

Forms of Retirement Housing in 21st Century Scotland - The Development of Robust Models of Current and Future Provision and the Agency of Staff to Reach for the Future

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Declaration

I declare that none of the work contained within this thesis has been submitted for any other degree at any other university. The contents found within this thesis have been composed by the candidate Alexander McLaren. I have sought and been granted ethical approval by the University of Stirling for the Research.

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Abstract

Social housing for the exclusive use of older people has been part of the United Kingdom housing environment since the 1940s. Emerging as an alternative to mainstream housing and institutional care. Provision expanded in a fragmented way with varying levels of care/support for service users. The sporadic nature of the growth of provision and debate about the effectiveness and relevance of housing for older people with support makes it an area worthy of further study. This thesis sets out to examine the development of social rented housing for older people. To examine the extent to which staff initiative and agency is present to allow for any deficiencies in services and interaction with other agencies. Its final aim is to consider whether alternative models of housing specifically for the use of older people can be developed which are more relevant to the needs and wants of service users which consumes current resources in efficient ways and to this end it seeks to add to the body of knowledge by producing prototype models for use within the sector. It seeks to do this by using qualitative methodology and existing secondary data in the public domain regarding the quality of services. Few detailed qualitative studies have been conducted on this tenure. This thesis sets out to address some of this by also using primary qualitative data to fill gaps in research where little is known about the way housing and services for older people operate on the ground.

Within this analysis, the thesis will explore the activities and practices of workers engaged in running housing for older people. Here, it takes account of Lipskian street-level bureaucracy, Le Grandian public service motivation, and co-production theories to determine if and how practitioners operate to provide appropriate services for service users. It sets out to examine current informal “models” of housing for older people to arrive at less ambiguous models of provision which can inform practice and be used to compare with in vivo provision in the Scottish context. This includes consideration of a ‘Hub’ model of housing provision for older people.

The thesis concludes that there is significant evidence of Lipskian, Le Grandian, and co-productive practices amongst front line staff and others. The thesis also discloses that the Hub model and associated practices are likely to be very relevant to changes in design of services in the future to husband current resource to remain relevant to the needs and requirements of a diverse ageing population against a background of diminishing resources. To that end it outlines a basic Hub model which has the potential for adaption in different support settings. In doing so, the thesis offers a more systematic understanding of specialist housing for older people, its varied forms of provision, and the organisational and practical dynamics that shape everyday experiences of housing and support.

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Chapter 1:

Introduction and Contextualization of the Study

“The needs of retirees of yesterday are not the same of the retirees of tomorrow.

The emerging generation of new-age pensioners do not want bingo halls, fish suppers and a shampoo-and-set every Friday.

And they certainly don't want to live in sheltered accommodation reminiscent of a nursing home."

Lee Sugden Chief Executive of Salix Housing Association, Inside Housing 26.3.18

1.1 Introduction

In the United Kingdom, housing specifically designed for older people is almost entirely a product of the post-World War II period. Up until the late 1940s it was the normal course of events for older people to be presented with a limited number of choices of accommodation in their later years. It was common for them to remain in the family home, often in the private rented sector, regardless of its suitability as a tenure and the attributes of the property. Many older people lived with relatives, within their home (Townsend 1957; 1964). If either of these two options were unavailable or unsuitable, the option remained of a national network of voluntary hospitals, infirmaries, and the workhouse system, which was incorporated into the new welfare state (Townsend 1957). However, the new National Health Service, which incorporated many of these institutions and provided long term health care for the chronically sick was, by the late 1940s struggling to continue to do so (Denham 2016; Parry and Thompson 1993). The development of specialised housing for older people emerged as a result.

1.2 Importance of Research into Housing for Older People

Housing for older people is arguably a critical area of social policy and housing research. We live in a society where there is, and there will continue to be significant changes amongst the demography of cohorts of older people, who will be living longer. In a study based on data from the National Office of Statistics (McCall et al 2020), it was identified that the number of 85-year-olds in the population would double over the next 25 years. In the British context we are seeing distinct trends within this ageing of the population. Indeed, Pannell and Blood (2012) identified that within this demographic change there is an increase in younger people seeking supported housing on the threshold of the

ageing population, as well as significant increases in those over 85. Demographic and social change since the late 1940s means that the population of older people is also more diverse than at any other time, encompassing different ethnic groups, minority groups such as LGBTQ elders (Birch 2009) and people with complex medical problems and disabilities (Pannell and Blood 2012; Parry and Thomson 2005). Against this background of the development of distinct housing and associated services for older people, this means it is more important than ever to be clear what housing for older people has to offer to ensure that it meets the ever-changing needs of a diverse client group.

There is a particular need for research regarding future provision in an environment of spiralling costs, challenging, and changing needs and shrinking welfare budgets. There are also concerns over the sustainability of novel approaches to providing housing solutions for older people such as retirement housing and very sheltered housing, in an age of austerity. In their 2012 study “*Supported housing for older people in the United Kingdom: An evidence review*”, Pannell and Blood (2012) identified that the UK had 550,000 units of housing designed for older people with housing support in place. Of that figure, it was estimated that Scotland had in the region of 32,000 to 35,000 houses for older people. Although a considerable proportion of Scottish housing for older people was built from the 1970s until the present day (Butler et al 1983; Croucher 2008), a legacy remains of converted housing (compared with the early attempts at meeting the needs of older people in the 1950s, where service users lived independently). The aim of these services since the 1990s, especially in the wake of the National Health Service and Community Care Act (1990), has been to allow service users to age in-situ rather than move on to hospital, care homes or nursing homes, and to have statutory assessments and care packages of support, nursing, and personal care, to allow them to remain at home (E Katinka Panni-Harremann et al 2021). However, housing for older people remains a neglected area of study in terms of analysis of the stock and the attributes of the stock (Parry and Thomson 2005; Pannell and Blood 2012), with limited research carried out either geographically or chronologically. It is also the case that the suitability of the stock and consumer views regarding the nature of services on offer in housing for older people have seldom been sought in a sustained comprehensive way (Pannell and Blood 2012; Wood 2017; Parry and Thompson, 1993, 2005; Foord et al 2004; Buckland and Tinker 2020).

1.3 Early Housing for Older People

Initial forms of social rented housing for older people mainly had their origins in small experimental developments dating back to the late 1930s, which did not adhere to a specific model. Various

circulars were released by central government, which directed their expansion and specified features of housing for which the government would release grant funding, rather than directly specifying distinct models. However, in practice the type of housing built by different local authorities did not vary significantly from general needs housing, and was often composed of compact bungalows, flats, and bedsits, built sporadically across different parts of United Kingdom during the post-war period (Butler et al 1983; Parry and Thompson 1993). Most of the properties were let as social rented housing by local authorities as part of their general post-war building programmes. This change in social policy from the pre-war era arose mainly because of the Beveridge Report (1942), more properly known as the Social Insurance and Allied Services Report (CMD 6404), which identified the “five giant evils” which needed to be vanquished in the road to post-war reconstruction (Fraser 2009). These comprised of “Want, Disease, Ignorance, Squalor and Idleness.” Social housing as a distinct concept for older people grew out of this report (Griffiths 1995).

The spread of this stock was not geographically or demographically even (Butler et al 1985). In current terminology, this type of housing is closest to what is recognised as ‘amenity’ or ‘barrier free’ housing. The developments tended to be small scale, with small units for single people and couples, physically separate from mainstream housing. This model usually had a resident warden who was almost always female and living in a house or flat on site (Parry and Thompson 2005). This was the main thing that distinguished sheltered housing from mainstream housing during this period. The role of the warden varied vastly in the early days. However, they were generally responsible for the welfare of the tenants and helping with domestic tasks, shopping and personal care. Due to the fact they lived on site, unless there was more than one warden, they were often on duty 7 days per week with little or no down time (Parry and Thompson 2005). The primitive call systems and alarm systems that have come to be associated with sheltered housing (which have become increasingly more sophisticated as time has passed) were generally not a feature of the tenure until the 1970s. In the early days, even if they had been more generally available, they were not eligible for funding (Butler 1985). Out of this generic prototype, a multitude of forms of housing for older people have emerged in the succeeding seven decades. These have incorporated technological change, and at times changes in health and social policy to meet the changing needs of an aging population that is expanding and living longer.

1.4 Terminology - ‘Models’ of Provision

Any type of accommodation where older people live with a level of housing support is commonly labelled under the generic umbrella term, “sheltered housing.” It is argued here that this is a misnomer. It is unhelpful and misleading in identifying the forms that housing and related services for older people take. Indeed, the terminology used to describe the plethora of housing arrangements developed for older people in the United Kingdom from the 1940s until the present day is problematic. There is no consensus amongst providers about the preferred words and terminology used to describe this housing, which reflects different features and services on offer by provider (Voges 2021; Howe et al 2013). Similarly, there is no distinct model or series of models against which the attributes or performance of individual projects and services can be measured.

1.4.1 ‘Sheltered Housing’

The term “sheltered housing” is often used as a generic coverall term to describe small units of housing in a specific development designed for older people, with an element of housing support. However, within that category any number of services may or may not be on offer. At a basic level tenants will be entitled to a limited range of services which other social rented tenants experience. A repair service, assistance with accessing benefits, especially those related to housing and council tax, tenant participation initiatives, poverty initiatives and a designated housing officer for a patch - these are all features of mainstream social rented housing. However, the reasoning behind the concept of sheltered housing is that in some way it must go above and beyond mainstream housing in terms of its attributes and so be an enhanced form of housing management (Butler 1985).

Where older tenants experience an enhanced service, in the most basic model of sheltered housing this will be due to the presence of warden, scheme manager, retirement housing officer or sheltered housing officer on site usually at specified times to provide support. The terminology used to describe this member of staff, and their role varies (Pannell and Blood 2012; Thompson and West 1984; Clapham and Munro 1990). Historically and up until the present day there has been a distinct lack of definition regarding the role of the warden. However, up until the 1970s the role of warden would often in practice mean taking a benevolent and friendly interest in the lives and wellbeing of residents, running errands, helping with shopping and housework mediating on behalf of the resident with other services which they may require or encounter. However, in many instances the complete lack of boundaries and training - and failure to recognise the role as a professional one - meant that practice

varied geographically, between the approaches of staff, and between the approaches of landlords. In some instances, wardens became engulfed in 24/7 services, never really being off duty and becoming involved in nursing, care, guardianship, and other demanding tasks (Clapham and Munro 1990; Parry and Thomson 2005). The development of the role of the Sheltered Housing Officer will be considered later in this thesis in terms of how it has developed until the present day, and how it sits within the concept of the social construction of housing management.

This thesis considers a range of housing providers in a local authority area in Scotland. Here, for example, the working hours of the support service may vary significantly, from a few core hours a day 8 am to 12 noon (Hanover Housing sharing owner complexes) to 9 am till 7-30pm (Bield Housing Association retirement housing with meals). It is unlikely that support would be provided on site overnight, other than in more intensive ‘extra care’ models. Out-of-office-hours support will generally be delegated to other staff, who may work in the housing service or in a call centre, where they will be reached by an alarm system, usually some form of intercom from which the tenant can make contact if they are ill, have a fall or require an emergency repair. The person in the daytime support role may be resident on site (although this is increasingly rare). They may work from an office on site, be mobile, covering several sites (Croucher 2008; Parry and Thompson 2005; Voges 2021).

During the current century, with the advent of economic recessions and fiscal constraints at all levels of government, the already confusing terminology used to describe these types of service has been changing from sheltered housing to the umbrella term of “retirement housing” which both semantically and in terms of social policy distances itself from the concept of more intensive support to the concept of independent living (Spierings and Ache 2018). This is employed to indicate a less dependent relationship between the tenant and landlord, and arguably as a moving of the goal posts to justify the withdrawal of at least some services. This may happen in both housing associations and local authorities alike and is not exclusive to one type of landlord. However, there are still models where support and care are more extensive, despite financial constraints.

1.4.2 Housing Offering More Support for Older People

Where extra support and care are on offer, the terminology tends to change again to very sheltered housing, extra care housing; a care village, assisted living, or retirement-housing-plus (Bield, Hanover & Trust Housing Associations and Envoy Partnership 2013; Voges 2021). Additional services will include a daily meals service. The support staff are likely to have responsibility for reporting repairs, and for liaising with the NHS and social care/social work where tenants find this difficult or have cognitive or sensory disabilities. Any onsite support staff are likely to have responsibility for social

events and activities, which provide tenants with opportunities to meet and interact. Such services are likely to have detailed support plans, be registered with the Care Commission and their staff will be likely to have enhanced disclosure and core SVQs in housing and support. In some instances, personal care may be provided by the landlord or a subsidiary in the case of registered social landlords. However, in the Scottish context it is more commonly the case that personal care is provided by the local authority or private care companies commissioned to do so by the local authority.

There are multiple descriptive titles for accommodation for older people in this category. The terminology indicates that more services are available than in the sheltered or retirement housing category, although it is not always clear what those might be, and how the level of service between different providers can be made subject to comparison (Darton and Muncer 2005; Darton 2021; Howe et al 2013). Arguably, the consumer is at a distinct disadvantage and cannot conclude without some difficulty how appropriate the services on offer may be from either sheltered or additional support models of social housing for older people, and thereby to what extent it represents value for money - especially if they are likely to be self-financing. (Parry and Thomson 1993; 2005; Voges 2021).

To clarify what is on offer, this thesis sets out to examine the inconsistencies and similarities between these approaches to providing housing and support to older people. They cannot be described as distinct models as they are as they are a cluster of features and attributes rather than clearly defined models of a tenure which also offers support. Academic research in this area has increased since 2000 and continues to accelerate (Foord et al 2004; Parry and Thompson; 2005; Pannell and Blood 2012). However, in addition to problems with defining a model or a series of comparable models (Foord 2017; Buckland and Tinker 2020), there are gaps in our knowledge regarding the form housing services take, and what value service users put upon them. This leaves much to be done in relation to accurately measuring resident satisfaction with services (Skidmore 2006; Riseborough 2006; Foord et al 2004).

1.5 Divergence in Terms of Housing Policy of the Four Countries in the United Kingdom Since Devolution

Until the advent of devolution in the United Kingdom, housing for older people followed a similar developmental trajectory in each of the four nations. However, this changed in 1998, because of the (Scotland Act 1998), Scotland gained its own legislature in May 1999. Northern Ireland and Wales reached similar settlements, but with fewer devolved powers, under different legislation. Other than international affairs, employment, broadcasting benefits, social security, and defence, most other functions were transferred to the Scottish Parliament (subject to the restrictions of the block grant

which is supplied by the Westminster Parliament) (Clapham 2019; McKee 2010, 2016). These functions included housing and social policy.

It should be noted that this study will refer throughout to the United Kingdom when this broader context is important and appropriate to supporting the thesis (e.g., statistical information). However, this is primarily a study about the situation for people living in retirement/sheltered housing in Scotland since devolution, rather than the United Kingdom as a whole. It is the case that more research is being conducted in other parts of the United Kingdom on housing for the elderly (including people affected by dementia). Moreover, approaches to housing for older people have in some respects diverged since devolution, so that the context in which Scotland operates is now different from the rest of the United Kingdom. This leaves gaps in Scottish research, which this study seeks to fill.

1.5.1 Changes Specific to Scotland

In the succeeding 20-plus years since its inception, the Scottish Parliament (regardless of the party in government) has followed a different path from its United Kingdom neighbours, which means that housing policy in Scotland is significantly different from other parts of the United Kingdom. As part of this divergence there have been changes in the way that housing and support is provided for older people. For example, the Scottish Government dismantled Scottish Homes, the organisation which had been created prior to devolution to fulfil the role of both (i) social landlord (for the former Scottish Special Housing Association) and (ii) the Housing Corporation in Scotland (the investment body which regulated and funded the development programmes of Scottish housing associations and cooperatives). Scottish Homes divested itself of its housing stock and landlord function, mainly by stock transfer. The Scottish Government formed the Scottish Housing Regulator (SHR) responsible for both housing associations and local authority standards of service (which has monitored landlords' performance and their competence in meeting the standards of the SHR's Social Charter (McKee et al 2008).

More recently the Scottish Government rescinded the right-to-buy (a piece of legislation introduced by the first Thatcher government which allowed the tenants of all British local authorities and non-charitable housing associations to purchase their rented houses, often at a substantial discount). The Scottish Government brought forward new legislation and introduced greater regulation of the private rented sector than other parts of the United Kingdom. The Scottish Government has also introduced

extensive changes in the ways local authorities deal with homelessness. The emphasis is now no longer on a gatekeeper role, with renewed emphasis on prevention and the diminution of tests of eligibility such as intentionality, age, and gender. Furthermore, the Scottish Government has set out its plans for housing in *Housing to 2040* (2021). It is understandable that this divergence in policy has also taken place in housing for older people. Given the focus in this thesis on housing for older people in Scotland, this will be discussed in detail in chapters 2 and 8 (Anderson 2020; Clapham 2019; Kintrea 2007).

1.6 Gaps in Knowledge

It is desirable that any change or enhancements to rented housing for older people should be based on robust research. This has not been the case to date. A lack of knowledge was initially identified by Butler et al (1985) and again by Pannell and Blood in their (2012) study, which identified that across the UK, there was no comprehensive repository of data regarding housing for older people, and that the gaps included details of support on offer, models and needs assessments. They also identified that a “holistic” approach had not been adopted until then, and that issues concerning health and support needs, gender and ethnicity had not been addressed. They went on to discuss the lack of evidence of the nature and format of warden services, whether they had been withdrawn or enhanced with changes in community care legislation since the 1980s. In addition, the impact of the mix of tenants with the advent of newer groups of tenants such as younger people with disabilities requiring access to housing for older people was not considered. However, research in this field remains sporadic and incomplete, and this thesis seeks to investigate some of the areas where there is a clear deficit to seek to improve the body of knowledge and evidence in this key area.

1.7 The Scope of this Thesis.

Given the size and complexity of this field of research, there were opportunities to develop the focus of the thesis in several directions. It is pertinent at this stage to indicate directions which were not chosen and why. The study questions evolved somewhat during the early research process, prior to the development of the thesis. This was influenced by several key factors. The original scope of the reading initially encompassed several areas which were not ultimately taken forward in the thesis (Bellers and Smith 2003):

1.7.1 Dementia

A key focus of the initial reading was around dementia and the ways in which this cluster of cognitive disorders could disadvantage an individual in a care or housing setting, thereby disenfranchising them in the process of exercising choice. The initial research design sought to directly interview service users with an existing diagnosis of dementia to fill a research gap in understanding their satisfaction with housing and involvement in shaping services specifically for older people. However, the lockdown imposed by the Covid-19 epidemic during the field period was a key determinant in not pursuing direct interviews with service users, due to the inherent health and safety risks. Nevertheless, a theme of dementia arose in the course of interviews with practitioners in this study and remains important in outlining the particular challenges of providing integrated housing and care services for older people within a community setting.

1.7.2 Other Aspects of Suitability of Housing for Older People

There are other aspects of suitability of housing for older people that could have been taken into consideration in this research. However, the word length of the DASR thesis (max 60k words) compared to a traditional thesis (max 80k words) meant it was not possible to do justice to these aspects, many of which could sustain a thesis on their own. These include:

- Issues facing disadvantaged groups (e.g., the LGBTQ community, ethnic minority elders) living in various forms of housing for older people.
 - Issues faced by the LGBTQ community in accessing housing and in living alone in retirement housing are extremely complex and potentially more severe than the general

population at large. Research has revealed that they have had to hide their relationships from censorious housing and care providers and in some instances revert to the outward appearance of a heterosexual lifestyle to “pass in care settings” (Birch 2009). The loneliness that they are likely to experience is far more likely due to their needs not being met, than older people in general (Birch 2009; Westwood 2016).

- Similarly, the situation in which ethnic minority elders find themselves is similarly much more serious than that of white British service users. They are far less likely than the general population to access accommodation where their language and culture is acknowledged and supported, so that they are much more likely to experience loneliness and social isolation than white British older people in the United Kingdom as a whole (Victor 2012; Diaz et al 2019). Furthermore, if the housing settings provide food as part of the service, it is unlikely that food appropriate to their culture and traditions will be on offer (de Horonha 2019).
- Issues facing older people living in rural areas.
 - Older people living in rural areas also face different issues in identifying and retaining suitable retirement accommodation when compared with urban dwellers. The supply of appropriate housing is greater in urban areas and there is a concentration of support and care services which potentially makes the sustainability of a tenancy much easier in old age (Philip et al 2003; Innes 2009). The subject of rural housing for older people is worthy of further detailed research (Age UK 2013; Verma and Taegan 2021). While this study includes primary data from some staff who try to provide comprehensive services in rural environments, it is not possible to focus specifically on this aspect of housing for older people within the scope of thesis.
- The role of family members in supporting older people at home
 - There is a significant amount of academic literature concerning the concept of home for older people (Hatcher 2019; Cooney 2012; Rubenstein 1998). There is also a plethora of texts on family and their role in supporting older people in homely settings (Board 2018; Wiles 2020; Gillsjo and Schwartz-Barcott 2011). Whilst this aspect was also considered beyond the scope of this study, the impact this has on the quality of life for older people can be profound. A key role for families lies in filling gaps between statutory services, and making interventions to support their relatives in housing for older people that only partially meets their needs. This can be significant factor in successful transitions to

retirement housing and the ongoing sustainability of older people's tenancies in the community.

- The impact of occupying different tenures upon the lived experience of older people – The Private Sector and Owner-Occupied Housing for Older People
 - Although in the Scottish context most housing constructed for the use of older people is in the social rented sector, split between RSLs and local authorities, there is a substantial number of private retirement complexes. Stirling and Burgess (2021) estimate conservatively that there is in the region of 40,700 units, although they believe this is short of the true figure. These complexes are generally built by developers who specialise in this market. Many Scottish housing associations who specialise in accommodation for older people are also providers of shared ownership and variations on that tenure, where there is a rented component and factoring if the occupant buys outright. A comprehensive assessment as to the function of private retirement in Scotland lies beyond the scope of this thesis, but this is another under-explored area of social research that deserves investigation and could also merit a thesis in its own right. For the purpose of this study, the scope and focus remains predominantly on the situation for social rented housing in Scotland.

1.7.3 Housing for Older People in an International and UK Context

Another potentially fruitful object of research in its own right is the international context of housing for older people. This was another key focus of the initial reading and scoping of this thesis. On a global scale, the provision of housing and support for older people varies tremendously. In some parts of the world, housing and support is centred firmly on direct provision by the family unit - especially in less-developed countries where the welfare system is less sophisticated and extensive. In the USA, provision has been in the form of retirement villages and apartments designed to be like holiday resorts with integrated facilities for the occupants. These are almost always private rather than publicly funded. In Australia, accommodation is more likely to be shared with other older people or take the form of an assisted boarding house (Howe et al 2013). In the European context, shared accommodation is also very popular with retirement villages especially created to meet the needs of people with dementia. For example, De Hogeweyk in the town of Weesp in the Netherlands is a dementia project which provides a completely integrated village with shops and theatres for people living with dementia (Glass 2013). The international context was considered on the basis that it might

support the transfer of international models and features of social housing for older people that might work well in the context of the United Kingdom. However, while some of these ideas help identify a range of approaches to the provision of housing and services for older people, a comprehensive international comparison would have required a different set of research questions, which again could merit a thesis in its own right. For these reasons, the wider international picture was considered largely beyond the scope of the thesis, for which the level of detail and focus is placed on the Scottish situation, which is under researched.

In terms of housing for older people in the wider UK context, initial work for this thesis also looked at gaps in knowledge in the United Kingdom in general. The availability of data and the potential for primary research during Covid impacted upon the development of such questions, as well as emphasising divergence in the Scottish context since devolution. The need to fill key knowledge gaps (as well as the requirements of the thesis for original research which has practical applications in the candidate's field of work) were influential in the eventual choice of questions to the ones which have been taken forward.

1.8 Study Research Questions and How They Were Identified

The process of producing various drafts of the research proposal made the author review this range of questions to the point where the questions became sufficiently interrelated, relevant and feasible to research within the boundaries of the thesis (Kilbourn 2006; Verhoef and Nubia 2018). The thesis thus sets out to achieve several goals and to answer three questions that are pertinent to this area of academic study. This section introduces these questions and discusses why they were ultimately selected to be investigated as opposed to others that were discarded or modified.

1.8.1 RQ1: Can we Establish Greater Clarity and Utility in Models of Housing for Older People?

This question was chosen because the lack of clear models of types of housing for older people and the services which are provided therein is of great significance, especially in terms of arguments for future provision. There is an inability at the moment to compare models to determine how appropriate a match they are to consumer requirements, and to what extent they offer value for money. Since the crisis in the global economy 2008 (Manzi and Richardson 2017; Richardson and Clapham 2017), most countries that provide any sort of social housing for older people in the population are looking at

ways of trimming budgets, as such accommodation is generally more expensive to provide than mainstream equivalents. Future provision will depend on affordability. The lack of established and accurate models of housing and housing services for older people is barrier to this future analysis as well as comparison and understanding. The ability to arrive at practical models was perceived by the author to be a useful way to compare different types of assisted housing for elderly people. The thesis will start by analysing current types of provision and will then propose other practical rather than theoretical models with common attributes which will allow in the future comparison of different services in the real world of housing for older people.

The study will then go on to analyse in depth a single local authority that provides specialist housing types for older people (as well as their core activity of mainstream social housing). The thesis will also rely upon Scottish Government data, specifically the Annual Return on the Scottish Social Housing Charter (ARC) and publicly available data such as tenant surveys, “report cards” and other tenant feedback on services, to reach conclusions about the suitability and efficacy of services that are on offer to older service users (in broad terms), and to ascertain current levels of tenant satisfaction with current provision.

1.8.2 RQ2: To What Extent Do Housing and Other Welfare Professionals use their Agency, Motivation and Co-production to Improve Outcomes for Older People?

This question is significant because of the complex history of the social construction of the housing management function which will be discussed later in the thesis. How staff define themselves, whether they see themselves as professional entities with agency and the ability to act independently and drive forward change significantly affects how they produce services and arguably affects the quality of the services which their service users will ultimately experience (Frankin and Clapham 1997; Casey and Allen 2004; Casey 2008; Manzi and Richardson 2017). In the thesis this question will be addressed using primary research within the chosen local authority, involving interviews with frontline staff involved in providing day-to-day services and housing management support to older people. It is intended to provide a proxy for the perspectives of service users, through the people who work with them. It is hoped that frontline staff and managers will be able to highlight areas where services work well and are appropriate to the needs of older people, but also to be able to disclose areas where services are less appropriate and fail to meet these potential needs. This aspect of the research will further consider the links front-line workers establish with others in the health, social

care, and housing environment to negotiate services and interventions on behalf of service users, and to navigate the gaps and lack of specific services.

For this aspect of the research, insights will be drawn from Lipskian theory on street-level bureaucracy (Lipsky 1980, 2010), theories of public service motivation by Julian Le Grand (2003, 2010), and theories of co-production (Ostrom 1973; Parks et al 1981; Osborne et al, 2021). In short, Lipsky's work (and that of others who have built upon his original work since the late 1960s) has been chosen because it is pertinent to the analysis of lower-level bureaucrats in public services, as well as bottom-up approaches to policy implementation (Lipsky; 1980; 2010; Hupe; Hill and Buffat 2015). More detail is provided in Chapter 3. Although there are many studies which adopt a Lipskian approach, the methodology frequently has been used to study the activities of social services departments and welfare agencies. This approach has seldom been used to examine street-level bureaucracy in relation to housing for older people (although exceptions include McCall et al 2020, McCall 2022; Fox et al 2017). It is therefore hoped this new departure will build and enhance knowledge in this area of social research.

Julian Le Grand's (2003) analysis adds another important perspective, particularly with regards to the distinctions between 'pawns' (in which street-level, frontline service staff might be seen as highly regulated and isolated individuals, trying to cope under huge pressures through a series of makeshift practices: e.g. Tummers 2012) and 'queens' (in which, through their deployment of extensive discretion, street-level bureaucrats might instead be seen as 'agents' or 'civic entrepreneurs' in their own right: e.g. Maynard-Moody and Musheno 2012; Durose 2011). Moreover, Le Grand's distinction between 'knights' and 'knaves' is also important, suggesting that public servants' motivations may vary, with 'knightly' motivations (that emphasise public service professionals' scope to demonstrate compassion, self-sacrifice and commitment to the public interest: (Perry 1996; Coursey et al 2008) counterposed with 'knavish' motivations (in the assumption of their self-interest, as posited by the wider public choice tradition: (Perry and Wise 1990).

In addition to the above perspectives, the research also draws on insights from the co-production literature (Ostrom and Ostrom 1971; Ostrom 1973; Ostrom et al 1974; Parks et al 1981). For Ostrom (1996), coproduction describes a process in which contributions from individuals who are not in the same organization are transformed into goods and services, including the assessment, management, and delivery of a public service by users and providers. This adds a further important relational perspective, which has been used in the UK context to understand how 'professionals and citizens make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency' (Bovaird et al 2015). This value-driven approach blurs barriers between the

state, services, and citizens; involves relationships of reciprocity and mutuality; and applies an assets-based (as opposed to a deficit) model of service users (Boyle et al, 2010). However, despite an apparent interest around the potential of co-production in deriving more effective models of housing for older people (e.g. Stevens 2016), the complex, dynamic nature of this approach, working across professional and user boundaries, remains challenging. Moreover, studies on co-production in building age-friendly housing and communities remain limited (Seneca Terkelsen et al 2024). In response, this thesis takes the opportunity to consider whether a more co-productive model of housing for older people may enable staff to use their agency and discretion to improve outcomes for older people.

1.8.3 RQ3: Is it Possible to Envisage an Alternative Model for Future Provision of Housing Services for Older People? And What Factors Might Raise the Likelihood of this Being Successful in Practice?

This question recognises that one logical progression of the research might be consideration of a practical application which might lead to new improved approaches to the provision of support services to older people. This includes applicability of the service to the needs of users and affordability of the continued provision of services that the majority commentators agree are important to support older people to live independently in the community. Building on the analysis of ARC returns, tenant surveys and report cards, in-depth, one-to-one interviews were conducted with a sample of local authority staff regarding the utility in the real world of an alternative model for the provision of housing and support for older people, devised as part of this research (see Section 5.4). Interviewees were supplied with the proposed alternative model in advance of these discussions. This involved not only staff from the support aspect of housing for older people, but also mainstream housing management staff, and social care managers and others involved in associated caring services such as direct personal care for older people.

Together this series of questions allows us to explore areas of social research which have been neglected in the past and to be able to arrive at a new, clearer understanding of the role of front-line staff in providing housing and services for older people in the Scottish context following devolution. It also allows a tentative exploration of the potential of revised models of provision, which may be more economically sustainable than current models, and which also may be closer to the expectations, needs and wants of older people looking to secure social rented supported accommodation.

1.9 The Structure of this Thesis

In what follows, these issues and questions will be explored in greater depth. The structure of the thesis is as follows:

Chapter 1 forms the introduction to the study. It sets out the key areas of interest and focus. A key part is that it also sets out to define its remit and the three crucial questions to be answered and to justify the focus of the research. This is based on the available history and texts regarding the origins of housing for older people.

Chapter 2 discusses the development of this form of tenure in greater detail, from its inception in the later 1940s until the present time. Initially the approach will be based on the United Kingdom as a whole, before concentrating on housing for older people within the post-devolution Scottish context. This attempts to identify areas of tension regarding the efficacy of housing specifically for older people as a concept. It also considers dissonances and conflicts within different strands of post-devolution policy concerning housing and other associated services in housing for older people.

Chapter 3 sets out the theoretical framework for this thesis. The work of Lipsky (1980; Le Grand 1991; 2003; Smith et al 2009), and theories of co-production (Ostrom 1971;1973; Parks et al 1981; Bovaird et al 2015; Osborne et al 2021) will be considered as a means of analysing the development of policy and practice in housing for older people.

Chapter 4 is a methodological chapter, which outlines why the methodology used to conduct the research was employed, and why other potential approaches to the research were ultimately not used. The research utilises a mixed-methods approach (Bryman 1994; Creswell 2003; Denzin 2000). First, it employs an element of quantitative analysis of resident satisfaction with existing resident participative approaches. The study also employs qualitative semi-structured interviews to explore the views of the staff about the strategies they employ in their day-to-day work to uphold service levels for their clients, and to explore the model that arises from the study. The chapter covers the techniques employed to gather the data and how it has been analysed and interpreted.

Chapter 5 sets out to consider what a new and revitalised model might look like. The existing literature is used to inform thinking about more holistic forms of provision. This is used to establish a new Hub model (or models) to be evaluated in the research interviews to look for anomalies and defects in the prototype model. This chapter also looks at current methodologies employed to engage with consumers to facilitate participation and levels of satisfaction, with a view to ascertaining how appropriate they are for engaging with older people.

Chapter 6 introduces findings from the qualitative data, comprising 21 semi-structured interviews with frontline retirement housing staff and other professionals. It identifies key trends and common themes in the research data, and any anomalies or unexpected responses from participants. This chapter considers the extent to which frontline workers feel they can employ their agency to help older people (including those with dementia) and make up for any shortfall in the services they receive. It further sets out whether there is evidence of professional co-operation between housing and other services so that service users' needs are met - ensuring as far as possible they are able to access the services they need to live with some degree of independence. At its conclusion the chapter will attempt to link the findings from the interviews to the literature on street-level bureaucracy (Lipsky et al), motivational perspectives within public services (Le Grand) and co-production (Ostrom et al).

Chapter 7 provides some initial research findings from secondary data to indicate in very broad terms where service users believe there are gaps between current models and service provision and their aspirations for future provision. It also draws on data from the semi-structured interviews to examine the possible contribution from employing the proposed Hub model in Chapter 5.

Chapter 8 Conclusion draws upon the preceding chapters in seeking to answer the study's three main research questions. It also considers the key conclusions and contributions from the study, against a context in which cohorts above the age of 65 are increasing at an accelerating rate. This is important as we consider future models of housing for older people.

1.10 Summary

This chapter asserts that housing for older people is arguably a critical area of social policy and housing research. This is due to significant changes amongst the demography of the population, as well as the promotion of policies to allow service users to age in-situ rather than move on to hospital, care homes or nursing homes, and to have statutory assessments and care packages of support, nursing, and personal care, to allow them to remain at home. However, this chapter sets out the need for research regarding future provision in an environment of spiralling costs, challenging, and changing needs and shrinking welfare budgets.

In this chapter, the history of housing for older people in the United Kingdom and its sporadic expansion has been briefly outlined. It has been asserted that the development of this type of accommodation has been at times problematic and uncoordinated. This will be explored in greater detail in Chapter 2. However, from its origins in small experimental developments dating back to the

late 1930s, the spread of the stock of what has become known as ‘sheltered housing’ has not been geographically or demographically even. Moreover, within the generic umbrella term, “sheltered housing” reflects different features and services on offer. It has been highlighted that to date research has been limited regarding the needs, wants and general satisfaction of service users for the products currently available to them. The concept of sheltered housing is that in some way it must go above and beyond mainstream housing in terms of its attributes and so be an enhanced form of housing management. This indicates that more services are available than in the sheltered or retirement housing category, although it is not always clear what those might be, and how the level of service between different providers can be made subject to comparison. For some this leads to questions as to whether housing and services for older people represents a cluster of features and attributes, rather than clearly defined models of tenure. More recently, the terminology has been shifting from sheltered housing to a new umbrella term of “retirement housing”, which both semantically and in terms of social policy distances itself from the concept of more intensive support, to the above concept of independent living.

One key point of difference in current models of housing and services for older people is the presence of warden, scheme manager, retirement housing officer or sheltered housing officer. However, there is currently a lack of definition regarding the role of the warden, a lack of evidence of the nature and format of warden services, and a lack of research into the extent to which frontline workers feel they can employ their agency to help older people. Moreover, it might be argued that a more “holistic” approach might be considered in aspirations for future provision, taking in issues concerning health and support needs, gender and ethnicity that are not always currently addressed. This might include greater professional co-operation between housing and other services so that service users’ needs are met. To consider what a new and revitalised model might look like, this study thus considers the possible contribution from employing a proposed ‘Hub’ model (see Chapters 5 and 7B).

This study is primarily about the situation for people living in retirement/sheltered housing in Scotland, where approaches to housing for older people have in some respects diverged since devolution. For example, it considers questions and issues regarding the availability and suitability of the stock, consumer views (through secondary data) regarding the nature of services on offer, and the agency of frontline housing workers to ensure their clients can access appropriate services. In doing so, the study harnesses a range of theoretical perspectives (street-level bureaucracy, public service motivations, co-production) that are discussed in greater detail in Chapter 3. The study thus seeks to explore aspects that remain under-researched and arrive at new, clearer understandings of the situation in the Scottish context following devolution.

In summary, research in this field remains sporadic and incomplete. There is no comprehensive repository of data regarding housing for older people, and gaps in our knowledge regarding the form housing services take and details of the support on offer, models and needs assessments. Yet it is more important than ever to be clear what housing for older people has to offer to ensure that it meets the ever-changing needs of a diverse client group. The research questions have thus been selected from a range of alternatives to be sufficiently interrelated, relevant and feasible to add to the body of knowledge on these issues within the boundaries of this thesis.

Chapter 2

The Origins of Social Housing for Older People in the United Kingdom and in Post-Devolution Scotland.

“Sheltered housing for the elderly is but one of many categories of housing, but its characteristics are by no means precisely defined or immutable. Moreover, sheltered housing manifests a considerable – and growing diversity of types and functions”.

(Butler et al 1983, introductory chapter)

2.1 Introduction

This chapter seeks to cover three important aspects of the development of housing for older people, in order for us to better understand where we have come from and where we are now. In particular, it covers three related aspects of development:

- The history of social housing for older people (including post-devolution Scotland and housing provision for older people)
- Policy analysis relevant to housing and related services for older people in Scotland, from 2011 until the present day
- Evolution of staff roles in relation to the provision of housing and related services for older people

The chapter concludes by presenting an analysis of some of the perennial dissonances in social rented housing for older people.

2.2 The History of Social Housing for Older People

Housing specifically intended for the exclusive use of older people has been with us in one form or another for centuries in Britain, albeit usually on a small scale (Nicholls 2017; Butler et al 1983; Victor 1987; Parry and Thomson 2005). An independent system of alms-houses and hospitals ran in parallel with state attempts to ameliorate the circumstances of the elderly poor from the late Middle

Ages and still exists to a limited extent in the form of small-scale housing charities across the United Kingdom.

Early in the last century following the Commission on the Poor Law in 1909 (Butler et al 1983; Victor 1987) interest in social reform began to grow. Tentative steps began to be taken in the exploration of purpose-built housing for older people, although this initial interest did not bear fruit until after World War II. Prior to this, pilot schemes were implemented in places such as Sturminster Newton Council in Dorset in the late 1930s. Such schemes had limited impact on other councils at the time. However, in retrospect these experimental projects can clearly be recognised as prototypes for what would be adopted as sheltered housing after World War II, as councillors from other local authorities began to visit them (Butler et al 1980; Butler et al 1983; Victor 1987). The origin of this nomenclature came from the concept of geographically sheltered sites for housing for older people - it has therefore come to mean, over time “sheltering from the storms and troubles of life rather than climatic ones” (Victor 1987 pp 142: Ministry of Health 1944).

After World War II, the impact of the Beveridge Report and Dudley Report 1944 (Bullock 1987) dealt with the standards and features to be favoured in post war housing. There was a renewed interest in state provision of housing for older people, although this was part of a generalist approach to providing state housing to facilitate slum clearance and to tackle the urban destruction of properties because of bombing and neglect. Most of the efforts of those local authorities who chose to build went into family-sized housing, with some smaller units for single people and couples tagged on to housing programmes as an afterthought, often not specifically with older people in mind. Construction in the late 1940s is often regarded as uncoordinated, without an even geographical spread (Parry and Thompson 1993; Victor 1987). However, there was evidence of interest in central government as to whether older people were getting fair access to post-war accommodation. Research was undertaken which resulted in Circulars 32/56 and 18/56 ‘Housing of Old People’ from the Ministry of Housing and Local Government (Tinker 1984; 1997; Butler et al 1983; Ravetz and Turkington 2011). These circulars resulted in more specific guidance on the importance of appropriate accommodation for older people (Butler et al 1983).

2.2.1 Social Housing for Older People from 1948 to the 1960s

The trajectory for the expansion of social rented accommodation for older people changed little in the first 12 years of production. As stated by Butler (1995). During this period, a linear pathway was

assumed for the accommodation and care of older people, as part of a ‘continuum’ of housing provision (Townsend 1962; Robertson 2019;). Accommodation in mainstream family accommodation was the starting point. As people aged, the assumption was that a progression would occur to sheltered housing, for the fit older people seeking small and easily manageable accommodation. The final option, as frailty or infirmity progressed, was Part III accommodation (Townsend 1962; Butler et al 2003; Ravetz and Turkington 2011). Part III accommodation was institutional accommodation, which local authorities were legally bound to provide under the terms the National Assistance Act 1948.

2.2.1.1 The National Assistance Act 1948

The National Assistance Act 1948 dismantled the last vestiges of the Poor Laws and was intended to provide a more benevolent regime of residential care for people who, by virtue of age or disability, could not live in a mainstream home. In many instances, given the financial pressures of the immediate post-war period, this care took place in buildings such as workhouses and infirmaries left over from the poor law system. However, by the late 1950s and early 1960s attitudes and values began to change, as research demonstrated that Part III accommodation was neither the benevolent nor salubrious accommodation that it was intended to be (Townsend 1962). Townsend was able to demonstrate that communal living in wards (with its lack of privacy, inevitable institutionalisation, and lack of stimulation) was not a desirable option for people who could no longer live in either mainstream accommodation, or early social housing designated specifically for the elderly (Butler et al 1983). Townsend (1962) proposed that the solution to an increasing elderly population, who were becoming more dependent as they aged, was the expansion of sheltered housing provision rather than Part III accommodation (Townsend 1962; Butler et al 1983; Parry and Thompson 1993).

2.2.1.2 Early Attempts at Sheltered Housing

Early attempts at sheltered housing were initially rudimentary, and at least in urban areas there was a predilection to develop flats and bedsits, described in the circulars as “flatlets” (Butler et al 1988; Parry and Thompson 1993). Many of these had communal cooking facilities and communal bathrooms to reduce costs. Although bungalows were also built, at the discretion of the developing local authority, economic change in the mid-to-late-1950s meant that subsidies were cut for mainstream housing.

However, subsidies continued to be available for housing for the elderly as there was political consensus over this type of provision for older people. It is estimated in 1960 that England and Wales had a total of 21,000 sheltered units, with a further 4,515 units being built that year. Most of these properties were built by local authorities, whilst it is estimated 14% of the stock belonged to the voluntary sector (Butler et al 1983). The position in Scotland is less clear for the same period (Croucher 2008), as much of the early literature only covers England and Wales. However, it is estimated by Croucher that in 1959 Scotland had only nine purpose-built schemes which could be classed as sheltered housing provided by local authorities and one further scheme provided by the voluntary sector (Croucher 2008)

2.2.1.3 The Further Development of Housing for Older People as a Type of Housing

The emerging definition of what could be provided was improved during the period from 1948 to 1969, but it was still a suboptimal approach to the provision of housing for older people (Butler et al 1983). By the late-1960s there had been a further sea change in social policy, which led to greater differentiation emerging in housing models for older people (rather than the laissez faire approach adopted by the central government approach previously been employed from 1948 onwards, which had left the decision making of the location and design of dwellings up to individual local authorities. Although other organisations such as housing associations were beginning to emerge, who were also eligible for funding, they were not in the ascendancy as providers at this time. In this period, most housing for older people was still provided by local authorities.

In 1969 two ‘Categories’ of housing for older people were devised by the Ministry of Housing, each of which attracted distinct allocations of funding from central government, based on specific features local authorities chose to provide (Butler et al 1983; Griffiths 1995):

Category One accommodation was determined as self-contained bungalows for more active elderly people. Mandatory features included special locks, handrails, some form of fridge or ventilated food storage, and high standards of heating. These properties also followed the Parker Morris standard which allowed for larger rooms with greater circulation spaces. The presence of a warden or some form of communication technology to ensure tenants wellbeing was not a feature of the funding for this type of housing (Butler et al 1983; Griffiths 2005; Parry and Thompson 2005; Victor 2005).

Category Two accommodation had smaller floor areas (to be easier to keep). Additional features included provision of cookers, communal areas for residents to meet, and the provision of self-

contained warden accommodation. There was also provision for rudimentary alarm systems and lifts in buildings of more than one storey. This regime continued into the 1980s, although social policy was already leading to changes in the diversity of housing for older people to the point that these categories were becoming less relevant to the changing environment. Category 2.5 and Category 3 accommodation were later introduced to reflect the move towards more sophisticated sheltered housing, usually with a care component. However, these were never official government categories and arguably do not help to further clarify analysis of provision in this period (Parry and Thompson 2005; Griffith 2005). A further feature of the evolution of housing for the elderly that emerged during this period was the concept of attempting to link Category One and Two schemes to existing Part III provision, as the concept of people moving on when they could no longer manage in either Category One or Category Two sheltered housing was still prevalent.

The change in approach to the provision of housing for older people was in no small part due to the work of sociologists such as Peter Townsend (1962; in Parry and Thompson, 2005). Townsend's in-depth studies eroded the one-size-fits-all approach, which resulted in the expectation that as people became older, they would move along the housing 'continuum'; the ultimate outcome being residence in Part III accommodation. The concept began to gain acceptance that sheltered housing was not just for more physically fit and independent people, but that it could be allocated to more frail and dependent older people as an alternative to residential care. Such a change would allow older people to age in-place, with support, for as long as possible - with a move from home less likely unless hospital or residential care was required (Parry and Thompson 2005; Peace and Holland 2001).

2.2.2 Change and Expansion in the 1970s

The 1970s commenced with Circular 82/69 published by the Ministry of Housing; an influential document that defined standards of design for sheltered housing into the 1980s (Butler et al 1983). Changes such as new standards for heating, window ledge heights, and outwards-opening doors were introduced to make independent living possible for as long as possible. By 1970, there were 97,280 sheltered units in England and Wales compared with 21,000 at the start of the previous decade (Butler et al 1983). The voluntary sector had begun to expand, holding 11% of the stock, mostly in newer, more technically innovative social rented housing. It was also recommended that the preferred size for sheltered housing should be around 30 units (Butler et al 1983; Victor 1987).

In the Scottish context, expansion had also taken place but on a far smaller scale. In 1967, 37 local authority sheltered housing schemes existed, alongside 2 housing association developments plus one 'extra care' development by a housing association (Croucher 2008). The 1970s was a period of financial cuts, especially in relation to warden services. However, local authorities and housing associations could still attract full funding if they were developing 'extra care' or 'very sheltered' housing, which often included additional support and care beyond that provided in Category One and Category Two housing (Butler et al 1983). The stock was widely spread geographically and there was no clear agreement over the number of units to be provided, despite Townshend (1962) arguing for a figure of 50 units per 1000 population as the level of provision needed to meet older people's needs as an alternative to Part III accommodation. This is a level of provision many parts of the United Kingdom have struggled to supply - provision in England and Wales ranging from 278 per 1000 population to just 1 per 1000 (Butler et al 1983; Victor 1989).

2.2.3 From the 1980s Until Devolution and Beyond

The construction of social housing went through a challenging two decades in the period after the initial Thatcher government came to power in 1979. Sustained political pressure led to the halting of council housing development programmes and the introduction of the "Right to Buy" public social housing (Shelter 2022). In England, it is estimated that the number of new builds halved from 94,140 per annum in 1979 to 44,240 by 1983 (Shelter 2022). Nevertheless, housing for older people encountered fewer reductions compared with the mainstream stock. Indeed, the construction of social rented housing for older people continued to increase into the 21st century across the United Kingdom: between 1979 and 1989 mainstream social housing increased only by 10%, whilst housing developments for older people increased by 69% over the same period (Peace and Holland 1989). At the same time there was a move towards housing associations and other charitable organisations being the main developers and managers of specialist sheltered housing (Nocon and Pleace 1999; Croucher 2008).

For Parry and Thompson (2005), other major challenges to sheltered housing came from the introduction of the National Health Service and Community Care Act 1990. This piece of legislation had a revolutionary effect upon the NHS, social care, and housing. The right to services had previously been protected by The National Assistance Act (1948). This ensured that vulnerable people of all ages had access to mainly institutional settings such as psychiatric hospitals as a source of accommodation and treatment. The 1990 Act introduced significant changes. Firstly, it guaranteed

vulnerable people especially the elderly the right to a needs assessment by their local authority. It introduced internal markets in the NHS and introduced independent fund holding GP practices who could commission services from other suppliers within the NHS. It heralded the end of large care institutions such as psychiatric hospital and geriatric hospital for the elderly with the emphasis of care packages commissioned by the local authority and by an emphasis on domiciliary social and health services to keep people in homely settings in the community or indeed to create new, homely settings for people discharged from institutional settings. This meant that against a background of fiscal cuts and austerity, local authorities were having to find properties for those on the point of discharge and that they were more likely to have older people living at home for much longer with care packages rather than moving on to care and nursing homes settings.

2.2.3.1 The Best Value Framework in 1999 and Supporting People in 2003

The *Best Value* regime exposed housing for older people to far greater scrutiny in terms of value for money, customer choice and participation. However, arriving at useful and pertinent yardsticks of satisfaction levels and qualitative features of housing for older people is notoriously difficult (Foord 2004). This is compounded in a group who have traditionally either not been engaged with or canvassed for their opinions using inappropriate media and technology (McCall et al 2022; Yazdani-Darki et al 2021). As a result, it is arguable that housing for older people suffered disproportionately from harsh evaluations of its efficacy and value, because it is difficult to produce data to support its efficacy compared to other services where service users and other stakeholders are ‘easier’ to interact with (Berrington 2017; Foord et al 2002; Wood 2017).

The *Supporting People* regime presented both challenges and opportunities to the provision of supported housing of all types as it created three important changes. Firstly, the ‘sea change’, which started slowly in the 1960s with the move away from Part III accommodation, continued at an accelerated pace (Parry and Thomson 2005; Peace and Holland 1989). Funding was made available via local authorities to be distributed to mostly community-based care and support services. In many instances this included sheltered housing, especially for those providers with more sophisticated models of housing support for frail elderly people. Nevertheless, perhaps an unintended consequence of this was that, in some instances, it left little option for some cash-strapped providers to move exclusively into forms of service provision that tended to exclude the more able elderly population, who required some housing support, but not at the level of ‘very sheltered’ or ‘extra care’ housing (Parry and Thompson 2005; Peace and Holland 2001).

2.2.3.2 Changes to Housing Benefit

The process of separating housing benefit from support services also emerged at this time. This raised the threat that some previously funded housing management services would become ineligible for funding as part of the Housing Revenue Account. In some instances, this has led to the reduction of services provided in retirement or sheltered housing, including very sheltered and extra care provision (Parry and Thompson 2005). In some areas, this has led to the withdrawal of wardens and managers based on site; a practice that has gradually diminished due to costs and the introduction of working time regulations. This has seen changes in the role, changes in employment practices, and improved training of wardens into more professional roles. It was previously normal for wardens to be based on site during a 9am to 5pm working day. This has been widely replaced, with a move away from onsite staff to floating support (covering several sites with fewer staff), or the use of an emergency call centre to make up for the non-presence of on-site staff. In most cases, these developments have been the result of changes in funding and cuts in public spending (Tinker et al 1995).

2.3 Post-Devolution Scotland and Housing Provision for Older People

Until now this thesis has largely discussed some of the key developments in housing for older people across the United Kingdom. In effect, the history, and origins of housing for older people until devolution was enacted (and the Scottish legislature came into being) was broadly similar across the United Kingdom. The building and housing management activities of Wales, Northern Ireland and Scotland had been controlled by at arm's length by the Westminster Parliament, usually by legislation enacted for all of the United Kingdom or appropriate legislation enacted to meet the specific circumstances of Scotland and the other nations. In the Scottish context, such legislation had to be cognisant of the separate Scottish legal system and Judiciary, with bodies such as Scottish Homes and the Scottish Office and the Secretary of State for Scotland as the conduit for housing activity.

There were little or no housing construction activities between 1990 and 2010. For the whole of the UK only 0.3% out of 2.7 million housing completions were made on the part of councils (Dept of Communities and Local Government) as borrowing caps imposed by central government effectively made it virtually impossible to borrow for housing construction. Any new council housing would also be eligible for purchase on the part of tenants at a substantial discount. Discounts started at 35% after 5 years of tenancy rising to as much as 70% with a 1% increase for each year of tenancy. Flats started at 50% for the first 5 years of tenancy rising by 2% for each additional year up to a maximum of 70%

(Murie 2014). Such losses of capital were unsustainable for local authorities (Shelter 2006; McKee 2010).

In the Scottish context the quango Scottish Homes had been created in 1989 to manage the stock of the Scottish Special Housing Association and to finance the building programmes of housing associations and cooperatives. This in effect was the social housing system the new Scottish government inherited in its first days in office (Serin et al 2018; Gibb 2014). Scottish Homes also had a regulator function later taken over by The Scottish Housing Regulator when Scottish Homes was dissolved.

2.3.1 Developments in Social Housing in Scotland Since Devolution

Since 1999 the Holyrood Parliament has had control over all aspects of social housing, subject to the block grants provided by the Westminster Parliament. These are made under a calculation called the ‘Barnett Formula’, devised by Joel Barnett the Chief Secretary to the Treasury in 1978. Effectively, the formula allocates a budget to the Scottish Government based on the size and composition of the population, for devolved matters such as housing. The formula allows for an increased grant over and above that set aside for England, so in some instances grant levels per capita can be greater in the devolved nations than in England.

Controlling investment in social housing does not mean that the Scottish Government can control other social factors that impinge on housing. Holyrood does not fully control the benefits system, although it has some leverage in instances like the “bedroom tax” where it has mitigated the worst effects of relevant legislation by using discretionary housing benefit to make up shortfalls in individual entitlement.

This lack of control of all aspects of benefits and welfare still has a major impact on housing in terms of tackling poverty, and more recently alleviating the effect of excessive fuel costs. These are still influential factors in the housing system. Therefore, although the Scottish Government has its own housing budget, borrowing powers and the ability to make funding available for construction programmes to local authorities and housing associations, it is limited in the ways it can impact on issues like poverty and other social issues unless it raises money to tackle these by additional taxation in Scotland (Gibb 2015; Serin et al 2018).

2.3.2 Post Devolution Government Policy on the Status of Housing for Older People in Scotland and the Parallel Development of Complementary Social Research

Scottish Governments of different political hues, but increasingly SNP majorities since 2011, have published policy papers and statements of intent with variable levels of detail and prescriptiveness. The main detailed piece of social research concerning housing for older people in Scotland in the immediate post devolution period is *the Review of Sheltered Housing in Scotland* (Croucher 2008). This mixed-methods study was the first to look holistically at the numbers of housing of different types for older people in Scotland. It involved not only the use of quantitative data commissioned from the Elderly Accommodation Council (EAC), but it also used surveys, questionnaires and focus group data from housing providers and tenants, seeking their views on current provision and future development of housing for older people. This was the first study of its kind in a Scottish context and there has been no work of similar detail or depth conducted to update it since. This section details some of the headline figures from the report, before looking at its overall findings in more detail. It also examines smaller scale policy covering specific area of housing, care, and support in the Scottish context since 2008 until the present.

2.3.3 The Number and Types of Housing for Older People in Scotland

As summarised above, the development of housing for older people largely mirrored that of the rest of the United Kingdom until devolution. Hence, Croucher's (2008) study confirms there were both periods of slow and rapid growth, the growth of certain types of housing/support mechanisms whilst others diminished, and differences in the geographical location and concentrations of different types of housing for older people.

Table 1: Date of build of housing with warden and extra care housing by type of provider for Scotland

	Housing with warden			Extra care housing		
	Local authority	Housing association	Private sector	Local authority	Housing association	Private sector
Pre 1900	1				8	
1900-1909	1					
1910-1919	2					
1920-1929	4					
1930-1939	11					
1940-1949	3					
1950-1959	9	1				
1960-1969	37	2			1	
1970-1979	148	52		3	8	
1980-1989	126	278	27	3	20	1
1990-1999	68	87	22	2	43	1
2000-	1	8	27	3	23	
TOTAL	411	428	76	11	103	2

Source: EAC database, 2006 (Croucher 2008)

Table 1 demonstrates the trajectory of housing for older people in Scotland. In the table, ‘housing with a warden’ denotes sheltered housing, whilst all developments with more intensive support are simply labelled “Extra Care”. Prior to 1949, there was little or no housing specifically for older people in Scotland. Initially, local authorities started to build purpose-built properties for older people. There was no housing association activity prior to 1950. This data only determines the age of the stock being used, not when it began being used exclusively for older people. In common with the rest of the United Kingdom, the most extensive expansion in housing for older people occurred during the 1970s, when Scottish local authorities constructed 148 developments (self-contained complexes of housing for older people). This fell back to 126 completed developments during the 1980s. By this time housing association developments had become more commonplace, with 278 new schemes completed between 1980 and 1989. From then until 2000 completions tailed off drastically for both sectors. By this time, each of these sectors had approximately half of the sheltered housing stock in Scotland. However, most of the stock of ‘extra care’ housing for older people belonged to housing associations (Croucher 2008).

The existence of some stock dating as far back as 1900 for the use of older people would suggest later conversions to increase the stock of such units. Since 2008, the provision of specialist housing for older people has continued to expand. The numbers of sheltered, very sheltered, and medium-dependency housing in Scotland increased by 2% between 2018 and 2019 from 20,315 units to 20,740 (Scottish Government, 2019). However, the Scottish Government has not updated figures for the expansion of housing for older people in housing associations since 2013. Therefore, the total picture remains unclear (Scottish Government 2023). By 2035, demographic change will mean a radically increased population of older people in Scotland will require access to 50,000 such dwellings to cope with demand (ARCO 2022).

2.3.4 Geographical Spread of Sheltered Housing for Older People in Scotland

Similar to the rest of the United Kingdom, geographic distribution of the various types of housing for older people is not spread evenly across Scotland. In Croucher’s (2008) review, Scotland was divided into three regions for the purposes of analysing the location of stock (see Table 2).

Table 2: Numbers of housing with warden dwellings by cluster and type of provider

	Local authority	Housing association	Private sector	Total
Northern Scotland	8,578	4,615	827	14,020
Central Scotland	4,532	8,597	2,057	15,186
Southern Scotland	2,859	3,222	796	6,877
SCOTLAND	15,969	16,434	3,680	36,083

Source: EAC database, 2006 (Croucher 2008).

Table 2 shows that most local authority dwellings with a warden were in Northern Scotland, with there being 8,578 units under management. In Central Scotland local authorities only held 4,532 units. The trend is almost reversed between Northern and Central Scotland in terms of housing association properties. In Northern Scotland there were only 4,615 units, whilst in Central Scotland there were 8597 dwellings provided by housing associations. Meanwhile, Southern Scotland is lowest for dwellings in both local authorities (2,859 units) and housing associations (3,222 units), although this demonstrates greater balance between these landlord types (Croucher 2008).

2.3.5 Geographical Spread of Extra Care Dwellings for Older People in Scotland

Croucher's (2008) study also showed that the distribution of extra care units across the country was uneven (see Table 3). For instance, it is apparent in Northern Scotland that housing associations were the most common providers of extra care dwellings (with 574 units in management), with local authorities (with 249 units) providing less than half this number. In Central Scotland, this difference is even more noticeable, with housing associations holding 1980 units of extra care housing to just 112 in local authorities. Similar proportions are observed in Southern Scotland, with 640 units held by housing associations and just 46 by local authorities.

Table 3: Number of extra care housing dwellings by cluster and type of provider

	Local authority	Housing association	Private sector	Total
Northern Scotland	249	574	127	950
Central Scotland	112	1,980	0	2,092
Southern Scotland	46	640	0	686
SCOTLAND	407	3,194	127	3,728

The total number of units of sheltered housing fell by 10% between 2000 and 2005 from 36912 to 33212 units. By head of eligible population this was a reduction from 48.2 units per 100,000 to 42.5 units per 100,000 population. With the demographics of older people moving in the opposite direction (Croucher 2008), questions remain as to why the number of supported dwellings for older people dropped by 18% between 2000 and 2005 - a period where demand remained high despite the difficulty of letting older stock.

2.3.6 Further Detail from the Croucher Report (2008)

Overall, Croucher's (2008) report reached several key conclusions, and did identify sheltered housing in its many incarnations as a useful resource. This was especially the case in very sheltered settings, where additional support and care services were allowing vulnerable elderly people to remain in homely settings. However, the report did not advocate a wholesale expansion of sheltered housing across Scotland. The study identifies similar issues to the English experience: over-concentrations in some parts of Scotland of specific types of housing that have become difficult-to-let in some instances (as their attributes were outmoded), whilst at the same time gross under-provision in other parts of the country of housing with more intensive support (Croucher 2008).

The report further highlights how the complex diversity of the stock - in terms of both its physical features and the diversity of services on offer to tenants - makes it difficult to accurately assess and to reach conclusions about the efficacy of the various forms of housing for older people. Differences in rents and charges for services for comparable features also made overall comparisons difficult. The

report was therefore unable to advocate a specific direction that housing for older people might adopt and adhere to in the future. The report concluded that sheltered housing continued to be popular amongst residents, as in the tenant survey only 16% of residents in housing for older people said they would rather live in an “ordinary home” (Croucher 2008, p.80). The report also highlights “promoting realistic expectations” (Croucher 2008, p.80) as important, as residents had variable expectations of the role of the warden and what they should be doing for them.

The report further recommended a level of caution over the rate and the geographical expansion of sheltered housing, given that 25% of respondents from both local authorities and registered social landlords indicated that around 25% of their stock was low demand (Croucher 2008, p.81). This led to the conclusion that services and buildings should be remodelled where appropriate, either for older people or other service users, and discarded where neither housing stock nor continuation with the service was tenable. In conclusion, the report recommended that as the Scottish population was aging, and numbers of frail elderly people were likely to increase in the future, ‘very sheltered’ housing should be targeted particularly for expansion. Along with this it recommended the creation of more virtual sheltered housing schemes, greater use of peripatetic wardens to manage costs and greater use of community alarms and telecare to ensure services remained viable. The report further recommended that particular attention be given to the needs of ethnic minority clients.

2.3.7 Continued Divergence in the Scottish Context

In the Scottish context, divergence in approach has been even greater since the inception of the Holyrood Parliament. Funding mechanisms have changed for the management of housing for older people (Parry and Thompson 2005). In the instance of the local authority that is the subject of this study, the ‘sheltered’ service, including the support element, is entirely funded from the housing revenue account and the ‘very sheltered’ services are only partially supported by Scottish Government funding. Neither attract any charge over an ‘above standard’ rent for the dwelling for the housing support.

Both Scottish local authorities and housing associations have publicly financed building programmes that include both new build construction and improvements and remodelling of existing stock. The details of these programmes are contained within the Housing Statistics Quarterly Update, which details new build works for all tenures. This information is also available in the Affordable Housing Supply Programme, which has been constantly updated since 2016 onwards on the Scottish

Government website. In the Scottish context at least, this means that the further creation of bedsits and unpopular shared facilities have been avoided, and many landlords have taken the opportunity to demolish or create larger units where the stock is unpopular. There is now a heavier reliance on innovations in technology to improve outcomes for service users, with more sophisticated alarm systems and IT solutions to facilitate support and independence (Tinker 2010).

In order to make accommodation more affordable, some providers have chosen to reduce their services, care, and support levels (Hobson 2020), and to dispose of the care homes attached to sheltered housing complexes. For example, in 2017 Bield Housing Association made a strategic decision to close 12 care homes in Scotland and concentrate upon a revised retirement housing service and a retirement housing service with meals. The downside of this is that some service users have had little choice but to move to either care homes or providers of very sheltered/extra care housing and the decisions which Bield made were depicted negatively in the Scottish media because of the plight of service users who had to move on. Paradoxically, funding pathways mean that some providers have concentrated upon converting their service to very sheltered and extra care housing as a way to make their business more viable. Both routes have come under criticism for potentially restricting access to services users who may have been eligible and suitable under the previously existing service structure (Tinker 2002, 2004).

2.4 Policy Analysis Relevant to Housing and Related Services for Older People in Scotland, from 2011 Until the Present Day

2.4.1 The Christie Commission Report (2011)

The origins of current government fiscal and social policy have a significant part of their origins in the Christie Commission on the Future of Public Services (2011). This report was commissioned by the Scottish Government and was composed of a panel of experts, experienced in public administration and fiscal studies. The Commission had a relatively short life and much to achieve with the timescale of a few months. This means that the final report is nuanced rather than prescriptive in the measures it recommends should be taken. The report focused on public finance and public services following devolution, examining how these areas could be addressed within the specific context of a devolved Scotland (Gibb 2015). It was established early in the process that this would be likely to be against a background of continuing fiscal constraints and that there would be a requirement to work with the third sector and voluntary organisations in order to achieve the objectives set out in the report for

greater integration amongst partners. The Christie Report marked a turning point in Scottish public policy by adopting a holistic view of services, emphasising efficiency, user and voluntary sector involvement, and integrated service delivery (Gardner et al 2021). It prioritised avoiding harm to individuals within public services. The four key principles were “People, Partnership Prevention and Performance. Whilst not all the objectives envisaged by the Christie Report have been achieved in public services, it has had a significant effect on Scottish public life since it was published. It has often been credited with the integration of the police and fire services into single rather than regional services. Whilst much of this was already at a planning stage conceived under different research prior to the Christie Report and therefore in strict terms is not a legacy of the report. Unfortunately, the full implementation of the Christie Report has never been achieved for various reasons. The COVID-19 pandemic forced many services into emergency mode, further delaying the implementation of the report’s principles, particularly those involving public participation and the voluntary sector (Gardner 2021). Somewhat ironically the advent of Covid had the opposite effect in some instances as some public services were only provided on an emergency foot with a large part of the working population either shielding or in lockdown. In order and to be able to continue to provide core services public services were forced to forge better links with the voluntary sector and resources had to be employed in partnership to allow this to happen. Some commentators have also cited government interference by the Scottish Government and a generalised failure in some aspects of public life to normalise choice amongst consumers and to facilitate devolved localised management of resources (Mitchell in Holyrood Magazine 2021)

2.4.1.1 The Christie Report and Housing for Older People

In the case of housing and support services, over a decade later, issues such as care for older people and self-directed support much of the early promise of the Christie report has remained unfulfilled. Choice and participation have advanced at a slow pace in many public services not least housing and the involvement of the voluntary sector in the decision-making circle and in the distribution of resources has often remained peripheral and merely consultative in terms of the decision-making process. Although updates in information sharing protocols and legislation have placed an obligation on public and private service bodies that provide services to the public to communicate and have a commitment to joined up thinking, the reality is that this culture has in the main been slow to take root.

2.4.2 Further Relevant Policy Documents in Scotland

A review of further relevant policy documents since 2011 has identified at least five distinct subject areas that arguably impinge on housing for older people and associated services. These papers cover housing in general terms; social care and support; dementia; housing for older people; and a fairer deal for older people. The papers are set out below in Tables 4 and 5.

Table 4: Government Policy, Consultative and Pathway Papers since 2011 that nominally Address Housing for Older People

Title - Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade 2011 – 2018
Date – February 2011
<i>Subject matter</i> This briefing paper produced a route map of the way forward for the next decade. It was concerned with housing in general terms, with no specific reference to older people other than to confirm that they should be entitled to a housing “Health Check”. It concentrated mainly upon methods of financing the housing programme.
Title -Age Home and Community: A Strategy for Housing for Scotland's Older People Delivery Plan
Date – October 2014
<i>Subject matter</i> This document is presented in a tabular form to match actual performance against objectives. It concentrates on use of supportive technology and adaptation of existing stock to meet the needs of older people. It recorded that through the general housing programme (pursued through housing associations and local authorities), 587 units had been completed specifically for older

people with physical disabilities. However, this document does not detail which units were in purpose-built developments for older people and which were merely barrier-free general housing with no support element.

Title - Age Home and Community: Next Phase

Date -August 2018

Subject matter

This was a midterm of the paper against actual performance since 2011. It focuses primarily on measures such as assistance to owner occupiers and to older renters rather than rather than any expansion of specialist properties for older people.

Title - A Fairer Scotland for Older People: Framework Actions and Updates

Date – June 2021

Subject matter

This paper mainly deals with subjects such as transport and access to services, rather than housing related issues. This aims to support people with the ageing process and to eliminate pejorative associations with the aging process.

Title - Housing to 2040: Visions and Principles

Date – March 2021

Subject matter

This was an extensive paper covering all aspects of the government housing programme and its vision for the way forward. However, although it covers adapted housing and special needs housing, it does not discuss housing for older people as a specific category of housing need beyond this.

Table 5: Social Policy Papers that Overlap on Housing and Health Services

Title - Social Care Services Scotland Date – November 2014
<i>Subject matter</i> This was statistical information paper published by the Scottish Government to inform about the national figures concerning people using social support services in Scotland in 2014. It is relevant to this study as it confirmed that in Scotland 150,000 were in receipt of either a care or support service and around 80% of clients were over the age of 65. This has implications for social housing of all types given that the majority of older people live in the general stock and a consistent 5% in more specialist accommodation.
Title - The Public Bodies (Joint Working) Act Scotland Date 2014
<i>Subject matter</i> The intention this piece of legislation was to set up a framework which made it mandatory for public agencies in Scotland such as NHS and local authorities to work together developing joint approaches for health housing and social services in the development in services for older people in Scotland. Prior to this there had been no obligation to do so.
Title - Housing Services and Integrated Health and Social Care: Housing Advice Note Date 2015
<i>Subject matter</i> This paper built upon the above Act to facilitate housing involvement in the management of services for older people and place an obligation upon health and social care agencies to have cognisance of them as stakeholders. The overall emphasis of the paper was to help older people out of acute and care settings and in a “homely” environment, where possible receiving services at home.

Title - National Dementia Strategy 2017 to 2020 Date 2017
<i>Subject matter</i> This document centres on the Scottish Government’s commitment to supporting those with dementia against a background of increasing dementia diagnoses. As the number of older people increases in Scotland it continues to emphasise community-based settings as the preferred responses enabled by housing support. This is in line with the existence and content of Age Home and Community: A strategy for Housing Scotland’s Older people (2011)
Title - Health and Social Care for Older People Statement of Intent Date- March 2021
<i>Subject matter</i> A briefing paper committing the Scottish Government to the delivery of person-centred care, mainly in the community. This is to be made possible by more joint working and collaboration between services and the use of developments such as “Hospital at Home” and “Care at Home” services to allow older people to remain at home for as long as possible. This is based on survey evidence that this is the preferred option of older people
Title - Dementia health and social services staff: a framework – promoting excellence. Date 2021
<i>Subject Matter</i> This document deals with training and education improvements for care and support staff, in order to increase awareness and increase standards. The ultimate aim is to improve outcomes for social service users with dementia, or who are at risk of developing dementia.

2.4.3 Discussion of Scottish Government Papers: A Collective Response to Housing, Older People and Associated Services

Overall, analysis of Scottish Government policy papers suggests they have become much more detailed and sophisticated in the analysis and employment of data in recent years. There has also been a significant expansion in the number of papers year-upon-year since 2011. However, in overview, there is insufficient detail, both in terms of implementation, and about the needs of older people as a distinct group that would benefit from having their housing needs assessed in a more holistic way. There is a growing body of literature highlighting the advantages of concepts like person-led support for older people as a means of fostering independence and autonomy (Scottish Government 2019; Fazio et al 2018).

While these papers illuminate the bigger picture, the detail of housing and associated service provision for older people is left to local authorities and housing associations to implement. The recognition that housing and other aspects of social policy are heavily interrelated and should be integrated is not demonstrated - either in fact or in spirit. Scottish Government publications have taken the form of discrete documents concerning different aspects of social and public policy, such as the expansion and forms of social care and support, social housing in very general terms and a national strategy to provide services issues arising as a result of dementia.

The first major policy document purporting to meet the needs of older people with specific reference to housing was “Age Home and Community: A Strategy for Housing Scotland's Older People 2012 – 22) This document was backed up with a similar, but much shorter review paper designed to measure the progress of its strategy against actual performance entitled “Age Home and Community: The Next Phase”, which was published in 2018.

Although these are both detailed housing papers, their content is limited in terms of prescriptive measures or targets - whether in terms of bricks and mortar, or new services to tackle the issues and needs arising from a rapidly expanding ageing population. This appears to be an oversight when set in the context of Croucher’s (2008) report, which considers the need for both an informed, geographical *new-build* programme as appropriate to each region in Scotland, and the renewal and remodelling of *existing* housing developments for older people.

Each paper reinforces the government's position on the avoidance of care homes and nursing homes, by enabling people to remain in their own homes. Where older people are owner occupiers the provision of care and repair schemes and appropriate domiciliary support and care are seen as the

main strategies to address support needs arising due to ageing amongst older owner occupiers. However, neither document makes specific reference to specialist schemes for older people. In these documents, care and support are often posited as a panacea to the challenges of an ageing population. In fact - although care and support sometimes overlap in terms of the setup of individual packages - tasks, and responsibilities for those involved in service implementation are more distinct. These are categorised either as care or support, each of which will often be provided by entirely different services and staff. For those involved, there are clear distinctions between the two in terms of delivery and remit and responsibility.

Similarly, both documents focus on the judicious employment of information technology and adaptations to properties as a means of ensuring consumers retain their independence by ageing-in-place. However, enjoyment and comfort in the home goes beyond simple aids and adaptations. Perceptions of home, beliefs about the nature of home and responsibility for the individuals housing circumstances all have a significant effect on the happiness and independence of older people as they age (Oswald et al 2007; Golant 2015). It is unclear in both documents as to the priority to be given to the specific needs of older people. Adapted housing is discussed in generalist terms, and older people are not specifically identified. The focus is instead upon all people with specific needs and disabilities for adapted and supported accommodation. Overall, the actual strategy that is being pursued and the progress that had been made up until 2018 is not clear from either of these documents.

“A Fairer Scotland for Older People” (2021) is an equalities-based paper designed as part of a series of papers addressing the needs of minority groups. Given the difficulty older people sometimes experience negotiating housing bureaucracies and complex allocation policies, housing could have figured significantly, with cross-referencing to earlier similarly themed papers. However, this document is concerned mainly with other policy issues. The last major paper with a housing theme, “Housing until 2040: Visions and Principles”, discusses various aspects of social housing, as well as tenures such as mid-market rents and owner occupation. It is again, however, silent on the specific needs of older people.

2.4.4 Social Policy Papers on the Needs of Older People

Alongside housing policy, parallel developments have taken place in social policy for older people in Scotland. This represents an opportunity for greater co-ordination of efforts and further integration of service provision, against a background of austerity that has been exacerbated during the Covid-19

pandemic. For example, a major policy paper referring to the needs of older people was “Social Services Scotland” (Scottish Government, 2014). This paper provided a statistical snapshot of the characteristics of people using social services in Scotland, covering the needs of all service users. Of particular relevance to this study is the observation that 80% of those using social services were older people.

The Public Bodies (Joint Working) Act (Scotland) 2014 was designed to foster closer working relationships between housing, social care, and the NHS. It sought to clarify respective roles and create a greater voice for housing in the decision-making process. It was followed up with a guidance note concerning implementation in 2015. It has been the subject of contemporary research in terms of how the legislation has worked in practice since implementation (McCall et al 2021) and an Audit Scotland Report in (2018), which analysed in depth the impact of community planning between agencies. This is a relatively new area of research, and it is not clear at this stage if this legislation has had the desired effect in day-to-day practice. Later parts of this thesis consider this area of research and seek to build upon this innovative perspective. It should be noted, however, that prior to the introduction of this legislation, various commentators since the 1990s had highlighted the importance of partnership working in planning both housing and support services for older people (Parry and Thompson 1993; 2005; Riseborough 1999; Fletcher 1991).

With regards to the specific issue of dementia and housing for older people, the Scottish Government published its National Dementia Strategy in 2017, which sought to underpin provision for people with dementia until 2020. This paper does not refer to housing as a key tool in providing safe and nurturing environments that can facilitate stimulation and socialisation for people with dementia. However, it does build on previous policy in highlighting homely settings in preference to a care home environment. The “Health and Social Care for Older People: Statement of Intent” (2021) follows a similar trajectory. However, the importance of a joint approach with housing is not evident. The most recent policy paper dealing with dementia, “Dementia Health, and Social Services Staff Framework: Promoting Excellence” (2021) concentrates upon care standards and taking preventative measures in relation to dementia but is silent on the use of safe housing as a basis for this, despite housing arguably having a key role.

2.4.5 The More Recent Policy Context of Social Rented Housing for Older People

As with the rest of this thesis, the focus of this section is about housing for older people in the Scottish context. However, it is useful to reflect upon the context of the whole of the United Kingdom in the first instance in order to map the significant change in housing policy since 1999 with the emergence

of devolution for three of the countries within the United Kingdom. In Section 2.2, the evolution of social rented housing for older people was discussed at length and it was argued that up until the point where the devolved the governments were created that housing policy and provision on the ground was broadly the same within the United Kingdom. Since devolution, the individual executives have pursued their own distinct policies and approaches to housing (McKee et al 2015) (although this has to a certain extent been curtailed by the fact that the welfare benefits system and other fiscal processes which influence housing and strategies to address poverty, and inequalities have remained controlled centrally by the Westminster government). Since devolution, regardless of political hue, Westminster governments have pursued a policy framework whereby social rented housing is seen as a last resort, or safety net and has not been identified as a mainstream solution to housing people. The private sector has continued to receive encouragement of sorts with attempts to ensure that landlords are able to control and repossess property with relative ease. The Right to Buy has continued with few changes and homeownership is still seen as the tenure of choice and aspiration for most. In marked contrast the Welsh and Scottish executives have repealed the Right to Buy (McKee et al 2017)

In the Scottish context as has been argued earlier in the thesis successive governments have, often based on the findings of the Christie Commission, continued to invest in public sector housing provided by local authorities and housing associations via public subsidy (McKee 2015). The rights of private tenants have been enhanced by subsequent legislation to afford them more rights and security of tenure than their English cousins (McKee 2015; Serin et al 2018). This has been part of a strategy of anti-poverty measures (Gibb 2014) where such welfare provision as the Scottish Government controls has been set up in a complementary way to the provision of social housing in order to support it (although this has only been partially successful as the welfare system is not yet a devolved function). The rise of global economic downturns since the early 2000s, the focus on homelessness and attempts to eradicate it as well as more recent changes such as increased numbers of asylum seekers in temporary accommodation have posed challenges in terms of resource management and the speed and rate at which new social housing can be provided (Powell et al 2015; Gillespie 2012). With this the needs of the older population form a distinct subset of requirements which need to be met in order to cope in the present and prepare for an aging population in the future. The Scottish population is expanding however this is fuelled by migration and an increasingly ageing population (Raeside and Khan 2008).

Current housing policy in Scotland requires greater focus on the needs of older people as specific group. Until the present concentration in terms of policy has been upon the enhancement of the rights and security of tenure of people in the public sector and crude target setting for completions of affordable housing with 30,000 completions between 2011 and 2016 (Serin et al 2018). In terms of

future provision, it is arguable that housing policy should consider several factors. By 2045 it is estimated that 29% of the population will be over 65 at a time when the overall population will be shrinking (Tolson et al 2023), a substantial proportion of this population is likely to experience some form of dementia. It is therefore essential that accommodation be provided with specialist features to support this situation. Three-quarters of the population live in traditional private housing at a time when completion of bungalow accommodation is rare because of the cost (Tolson et al 2023). Need and supply vary greatly according to geography and region and this needs to be factored into any building programs (Tolson et al 2023).

In terms of future provision, it has also been argued by McCall et al (2019) that policy development should take into consideration co-production principles with potential service users and providers being at the heart of the decision making and development process. That investment should be made in early interventions for older people and prevention where possible. That information and advice should be a key part of future services and that providers should “Build new suitable housing, such as intergenerational and lifetime homes that are adaptable, flexible, inclusive and affordable across all tenures” McCall et al pp 2, 2019).

2.5.1 Evolution of Staff Roles in Relation to the Provision of Housing and Related Services for Older People: From Warden to Housing Support Officer

The role of staff in supporting users of housing and services for older people has evolved considerably since the outset of this form of tenure. Tracing these developments provides an important perspective in understanding more about the expectations and experiences of both staff and users within the current service environment.

2.5.2 The Role of the Warden in the Early Days of Sheltered Housing

In the 1960s central government turned their attention to the role of the warden, mostly in the context of Category Two sheltered housing. They defined this role as that of the “good neighbour” (Butler et al 1983; Parry and Thompson 1995). A summary of the warden’s role as viewed by central government is set out in the quotation below.

“Details of arrangements differ, but often a warden undertaking to clean the common room, bathrooms, and W.C.s landing and stair and attend to the central heating: answer the emergency bell and apply for the services needed by the tenants, such as home helps, meals services and supplements to pensions. In addition, many wardens help with bringing in fuel, and with personal services such as hair washing and bathing. They also draw pensions, shopping, and cook and in bad weather or illness, and organise social or special events in the common room”.

(Ministry of Housing and Local Government and Ministry of Health, 1961: in Butler et al 1983, p.55).

The roles and activities of staff involved in housing for older people are discussed below in relation to the social construction of housing management. However, at this stage it is important to highlight the early origins and foundations of the role of the warden. This includes some of its tensions and contradictions, which are partially responsible for the current difficulties in outlining an appropriate role for professional housing staff supporting older people, as distinct from that of professional care workers who also have a grounding in housing management practice. From the outset, an unsophisticated view of the duties of the warden was to become problematic in many parts of the United Kingdom. Where it was adopted, it often led to a lack of definition and priority in relation to the tasks that wardens should be performing (Heumann 1980; Parry and Thompson; 1993; 2005). Many wardens were ‘middle-aged’ women, living on-site in a purpose-built property, with a spouse who was often expected to act as an unpaid ‘handy man’ and ‘help mate’ (Parry and Thompson 2003). Some authorities even interviewed couples before deciding to hire a female warden (Butler et al 1983; Tinker 1984; Shelter 1972).

This led to the untenable situation where, through no fault of their own, an often committed but untrained and under-supervised workforce was engaged in providing a poorly specified range of important and demanding services to tenants with very little respite and support. In the era before proper alarms, intercom systems, back-up from call centres and other welfare services, the warden could in principle (at the extreme end of the spectrum) be called upon 24 hours a day 365 days of the year to attend to the needs of tenants.

In most housing organisations the role of the warden has also changed significantly since the initial studies in the 1980s and 1990s (Butler 1983; Heuman 1983; Parry and Thomson 1993). Firstly, the

job title of ‘warden’ is generally no longer in use; most organisations have regraded their wardens to that of a ‘retirement housing officer’ or a similar role and more closely aligned with mainstream housing management staff (Franklin and Clapham 1997). According to Parry and Thomson (1993) this trend started in the 1990s and was mainly taken forward by large independent providers in response to greater complexity within the warden role, and criticism that the role lacked focus and direction. Similarly, providers of sheltered housing faced the challenge of providing accommodation and support to larger numbers of frail people and became the focus of attention of the new public management movement in terms of the value for money they represented (Parry and Thomson 1993)

All the organisations in this study use this nomenclature, although “Manager” seems to be interchangeable with “Officer”. Like the development of other roles within housing management, the role of the erstwhile warden is equally complex as stated previously, the original role of the warden from 1945 to 1980 was a primarily unskilled occupation mostly performed by women centred around the concept of being a “good neighbour” (Pannell and Blood; Parry and Thomson 1997, 2005).

Wardens were almost always residential and could be called on at any time to do almost anything with few boundaries (Butler 1983). This has changed drastically within the last 30 years or so. Technology and more sophisticated IT has made it much easier for service users to obtain help and assistance both during and outside office hours (Matalabi et al 2011; Nocon and Pleace 2002; Tinker 2003 and Rolfe et al 2024). It has also made it easier for support staff

for older people to be peripatetic, moving within and between sites, as they are easy to reach with mobile devices when issues arise.

Most landlords now have ancillary staff after hours running call centres, again this makes the necessity for a resident warden obsolete (Fisk 2003). Specific courses were introduced by the Chartered Institute of Housing in the 1990s for wardens (Parry and Thomson 1993), although these have been replaced by more generalist courses which allow movement between different aspects of housing management rather than necessarily remaining in sheltered housing (Page 1999). Retirement housing of all types attracts people from varied pathways not necessarily other housing roles. The primary research in this thesis demonstrates some of this diversity. Working time regulations and improvement in employment legislation also made it untenable to have residential wardens on site (Parry and Thomson 2005). With the advent of appraisal systems and scientific job evaluation systems, most wardens are no longer called a warden (Parry and Thomson 1993).

Most housing staff who work within supported housing for older people will be part of a competent evaluation and pay structure within the housing management function which acknowledges their role

as a support worker or a housing worker within a housing paradigm. This allows comparison with other housing workers and a basis to argue for improved status and remuneration where the content of the sheltered housing support officer's role becomes more complex. This is the case in the local authority which was the main subject of the study. When the authority decided to create both Retirement Housing and a Very Sheltered enhanced service registered with Care Inspectorate out of one service, the roles were reassessed and one was regraded to a higher level. The Very Sheltered post holders were required to register with the Scottish Social Services Council and study towards support and care SVQs within a specific time frame. These revised roles seldom if ever involve a care role, or domestic tasks as they did in the past. Within the literature (Parry and Thomson 1993), this has been interpreted as part of the professionalisation of the sector as well as the ability to say no to more menial requests from service users. The majority of studies of sheltered housing with reference to the role of the warden took place mostly in the 1980s and 1990s. Since then, the social construction of the role has changed markedly to allow support staff to be acknowledged as perhaps a hybrid of housing management and support skills. This allows them to provide a relevant and professional service to their client group: for example, to signpost, to encourage, to enable, and to engage with other welfare professionals on an equal footing.

2.5.3 Changes in the Status of Staff in Social Housing Role in Relation to the Social Construction of Housing Management

To understand the changing role of the warden to that of a supported housing officer, it is helpful to have an understanding of the social construction of housing management. While retirement housing managers occupy one role within this paradigm, at times it has been seen as peripheral.

There has been significant debate since the 1970s as to whether housing in general is a profession in the same sense as other recognised professions. Housing comes from at least two different epistemological approaches. In its initial incarnation, the first professional body was the Women's Society of Housing Workers in 1916. This emerged because of initial attempts at social housing, mostly by philanthropic societies and trusts, were primarily run by women on a welfare model (Franklin and Clapham 1997; Clapham et al 2000). Rather than the management of the 'bricks and mortar' of the housing stock, it was based on interaction between housing visitors and tenants with a strong element on social control and moulding the tenant by the use of punishments and incentives. When municipal housing started after World War I, social housing was primarily provided and managed by local councils, dominated by male staff who did not have a holistic view of housing as a

welfare activity (Richardson and Manzi 2017; Clapham et al 2000). Housing services were divided on a task-based basis to various council departments, with no overall cohesion and a limited concept of meeting the needs of tenants. Although all housing professional bodies were eventually amalgamated into the Chartered Institute of Housing, the origins of the housing management profession has meant that not all elements within it have always sat well together. Housing does not have a discrete or exclusive body of knowledge like other professions upon which to base a claim of a commonly grounded professionalism (Clapham and Franklin 1997; Clapham 2000; Saugeres 1999). Housing is based on generalist knowledge, often readily available and used in other occupations. Housing education has never been prevalent or mandatory, and without sponsorship by employers many people struggle to afford to follow a professional education (Clapham et al 2000). Membership of the professional body has always been low compared to other occupations and attention has not always been invested in its good practice publications (Richardson and Manzi 2017). This disregard of housing as a profession was especially the case from the 1980s into the 1990s with the rise of New Public Management approaches to running public services and the imposition of value for money concepts. Professionals in the sector have been in a poor position to defend themselves from attempts to modify their roles where these new developments were not necessarily in their best interests or those of their customers (Casey and Allen 2004). In Richardson and Manzi's 2017 study there has been a move away from traditional task-based values to values such as good communication skills and the ability to manage and embrace change in a move to "the professional project of the self" (Casey and Allen; 2004 Casey 2008). That is, a multi-skilled manager whose professionalism is not based on competency at housing management tasks but one which is based in the ability to reinvent oneself professionally learning new skills and constantly adapting to change. Arguably, this is often in relation to present-day austerity and cuts and a residualised and challenged housing sector, and less with regard for customer care.

Whether some or all aspects of housing management are professional in the same sense as other professions is not clear. A disparate array of knowledge based on tasks and skills can be interpreted both as an advantage. i.e. the self as a professional project freed up to be proactive by a lack of boundaries (Franklin and Clapham 2007; Casey and Allen 2004) or as a drawback preventing the progression of an occupation with claims to be a profession within a fragile and disputed domain (Furbey 2001).

This section argues that despite lack of clarity and a distinct role, the role of the warden has changed to that of a professional support worker, becoming distanced from providing personal care and performing domestic tasks, and concentrating on housing support. However, this change has been an evolutionary one and remains incomplete, much like other housing professional roles. In some

instances, the more some things change, the more they remain the same and this can be seen from Clapham's 1997 study where he identified, based on qualitative interviews with housing managers, that a number of key beliefs were held to be important in defining the role of the housing manager. For example, they believed they should be a "Good Housing Officer". They also had expectations of what a "Good Tenant" should be like (Franklin et al 2000, pp 74-76). They had clear ideas about professionalisation in relation to being a local authority official, as being a housing professional in relation to the trust invested in them. They saw themselves as "rationers" of scarce resources (Franklin et al 2000 pp 78) as well as "servants of people in need" and sometimes "policing the underclass or socially excluded. Looking at a more recent Chartered Institute of Housing publication, "New Approaches to Housing Management (Greaves et al 2020), similar values were still being exhibited twenty years later, in a series of contractual tasks which have always been present such as:

"Rent and service charge Collection"
"Allocation or letting of Properties"
"Tenancy Management"
"Estate Management"
"Repairs and Maintenance" (Greaves et al 2020, p 5)

However, this is supported by an equally important set of newer social tasks, namely:

"Meeting housing need"
"Tenancy support (including money advice and "coaching" activity"
"Housing and health"
"Community development and regeneration"
"Employment Support" (Greaves et al 2020, p5)

In conclusion, attempts to interpret housing management and its partner roles (like that of the supported housing officer) are contentious and complex. However, the ability to adapt and respond within a changing context appear to be the sector's biggest strength to meet future challenges. For the support of housing and services for older people, this means that the role of retirement housing officer remains entwined in a set of factors, both generic in relation to the wider housing profession and specific to their role within it, that continue to condition a poorly-specified range of expectations and experiences for those working in this sector – and where further research is arguably needed.

2.6 Perennial Dissonances in Social Rented Housing for Older People

2.6.1 Common Criticisms of Sheltered Housing

Until this point, the discussion has predominantly focused on the representation of housing for older people (and more particularly sheltered housing) as intrinsically good, wholesome, and the preferred outcome for affording ageing-in-place, a sense of community, companionship and the avoidance of hospital and care settings as alternative forms of accommodation (Townsend 1962; Croucher 2008; Parry and Thomson 1993; 2005; Berrington 2017; Lloyd 2004). However, this is perhaps a simplistic view that merits further clarification. Indeed, assumptions of a consensus amongst the academic and policy community are not always accurate, as outlined in the quotations listed below from Parry and Thompson (2005).

“Sheltered and retirement Housing consists of unattractive, small and hard-to-let properties, frequently bedsits”.

“Sheltered and retirement housing schemes are ‘Ageist Ghettos’ where older people are often isolated from the wider community”.

“The Warden’s role is unclear, they are an isolated workforce not recognised by other professionals (Health, Social Services) their residential status creates problems with both recruitment and the Working Time Directive “

“Sheltered Housing does not offer value for money”.

“Providing sheltered and retirement housing puts pressure on public resources”.

As discussed earlier in this chapter, since the late 1950s sheltered housing of all types has been viewed as a preferable option to institutional care for older people. This view began to gain ground in the government directives and guidance of the period and was sponsored by early researchers of old age (Townsend 1962), who saw the value of sheltered housing compared to institutional settings. Unfortunately, this often-repeated view has rarely been tested by sufficiently robust research to either confirm or challenge it. This situation has been changing since the 1990s as more (mostly qualitative) research is emerging involving the consumers of housing for older people (Pannell and Blood 2012; Croucher 2008; McCall et al, 2021, 2022; Berrington 2017). There has been a substantive body of

work that questions the validity of housing older people as a specific social group (Clapham et al 1997; Middleton 1987; Butler 1983).

The arguments are complex and do not centre around a single issue. Some commentators (Young 1991) simply hold that housing for older people is an anachronism, no longer fit for purpose, and doomed to a perpetual downward spiral by making stereotypical, erroneous assumptions about the needs of older people. Both Porteous and Tinker have made similar arguments in their analysis of the tenure (Parks et al 2019; Tinker 2007, 2008, 2009, 2010). For other commentators, the concern about the efficacy of housing for older people lies in the argument that much of the stock of housing for older people is inherently either no longer fit for purpose, or it is in the wrong location - so that at best it could be remodelled and at worst should be demolished (Croucher 2008; Stilwell 2004; Phillips 1998; Tinker 2007). Another common argument is that housing for older people is relatively expensive and excludes a substantial proportion of the community from its publicly funded facilities such as lounges. There is a view that the funding used to provide supported housing for older people (which has never supported more than 5% of older people in housing need) could be redeployed more equitably amongst older people based in general social housing or other tenures (Clapham 1997; Riseborough 1995; Middleton 1987).

A final important criticism often levelled at housing for older people is that although it is a useful community resource and therefore worth retaining, at least in some form, such premium accommodation is not used to its best extent due to archaic and inherently defective allocation policies and practices which are seldom holistic in assessing individual or household needs (Clapham 1997). As a result, it is instead often let to more able-bodied older people who do not need all or some of its additional supports. Clapham (1997; 2005) argues that sometimes this has been a deliberate but misguided and unscientific attempt at social engineering, aiming to produce balanced communities where more able-bodied tenants are able to informally support those who are frailer and, with the help of the warden, create a fulfilling social life for those unable to do so for themselves.

2.6.2 Value for Money Arguments – A drain on public resources?

As alluded to above, a common argument about supported housing for older people is that it does not represent value for money, and that it is a drain on public resources, given the limited number of older people who use these services and this tenure (Clapham 2007; Riseborough 1995; Young 1991). Thus, changes in funding regimes have meant that housing for older people has had to become more self-sustaining. For local authorities, the housing element, and often part or all of the support element, must be met from the Housing Revenue Account - unless a contractual relationship exists for another

local authority department such as social care to provide warden services. In many local authorities, rental income is pooled across all dwellings in the stock, so some subgroups of housing may potentially receive funding from the general stock in excess to the rental income they raise. This is certainly the case in the local authority that is the subject of this study. As such, it could be argued that running supported services for older people may mean they receive a disproportionate amount of HRA funding.

For housing associations, the funding for additional services must be met from rental income, plus funding from social work budgets for any support element. If an increasingly large proportion of services are funded from rents, then the argument that housing for older people is a drain on public funds is erroneous, as rents are sufficient to cover the costs of these services. Similarly, where the support element is met out of social work budgets, these costs would exist regardless of tenure; care tasks provided by social work, or their appointees are the same for people in sheltered housing as they are for those living in owner occupation or mainstream social rented tenancies.

2.6.3 'Under-Used' Resources?

Another common argument, that sheltered housing is an under-used resource because it is not always allocated to the most frail and dependent of older people, can also be challenged in several ways. Firstly, most public sector landlords have quite sophisticated lettings systems (either needs-based, or choice-based), which are more transparent and holistic than they were in the 1990s. There is a move away from simply concentrating on medical issues to a focus on mobility and functional issues through the involvement of occupational therapists and other welfare professionals. This has led to more informed decisions, and allocations being a better fit for service users than perhaps they have been in the past (Leith 2006).

Second, the argument that sheltered or very sheltered housing should only be allocated to the frailest and dependent is often short-sighted. For example, academic studies have indicated that service users with dementia fare better, feel safer, and experience greater independence for longer in very sheltered and extra care housing (Dutton 2010; Vallely et al 2006). These studies were extended to people without cognitive impairment (Fletcher 1989; King 2001; Cornelisun 2019), which illuminates the beneficial effects of this type of housing all elderly service users, not only those with dementia.

2.6.4 Approaches to Understanding the Social ‘Value’ of Housing for Older People

Since 1960 a voluntary organisation has been in operation which has devised tools to measure the social value which social housing brings to the community in which it is constructed. HACT, the (Housing Association Charitable Trust) operates a service whereby it can offer its members tools to measure the value that they bring to communities such as often deprived areas. They measure 11 factors in estimating the social capital brought by social housing by considering issues such as health employment, hobbies and activities brought to an area by the presence of social housing. This alternative interpretation of value is arguably more relevant, as tools such as KPIs (which can have a very limited range of measures) cannot necessarily assess the value vulnerable consumers place on social services, such as supported housing for older people (HACT 2023).

Overall, the extent to which housing for older people offers value is still contentious and not easy to measure. There is a considerable body of work which supports the view that managerialism and heavy reliance on sometimes arbitrary and blunt Key Performance Indicators (KPIs) is not a useful way to measure efficacy or satisfaction with housing services for older people (Manzi, 2001, Jacobs and Manzi 2010a, 2010b). Indeed, it is seen as encouraging staff down negative pathways simply to meet KPIs and to threaten professional discretion and a more nuanced approach to service provision, due to these “one-size-fits-all” criteria.

An alternative approach uses constructivism rather than positivist theory to study housing services; the argument being that constructivism as an ontological and empirical approach is more appropriate in evaluating public services; being based on the lived experience of consumers (Jacobs and Manzi 2000; Taylor 2018). This body of work includes recent qualitative research, where service users were asked directly about services (Jacobs and Manzi 2000, 2016; Zubryzcha – Czarnecka 2019). The success of these studies has been attributed to a personal approach that takes time to foster a relationship of trust with the researcher, rather than complex surveys, questionnaires, and impersonal research tools. These do not work well with older people who may have sensory disabilities (Lagergren; 2008; Van Bilsen et al 2008; Vlatchantoni et al 2019; Fox et al 2017).

In conclusion, many of the arguments that are critical of sheltered housing in a post-millennium world, which infer that housing for older people is not fit for purpose, have not recently been updated. Arguably housing for older people has moved on swiftly on several fronts, so that housing for older people is no longer the same as it was in the 1990s (when some, but by no means all these criticisms were put forward). Except for Anthea Tinker, who continues to write broadly on all aspects of gerontology, many of those commentators who were critical of housing for older people have moved

on to other aspects of social policy, not having revisiting housing for older people in the contemporary context.

2.7 Summary

In this chapter, the development of sheltered housing since the late interwar period has been discussed. The chapter picks up on some of the themes raised in Chapter 1, considering the interest in central government as to whether older people were getting fair access to post-war accommodation, and the standards and features to be favoured in post war housing to shelter older people “from the storms and troubles of life rather than climatic ones”. However, this chapter confirms that such access is often regarded as uncoordinated, without an even geographical spread, with periods of slow and rapid growth, the growth of certain types of housing/support mechanisms whilst others diminished, and differences in the geographical location and concentrations of different types of housing for older people. For example, Scotland has seen over-concentrations of housing with more intensive support in some parts and at the same time gross under-provision in other parts of the country. Moreover, where certain types of housing have become difficult-to-let, many landlords have taken the opportunity to demolish or create larger units where the stock is unpopular.

Historically, Townsend (1962) proposed that the solution to an increasing elderly population, who were becoming more dependent as they aged, was the expansion of sheltered housing provision. However, many parts of the United Kingdom have struggled to supply the envisaged level of post-war provision. This reflects an emerging policy framework whereby social rented housing has become seen as a last resort, or safety net and has not been identified as a mainstream solution to housing people. Nevertheless, this chapter suggests that housing for older people has perhaps encountered fewer reductions compared with the mainstream stock, perhaps in recognition that the needs of the older population form a distinct subset of requirements which need to be met in order to cope in the present and prepare for an aging population in the future. For example, older people are more likely to have increased morbidity and chronic illnesses associated with ageing such as dementia and to become more dependent than in the past.

The independent development and increasing divergence of Scottish housing policy from the rest of the United Kingdom especially with the advent of the Christie Report which was an important departure in public policy making in Scotland has also been discussed. This illustrates that up until the introduction of devolution that although housing policy for older people followed a similar trajectory

in each of the component countries within the United Kingdom, that it is possible to embark upon a different path more attuned to the needs of the devolved nations at least in the Scottish context. This change has the potential to be progressive and more relevant to the needs of an ageing population than the approach to provision and associated support services than the approaches adopted in the last century.

Yet more specific guidance is needed on the importance of appropriate accommodation for older people. In its early development, Townsend's (1962) in-depth studies resulted in the expectation that as people became older, they would move along a housing 'continuum', so that a progression would occur from mainstream to sheltered housing, for the fit older people seeking small and easily manageable accommodation. This assumed that such a change would allow older people to age in-place, with support, for as long as possible - with a move from home less likely unless hospital or residential care was required. Later development in the 1990s took these ideas further, guaranteeing vulnerable people, especially the elderly, the right to a needs assessment by their local authority, and placing a firm emphasis on domiciliary social and health services to keep people in homely settings in the community or indeed to create new, homely settings for people discharged from institutional settings. This has seen an increase in older people living at home for much longer with care packages rather than moving on to care and nursing homes settings. This chapter also builds on Chapter 1 in recognising that the policy environment remains contentious and complex, and that the detail of housing and associated service provision for older people has been left to local authorities and housing associations to implement.

Overall, this chapter thus suggests there is still a suboptimal approach to the provision of housing for older people. Moreover, it indicates that a substantive body of work that questions the validity of housing older people as a specific social group – for example, presenting it as an anachronism, no longer fit for purpose, and doomed to a perpetual downward spiral by making stereotypical, erroneous assumptions about the needs of older people. Other arguments presented here include that housing for older people is relatively expensive and is not used to its best extent due to archaic and inherently defective allocation policies and practices which are seldom holistic in assessing individual or household needs. The chapter contends that many of these criticisms are perhaps in need of further academic enquiry. For example, it holds out the possibility that changes in welfare and housing management practice, the remodelling of new build programmes and the conversion of some services to 'very sheltered' and 'extra care' housing have meant that this tenure has perhaps shaken off at least some of these criticisms and is actively attempting to address the needs of 21st Century consumers.

Yet, as the chapter also sets out, variety in the physical features and diversity of services on offer to tenants makes it difficult to accurately assess and to reach conclusions about the efficacy of the various forms of housing for older people compared to other services. For example, the chapter indicates the extent to which housing for older people offers value is still contentious and not easy to measure. Differences in rents and charges for services for comparable features also made overall comparisons difficult. The Scottish Government policy papers reported in this chapter suggest they have become much more detailed and sophisticated in the analysis and employment of data in recent years. However, the Scottish Government has not updated figures for the expansion of housing for older people in housing associations since 2013. Therefore, the total picture for housing and services for older people remains unclear.

In conclusion, this chapter develops the analysis of two further important issues introduced in Chapter 1:

- The important role of staff providing housing and services for older people, and
- Adopting a more holistic and inclusive view of these services.

With regard to the former, the chapter looks in depth at the role of the warden and how in most instances the role has evolved from being involved in more menial domestic tasks in the early days such as cooking, cleaning and shopping to a more sophisticated and multifaceted role. It notes here that, historically, an unsophisticated view of the duties of the warden was to become problematic. Changes in the role, changes in employment practices, and improved training of wardens into more professional roles has thus been important in transforming an often committed but untrained and under-supervised workforce that was engaged in providing a poorly specified range of important and demanding services to tenants with very little respite and support. This highlights a need identified by Croucher (2008) for “promoting realistic expectations”. However, this chapter details how tensions and contradictions remain, which are partially responsible for the current difficulties in outlining an appropriate role for professional housing staff supporting older people. This includes a lack of definition and priority in relation to the tasks that wardens should be performing. This chapter charts how, with the advent of appraisal systems and scientific job evaluation systems, most organisations have regraded their wardens to that of a ‘retirement housing officer’ or a similar role and more closely aligned with mainstream housing management staff. The role of the ‘warden’ is thus identified to have changed to that of a professional support worker within a housing paradigm, becoming distanced from providing personal care and performing domestic tasks as they did in the past. This chapter thus considers how the social construction of the role has changed markedly to allow support staff to be acknowledged as perhaps a hybrid of housing management and support skills, with the ability to (i)

reinvent oneself professionally learning a disparate array of new skills and constantly adapting to change (for example, the chapter identifies a heavier reliance on innovations in technology, with more sophisticated alarm systems and IT solutions to improve outcomes for service users), and (ii) signpost, encourage, enable, and engage with other welfare professionals on an equal footing (including ancillary staff after hours running call centres). However, this chapter suggest that such changes have been evolutionary and remain incomplete, so that further research into these aspects is needed.

With regard to the latter, the Chapter identifies ways in which policy development might take into consideration co-production principles with potential service users and providers being at the heart of the decision making and development process. For example, in its review of the Christie Report, it identifies a turning point in Scottish public policy by adopting a holistic view of services, emphasising efficiency, user and voluntary sector involvement, and integrated service delivery. Similarly, it also recognises that full implementation of the Christie Report has never been achieved for various reasons, so that, for example, choice and participation have advanced at a slow pace. In overview, the chapter suggests that there is insufficient detail, both in terms of implementation, and about the needs of older people as a distinct group that would benefit from having their housing needs assessed in a more holistic way. Nevertheless, the chapter identifies new directions in the literature regarding, for example, intergenerational and lifetime homes that are adaptable, flexible, inclusive and affordable, taking this and other developments in identifying the potential for more holistic ways of revisiting housing and services for older people in the contemporary context.

The next chapter will explore several theories of how public administration and social welfare work on the ground in relation to housing and associated services. Furthermore, it will also consider theories of co-production and critical theory to arrive at a pathway by which the questions posed earlier in this thesis might be answered.

Chapter 3

Supported Social Housing for the Elderly and its Context Within Theories of Social Policy Administration and Public Services

“There is nothing so practical as a good theory”.

(Kurt Lewin (1951). “Field Theory in Social Science: Selected Theoretical Papers”, New York: Harper)

3.1 Introduction

In this chapter, social theories that consider the operation of bureaucracies and provision of public services will be explored in order to determine how they may support our understanding of housing and support services for older people. In particular, the role of the support worker or housing officer in relation to housing for older people is one that is under researched. The chapter will consider the development of theory and research as a way of building on the social construction of the role of the Warden to a more sophisticated and professional role than that in the 1960s-1980s. Given that housing support staff work in frontline bureaucratic roles, they provide an excellent opportunity to test theory in a research setting. Lipskian, Le Grandian and co-production theories have been used successfully to analyse similar roles in local government and other public sector bureaucracies. These help our understanding of how public officials negotiate these roles in the ways in which they operate. Indeed, how they operate with service users and prioritise their needs and wants is vital to the efficacy and relevance of any future model of housing for older people.

Initially, theoretical concepts regarding the motivation of the providers of these services will be examined in order to understand the motivation of front-line staff and the influences and pressures which bear upon them in the provision of services, the tools, and administrative strategies they employ in order to provide those services, and the coping strategies they employ where demand for services exceeds supply. This is often the case in frontline social/housing and health services provided by both national and local government as well as increasingly, by voluntary agencies.

This chapter will also explore theory in relation to interactions between providers and service users to explore the weighting of influence and power between consumers and providers of services in the shaping and boundaries of those services. This means considering various areas of social theory to explore these concepts fully and so have a better understanding of (i) how staff in housing for older people work, and (ii) whether they are able to use skills and attributes to make up for shortfalls and gaps in existing services.

These approaches to social theory have been chosen because they have already been used extensively to explore how front-line services such as welfare, social work, policing, housing, and education work on the ground. This provides a reliable theoretical foundation for this study. The study first seeks to investigate how frontline support staff in housing for older people use their initiative and agency to make up for gaps in services, in order that the service user gets the best possible experience. Work on ‘street-level bureaucracy’ by Michael Lipsky and ‘public service motivation’ by Julian Le Grand, is closely linked to this area of research. A second, related aspect of Le Grand’s work regards arrangements of power regarding the extent to which street-level bureaucrats and/or consumers are either “Pawns” in receiving welfare and social services, or whether, after the introduction of NPM measures, they are able to exert the power of authority and choice by being transformed into a “Queen” (i.e. a ‘power to’ perspective). Another theoretical perspective, co-production’, is used to consider how the agency and initiative of frontline housing staff may be combined with others to promote desired outcomes (i.e. a ‘power with’ perspective; see e.g. Pansardi & Bindi 2021).

In combination, this area of focus is broad, with roots in political studies, ecology, biology, economics, social policy, and philosophy. Accordingly, this chapter does not attempt to comprehensively cover the complex combination of these theories. The intent is to explore key aspects of these theories, to the extent they may impact upon the power balance, agency, and effect on services in housing settings.

3.2 ‘Lipskian’ Analysis: Public Service Provision on the Ground

Michael Lipsky was a pioneer in the analysis of the frontline provision of public services, and the motivations and tactics of providers of those services from a “bottom up”, coal-face perspective. This work challenges assumptions that management has an unbreakable grip on policy and how services are delivered on the ground. These insights emerged from Lipsky’s work in the mid-to-late 1960s, observing the operation of public services in mainly poorer states in America, and the strategies used

by frontline staff (or ‘street-level bureaucrats’) to cope with high levels of demand and service constraints (Lipsky1980). Lipskian analysis has become popular and has been widely adapted to the analysis of public services. The term Street Level Bureaucracy has become the umbrella term used by researchers of these types of public service organisations, The concept of Street Level Bureaucracy has become more sophisticated since the 1970s, and successive researchers have expanded upon it since then (e.g., Hupe, Hill and Buffat 2015). Indeed, newer research in this area has concentrated to a greater extent on the positive aspects of Street Level Bureaucracy – for example on the ‘civic entrepreneurial’ and empowered possibilities it may afford to public servants (e.g., Durose 2011), rather than those who feel abandoned in a morass of poor management and unworkable rule. Lipsky’s work has thus been followed by an extensive array of other researchers (Ellis 2011; McCall et al 2022; Rowe 2012) who subscribe to Lipsky’s general theoretical approach, but who have added to this body of knowledge, taking this theoretical approach in different directions, and adapting it to new contexts and research situations.

While the term “Street Level Bureaucracy” is accepted to have been coined by Michael Lipsky in the mid-to-late 1960s, the study of bureaucracies is much older (having its origins in the emergence of state bureaucracies in late 18th Century France and in other parts of Europe). Bureaucracies have been subject to extensive Weberian analysis (Weber 1947). However, Lipsky’s work is innovative in that for the first time, based on close observation, it analysed the work and tactics used at the level of front-line public servants such as welfare benefits staff, police, social workers, and housing staff, who have to implement policy on the ground as best they can - often against a background of restricted resources and dysfunctional and remote management systems (Lipsky1980). In the face of these gaps in policy and restricted resources, Lipsky realised that discretion needed to be employed by front line workers in order to provide at least partially effective services in a context of adversity, rationing of resources, and often unrealistic expectations from service users.

Lipskian analysis thus employs a “bottom-up” approach, looking at the activities of frontline staff according to their immediate frontline realities (Ellis 2011; Rowe 2012), rather than the more distanced interventions of managers and politicians, in order to promote desired outcomes. There were two possible outcomes from frontline staff being in this position. One was that they could acquiesce to the difficulties and complexities of the bureaucracy and do only the bare minimum in response. This was especially likely in organisations where managerial control was tight and there was little or no discretion for individuals to deviate from the strict terms of their remit (Hupe, Hill and Buffat 2015). As disaffected and largely impotent administrators, they had no more than the minimum effect on their clients and the services that their situation allowed. The other possible outcome was that they became innovative because of managerial incompetence or indifference. An arm’s length

management culture made it possible to use their discretion to make dysfunctional systems work as best they could at the frontline, promoting better outcomes for at least some of their clients.

By observing low level officials in a grounded approach Lipsky began to see that, regardless of policy and procedure developed at higher managerial levels, staff developed systems of their own to maintain frontline services under extreme pressure. These makeshift and informal strategies in effect became *de facto* policy, rather than the directives of those further up the hierarchy.

In some instances, this was for benevolent reasons. In other cases, the motivation was more about self-preservation and avoiding time consuming work. Weatherly and Lipsky (1977) analysed an instance of this in the control of the special education system in Massachusetts, where reform attempts did not succeed due to a failure to set priorities, and complex and contradictory funding mechanisms for the implementation of new legislation. This led, in some instances, to favourable outcomes for clients due to the activities of street level bureaucrats who took extra care to develop enhanced services at the frontline - services clients might not get by negotiating the system on their own. Lipsky also observed that in some instances frontline workers targeted easier or “deserving” cases which were likely to be successful and less of a burden on resources. Such research has been further developed by (Rapphorst and Groeneveld 2018, in Hupe 2019), where these phenomena have been observed in studies of public officials. Examples include the level of help and support given to clients in completion of forms and anomalies in income tax in the Dutch tax system (Keulemans and Van de Walle 2019) and in the implementation of homelessness assessments and processes in an English local authority (Alden 2014).

The Lipskian approach is highly effective and is still employed often in modified forms. However, a weakness is that it tends to concentrate on the activities and discretion of the street level bureaucrat in relation to the influence of managers. It does not factor in the role of service users, and to that extent it is one dimensional. In Lipskian analysis it is thus assumed that users are almost always passive recipients, acquiescent to their labelling as clients, and accepting of street-level bureaucrats’ efforts. Such stereotyping carries risks of misrepresentation, and mistaken assumptions about clients’ best interests. Recently, there have been claims that the public sector has changed significantly since Lipsky’s early studies, whereby structures and regulatory arrangements are often designed to ensure that bureaucratic discretion is reigned in and that there is increasing surveillance and accountability to managers for the quality of services (Durose 2009, 2011; Alden 2014; Evans 2011). However, it has also been argued that frontline staff roles can be highly creative. For example, this has been highlighted by the work of Durose (2009) in Salford where the study looked at the decentralisation of local services and the devolvement of power to locally based staff and community groups. It has been

argued that the impact of knowledge by local professionals redesigning services and community initiatives in more community based democratic approaches has led increasingly to frontline professionals moving into a more empowered ‘civic entrepreneur’ role (Durose 2011).

3.3 Julian Le Grand: Knights and Knaves; Pawns and Queens

Approximately two decades after the seminal work of Michael Lipsky, Julian Le Grand developed a theoretical approach on the operation of public bureaucracies and the motivations and behaviours of service providers. A first perspective asserts that public sector workers can be either ‘knights’ or ‘knaves’. This distinction is important, suggesting that public servants’ motivations may vary, with ‘knightly’ motivations (that emphasise professionals’ ‘public service motivation’ to demonstrate compassion, self-sacrifice and commitment to the public interest, and to be thought well of within their profession: e.g. (Perry 1996; Coursey et al 2008) counterposed with ‘knavish’ motivations (in the assumption of their self-interest, as posited by the wider public choice tradition: e.g. (Arrow 1951; Buchanan 1962; Perry and Wise 1990). With regards to the latter, public choice theory was developed in the 1950s (Black 1948; 1958, Arrow 1951, Olson 1965) to explain why people reach decisions and behave in the way they do. While in some instances their activities may be on an altruistic basis for the common good (e.g. where the policy benefits wider society), this theory generally assumes that actors will be motivated by self-interest. Buchanan (1962) added that decision making in Public Choice is reliant on a process of negotiation, lobbying, and compromise, in which everyone is a player in the process - the citizen, the voter, the bureaucrat and the politician - each making decisions within their own self-interest as the main driver. The role of the bureaucrat is of interest in this thesis in terms of whether they act with compassion, self-sacrifice and commitment to the public interest or whether they act selfishly in order to protect their own domain. This links with Le Grand’s work regarding Knights and Knaves in local government and other public bodies (such as social landlords). Certainly, as the New Public Management began to emerge, the political and policy environment no longer viewed public officials as benevolent professionals only concerned with the welfare of their clients (Bracci et al 2016; Hartley 2005; Durose 2009). However, a key criticism of Public Choice and its associated perspectives is that it is a blunt tool and too imprecise to explain every decision and the reasons behind it (e.g. Greener and Powell 2009). Thus, as Le Grand (1997) points out:

“The result of a fundamental shift in policymakers’ beliefs concerning human motivation and behaviour [has been that] people who finance, operate and use the welfare state are no longer assumed to be public spirited altruists (knights)... Instead, they are all considered to be in one way or another self-interested (knaves). However, since neither the ‘new’ nor the ‘old’ set of

assumptions are based on evidence, policies based on the new set are as likely to fail as those based on the old. What is needed are 'robust' policies that are not dependent on any simple view of human behaviour.

Some commentators have been critical of Le Grand's later works, arguing that his academic detachment and distance (e.g. in the above quotation) has since at times become compromised due to his role as a policy advisor in the New Labour government (2007-2010) and in effect becoming part of the government machine. Whilst there is a historical tradition of people from academia moving into such roles, it is claimed this can confuse opinion and dogma for evidence-based research (Greener and Powell 2009).

We therefore need a range of tools to explain these behaviours in local government and other public bodies which provide services to the public in greater detail. Le Grand's work helps to identify where bureaucrats are self-interested and engage in strategies and deals in order to retain and enhance their self-interest or co-operate and negotiate to share resources and come up with a solution in the common interest. However, this approach is complex because the public service manager may be both or either of these things depending on the circumstances at the time responding differently in each circumstance.

A second strand of Le Grand's work arose from work on quasi-market approaches in public services. His argument here was that quasi markets that introduced choice into public services would be favourable for both consumers and providers of public services, turning them from 'pawns' into 'queens'. The argument that followed was that providing access to information about service quality that would enable consumers to make informed choices about what they required, whilst providing 'another invisible hand' for the management of public services in shaping of the provision of such services (and reducing waste) (Le Grand 2007). In part, the information available in turning 'pawns' into 'queens' at the frontline of services could also be seen as a reflection here of how discretion might be enabled to shape services as 'civic entrepreneurs' in conjunction with citizens empowered through choice and user engagement.

Le Grand's position has changed several times over time, and in his later works (Le Grand 2006; 2007a; 2007b) he recognises that this perspective is less applicable in rationed welfare services such as the NHS and social services (where demand often outstrips supply), and/or where consumers are at a disadvantage because they may not have appropriate access to quality information in order to choose services at short notice and therefore don't have time to evaluate different services. (because, for example, they may need to obtain emergency care close at hand in an emergency). There has thus

been an admission on Le Grand's part that it is very difficult for quasi markets to succeed in all circumstances, particularly any service which is effectively rationed such as the NHS, social services and social housing.

3.4 Theories of Co-production in the Provision of Public Services

Co-production, which emerged as a theoretical approach to the management of natural resources such as land and water courses in 1960s America, has been applied to the analysis and provision of public services since the early 1970s. Its origins lie in the work of a small group of political scientists at Indiana University, who collaborated on the initial development of the theory (e.g. Ostrom and Ostrom 1973; Parks et al 1980). For Ostrom (1996), co-production describes a process in which contributions from individuals who are not in the same organization are transformed into goods and services by users and providers. It thus considers the position of everyone involved in the management and consumption of a resource. This value-driven approach blurs barriers between the state, services, and citizens; involves relationships of reciprocity and mutuality; and applies an assets-based (as opposed to a deficit) model of service users (Boyle et al, 2010). Co-production has become an eligible and desired tool for developing and delivering public services as way to meet increased public expectations and transform outdated public service infrastructure (Durose et al., 2013; Parrado et al., 2013), and it has regularly been used to describe and evaluate public services (Fugini et al 2016; Cepiku et al 2020; Bovaird et al, 2015; Durose et al 2017; Osborne et al 2016). For Osborne et al (2021), it covers 'production' processes of co-design and co-production, and 'consumption' processes of co-experience and co-construction. This captures emerging patterns of a more inclusive and nuanced approach to the assessment, management, and delivery of a public service by users and providers, including work across the boundaries of different and sometimes multiple professions in the provision of services (van Gestel et al, 2019). It has thus been argued by Durose (2017) that considerable value can be gained by the researcher in using co-production as an analytical approach to evaluating public sector administration and policy making by adopting a more inclusive and nuanced approach more akin to that of Ostrom, consisting of long and detailed analysis of narratives, stories, and involvement with stakeholders, to see at close quarters how coproduction evolves (Osborne et al 2021). This adds a further important relational perspective, which has been used in the UK context to understand how 'professionals and citizens make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency' (Bovaird et al 2015).

Co-production theory emphasises the complex, dynamic nature of these processes a series of constantly changing theories and practices which are used to manage publicly held resources. These not only take the form of interactions between individuals and services but also involve interactions between different rationales for participation and policy agendas, between different modes of knowledge production (e.g. knowledge based on technical training, professional practice, or lived experience), and between different kinds of value (e.g. economic value and values of equity and social justice). While uses of the concept of co-production have expanded considerably since its inception, the interaction of such factors show how it remains a complex and multi-dimensional concept, for which its critics maintain that “it is not always clear what counts as or what is meant by ‘co-production’, what it entails in practice, or what it is that is being co-produced” (Felipe et al, 2017). In addition, Nordin et al (2023, p.1) assert that “the diversity of measures used in individual co-production studies makes their outcomes difficult to interpret”. Critics further observe that co-production can prove challenging for current public sector organisations both organisationally and culturally. This has potential implications for the work of public service professionals. For instance, Bovaird and Löffler (2012) recognise the need to develop the professional skills to mainstream co-production.

All of these issues have implications for some of the more integrated and holistic approaches to the provision of housing and services for older people envisioned in research and practice - as explored later in this thesis. Ostrom (1990, 2005) has developed a theory that it is perfectly possible for scarce resources to be managed well for mutual benefit if certain factors were present. This takes the form of eight ‘design principles’ for the resources to be managed properly, and for co-production to be successful in managing the resource (Wilson et al, 2013; see Appendix 1). In the case of social services and housing, co-production is an interesting analytical approach because it can be applied to interactions between service users and landlords who husband scarce resources. This is translated into the public service environment in considering the impact and involvement of all actors, such as customers and other stakeholders, regarding the stewardship of often scarce resources in the development of policy, implementation, and service outcomes (Ostrom 2007; Alford 2014; Cohen 2020). For example, if there is extensive customer participation and involvement by consumers in the husbanding of housing or social resources, this could be interpreted as a form of co-production (see section 5.4.2). Co-production theory is thus sensitive to more holistic, collaborative, and organic ways of providing services and solving ecological problems in the service system. However, some commentators point out that co-production can be time consuming and costly to set up to arrange for all the interested parties to be around the table and to agree ground rules for the process (Bovaird and Löffler 2012, Bovaird et al 2015). Others remain critical of the ability of coproduction to reach

agreement about valuable common resources where many parties have a vested interest in their preservation and proper use, especially where this involves large scale provision (e.g. Harvey 2001).

3.5 Summary

In this chapter, social theories that consider the operation of bureaucracies and provision of public services are briefly outlined. These theories have been extensively used to help our understanding of (i) how public officials negotiate these roles and employ strategies to cope with high levels of demand and service constraints, and (ii) the weighting of influence and power between consumers and providers of services in the shaping and boundaries of services. All these theories are useful in addressing relationships between the consumer of the services (in this instance the service user living in housing for older people), and the producer or mediator of the service (in this instance a retirement housing officer providing housing and support services to older people).

This chapter suggests Lipskian theories of ‘street-level bureaucrats’ as a way to consider the work and tactics used at the level of front-line public servants who have to implement policy on the ground as best they can, often in a context of adversity, rationing of resources, and often unrealistic expectations from service users. They may present as disaffected and largely impotent administrators, or as knowledgeable local frontline professionals redesigning services in a more empowered ‘civic entrepreneur’ role. This has potential relevance for staff providing housing and services for older people in the extent to which they are able to negotiate the tensions in their role.

The chapter also identifies Le Grandian (and public choice) theories that public servants’ motivations vary, from ‘knightly’ motivations (that emphasise professionals’ ‘public service motivation’ to demonstrate compassion, self-sacrifice and commitment to the public interest) to ‘knaveish’ motivations (in the assumption of their self-interest). These theories are also important in no longer viewing public officials as exclusively benevolent professionals only concerned with the welfare of their clients. However, the chapter points out that, as public managers may be either of these things depending on the circumstances at the time, this approach is complex (particularly as staff become more empowered - perhaps as ‘queens’ rather than ‘pawns’). Thus, motivations towards self-interest may be counterposed with they might also be combined with those of citizens who are suitably empowered through choice and user engagement.

Finally, the chapter points out how co-production theories consider the position of everyone involved in the management and consumption of a resource.to capture emerging patterns of a more inclusive and nuanced approach to the assessment, management, and delivery of a public service by users and

providers. Co-production has been extensively claimed to promote more holistic, collaborative, and organic ways of providing services and solving problems in the service system. While this has clear implications for some of the more integrated and holistic approaches to the provision of housing and services for older people envisioned in the previous chapter), this chapter also identifies some important criticisms that it is not always clear what counts as or what is meant by co-production, and that its outcomes are often difficult to interpret.

While these theories come from very diverse sources, they have in common their relevance to the study of public service provision and the development of policy in the public and voluntary sectors. Each theory presents both ‘optimistic’ and ‘pessimistic’ views of public service relationships. Thus ‘street-level bureaucrats’ may be either highly constrained and isolated frontline staff, or more dynamic and empowered ‘civic entrepreneurs. Similarly, public servants may be either more ‘knaveish’ or ‘knightly’ in their motivations to deliver for their clients and communities. Meanwhile, co-production may hold the key to success in the design and implementation of public service provision or may result in a failure to build successful collective action between stakeholders. In either case, these theories provide very useful tools for examining how public officials behave in the provision of housing services for older people to make up for gaps in services or problematic relationships with other stakeholders.

These theoretical perspectives provide considerable interpretive resources for discussion of the empirical findings from this project. This includes opportunities to draw on the above thinking to consider potential benefits from more productive relationships in the provision of housing, care, and support services for older people. In doing so, it includes a further opportunity (through some form of multi-professional, multi-service ‘hub’ for professional networking and information sharing, co-ordination of professional activities, and professional collaboration) to potentially join up housing and services for older people to achieve something together that could not be achieved individually. Chapter 5 in this thesis will take such ideas further, discussing the origin of ‘hub’ models, based on current narratives in other parts of the United Kingdom and beyond. It then introduces proposals for a new prototype hub model of housing, care, and support for older people, based upon the above analysis of current models.

Chapter 4:

Methodological Approaches

“Research is formalized curiosity. Its poking and prying with a purpose”.

Zora Neale Hurston.

4.1 Introduction

This thesis seeks to address a lack of original research into models of social rented housing for older people. First, there is a lack of research into satisfaction with existing services and provision amongst service users. Here, the research considers quantitative data from three social housing providers: one local authority and two housing associations. Second, there is a lack of research into the role of support staff in social housing for older people. This is addressed in a qualitative aspect to the study, based upon 21 interviews with local authority staff and stake holders in services for older people. As noted above; in exploring alternatives to current models of provision a further step identifies a potential ‘Hub’ model for housing and services for older people (see Chapter 5), as well as views on this potential from respondents in the qualitative research (see Section B in Chapter 7).

4.1.1 Professional Doctorate Research

The thesis arises as part of a professional doctorate, where producing an original piece of research on this aspect of housing not only adds to the body of knowledge in this field, but also develops the author’s role as a professional practitioner and a social researcher. The thesis has its origins both in professional practice and academic narratives of previous research. The author has worked extensively in mainstream housing management, latterly as an area manager, which has provided numerous insights into the housing management process and the negotiations which take place between tenants, service providers and other stake holders in the provision and consumption of services. A career change led the author into the specialism of social rented housing exclusively for older people, which comes with its own culture and mores and is significantly different from mainstream social housing. The author has now worked for a national housing association and latterly a local authority in three relevant capacities: firstly, as a mobile retirement housing officer (MRHO),

then as a retirement housing officer (RHO) managing a single designated development, and latterly as a mobile very sheltered housing officer (VSHO).

4.1.2 The Author's Positionality and Reflexivity with the Research

The author is very much aware of the influence on positionality and the ability to be reflexive in relation to self, data and data subjects. The researcher was influenced by more recent texts on this subject some of which were aimed at the novice social researcher in the early stages of tackling social research (Goundar et al 2025; Brown 2025; Bourke 2014). Another text (Jacobson and Mustafa 2019) was particularly useful in positing a model for each aspect of positionality. Positionality or awareness of its importance in social research centres around the author's ability to develop an acute awareness of aspects of their being and how that influences the interpretation of data and how they interact to participants in their research. A lack of awareness can easily introduce bias, and lead to misinterpretation of the data. For the author, an awareness of positionality began to arise at the point of developing the questions to be answered in the thesis and in the research proposal, which was strongly linked with developing ethical practices in the field. In developing a sense of positionality in social research, researchers should have awareness of their own gender and sexuality in relation to the participants. They should also be aware of the social class they believe they occupy, political position and any power imbalance which is brought to the research process between the researcher and the participant. Race and age are further potentially significant factors (Goundar et al 2025). There may also be a wider circle of attitudes values and positions to consider in relation to the research, such as previous training, education and employment.

As a researcher the author sought to have a constant awareness of the potential influence these things may have on the outcome of the research and take measures to minimise their influence. The author was aware of being a middle-aged, white male, with broadly leftist views, and little or no experience of racism. As a male working in an occupation predominantly seen as a female occupation, women were sometimes in greater positions of power than the researcher (although women in general still had yet to achieve the highest management of roles with the service). In terms of social research, an added aspect of positionality is where the researcher is either an insider or an outsider whereas an insider, they have links with the organisation they are researching, or they are an outsider who has no previous links or knowledge of the organisation before the research takes place (e.g. Dobson 2009). An awareness of all these things influenced the author's approach to the data and was constantly borne in mind should any of it skew or lead to partial interpretation of the data. For example, this involved embracing and confronting how the author's experiential background within the sector influenced

their reactions to what emerged in interviews, and how this provided a ‘critical eye’ to help generate more sophisticated explanatory insights and substantive findings.

4.2 Research Questions

The study recognises that role of staff at all levels and the opinions of service users have been under-researched (with only one or two early exceptions in the last twenty years or so: McCall 2022, McCall et al 2020; Fox et al 2017). These factors led the author to consider a mainly “bottom up” approach, exploring the role of staff in customer-facing roles and looking at the detail of the services. As established in Chapter 1, this led to the study’s three main research questions:

- Can we establish greater clarity and utility in models of housing for older people?
- To what extent do housing and other welfare professionals use their agency, motivations and co-production to improve outcomes for older people?
- Is it possible to envisage an alternative model for future provision of housing services for older people? And what factors might raise the likelihood of this being successful in practice?

4.3 Research Context

The context for this study comprises a quantitative analysis of tenant satisfaction in two large specialist housing associations, namely Bield Housing Association and Hanover (Scotland), as well as a third landlord in the study: a Scottish local authority, which is mainly a provider of mainstream accommodation but (in common with many local authorities) has a smaller number of specialist developments designed to provide supported housing to older people. Housing associations were introduced for this *quantitative* element of the research to allow comparison with local authority practice and that of the voluntary sector.

This basic comparison is helpful, but the housing associations were not part of the primary *qualitative* research on housing models for older people, for which the local authority is the focus. The local authority’s stock of housing for older people consists of 8 very sheltered/extra care developments (266 units) and 42 developments of retirement housing (580 units). The author did originally consider interviewing people from the housing association sector but confined the qualitative research to the

local authority due to practices, finances and structures that were too different from those of the local authority to develop and discuss a model that would fit all the parameters involved. For example, the small scale of some housing associations would make it difficult to participate in a local Hub structure, which would have limited the relevance of the feedback from the study.

4.3.1 Bield Housing Association

Bield Housing Association has devised a service which they believe to be economically viable and sensitive to the needs of their service users. The service is retirement housing, and it follows two models, a service with meals and a service without meals. The meals are optional where they are provided. In developments without meals there is a scheme assistant and a development manager who are on site 9am till 5pm Monday to Friday. In services with meals there is a staff presence 7 days per week from 9am till 7pm to allow for cleaning and domestic duties after meals are finished. The staff will respond to alarms and requests for a service until 7pm. Bield has its own out-of-hours alarm service. It also accepts repairs, provides morning alarm calls, and is a general contact point when offices are closed. In the developments with meals these services are on offer whenever the staff are off site. In addition, staff help tenants with medical appointments completion of forms, benefits, repairs, and most of the expected core tasks.

4.3.2 Hanover Scotland

The service at Hanover is different. In ordinary retirement housing regardless of tenure the staff presence is from around 8-30am until 12 noon all though development managers are there to provide core support such as help with repairs. Hanover also has a more intensive service which includes meals and personal care, and the times staff are on site are extended.

4.3.3 The Local Authority

The local authority provides two services: 'retirement housing' and 'very sheltered housing'. The very sheltered housing is registered with the Care Inspectorate, and each tenant has an individual care plan which is reviewed at least twice yearly. There is also a sophisticated notification system where illness,

falls and incidents are reported to senior managers, and these are in turn subject to notification to the Scottish Social services Council and social work. This is the main difference between retirement housing and very sheltered housing. Retirement housing is staffed between 9am and 3pm Monday to Friday. Very sheltered housing in addition is provided at weekends and public holidays. It is common in retirement housing for one retirement housing officer to cover two sites which are geographically close. This is less so in very sheltered housing, but it does happen - especially in times of staff shortage. The core tasks for staff are to check on tenants each day via an alarmed intercom system. Tenants may indicate remotely they are “Ok” by pressing a button on the panel in their home. They may elect to have a call each day or a visit, often for those who are immobile. The local authority has its own call centre. However, this is more restricted than the Bield contact centre; they are there to respond to alarms after 3pm and arrange a response for illness and falls. There is no meals service in retirement housing. In very sheltered housing there is a café service in two developments and a mid-day meal service in one. Neither are available at weekends, bank holidays or public holidays. In both settings as well as morning calls, staff are responsible for repair reporting, meter readings, arranging medical appointments, and generally being the conduit between the tenant and other parts of the council.

4.3.4 Differences Between what is on Offer in Each Service – a Matter of Degree?

In the three organisations selected for this study, patterns emerge about the services on offer and the differences and similarities between what is available. The key differences appear to be in the degree to which these services are provided. First, all the services provide an optional morning call to ensure users are safe and well. Second, in all services, this is backed up throughout the day with someone responding to alarms on site reporting repairs, arranging medical appointments, helping with forms, benefits and being a conduit for the tenant with public bodies. Importantly however, the hours and the days these services are available varies significantly. For example, the service offered by Bield appears to be a more intensive and responsive one to that of the local authority. Bield is available on site from 9am till 5pm in retirement housing and 7pm in services with meals. Moreover, the out-of-hours call centre is designed to mirror what the development manager would do during daytime, not just to respond to emergencies. Third, the presence or non-presence of a meals service varies significantly regardless of whether or not it is part of a more intensive service such as ‘extra care’ or ‘very sheltered housing’. For example, the local authority only provides meals on weekdays, and this is restricted to one meal at lunchtime. Nothing is available at weekends and bank/public holidays in terms of the hours of these services.

Such differences in degree within mainstream schemes for older people that are labelled as ‘sheltered’, ‘very sheltered’ or ‘extra care’ are sufficient to bring into question the extent to which current models and descriptions of these services are of any significant value in comparing contrasting and evaluating individual services and supplier of supported housing for older people. This then means it is possible to look at new model based on the existing ones, but one which addresses some of the draw backs of existing models.

4.4 The Methodological Approach

The methodological approach in this study is two-fold in order to investigate the study’s three research questions. One aspect of the study adopts a quantitative approach based on an analysis of publicly available ARC and survey data. Findings from this analysis are reported in Chapter 7A.

The second part of the study employs semi-structured qualitative interviews, employing a constructivist interpretivist methodology (Flick 2004; Crotty 1998). Findings from this analysis are reported in Chapters 6 (which considers interviewees’ attitudes to housing and housing services for older people, and how they negotiate their roles and responsibilities in these contexts) and 7B (which considers respondents’ views on the potential ‘hub’ model for housing and services for older people introduced in Chapter 5).

4.4.1 Quantitative Analysis of Publicly Available ARC and Survey Data

This aspect of the study involved reviewing the readily available published data (for the last two years) relating to the housing management and support functions in each of the above research contexts: namely Bield Housing Association and Hanover (Scotland), and a large Scottish local authority. The source material to arrive at an understanding of these services was their Annual Returns on the Charter (ARC) data, which it is mandatory to lodge each year with the Scottish Housing Regulator. These data broadly outline a housing organisation’s performance in several key areas, by asking the same questions of each organisation regardless of size and activities. The questions may change annually depending upon the data the Regulator is seeking to collate. The second part of this desktop study was to look in detail at current levels of satisfaction on the part of tenants in terms of the provision or supported housing which was on offer, the nature of communication with landlords and the means by which tenants could influence policy in order to

determine whether levels of satisfaction were high or whether there were gaps in structures and services which indicated that tenants were dissatisfied with this aspect of the landlord-tenant relationship. All three organisations publish this information in different formats. However, it is easily accessible online.

Initially, the plan was to further investigate this by then seeking to interview tenants and other service users. However, with the advent of Covid 19 and the shielding of vulnerable individuals, it quickly became apparent that the timing for this was inopportune. It was then decided to use staff providing services in housing for older people as a proxy to explore deficiencies in current services, explore the extent to which staff used their agency in an attempt to improve problematic services, and the possibility of developing a Hub service model.

4.4.2 Primary Research

The second aspect of the research was a primary study of local authority housing staff and stakeholders in other agencies (such as occupational therapists, care managers and support organisations in the voluntary sector), using semi-structured interviews (N = 21). Participants were initially recruited by sending an email to every member of staff in the Housing for Older People Team. This attracted an initial response from potential participants offering to volunteer but a second email was necessary to increase the sample size. There was also an element of snowballing as people came on board. For the external agencies a direct approach was made to the organisation to nominate a willing participant. As previously stated, it is well established that a bottom-up approach is robust for examining the day-to-day activities of front-line bureaucrats (Brodkin 2008; McCall 2012; Maynard-Moody and Mosheno 2003, 2012). The first element of this approach was to investigate the extent to which practitioners used agency (Lipsky 2010), other skills and strategies (Le Grand 2010), or co-production (Osborne et al, 2021), in order to improve services for service users and make up for deficiencies and gaps between services. Another key element of this approach was to produce a model of provision and present it to the interviewees so that they could evaluate it and comment upon its likelihood of success in practice (see Chapter 5). The model is based on the narratives of previous research into existing structures of housing for older people, as well as the satisfaction-related data from the above secondary material.

The primary research was located within an interpretivist epistemology as this was felt to be the most appropriate approach to examining the data. as the central concept that the objects of study have

intrinsic existence, values and attributes outside the mind and constructs of the researcher is essential (Crotty 2018; Flick 2004). The researcher subscribes to the tenet that data needs to be interpreted and constructed into useful concepts which are linked and cross-referenced to be useful to social research, and this may only arise from the researcher ability to interpret the raw data, in this instance against established theory.

4.4.2.1 Fieldwork

The semi-structured interviews were conducted using a schedule of 18 questions, 14 of which were designed to reveal respondents' views and practices regarding how front level workers go about their jobs and interpret policy where it existed. It was hoped that the interviews would disclose the agency, or strategies and tools front line workers used to function in their role. The final 5 questions dealt with the proposed Hub model and were designed encourage participants to freely evaluate the Hub and be open about their views on its efficacy or otherwise. The interview schedule was semi-structured. As a tool to stimulate discussion, this was designed to allow interviewees to develop their responses and deviate into areas they wished to discuss. Where this took place, it released a rich seam of data that also illustrated the belief systems and values of the participants (Flick 2013, 2018; Cohen and Crabtree 2006). In some interviews this developed into a story telling approach (Jovchelovitch and Bauer 2000), where the participant took significant control of the discourse and used stories of individual occurrences - often to demonstrate patterns and general approaches to their day-to-day work, rather than a more theoretical or policy-based foundation to their behaviour. Participants used these stories to illustrate the point they wished to make, and the experiences or feelings they wanted to disclose.

The interviews were scheduled to last for approximately one hour, although in practice some were shorter than this. The interviews were recorded digitally and then held securely on the Stirling University database. Where it was not possible to carry out face to face interviews due to physical distance of the researcher and the participant interviews were carried out using Microsoft Teams and the telephone. Teams' meetings were recorded, and telephone interviews were transcribed by hand by the researcher. In order to avoid participants being unable to take part due their work commitments, evening and weekend slots were made available to foster their involvement. This flexibility helped to encourage participants from a number of disparate roles. Participants relaxed more when they were told by the researcher that there were no wrong or right answers, and the object of the exercise was to record their feelings and views rather objective facts. All of those who initially consented to take part did so, although sometimes interview sessions had to be rescheduled in order to cope with busy work schedules. No-one refused to answer any of the questions, although in some instances participants

struggled with the questions relating to the Hub, as it was radically different to their current daily practice.

4.4.2.2 Primary Research Sample

The basic characteristics of the successful interviewees are recorded in Table 7, which allocates a letter of the alphabet as an identifier with their job title. The gender of the participant was also recorded, as many earlier academic texts highlighted that supported housing for older people was predominantly a female occupation, especially at the lower grades. Data on age was not collected. In retrospect this was unfortunate as published studies also tend to identify the role of the worker in housing for older people as being older themselves. Ethnicity was not made subject to analysis in this small-scale sample.

Table 7: Study Participants

No.	ID	Organisation	Gender	Job Role/
1	A	Local authority Older people	M	Head of Housing for Older People and Support
2	B	Local authority retirement	F	Lead Officer
3	C	Local authority	F	Very Sheltered Housing Officer
4	D	Local authority allocations	F	Housing Access Officer
5	E	Local authority	F	Very Sheltered Housing Officer

6	F	Local authority	F	Very Sheltered Housing Officer
7	G	Local authority very sheltered	F	Lead Officer
8	H	Local authority	M	Very Sheltered Housing Officer
9	I	Local authority	F	Very Sheltered Housing Officer
10	J	Local authority	M	Very Sheltered Housing Officer
11	K	Local authority	F	Very Sheltered Housing Officer
12	L	Local authority	F	Very Sheltered Housing Officer
13	M	Local authority very sheltered	F	Lead Officer
14	N	Local authority	F	Very Sheltered Housing Officer
15	O	Local authority	F	Retirement Housing Officer
16	P	Local authority Home care	F	Home Care Manager
17	Q	Local authority	F	Retirement Housing Officer
18	R	Local authority	F	Retirement Housing Officer
19	S	Local authority housing access	F	Occupational Therapist
20	T	Age Concern	F	Representative of the Third Sector
21	U	Local authority retirement housing	F	Lead Officer

4.4.2.3 Interpretative Techniques and Data Management

Initially it was anticipated that the interviews would all be carried out using Microsoft Teams, in order to facilitate the interview and use the recording facility to digitally capture the data for analysis. It was envisaged that the data would be transcribed automatically into Microsoft Word and thereafter coded using this facility. It was felt to be prudent to take advantage of a technology that has become increasingly commonly used during and after Covid-19. During the covid epidemic the health and safety of both participants and the researcher were at the front of mind. Moreover, it was anticipated that this might be the most realistic way to proceed at the time. In the field, the research did not take place as anticipated due to Covid-19, and a more flexible approach to data gathering was adopted in order facilitate the interviews. Poor internet coverage in some parts of the local authority area meant frequent breaks in service during interviews; some participants did not have access to Teams; and others were uncomfortable using it mainly due to lack of familiarity with the operation of the software (despite this being the software of choice within the local authority). When these issues emerged, the fallback position in two cases was a face-to-face interview in a private office space where interviewees were comfortable and could still be recorded digitally. The recordings were stored on a secure database with no other identifier than a letter of the alphabet to protect the anonymity of the participants. Each recording was transcribed into a written format and analysed manually to develop the codes. The author worked with written transcripts and annotated recurring themes and use of words in the text to develop codes for each transcript. When this process was completed, there was a second round of interpretation by cross referencing similarities between transcripts until a picture emerged of common themes and practices in the pool of participants. This approach to gathering and interpreting data is discussed at greater length in (Flick 2013; Crotty 1998; Basit 2003; Wicks 2017). The researcher did originally consider using NVIVO or Word to generate codes and interpret the data. However, given the size of the sample and the researcher level of experience in original qualitative research the final analysis was undertaken manually, as described above.

4.5 Ethical Considerations and Confidentiality

4.5.1 Informed Consent

Approaches to participants were made only after approaching two heads of service for permission. This allowed the researcher to approach individuals and ask if they wished to participate. All documents used to describe the project and seek consent were produced from templates provided by

the University of Stirling. These discussed any elements of risk from taking part in the research. Participants were asked to sign and return an electronic consent form which was held electronically with their interview transcript. These processes ensured as far as possible that participants were protected from emotional or reputational harm by participating in the project.

4.5.2 Confidentiality and Anonymity

Confidentiality and anonymity are of considerable importance in this form of research, where subjects may be expressing their honest and private views. For this reason, it was made clear from the beginning that all responses to interviews and discussion would be anonymous and not attributable to individuals as far as possible. This was ensured by the researcher being the only one who had access to the transcripts from the interviews. All potential identifiers were removed from the interview transcripts, and the interviews were designated numeric and alphabetical letters as the sole means of identification. Transcripts were all held securely on university systems and will be destroyed at the conclusion of the research.

4.5.3 Prevention of Harm

This was of paramount importance as the focus of the study moved to interviewing housing support staff as the main source of primary data. Great emphasis was placed in the application to the ethics committee at the University of Stirling about ensuring no harm came to either the researcher or the participants. There were no vulnerable people involved in the research however care was taken in the discourse to recognise their views and values. Due to the fact that some of the questions sought to analyse the relationship between the interviewee and the employer, great care was taken not to identify the views expressed by specific individuals, which remain identifiable only by a letter of the alphabet. All transcripts of interviews are held securely on university systems, and all data will be destroyed after the thesis is complete.

5.4 Being Inclusive and Welcoming

As a white male, the researcher made significant efforts to be inclusive and welcome in what is predominately a female profession. Good professional relationships with various interviewees did help facilitate productive research interactions. The emphasis on listening and allowing the participants to take questions into realms that interested them hopefully went some way to address any anxieties regarding the research process. Overall, the interview process was an overwhelmingly positive one.

4.6 Summary

The purpose of this chapter has been to detail the approach taken to the collection and analysis of data in this thesis. The chapter notes that the field research for this project was affected due to Covid-19, and that a flexible approach to data gathering was adopted in order to facilitate the study. The methodological approach taken seeks to respond to the lack of research identified earlier in this thesis. The approach is two-fold in order to investigate the study's three research questions. First, it seeks to gain an understanding, through secondary analysis, of the satisfaction with existing services and provision amongst service users. This aspect of the study adopts a quantitative approach. Here, the research considers insights from publicly available ARC and survey data from three social housing providers: one local authority and two housing associations. Findings from this analysis are reported in Chapter 7A. Second, the lack of research into the role of support staff in social housing for older people is addressed using a qualitative approach, based upon 21 semi-structured interviews with local authority staff and stakeholders in housing and services for older people. Findings from this analysis are reported in Chapters 6 (which considers interviewees' attitudes to housing and housing services for older people, and how they negotiate their roles and responsibilities in these contexts) and 7B (which considers respondents' views on the potential 'hub' model for housing and services for older people introduced in Chapter 5). Overall, the research design and analytical strategy for working with both the primary and secondary data in this study seeks to better understand something of where we have come from, where we are now, and where we might be going with housing and services for older people. A key element of this approach was to produce a model of provision and present it to the interviewees so that they could evaluate it and comment upon its likelihood of success in practice.

In what follows, a chapter is presented introducing the prototype Hub model as part of a move to more holistic provision of housing and services for older people (*Chapter 5*), along with two findings chapters. *Chapter 6* will discuss some of the key findings from the primary, semi-structured interviews with relevant professionals regarding current services and their ability to use their agency to solve problems and provide opportunities. *Chapter 7* will first discuss desktop research using the published survey data from the three landlords detailed in Section 4.4.1 (see Section 7A). This is intended give a baseline of insight into people's attitudes towards this form of tenure, and how this may be used to inform future models of provision. It will then discuss some specific primary research findings from the semi-structured interviews regarding the proposed Hub model based on current narratives regarding the development of Hubs in other parts of the United Kingdom and beyond (see Section 7B).

Chapter 5

A Movement Towards More Holistic Provision?

“Sheltered housing is changing. We have been asserting this for well over a decade, and the pace of change seems to escalate. But the changes seem to be driven by external factors- and not by planned developments designed to meet the needs of older people in the coming years”.

Professor Peter Lloyd, 2008 Personal Choice What Choice Gerontology Network University of Sussex 2008 Housing LIN.

5.1 What’s in a Name? – the Inaccurate Nomenclature of Housing for Older People

Chapter One of this thesis asserted that the current nomenclature for the large variety of supported housing ‘models’ for older people was unhelpful and inaccurate. Firstly, the terms mean different things to different people depending on experience and exposure to different services. Secondly, the titles do not accurately reflect what is being provided within a model. Sometimes completely different descriptors describe very similar services and activities.

Potential service users and their families must be confident that the services they are buying into are fit for purpose. Those involved in the commissioning of services must be confident that they are getting value for money especially during periods of financial constraint. If clear models do not exist to allow comparability and to make things simpler for stake holders it would be useful to simplify the nomenclature and describe supported housing services by linking them to core activities with any secondary non-essential activities being identified as peripheral. Below are set out some common descriptions of both sheltered housing and very sheltered housing in common usage which illustrate that to date. Even mainstream descriptions from large organisations which represent the sector do not fully encapsulate what is on offer to consumers nor demonstrate consensus about what core activities should be.

For example, Age UK’s (2022) definition of sheltered housing is as follows:

“Sheltered housing “Is usually only available for those over 55 and over. Some common features of sheltered housing include help from a scheme manager (Warden or support staff); 24 – hour help through an alarm system; Communal areas such as gardens and lounges; Social activities for residents”.

It ignores the fact that some sheltered housing, especially older stock and that in urban areas neither has proper garden grounds and in some instances lounges for residents. In some instances, this is very dependent upon age of construction and whether buildings have been converted from a different original purpose. Social activities whilst common are by no means universal. This is heavily dependent upon the initiative and commitment of the manager of the complex and whether service users are sufficiently able bodied and wish to see social activity taking place on a regular basis.

The Department of Work and Pensions’ (2019) description of Sheltered Housing is as follows:

“Sheltered housing is housing designated for mainly over 55s with low level care and support needs the majority of residents are above state pension age, but some are of working age. Features of a Sheltered unit might include:

- 24-hour emergency help (alarms system*
- Warden present some of the time*
- Some communal facilities in other words lounge restaurant laundry garden*
- Rooms available for outreach services”*

Similarly, with the Department of Work and Pensions description many key features of sheltered housing are present. However, personal care is seldom provided by the landlord in this model, even at a low level. It is also increasingly the case that the presence of a warden is not necessarily guaranteed.

For Croucher (2008), there are the following characteristics:

The design is based on the standards for general needs housing with the addition of the following features.

- The housing should be provided at ground or first floor level, or in blocks over 2 storeys high served by at least one lift.*

- *Space standards should be the same as for one- or two-person general needs houses.*
- *Handrails should be provided on both sides of all common access stairs, and on at least one side of all common access areas and passages.*
- *Bathroom doors should be either sliding or capable of opening outwards, and fitted with locks operable from the outside*
- *Bathroom floors should have a non-slip finish.*
- *Handrails should be fitted beside the WC and bath/shower*
- *A space heating system must be provided which is capable of maintaining a temperature of 21C when the outside temperature is -1C in the following parts of the house: living area, sleeping area, kitchen bathroom and hallway.*
- *Light switches arranged to line horizontally with door handles.*
- *Socket outlets fixed at a height of at least 500mm above the floor.*
- *A warden service should be provided.*
- *An emergency call service should be provided connecting each house to a warden system”.*

Croucher’s (2008) description of the features which should constitute sheltered housing are perhaps the nearest to a universal description of what should be on offer within most sheltered housing models.

5.2 Descriptions of Very Sheltered Housing

Very sheltered housing also has common descriptions posited by key stake holders in the sector. For instance, the following description has been produced by Housing Lin (2022), reflecting a “broad agreement that there is a set of core ingredients which are part of extra care”. They are:

- *Purpose built accessible building design that promotes independent living and supports people to age in place.*

- *Fully self-contained properties where the occupants have their own front doors and tenancies or leases which give them security of tenure and the right to control who enters their home.*
- *Office for staff serving the scheme and sometimes the wider community.*
- *Some communal spaces and facilities.*
- *Access to care and support services 24 hours a day*
- *Community alarms and assistive technologies*
- *Safety and security often built into the design with fob or person-controlled entry.*

Whilst the specification from Housing LIN covers the main features of some very sheltered housing (and variations on that nomenclature), it concentrates upon the importance of features which are of little significance to the day-to-day functioning of such schemes. Whilst many properties are self-contained and have either leases or tenancy agreement this is neither universal nor necessary in all instances. It is not uncommon for third parties to enter into tenancy agreements where service users have dementia, cognitive issues are they are physically disabled and cannot sign documentation. Also, in these instances service users seldom control their own door. They live in an electronically controlled safe zone (often with electrically controlled doors if they cannot open and close doors themselves), which is accessible remotely by carers, support staff and families. Whilst most facilities will also have access to support and care services after hours, this is more likely to be a safety net to cope with falls and emergencies rather than a fully functioning service operating 24/7. A common theme in these quotations is that there is a concentration upon the physical features which any of these schemes might have as a marker of their status. However, little is said about the nature of support on offer, how it is structured and the role of the warden in being the glue which holds the service together and their role in upholding the standards.

5.3 A Movement Towards More Holistic Provision?

5.3.1 Holistic Provision

There is another problem, in that a focus on housing models often fails to recognise the holistic range of services that promotes the wellbeing of tenants in housing for older people Clapham 1997;

Hellstrom and Sarvimaki 2007). If a development is described as ‘extra care’ or ‘very sheltered’ there is an expectation that it will offer an enhanced level of support and that there will be a care team available for residents who require this service. However, care services are often provided from out with the housing service itself. A model which is based on the older person’s needs and wants rather than a type or model of housing has been posited by Stephen Golant (2015) in the theory of “residential normalcy” where the persons needs and wants to take primacy over shoehorning an individual into a pre-determined model.

For example, it is relatively common in day-to-day practice that more frail tenants are in and out of hospital often or have had prolonged periods in hospital or respite services. Planning a co-ordinated and appropriate resumption of care appears to be particularly difficult to arrange. For example, admission to hospital is often not picked up quickly by care providers and it results in aborted visits to the home whilst the tenant is still in hospital. It is also common for people with complex needs (in some instances where they are discharged from hospital at very short notice, often out-with normal service hours for most support and care services) to arrive home with no care, despite care being essential to their discharge. This is often most acute at end-of-life when service users may be in and out of hospital setting often but may also be aiming to die at home.

In terms of medical services, there is often a lack of communication with primary services. Most district nurse services, and GP (General Practitioner) services are not available in the evenings and at weekends and this means service users must rely upon the emergency services if medical situations arise, sometimes with avoidable hospital admissions. For example, it is not unusual for users in housing for older people to use things like urinary catheters, and domiciliary oxygen, or to have dressings to protect ulcers or lesions. If anything goes wrong with these interventions, which are usually undertaken during the normal working day, support and care staff are faced with lengthy waits for a service from NHS 24. This is often on top of trying to cope with distressed service users who are often aware of their vulnerability and feel embarrassed about using emergency services. A further problem with primary health services is lack of communication. Some GP practices are very good at communication and coordination, for example in pooling their efforts during mass immunization to protect elderly people from influenza and covid 19. However, in day-to-day practice, some GP practices have made little or no provision for housebound patients unable to attend vaccination centres. In cases of domiciliary visits, it thus has not been uncommon for NHS staff not to know who has been immunised and for a second team to turn up the same day to immunise the same group of service users.

These examples demonstrate that a broader perspective on the provision of integrated models that bring together housing, care and support services is worthy of consideration. In response, this chapter considers the possibilities for developing more holistic ‘hub models’ of service provision.

5.3.2 Hub Models in Other Parts of the UK

There is some evidence now regarding prototype Hubs, some of which are of long standing. The main areas where attempts have been made to establish Hubs are in Gloucestershire and in the Midlands of England (Evans et al 2017). Evans researched 68 extra care developments across England and Wales which had attributes such as on-site cafes, gyms, hairdressers, and shared communal spaces with community. They found that many opened their facilities to the communities they were based in. This was generally well received by all the stake holders as it justified services which might not be sustained solely by footfall from the complexes alone. Some of the schemes also had regular drop-in sessions from GP practices on a weekly basis. The downside of the sharing of facilities was that some residents objected to the public using facilities which were no longer exclusively theirs and they also objected to the lack of privacy although some organisations resolved this by making residents only areas of buildings with lockable doors. The second study concentrated upon the Gloucester area, on a mixture of stock for older people provided by a variety of housing associations - both local and national. This included 19 complexes in total, who opened their facilities up to people over 55 (Kearsley and Gilmore 2015). In general, those non-residents who used the facilities appreciated them and found the outcome life-enhancing, as they felt their cognitive abilities and fitness were improved. The paper did not, however, record the views of the residents. These models influenced the author in generating the concept of a hub in social housing for older people. In essence the researchers Hub is not their original work it is influenced by other attempts to generate hubs. Where researchers work is original is in the shape and design of the hub because it is designed to work in a Scottish social Housing context within a local authority area. In the authority in which the research took place there are other social Hubs in many settlements within the region.

There is also a Hub in Greater Manchester, the GM Ageing Hub. However, it is less a social resource for older people than a research, policy, and lobbying organisation on behalf of older people which links academic institutions research groups and advocacy groups across the City. In the Scottish context there is a private retirement village of 92 units at Firhill near Nairn (EAC 2023). However, there are no social rented units and many other restrictions which means it is not a model which would be useful for the analysis in this thesis. Whilst such examples of hubs are useful for this

research, they are primarily concerned with existing models being opened for the use of the wider community of older people in the area, rather than a departure from the way in which housing support is provided specifically in housing for older people. This thesis is interested in some of the social and emotional aspects of living in housing for older people, as this is often an important reason why at least some service users prefer the tenure. However, of prime concern is moving to a more integrated model which facilitates improved care and support, joined up working between agencies, and a holistic approach to the service user. An improved social life with an enthusiastic group of officers and service users shaping would thus be a welcome outcome within the purposes of this study.

The researcher was also influenced by other Hub models which have emerged in the study area which are not currently being used for housing related purposes and services but serve as transferable models which with modifications could be employed in the context in housing for older people. The first is based in a small town in the southernmost area of the authority. It is essentially a food hub set up by the community council as a charitable organisation run by volunteers. It has community orchards and allotments, along with a base where food is prepared for local people both as a restaurant and takeaway. It sells food with a short expiry date which is donated by the local businesses. It has a role in nutritional education as it does cookery demonstrations for local groups such as older people living in retirement housing. The newer hub has been set up in one of with the authority's largest towns, and it is only about a year old. It has a building in the main shopping centre and is run between voluntary groups and the local authority with lottery and council funding. It is essentially a one stop shop where local groups can offer mostly free services to the public. On offer is a foot care service as podiatry services are in high demand. A welfare rights agency to help people with benefit claims, counselling services and a community bank to name but a few. This also influenced the researcher to conceive that something similar might be possible in a housing context within housing for older people.

5.3.3 Hubs for Housing Designated for Older People

With some modification, it is plausible that these concepts can be adapted to the concept of a 'multidisciplinary hub' for older people - based either in a purpose-built facility or in an existing complex for older people. This model may help close gaps in services and address overlapping services. It has potential to bring better holistic services to customers and avoid duplication of effort. The usefulness of hubs lies primarily in the co-ordination of day-to-day support and care services for older people. However, if other services could be encouraged to cooperate, the applicability of the concept could be even wider than this.

Although Covid 19 has been a horrific and negative experience, the fact that during this period services for older people have often been working on an emergency footing and under tremendous pressure has led to a level of insight into what may be workable and practicable. At the same time, staffing problems due to illness and staff turnover has led to brief windows of insight into how a different model might be constructed, as staff have had to cover more than one development of housing at a time (which is not normal practice) and had to provide services such as shopping, bill paying for service users which were not the norm prior to covid 19.

The concept of a hub in this context grew partially out of the above academic literature on this subject area, through observing gaps and failures in services and failures in joint working (Evans et al 2017; Shipley 2003). There were also observations in the field regarding some professionals, both within housing for older people and in other services, who appear reluctant to take responsibility for parts of services that are clearly within their remit (both on a statutory and policy basis). Moreover, many services worked less well in time of change and crisis. This included underlying problems within housing services, such as a failure of housing management staff to frequent the stock for older people and provide necessary services to (even though that is part of their remit). In addition, there was frequently a failure of domiciliary care staff and social work staff to respond within reasonable time scales to changes in care and support needs for older people, or the withdrawal or reduction of care without discussion with other stakeholders. Finally, whether it be primary care or general hospitals, there was a failure of the NHS to liaise in general with other stakeholders and especially with regard to discharge of very vulnerable patients back home. It appeared that whilst the housing service for older people was very good in keeping service users safe, it was limited in what it could do to engage or stimulate the other services into action when things went wrong for people.

In the next section we will explore a prototype hub model where services registered with the Care Inspectorate are blended in a local model based on proximity to the service user rather than the nomenclature of the current service.

5.4 Constructing a Prototype Hub Model

5.4.1 An Initial Model

An initial model has been designed for the purposes of this research. It is intended to be simple and to provide better services to inhabitants in all types of housing for older people within a local authority area (except barrier free housing, where no community alarm is required).

The Hub is mainly designed to redeploy existing resources by organising them differently. By its very nature, it must cover a limited geographical area (of no more than a 5-mile radius, and in some instances far less) to ensure appropriate levels of accessibility and service response times. Benefits of pooling existing retirement and very sheltered housing officers and ancillary staff depend on these levels of access and responsiveness to provide a better and more integrated service than is on offer now. Essentially, there would be two types of staff members for the hub: core staff and peripatetic staff. The core staff would consist of people who need to work out of the hub all the time. Peripatetic staff would have an involvement with services and decision making but would not need to be present all the time - although better co-ordination to allow them to be there at agreed times would enable the Hub to produce better outcomes than the current system.

Core staff (present at the site every day)

- A retirement housing officer
- A group of professional paid carers who are assigned to provide care within the Hub area who are empowered to make decisions about care on a day-to-day basis.
- Cleaning staff.
- Kitchen staff where there is a meal or café service.
- Clerical support to answer calls when staff are out in the field.
- Peripatetic members
- Care managers. – to make longer term decisions about care plans
- Housing officers. To discuss tenancy matters not linked to support.
- Social workers working in teams for older people.
- Occupational therapists
- A representative from the district nurse service
- Local voluntary groups in charge of activities for older people.

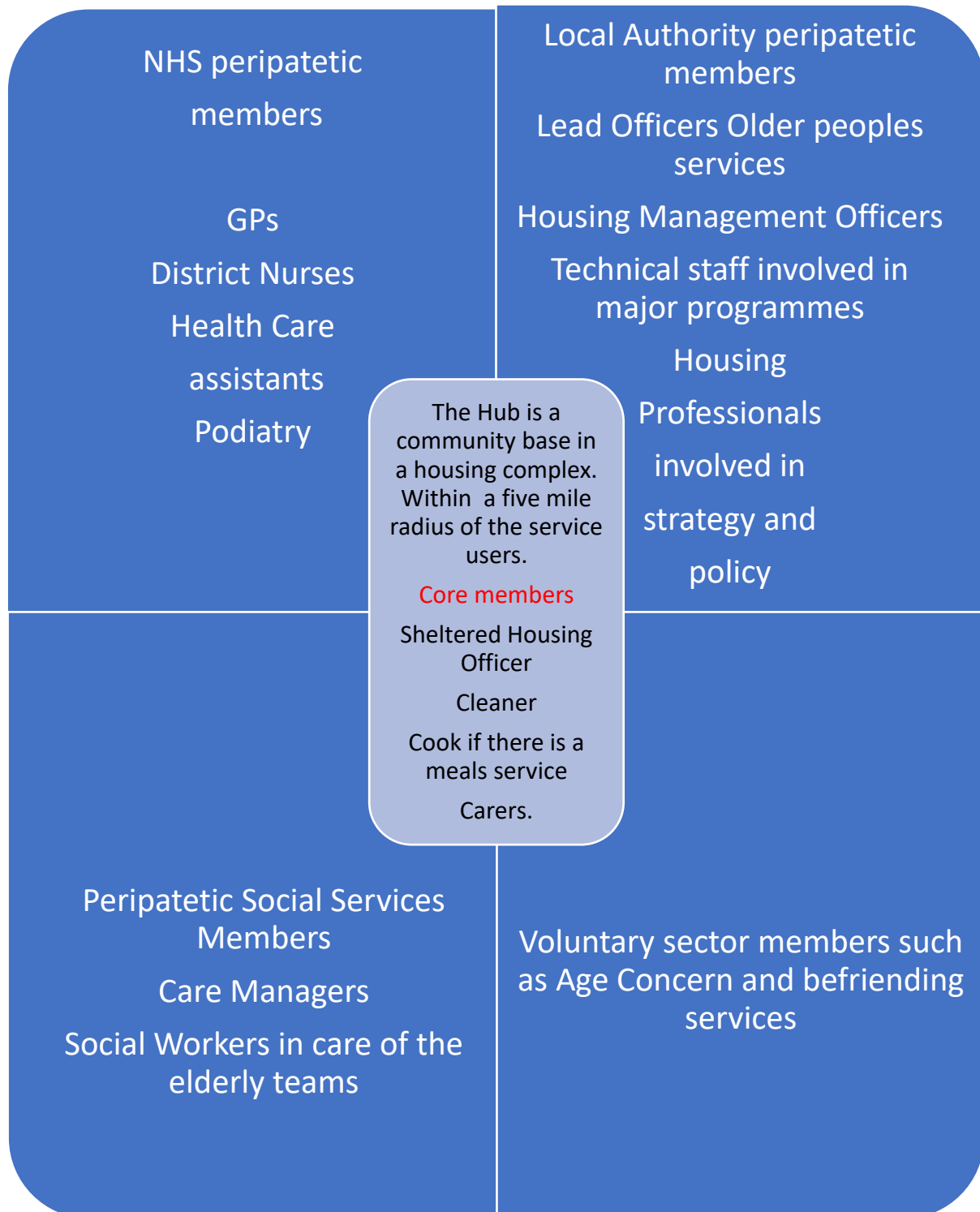
Levels of need and independence vary significantly at the moment and this pooling of resources in a Hub model could help counteract this. The Hub would have the most up-to-date warden call systems so that service users could summon help quickly, and IT systems which allow staff to login to remote sites to communicate with tenants in order to provide more flexible systems of services for tenants in distress. One of the current issues for services for older people is the lack of sharing of information

between the various entities involved in the care and support of older people, which affects the flexibility and speed of the service response. Whilst the information often exists, it is generally held by one or another stakeholder and seldom shared formally. Day-to-day contact in a Hub, and information-sharing protocols could improve those services significantly, as a lot of issues are due to poor communication, or people defending organizational stances or positions without thinking through the implications for service users. Daily discussion in the Hub would help prevent abortive care visits and duplication of tasks, which often happens in current models. Within social work and care, some delegation of authority would therefore provide a more sustainable way to allocate resources quickly and appropriately in line with service users' needs.

The Hub does not need to occupy a specific type of building, provided there is appropriate office accommodation and facilities for this small group of staff. It would be desirable if the accommodation could be sufficient for an array of people to use the base either permanently or as floating members to provide a service. This would allow them to do outreach work with tenants in the immediate area. It would also be useful to have private rooms at the disposal of health professionals to use as a temporary base for services, such as vaccinations. Many current sites would be suitable with minimal change, and appropriate facilities could also be added to new build schemes (of which there are a number in the pipeline in the study area).

All current offices are currently paid for by housing. The support costs in housing for older people are met out of the HRA in retirement housing and the costs for very sheltered housing are met partially from the HRA and partially from specific funding from the Scottish Government for very sheltered projects/tasks. Within the Hub model, other stakeholders would need to contribute differently. Importantly, there is some sharing of these facilities just now, such as carers using a site for breaks between visits, and some medical practices liaising with housing complexes for older people before coming out. Therefore, a step towards sharing facilities may not be such a big one. There would also need to be more formal recognition of roles and responsibilities. The retirement officer in the middle of this network would already be ideally placed to take on a coordinator role and serve as conduit for disseminating information. This is recognised in much of the literature concerning the evolution of the role of the wardens. Within the Hub, greater integration of core and peripatetic staff would enable social work and care managers to co-ordinate users' care services more effectively as part of a more holistic approach. An initial visual representation of the proposed Hub Model is provided in Figure 1:

Figure 1 visual representation of the model.



A final component of the Hub would be external, but central to its everyday functioning. The local authority in this study currently has two services which are operated by a call centre: a falls team and an emergency call out team known as the MECS team. Each is a group of mobile carers not assigned to any one client. The MECS carers tend to mainly work out-with working hours to deal with illness, distress, and incontinence. The falls team alleviates distress for those who have fallen in their home. However, in each case they currently are overstretched, and in instances where they are busy with another client at the other side of the local authority area, they can take up to 2 hours to respond. As an essential part of out-of-hours support, both services would benefit from increased information sharing and enhanced communication as part of any future Hub model.

5.4.2 Tenant/User Participation in the Hub

Tenant participation is not a new concept. In Scottish social housing it has been an increasing phenomenon since at least the 1980s (Goodlad 1988; McKee 2009, 2010), where is enshrined in law in specific clauses of the Housing (Scotland) Act 2001 (Serin et al 2018). Whilst there are various established ways in which social landlords can facilitate tenant or service user participation in their decision-making processes, these approaches have mostly been developed with mainstream social housing in mind, rather than specifically for social housing for older people. In practice participation may currently take several forms, from tenants' gatherings, individual surveys, tenant surveys focus groups and scrutiny groups. Many social landlords have tenant participation groups which cover a geographical area (Preece 2019). This may vary from street level up to a large precinct within a town. Such groups are often supported by Scottish tenant participation and education support organisations such as the Tenant Participation and Advisory Service (TPAS) or SHARE, an organisation which facilitates the training and education of tenant groups. Moreover, especially since the advent of covid 19, participation has increasingly relied upon communications technology such as Microsoft Teams and Zoom.

However, such approaches to consulting with service users may be problematic, putting older people at a disadvantage so that the outcome of tenant participation and consultation may not accurately reflect their views and preferences. For example, the need to physically mobilise may be a barrier to participation in meetings and for older people. Sensory and cognitive difficulties such as deafness, visual problems and dementia may also make it difficult for some older service users to be heard effectively if communications technology is the only way of interacting (Marimuthu. 2022).

Tenant participation within the Hub is important and can be linked to a more holistic approach to user participation that is inclusive of Hub services other than housing. Some key work has been carried out to adapt existing approaches to tenant involvement and consultation with older people in research and decision making (Leammy and Clough 2006; Easterbrook and Billeter 2011; Patmore 2001). Thus, within the Hub more innovative ways would be found to communicate with older service users to afford them the best opportunity to communicate, and to persuade them that their opinions are valued (Birchall et al 2011; Simmons et al 2005, 2017). This may include post-Covid 19 strategies such as one-to-one interviews by trusted people within the tenant's home.

5.5 Summary

This chapter has sought to identify issues within current structures of housing and support services for older people. A basic model of what that Hub might look like has been discussed in the narrative, including a discussion of tenant participation, and a graphic representation of the structure and users of a hub was set out within a simple diagram. Key issues include a potential lack of communication and buy-in to joint working, both within the housing service and between stakeholders in other services. This chapter considers the inadequacies of current models, and what might represent an alternative approach to use resources in a more efficient and effective way in the form of a Hub system. The chapter addresses the inadequacies of current forms and structures in seeking tenant opinion and inclusion in the decision-making process about services used by older people. Insightful and accurate engagement is essential in these services if organisations are to handle future changes appropriately and arrive at services that meet the needs of consumers, but which at the same time are struggling to respond to the financial contingencies and restrictions in an unstable context for the care and support sector. The views of the interviewees and their assessment of the efficacy and the relevance of using of the Hub model compared to current systems and structures are presented in Chapter 7B.

Chapter 6:

Investigating Housing Services for Older People

“(Laughs) I don’t stick to the job description! Yes, I do the morning calls and that, but after that I’m here to fix rollators, cheer people up. Next thing I’m at the coffee morning repairing something like a mobile phone”.

(Interviewee J)

6.1 Introduction

This chapter sets out to fill some of the gaps in research into housing for older people, where little is known about the way the service operates on the ground through the various staff involved. The chapter considers some of the data gathered from 21 interviews with staff who work with older people, including those who provide ancillary services such as care and support. Thus, this sample incorporates the views of various stakeholders, to ensure a breadth of different inputs to the research.

The chapter considers interviewees’ attitudes to housing and housing services for older people, and how they negotiate their roles and responsibilities in these contexts. In doing so, the chapter examines the origins and backgrounds of staff currently working in supported housing for older people, their attributes and their values and beliefs in relation to concepts of professionalism. It also considers respondents’ approaches to being innovative and tenacious when faced with the barriers that commonly arise in trying to help service users and encourage other agencies to meet those needs as well - especially when there is a statutory duty to do so. The latter part of this chapter will also attempt to use texts associated with the theoretical concepts of Street Level Bureaucracy and Lipskian analysis and the works of Julien Le Grand and writings concerning co-production and relate these back to the qualitative data.

6.2 The Vocational and Educational Background of the Participants

This aspect of the study was of particular interest in relation to past studies of sheltered housing and profiles of staff, which tended to confirm a stereotype of staff as predominantly female and poorly qualified. In the mid-20th century, wardens tended to be older themselves, often with a spouse and family, and wages were often poor because accommodation was supplied free of charge in the complex. Training was almost non-existent as the tasks carried out by wardens were seen as normal domestic tasks such as cooking cleaning, washing and personal care, which by the patriarchal standards of the time were not seen as being of particular value. In the interim, training has improved and bodies such as the Chartered Institute of Housing offered specific tailored training for those in retirement housing officer roles (although these have largely been changed into general vocational housing qualifications). Due to working time directives and other social changes in terms of equality of opportunity, tied accommodation and low wages would no longer be acceptable at several levels. Neither would an unpaid spouse as helpmate.

Another aspect of the role of sheltered housing staff that does not seem to have been subject to investigation is whether such employment is a long-term career choice like other aspects of housing, or whether it is populated by staff from various backgrounds on a more casual basis. By analysing the origins of interviewees' educational background, life experience and employment history, it is hoped to gain some insight into what people bring to working in housing for older people in the contemporary context.

Table 8: Participants' Professional Career Trajectory

Participant	Gender	Previous Roles	Qualifications
A1	M	Housing support in HAs and LA mainstream housing manager more recently head of all supported initiatives within housing including adults with learning difficulties and Houses in Multiple Occupation	Degree COIH PG Diploma housing Counselling and vocational qualifications
B2	F	Team leader in mainstream housing management 20 years in homelessness support, 5 years team leader in Very Sheltered Housing	PG Diploma in housing and SVQs

C3	F	Residential childcare. adults with mental health issues, 10 year Very Sheltered Housing	Various housing related SVQs
D4	F	Mainstream housing (housing assistant housing management officer. housing access Officer. Both HA and latterly LA	SVQs in Housing related subjects home point
E5	F	Care, housing support Women's Aid counselling very sheltered housing 7 years	Degree in community education and vocational Housing SVQs
F6	F	Primary Education, Care in a residential very sheltered housing approximately 10 years	Housing SVQs level 4 and 5
G7	F	Mainstream Housing Management in Local Offices latterly very sheltered housing 2 years	Housing related SVQs Home point registered manager qualifications
H8	M	Support for homeless people with alcohol misuse issues wet hostels. Registered manager latterly very sheltered housing 6 years	SVQs registered manager qualifications.
I9	F	Initially catering but very sheltered housing for 15 years	City and Guilds in catering SVQs 3 and4 in housing related subjects and social care home point 3
J10	M	Long history of being a registered manager in residential projects for	SVQs registered manager qualifications

		children with learning disabilities and adults with learning difficulties approximately 10 years in very sheltered housing	
K11	F	Approximately 37 years in total support accommodation with personal care for older people. Last 10 in a local authority setting	Housing related SVQs
L12	F	Care, very sheltered housing 10 years	Housing related SVQs
M13	F	Housing support for homelessness management of temporary accommodation 1.5 years lead officer very sheltered housing	Honours degree SVQs in housing ongoing registered manager qualifications
N14	F	Health and social care for many years. Approximately 5 years as a very sheltered housing officer	SVQs in housing related subjects
O15	F	Social care in the community as a carer then a move to retirement housing approximately 10 years ago	SVQs in housing related subjects
P16	F	Industry retail, home care then homecare management for 6 years	SVQs in Care
Q17	F	Midwifery, retirement housing 10 years	Midwifery qualifications and SVQs and housing related subjects
R18	F	Care of the elderly then sheltered housing for 15 years	SVQs in housing related subjects, home point
S19	F	Age Concern	SVQs in management

T20	F	Occupational therapist	A degree in Occupational Therapy
U21	F	Lead Officer	Postgraduate Diploma in Housing.

6.2.1 Gender, Work Experience and Learning

Although the sample in Table 11 is relatively small, it highlights several trends in the employee base for supported housing for the elderly that are not apparent in the studies of the 1980s, 1990s and early 2000s. First, although the workforce is still predominantly female and older there are several other emergent features. This includes a small number of men working in supported housing services for older people, which would have been uncommon in the past. For example, in the local authority, while the head of the service is still male, the management grade below that across the whole service is now staffed by women, so there are no men at lead officer level in either retirement housing or very sheltered housing.

Although there is a predominantly care and support bias in the backgrounds of most of the participants, the occupational biography demonstrates that these care origins are very diverse, not simply the care and support of older people. There are one or two exceptions in which care was the core function, such as the occupational therapist, the care manager, and the interviewee from a voluntary sector group that provides support and lunch clubs for older people.

In terms of vocational and academic qualifications it is noteworthy that a series of jobs which were originally low status with poor wages and very little prospect of training or advancement has seen some progress. A number of those involved (namely the head of service, several of the lead officers and the occupational therapist) all have formal academic qualifications at degree level. Those in front-facing jobs mostly have SVQs at level 3 and 4 in housing-related subjects. Several people also have completed home point training (devised by Shelter), which is mostly a qualification for front facing staff in mainstream housing to enable them to be able to help customers. Two of the female lead officers were actively engaged in obtaining these qualifications on the job. The salary level in very sheltered housing is on a par with mainstream housing management which reflects the importance of the support role and SSSC registration as a requirement of the job. The wages for retirement housing officers are one grade lower.

Interestingly, most of the courses that have been completed are mainstream housing management courses, rather than a supported housing focus. Several staff, predominantly males, had management qualifications for registered services, although at the current time they did not occupy roles where these qualifications were necessary or expected. However, over all the data supports the view that people involved in housing for older people are better educated and earn more than they did in the past. Although sheltered housing wardens in the past were nearly all women, a slight change is underway as males are beginning to work in the sector.

6.3 Concepts of Professionalism

Concepts of professionalism and how participants define themselves at several levels in this study helps to link their responses to the theoretical approaches of both Lipsky and Le Grand. Over the whole sample of 21 interviewees, the responses regarding concepts of professionalism displayed a series of themes around specific areas. Thus, most interviewees defined their professionalism around the concepts of:

- Adhering to the rules, policy, and guidance.
- Being polite and helpful even if under pressure from challenging service users
- Being honest
- Being knowledgeable about the area which they worked in.
- Being competent enough to signpost service users on if you could not help them personally, or the issue they required help with was beyond your remit.

For example, Interviewee D4 said: *“Well, I would need to think about that one (pause for a few seconds) I think it’s about being honest and polite to people, doing your best for them and going to ask someone else in your team if you don’t know the answer”*.

This is interesting because only a small minority of interviewees highlighted more traditional concepts such as ethics as being important to professionalism - although there was some allusion to confidentiality and being careful with the management and disclosure of data to a limited range of individuals and agencies.

Interviewee P said:

“For me to define professionalism I believe that for me the key is quality and efficiency, acting in a professional manner and respecting everyone at every level of care and delivering person centred care”.

Similarly, Interviewee I believed that:

“Being professional means to me: - I have the ability to conduct myself in a manner appropriate to XX policies/protocol, my ability to convene, aim to provide professional Housing advice, assisting our tenants, their families, aiming to explain, help, advice different formats of advice/support so I can help with any queries, questions, problem solving, more importantly building up a rapport, its crucial to relay the importance of listening tuning into any issues which may arise, during my working day.”

Being part of a professional body or an organisation only emerged twice as a theme. Interviewees who raised this were the head of service and the occupational therapist. They linked professionalism to membership of organisations and professional bodies that supported and were responsible for devising the ethics and codes of conduct for that profession. This was also linked to holding appropriate academic and practical qualifications. Whilst the background of the occupational therapist was not explored further in the interviews, the head of service is a member of the CIOH and a lecturer in the local authority’s in-house training academy for staff. It is therefore not unexpected that they would have clear views on housing education, training, and membership of professional bodies as a measure of professionalism.

6.4 Defining Your Role in Working with People

6.4.1 General Roles and Responsibilities

This area of questioning and the discussion was aimed at two related areas of interest. First, it was an attempt to get participants to think about the boundaries of their role with older people (including where dementia was a factor). This considered whether there were differences in approach to the role, differences between the level of service associated with working in retirement housing or very sheltered housing, and whether the expectations of providers are different. Second, it was an opportunity to ask how often practitioners stepped out of their ascribed role in the course of their duties.

6.4.1.1 Boundaries of the Role

There was a significant split in the themes in the responses to this area of discussion. A substantial proportion those interviewed to the policies and procedures as defining the role. The inference here was that if you do not step outside of these procedures and are guided by your line manager your role will be clearly defined and therefore you were unlikely to encounter any difficulties.

As Interviewee B (a team leader in retirement housing) observed:

“Well, you know, they do their jobs as per the policy and procedure and I don’t like taking away from their role. I will get involved rarely but say if the sheltered housing officer is getting vexed because someone has dementia and they are questioning what they are doing for them; that’s the only time I will get involved”.

However, approximately half of the respondents did not clearly define their job role and the everyday activities which they were engaged in. They cited specific activities as being carried out on a regular basis as defining the everyday aspects of the job. This included time which is spent ritualistically contacting people each morning to check on them. A significant concern here was that this activity places disproportionate value on checking each morning whether service users are merely alive and well at one point in the day. Checks could instead be carried out throughout the day at times convenient to the service user, and there is certainly the potential using technology to make these more of an informal catch up with software programmes and webcams allowing one to one interaction. However, those who highlighted tasks in defining their role usually cited the core support tasks that are carried out daily as being the starting point. These were all seen as being acceptable duties to be engaged in on behalf of a tenant:

- Contacting tenants every day before 11am by, intercom in person or by the tenant indicating remotely on a control panel that they are well and safe.
- Seeing the tenant on a predefined regular basis, usually at least once a week regardless of the mode of daily contact.
- Checking pull cords pendant alarms smoke alarms heat detectors on a quarterly basis.
- Reviewing tenants support needs once every six months.
- Reviewing tenants contact details for next of kin every six months.

To a lesser extent, other activities also emerged:

- Phoning doctors' dentists, social work, care managers, Occupational therapists where the tenant was unable to do this and perhaps not getting the desired response because of their poor bargaining position.
- Mediating and managing small level disputes about the behaviour of individual within a complex and about disagreements in the usage of common areas.
- Applying for blue badges and bus passes.
- Minor domestic repairs

For instance, Interviewee J noted that: *“(Laughs) I don't stick to the job description. Yes, I do the morning calls and that, but after that I'm here to fix rollators, cheer people up next thing I'm at the coffee morning repairing something like a mobile phone”*.

Interviewee G added that: *“There are barriers to helping support tenants. Tenants used to receive services such as home helps where they would clean and run little errands for the tenants this was covered however this changed and tenants have to pay for cleaners and pay for shopping service, which is a lot off of a pension. Older tenants struggle with the little things changing beds, turning the mattress etc this would be where a handy man service would be good for the tenants to tap into. As a service we have so much to learn about the needs of these tenants.”*

Yet several interviewees were keen to note that these are only the everyday tasks. In the event of crises, they believed that was where they came into their own, and where their true value lay - in their ability to cope with older people in a crisis such as a health emergency or service breakdown. In addition, most interviewees had areas which they felt particularly strongly about. One officer hated people to suffer from incontinence problems. She would tenaciously contact social work staff until she got the necessary carer visits for someone in this position. Another officer spent a lot of time with people with dementia who were hallucinating, escorting imaginary people from the service users' homes to try and alleviate their distress. Another officer who had previously been a manager in mental health services spent a lot of time working with a client with paranoia as she did not have psychiatrist or a community psychiatric nurse. For another, their key concern was workmen coming before 9am or canvassers entering the building and disturbing frail elderly people. Later in this chapter discussion will take place concerning those who regularly went beyond the core expectations of their role and did not see this as being subject to risk or unusual in the role they occupied.

6.4.1.2 Tackling Barriers to Progressing the Needs of Service Users

Interviewees identified a number of barriers within the housing management service. One recurrent theme was the split in responsibility in both retirement housing and very sheltered housing for the management of the service. Whilst the staff based in complexes are responsible for the health and safety and day-to-day running of complexes, they do not make all the decisions relating to an individual complex. Housing management officers are responsible for the collection of rental income, dealing with tenancy breaches and neighbour disputes, while housing options officers have sole responsibility for allocation of properties. The more committed officers tended to liaise with complex staff to understand the current makeup of the complex, and whether allocating older people with specific attributes would potentially improve or exacerbate existing issues. For instance, where a complex had several very needy residents due to dementia or frailty the decision might be taken to allocate to someone more able-bodied, who might be able to contribute to interaction and socialisation between residents. Moreover, the housing options officer role has recently incorporated the homeless officer post. Therefore, there is pressure amongst housing options officers to contribute to the Scottish Government's strategy for homelessness by minimising the use of temporary accommodation and scatter flats. In practice, that means homeless status may take priority over the needs of older people with health issues in the allocation of very sheltered housing, so that older people whose main issue is homelessness may be allocated vacancies.

Beyond the housing service, while a number of interviewees observed that they generally had good relationships with other agencies, the vast majority highlighted problems at least some of the time in getting their clients what they needed from social care, primary health care services, hospitals and so on. Interviewees' main source of concern was over the lack of joined-up thinking. These included failures of social work staff to acknowledge and take seriously notifications and cause for concern about a tenant's wellbeing (for example, when an individual is unable to look after themselves without some visiting support, where there is poor nutrition, excessive alcohol, or drug consumption; accidental overdoses of medication due to dementia and service users taking multiple doses). These situations always require raising a cause for concern to social work and a report. However, interviewees felt that because social work staff were busy usually these were either ignored, or the individual was found to have capacity and a knowledge of their circumstances and therefore no further help was offered. This was also true of care where packages broke down due to staff shortages. People need extra care as they became progressively frail, and this was often found to be unavailable.

In relation to the health service, the main concern was early discharge from hospital. Insufficient notification of an imminent discharge from hospital often came to very frail people with no ongoing support from a short-term care team to ensure settling in at home. In terms of primary care, the main concern was lack of available appointments with doctors and nurses and allied health professionals.

Staff were being asked to diagnose problems over the phone, and to describe and take pictures of service users to diagnose at a distance, particularly given the lack of home visits in the post Covid era. Responses to this situation varied. First, some of the more despondent staff, who felt they were hitting a brick wall and whose line managers could not help them with challenging these services, retreated to within the formal boundaries of the role almost as a protection mechanism. This involved keeping regular and detailed support notes on clients who were struggling, so that they could justify their actions and satisfy the Care Inspectorate in any audit. Second, some interviewees used their line manager to plead their case at a higher level when their own activities had failed to get the desired outcome. The outcome of this was unpredictable because a lot depended upon the level of support from the line manager and their social networks. The head of service and the lead officers were well aware this occurred and felt they had to support their staff when they reached an impasse. Third, some staff members pursued people further up the hierarchy in organisations where they were not getting the help they required - but tended to keep their line manager in the loop so as not to cause offence. Fourth, a substantial minority of participants had been in the care sector for a long time although not necessarily in sheltered or very sheltered housing. They took advantage of this by using old, informal professional networks to liaise with people in other agencies to get things done for service users. Fifth, some staff were just bullish or persistent with other services until they got through to someone in authority who was willing to make a decision. This could even escalate to threatening to call an ambulance where a GP would not or could not visit a frail or seriously ill service user at home (although this did not happen often).

Interviewee K said of the barriers: *“We have various problems at the moment. There are often issues with end-of-life care, no communication with the hospitals, people may have been released through the night. There are issues with bed blocking, not knowing people have been discharged. There are reductions in care, cold calling from social work to talk to people around having their care reduced and getting them to say they are coping better than they are”*.

Interviewee L further expressed the view that: *“Frequently as a tenant becomes more advanced and they are not able to live safely and independently in this environment any longer I do feel we, as Housing staff, face a non-adequate provision of care, and a more residential setting is appropriate. One can get out of their depth. If the tenant has worsened, we are not trained to deal with this as professionally as a care home environment. Family can also create barriers and suggest their relative isn’t quite as advanced”*.

6.4.1.3 The Number of Service Users with Dementia in the Service

An important factor for interviewees regarded the number of service users with dementias of various types in the service. These numbers are difficult to fully estimate. First, the turnover in tenants is high in some areas of the service, with tenancies terminating due to death, long term hospitalisation, or moving to a care setting almost a daily occurrence. Thus, the profile of a development (especially if it is a small one) can change within a matter of weeks. Moreover, many cases of dementia go undetected, because families and service users appear to be reluctant to disclose dementia in case their family member is “forced” out of their accommodation and into residential care (although in practice this would be unlikely to happen). These issues were identified as increasingly important:

Interviewee A observed that: *“I mean, I think it's important to say that we that we do have service users with dementia. I think one of the debates that we really have in, um, older persons housing is at what stage we can still take people with dementia to come into the service. Um, and the other bit is what we do, I suppose when people are, are not able to remain in the service. So, we've kind of hit that a few times where um, you know, someone comes in relatively fit and healthy and then ten, 15 years down, down the line, they're really, really poorly with dementia. Um, and families fall into two camps. You get, you have those that just want the person out and in a care home and that's, where they're pushing for. And then you've got another group of families, a smaller group, I would say, who just want mum or dad to remain in sheltered housing and They're not appreciative of the risk that that creates for that individual if they're really struggling and also the risk that that creates for other neighbours living around round about when they've got somebody, you know, chapping their door at two in the morning saying, I'm lost, can you show me the way home? So, dementia throws up so many challenges for us. But, you know, I think what everybody's committed to is keeping people living independently for as long as possible”.*

The way the local authority works means that information available to allocations staff and occupational therapist is not disclosed to staff in complexes, and therefore they must go through their own reassessment process with the service user to ask about illnesses and cognitive problems. This process is highly reliant on how candid the families and the service users are regarding the challenges they are facing, and in some instances service users do not have a level of self-awareness to express whether they are experiencing dementia or confusion. It can also be difficult to discern sensory

problems, such as hearing impairment or visual impairment, which may give a false and misleading impression of cognitive impairment. However, given this difficulty, participants held similar views about levels of dementia within the complexes they worked in, which was consistently estimated at 10 to 20 percent of the service user population at any point in time.

Interviewee Q said: *“Yes, we have tenants with Dementia. When I first started in older persons housing the numbers were small, but we are noticing that the numbers are increasing.”*

Interviewees often noted that some service users of long standing came in well (with good cognitive abilities) but developed dementia whilst resident in the complex. This led to acknowledgement that the system to ascertain how many service users had dementia was very haphazard. Several respondents mentioned that one of the lead officers is tasked once a year with contacting all the complexes by email to gain statistics concerning those with dementia. However, they pointed out that this was only those with a positive diagnosis from a medical professional, so was merely a snapshot given the turnover in some of the complexes.

There was also an acknowledgment amongst the interviewees that although this was an average across the service, some complexes had many more service users with dementia than others. In these cases, this meant that they were struggling to provide a comprehensive service to all service users. In those instances, both lead officers and staff at officer level had liaised with housing access staff to make more considered allocations and perhaps allocate to more independent potential tenants to ensure a level of balance and viability within a complex. Otherwise, there was a fear that a crisis point would be reached. In complexes where there were several people with significant needs, and people whose needs would be better met in residential care settings, there was a very real fear that the system would not be able to continue to function properly to the benefit of all service users due to the time required to support people with dementia.

According to the lead officers the main coping strategy here, at least in the short term, was to double up on very sheltered housing officers either all week or for part of a week in complexes which were struggling with complex cases. Most complexes have one very sheltered housing officer on duty between 9am and 3pm. However, in developments with these issues, a second officer was drafted in to allow colleagues more time to deal with either people with dementia or people who were physically frail and who needed additional personal care visits during the day in order to help them remain in the accommodation. In both retirement housing and very sheltered housing the profile of service users with dementia does not appear to vary significantly between services. There are a significant number of people in retirement housing with dementia, even though this is designed to be a less intensive

service compared to very sheltered housing. Similarly, there are a number of more independent people in very sheltered housing. It appears that some older homeless people are being signposted to take this route into social housing although they may not need the support which is on offer.

6.4.1.4 Changes in Work Role and Practice when Working with Service Users with Dementia

This aspect of the research was felt to be particularly relevant in terms of testing interviewees' sense of agency. When support staff are presented with people with very variable needs, this can test their flexibility and ability to be proactive in relation to working with people with varying needs. The very sheltered service is often short staffed; therefore, the lead officers cover some shifts especially at weekend. As this does not happen in retirement housing, the perspective of the lead officers in this service was different. The lead officer in retirement housing was quite clear that their role was to mentor and support retirement housing staff and that they very rarely became involved with people with dementia. Where retirement housing staff were not making headway, their role was mostly to support staff, particularly where there was dissatisfaction amongst families and service users about the nature of the service on offer.

The responses from the manager of the service and the lead officers were also different from those at the front line. Amongst the frontline staff in both services, most interviewees acknowledged that their responses and involvement with people with dementia varied significantly. People with mild confusion or dementia may present little or no difficulty or need for changes in response or service levels. However, this was acknowledged to be highly dependent on support networks family and friends.

For example, Interviewee I said when they were asked if it was different working with people with dementia:

“Absolutely I adapt my support, converting how I aim to converse with tenants should they have dementia to a format their individual capacity allows, everyone is different, I also liaise fully with family and friends, or any other support network in place.”

Certain interventions were relatively common. For example, informal counselling was often provided for family and friends of tenants as well as service users themselves. This mainly involved supporting people emotionally and dealing with confusion by giving service users with dementia more time sitting in their homes giving them human company and trying to “bring them out of their shell” and

understand what their requirements were. For people who were struggling, time was also spent reading and interpreting communications from doctors' staff, letters, and bills from public utilities and so on. More regular visits were also made to people with dementia to encourage compliance with medication. Where people were hallucinating, staff would also go along hallucinatory experiences, for instance escorting unwanted visitors from the house who had appeared as part of a hallucinatory experience.

Where dementia was more complex or advanced, the situation changed significantly. Earlier in this chapter we discussed how interviewees often felt that this was where they came into their own, and where their true value lay - in their ability to cope with the sometimes-complex issues older people faced out with the confines of their job description. This can be taken as a starting point for the enhanced response for people with dementia.

One emergent theme that became apparent was that of wandering. Wandering is not an uncommon aspect of dementia, where the service users became more restless and wander beyond their own homes. This can be within the complex, where there may be corridors and social spaces to wander in. It can also extend to other residents' accommodation and into the local community around the housing complex. This seemed to present a specific difficulty to a number of frontline staff. Where service users were inclined to wander further afield this proved more difficult to manage. Technology has existed for quite some time to alert complex-based staff, family and out-of-hours call centres that a resident has left their property and may be at risk. When a door alarm is set off indicating a service user is wandering, this often becomes problematic in a busy complex. It may occur multiple times a day and the attention needed to check on the service user may detract from the service offered to others. Some service users tend to go to neighbours who may be frail and disturb/frighten them. Several front-line staff raised this instance as one where their professionalism and initiative could be challenged to keep a service user safe but also balance their needs against those whose who were disturbed by it. Similarly nocturnal activity and behaviours such as crying and loud noise can disturb other service users and represent a challenge to staff in addressing the needs of all those involved.

Another aspect that emerged regarding the involvement of support staff with people with dementia was that staff generally have greater involvement with other agencies with all aspects of their tenancy and wellbeing, as they may lack the capacity to do this themselves. Other agencies may also not necessarily be aware of the dementia and the impact it is having on someone's life. Many instances were raised in interviews of the need to be an advocate for someone with dementia with the NHS, social work, social care, and other allied services. However, given that many of these agencies face

their own logistic and resource problems it was not unusual for the service user to get lost in the system between different agencies.

6.5 How Much of the Job Goes Beyond the Official Job Description?

6.5.1 Working Beyond the Official Job Description

Responses to this question were effectively split equally amongst interviewees. Again, one group of respondents cited the policies and procedures as defining what the occupant of a post needed to do to meet the conditions of that post. This was especially true of all the team leaders and approximately half of the very sheltered housing officers, although the actual job description was not used or referred to by any of those interviewed as the basis source of their response. A variety of very sheltered housing officers and some retirement officers thus refused to get involved in what they saw as non-core support activities, relying on the policies and procedures to support their view that it was not their job.

Both services are labelled as being independent living, with a rationale that service users should be as independent as possible until they can no longer engage in activities such as phoning the doctor, ordering shopping, managing, and managing their own medication.

Interviewee H said: *“You know it is supposed to be independent living when you come in here, so we can’t get into the realms of making meals and personal care, we can’t handle money and administer medication”*.

A previous manager of the service drew up a brief list of activities they felt were inappropriate for both very sheltered housing officers and retirement housing officers, and it is often quoted by staff who do not want to become involved in additional support activities. It is displayed in several offices and complexes in clear view, presumably to remind service users of this position.

The second group viewed additional support services as part of their job and felt that it made their job more rounded. They regularly did more for their service users and were asked to list the things they believed went beyond their job description. Examples of tasks identified as over and above the job description included:

- Counselling informally in the event of a death or crisis in the family, even if this is external to the complex.
- Arranging doctors and district nurse appointments, as well as patient transport to the two major hospitals in the area
- Taking in prescription deliveries and nomads (Nomads are prepared prescriptions where a day's medication is organised in a sealed tray for ease of consumption by the service user)
- Advocacy to help vulnerable tenants to access services where the tenant is unable to arrange this themselves.
- Help with minor falls and injuries, issues with personal care (although this was rare)
- Engaging with public services such as homecare support where the service is broken down, carers fail to attend, and the service user cannot press their case.
- Paying public utilities for people who struggle with crediting prepayment meters.
- Paying bills using credit and debit cards with the tenant or a third-party present
- Distributing meals from local community groups which are produced out with the meals on wheels services or meals available in complexes, and preparation of hot drinks, toast microwave meals when a tenant was unwell or just out of hospital.
- Help with laundry, stripping beds, folding clothes.
- Adjusting walking aids and equipment
- Contacting shopping services on behalf of the service user (e.g., food shopping, ordering furniture and electrical goods, arranging for the delivery of newspapers etc). This often resulted in taking in purchases following a home delivery.
- Organising entertainment bus outings, board games, bingo lunch clubs, ordering lunch, ordering buffet lunch for events like the Queens Platinum Jubilee and the Coronation

NB. Certain caveats are also appropriate here - some additional activities had emerged because of the Covid 19 epidemic, and some things were still going on in the aftermath. In some complexes temporary arrangements that had been introduced to help the housebound and vulnerable during lockdown had not been rescinded.

The respondents did not always say whether they were happy or unhappy doing the additional tasks, although some did indicate that they saw it as part of their remit to do these things. However, where participants did expand upon the original question and expressed views regarding how they felt about going above and beyond their job description, common themes were as follows:

“Well, what would you do if it was your mum or dad. My dad’s got dementia, and I would hate to think of him distressed if was hungry or thirsty and carer wouldn’t heat him some soup or make him a hot drink.” (Interviewee F)

Interviewee L also said: *“I am here anyway after the calls are done in the morning, I might as well help people with X - it breaks up the shift”*.

6.5.2 Autonomy within the Job

Between their job description and the way, they went about their job, interviewees were generally unanimous in feeling that they had enough autonomy to go about their role in a way which satisfied them and did not lead to frustration. Where interviewees were happy to go beyond the confines of the job description because they saw it as part of their remit, it was also noticeable that they were the most positive about this aspect of their role. In line with this, some senior staff concentrated upon the need to bring others along as part of having autonomy. One VSHO simply said:

“Yes, there are no barriers to doing extras. My experience as a manager has taught me to work at a higher level using my own discretion and I don’t mind doing that” (Interviewee S)

Indeed, some respondents saw the current model as a pale imitation of a much more tenable model of sheltered housing, involving a detailed and intensive service for older people, where the service was available 24/7. The same was true of an interviewee who worked in a very intensive and charged alcohol project. There was general feeling amongst this minority of interviewees that the local authority service was deficient, and that more credence was given to record keeping and bureaucracy than the activity of support and care - which was a secondary consideration.

Interviewee F observed that: *“You know I used to run a service for XX housing association, I was working in Inverness, and the boss was up there visiting developments was said they are remodelling a scheme at XX how would like to be nearer family again. I initially said no but my Mum died a few months later and there was nothing to keep me in Inverness, my move back down here coincided with the new job. You know we had 3 managers so there was someone on duty 24/7 I had loads of support workers and we were doing cleaning and personal care. I started off with one home cooked meal a day and then we go it up to 2 that’s really what I would call very sheltered housing, not what we do here”*.

6.6 Perceptions of Support from Line Managers

This area of discussion relates to Lipskian analysis about the absent or dismissive manager who is disinterested in the workload and difficulties faced by a front-line worker. This can produce two outcomes:

- An initiative-taking worker who makes the best of a poor system for their service users and to a certain extent their own requirements from the role.
- An isolated and unsupported employee that shields themselves from harm and criticism by using the policies procedures to avoid censure in an environment that is inherently safe for them but not necessarily good for service users.

Most interviewees said that they felt supported in their work by their line manager. This was especially true of the head of the service and the three lead officers who were interviewed. Staff were quite unequivocal of the value they placed on the relationship with their line manager (Interviewees A; B; G and M). For the greater part, front-facing staff were also enthusiastic about the support they got from their line manager, not only in work related roles but also in instances of illness, bereavement, and the emergence of care responsibilities.

Interviewee E said: *“Oh, they were great with me. Well, I had a bereavement and a family illness, and they were very good at letting me off to see to what I had to do”.*

In general terms this also applied to work matters, where they asked the line manager to engage in additional or different tasks in the short term to help a service user with a temporary problem. A theme that emerged across a number of interviews, however, was that this support from the line manager was related to adhering to policy, procedures, and guidance, and going to the line manager for approval with any deviations prior to making changes. This gave a different perspective to the support of a line manager, whereby it could be construed as conditional of constant prior approval rather a simply retrospectively noting a line manager about a deviation from the normal procedure.

Interviewee G also said of support: *“Well yes from the Lead Officers but not the rest of the council - you just get lost in it.”*

Nevertheless, amongst the interviewees there was a group of people who were very disenchanted with the current line management. They were critical of how things worked in practice on several fronts. A

key theme was that staff were often left to sink or swim when problems arose on a site, and they did not get appropriate support to deal with this. Such problems included:

- Rude obstructive or disrespectful tenants who challenged staff all the time and sought to circumvent policy and procedure.
- Rude or obstructive families who threatened or berated staff if they would not perform tasks, they wanted them to, which were not part of their remit (e.g., monitoring wandering more closely, helping with meals, administration of medication and dealing with incontinence).
- Dealing with tenants who had a prurient interest in the lifestyle of another resident and would persistently ask questions and interfere almost to the point of bullying behaviour.
- Service users trying to commandeer communal facilities and resources for their own personal use, forgetting that they are possible in a community with equal rights over communal kitchens and lounges access to communal facilities. Staff sometimes felt that they were not properly supported in challenging this type of behaviour and that it ultimately led to the service user concerned getting what they wanted even if it put other often vulnerable people at a disadvantage.

This unhappiness regarding support from line managers was mainly about giving way to inappropriate demands for resources but also about the failure of manager to tackle rude, discriminatory, and combative behaviour. This was allied with concerns about failing to keep detailed records on the part of management when engaging with service users exhibiting these behaviours, so that should the situation deteriorate or the service use raise concerns out with the complex, there would be very little evidence of what had been done to address their concerns. When staff went unsupported, they often identified that it was more difficult to maintain a positive role in co-ordinating the development for everyone's use if it was clear that some residents could overturn long standing arrangements that the majority of tenants wished to remain in place.

A final key area of concern was the failure to adhere to policy and procedure across the eight very sheltered schemes which in effect meant that each service worked procedurally in different way, due to the preferences of the staff.

For instance, Interviewee O stated that: *"No two places record personal contact with the tenants in the same way, some of them record it by code in the margins of the daily call sheet others put it in the HST [Housing Support Tasks]. It should always be in the HST for consistency. It's the same with the six weekly reviews they should be done at the latest within a fortnight of someone moving but they are being done after six to eight weeks in some instances"*.

This type of concern was raised by a minority of interviewees about the recording of repairs and notifications of serious incidents.

6.7 Working with Other Professionals to Get Good Outcomes for Older People

Beyond the housing service, some interesting themes developed in relation to other service providers for older people living in retirement housing. This part of the discussion drew out further thinking about overcoming barriers to improved outcomes for older service users. In interviews, respondents noted that a number of methods that were employed in relation to this.

In some areas, especially rural areas where resources such as GP practices and district nurses were thin on the ground and part of small practices, there tended to be good relations between the supported housing staff and the surgery. There was regular direct access to district nurses, especially if service users had chronic problems and needed regular help. This was not the case in more urban areas. As noted earlier, in some instances housing support staff had previously been involved in the care sector for many years, and retained networking links with people in other services, who they contacted informally to get the help needed. There was a consistent theme in many of the responses that some staff in other agencies were interested, approachable and pragmatic. Therefore, it was sensible to contact them in order to help meet a client's needs. Some staff thus relied on a particular individual who had been helpful in the past to access other professionals. In primary health care there was less capacity to do this, as many interventions happen directly with the service user without the involvement of housing staff.

Sometimes, however, the approach was more direct and official by formal notification of harms, neglect, or exploitation. This tended to be between support staff and social work, in accordance with Care Inspectorate good practice. This was an almost daily occurrence with very sheltered housing, as was calling for multi-disciplinary case conferences concerning an individual's circumstances.

For example, Interviewee M Said: *"This is about great communication and a working partnership to try to get satisfactory outcomes for our tenants - working with the tenant and involving the tenant to get the best service from other professionals. However, as a service we lack working partnership and it's getting worse given the pressure on our services"*.

Yet a number of staff did not see this as effective or efficient way to protect people. It was commonly believed that social work applied a simple tripartite test of competency to the individual, and that their

case was dismissed very quickly as a priority if they were able to conform to basic criteria. There was also a tendency to bypass people who could not be seen easily and then the case would be cancelled by the social worker.

Interviewee O said when talking of a client who was experiencing long term psychiatric problems:

“You know we made a cause for concern for her mental health to social work. Two social workers came in to see her, so I stopped them and said you won’t get her today, she’s at her mothers. Are you going to arrange to come back? No, they said it’s clearly a medical problem so we’re going to refer her back through the health and social care. Have you ever heard anything like it? They have never met X, but they just decided that.”

Moreover, when people are discharged from hospital, even after lengthy stays, housing is not necessarily made aware of the impending discharge, or any changes in the individual’s care and support needs. Often the service user arrives back in the complex on the same day. As discussed previously, whilst some staff who are comfortable to do so engage with the hierarchy in other services themselves, others used their line managers to access people who might be useful to them. In this discussion, there is a sense that inter-professional working often depends on a combination of informal and formal communications, but with an emphasis on the former in dealing with issues at the front line.

6.8 Discussion of the Qualitative Data with the Literature on Public Service Bureaucracies: Agency, Motivations and Co-production

In Chapter 3, three theories were offered as interpretive resources for the qualitative empirical data in this study. As stated, each theory presents both ‘optimistic’ and ‘pessimistic’ views of public service relationships. Thus, in terms of agency, ‘street-level bureaucrats’ may be either highly constrained and isolated frontline staff, or more dynamic and empowered ‘civic entrepreneurs. Similarly, public servants may be either more ‘knavish’ or ‘knightly’ in their motivations to deliver for their clients and communities. Meanwhile, co-production may hold the key to success in the design and implementation of public service provision or may result in a failure to build successful collective action between stakeholders. This section relates the data from the qualitative research in this chapter to the literature regarding the behaviours and actions of bureaucrats and other public servants.

6.8.1 Lipskian Analysis, Street-Level Bureaucracy and the Use of Agency

Agency is a common theme in Lipskian analysis, a metaphor for frontline public servants using their own initiative to right the wrongs of a broken system or at least to make it function better than the current system allowed it to do (Lipsky 1980, Knekt 2025). In terms of training and preparation for roles in supporting housing and services for older people, the data suggests that while interviewees' care origins were very diverse, training was almost non-existent, with most of the courses completed being mainstream housing management courses. This might be expected to affect levels of perceived agency amongst staff, at least initially as they learned the role.

Moreover, the ability to use agency however works both ways and there are examples in this chapter where staff have drawn a line in the sand over which they are not prepared to step believing the policies and procedures offer a level protection to the public bureaucrat which it is not wise to cross. A substantial proportion those interviewed saw policies and procedures as defining the role, and the need to adhere to these rules, policy, and guidance. Beyond this, managers had gone so far as to draw up a list of activities they felt were inappropriate for both very sheltered housing officers and retirement housing officers, that was quoted by staff who did not want to become involved in additional support activities. The inference for interviewees was not to step outside of these procedures and to be guided by their line manager to avoid encountering any difficulties. This saw a variety of very sheltered housing officers and some retirement officers who refused to get involved in what they saw as non-core support activities, relying on the policies and procedures to support their view that it was not their job. This was apparent from interviewees B and H who made it clear in their responses that safety within the job lay within the observation of policies and procedures. This response to the work in hand which demonstrates an aversion to pursuing agency on a day-to-day basis is similar to the observations made by Catney (2012) and Alden (2015) in relation to avoiding the use of agency to avoid blame. Indeed, most interviewees who said they felt supported in their work by their line manager nevertheless felt this support was related to adhering to policy, procedures, and guidance, and going to the line manager for approval with any deviations prior to making changes.

Beyond this, Lipskian analysis discusses notions of the absent or dismissive manager who is disinterested in the workload and difficulties faced by a front-line worker. This is represented in the data by a group of interviewees who were very disenchanted with the current line management, feeling they were often left to sink or swim when problems arose on a site, and they did not get appropriate support to deal with this. Thus, this chapter reports how some of the more despondent staff, who felt they were hitting a brick wall and whose line managers could not help them with challenging these services, retreated to within the formal boundaries of the role almost as a protection mechanism.

Yet for others, the rules and procedures were more empowering, providing the ability to conduct themselves in an appropriate manner. Many interviewees felt they had sufficient autonomy to go about their role in a way which satisfied them and did not lead to frustration. This led some to say they did not stick to the job description, using their knowledge about the area they worked in to explain, help, advise and help with any queries, questions, or problem solving as appropriate.

In this instance several staff adjusted mobility devices and equipment, so the service did not have to rely on occupational therapists and others to do so, often with lengthy waiting lists for minor adjustments. A significant number of staff were prepared to prepare basic meals where the service user was ill or just out of hospital. One particular officer had an interest in arranging social activities for tenants such as seeking sponsor for a Burns supper and arranging for the local nursery to come in to visit tenants for an hour each week (these are all additional activities described in texts regarding the use of agency (Lipsky 1980, Trappenburg and Kampen 2020). Other staff felt competent enough to signpost service users on if they could not help them personally, or the issue they required help for was beyond their remit. This represented an expression of their flexibility and ability to be proactive in relation to working with people with varying needs, for example an ability to cope with older people in a crisis such as a health emergency or service breakdown. In other examples, respondents also arranged home visits for fuel poverty charities and for third sector groups sponsoring internet awareness and the development of IT skills to help keep older people independent. These sorts of behaviours and the use of agency are similar to those found in McCall et al (2020) and Evans and Harris (2004) in which agencies jettison siloed behaviours such as failing to share information aimed at older people, instead using their agency and discretion.

6.8.2 Le Grandian Analysis, Power and Public Service Motivations

Le Grand's work, as discussed previously in this thesis, is based around two aspects: the relative power of different actors as either 'pawns' or 'queens', and officers' ability to act and their motivations in how they use this to interact and provide services for people in the public sector.

In the former, Le Grand's work labels a pawn as someone who has very little power to negotiate for service improvement. This may be the case in instances of the users of housing and services for older people, particularly where processes for tenant and user engagement are low (see Chapter 7A). Such engagement, with significant involvement at the negotiating table and in the decision-making process,

holds the possibility of transforming a pawn into a queen. Indeed, changes in legislation which have made consultation and participation mandatory in the tenant-landlord relationship mean that, in principle, mechanisms for participation and debate and redress are much stronger than they were in the past. However, in practice its absence may instead mean a need to rely on the service provider, who may be a “Knight” or a “Knave”.

In terms of their motivations, officers’ ability to act has two potential consequences: they can act as a “Knight” (orientated to the needs of the customers they serve and prepared to use their freedom to act to improve the lot of people they serve), or a “Knave” (acting out of their own self-interest developing strategies and making alliances to survive in the current day public sector). Interviewees spoke widely of how, in going beyond the confines of their job descriptions they engaged in what might be interpreted as ‘knightly’ ways. Notably, where interviewees were happy to go beyond the confines of the job description as part of their remit, they were the most positive about this aspect of their role. At its simplest level, knightly behaviour included being polite, helpful and honest, even if under pressure from challenging service users; acting in a professional manner and respecting everyone at every level of care; and delivering person-centred care. However, many staff regularly did more for their service users, with respondents providing an impressive list of examples (see p.120). This could involve supporting people emotionally, giving them human company, and trying to understand what their requirements were. For people who were struggling, time was also spent reading and interpreting communications from doctors’ staff, letters, bills from public utilities, applying for blue badges and bus passes and so on. In other ‘knight-like’ aspects, managers also spoke of being able to argue for better care packages for service users, sponsoring moves into care settings where service users with maximum support needs could no longer manage in supported housing.

Perhaps unsurprisingly, reports of explicitly ‘knavish’ behaviours were harder to identify in respondents’ reflections. While some might perhaps see a tendency in certain staff to adhere closely to the rules that could sometimes indirectly place extra demands on colleagues that were prepared to go further as an example of ‘free riding’, this argument is not easily sustained. However, a number of interviewees did express unhappiness regarding support from line managers who failed to tackle reports of rude, discriminatory, and combative behaviour. The implications were that such omissions might be deliberate, and a particularly unwelcome example of being left to sink or swim. This was allied with concerns about failing to keep detailed records on the part of management when engaging with service users exhibiting these behaviours, so that should the situation deteriorate or the service use raise concerns out with the complex, there would be very little evidence of what had been done to address their concerns.

6.8.3 Coproduction, Co-operation and Services for Older People

With regard to evidence of co production from the 21 interviews, the capacity for staff at officer level to become involved in co-production is limited. This may be because of a lack of formal tenant and user involvement over services management and resource management on a day-to-day basis (Birchall and Simmons 2004; Czichke 2017; Bovaird and Loffler 2013;;Needham 2008) (although on an informal level interviewees noted conversations with tenants as far as their individual capacity allowed, and liaising with family and friends, or any other appropriate support network in place). Moreover, the more committed officers tended to liaise with other complex staff to understand whether allocating older people with specific attributes would potentially improve or exacerbate existing issues.

However, co-production is more explicitly evident between frontline staff and other professionals in the management of housing and services for older people. For example, many instances were raised in interviews of the need to be an advocate for someone with dementia with the NHS, social work, social care, and other allied services. The vast majority highlighted problems at least some of the time in getting their clients what they needed from social care, primary health care services, hospitals and so on. Interviewees' main source of concern here was over the lack of joined-up thinking. However, staff noted that they generally had good relationships with other agencies. Indeed, there was a consistent theme in many of the responses that some staff in other agencies were interested, approachable and pragmatic. Within this discussion, there is a sense that inter-professional working often depends on a combination of informal and formal communications, but with an emphasis on the former in dealing with issues at the front line. Therefore, it was seen as sensible to access other professionals in order to help meet a client's needs and ensure a level of balance and viability within a complex, particularly where such individuals had been helpful in the past. These observations have relevance for notions of the more holistic and integrated models envisaged in Chapter 5 and discussed in Chapter 7B.

6.9 Summary

In this chapter, data gathered from the 21 interviews has been set out. In relation to the study's research questions, the purpose here is to show how front line staff feel ready and prepared to address

the myriad and poorly-defined challenges of working in housing for older people, the extent to which the services provided to tenants are dependent on staff going ‘beyond the job description’, and the support that staff perceive from managers and professionals from other service areas in achieving the best outcomes for service users and families. This illuminates the extent to which frontline staff exhibit agency and flexibility in order to cope with the short comings of current models. This chapter discusses these issues in relation to Lipskian analysis, street-level bureaucracy and the use of agency; Le Grandian analysis, power and public service motivations; and co-production, inter-professional co-operation and services for older people. The discussion demonstrates the value of these theories as interpretive resources for the qualitative empirical data in this study.

This analysis is thus important in clarifying and understanding more about the ways in which current retirement and very sheltered models of housing for older people are provided, and the barriers that can sometimes reduce the effectiveness and value of those services. This provides a foundation for considering potential future models of provision. Chapter 7 takes this analysis further, examining quantitative evidence around users’ satisfaction with different elements of existing provision, and examining the views of interview respondents on the proposed new Hub model of provision for older people in a housing, care, and support setting detailed in Chapter 5.

Chapter 7:

Creating and Developing Revitalised Models of Services?

“Hubs build collaborative communities with entrepreneurial individuals at the center (sic). Hubs attract diverse individuals with heterogeneous knowledge”.

Stanford Social Innovation Review April 2015 [Time to Define What a “Hub” Really Is \(ssir.org\)](http://ssir.org)

7.1 Introduction

The analysis in Chapter 6 points to a service that lacks clear definition, in which various tasks are completed despite not appearing in job descriptions, where outcomes for service users vary according to the attitude and approach of frontline staff, and also vary according to the strength of informal as well as formal connections between housing and other professional staff. Such variation provides scope for suboptimality in current models of provision that may be used to prompt new thinking about addressing these issues.

This chapter has two sections. SECTION A considers quantitative evidence drawn from housing organisations’ administrative returns, tenant surveys and ‘report cards. All public sector landlords have an obligation imposed by legislation to consult with their tenants and to make annual returns, which covers their activities and performance in detail to the Scottish Housing Regulator. There is also a statutory obligation to engage in large scale surveys every 2 to 3 years which should a substantial proportion of the tenant body. This enables the landlord to follow up performance issues, so that they are addressed properly.

SECTION B draws on further evidence from the 21 primary semi-structured interviews. Specifically, it considers interviewees’ perceptions and observations regarding the proposed new Hub model of provision. In line with the literature, in which there are different views on the value, role and potential of housing models for older people, this section seeks to identify the factors that might facilitate this model, whilst also listening carefully to any potential concerns.

SECTION A

7.2 Indicators of User Satisfaction with Housing for Older People

At the inception of this thesis, it was originally envisaged that a proportion the research would be devoted to researching the opinions and views of service users in sheltered and very sheltered housing, in relation to how the tenure affects them. However, with the arrival of covid 19 this strategy was put to one side as the ethical boundaries of protecting participants from potential harm became too great to overcome at this juncture. As an alternative, a series of proxies were identified from which it was intended to include the opinions of service users. This was achieved by using Annual Return data from the Housing Charter to the Housing Regulator (ARC), as well as reports from large-scale surveys by public sector landlords to establish tenant opinion on current provision. Use of these proxies in this process is intended to explore models and opinions on how good the fit of current sheltered/very sheltered services is for the needs and aspirations of older people.

7.3 The Organisations

The three organisations in Section 5.3 were chosen to generate a snapshot of customer satisfaction with current models and service, in order to highlight areas of concern for the primary research. The two housing associations were selected to introduce contrast and comparison to the local authority provision in the study locality in this section of the research. They are both large national housing associations in the Scottish context who specialise almost exclusively in housing older people, with different types of housing (and in some instances care) within their stock.

All the information on the three landlords is taken from the Housing Regulator web page and from publicly available publications on their websites, their annual reports on the charter and any in depth surveys which they have taken on their stock. Unfortunately, all three have followed different formats in the way they interact and seek the views of their tenants which means it is not possible to compare performance against the same measures. However, the tools used, and the questions asked are similar enough to draw broader conclusions about the views of their tenants.

7.3.1 Organisation 1: Bield Housing Association

Bield has been a landlord since 1971. It has approximately 5400 units under management across Scotland. Bield has some shared ownership properties, but its core activity is socially rented retirement housing. Controversially, Bield remodelled its services in 2017 and moved out of care home provision and very sheltered provision. They engaged professional consultants to arrive at a retirement housing model (in some instances with meals) that enabled them to remain competitive at a time when income from care services was under threat.

7.3.1.1 Bield Housing Association ARC Report

In their last ARC report, Bield recorded the following levels of satisfaction in their services. As with most RSLs (where organisations seldom fall below 80 +%) the level of tenant satisfaction with most of Bield's services are quite high:

84.1% for its overall level of service (against a national average of 87.7%)

83.6% in terms of keeping its tenants informed (against a national average of 91.2%)

56.7% in terms of resident satisfaction with opportunities to participate (Bield did not score so highly here, against a national average of 86.8%)

7.3.1.2 Bield Housing Association Tenant Survey

Bield also carried out a more detailed large-scale survey, employing a written questionnaire posted to tenants in 2020. This gives greater insight into satisfaction levels with various services:

Table 9: Bield Housing Association Survey Findings

% satisfaction	
Overall service	84.9

Quality of Home	89.6
Management of Neighbourhood	82.3
Would Recommend the Development to live in	88.2
Recommend Bield as a Landlord	89.2
Value for Money of rent and Service Charge	76.4
Safety and Security	74.6

These figures are consistent with arguments explored in Chapter 2 regarding generally high levels of satisfaction amongst older people with sheltered and very sheltered housing. However, not all the information in the survey supports that view, suggesting areas where tenants identify opportunities for change and improvement:

- Improved social contact with others scored only 50%.
- Residents' perceptions of improvements to physical health by moving to Bield, scored only 38%.
- A positive difference to financial circumstances scored only 27%.

Similarly given the current emphasis on technological solutions to enhance support and foster independence for housing for older people scores for this were relatively low. This suggests at least at present a greater reliance on traditional methods of communication and interaction rather than Information Technology based interaction would be more compatible with obtaining accurate tenant views:

Only 38 % received email or text messages from other agencies.

Only 23% of tenants used facilities such as online banking or shopping.

Only 16% of tenants wanted Bield to stop posting hard copies of tenant magazines.

Only 19.7% used social media.

7.3.2 Organisation 2 Hanover Scotland

Hanover Housing Association Scotland is a national housing association and care provider that specialises in older service users and housing developments geared to their needs. Hanover has been in existence for more than 40 years and has approximately 5000 units. Hanover also has shared ownership retirement housing.

7.3.2.1 Hanover Scotland ARC Report

At Hanover's last ARC Report

81.5% for Overall service (against the national average of 87.7%) i.e., *lower than Bield but still an impressive result*

81.7% for keeping tenants informed (against the national average of 91.2%) i.e., *slightly lower than Bield.*

64.9% for providing opportunities to participate (against the national average of 86.6%) i.e., *8% higher than Bield.*

7.3.2.2 Hanover Scotland 'Report Card'

Hanover's other performance statistics are taken from a "report card" rather than a large-scale survey.

Table 10: Hanover Scotland Report Card Findings

% satisfaction	
Quality of Home	90.35
Opportunities to Participate	75.09
Management of Neighbourhood	86.12

Would Recommend the Development to Live In	N/A
Hanover as a Landlord Value for Money of Rent and Service Charge	84.50
Safety and Security	N/A

The evaluation of tenants is similar to that of Bield, with performance on ‘opportunities to participate’ ostensibly lower than other areas of performance.

7.3.3 Organisation 3 – a Scottish Local Authority

Organisation number 3 is a local authority. As with all local authorities its main task in terms of housing is the management of its stock of 30,772 houses and the provision of a homelessness service. It is, however, a substantial provider of ‘sheltered housing’ (580 units) and ‘very sheltered housing’ (266 units).

7.3.3.1 Local Authority ARC Report

The statistical information for the local authority is not as clear as that for the other RSLs, as the ARC return is for the whole of the general stock. Overall, the ARC displays similar trends to those for the housing associations.

80.9% for overall tenant satisfaction (against a national average of 87.7%) i.e., *slightly lower than both Housing Associations*

84.2 % for keeping tenants informed (against a national average of 91.2 %) i.e., *slightly higher than both Housing Associations*

66.6% of tenants happy with opportunities to participate (against national average of 86.6%) i.e., *slightly higher than Bield and slightly lower than Hanover Housing Associations*

7.3.3.2 Local Authority Survey 2018

There is an additional report published in 2018 from a survey of tenants in very sheltered housing which was commissioned by the local authority to measure satisfaction levels only in very sheltered housing. This was an in-house survey and does not necessarily compare the factors that the housing associations have reported on. It is based on a 49% response rate (122 out of 251) from very sheltered tenants.

Table 11: Local Authority Survey Findings

	% Satisfaction
Satisfaction with the Overall Service	99%
Respect from Staff	99%
Adequate Opportunity to Have Their Say	94%
Frequency of Contact with Very Sheltered Housing Officer	98%
Have their Enquiries Dealt with Effectively by Staff on Site	97%
Feel Safe in their Complex	96%
Feel Safe in Their Home	99%
Are Able to Participate in Social Events Keep Active and Engaged	77%

Interestingly, the study contained several comments from participants that expanded upon the quantitative aspect of the survey. Of those who responded only 10% expressed feelings of loneliness in the complex they lived in. However, some dissatisfaction came across where complexes did not have a permanent staff member in charge and had to rely upon mobile staff. There was also some dissatisfaction with the hours of the service; the current service finishes at 3pm, with service users wanting to see the presence of sheltered housing staff later in the working day.

7.4 Discussion

The analysis in Section 7.3 has been conducted to understand something of the baseline of satisfaction amongst users of housing for older people in the study area. Accordingly, the above findings largely mirror those of previous academic research (e.g., Butler et al 1983; Parry and Thompson 1995; Croucher, 2008), in which it has been found that housing models for older people tend to be popular with tenants. Users appear to generally feel safe, and to consider their housing to be good value for money. The findings also suggest that tenants value the support from retirement officers and other staff, as the role of the warden continues to evolve. These are important characteristics of housing models for older people and provide important learning for future models of provision.

Notably, none of the findings in Section 7.3 extend the focus of provision beyond the housing service, for example, to staff and services from social work and the NHS. This demonstrates something of the ‘siloed’ nature of public services, in which these connections are not made as clearly as they might be in such surveys and administrative returns. This provides a gap in research that can think more closely about these services, and the user outcomes they contribute to in combination. The findings also suggest a low orientation to the use of IT as a method of fostering social networking. Providers of housing for older people may wish to consider tackling this low usage by training and provision of equipment allowing internet access, whilst retaining written communications for those who require them.

A further important observation from the findings in Section 7.3 is the relative lack of opportunities to participate. While all providers were good at keeping people informed, it was apparent that this was insufficient in the absence of further engagement. Tenants were thus much less happy with their ability to get involved in having their say on a more regular basis, and to participate in social events that keep them active and engaged. This speaks to the literature regarding the importance of tenant and user participation, which suggests a need to adapt existing approaches and construct more appropriate models of consultation. This would afford older people the best opportunity to communicate and help persuade them that their opinions are valued (Clough 2006; Easterbrook and Billeter 2011; Patmore 2001). In turn, this fits with the more holistic and inclusive approach to user participation suggested within the proposed Hub model in Chapter 5.

7.5 Summary of Section A

Although far from conclusive, these three brief case studies have demonstrated that satisfaction with some key aspects of housing provision for older people remain high. This provides a foundation for thinking about future models of provision. Linking this thinking with staff and services from other public service areas, such as social work and the NHS would raise levels of awareness and learning still further. However, current methods of seeking the opinions of older people and encouraging them to participate in more co-productive activities tend to be less successful, with residents feeling that the opportunities to participate and express themselves about how they would like to see services provided. More channels for people to receive information and express their views could also be included in future models, perhaps such as focus groups and one-to-one completion of surveys and questionnaires.

SECTION B

7.6 A New Hub Model of Housing for Older People?

In Chapter 5, a model of a new type of housing service for older people was set out. It was based on a Hub model, allowing for services to be centralised on a single site, with smaller sites close by as satellites, so that retirement housing or very sheltered housing could be provided with services from that hub. It was argued that if this is properly set up, outreach could take place between sites and with people living in the community. This would be a better use of resources, and more user-friendly than current models (where a retirement housing officer or a very sheltered housing officer is based in the same development all day). It would also avoid overloading staff when there are great many demands on their time for support or under-using them when it is quiet.

The starting point with this aspect of the data collection was to ask participants about their understanding of the type of service the local authority provided now, in order to test their awareness of different models and ways of providing housing services to older people. This followed on with questions about the nature of current models, and the potential for a new model. As a rule, the response to the proposed Hub model was one of welcome. With one or two exceptions, most of those who took time to get to grips with the concept indicated that it was an improvement on the current arrangements.

7.6.1 Views on the Current System

Understanding of the current system was best amongst the managers in the very sheltered service and the very sheltered staff. They clearly identified two current models (the other being ‘retirement housing’). There was also an awareness of some newer care villages in the area, even amongst those who did not work in them. The key additional services that the very sheltered housing officers undertook over and above those of in ‘retirement housing’ were as follows:

- Very sheltered Housing is a 7 day a week service.
- Residents must be contacted every day before 11am unless they opt out of the service.
- Residents have extensive support plans updated biannually. They have extensive housing support notes for each intervention that takes place.
- They have reviews of these plans each time there is a change in circumstances.
- If an incident occurs then this is often notifiable, sometimes to the care commission but always to the lead officer.
- Staff must be registered with SSSC to work in the service.
- They must obtain the correct SVQs or be working towards them.
- Staff must through an enhanced disclosure to work with the client group.

Interviewee A provided the following summary:

“Retirement housing effectively is for those people over the age of 60 and who can live independently with minimal housing, housing management support. And they need the alarms and safety systems. They need that little bit of reassurance from that. And very sheltered housing obviously, is for people that require a housing support service. They require a seven day a week presence. They still require the alarms. So, we're taking slightly frailer, frailer clients. And if we were to get to a proper full model of extra care, the difference there would be that extra care would come with some home care was attached to it as well”.

Meanwhile, for Interviewee P: *“The main difference between us [very sheltered] and retirement housing is that they don’t work weekends, there are no notifications or Housing Support Plans, and they might not see people after they phone them first thing in the morning”.*

Understanding of the different models was less clear amongst the two-retirement housing officers who were interviewed. However, the current wage differential between very sheltered housing officers and retirement housing officers was a source of animosity. Both roles are currently different grades and pay scales within the local authority. Because not many people transfer between services, there was an

opinion amongst this group of officers that there was no real difference in the services and therefore the pay differential was not justified between retirement housing officers and very sheltered housing officers.

There were thought to be two potential ways to resolve this problem in a Hub model - although neither might satisfy all of those affected. First, the local authority could regrade all of the officers within both roles within the service upwards to the higher grade currently occupied by the very sheltered housing officer, making it a requirement to obtain enhanced disclosure and attain membership of the SSSC. However, there may be retirement housing officers who may not want to take on additional responsibilities, attain additional vocational qualifications and make the transition to working at weekends. The other alternative would be to have a two-tier system within the Hub, where retirement housing officers only provide a service to those who fall within the parameters of their current service. This would mean in practice that very sheltered housing officer would also only provide a service for those who require that level of support. Again, it was questioned whether this would be a workable or desirable solution, given that changing nature of the role and the fact that staff might need to deputise for one another and be flexible in providing support on a regular basis. Therefore, it would appear that the initial solution of regrading is the more tenable of the two.

7.7 The Hub Model in Practice

Responses to the new prototype model were generally positive amongst the 21 people interviewed; no-one rejected it outright at any point. However, the interviewees all had their own ideas of how it might work in practice, and almost all of them compared the model to their current working situation and how it might be adapted and work in practice. When it was explained that the physical distance between units covered in the hub was relatively small this seemed to inspire confidence, as moving quickly between sites in the event of an emergency was initially seen as being potentially problematic.

Another response was that it (or something like it) had been tried and had come to nothing and been abandoned. The researcher was able to confirm with the head of service that nothing like this model had been tried before but that there had been various pilot like the care villages and shared facilities for carers on some sites in the past. Thus, the concept of a different approach to providing services was not an entirely new one and had been raised in the past.

However, the service manager did confirm that they were thinking about a service not unlike this model, which would rely on technology to greater extent to have face-to-face contact with service

users using dedicated social media applications to support the change. There was a general acceptance at management level that the current services cannot continue indefinitely without offering something new, due to increasing costs of providing services. The population of older people is expanding in the local authority area, like the rest of Scotland.

Another key observation was that the success of the Hub model would much depend upon getting the right staff with the right attitudes on board in the first place. A view was raised that the wrong staff who did not have commitment: *“Could kill such a project in the water by simply not working in a positive way”* (Interviewee D). Interviewee D went further to suggest that a new staff member could be brought in to ensure the Hub’s success, rather than making a current very sheltered housing officer in the area the head of the Hub.

7.7.1 Potential Advantages of the Hub

Overall, a number of advantages of the Hub were identified by respondents. A significant number of the interviewees saw it to be an improvement to have a small group of dedicated carers on site. The main advantage was seen as introducing the ability to be more responsive to changes in personal care needs especially on discharge from hospital or the opposite where someone goes into hospital or social care and there are extra hours for those who are left. Interviewee F said this was what happened in her previous organisation. Hours were not lost they were pooled first to see if another service user needed them.

Many of those interviewed had experienced at least some issues with primary health care and therefore held the view that primary care staff on site - even on a peripatetic basis - would be an improvement upon the current situation. As mentioned previously, there have been instances in the past where district nurses have arrived to carry out covid-19 immunisations when there had been a team out in the morning to do the same thing. There are also instances of equipment being delivered such as home therapy oxygen and specialist beds which cannot be assembled until a nurse comes out to do so. If staff were on site this would alleviate some of this.

It was also suggested that the success of the Hub might be based upon change within the current community alarm system and the falls service with fewer buildings to cover. This might allow both services to expand in terms of the work they did with service users allowing hub staff to spend more time in the field. At the moment certainly the falls service is understaffed, and it can take two hours for them to respond to a call if they are at the other end of the local authority areas.

It was thought that the Hub model would allow outreach work to be done in other parts of the stock, such as mainstream properties supporting older people. In both current models of housing staff are not allowed to leave the site between 9am and 3pm in case a service user needs them. This does not work well in practice, as coping with staff absences anyway means travel between sites during working hours. Interviewee B recognised this, acknowledging an awareness of elderly people in the community living with an alarm who could benefit from additional input from housing support staff. Amongst the more senior staff the use of technology to achieve this was discussed at some length as there are already moves afoot to consider face-to-face internet resources in order for staff and service users to meet.

Moreover, it was felt that the Hub would allow both very sheltered housing officer and retirement housing officers to spend more time with service users in the social aspect of the role. At the present time this is a very variable aspect of the job with there being activities almost every day in some developments and none at all in others. There appears to be no particular bias as to whether retirement housing or very sheltered housing has more events, and it is more plausible that events take place due to the presence of tenacious managers but also tenacious residents. Certainly, where housing support staff have the time to arrange social activities it is more likely that they will happen. Relatedly, it was recognised that a Hub might leave more time for some of the ancillary informal activities which took place already, such as shopping. Although some participants do not believe this is a legitimate task, other participants enjoyed helping with such activities.

7.7.2 Potential Drawbacks of the Hub Model

Apart from the role of a co-ordinator with overall charge of the hubs being suggested as being part of the model, few actual improvements to the model were suggested by the interviewees. However, they did have an array of views on how the Hub might fail to meet its potential and become another unsuccessful attempt to remodel existing services. There were also concerns that some of the local knowledge would be lost.

One of the main stumbling blocks to a Hub was seen as being political. The head of service and some of the leads were quite clear that in many minds a very traditional model of retirement housing and very sheltered housing existed which many thought to still work well, and there would be a reluctance to let this go. The current model with the same very sheltered housing officers on site each day who knew all the tenants and the tenants would be dismantled (although the respondent who raised this

recognised that there was a way round this by still using the same small pool of staff who were known already to cover the Hub). Concerns might be raised about someone not being on site between 9am and 3pm in the same development. However, it is already the case that when services are short of staff, sites are covered remotely. The current 9am till 3pm service is also subject to criticism already, as some service users feel that it should go on until later in the day. Despite this, some interviewees raised the political aspect of change with both elected members and registered tenants' groups. Many elected members hold very traditional views on what forms housing for older people should take and, at least at the present time, that was very similar to existing models, where a small pool of staff are on site at the same time each day who know individual tenants well. It was further considered likely that certain staff that prefer the status quo could be obstructive if a new model was introduced.

There are many registered tenants' organisations in the local authority area. Many are exclusively for tenants of housing for older people, and they have their own forum and committee. The two current models of provision are very popular with this group and senior staff felt that they would be resistant to change unless they were convinced of its value. However, this did not diminish the interviewees' commitment to the new model as it was believed lobbying for an incremental change (Interviewees A and B) could bring it about over a longer period. This could particularly be the case if inclusive models of tenant participation were built into the Hub.

Another set of comments, not so much about the model itself, but the reception it might receive, were based on the perception of other services and how they would be prepared to interact with the Hub. Most respondents felt that there would be a commitment from lead officers and other housing staff to use the Hub, as some of them have regular surgeries at housing complexes for older people at the moment. Lead officers are peripatetic supervising staff at several sites, so it would not be difficult to formalise that. Most respondents also felt there would be some buy-in from district nurses and social care - although there was some scepticism about the degree of commitment. There have previously been some failed attempts at joint working in the care villages, where sharing facilities between a care home and a very sheltered housing complex has not been successful (mainly due to a breakdown in communication between the two services). Staff are aware of this and are therefore concerned that any new venture might meet the same fate. The groups least likely to commit were seen to be social work staff and occupational therapists. Most interviewees based these responses on their current experience of trying to encourage both groups on site to engage in joint initiatives with tenants.

Other potential issues raised regarding the Hub's potential to be successful were the added expense of changing existing buildings or creating new ones in order to house the staff required by the Hub. Staff who worked in extremely rural areas felt it would really not work for them based upon their proximity

to supported housing for older people. It has been acknowledged that it is much less likely to work in areas where complexes are not close by. In this instance, Interviewee F stated that there was a small scheme on the drawing boards in their area. This would not be large enough to sustain one member of staff for 12 residents, but it might be able to operate in the Hub Model as a pilot, with the new units being a satellite.

Another issue raised was the failure to address levels of responsibility against different grades. Because the retirement housing officer is seen as a less responsible role, where there is no obligation to be registered with the SSSC or to maintain continuous professional development, the role is full grade lower than that of a very sheltered housing officer. This differential and the importance to staff of gradings and remuneration could conceivably cause problems if a very sheltered housing officer and retirement officer were working out of the same Hub. This would be feasible as long as retirement housing officers were engaged in retirement housing officer tasks. However, if they were asked to look after very sheltered service users this would require SSSC registration and review of remuneration. This sort of review is likely to be necessary in any case as complexes have no clerical support at the moment and it is likely some of the routine tasks in a hub of complexes would be better done by someone in that type of role in any event.

7.8 Section B Discussion

The views of respondents towards the Hub model ranged from (i) more cautious and tentative, particularly about particular aspects of the change that might be seen as challenging to existing professional practice or political interests, to (ii) more welcoming and supportive once these considerations had been put to one side. The possible advantages of the model are in line with previous literature on hub provision of services (Evans et al 2017; Kearsley and Gilmore 2015), and fit with current thinking in practice, particularly in relation to a more participative and digital service transformation. In bringing providers of housing and other professional services together, it could also potentially result in better outcomes for service users than are currently found at present.

7.9 Chapter Summary

While Chapter 6 recognises respondents' opinions regarding the current value of housing provision for older people, and their willingness to step out of the confines of their current role to help those

they support, Chapter 7 considers further how current provision could be developed further in the future. First, in Section 7A, it draws on evidence from housing organisations' customer satisfaction data. This confirms high overall levels of satisfaction - despite lower scores with regard to opportunities for tenants to get involved in having their say on a more regular basis, or to participate in social events that keep them active and engaged. Second, in Section B, the chapter then addresses the views of interviewees regarding the proposed Hub model of provision. Despite some highly political issues in effecting such a change, there was a sufficiently warm reception to these ideas for a number of respondents to state their cautious support, and even optimism about lobbying for an incremental change towards the Hub model over a longer period.

Chapter 8

Conclusions

“As a doctoral student, the power of statistics and the clean lines of quantitative research appealed to me, but I fell in love with the richness and depth of qualitative research”

Professor Brenne Brown *Daring Greatly* (2012) Gotham Books

8.1 Introduction

This study identifies housing and services for older people as a critical area of social policy and housing research. This takes account of ongoing changes in UK demography to a more elderly population, as well as the changing needs of this diverse client group. The study takes place in a policy and practice context in which spiralling costs and shrinking welfare budgets are creating questions regarding the sustainability of housing solutions for older people, despite ongoing pressures for them to be allowed to age in situ (rather than hospitals, care homes or nursing homes) through statutory assessments and care packages of support to remain at home. This is in addition to various potential criticisms and dissonances regarding current service provision.

The study considers different aspects of this service context, for example availability and suitability of stock, the services on offer, and the changing roles of staff involved in providing housing and services for older people at the frontline. Such aspects remain under-researched. Through both primary and secondary research and using a set of theoretical perspectives as interpretive resources to inform its empirical material, the study seeks to provide useful additional insights.

This chapter pulls together both the literature and data from the thesis to make observations about how it compares with this study’s conceptual frame and other pertinent research literature. In doing so, it returns to the three core research questions that were posed at the beginning of the thesis, discussing each of them in turn:

RQ 1: Can we establish greater clarity and utility in models of housing for older people?

RQ 2: Do housing and other welfare professionals use their agency, motivations and co-production to improve outcomes for older people?

RQ 3: Is it possible to envisage an alternative model for future provision of housing services for older people? And what factors might raise the likelihood of this being successful in practice?

8.2 RQ1: Can we establish greater clarity and utility in models of housing for older people?

NB. The response to this question has emerged largely from the work in Chapters 2, 4, 6 and 7A.

8.2.1 Lack of Clarity?

Chapter 2 provided a historical overview of the uneven development of housing for older people. This has resulted in a lack of clear definition of terms such as ‘sheltered’ or ‘very sheltered’ housing. This historic literature was relied upon to build a case that approaches to providing social housing for older people are often poorly understood, which may sometimes result in suboptimal outcomes (Middleton 1981; Tinker 1997; 2002; 2010; 2014; Clapham 1997). Through several descriptions of housing for older people (from United Kingdom providers and from pressure and support groups of such services for older people), Chapter 2 further demonstrates the lack of clear indicators and interpretations of current services on offer. Support issues and structures that appear important to some organisations may be either non-existent or play a small part in the support activities of other organisations. For example, they can offer intensive care and support comparable to living in a care setting, or they can offer a minimal service offering at best an alarm and a peripatetic support worker. Thus, the descriptions and literature accompanying such services do not really tell interested parties what is on offer with any degree of accuracy. For example, there are no comparative tools to allow a consumer to ascertain whether it offers value for money if they are self-financing or whether it meets their needs at the time and into the future without further moves in later life.

Overall, the lack of tools or lack of core attributes to allow comparison is a key issue. If core features are established which allow comparison of like features such contact with tenants and the nature of support on offer, then different models can be compared with greater ease and accuracy than at present. This also means that non-core activities such as laundry facilities, cleaning, meals, and social activities can be removed from the initial equation, and then ascribed appropriate values as non-core activities, which then allow a second layer of comparison. Disregarding very specialist housing such as new accommodation which specialises in meeting the needs of those with dementia only, this leaves essentially two models of housing for older people, with differing degrees of support on offer.

In the first model, the social housing is often grouped together either in a complex or in a neighbourhood. It may be dispersed but must be in close proximity. There may be social facilities and meals, but this would be secondary rather than core features and be weighted accordingly in any evaluation compared to other models. In such a model there is some regular pre-agreed contact with service users by dedicated support staff. Depending on the nature of the organisation they may be housing management staff or, in other agencies, a housing support perspective. They may be on site or peripatetic. In the case of the local authority in this study, daytime support is provided by housing management staff with appropriate skills. From 3pm until 9am, social work provides the emergency call out service for falls and other emergencies. However, this service is not registered with the Scottish Social Service Council, and this means the extent of support is limited and those providing it may not hold any mandatory qualifications or vocational training to provide support. This is a key feature in evaluating levels of support and the intensity of support between models.

In the second model the main difference is that the service is registered and subject to the rules and regulations of the SSSC. All staff must be part of this body and have enhanced disclosure. Any additional features such as on-site care, laundry, cleaning, and meals must be ascribed secondary values that are separate from the core attributes to allow comparison. Due to the fact this model is registered, the service is more likely to adhere to an extensive and rigid list of support activities prescribed by the Scottish Social Services Council. This will include detailed support plans, notification of any events that put the service user at risk and robust health and safety procedure which will include daily contact with a named member of staff unless the service user opts out of this service.

Moreover, the effects and experiences on the ground of these different models have not been made clear in research with frontline staff. The findings in Chapter 6 provide a rare insight into these issues within current housing models. Chapter 6 provides some detailed findings on these issues in the local authority. Here, the study of very sheltered housing sets out to offer more support to the service user than retirement housing and in theory it is designed to cater for more vulnerable service users. However, this analysis shows that even staff working in two different models of provision in the same local authority ('retirement housing' and 'very sheltered housing') do not always have a clear perspective of the relative differences in the services provided.

Lack of recognition of these differences often gives rise to a lack of prioritisation in housing allocations. There is evidence in Chapter 6 that people who do not meet the disability or medical priority for 'very sheltered' housing are being allocated these properties as part of a strategy to prevent homelessness in the over-60s population. On the other hand, some interviewees raised a

problem with the presence of service users who were bordering on admission to care settings as disproportionate users of resources whose requirement for support was significant and greater than that which could be offered by a supported housing service - to the point that other service users received a restricted service in order to address the needs of these frailer residents. These factors are very important and must be given due consideration so that there is clarity in allocating supported housing for older people as the presence of those who do not need it or who cannot reasonably cope within the structure of the model are not being well served by the system.

8.2.2 RQ1 Summary

In summary, in relation this question it has been established from the research that current informal models of housing for older people are poorly defined, and do not allow ready comparisons by consumer or others to evaluate their efficacy. This includes evidence from existing descriptive models and data from ARC returns, tenant surveys, and from housing organisations themselves. In Section 8.2.1, two models have been described for comparative purposes. These are based around ‘core’ and ‘secondary’ features, which can be ascribed appropriate values in each model for comparative purposes. This is a step forward in understanding, which has important implications. Lack of clear definition may lead to inappropriate and incompatible housing allocations, particularly in ‘very sheltered’ housing, based on homelessness rather than physical need. In order to get the best out of the allocation process, there is an opportunity to discuss greater understanding by housing allocation officers of the effects of these decisions.

In Section 8.2.1, it has also been established that often current modes and structures for involving service users in the decision-making process and in shaping services is suboptimal in housing for older people, as it uses mainstream techniques for consultation which are not always accessible to older people so that they may be heard within the decision-making process. New ways of consulting and involving tenants have been tentatively discussed to address this. Similarly, to ensure more inclusive use of shared facilities within housing complexes for older people, there are opportunities for landlords to consider ways in which the wider community of older people living in mainstream housing could use the facilities if they were in proximity.

- **8.3 RQ2: To what extent do housing and other welfare professionals use their agency, motivations and co-production to improve outcomes for older people?**

NB. The response to this question has emerged largely from the work in Chapters 2, 3, 4 and 6

8.3.1 Agency, Discretion, and Freedom-to-Act?

Questions around the agency and discretion of professionals working in housing provision for older people is key in relation to the lack of a clear specification of these services. Flexibility to adapt to the demands of the job, even where this may exceed formal specifications and job descriptions, means that professionals can be more responsive in supporting better outcomes and adding value for service users. Conversely, a lack of agency means that these outcomes might be constrained and less relevant to the needs of service users.

When the 21 interviews were analysed in detail in Chapter 6, it soon became apparent that there were different levels of discretion and agency at work within the service for older people. The head of service and the lead officers indicated they had freedom to act within the parameters of their job description and within the policies and procedures of the service, although perhaps less so in interacting with other welfare professionals to resolve issues for their clients. This is important, as one of the current issues for services for older people is the lack of sharing of information between the various entities involved in the care and support of older people, which affects the flexibility and speed of the service response.

The picture was less clear in interviews with the ‘retirement housing’ officers and the ‘very sheltered housing’ officers. Most felt that their job descriptions and policies and procedures did not hold them back. However, some were more inclined to work within these policy guidelines as a failsafe, whilst others were willing to work beyond them as a way of remaining productive and responsive in relation to the many varied demands of the role. This latter group did feel that the guidelines themselves would be overly restrictive and lacking in an appropriate response, if rigidly enforced, because they were willing and able to do more for service users. Where this involves ‘basic’ functions (such as help with laundry, stripping beds, folding clothes, contacting shopping services or adjusting walking aids and equipment), this may be related to the evolving role of the ‘warden’ set out in Chapter 2. Here, a wide variety of tasks were historically often undertaken, which may go beyond current specifications

of duties, but remain established in the patterns of practice. Where it involves more skilled and specialised interactions (such as arranging medical appointments, dental services, occupational therapists, delivery of medications, counselling, or advocacy to help vulnerable tenants access other services such as meals on wheels that are essential for nutrition), it may relate to the residual nature of the housing service, where it is the service that is often left to respond to users' needs after others have not (Hobson et al, 2020). In each case, a number of staff recognised additional needs and demands and used their agency and discretion to respond. Had they not taken this time to work around service gaps and poor communication, people would have fallen through the net, including outcomes such as inability to get medical treatment, incomplete medication, lack of care and poor nutrition.

Sometimes these staff stepped in despite the fact that undertaking tasks that were not part of the role and, if things had gone wrong, could have threatened their SSSC registration and employment. In response, they often notified their managers of the deviation at the time or afterward and updated a summarised version of their interventions in the service users support plan. Managers were often seen as supportive in these situations, provided they did not have to deal with difficult interactions as a result. However, for some frontline staff the management style and responsibility taken for different aspects of the housing services was seen as fairly restrictive. This led to attempts to remain within such guidelines as were provided within the policies and procedures. This could be a source of frustration to those interviewees who had occupied more demanding and responsible posts. This suggests it is not just a clearer definition of the service model that would be helpful, as in Section 8.2.1, but also clearer definition by managers of the level and nature of agency and discretion available to frontline staff in making decisions on the ground.

8.3.2 Contributions of Theory?

In answering RQ2, this study refers back to the theories discussed in Chapter 3, with regard to how staff in public sector employment work in order produce results for users and consumers of the service. A number of relevant theories were introduced, namely the work of Michael Lipsky on Street Level Bureaucracy (Lipsky 1980, 2010), the works of Julian Le Grand on public service motivation (Le Grand 2006, 2012), and co-production theory (e.g., Ostrom and Ostrom 1973; Parks et al 1980; Bovaird et al, 2015; Durose et al 2016; Osborne et al 2021). Each of these theoretical traditions has a contribution to make in the analysis of this thesis.

Each theory presents both 'optimistic' and 'pessimistic' views of public service relationships. Thus 'street-level bureaucrats' may be either highly constrained and isolated frontline staff, or more dynamic and empowered 'civic entrepreneurs'. Such 'Lipskian' theory accurately describes many of

the behaviours and views revealed by participants in the interviews. The majority of respondents in this study were working in relatively isolated positions at the frontline of housing services for older people. In principle, this was combined with sometimes very tight managerial control of some aspects of the job, whereby they often needed to refer often back to management about routine tasks. In some cases, this had led staff to conform to policy and procedure, without stepping out of a strictly ascribed role, because this compliance brings with it a level of safety. Lipsky (1980) allows in his theory for a sort of world weariness and subjugation, whereby staff have been ground down by either over-management or indifferent and distant management. Whilst this was present in some responses, others used the discretion afforded by a less-than-clear definition of their roles and responsibilities to make their own decisions on the ground, reporting this to managers only after the event. This fits with depictions of frontline staff as being more flexible and entrepreneurial in their interpretation of the role, so as to support better outcomes for users. This is line with recognised tensions in the street-level bureaucracy literature (Durose 2011).

Similarly, public servants may be either more ‘knaveish’ or ‘knightly’ in their motivations to deliver for their clients and communities. This ‘Le Grandian’ approach (Le Grand 2006, 2012) takes a different perspective, seeing public sector workers as being potentially ‘knights’ or ‘knaveish’, depending upon their values and behaviours. In Chapter 6 of this study, there was little direct evidence of ‘knaveish’ behaviour from staff in housing services for older people (although managers’ omissions in supporting staff with certain complex issues was seen as a particularly unwelcome example of being left to sink or swim). Indeed, the evidence in Chapter 6 suggests that many staff were often willing to exceed the limits of their prescribed roles and duties to ensure the welfare of their service users. This included undertaking a wide range of both relatively mundane and more responsible tasks on behalf of tenants in the pursuit of better outcomes. In this sense, a more intrinsically honourable set of behaviours and actions is evident in what might be seen as a more ‘knightly’ attempt to help and protect the service user. In practice, most interviewees did their best to perform in an often challenging and multi-dimensional environment. This included interactions with colleagues in other services such as health and social work, in which the ‘knightly’ motivations of these professionals could sometimes come into question with regard to the response times and other behaviours that housing staff encountered in relation to their tenants, who, due to the common lack of opportunities to participate in Section 7.3, were generally ‘pawns’ rather than ‘queens’ in the service system (Le Grand 2006, 2012).

Meanwhile, co-production theory also has a role in interpreting the findings and results in this study in holding the key to success in the design and implementation of public services (such as Hub service provision) or resulting in a failure to build successful collective action between stakeholders. Older

people's lack of opportunities to participate noted above represent a missed opportunity to learn from their 'consumption' processes of co-experience and co-construction, and to build these into 'production' processes of co-design and co-production (Osborne et al 2021). In Chapter 7A, two housing associations who specialise in housing for older people and a Scottish local authority for whom a small proportion of their stock is specialist housing set aside for older people were analysed. This shows a generally high level of satisfaction with existing housing models for older people, despite their nuances and differences. However, in all providers there was a lower score for 'opportunities to participate'. In this regard it was found from both the interviews and looking at the performance of the three landlords, that there were key issues with services and consultation in some of the organisations that could be addressed (Evans 2022: McCall 2020, 2022). In looking at the issues of consulting tenants in a holistic way there is a tendency to only use conventional consultative methods or tools, such as surveys, meetings and other methods that require the physical ability to attend. This tends to exclude frailer older people who may have cognitive difficulties and sensory problems from the decision-making process. The study data also illustrated whilst there were fairly high satisfaction levels amongst older service across the three subject organisations with certain aspects of their accommodation users with certain features and services, consultation, decision making and informing them of change was not one of them. A number of more appropriate and innovative ways of doing this are suggested by this research, including the use of new technologies and approaches that enable older people to participate, even in the face of cognitive decline, as they age further. This suggests scope to look at new and sometimes additional means of approaching and canvassing service users; for example, using trusted staff or survey assistants in one-to-one conversations with older people in their own home, the use of technology to overcome sensory issues, or using strategies such as games within a supportive social environment to engage in a unique way. In this way, service users could have much more influence over shaping services and new models of provision than they do at the moment. Equally importantly, Chapter 6 points to an important role for closer inter-professional working, which often depends on a combination of informal and formal communications between housing professionals and those in relevant services such as social work, social care, and the NHS. Confidence about joint working was not always high in interviews. In this way, co-production theory points the way to a possibility of more holistic, collaborative, and organic ways of providing services and solving ecological problems in the service system in future sets of arrangements. It is imperative that in the future organisations which should reasonably be working jointly take this on board as service users will continue to fall through the gaps between services and necessary change will not take place,

8.3.3 RQ2 Summary

In summary, in relation this question it has been established from the research that, where enabled to do so, staff employ considerable agency and discretion in the performance of their duties at the frontline of housing services for older people. This is widely seen as advantageous, given the breadth and unpredictability of the demands made upon services, to resolve issues and support their clients as often frail and vulnerable adults. Indeed, it was often seen as a necessary ‘safety net’ to overcome service gaps and poor communication and avoid outcomes such as an inability to get medical treatment, incomplete medication, lack of care or poor nutrition. However, the ability of staff to employ such discretion as ‘street-level bureaucrats’ is often dependent on their willingness to undertake tasks that go beyond their formal job descriptions, in what might be seen as ‘knightly’ rather than ‘knavish’ actions and interactions. Greater focus on creating empowering dialogue with service users has the ability to remove them as ‘pawns’ and replace them as more empowered actors, by including them in meaningful processes of co-design and co-production that capitalise on their co-experience and enable the co-construction of housing services for older people. Similarly, broader, less siloed inter-professional collaboration may be promoted by approaches that include mutual listening and taking other participants seriously. As long as these elements are missing from this process, the job will be much harder in the struggle to get the best for service users. These issues come particularly to the fore in discussions regarding the design of the proposed Hub model of provision.

8.4 RQ3: Is it possible to envisage an alternative model for future provision of housing services for older people? And what factors might raise the likelihood of this being successful in practice?

NB. The response to this question has emerged largely from the work in Chapters 4, 6 and 7

8.4.1 Devising the New Model

The final question posed by this thesis was whether it was possible to come up with a new model of housing for older people, ostensibly with the local authority studied in mind as a prototype, but with a view to applicability across the social rented sector. It is hoped with adjustments; the model may be relevant to a number of housing organisations providing support for older people.

In Chapter 5, the new model was designed to employ existing resources to reduce costs and ensure continuity as much as possible (i.e., to be based, if possible, in an existing complex of very sheltered housing). There might be instance where a new facility was required but, as many complexes have under used facilities such as lounges and office accommodation, it was envisaged that this would not be necessary. An initial assumption was that the very sheltered housing officer was best placed to occupy a coordinator role of all of the activities taking place within the Hub. This would include the day-to-day management of a core staff group of care staff, a retirement housing officer to help with the satellites, and cleaners. A secondary group of peripatetic staff would use the Hub on an ad hoc basis but hopefully more often than in current models of provision. This would comprise of lead officers in housing services for older people, housing management officers, occupational therapists, care managers, district nurses, and technical staff during prolonged periods of maintenance. It was hoped that from closer working, stakeholders would take greater ownership with issues and work in partnership, especially in information sharing.

In Chapter 7B, however, it was felt that some of those staff identified as being peripatetic members of the group might not participate because of historical working patterns and other commitments in their main job role. Interviewees thus observed that the wrong personnel in the wrong position within the Hub could quite quickly hamper its progress and operational success, so it would need to be staffed by people committed to both the model and the principle to ensure that success. Other interviewees were concerned to have some form of external oversight in order to ensure compliance and joined up working and information sharing in the new Hub. Relatedly, given the value which is increasingly placed on the involvement of service users in the shaping of services and policy, it was hoped that enhanced occupation and activity in the Hub would leave more time for tenant participation and social activities – each of which could be strengthened.

The new model was also influenced by the analysis in Chapter 5, in which it was seen as the extension of new possibilities as an extension of the historic development and trajectory of housing services for older people. In particular, the possibility was recognised in Chapter 5 of redeploying existing resources and organising them differently within a defined geographical area to raise levels of access and responsiveness in order to provide a better and more integrated service.

The findings in Chapter 6 reinforced a need to consider new ways to support older people. Here, clarifying and understanding more about the ways in which current retirement and very sheltered models of housing for older people are currently provided, and the barriers that can sometimes reduce the effectiveness and value of those services, provides a firm foundation for considering potential future models of provision. This rationale was further reinforced by the secondary data set out in

Chapter 7A, whereby a high overall level of satisfaction with services combined with an assessment of shortcomings in existing services with regard to tenant participation. Finally, in Chapter 7B, interviewees gave their opinions on the specific attributes and challenges associated with the proposed Hub model. This analysis demonstrated a good degree of support in principle for the proposal from interviewees, who were supportive of it and appreciated its practicality in terms of day-to-day use. Indeed, the head of service intimated that they were thinking of a model with similar attributes, as it was felt that the current provision did not represent value for money.

Interviewees' major concern was that aspects of the change might be seen as challenging to existing professional practice or political interests, in which defence of the 'status quo' might provide barriers to change. The key response to this from interviewees was to engage in a balanced and incremental approach to change that nevertheless employed new technologies effectively in supporting residents and staff. This linked well with the original intentions to employ existing resources as much as possible, and to incorporate new IT and technical solutions.

8.4.2 RQ3 Summary

In conclusion, the final research question dealt with whether it was possible to arrive at a new model of housing for older people and test that model with a group of stakeholders involved in providing front line services in a Scottish local authority. A pilot model based on a Hub covering a small geographical area was based on previous literature. Research participants gave candid and useful evaluations of the model, which was considered to be feasible in principle, if perhaps a little more challenging to implement in practice. Interviewees accepted that it had the potential to provide a more integrated and sustainable service for service users. There was also an acceptance that some of the apparent differences between the two existing service models ('retirement housing' and 'very sheltered housing'), which are currently used as a justification for different levels of service and boundaries, were artificial and of no great practical significance in providing supported housing for older people in the 21st century. This recognition is the first step towards a revised model, in which the findings from this thesis may be combined with current management thinking to inform the future of housing services for older people in this local authority, and in time perhaps others.

8.5 Overall Conclusions and Contributions of this Study

This thesis has set out to address a number of aspects of housing for older people, mainly in a Scottish context, which have historically been under researched. This research is timely. It suggests that new

thinking about provision has to be made now to address the challenge of current demographic trajectories, which will see considerable growth in the elderly population in the next few decades. In thinking about future models of provision, there are also some important insights from this research. Where the research has shown that a lack of clarity on both the attributes of the service and the roles and responsibilities of staff can be problematic, it offers a number of **key** research observations. These include consideration of ‘core’ and ‘secondary’ service attributes within two proposed models of housing for older people: ‘registered’ and ‘non-registered’. Further important considerations include the potential for ‘Hub’-based models of provision (alongside other service providers such as social care and the NHS), whereby existing resources may be redeployed and organised differently to provide a better and more integrated service.

At the outset, the study shows how the lack of tools or lack of core attributes to allow comparison of housing services for older people is an important issue, preventing comparison by service users over service quality, or benchmarking by managers and regulators in raising standards. Moreover, housing allocation officers do not always have a good perspective of the relative differences in the services provided, which may lead to a lack of prioritisation on older people in genuine need within housing allocations.

The study moves on to help clarify and understand more about the ways in which current ‘retirement’ and ‘very sheltered’ models of housing for older people are currently provided in a Scottish local authority, and the barriers that can sometimes reduce the effectiveness and value of those services. This suggests that it is not just a clearer definition of the service model that would be helpful, but also clearer definition by managers of the agency and discretion available to frontline staff in making decisions on the ground. Such understanding adds to the firm foundation for considering potential future models of provision.

This is important. Local authorities in Scotland are well aware of trends in demographic change. Current demographic trends are clear that over the next 15 years there will be many older people (Croucher 2008), with many of them in the 90th decile of old age. Provision has to be made now to address this challenge.

Local authorities will be expected to come up with many different and novel solutions to coping with this phenomenon. This study identifies essentially two models of housing for older people, with differing degrees of support on offer. Thus, rather than the current plethora of complex titles for housing with support for older people, the study suggests it would be more useful to classify this as either being a ‘registered’ service or a less complex ‘unregistered’ service. The second model would

be a housing support service for less dependent older people which would not be a registered service with the Care Inspectorate. The first would be a registered service, for people who were assessed to need more comprehensive support to remain independent. These models are relevant to the local authority that was the subject of the analysis in this study, due to the nature and spread of the housing stock. However, with some adaptations it could potentially be used by other landlords who seek to provide broadly similar services to older tenants. In turn, simplifying the nomenclature would help describe supported housing services by linking them to 'core' activities, with any 'secondary', non-essential activities being identified as peripheral.

Insights from the research are also novel. It would appear, based on current models of housing support for older people, that it should be possible to rearrange and re prioritise existing resources within a defined geographical area to raise levels of access and responsiveness in order to provide a better and more integrated service in a new, Hub-based form of provision. From the Hub, it would be possible to co-ordinate both registered and unregistered services across the defined geographical area, allowing for services to be centralised on a single site, with smaller sites close by as satellites. This would allow frontline staff to be more flexible and entrepreneurial in their interpretation of their roles, to support better outcomes for users. To respond to this change, current two-tier remuneration arrangements would be replaced with one single grade of supported housing officer within the local authority.

Increased flexibility would also be supported by the use of technology as a tool to foster interactions between staff and residents. There is a substantial literature on technological solutions to the problem of an ageing society using IT and the internet to connect people and to monitor their safety, for example (Kerssens et al 2015; Sixsmith 2013; Robinson 2014). The more senior staff in the survey unsurprisingly identified that as one of the things which might be introduced in a Hub model as an additional tool to supporting older people, as this would also mean staff could be freed up from attendance at only one site for a shift.

Within the Hub model, broader, less siloed inter-professional collaboration would also be promoted. Clearly there are cross overs within services such as housing, social care, and the NHS, as well as grey area areas where responsibility is not always clear. There are also regular emergencies and exceptions that need to be addressed promptly, and at the moment this does not always happen - which is suboptimal for the service user. The Hub model would promote a softening of the boundaries between services through interdisciplinary interaction and some exploration of current roles and responsibilities in synchronising and improving the responsiveness of the different services involved with older people.

The research also suggests that clear protocols within the Hub would require to be developed, to regulate relationships and information from the very beginning. This could take the form of ‘design principles’, similar to those proposed by Ostrom and colleagues (Walker et al, 2011; see Appendix 1), in order for the resources to be managed properly, and to encourage stronger co-production. These may involve approaches that include mutual listening and taking other participants seriously. As long as these elements are missing from this process, the job will be much harder in the struggle to get the best for service users.

In this sense, there is also scope to look at new and sometimes additional means of approaching and canvassing service users within the frame of co-production; for example, using trusted staff or survey assistants in one-to-one conversations with older people in their own home, the use of technology to overcome sensory issues, or using strategies such as games within a supportive social environment to engage in a unique way. This would help overcome relatively low levels of satisfaction amongst users of housing for older people regarding their opportunities to participate.

The research also has scope for practical impact. The findings provide a clear steer towards a balanced and incremental approach to change (although nevertheless employing new technologies wherever they can be effective in supporting residents and staff) - particularly where aspects of the change might be seen as challenging to existing professional practice or political interests. Indeed, it may be providential for a number of pilots are attempted first with integral reviews, so that both elected members and service users get an opportunity to be included at the ground level in the detail of the development of models.

In a practical, rather than political, sense, there are perhaps fewer hurdles. Since the early days of sheltered housing there often been a number of buildings with ancillary facilities which have been used in earlier forms of support and care provisions. For example, there are often sleepover quarters and former wardens’ flats, which in many cases could easily be adapted to create a base for other disciplines within the Hub. Similarly, any underuse of kitchens, communal lounges and halls also introduces the possibility that older people living in mainstream housing or barrier free housing within the Hub area could make use of these facilities on an ad hoc or permanent basis.

Again, these issues are important. It is about adding value to service user day to day lives and about filling gaps in services where service users are falling through a precarious safety net. Following Butler and Tinker’s work in the 1980s, Croucher’s seminal work in the Scottish context in 2008, and latterly the work of McCall (2020, 2022) and McKee, (2010, 2016), this study has attempted to fill some of the gaps in knowledge concerning housing for older people in post-devolution Scotland.

It has been said that there is nothing so practical as a good theory (Lewin, 1950), and theory has been shown in this study to be a key precursor to outlining workable models and discussing viable working practices in relation to housing for older people. Here, it is hoped that this increasing interest in Scottish housing in general, but with specific reference to housing for older people will continue as change and innovation should have a firm basis in applied social research rather than conjecture and pressure from groups who prefer the status quo.

Practical impact is particularly important within the context of a Professional Doctorate thesis, such as this one. Encouragement in this direction has been received in comments from managers about the relevance of these ideas to their current thinking. Whilst the proposed, prototype Hub model is in need of some revision as a result of undertaking this research, there is scope here to design future models of provision that draw on its principles of coproduction, technological enablement and user participation. It is therefore hoped that this research will be a first step towards a revised approach, in which the findings from this thesis may be combined with current management thinking to inform the future of housing services for older people in this local authority and, in time, perhaps others.

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Appendix A. Elinor Ostrom's 8 Principles for Managing the Common

8 principles for how commons can be governed sustainably and equitably in a community.

8 Principles for Managing a Commons

1. Define clear group boundaries.
2. Match rules governing use of common goods to local needs and conditions.
3. Ensure that those affected by the rules can participate in modifying the rules.
4. Make sure the rule-making rights of community members are respected by outside authorities.
5. Develop a system, carried out by community members, for monitoring members' behaviour.
6. Use graduated sanctions for rule violators.
7. Provide accessible, low-cost means for dispute resolution.

8. Build responsibility for governing the common resource in nested tiers from the lowest level up to the entire interconnected system.

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Appendix B Interview Guide

Hi, I am Alex McLaren a postgraduate research student at the University of Stirling. I am exploring current examples of housing provision for older people with a view to analysing and categorising them to arrive at a new model or models. I hope to test that model with people who are currently involved in several aspects of the care and housing of older people. I am also trying to explore how people use their initiative and skills in the workplace to support older people and where there are gaps in service provision to make the journey as good as they can for people, I would like to ask you about your thoughts but please note that project participation is entirely voluntary, and we can stop at any time. You also do not have answer any questions you do not want to. Thank you so much.

Housing and the use of agency

1. Have you always been involved in the housing and support of older people, or have you done other work before this?
2. Do you hold any academic or practical qualifications for your current post, or are you studying towards any?

3. The concept of professionalism is one which is used to describe many jobs and occupations. What does being professional mean to you?
4. What does your work role involve when supporting older people in your service?
5. How much of your role do you think goes beyond your official job description?
6. Do you have service users with some form of Dementia in your service?
7. What percentage of service users you work with have some form of dementia or memory impairment?
8. Do you feel your work role changes and you have work in different ways to support service users who have dementia?
9. Do you feel there are barriers when trying to provide the service you aim to offer?
10. How do you work with other professionals in order to get satisfactory outcomes for older people?
11. Do you feel supported by your employer in the services you try to provide?
12. Do you think you have enough autonomy and decision-making authority to be proactive in your job?

Part 2

In advance of this interview, I sent you a basic model and outlining a new model for providing housing support for older people. In this model rather than staff being based in a specific complex most staff who provide services for older people are based in a Hub and provide services, to a variety of older people as required. Staff are not confined to a specific site. However, in this model they cover a small geographical area which means they can travel easily and quickly between service users. It is envisaged that each Hub would contain as its core members a retirement housing officer, and a group of carers. Floating members of the group would be social workers, care managers, housing officers and Lead Officers. Their presence might not be daily; however, they would be expected to commit to visits two or three times per week to be included in the effective management of services. It is intended that this would be a better use of resources than present, and it would make services more responsive. For instance, those working in the hub would be able to vary a service users care hours on the spot in the event of a crisis.

- 13) What is your understanding of the current different models of supported housing for older people in this authority?
- 14) How do you think this model would work in practice given your experience of your own area of expertise?
- 15) Do you think that there are any advantages to this model
- 16) Do you think that there are any disadvantages to this model
- 17) Do you have any suggestions of your own to improve the suitability of this model

Appendix C

Participant Information Sheet

- **Research Project Title – Forms of Retirement Housing in the 21st Century, the Development of Robust Models of Current and Future Provision and the Agency of Staff to Reach for the Future.**
- **Background aims of project.**

The aim of this project is to study current provision of Retirement, Sheltered and Very Sheltered Housing in Scotland to arrive at user friendly models to allow the comparison of several types of housing. The project will investigate how staff use their decision-making power to meet the needs of all service users. From this process we will investigate the potential for a novel model to supersede models of current provision. We will also test the model we have developed for utility and suitability in actual housing provision with staff involved in housing for older people.

- **Why have I been invited to take part.**

You have been invited because you work in this environment, and we feel your knowledge and practice will be beneficial to this research.

- **Do I have to take part?**

No. You do not have to take part.

If you do decide to take part, you can withdraw your participation at any time without needing to explain by advising the researcher of this decision.

Please keep a copy of this information sheet and return a signed copy to the researcher indicating your consent to participate using the consent form at the end of this document.

- **What will happen if I take part?**

You will be invited to participate in a research interview with the Researcher, which should take approximately 1 hour. It is envisaged that this will take place by Skype or Microsoft Teams. If a follow-up interview would be helpful to the research, you may be invited to speak again with the researcher if you are willing to do so. The research will take place in February and March 2023

- **Are there any potential risks in taking part?**

There are no foreseeable risks in taking part. All data will be anonymised, and every effort will be made to ensure confidentiality so that data collected is untraceable back to you.

- **Are there any benefits in taking part?**

There are no direct benefits to you for taking part. However, many people enjoy being involved in this kind of research, and there will be wider benefits for others, including:

Expanding our knowledge of Housing for older people.

Highlighting good practice and innovation in a seldom studied area.

- **What happens to the data I provide?**

information will be stored using the secure SharePoint system at the University of Stirling. All data will be destroyed following the completion of the study. We will not breach confidentiality unless we have an obligation to disclose the data under an applicable to UK law (for example, in relation to child protection offences, the physical abuse of vulnerable adults, money laundering and crimes covered by the prevention of terrorism legislation).

- **Will the research be published?**

The research will form part of a thesis stored in the University of Stirling Library and accessible to researchers.

The University of Stirling is committed to making the outputs of research publicly accessible and supports this commitment through our online free access repository STORRE. Unless funder/publisher requirements prevent us, this research will be publicly disseminated through our free access repository.

- **Who has reviewed this research project?**

The ethical approaches of this project have been approved via the General University Ethics Panel at The University of Stirling.

- **Your rights**

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required.

You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data, however, please note that once the data are being analysed and/or results published it may not be possible to remove your data from the study.

- **Who do I contact if I have concerns about this study or wish to complain?**

If you would like to discuss this research, please contact Alex McLaren on amm20@stir.ac.uk or my Supervisors Dr Vikki McCall on vikki.mccall1@stir.ac.uk or Dr Richard Simmons on r.a.simmons@stir.ac.uk. If you wish to complain about some aspect of this study, please contact Dr David Griffiths, Head of Subject Group at david.griffiths@stir.ac.uk.

Thank you for your participation.

Appendix D Participant Consent Form

Participant Consent Form

GUEP/NICR Approval Number 8490

Participant number

Research Project Title: Models of retirement Housing in the 21st Century-Their Fitness for purpose, and the Agency of Support Staff to Meet the Needs of All Service Users

Please initial box	
I confirm that I have read and understood the information sheet dated [insert date] explaining the above research project and I have had the opportunity to ask questions about the project	
I understand that my participation is voluntary and that I am free to withdraw at any time during the study and withdraw my data within 6 months of the date of interview, without giving a reason, and without any penalty. I understand that beyond that timeframe, when data analysis has started and/ or results are published] it may not be possible to remove my data from the study.	
I understand that my responses will be kept anonymous.	
I consent to being video recorded	
I agree to take part in this study	

Signature:

Date:

Name of Researcher

Signature:

Date:

Appendix E Ethics Approval

University of Stirling

Cottrell 3B Stirling FK9 4LA

28/07/2022

Dear Alexander

Ethics Application Form: Forms of Retirement Housing in 21st Century Scotland - The Development of Robust Models of Current and Future Provision and the Agency of Staff to Reach for the Future 2193

Thank you for your submission of the above ethics application.

The ethical approaches of this project have been approved subject to the following comments or recommendations.

Title	Comment
Participant Information Sheets	Student's correct email needs adding to info sheet.
Documents questionnaire	in the interview guide there seems to be no acknowledgement of, or framing around, cost restraints to providing better service. Not sure if this is intended but the Panel suspect this might impact on responses and wondered if this was just inferred and if it needed to be made more explicit?

Please note that should any of your proposal change, a further amendment submission will be necessary. If you have any further queries, please do not hesitate to contact the Panel by email to ethics@stir.ac.uk Yours sincerely,

General University Ethics Panel