

- Self-Referral
- Family/Friends
- Social Services
- Health Professional – Hospital
- Health Professional - Primary Care
- Care Direct
- Home Improvement Agency
- Age Concern
- Information/Advice Service
- Other - *please specify* .....

**Name of Person who made Referral**

**Job Title (if appropriate)**

**Agency (if appropriate)**

**Address**

**Postcode**

**Telephone Number**

**Email Address**

**What reason has been given for the referral? (Mark ALL relevant boxes)**

- Poor Health
- Cannot maintain existing home
- Access or mobility problems in existing home
- Cannot heat existing home
- Existing home too large
- Existing home too small
- Existing home unsuitable
- Cannot manage garden
- Feels insecure/fear of crime
- Wants to move due to death of partner/another
- Wants to be nearer friends/relatives
- Wants to move to retirement housing
- Wants to explore options
- Feels lonely/isolated
- No care network available
- Wants better local amenities
- Wants better community provision
- No transport or access to transport
- Other - *please specify* .....

**Does the older person have health-related problems? YES/NO**

**If YES, how does the referrer describe these? (Mark ALL relevant boxes)**

- Falls
- Dizziness, blackouts
- Confusion
- Memory loss
- Nervous, anxious
- Mental health problems
- Hearing problems
- Poor vision
- Arthritis
- Mobility problems
- Registered disabled
- Physical Illness
- Physical disability
- Physical frailty
- Housebound
- Incontinence
- Other - *please specify* .....

## SECTION 4 – SERVICE USER’S HOME

**What type of property does the service user occupy? (Mark the most appropriate box.)**

- Bungalow
- Ground floor flat
- Flat
- House – detached
- House - semi-detached
- House – terraced
- House - type not specified
- Mobile home
- Other - *please specify* .....

**What is the tenure of the service user's home? (Mark the most appropriate box.)**

- Living with relatives
- Owner occupier
- Owner-occupier (exercised right to buy)
- Private tenant
- Housing Association tenant
- Local Authority tenant
- Tenure not known

**How many bedrooms are in the property?**

- One
- Two
- Three
- Four
- Five or more

**Does the service user's home lack any basic amenities? YES/NO**

**If YES, mark ALL relevant boxes.**

- Bath/shower
- Indoor WC
- Kitchen facilities
- Washbasin
- Hot water
- Heating in main rooms (kitchen, living room, bedroom)
- Central Heating
- Other - *please specify* .....

**Does the service user's home present any hazards?** YES/NO

**If YES, mark ALL relevant boxes.** (Note – this information can be drawn from Home Safety Check)

- Access unsafe - no rails or support on 2 or more steps
- Cables, wires hazardous - trailing/hidden
- Carpets and floor coverings unsafe - frayed/insecure
- Kitchen work surfaces inadequate
- Lighting inadequate (lounge) - only table or standard lamp
- Lighting inadequate (bedroom) - no bedside light
- Mats unsafe e.g. able to be moved with foot, curled or frayed edges
- Power point positions - located close to floor
- Shower/bath unsafe - no grab rails
- Shower/bath unsafe - no non slip mat
- Stairs unsafe - no handrail fitted/secured
- Other – please specify.....

## **SECTION 5 - CASE INFORMATION**

**Date of first contact with service user**

**What are the service user's views on the difficulties being experienced?** (Mark ALL relevant boxes)

- Poor health
- Difficulties in maintaining existing home
- Access or mobility problems in existing home
- Access or mobility problems within locality
- Existing home too large
- Existing home too small
- Cannot manage garden
- Feels insecure/fear of crime
- Neighbourhood unsafe
- No help from friends or neighbours
- Environmental problems in neighbourhood e.g. litter, graffiti, fly tipping, pollution, dereliction
- Cannot heat existing home adequately
- Feels lonely/isolated
- Low level of contact with family
- Wants better local amenities
- Wants better community provision
- No transport or poor access to transport
- No opportunity to pursue social/leisure activities
- Other - please specify



**How does the service user describe their health-related problems? (Mark ALL relevant boxes.)**

- Falls
- Dizziness, blackouts
- Confusion
- Memory loss
- Nervous, anxious
- Hearing problems
- Poor vision
- Arthritis
- Mobility problems
- Registered disabled
- Physical Illness
- Physical disability
- Physical frailty
- Housebound
- Incontinence
- Other - *please specify*.....

**At the point of first contact, was the service user considering staying put? YES/NO**

**If YES, was the service user considering any of the following Mark ALL relevant boxes.**

- Home repairs – minor
- Home repairs – major
- Adaptations – minor
- Adaptations – major
- Garden maintenance
- Other - *please specify*.....

**At the point of first contact, was the service user considering a housing move?**

YES/NO

**If YES, mark ALL the options being considered**

- Residential or nursing accommodation - short-term
- Residential or nursing accommodation - long-term
- Local Authority housing (general stock)
- Local Authority retirement housing/sheltered housing
- RSL housing (general stock)
- RSL retirement housing to rent
- Housing with warden service
- Retirement housing to buy
- Extra Care housing
- Almshouses
- Private housing to rent
- Private housing to buy
- Living with relatives - short-term
- Living with relatives - long-term
- Release of capital/trading down
- Letting own home
- Other - *please specify* .....

**If service user is actively seeking a housing move, which geographical areas are preferred?**

***Please specify*.....**

After discussion with the service user, have any support needs been identified?

**YES/NO**

**If YES, what does the service user need help with? Mark ALL relevant boxes.**

- Bathing
- Toileting
- Getting up and down steps/stairs
- Dressing and person care
- Preparing meals
- Getting around the house
- Getting in/out of the house
- Community care assessment
- Health care
- Access to transport
- Access to local services (e.g. post office, GP, chemist)
- Household repairs/maintenance
- Cleaning
- Shopping
- Gardening
- Decorating
- Identifying social outlets
- Attending social outlets
- Claiming benefits
- Other – *please specify* .....

## SECTION 6 - CASE OUTCOMES

<b>Has the service user moved home?</b>	YES/NO
<b>If YES, Mark ALL relevant boxes and give date of each move.</b>	
<b>Moved to:</b>	<b>Date:</b>
<input type="checkbox"/> Bungalow	.....
<input type="checkbox"/> Ground floor flat	.....
<input type="checkbox"/> Flat	.....
<input type="checkbox"/> House – detached	.....
<input type="checkbox"/> House - semi detached	.....
<input type="checkbox"/> House – terraced	.....
<input type="checkbox"/> House - type not specified	.....
<input type="checkbox"/> Mobile home	.....
<input type="checkbox"/> Other - <i>please specify</i>	.....
<input type="checkbox"/> Residential or nursing accommodation - short-term	.....
<input type="checkbox"/> Residential or nursing accommodation - long-term	.....
<input type="checkbox"/> Local Authority housing (general stock)	.....
<input type="checkbox"/> Local Authority retirement housing/sheltered housing	.....
<input type="checkbox"/> RSL housing (general stock)	.....
<input type="checkbox"/> RS retirement housing to rent	.....
<input type="checkbox"/> Housing with warden service	.....
<input type="checkbox"/> Retirement housing to buy	.....
<input type="checkbox"/> Extra Care housing	.....
<input type="checkbox"/> Almshouses	.....
<input type="checkbox"/> Private housing to rent	.....
<input type="checkbox"/> Private housing to buy	.....
<input type="checkbox"/> Living with relatives - short-term	.....
<input type="checkbox"/> Living with relatives - long-term	.....
<input type="checkbox"/> Other - <i>please specify</i>	.....

<b>If the service user has moved, how many bedrooms are there in their new accommodation?</b>
<input type="checkbox"/> One
<input type="checkbox"/> Two
<input type="checkbox"/> Three
<input type="checkbox"/> Four
<input type="checkbox"/> Five or more

**If the service user has NOT moved home, please describe the primary reasons for not moving.**

No suitable alternative housing available

Please describe what the user would ideally have liked.....

What was wrong with the options available?

.....  
 .....

User decided that, on balance, their current home was the preferred option

Please give details/comments.....

.....

User could not face the upheaval of moving

Other - *please specify*

.....

**Has the service user been referred for and/or received any of the following?**

YES/NO

**If YES, mark ALL relevant boxes and insert date/s**

	<b>Referral</b>	<b>Date</b>	<b>Service</b>	<b>Date</b>
	<b>Made</b>		<b>Received</b>	
Home repairs – minor	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Home repairs - major	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Adaptations – minor	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Adaptations – major	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Daily living support	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Garden maintenance	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Befriending/social contacts	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Home security	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Community alarm	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Welfare benefit/s	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Provision of household items e.g. heaters, blankets	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Loan/s	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Grant/s	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Equity release	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Other – <i>please specify</i>	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
		.....		.....

**Did the service user refuse any offer of services? YES/NO**

**If Yes, please give details of offer and reasons for refusal**

.....  
.....  
.....  
.....

**Please provide any other relevant information about outcomes.** (Complete all relevant boxes.  
N.B. Description required for Access database)

Loan/s obtained

*Please specify what for.....*

*What was the source of loan/s? Please specify.....*

.....

Grant/s obtained

*Please specify what for.....*

*What was the source of grant/s? Please specify.....*

.....

Welfare benefit/s obtained

*Please specify which benefits.....*

*What was the amount? Please specify.....*

.....

House letting arranged

*Please outline arrangements*

*Other relevant information about outcomes. Please specify.....*

.....

**Date Case closed**

**Has there been any further contact with the service user? YES/NO**

**If YES, what was the nature of the contact?**

*Please specify.....*

## SECTION 7 - CASE ANALYSIS

**What was the nature of the work undertaken with the service user?** (Mark relevant box to indicate the level of work undertaken i.e. Information, General Advice, or General Advice with Casework)

**INFORMATION (for self help)**

*Information only provided. This includes:*

- *provision of self-help materials such as leaflets*
- *signposting to other services*
- *assisting older person to find the information they need*

**GENERAL ADVICE**

*Advice & practical assistance provided. Examples include:*

- *diagnosis of problems*
- *giving information and explaining options*
- *identifying further action that user could take*
- *giving user basic assistance including filling in forms*
- *contacting third party to seek information*

**GENERAL ADVICE WITH CASEWORK**

*Advice provided plus action on behalf of user. Examples include:*

- *diagnosis of problems*
- *giving information and explaining options*
- *identifying further action that user could take*
- *giving user basic assistance including filling in forms*
- *contacting third party to seek information*

**PLUS took action on behalf of user by putting user's case to third party via negotiation &/or advocacy by telephone, by letter or by face to face**

**How many home visits were made between the date case was opened and the date case was closed?**

**Any Other Comments:**

**SECTION 8 - FINANCIAL INFORMATION**

**Is service user and/or spouse in receipt of any benefit entitlement? YES/NO**

**If YES, mark ALL relevant boxes**

- Attendance Allowance
- Carers Allowance
- Income Support
- Council Tax Benefit
- Housing Benefit
- Pension Credit
- Disabled Living Allowance
- Incapacity Benefit
- Other - please specify .....

**Is service user in receipt of a state pension? YES/NO**

**Details, if known** .....

**Is service user in receipt of any other pension e.g. private, occupational, war disablement pension? YES/NO**

**Details, if known** .....

**Does service user have any other income? YES/NO**

**Details, if known** .....

**Does service user have savings? YES/NO**

**Details, if known** .....

**Is service user an owner-occupier? YES/NO**

**If YES, what is the approximate value of the property? .....**



## **Appendix Three: Interview Proforma**

### **Topic guide for service user interviews (who received advice and made a decision to stay put)**

#### **Purpose**

To obtain the views of older people who received advice from the Housing Options Service in their local area and made a decision to stay put. The following points are for guidance only – not all questions need to be asked once the relevant information has been obtained.

#### Understanding of the Housing Options Service

How did you find out about the service – did someone tell you about it? If so, who?

Did you read about it – if so, where?

Was it suggested to you – who by? Why did they suggest it?

What did you think the service was about?

Who did you think it was for?

Do you know anyone else who received the service?

Who referred you to the service? What did they tell you about it?

What did you think about the service after you found out about it/were referred?

What did you think the service might be able to do for you?

#### Becoming involved

Why do you think you were referred?

Why did you decide to take up the service on offer?

#### **Perceptions of housing situation**

How long have you lived here?

Can you describe your home?

Do you like your home?

Do you have help to maintain your home and garden? If so who?

What is your neighbourhood like?

Do you have friends who visit you?

Do you have anyone you can call upon for help if you need to?

Do you like the area?

Are there shops nearby?

Can you get out and about?

What transport do you use?

What is public transport like near you, if you use it?

Is there anything you don't like about where you live?

Is there anything about where you live that makes life difficult for you at the moment?

## **Perceptions about quality of life**

What areas are important to you in terms of your quality of life (e.g. family, health, finances)?  
How happy are you about these things at the moment?  
What would make your quality of life better?

## **Perceptions of health**

(Emphasise that answers to these questions are confidential and that we have not been given any information about their health from the housing options service or from any other source)

How is your health?  
Is your health making life difficult for you?  
If so, what would make a difference to your health?

## **Views about the service received**

What happened after you had been referred to the Housing Options Service?  
Who came to see you?  
Did you have to wait long before they visited?  
Did the timing of the visit(s) suit you?  
What advice were you given? Were you given any written information?  
Were you happy with the advice you were given?  
Were you given any practical help?  
What choices were you given about your housing?  
What made you decide to stay put?  
Would you have been more likely to move if there had been other housing options?  
What might they have been?  
What help have you been given in making the decision?  
Have your family/friends been involved in helping you make the decision?  
What did they think about your decision to stay put?  
What help did you have from the service to help you to stay put?  
Are you still happy with your decision to stay put?  
Can you foresee a time when you might think about moving again?  
Does knowing the housing options service make a difference to thinking about moving in the future?  
Did you know how to contact the housing options worker again if you needed further information?  
Were you happy with the service you received?  
Do you have any suggestions for improving the service?  
Would you recommend it to other people?  
Did the service really do what you hoped and/ or expected it would to improve your housing situation?

<p><b>Note:</b> Similar topic guides were used for interviews of older people who received advice only; &amp; for interviews of older people who received advice &amp; made a decision to move home.</p>
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## Appendix Four: Interview Proforma

### Should I Stay or Should I Go? Programme Evaluation

#### TELEPHONE INTERVIEWING OF HEALTH, HOUSING & SOCIAL SERVICES PROFESSIONALS IN LOCAL HOUSING OPTIONS PROJECT AREAS

**Aim:** to answer the following key questions from the evaluation framework agreed with Sheffield Hallam University.

- What impact does the service have on local policy and planning for housing, health and social care?
- What impact does the service have on housing, health and social care and voluntary sector provision and service delivery?

**Name of Professional  
Role**

**Agency**

**Contact details**

**Date of Telephone call:  
Interviewer:**

**Could you very briefly describe your work role:**

**Do you have any involvement in local planning and policy issues? YES/NO**

**If YES, what sort of involvement?**

**What sort of contact do you have with the local housing options project and the older people who use the service?**

**In what type of situation have you or your colleagues referred people to the service?**

**What is your experience of the help that has been provided by the housing options service?**

**Has the housing options service made any difference to the way in which you and your colleagues work and/ or are able to help older people?  
If yes, can you describe this briefly.**

**What difference has the existence of a local housing options service made to local planning and policies concerning housing and related issues for older people?**

**Can you describe any specific policy and service changes that have resulted from the work of the housing options service?**

## **Appendix Five: Interview Proforma**

### **Project Workers' Interview Schedule**

1. Description of what job entails
2. How did you get into the job?
3. How does the job fit with your career plans/pathway?
4. How do you find doing this job/feel about your job?
5. How much power/influence do you have to make changes?
6. What influence do you have/role do you play in older peoples' lives?
7. How effective do you are able to be in terms of helping older people meet their housing needs and aspirations?
8. What are the barriers to effectiveness?
9. What housing options can you offer to clients? Are there any shortcomings in the housing options that you can offer?
10. What is the quality of the housing of those referred to the service?
11. What needs to change to facilitate improvements to the choice and quality of housing provision in the locality?
12. Do you have any suggestions about how your job and the service could be developed or improved?
13. Does the service fit in with other local providers?
14. Where do you get your support?
15. What are your training/development needs?
16. What would you change about the job?
17. Can you give an example of a positive incident/incident that went well?
18. Can you think of a negative incident/where something went wrong/badly?
19. What do you think about the monitoring and evaluation?