

Building Choices part 2: 'Getting Personal' – The impact of personalisation on older people's housing

Overall project summary

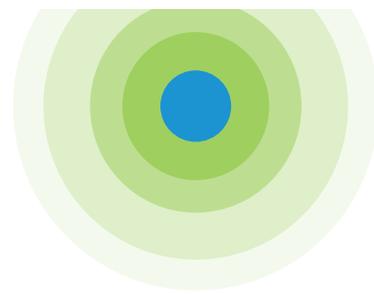




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Summary: Key messages



Personalisation is now the basis for social care policy and is crucial to the government's aim of focussing public services on what people want. This project aimed to explore the implications of personal (individual) budgets and the broader theme of personalisation for specialist housing for older people.

While implementing personalisation is still in its early stages, now is the time for specialist housing providers to get actively involved and raise housing and care issues directly with local authority commissioners and others within their areas.

Many commissioners know that moving into extra care is a positive choice for many older people and that significant numbers will opt for on site service provision, recognising it is likely to be better value for money. A factsheet on commissioning extra care housing in an era of personalisation will be produced later in 2009.

Round the clock, 24 hour on-site care and support are core components of the extra care model. This should be built in to commissioning agreements for new extra care schemes. Block contracts (for care and support services) and personalisation are not mutually exclusive but they are complicated.

The importance of the 'added value' of extra care – the sense of community, increasing the wellbeing of people who may have been lonely and isolated – fulfils an essential part of other policy goals that are under the banner of personalisation. This ability of housing and care services to contribute to social capital is also true for sheltered housing.

The forthcoming Green Paper on social care funding, with its predicted emphasis on prevention and re enablement, must not let specialist housing for older people 'wither on the vine.' One opportunity to ensure this does not happen may be provided by the Innovations Panel on specialist housing proposed in the strategy for housing in an ageing society, *Lifetime Homes, Lifetime Neighbourhoods*.

As housing and care providers, we need to enable commissioners and service providers to hear the views of residents and people who use care services, so that their attempts to meet the policy goals of personalisation are based on what people want.



Good quality advice and information are critical to enabling older people to make informed choices about their housing, care and support. It is predicted that many more older people entitled to publicly funded social care may require a high level of support in order to manage a personal budget for their social care effectively. Older people generally prefer to seek advice from a trusted relative or friend where possible, but some would approach their court (scheme) manager, particularly if they have no family and friends.

Housing providers therefore need to offer a range of options for service provision and consider how to provide guidance and support for those who do choose to take more control over their support. Housing providers need to be clear about the different deployment mechanisms for personal budgets and what is available locally.

Staff working in specialist housing will need to have clear information on what is provided. Managers will need to devise policies and contractual agreements on this issue and other matters where residents may 'opt out' of the on-site service.

Older people get a smaller 'piece of the pie' than other groups eligible for social care support. This will be increasingly challenged but means testing and eligibility criteria will not go away. Housing and care providers need to consider the implications of Green Paper on social care (due June 2009) and possible changes to social security disability benefits.

Many older people recognise that publicly funded social care is designed to meet basic activities of daily living and that local authorities have limited resources.

Specialist housing providers should review the activities they offer, ensuring there is a range of choices rather than a 'one size fits all' approach. Residents should be fully involved in this process of review. Careful consideration must be given to the resourcing of activities, particularly in the light of alterations to Supporting People funding which will change in April 2010.

Age discrimination in many forms is still common and a barrier to older people being treated equitably. Equalities legislation and public education need to challenge ageist stereotypes, assumptions and practices to ensure that older people are valued as citizens and their



rights recognised. Individuals and those working with them have opportunities within local communities to put these human rights in practice.

Housing and care providers may themselves be challenged by the new equalities legislation but many will welcome its potential to reverse years of lower levels of priority and funding for older people. Greater opportunities to make choices will need to be balanced by rights to protection and for duties of care and contractual agreements to be enforceable.

Housing providers must ensure that their operational policies and procedures are robust in preparation for personalisation. It is important for landlords to balance individualised responses to residents with the broader duty of care to other residents, organisations and individuals who use the premises.

Housing providers need to take a sensible and pragmatic approach to risk management; balancing regulations and concerns over safety with older people's rights to do what they want to do. They will need to keep records about their decisions. They should be part of local safeguarding services and offer advice about harm prevention.



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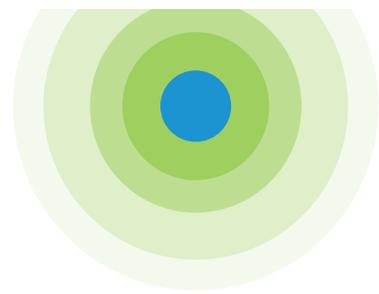
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Introduction



In July 2007, Housing 21 embarked on a project which set out to explore how the mechanics of Individual (Personal) Budgets could work in specialist housing settings. When Housing 21 started this work, funded by the (then) Housing Corporation, Personal Budgets were just an idea being tested in a range of settings as part of the 13 Individual Budgets pilots. Since then, the broader theme of personalisation has escalated in importance in public policy. The publication of ‘Putting People First’ in December 2007 set out the government’s ambitions and this was followed by the evaluation of the Individual Budgets Pilots (IBSEN) in October 2008. In early 2009 the government published *“Working together – Public Services on Your Side”* with a foreword by the Prime Minister that outlined the government’s vision of the future shape of social care and the whole spectrum of public services:

“This will mean personalised services and greater choice – with personal budgets helping people choose the specific care they most need, education and training tailored to the needs of individuals, police services that respond to local priorities set in monthly neighbourhood beat meetings rather than national targets.”¹

Of course, this project took place during major economic changes. It is too early to fully understand the impact of the global banking collapse on funding for housing and social care.

Whilst the values of personalisation – with its emphasis on choice and control – may be unarguable, there are many issues to address and questions to answer; possibly more than existed at the outset of this piece of work. This report is an attempt to bring together the findings, learning and outstanding issues from the different components of this project. It outlines what we have learned, from the wider literature on personalisation, from consulting professionals and policy makers who have been architects of new models of service delivery, and, significantly from older people themselves, living in retirement housing settings.

This report starts with an overview of the key literature and changing policy and returns to the questions and issues raised in Housing 21’s original ‘Building Choices’² report published in 2008 that was based on a stakeholder workshop held in late 2007. It aims to highlight what (if anything) has changed at the practical level of service delivery, how housing providers can be involved in changes for the better and, most significantly, how the views of older people in specialist housing settings can influence what happens for themselves and their successors as tenants or owners.

¹ Cabinet Office (2009) *Working Together: Public Services on your side*, HMSO, London

² Valletly S. (2008) *Building Choices: personal budgets and older people's housing – broadening the debate*, Housing 21, London

Project overview

This project comprised six elements; insights and evidence from all of which have informed this report:

- A stakeholder workshop of policy makers and professionals which aimed to identify, prioritise and explore the implications of personalisation for specialist housing. A report, *Building Choices*, was produced giving an overview of the main areas of debate³.
- An on-line discussion board where people could respond to the issues raised in the *Building Choices* report.
- Research commissioned from the Older People's Programme (OPP)⁴ in West Sussex and Oldham; two localities that were Individual Budget (IB) Pilot Sites. This undertook a series of interviews with professionals involved with implementing personalisation in these areas and set up focus groups with older people living in extra care and sheltered housing. A full report of the research⁵ is published on Housing 21's website.
- Regional workshops with Housing 21's operational managers.
- Presentation, case study exercise and survey at Housing 21's national tenant conference (October 2008).
- A policy makers' discussion in partnership with the Housing Corporation, Department of Health and Counsel and Care at the National Adult and Children Services Conference, October 2008.

Personalisation: the new goal of public policy

Personalisation is now the basis for social care policy and is crucial to the government's aim of focussing public services on what people want. It is part of a new relationship between public services and the public which aims to transform the relationship between the government, service providers and service users. Personalisation in its broader form underpins a commitment to change the range of public services across health and social care, but also other areas. *Putting People First*⁶ set out the vision for transformation and announced that local authorities should offer Personal Budgets to everyone eligible for publicly funded social care and that this change should be well underway by 2011.

³ Valletly S, (2008) op cit – for more information and glossary of terminology download report from: http://www.housing21.co.uk/downloads/Personal_Budgets_Report.pdf

⁴ The Older People's Programme (OPP) works with local, regional and national partners across the UK to improve services for older people. They influence policy and share learning to promote good practice.

⁵ Macadam A et al (2009) Personal Budgets, personalisation and older people's housing IGP Project Fieldwork Report, Housing 21, London. See www.housing21.co.uk

⁶ DH, December 2007, *Putting People First: A shared vision and commitment to the transformation of adult social care*, London

The IBSEN report

Late in 2008 the report of the Individual Budgets (IB) Pilot Programme Evaluation⁷ (IBSEN) was published. The study, conducted in the 13 original IB pilot sites (local authorities), concluded that “IBs have the potential to be more cost-effective than standard care and support arrangements”. Whilst many people receiving IBs reported improved levels of control and better social care outcomes, this was not true across the board. Significantly, older people reported lower psychological well-being compared to a control group of similar older people using traditional services. The report argued that “a potentially substantial proportion of older people may experience taking responsibility for their own support as a burden rather than as leading to improved control.” It also stated that, compared to younger adults, older people’s IB support plans reflected high needs for personal care and, because the highest proportion of funding goes towards these needs, there is little scope for improving wider well-being or increasing opportunities for social participation and leisure activities. Additionally, there was no evidence of improved cost effectiveness for older people’s services when costs and outcomes were compared to older people who were non-IB users.

Significantly, the IBSEN report concluded that IBs in their current form do not always work for older people, because, compared to older people using traditional services, those people using IBs experienced greater stress, less wellbeing and the outcomes were not cost effective. In spite of this, the government, in its response to the IBSEN report⁸ reiterated its commitment to rolling out IBs for everyone including older people, arguing that many older people will be able to benefit from extra choice and control.

Following the main evaluation, members of the IBSEN team published a report on the impact of IBs on carers and families⁹. They found that for the group of carers involved in the pilots, IBs often had a positive impact on their quality of life, giving them greater opportunity to do the things they wanted to do. IBs also improved carers’ involvement in the care assessment process. Few carers in the study reported that they received payment from IB recipients, partly due to concerns expressed by practitioners in social services (adult services) departments.

New directions for policy

The government's commitment to implementing personalisation was underpinned by the Social Care Reform Grant of £520M, from 2009 – 2011 for local authorities¹⁰. This is to be invested in 'system and process' development. By 2011, all 152 councils with Adult Social Care responsibilities in England will be expected to have made 'significant steps towards redesigning and reshaping their adult social care services'. However, there is much to be done.

In a recent lecture¹¹, Dame Denise Platt, chair of the then care services regulator, the Commission for Social Care Inspection (CSCI), highlighted the main challenges in delivering a 'person-centred, rights based approach that can be applied across social care' services. For personalised care to work, individuals have a right to three key elements; firstly proper assessment of their needs through a mechanism in which they have control, secondly good information and independent advice to enable them to make informed decisions and thirdly access to a range of quality services which meet their needs and promote dignity and choice. Each of these aspects is a challenge, and it is clear from CSCI's annual 'State of Social Care' reports that there is still a long way to go for most local authorities. Assessment processes and care planning remain bureaucratic in some areas; there is little joint assessment and, in some cases, professionals (social workers) are controlling the process rather than supporting people to make choices. Dame Denise also called for a national resource allocation system to improve fairness in service eligibility.

Change is happening, although in some areas it is primarily at the level of policy pronouncements, senior management and organisational processes. There has been a move from the term 'Individual Budgets', indicating a wish to bring many funding streams together, to the term 'Personal Budgets' which is now often used to describe social care funding alone, perhaps combined with Supporting People money for housing related support¹².

¹⁰ Department of Health LAC 1 (2009) Transforming Adult Social Care

¹¹ Platt, D (2009), "Personalised care, the challenge for councils", *Counsel and Care annual conference, 25th February, 2009*, London – www.csci.org.uk

¹² See glossary of 'Building Choices' report for more explanation (ibid)

At the same time there are fears about the funding crisis in social care and support and an expectation of a Green Paper in June 2009 aimed at developing a new settlement for future funding. Concerns have been expressed that only those with critical or substantial needs are being supported by local councils¹³. In a report on care funding¹⁴, the Local Government Association (LGA) identified current funding pressures and declared that substantial resources will be required to meet predicted care needs and to offer new universal, responsive services to all.

There are also signs that Supporting People funds are being withdrawn for older people's support in sheltered housing in a number of areas¹⁵. The magazine *Inside Housing* in January 2009¹⁶ reported that from 2003/4 to 2007/8 there was a drop in the numbers of older people receiving Supporting People funding from 919,201 to 808,487. New uncertainties about future funds for specialist housing funded by Supporting People money (due to the loss of 'ring fenced' funding in 2009 and because as from 2010 it will cease to be a named grant) raise questions about the sustainability of this funding stream.

The advancement of personalisation and the debate about future funding of care and support services are inextricably linked.

A further important development in 2009 is the proposed equalities legislation which aims to remove age discrimination in goods and services. Concern about equality and human rights in public services led to an influential report from the Equality and Human Rights Commission (EHRC)¹⁷ which argued for a new approach to care and support for all, based on equality and human rights. The Commission identified, in particular, the needs to remove ageist policy and practice in relation to social care and to ensure that everyone requiring social care and support is empowered by information, advice and advocacy. Fairness and equal treatment for older people in the new era of personalisation in public services remain significant challenges.

The commitment to personalisation extends well beyond social care. In the NHS, personal budgets for people with long term conditions are planned, with a pilot programme currently being developed. A Cabinet Office report¹⁸ – with a foreword by the Prime Minister – on developing world class public services suggested personalisation will help deliver excellence and fairness:

“And if we are to build a fairer Britain, we must extend to everyone – not just those who pay privately – the advantages of personalised public services”.

Personalisation is supported across the political spectrum and both the Conservative Party and the Liberal Democrats are committed to the broad principles. There seems little doubt that personalisation is here to stay.

¹³ CSCI (2009) *The State of Social Care in England 2007-08: Executive Summary*, CSCI, London

¹⁴ LGA (2009) *Facing Facts and tomorrow's reality today: the cost of care*, LGA, London

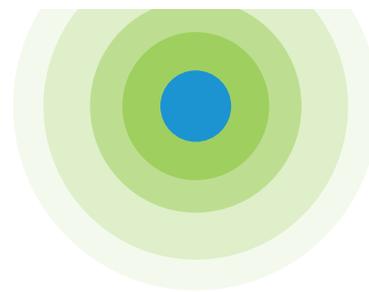
¹⁵ King et al (2009) *Nobody's Listening: The impact of floating support on older people living in sheltered housing*, Help the Aged, London

¹⁶ *Inside Housing*, 9/01/09 "Figures shed light on fall in support services"

¹⁷ EHRC, March 2009, *From safety net to springboard: a new approach to care and support for all based on equality and human rights*, EHRC, London

¹⁸ Cabinet Office (2008) *Excellence and Fairness, achieving world class public services*, HMSO, London

Building Choices revisited



This section reviews the issues identified at the outset of this project, outlines the learning from various components and highlights the remaining gaps in the evidence base and questions to be addressed.

Putting older people first: the impact of service transformation on specialist housing

The discussions undertaken for this project in West Sussex and Oldham, both IB pilot authorities, found little evidence of change in specialist housing settings. ‘Transformation’ was more likely to be a word used by policy makers and senior managers, but currently it is little used by people working directly with older people in extra care and sheltered housing, or, not surprisingly, by older people themselves. Notably, none of the senior professionals interviewed in West Sussex and Oldham could cite examples where housing organisations had been specifically involved in the local IB pilot.

In some instances, where new extra care facilities have been planned or are being developed, professionals reported discussions about incorporating items or services funded through an individual’s Personal Budget, or some commissioning specifications had outlined a reference to the context of personalisation but it was still ‘early days’ and there was much uncertainty. The IBSEN evaluation found that many older people come into contact with social care services at times of crisis when they are unwell or very frail, often feel vulnerable and may find decision making difficult, so they are more likely to find support planning stressful. Older people consulted in this project often voiced relief that things were settled where they were and saw no point change for the sake of it. As one resident of sheltered housing explained, *“Why break something that doesn’t need fixing? The existing [service model] is working well for older people.”*

In developing personalisation there has been a lot of debate about four key priorities – universal services, prevention, social capital and choice and control. Universal services mean that everyone will have access to basic services, specifically advice and information. Prevention in this context is about supporting people to live independent lives. Social capital implies social networks and social interactions contributing to people’s well being, while choice and control are the watchwords of this policy. The services offered in extra care housing meet all these priorities.

Key issue – It is still early days in terms of implementing personalisation. The onus is on housing associations and similar bodies to get more actively involved in the localities where they operate and ‘take their agenda’ to service commissioners within local authorities and their partners. In so doing specialist housing providers should stress the role of housing services in meeting broader personalisation goals, these being universal services, prevention, social capital, choice and control. They also need to ensure that the voices of older people are heard.

Resource pressures

Professionals who took part in the project interviews recognised that older people often get a relatively small allocation of funding from publicly funded social care (Adult Services) compared to other groups. Some older people who took part in discussions thought that IBs may be nothing more than a cost-cutting exercise. Others were keen to find out how eligibility for a personal budget might affect benefit entitlements (a personal budget is means tested but should not affect benefits). Those who expressed a view thought they would mainly use funding from an IB to meet their personal care needs; there were few suggestions for using the money to meet leisure or wellbeing goals.

This finding is backed up by evidence from the IBSEN evaluation, that there were few cases where older people used IB funding towards leisure activities, partly because the eligibility thresholds for social care are so high. Most local authorities only fund social care for people who are assessed as having ‘critical’ or ‘substantial’ needs (CSCI 2008). These allocation criteria are a major influence in terms of who gets support and how that support is delivered. The development of new Resource Allocation Systems, as part of the transformation of social care, will make clearer the funding of social care at an individual level and this is one of the ways in which personalisation may enable greater fairness or equality for older people who are entitled to publicly funded social care.

The question of how social care will be funded in future, given the long term implications of the current economic crisis, is still to be addressed. How to make best use of shrinking resources is a question growing in importance. It is possible that governments in the future will have to decide whether to provide fewer high quality services, or poorer services which will reach more people.

Key issue – Older people get a smaller ‘piece of the pie’ than other groups in social care. This will be increasingly challenged but means testing and eligibility criteria will not go away. Housing and care providers will have to consider the implications of the green paper on social care (due June 2009) and the possible changes to social security disability benefits.

Customer involvement and choice

Choice is clearly important to older people but not perhaps in the way always envisaged by the architects of the personal budgets. As one resident put it, “*There is choice now, no-one says you have to **have** a service.*” Some of the older people who took part in this project wanted more choice but not in terms of different care and support providers, or getting involved in managing services; rather they wished for a greater range of options for activities. People who lived on sheltered housing courts without a restaurant or café on-site said they would like this type of facility. It was difficult for older people to imagine how they might be able to have more choice, for example, between emergency alarm providers. Most had not even considered the idea that this could be feasible; let alone how it would work.

Key issue – Specialist housing providers should review the activities they offer ensuring there is a range of choices. Residents should be fully involved in this process. Careful consideration must be given to the resourcing of activities, particularly in the light of changes to Supporting People funding in April 2010.

Challenging ageism

Much of the discussion in the focus groups with older people and other workshops with residents illustrates that older people do not want to feel patronised. For example, older people often recognise the implicit ageism in the way that many people assume that specialist housing settings are institutional. As one focus group participant argued:

“Sheltered housing is a form of independent living. It is not an old people’s [care] home but people in the community don’t understand that. They think we are put to bed at a certain time.”

The impending Age Equalities Bill is expected to address many aspects of discrimination in goods and services so that older people are treated fairly but there will also need to be greater publicity about opportunities for independent living.

Key issue – Age discrimination in many forms is still common and a barrier to older people being treated equitably. Equalities legislation and public education need to challenge ageist stereotypes, assumptions and practices to ensure that older people are valued as citizens and their rights recognised. Individuals and those working with them have opportunities within local communities to put these human rights in practice.

Organisation and expertise

Older people's views

The *Building Choices* report asked how sheltered housing services might change if more older people take up the opportunities to get involved in service development and delivery. Mixed evidence has emerged from this project on this point. The majority of older people who took part in group discussions as part of this project already feel they *'have a say'* in care delivery but this is mainly about being able to choose individual care workers, not broader organisational structures. Some people who receive personal care (for example, help with the toilet, washing or eating) said they would like more choice of the times when care workers visit. Most expressed a preference for the on-site service provider, particularly residents living in extra care courts. The services that older people already receive were thought to be working well and were valued for providing 'peace of mind' and security.

However, the 67 tenants who took part in a survey at Housing 21's national tenants' conference in general were much more positive about the concept of personal budgets and expressed more interest in influencing the delivery of support services. Most, 88 percent, of this group agreed that they *'want more of a say in the way housing and support services are delivered'*. Respondents to this survey were tenant representatives and therefore more likely to express an active interest in getting involved with decision-making. In contrast to participants in the discussion groups, a higher proportion of survey respondents were male, most lived in sheltered housing and few required help with day to day living and personal care.

Both the older people who took part in the discussion groups and those who took part in the survey felt that, if they were eligible for a personal budget, they would mainly use the funding towards meeting their personal care needs, often using existing services, though they would like more opportunities to get out and about and might use some of the funding allocated to spend on transport. Significantly, very few people in either group considered that they would use personal budgets for leisure activities or holidays.

Key issue – All older people are different and specialist housing providers should not assume a 'one size fits all approach'. Many older people recognise that publicly funded social care is designed to meet basic activities of daily living and that local authorities have limited resources.

Support services

Housing related support services in sheltered housing and in extra care have been funded through Supporting People. As noted, there are uncertainties about future funding. Professionals interviewed for this project predict many changes for Supporting People funded services. Some mentioned a move to more ‘floating support’ models rather than building-based services. Others felt ‘housing related support’ may be provided by home-care providers in future.

Most older people who took part in the focus groups could not conceptualise how choice through personalisation could be brought into things like the emergency alarm provision. Older people living in sheltered housing also stressed the importance of the on-site court manager service:

“If you spend a lot of time on your own, it perks you up, just that one person each day, checking you are alive”.

This highlights some of the confusion there is about the changing funding structures for both social care and housing related support services. It also reinforces that specialist housing is specialist because of the support and services it offers and not just because of the building design.

Brokerage, advice and advocacy

This topic emerged as a major area of debate. Opinions were split amongst professionals in terms of whether housing organisations should offer advice and advocacy services and, if so, whether these should be organised through front-line staff (such as court managers) who are likely to be trusted by, and known to residents, or by a specialist advice division of the organisation. A clear hierarchy emerged where older people were concerned; they would prefer to be advised and supported by trusted relatives and friends in the first instance, but some would approach their court manager. Other professionals were not mentioned as potential sources of advice and older people said they would be least likely to seek help from social workers, although evidence from the IB pilots suggests that social workers have a key role in brokerage and support planning. Older people felt that personal budgets would be ‘a big change for people to get the hang of’ and would involve ‘a lot of form filling’. They recognised that many older people would need a high level of support to make personal budgets work effectively for them. The one IB holder who took part in the focus groups was not aware that s/he may have been able to choose from a range of different services rather than the on-site option, and observed that good quality information was rarely available.

All of this highlights the importance of good quality advice and information on which to make informed choices.

Key issue – Good quality advice and information are critical to enabling older people to make informed choices about their housing, care and support. Some older people may require a high level of support in order to manage a personal budget effectively. Older people would prefer to seek advice from a trusted relative or friend where possible, but some would approach their court manager.

Workforce issues

Support for staff

Participants recognised that the fundamental shift that personalisation entails means that existing staff need clear and accurate information. They might need to be offered opportunities to update or to extend their skills. Basic induction and skills development would need to be based on the principles of ‘putting people first’, treating older people as consumers with rights rather than passive service recipients but recognising that care is not the same as other consumer goods. There are legal and other responsibilities for care providers that make the relationship more important and more complicated. The IBSEN evaluation noted the need for training to cover wide groups of practitioners, not just those working within local authorities and for such training to be embedded in practice. One major development in this area is the growth of personal assistants, people working directly for individuals, who may not be trained, may not be regulated in any way or have been subject to any checking. Employing such a person may be the expressed choice of a resident or tenant but in communal settings there may be added complications about duties of care and accountability. Housing providers will need to consider these issues in their policies.

Housing 21 operational managers who took part in workshops over the course of this project expressed concern that inadequate assessment and support for people in sheltered housing using a personal budget may lead to emergencies and crisis intervention roles for frontline care staff and court managers. Some operational managers predicted that the move to personalisation might encourage residents to opt out of ‘housing support’. They thought that this would result in more fragmented roles for court managers who may increasingly manage several schemes remotely rather than be based primarily in one place. This would reduce the personal approach they currently offer.

Key issue – housing and care services will need to consider the ways in which local social care training strategies are relevant and accessible. As major employers they will be able to engage with local Adult Services Directors who have overall responsibilities for their areas and access to funds. Current staff will need to be informed and consulted about changes.

Landlord duties

Responsibility and reputation

As landlords, housing providers have a 'duty of care' to all who live in their schemes. Professionals interviewed as part of this project urged specialist housing providers to give serious consideration to the increase of 'traffic' that the shift to personal budgets could entail (for example, having many personal assistants going in and out of the building at all times of day and night). Older people, particularly those in extra care settings, were nervous of this greater number of 'unknown' people coming in and out of their home territory and felt that having more 'remote' staff visiting individuals rather than an on-site team, that they recognise and know, would significantly undermine their well-being, sense of security and peace of mind.

Key issue – Housing providers must ensure that their operational policies and procedures are robust in preparation for personalisation. It is important for landlords to balance individualised responses to residents with the broader duty of care to other residents, organisations and individuals who use the premises.

Resident expectations

It was clear from the discussion groups that frailer people; mainly those in extra care schemes, are less likely to want the 'hassle' of personal budgets and may wish for other forms of deployment, for example, a broker managing their care package, a 'virtual service account' with a care provider, or keeping the support of a local authority care manager if possible. This finding backs up the evidence from the IBSEN evaluation as discussed earlier but it is important to note that there were few support services available to older people at the time of the evaluation. Some older people expressed concern that a move to service models based on the principles of personal budgets would have a negative impact on their safety and security. Crucially, residents living in extra care housing who took part in discussions were so concerned about the idea of having numerous care workers visiting the court who were unknown to them, that they talked about the possibility of employing a security guard.

In contrast, more active older people – predominantly those living in sheltered housing who do not receive personal care services – were somewhat more positive about personal budgets. The majority of survey respondents at Housing 21's tenants' conference (72%) considered that personal budgets were a good idea and that they would opt to have one if they were assessed as eligible for state funded social care. Over two-thirds (67%) agreed that personal budgets potentially give

older people more choice and control over their support. Reservations about the idea were expressed in the discussion groups where residents in sheltered courts were more likely to express nervousness.

Key issue – All older people are not the same. Housing providers need to offer a range of options for service provision and guidance for those who do choose to take more control over their support. They need to be clear about the different deployment mechanisms for personal budgets and what is available locally.

Tenant partnership working

No clear evidence emerged nationally as part of this project. The enhanced regulatory role of the newly established Tenant Services Authority is likely to affect the ways that residents' views are taken into account by landlords, but how personalisation will impact is yet to be seen. Some residents involved in this project made it clear that they would like more of a say in terms of what goes on at their court, but the majority wanted to be assured that they would have good services and accommodation.

Risk

Sustainability of extra care model

Professionals interviewed recognised the ‘added value’ of extra care and argued that this must continue. Demand is believed to be strong locally in both West Sussex and Oldham and older people who live in extra care clearly value it: *“I feel lucky to be here”*, said one resident. Use of personal budgets or ‘micro-commissioning’ is neither the only nor the best way to achieve personalisation for older people’s housing settings. There is some evidence that commissioners are moving away from block contracting care in extra care schemes, instead leaving this to micro-commissioning so that the key characteristics or ‘guts’ of extra care; specially designed accessible housing with 24 hour on-site support and care delivered flexibly to meet people’s needs and choices, may be threatened.

One way of addressing this, as outlined in a recent Department of Health Housing LIN discussion paper¹⁹, would be to restrict eligibility for extra care to only people with high level care needs, but this would immediately take a toll on the preventative and community role that extra care housing can have which is part of its ‘added value’. There is a risk that this would then create something more akin to residential care.

Critically, the discussions with extra care residents as part of this project indicate that, for them, moving to extra care **is their choice**, and they express a strong preference for the on-site care provider. Commenting on what might happen if the majority of residents opted for commissioning their own social care on an individual basis, one resident said, *“Things would change, it would be different between the carers, the friendliness would have gone”*. Some extra care residents thought that opening up choices of wider care provision would be detrimental to the place they live, their sense of community and their quality of life.

Housing 21 is concerned that some local authorities are exploring the development of new extra care schemes without any on-site care and support provision utilising a service model entirely based on micro-commissioning. For self-funders this may mean that they have to pay more as there will be fewer economies of scale for providers. Residents acknowledged that better value can be obtained from collective purchasing from an on-site service; giving the example of hairdressing as one that is highly valued. Residents found it difficult to reconcile the advantages of collective bargaining and purchasing for all with the possible advantages of a personal budget for some.

¹⁹ Garwood, S (2008) *“Individual Budgets, Micro-Commissioning and Extra Care Housing”*, Housing LIN Viewpoint 13, DH, London

Long term future of sheltered housing

Similarly, the discussion groups with older people identified the benefits of sheltered housing and raised some questions about how the services would be offered if they were based on a personal budgets model – specifically services such as the call system and court manager services. As noted, both sheltered housing and extra care housing will be affected by the potential changes to Supporting People funding. While this is not simply about personalisation it is a change that does impact on building based services. The sustainability of extra care and sheltered housing is an issue that Housing 21 discussed with service commissioners and policy makers at a recent seminar. A report from this seminar will be published later in 2009.

Key issue – Moving into extra care is the choice for many older people and many will opt for on site service provision, recognising it is likely to be better value for money. 24 hour on-site care and support is a key component of the extra care model.

The importance of the ‘added value’ of extra care – the sense of community, wellbeing for people who may have been lonely and isolated – fulfils an important part of other policy goals that are under the banner of personalisation. This is also true for sheltered housing. All these features are valued by self-funders as well as people receiving publicly funded social care and housing support.

Core service model with ‘top up’ options

The idea of having a ‘core’ service that residents agree to in their contract when moving to extra care or sheltered housing, combined with a menu of optional ‘add-ons’, was suggested early in the project as a potential solution to some of the risks associated with the move to personalisation. For example, residents moving into extra care settings would necessarily ‘buy into’ overnight care cover in case of emergencies. This idea was difficult for older people who took part in the group discussions to engage with, and there were divergent views on which aspects should form part of the essential core service and which should be optional. There was some feeling amongst residents that people should not move into sheltered or extra care housing if they did not require at least some of the services offered. Professionals felt the approach of a menu of choices but retaining some core services may be useful but urged against making it too complicated.

There was debate amongst residents in the focus groups over whether the emergency alarm service would be a core service component. Most participants had not considered the possibility of ‘opting out’ of the alarm service provided. However, in the staff workshops, Housing 21 operational managers gave examples of competitor organisations offering community alarm services who were already marketing their products to residents, making introductory offers, including free

installation and discounted services for a year. Managers were concerned that residents may opt out of the on-site alarm service provision on the basis of such incentives but without considering the long-term implications and it is likely again that court managers would have to intervene in emergencies.

Key issue – housing providers need to have clear information on what is provided and to devise policies and contractual agreements on this subject and other matters where residents may ‘opt out’ of the on-site service. Housing 21 tested out practical ideas and solutions with service commissioners at a recent seminar. A report from this seminar will be published later in 2009.

Changing regulatory environment

Although regulation issues were not discussed in depth in this project, it is worth noting that the new Care Quality Commission (CQC) (from April 2009 this new regulator replaced both the Commission for Social Care Inspection and Healthcare Commission) will have a key role in reviewing commissioning practice as well as regulating care and health providers. This raises the question about how it will assess the impact of personalisation on commissioning practice.

With the focus on ‘care close to home’ and the role of specialist housing in meeting health and care policy goals, links between the CQC and the TSA and Homes and Communities Agency (HCA) will be important in supporting better integration between health, housing and social care services to improve outcomes for people and to facilitate greater choice and control.

Key issue – The CQC and all other regulatory agencies will need to involve a wide range of stakeholders in developing its approaches. The principles of personalisation, including safeguarding and the reduction of loneliness and isolation, will have to be embedded in their approaches to regulation.

Safety and risk

Many older people’s reasons for moving to specialist housing involve a wish to have a better sense of security and social contact. For residents, much of the discussion about risk concerned the ways that interpretation of health and safety legislation and insurance considerations can be at odds with the ideas of positive risk taking as part of personalisation and what residents choose to do. There may be a need for some shifts in attitudes amongst staff to recognise and support the things people want to do as part of risk management.

Key issue – housing providers need to have a sensible and pragmatic approach to risk management recognising that they should balance regulations and concerns over safety with older people’s rights to do what they want to do.

Safeguarding

The IBSEN evaluation and evidence²⁰ from international studies suggested that it is not always easy to balance safeguarding with individual choice and control. There are no easy answers to this, where people are able to make their own decisions, save that recording decisions may be good practice and that access to advocacy or mediation may be important if there is a clash of values. For people whose ability to make decisions is declining and who have been assessed as not being able to make a specific decision, for example, because they have cognitive impairment from a dementia, then there are some new ways of making best interests decisions. But this does not apply to the majority of sheltered housing residents and tenants. Publicity about ways to reduce the risk of bullying, abuse, exploitation and neglect should be available within sheltered housing and similar schemes. Providers need to learn from ‘near misses’ as well as serious incidents and should engage with local safeguarding systems.

Key issue – housing providers need to keep records about decisions and ensure that they abide by the Mental Capacity Act 2005 where people may not be able to make specific decisions. They should be part of local safeguarding services, offer advice about harm prevention and learn from incidents or ‘near misses’.

Understanding the developing market

This project explored a few examples of where local providers of housing and social care were thinking about new models of services and expanding them to reach non-residents. For example, one local provider of older people’s housing had adapted its services to a ‘hub and spoke’ model so that low level support could be offered to older people across the locality, regardless of tenure or income. At the moment very few older people in specialist housing settings receive Direct Payments or personal budgets for their social care – less than 0.8% of Housing 21’s residents currently have any form of personal budget²¹. However, there are many older people in most localities who pay for some form of support.

Funding

Block contracts for care services

These are likely to remain for some time, but the trend is towards shorter review periods and smaller packages of core hours. Block contracts are changing gradually. Commissioners have a key role in managing the move from block contracts to individual arrangements but face conflicting demands to achieve savings by utilising block contracts while ensuring services are more personal and flexible. There are signs in some localities that extra care schemes are being commissioned on the basis of residents funding their care by using personal budgets or their own money, though there is no evidence of how this approach will work.

Key issue – Housing 21 has explored the issue of block contracts, conflicting expectations and how block contracts are changing in a commissioners' seminar and will publish a report later in 2009. Block contracts and personalisation are not mutually exclusive but they are complicated.

Costs and payments

Many aspects are unclear. For example, how will the cost of brokerage be funded – will this be paid for by the older person or by the local authority? In the discussion groups held as part of this project, older people voiced some reluctance to pay for some things although they would like them to be provided. Extra care housing providers may have to consider a range of payment options such as premium payments and extended notice periods to maintain staffing levels and achieve service continuity. Professionals interviewed for this project stressed that, from the point of view of the service user, costs and collection mechanisms should be clear. It is important that complicated accounting procedures do not increase administrative burdens and drive costs up.

Supporting People (SP)

Uncertainties about the changes to Supporting People funding have been outlined earlier. The IBSEN evaluation found that in some areas Supporting People monies were better integrated into IBs than others, but it is not clear how SP is used in relation to 'housing related support'. Professionals who took part in this project perceived a tension between the ethos of social care funding and SP, in that SP is intended to be preventative, low level, sometimes short term, whereas rights to social care funding are usually only for people with relatively high care needs, and are generally not restricted by housing tenure, but are means tested.

Whilst there is evidence from the IB pilots that SP may be incorporated into personal budgets and thus be linked to social care funding and assessment, the two systems have different histories and different approaches. Our concern

remains. How can we ensure that building based care and support services are sustained as part of personalisation since experience tells us that these are the choices of many older people?

The forthcoming Green Paper on the future of social care funding will be crucial in determining the future role of SP since the earlier consultation identified SP as one of the funding mechanisms that support 'putting people first'. The Green Paper needs to address these issues from the perspective of specialist housing.

Key issue – The Green Paper on social care funding, with its anticipated emphasis on prevention and re-enablement, must not let specialist housing for older people 'wither on the vine.' There is an opportunity for the Innovations Panel on specialist housing proposed by the Department of Communities and Local Government as follow up to the housing strategy for an ageing society, *Lifetime Homes, Lifetime Neighbourhoods*²² to consider the impact of personalisation on specialist housing.

Commissioning

Crucially, for people moving into extra care, the decision to move is the main dimension of choice. The emphasis in Putting People First on universal information and advice needs to ensure that good quality housing advice is available. Within public services, strategic commissioning is important to recognise the role of extra care in the broader personalisation policy. Commissioners may wish to address questions like 'how can (extra care housing) enable people to grow old and live in the way they want?' The onus is now on housing providers to take the debate to local authorities and service commissioners, and to demonstrate the contribution they can make to meeting the aims of personalisation.

Key issue – Moving into extra care housing is the choice for many older people with increasing care and support needs. Commissioners and service providers may benefit from greater opportunities to hear directly from residents and people who use services, and use the messages coming from them to improve services.

Commercial and marketing approaches

Participants in the first stakeholder consultation of this project recommended that housing providers should develop better commercial awareness to respond to the challenges that personalisation presents. But overall this project has raised further questions and suggestions rather than practical examples of change. Using existing housing schemes as a base to provide services to the wider community is popular with most professionals interviewed, but this is already happening in many areas. Professionals urged that careful consideration is given to the type of services that it would be appropriate for specialist housing providers to develop.

Welfare benefits

Older people who took part in the group discussions and broader discussions with tenant representative bodies over the course of the project raised the importance of good advice and information about welfare or social security benefits. Change was troubling. This was of particular concern to some older people;

“We had money worries when we were youngsters. We don’t want them now”.

Housing providers need to maintain good contacts with general and specialist welfare rights groups so that they are able to support older people with accessing their rights. Some of them will likely continue to provide a much-valued service in house. This may be of use to staff at these times, as well as residents.

Equality and diversity considerations

Hard to reach groups

It proved difficult to engage frailer people living in extra care in debate about choice over the services they receive. The small sample of residents who took part in this study were representative of the broader Housing 21 population (and older people generally), being mostly women from 'White UK' backgrounds, but none had serious symptoms of dementia. Future research on personalisation and older people's housing needs to involve more diverse ranges of older people so that their voices are heard.

Mental capacity and dementia

Participants in this project acknowledged that some older people would need more support if they were facing cognitive impairment or had communication problems. Residents particularly were concerned about abuse, exploration and neglect if these circumstances arose. Specialist support was seen as desirable.

Age equality

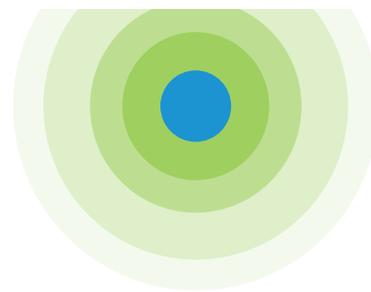
At the outset of this project, mindful of the inherent ageism in the assumption that older people would not be interested in personal budgets, we posed the question, 'would you want to use a personal budget if this was made available to you?' Some older people who took part in this project were positive about the idea, but most were not. Some felt that it could work, but would largely depend on the attitude of the individual. There was generally more support for the idea amongst the more independent residents of sheltered housing who are not currently eligible for social care. There is a role for housing providers in recognising the broader elements of choice, what people living in retirement housing want beyond basic services, and some residents were clear that they would like a wider range of activities available on-site and more opportunities to go out.

Inclusive services

The interviews and discussions indicate that some frailer older people feel excluded from active social and community participation in sheltered and extra care housing. Some want more say about activities and opportunities for social contact. This point relates to the role of sheltered and extra care housing more generally in terms of it being a community. The move to personalisation must not be at the expense of communities as a whole.

Key issue – Housing and care providers may themselves be challenged by the new equalities legislation but many will welcome its potential to reverse many years of lower levels of funding for some older people. Greater opportunities to make choices will need to be balanced by rights to protection and for duties of care and contractual matters to be agreed.

Concluding remarks – Small Change?



And what do older people want? Their voice has been muffled in the debate. What comes through clearly in this work is there is little support at the moment for personal budgets in the form of Direct Payments, particularly in extra care where residents tend to be frailer with higher care packages. For them, moving to extra care is the choice. Indeed, it was challenging to engage residents of extra care in this project. Older people often move into extra care or indeed sheltered housing following a sudden illness or a personal trauma. Other studies of the low uptake of Direct Payments by older people attribute this at least partly to the fact that many older people only come into contact with statutory services following a crisis which makes it less likely, but not impossible, that they would want to take control of organising and managing their care.

There is, however, support for personalisation in its broadest sense, and this is where specialist housing providers have an important role in listening to older people, responding to their wishes, facilitating choice, and providing services they want and need. Housing providers may be in a prime position to offer advice and possibly brokerage services. Whilst opinion amongst professionals interviewed for this project was split on whether this was the right direction, residents might approach court managers for advice on care services because they often consult them about problems and issues. Nonetheless, residents would prefer to initially approach family and friends, but because around three quarters of sheltered and extra care households contain only one person, and at least a tenth are not visited regularly by relatives²³, there may be scope for housing providers to further develop advice services. The potential of housing providers acting as brokers needs to be explored, in the context of how to address possible conflicts of interest and how such a service could be funded.

Personalisation is a 'growth industry', but mainly at the level of rhetoric. The aims of transforming public services and improving choice, voice and control for service users are widely supported, but they have yet to impact significantly on many older people.

As Denise Platt stated, "the big idea [personalisation] is right; the Government has made resources available; it is right to be ambitious; but progress is distinctly

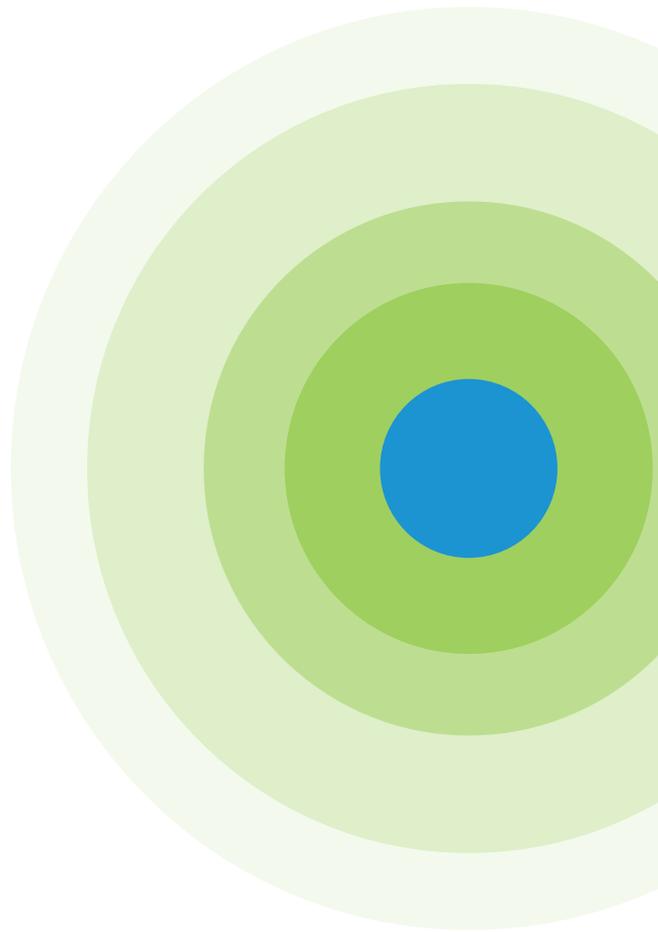
²³ Housing 21 (unpublished) data from care and wellbeing and tenant satisfaction surveys, 2008

patchy”. And the ‘Big Idea’ is much broader than whether people eligible for care and support should be in receipt of personal budgets. It is the principles of choice, voice and control which should underline what the specialist housing and service providers deliver. Furthermore, the emphasis on ‘micro-commissioning’ at an individual level may have some negative effects on wider communities. Older people who took part in this project recognised that better value may be obtained by pooling funds and collectively purchasing services from an on-site provider, and they found it difficult to reconcile this idea with personal budgets.

Going forward: Good commissioning is key

Dame Denise Platt declared that “Commissioning is at the heart of social care”. How this affects the sustainability of extra care housing needs to be addressed. Commissioners will have to respond to questions like ‘how can extra care and sheltered housing enable people to grow old and live in the way they want?’, partly by asking older people themselves.

The need to engage with and influence commissioners is central to this work. Many professionals working in this area recognise that extra care in particular has potential to be a base for communicating with and providing cost-effective services for fairly large groups of older people. However, not all commissioners are aware of this potential. Housing providers will need to talk with commissioners about strategy, population needs and market shaping.





**Housing Learning and
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Network

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