

**Brighton & Hove City Council**

**Meeting:** Chairman's Working Group (Sheltered Housing)

**Date:** 24 July 2008

**Report of:** Kate Dale (Project Officer – Supporting People) and Peter Huntbach (Older Peoples Housing Manager – Housing Management)

**Subject:** Supporting People and Housing Management road shows.

**1. The road shows**

- 1.1 The road shows were conducted at 17 of the 24 Council sheltered schemes between 30 May and 11 July 2008 (some smaller schemes were 'twinned' up). Each road show was allocated two hours. There were two short presentations – one by Matt Lamburn and Kate Dale from the Supporting People Team, and one by Peter Huntbach from sheltered services. The presentations were followed by a short question and answer session and informal discussions with those present. The road shows were attended by 262 residents and scheme managers, Sue Garner Ford from the Council's Housing Strategy Team and representatives from Sheltered Housing Action Group (as observers). Information was also available on display boards, and via handouts.
- 1.2 The informal nature of these meetings was valued and respondents welcomed the opportunity to talk first hand with officers in attendance.

**2. General comments on the council's sheltered service**

- 2.1 In general residents were positive about the sheltered service they have received. When asked about the service, views received included
- "love it"
  - "so far, love it"
  - "never felt so happy"
  - "never had it so good"
  - "I can't fault it"

- “it amazes me, the help you get being a council tenant, I’m thrilled with the service - I can’t believe the value for money”.

Sheltered Housing was described positively as a being in a “little village” or part of “an extended family”.

- 2.2 However, some people mentioned negative aspects. These included:
- a lack of social activities;
  - a decrease in community spirit;
  - a perceived increase in anti social behaviour or inappropriate allocations;
  - the behaviour of a small “clique”;
  - or the lack of a scheme manager.

### **3. The value of a ‘visible’ scheme manager**

- 3.1 When asked what it is about the service they liked the most, residents routinely mentioned the scheme manager. When asked about what was important about the scheme manager, “being there” was the common answer. As one resident explained “I feel safer because the scheme manager is there”.
- 3.2 When asked about using the scheme manager service, residents described scheme manager’s as someone to talk to, help around the scheme, report repairs, help with correspondence, help with welfare benefits and security (e.g. checking the building, closing windows in the common ways at night.) There was little mention of the support planning role of the scheme manager.
- 3.3 Residents expressed serious concern about rumours that the scheme manager were going to be removed and that they would be left without support, and many said that they did not want to lose their scheme manager.

### **4. When the scheme manager is away**

- 4.1 When asked what it was about the service they didn’t like, residents routinely mentioned times when the scheme manager was away from the site. Comments when the scheme manager was away included “it’s a nightmare” and things “go haywire”. Residents at one larger scheme said “we muddle on when the scheme manager is away.” Although individual relief staff was positively mentioned as the quick “in and out” approach generally the relief service was criticised.

4.2 There was a concern that scheme managers were not always on site, and this made it difficult for residents to contact them. Frequent comments were made about the scheme manager being absent or away from site, for example, when they were on training courses. One resident at a scheme described how she went to see the scheme manager but her office door was closed as they were on the phone. The resident went back to her flat and returned later by which time the scheme manager had left the site – “it’s like we have a scheme manager but don’t have a scheme manager”.

4.3 Residents at larger schemes expressed concern about the workload of the scheme manager and said that the scheme manager needed more help. Similar comments were made about visibility of the scheme manager at the larger schemes with frustration felt when they were not freely available. “Being there” didn’t just mean having a scheme manager; it also meant them being accessible to residents. There was criticism that scheme managers were too often in their office or working on the computer, rather than interacting with residents.

## **5. The value of a scheme manager’s personality**

5.1 The personality and approach of scheme managers was mentioned as an important factor to a good service. A good scheme manager was someone who was friendly, a good listener, helpful, and who joined in at social events. A poor scheme manager was someone who tries to run things their own way, who was not approachable, and didn’t join in or wasn’t visible to residents.

5.2 One resident said that when he moved in the scheme manager had sat down and helped him with a rent problem and other issues, giving him a “yellow folder” with all his medical details – as a result they made him “feel really wanted”. This resident went on to say that the £13.25 charge was good value for money - “the scheme manager is worth that alone”.

5.3 However, there were some scheme managers who were criticised for not being friendly and approachable, and residents regretted this.

## **6. Workload imbalance (larger and smaller schemes)**

- 6.1 Residents at larger schemes questioned scheme manager's ability to cope with the work load. One resident said that he didn't see the scheme manager often and had to leave him a note, at the scheme office, if he wanted to see them. It was suggested that these scheme managers needed assistance, and that maybe scheme managers at smaller schemes could help those with larger schemes.
- 6.2 Alternative suggestions included more staff, or reserve/contingency staff that could be utilised when needed. It was also suggested that sheltered residents could work as volunteers e.g. undertaking the weekend checks on residents.

## **7. The call service (opting out and weekend service)**

7.1 Many residents valued the call service – although some had opted out of the daily call service because they wanted their privacy and/or independence. However, the same people said that they valued the opportunity of opting back into the call service if they needed it in the future. Self-funders who opted out felt that their rent/charge should be reduced. Comments included

- I don't want a call every day
- I go out at 8.00 a.m. most days
- can I have a reduction in rent?"

7.2 There were mixed view on the weekend call service – some thought this was valuable, some thought that it should be scrapped. Some commented that it didn't make sense to have an office-hours only service as a crisis could happen at any time.

## **8. The value of social and community activities**

8.1 Many residents mentioned a range of social activities they attended and that these were valued. These might be provided by the scheme manager, other residents, or by voluntary groups. Activities included Tai-chi, outings, BME elders group, reminiscence, boccia, darts, lunch clubs and gardening.

8.2 However, there were also frequent comments about the dwindling of activities. The most common reasons were:

- Existing residents getting older and frailer

- Newer residents more frail and old
  - Many new residents are men and they seem less interested in coming to social events.
  - There is no-one to organise the activities or those residents that organise the events are now getting older and find this difficult.
  - People now less willing to mix socially
  - Always the same crowd or clique who go along to events
  - Limited range of interesting activities, i.e. not everyone likes bingo
  - People not willing or able to pay for activities
- 8.3 Residents liked the idea of more services and health based activities such as chiropody being held at schemes. Residents who had experienced the complementary therapy sessions brought in via the Eastern Road Partnership said that these were good and commented that they wouldn't otherwise have been able to access or afford them.

## **9. Involving the wider community**

- 9.1 Residents were generally positive about older people from the community attending events at the scheme, especially if this keeps activities in schemes going or brings new activities in. At a large Brighton scheme residents said "we do it here" and would like to see more activities involving people from outside "if they fit in". Some residents explained "I go along with bringing people in / helping people 'out there' a 100%" and "it's a good thing to meet others, and sharing – sharing is the name of the game".
- 9.2 Opposition to involving the community was sometimes suggested as being the result of a small minority of residents - "there's a problem encouraging tenants to invite other people in – these schemes aren't used enough. The Council ought to just say you have to have it or your rent goes up". Sometimes a "little clique" was mentioned that could put people off using communal facilities, and affect the wellbeing of the community.
- 9.3 Where concerns were expressed about involving the wider community, these tended to be about the security of the scheme.
- 9.4 There was scepticism on how the sheltered service could provide a service in the community at a time when funding was being reduced. However, this was not always the case - "it would be nice to feel that in Brighton we're all covered... so there's not all

these isolated units. We'd be prepared to sacrifice a bit to make sure everyone's alright".

## **10 Residential scheme managers**

- 10.1 Residents who had lived at a scheme with a residential scheme manager commented favourably on the role (and their spouses/partners), particularly in organising social activities, including those at the weekend and in the evening - even scheme holidays. As a result, some residents said that they wanted to see a "married couple" in situ since the spouse could help around the scheme. At one scheme one resident said that when the (previous residential) scheme manager was away, it was their spouse who attended if they had problems.
- 10.2 One resident said that she felt safer with a residential scheme manager – she couldn't say why - "it just felt different". However, this was not always the case, and at a one scheme comments were made that as the residential scheme manager could not be guaranteed to be on site out of hours, it was no sense of security at all. Others commented that they could see that it can be a strain on the scheme manager if you can never get away from the job.

## **11 CareLink**

- 11.1 There were mixed views on CareLink – many felt that the service was good and valuable (even if they had not used the service) e.g. "CareLink have always been good to me" and "Brilliant". Many said that the cord pull was a reassuring back up.
- 11.2 However when CareLink was frequently criticised regarding a perceived slow response time and sometimes attitude that was sometimes described as patronising.
- 11.3 Not everyone had a CareLink pendant and some who had one, didn't always wear it. There were comments that more residents should have access to a pendant. One person mentioned that "you can't get a pendant unless you've had a fall".

## **12 Conclusion**

- 12.1 There was a consistency of responses from across the service. These responses could be summarised into a number of key themes set out within this report:
  - A scheme manager is valuable for "being there".

- A 'visible' scheme manager who is friendly and approachable defines a good service, like wise a poor service was defined by an absent, 'invisible' or unfriendly scheme manager.
- Residential scheme managers are valued by those who have (or remember) them.
- There should be more help for scheme managers with larger schemes.
- Social activities are important but have dwindled.
- People from the wider community should be able to attend activities in the schemes, but security concerns need to be addressed.
- Additional activities brought in is a good idea e.g. chiropodist
- There are mixed feelings about CareLink.

