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Liverpool Housing Action Trust and a vision for Housing with Care

Summary Report

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and Jennifer Francis

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Executive summary

The objective of the review

This study was commissioned by Liverpool Housing Action Trust (the HAT), as an independent evaluation and review of their Housing with Care vision. It was conducted between April and September 2001 and roughly coincided with the mid-point in scheme development: two of the four Housing with Care schemes planned were occupied and operating; two further schemes were at an advanced design stage and the successor landlords (housing associations, or Registered Social Landlords - RSLs for short) had been selected.

The review brief had three key components.

The review would consider:

- the original vision or objectives of the HAT and other significant agencies (for example, Liverpool City Council);
- the way in which the schemes were working; and
- the factors that influenced how, or whether, the original vision and objectives were being realised.

The full review report provides a comprehensive exploration of the HAT's vision and the organisation's approach to Housing with Care, highlighting the successes of the approach and outlining some challenges.

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The researchers

Michael Nugent and Roger Clough undertook the study, working within the research and social policy collaboration Third Sector First. Michael Nugent is the Director of Third Sector First; Roger Clough is a member of the collaboration and is Professor of Social Care at Lancaster University. The main report was written with Jennifer Francis, Research Officer at PSSRU, University of Kent at Canterbury.

Report structure

This short report first summarises the key findings, basically what was discovered. The key findings are based on documentary evidence and also on belief and opinion. A theme that runs through the history of Housing with Care development in Liverpool, as we traced it, is that any one policy, event or agreement might have various - and sometimes unacknowledged - meanings. Given their potential significance, we have included these different perceptions - including our own - as findings. This is followed by a summary of conclusions, which highlight the main areas of interest. The final section summarises consequences; issues that we think deserve further consideration or that might stimulate debate.

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conclusions

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Acknowledgements

We are grateful to all the HAT Board members, staff and tenants, representatives of the RSLs, City Council and health services who were interviewed, both for their openness in talking about the schemes and for their time. We are particularly grateful to Sue Thomas and Jo Mills of the HAT, for their constructive comments on early drafts of the report.

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Key findings

The HAT's vision of Housing with Care was expressed in various internal documents and in several brochures and information leaflets. Its essential components are:

a) treating older people with respect and dignity, as individuals with rights to exercise choice and be fully consulted, and with an ability to retain control over their own lives and maximise their independence;

treating older people with respect and dignity

b) high building standards in terms of space, design and fittings;

high building standards

c) developing effective partnerships between older people, housing providers and care agencies;

developing effective partnerships

d) providing flexible care and support services to meet individual needs and so create 'a home for life'.

providing flexible care and support

These values, ambitions or characteristics run unbroken through the document record. It may appear as if the schemes therefore reflect what was expected at their inception. We think that this is not entirely the case and that there is much that could not have been predicted. The schemes are as much the product of a development process, and of responses to specific events, as they are of an initial 'blueprint'. We think it is significant that the HAT board and staff were not restricted by common assumptions of what older people wanted from housing and social care services.

The HAT seems to have affected, in its relationship with the DETR (Department for the Environment, Transport and the Regions), a working style that elevated the importance and status of the 'human dimension' in regeneration policy. This is an important point, because it suggests that service users' wishes can be as great an influence on major capital developments as considerations of design, land use and engineering. This achievement may be a characteristic of Liverpool HAT, rather than of Housing Action Trusts generally; its Community Services Directorate appears to have had a significant influence on its parent organisation, apparently more so than other Housing Action Trusts.

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The review found that there was a shared sense among people involved in the Housing with Care schemes of what 'treating older people with respect and dignity' meant in practice. The acceptance that abstract Housing with Care values must be somehow expressed in concrete services is widely attributed to the HAT; many agencies and individuals have a very high regard for this feature of the HAT's work and influence. They also believed that the HAT has done a lot to raise older people's expectations of housing services.

There has been extensive sharing and co-operation between people from different organisations, a factor that was rated highly by all the interviewees. The bringing together of housing and social care has stimulated a re-thinking of inter-agency working patterns and practices.

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However, there was less certainty about whether the HAT vision and strategy had ever been accepted as a basis for *all* Housing with Care developments in Liverpool, in the sense of binding the participants to particular standards or practices. One respondent suggested that the City Council had backed the HAT strategy as a matter of principle, but that the operational consequences of that decision had not been followed through. The staff at the HAT thought that the standards embodied in their schemes were standards to be maintained, whereas the City Council subsequently formed relationships with Housing with Care providers whose services did not meet the HAT standards.

*The HAT worked very closely with Liverpool Health Authority in building health centres adjacent to their housing redevelopments. Three Primary Care Trusts have now succeeded the Health Authority.

But despite the co-existence of different Housing with Care standards in Liverpool, the joint commissioning of an accommodation strategy for older people demonstrated that the HAT, City Council and health services* can find common cause in the planning of older people's services.

Among our interviewees there seemed widespread agreement that what was wanted was high quality housing and flexible services. The services should cross housing, health and social services boundaries, be available at short notice and be provided flexibly in ways that support rather than demean people who need help. The underpinning belief seems to be that housing combining these qualities will enable people to call on support systems that are appropriate to their needs now, and as their needs change.

what was wanted was high quality housing, in planned environments, with services that cross housing, health and social services boundaries

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There was also a strongly held view that a large number of people in residential care, together with people who on current trends would likely move into residential care, could live in Housing with Care schemes of the type developed by the HAT. However, it is also assumed that there is a small group of people who may not be able to live in Housing with Care, for example people with dementia.

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In interview social services staff stressed that overall housing and social services provision for older people should promote general well being and health, assisting people to do things for themselves.

Our interviewees recognised that the HAT Housing with Care schemes incorporate structural and physical features of very high quality:

- design to Life-time Homes standards, with accessibility for wheel chairs, walk-in showers and adaptations tailored to the specific needs of tenants;
- more floor space than is standard with housing associations, both in the size of rooms and in 50 per cent of houses having two bedrooms;
- additional facilities, such as body care suites, community restaurants and gardens;
- community centres, managed by the tenants' and residents' associations, that are available for use by residents and the wider community.

The four schemes have common features but are quite different in terms of design. In some locations compromises had been made as a result of cost or the development timetable. Although both the schemes in operation combined innovative and attractive features that residents really liked, there were some things that both the HAT and the residents would have changed if given the chance. For example, there are some long corridors and some communal lounges were rarely used. On the other hand, the design of corridors like streets, to allow for contact, was liked by some residents. But in general these were thought to be fine buildings; group interviews with residents indicated a high level of satisfaction.

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The review provided further evidence that the notion of 'home' is bound up with care, comfort, familiarity and - for older people in particular - security. Almost all those interviewed emphasised the importance of security to residents. And in the design and management of the Housing with Care schemes there is a tension between external security and access to and from the community. The essential difficulty is in maintaining security without cutting off the schemes from the wider community of which they are supposed to be part.

The difficulty is in maintaining security without cutting off the schemes from the wider community of which they are supposed to be part

Some tenants had felt safer in the past living high up in tower blocks; others felt far safer in Housing with Care, arguing that the tower blocks had become less safe as younger and unfamiliar people had taken up tenancies in the latter years (many tenants had lived in the same tower blocks since they were built in the 1960s). The tenants were appreciative of the entry phone systems and liked the external

CCTV cameras, though some were anxious about how people would get access to residents via the entry phone system in an emergency.

Gardens were little used by residents, for sitting in, walking round or working in. In part this may be because few of the residents had gardened for many years - if at all - because they had lived in high-rise flats.

The HAT staff hoped that the development of a restaurant with high quality kitchen facilities would provide services for people in the Housing with Care scheme and the locality, and a commercial food business in the area. Residents liked the availability of the restaurant as a place that they could use if they wanted, including having meals with relatives. At the time of the study there was an obvious tension between the social / community ethos of the restaurant and commercial imperatives. Strong doubts were emerging about the viability of the restaurants as they were then functioning.*

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* The restaurants at Dolan Court and Meadow Court subsequently closed, though they have since re-opened under a new contractual arrangement with Remploy.

The HAT Housing with Care specification includes a body care suite. At Dolan Court this was little used; the room used for hairdressing has a rather 'institutional' air about it.

Residents, RSLs and the HAT all appear in agreement that the core service charge should be kept as low as possible and that people should opt in to particular services.*

* At least one RSL has since altered its service charges so that individual tenants pay for the services they require.

The HAT had intended that care services should be managed on site by the RSLs and RSLs had expected this to be the case. This has not happened.

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Conclusions

We believe that the whole climate of debate about housing for older people in Liverpool has been changed by the HAT's intervention.

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This is apparent in terms of:

- the quality of housing;
- the operational consequences of giving respect and dignity to older people, including their involvement in decisions about their lives and the management of the Housing with Care schemes;
- development of buildings and services that will allow older people to retain their own home, despite them having personal care needs that usually result in admission to residential or nursing care;
- the partnership between housing and social services, and between RSLs and the local authority.

The HAT has made a difference, of that we are certain. This raises two questions. Is the sum of that difference the HAT's legacy? And if the HAT vision and approach has made a difference in Liverpool, is it a suitable model or template for similar developments elsewhere? There is not a simple answer to either.

The HAT has changed the physical landscape with a series of exemplary housing developments. In a city of extraordinary buildings this is not exceptional, but it is consistent with a strong local tradition of fine public works. But award-winning architecture appears to have been a minor consideration for the HAT in thinking about what its legacy

The HAT has changed the physical landscape with a series of exemplary housing developments

might be. As much intellectual energy seems to have gone into matters of personal style, the nature of community, the satisfaction of service users' personal and particular needs; it is in these kinds of themes and areas we think the HAT will leave a distinctive legacy. It will partly be to leave behind an understanding of the tensions, problems and dilemmas that were faced in Liverpool and of the reasons why the HAT pursued particular policies.

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A core aspect of that legacy is an understanding of, an investment in, and an acceptance of the consequences of, equipping people to make decisions about where and how they live for the rest of their lives. Key factors will relate to design and location. However, it is fair to say that the legacy should not be taken as a model of buildings, and activities within those buildings, which is going to be consistently fit for purpose everywhere in Liverpool, and furthermore, in all other parts of the country.

The success of the schemes, in terms of the high value placed on them by the residents, does not lead to any certainty as to the extent to which particular aspects of these schemes are applicable on a wider scale. To date the schemes have been largely used to re-house people who had been living in tower blocks. The extent to which the schemes will be attractive as part of a general housing strategy for older people is not yet known, nor can their appropriateness be assessed for people with specific needs, such as those with dementia.

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Nevertheless, there are pointers to considerations that are vital to the success of any housing and service provision for older people:

- developments must be underpinned by values which place the dignity and involvement of older people at their heart;
- people want high quality buildings in terms of space and design (and consequent ease of use);
- services must be flexible in crossing boundaries and responsive to changing the circumstances of users;
- feeling safe is critical for residents;
- the design of the buildings must create opportunities for people to meet others if they wish.

However, the precise means by which a vision is achieved has to be particular to individual schemes. We conclude that there is still much to debate about how best this is done:

To what extent should schemes provide services for people from the surrounding community, whether older people or the whole population? Wider use allows for the development of better facilities and encourages links between the residents of the scheme and other people. But such wider use creates problems of management, of attempting to meet multiple objectives and of control.

To what extent should schemes provide services for people from the surrounding community, whether older people or the whole population?

Can a community restaurant be desirable and viable? We acknowledge that during the review and since the whole conception of the community restaurants has been re-examined. They have been shown to be unviable as a community business, at least within the business model adopted by the original contractors. A different service model has now been adopted, through which it may be possible to address some of the non-commercial issues. For example, is the restaurant a component in care provision, to which the community has some access, or is it a community facility to which tenants have easy access? Should the restaurant services play a key role in helping residents manage in the schemes in different ways? For example, regular attendance for certain meals; meals provided to people in their own homes; occasional attendance by residents and their visitors; provision of a place for meeting others for coffee/tea and snacks?

Can a community restaurant be desirable and viable?

Should the restaurant services play a key role in helping residents manage in the schemes in different ways?

Body care suites. Whether these are private or public facilities is important. Further questions follow: are the facilities to support people in managing specific aspects of their daily lives, for example with assisted bathing? Are they to provide a base for services (for example hairdressing or chiropody)? Or are they to provide keep fit or other leisure facilities (certain gym equipment; Jacuzzi or plunge pool)?

The community facilities. The HAT has left a substantial dowry to sustain the community centres over a thirty-year period. Scheme residents have been involved in the management of the facilities but the numbers involved have tended to be few and the demands great, even with support and training from staff. The central question raised is whether the prime purpose of the community facilities is to provide for the wider community, in which case perhaps mechanisms should be developed for wider participation in their management and direction.

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Services. The provision of services other than for personal care has raised the question whether there should be a general charge covering several services, which would be used by people when they needed them, or whether the standard charge should be kept to the minimum, and most services paid for as extras. There are charges that arise from the maintenance and running of the buildings as a whole - lifts, common areas, external decoration, and communal gardens - though not all residents may use or take advantage of these.

Resident involvement. Residents have been centrally involved in strategic decisions; it is less clear how far they are, or want to be, involved in the life of the schemes when they are up and running. Are residents to be involved in selecting service providers (for example, the RSLs or the personal care services), individual staff or individual residents? The successful implementation of the HAT vision appears to demand resident involvement, but what if residents do not want to be involved?

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Driving developments. The HAT has played a central role in setting the agenda and facilitating the debate on the future of Housing with Care. The organisational partnership that has built up and around Housing with Care leans heavily on the HAT for administration and drive. The fact that there are differences, in both opinion and in action, in the realisation of the vision adds to the complexity of current arrangements. At the time of the study there was no real clarity about how the vision would be sustained beyond the life of the HAT, though the City's accommodation strategy, since adopted, highlights the importance of multi-agency commitment and action plans.

The organisational partnership that has built up and around Housing with Care leans heavily on the HAT for administration and drive

Provision and monitoring of services. The relationships between organisations themselves (RSLs, primary health care and local authority social services and housing departments), and between them collectively and residents, will have immense impact on the schemes. There remain questions about how decisions are to be made and how schemes are to be monitored.

Deciding who should live in the schemes. The intention is to maintain some balance in the community of residents. The nature of this balance, and ways in which decisions can be taken to maintain the balance are complex. For example, would a person with demonstrably greater needs than another be refused entry if that refusal were necessary to maintain balance within the scheme community?

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The limits to individual choice. At some point it becomes hard to reconcile individual choice with a collective service. Life in a Housing with Care scheme implies acceptance of some limitation on individual choice; residents will have to accept that 'to live in this place you commit yourself to this'. For example, if services are to be provided by a single provider, with the numerous advantages of flexibility and knowledge of residents, they are likely only to be viable if all residents requiring additional services take them up; residents lose the option of asking social services staff to find them other providers, though they might be able to influence the contract being re-allocated.

Life in a Housing with Care scheme implies acceptance of some limitation on individual choice

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Recommendations for policy and practice

Approach to the vision

It would be valuable for older people, the HAT, the City Council and the RSLs to re-examine the 'Vision Statement' and consider producing a new version to which they could all agree. A discussion about how aspects of the vision are understood would be valuable.

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The Vision Statement should be seen as a set of beliefs with practical implications. It should be used as a core document for all Housing with Care developments but interpreted anew in each setting, taking account of the different context, locality and interests of various parties.

Documents could be produced on the implications of the Vision Statement. Topics to consider for such papers are resident participation and care services provision.

Resident participation

It would be helpful to specify the areas in which it is expected that residents will participate in the management of housing services, care services, the restaurants, and other contracts, such as gardening and window cleaning. In addition, it would be useful to specify the means of such participation, for example that residents have a place on the appointment panels.

It would be helpful to specify the areas in which it is expected that residents will participate in the management of housing services

Consideration should be given to ways in which residents, individually or as a collective, might wish to comment on the quality of services provided. Tenant compacts are one means of achieving a mutually acceptable and understood basis for providing services.

Consideration should be given to whether residents should be involved in either the priorities for allocation of accommodation, or the decisions as to which application should be accepted.

There should be debate and greater clarity about what residents are committing themselves to when moving in. For example, if there is to be integrated management of housing and care services, then the logical outcome is that all services provided via community care assessment or the housing management should be common services for all. Contracts for residents should specify any set arrangements, such as that one organisation is to provide personal care services.*

There should be debate and greater clarity about what residents are committing themselves to when moving in

* Liverpool City Council has now adopted a policy for the block purchase of home help or social support hours from six major providers, each assigned a zone within the city.

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Joint working

The regular Housing with Care review meetings have played a vital part in creating a forum where people have worked together towards a shared vision for Housing with Care. Who is going to take on the role that the HAT has played? This is particularly urgent, as the HAT will cease to exist in 2005. We think there is a need for some kind of new assembly where there can be serious debates about developments in social care. That assembly should include representatives from primary care.

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Liaison with primary care should be one of the major developments for Housing with Care if the schemes are to achieve the goal of creating environments that promote healthy living.

Such liaison needs to take place in terms of strategies, policies and use of facilities. Further, if the goals of supporting people to stay in their own homes are to be realised, such liaison needs to take place in relation to the services available for individuals. One of the great potentials for the schemes is to develop the sort of integration of planning, assessment and service delivery, which is often called for but rarely achieved. In this instance there could be joint assessment by health and social services that highlights the capacity of the person, their health and mobility problems, the sorts of services that would support them, on a temporary or permanent basis, and the sort of exercise regime that would enable them to maintain or develop muscle capacity and so maintain movement.*

One of the great potentials for the schemes is to develop the sort of integration of planning, assessment and service delivery, which is often called for but rarely achieved

* As a result of a recommendation contained in the full report, the HAT, PCT, Anchor Housing and the general practice adjacent to Dolan Court have set up a Falls Prevention Project, in collaboration with specialists at Broad Green Hospital.

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Design

Standards - the building of homes to the highest spatial and quality standards should be supported on the grounds that it enhances people's lives and creates a greater likelihood of the long term viability of housing.

Planning - RSLs should be involved in planning and design of future schemes at the earliest opportunity.

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Specifications - It would be helpful to develop a) general specifications and b) detailed specifications for common and community facilities.

General principles - Matters to consider in relation to design:

- reduction of long corridors off main entrance doors
- create opportunities for residents to meet one another in informal settings outside their homes
- re-evaluate the use of communal 'lounges'
- gardens - consider whether residents would want to be involved in working in the gardens and whether greenhouses or conservatories might encourage resident gardening
- develop interesting walk routes, which promote use by people with mobility problems and create places to pause and sit
- examine ventilation systems and residents' ability to control ventilation
- consider whether other technical equipment should be incorporated, including induction loops* and that associated with 'smart houses'

* Induction loops are fitted in the community centres

Management systems

Integrated management of housing and care services seems to offer significant gains. This appears to be accepted as the preferred model. The implications of such developments should be considered in terms of arrangements for monitoring and evaluation; systems for residents (as individuals in receipt of services and as a collective) to comment on the services provided; safeguards to counter the potential problems for residents of being provided with housing and care services from one provider.

Integrated management of housing and care services seems to offer significant gains

Community restaurants

The rationale and structure of the restaurant services should be re-examined. Since the review this has happened of necessity, but there remain some long-term questions about the viability of providing meals for residents in this way. We would certainly recommend that any future developments of community restaurants be based on very thorough feasibility studies.

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Community associations

The objectives of the associations should be re-examined, including the systems for management which place great pressures on a small number of residents and call in effect for support from housing managers, for example in terms of accounting and financial management.

The objectives of the associations should be re-examined, including the systems for management which place great pressures on a small number of residents

The community associations differ in their use of buildings and degree of involvement by residents. These are valuable and exciting resources for people who live in the schemes and for people who live outside. Their location within the central Housing with Care complex leads to questions of ownership and management. It is possible to envisage a future in which few, if any, residents from the schemes are involved in the management of the community associations. Further, the resources, in terms of attendance at activities, are under utilised by the current group of residents. If it were to happen that the community facilities are used primarily by people from outside the schemes, their closeness to the schemes seems problematic, since they would not even result in the integration of people in the scheme with those outside.