

Difficult situations in Sheltered Housing schemes

Final report
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Foreword

For over 40 years Radius and previously Fold has been synonymous with the provision of innovative and quality housing, care and support for older people. Staff and board members together with business partners have enabled generations of tenants to maximise their independence and to live in dignity.

Radius manages 108 housing schemes for older people across 60 towns in Northern Ireland. We remain fully committed to understanding the changing needs of our tenants and their hopes. In this regard we commissioned this latest research and are pleased to introduce our report into 'Difficult Situations in Sheltered Housing Schemes'. Radius provides over 3,300 sheltered apartments and bungalows for older people which offer an excellent accommodation option for those seeking independent living, a low level of support and who wish to benefit from social interactions with other residents. Changes within the management of schemes over the past 15 years have seen more scheme coordinators shift from resident to non-resident status. This in turn has impacted on how we deliver our services including our Connect24 offering.

Over recent years we have noticed a change in the tenant profile within our sheltered schemes with residents covering a wider demographic in relation to age and more complex care and health needs. We commissioned this study to identify and examine the picture relating to difficult, and often serious, incidents occurring within our sheltered accommodation which have gradually increased over recent years. We believe that the research will reflect the diverse and complex challenges that staff regularly face and also demonstrate the level of commitment and professionalism of our staff when dealing with demanding situations.

Through the research we are keen to:

- Explore the current and potential options in terms of support from within our staff teams and also externally from the full range of statutory and voluntary sector providers, in addition to family and friend support networks.
- Ensure we respond effectively to crisis incidents and tailor support to individual tenants, including wraparound support, which will reduce the likelihood and impact of risk to the individual and to other residents.
- Reduce the risk of failed tenancies and prevent homelessness.
- Ensure that there is appropriate access to the service, challenge misconceptions and provide a clear understanding of the purpose of sheltered housing.
- Have a working document that will enable us to think more strategically about how we can link the support we provide to wider services including those provided by Social Services, Health Trusts and voluntary support agencies.
- Provide an evidence base that will inform the Supporting People strategy review and the approach to older people's services.
- Contribute to the discussions on the Fundamental Review on Allocations in relation to specialised properties being allocated by a separate process outside the Selection Scheme.

We would like to thank Supporting People for funding the research through their Provider Innovation Fund and Fiona Boyle Associates for producing an excellent report.

John McLean
Chief Executive



Contents

Executive Summary

Section 1	Introduction
Section 2	Methodology
Section 3	Definition of 'difficult situations'
Section 4	'Difficult situations' in Radius sheltered housing schemes
Section 5	Key findings: Tenants with no family support
Section 6	Key findings: Tenants with additional care needs
Section 7	Key findings: Tenants with complex health needs
Section 8	Key findings: Tenants with poor mental health
Section 9	Key findings: Tenants with alcohol/addiction issues
Section 10	Key findings: Tenants with mobility needs
Section 11	Key findings: Tenants where Health & Safety is a concern
Section 12	Key findings: Tenants who have displayed any violence or aggression
Section 13	Key findings: Tenants who are subject to a complaint
Section 14	Key findings: Tenants where there is a concern
Section 15	Key findings: Discussion on causal factors in 'difficult situations' in Radius sheltered housing schemes
Section 16	Summary of Recommendations

Appendices

Appendix 1	Sample of sheltered housing schemes
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The content of this report does not necessarily reflect the official opinion of Radius Housing Association. Responsibility for the information and views expressed lies with the author.

1 CaCHE (housingevidence.ac.uk)

Executive Summary

Sheltered housing (Category 2 housing) was largely developed and built in the 1970s/1980s and continues to be a popular housing option for many older people, as demonstrated by good occupancy levels and an overall lack of voids. However, previous research produced for the Housing Executive noted a range of issues including physical design and space standards and the varying levels of support and services required as a result of the complexity of tenants' needs; this included much younger clients with addiction and mental health problems.

In addition, the changing profile of sheltered housing tenants was noted. There was recognition that this had influenced the number of care workers visiting schemes, the noise levels within them and the diversity of interests of occupants, with associated impacts both on those living in the schemes and housing association staff members.

Furthermore UK-wide research by Tinker et al (2013) noted that although sheltered housing may initially meet residents' needs, it can become increasingly difficult to maintain the very frail elderly in such accommodation as they age.

This study was commissioned by Radius Housing Association, in the light of reports of increasing anti-social behaviour and issues (defined as 'difficult situations') within some of their sheltered housing stock (108 schemes and 3,375 units). Management provided secondary data collected across the seven housing areas together with anecdotal feedback from staff on the ground. The methodology included a co-production approach with Radius staff members – Scheme Coordinators and Area Housing Managers involved at every stage. The overall aim of co-production in this sense, was to improve the quality of the research by tapping into the knowledge, judgements and perceptions of relevant staff working with the older tenants.

Overall this piece of research provides a robust basis with supporting evidence, to what previously had only been anecdotal evidence, of an increasingly complex set of challenges in the delivery of housing services and housing management within sheltered housing schemes. Up until now the diversity and complexity of the challenges and issues that sheltered housing staff deal with on a regular and daily basis has not been collectively analysed and recorded. This is now clearly demonstrated by this research.



This study looked at a sample of 20 sheltered housing schemes; Scheme Coordinators calculated the level of occurrence of various needs and factors across their tenant population. These are outlined overleaf in summary format. This is a snapshot of the situation at the end of 2020, demonstrating that care and support needs of those in sheltered housing increase while the tenants 'age in place', together with associated prevalence of mental health issues and diagnosis, increased prevalence and diagnosis of dementia, increased issues around alcohol consumption and addiction, instances of personal care neglect and a range of factors around physical health and mobility

The study has raised an important question around how difficult situations can be responded to by housing management within sheltered housing schemes; namely it raises the issue of and the need for multiple needs assessments, and how in particular this can be achieved by housing professionals in conjunction with Health & Social Care professionals, and involving the wider family members as appropriate.

2 Boyle, F (2012) The role of sheltered housing in Northern Ireland and future issues (Belfast, NIHE) Available at: www.nihe.gov.uk/getmedia/fe20bf26-1bae-43e9-8025-2d85ed841cf6/the_role_of_sheltered_housing_in_northern_ireland_and_future_issues_published_september_2012_.pdf.aspx [Accessed 21 August 2019]

3 Tinker, A, Kellaher, L., Ginn, J. and Ribe, E. (2013) Assisted Living Platform – The Long-Term Care Revolution, London: King's College London. Reproduced by the Housing Learning and Improvement Network and available online at: www.ifa-fiv.org/wp-content/uploads/2013/11/HLIN-Report-LTC-Revolution.pdf [Accessed 25 February 2019]

Survey Findings – Areas of Concern

 Key need or area of concern	 Key Findings
Tenants with no Family Support	91 out of 605 had no family support. On average, this equates to 15% or one out of every seven residents.
Tenants with additional care needs	One in four (27%) of tenants, currently living in sheltered housing schemes, have additional care needs.
Tenants with complex health needs	A total of 138 tenants (23% of the sample or nearly one in every four) were thought to have complex health needs.
Tenants with poor mental health	One third (33%) of the sheltered housing tenants in this sample (198 out of 605) were deemed to have poor mental health.
Tenants with alcohol/addiction issues	A total of 78 out of 605 tenants were deemed to have an alcohol or other addiction issue; this equated to 13% of the sample.
Tenants with mobility needs	More than two fifths (44%) of the sheltered housing tenants in this sample (269 out of 605) were deemed to have mobility needs.
Tenants where Health & Safety is a concern	A total of 68 out of 605 tenants were recorded under this category – where staff had a health & safety concern about them, this equates to one in every ten tenants (11% of the sample).
Tenants who have displayed any violence or aggression	A total of 45 out of 605 tenants (7% of the sample) were noted as having displayed violence or aggression.
Tenants who are subject to a complaint	43 tenants (7% of the sample) were subject to a complaint.
Tenants where there is a concern	An overall concern was noted in relation to 150 tenants out of the sample of 605 (25%).

Recommendations – for Areas of Concern

The study also gathered qualitative feedback and case studies from Scheme Coordinators and Area Housing Managers, on these key areas. The findings from this part of the study are outlined in Section 5 to 14. This provided more depth to the quantitative analysis, and also connected to some suggested recommendations; the latter are outlined here.

 Area of concern	 Recommendations
Tenants with no family support	Clearer promotional information aimed at families, including the title and definition of sheltered housing. Use of Radius website to promote and disseminate information.
	Further development of links with social networks for those with no family support.
Tenants with additional care needs	Clearer promotional information aimed at HSC Trusts.
Tenants with complex health needs	Partnership approach where there is already Social Services involvement, and consideration of Radius developing a Navigator role and a Directory of Services to help with access to information and communication with external agencies.
	Clearer promotional information aimed at health professionals.
	Encouraging tenants to set up and maintain links with relevant health professionals.
Tenants with poor mental health	Ensuring the sharing of health information is part of the Support planning process during induction at the start of the tenancy.
	Ensuring each scheme has emergency phone number for a mental health Social Worker and/or a CPN.
Tenants with alcohol/addiction issues	Develop specific staff training to increase their understanding, skills and knowledge to ensure they are equipped to respond to the range of mental health issues amongst tenants.
	Develop training to build staff knowledge understanding and skills to respond to these issues.
Tenants with mobility needs	Create directory of alcohol and addiction services to assist in more appropriate referrals and greater access to support services.
	Radius should review the policies and procedures in relation to mobility scooters and explore further options for designated scooter areas for safe storage and charging.

Tenants where Health & Safety is a concern	Information on hoarding and issues in relation to health and safety should be communicated to the tenant in more detail at the start of the tenancy, and on an ongoing basis via Radius communication.
	Scheme staff members should have more detailed training in this area and how to respond to tenants with hoarding issues.
	Radius should review all relevant policies and procedures.
Tenants who have displayed any violence or aggression	Review of relevant policies and procedures to enhance Radius' response, sharing of information and disclosure to support staff and tenants, where appropriate.
	Radius should develop partnership agreements with agencies including PSNI and appropriate services and organisations.

Finally, the Area Housing Managers made some more general recommendations, focussing on processes and systems in four broad areas – the allocation of sheltered housing, training for staff working in sheltered housing schemes, engagement with external agencies and arrangements at a strategic level.

 Area	 Recommendations
Allocation policy and process – to sheltered housing schemes	<ul style="list-style-type: none">- Consideration of the assessment process for applicants to sheltered housing, with a desire for a separate allocation process for sheltered housing from general needs housing.- Opportunities for exchange of information between sheltered housing schemes and the Housing Executive (in particular with Housing Advisors)- Consideration of one specialist Housing Advisor per Housing Executive office, for older people and sheltered housing (and other specialist accommodation)
Training	<ul style="list-style-type: none">- Development of a bespoke suite of training courses for Scheme Coordinators and other relevant staff- Delivery online; requiring provision of devices and internet connections- Use of devices to provide support between Scheme Coordinators
Accessing external support	<ul style="list-style-type: none">- Development of Navigator role within Radius as an identification and a liaison point between the Scheme Coordinator and the HSC Trust
Strategic Level	<ul style="list-style-type: none">- Consideration of joint protocol around housing and care/support for older people at a strategic level.

Section 1

Introduction

1.1 Radius Housing Association (hereafter ‘Radius’) is the largest Northern Ireland provider of specifically designed apartments or bungalows for older people and couples, provided in what are defined as sheltered housing schemes. This type of accommodation is one option within the social rented sector 4, and can be defined as being Scheme supervisor supported self-contained accommodation for the less active elderly, which includes the full range of communal facilities.

Radius has a total of 108 schemes Northern Ireland wide, managed in seven Housing Areas. Schemes comprise flats, bungalows and houses, with a total of 3,375 units across all schemes. Scheme size is variable, with a range of five units up to 105 units in the biggest scheme; the average number of units per scheme is 31.

The overarching aim of sheltered housing is best summed up through the following description from the Radius website 5:

Our services have been developed to meet the housing and support needs of older people. They are designed to promote quality of life and to help older people maintain an independent lifestyle in an environment that breaks down barriers of social isolation and promotes overall well-being. A key objective of this service is to actively encourage residents to maintain their independence.

Each of our schemes has a Scheme Coordinator. The Scheme Coordinator’s primary role is to provide person-centred housing support to each resident in a way that respects their dignity and confidentiality while promoting independent living.

To achieve our objective of providing a safe environment for independent living, each property is fitted with an emergency, 24-hour Connect 24 call system. When triggered this alerts either scheme-based staff or Connect 24 call advisors who will respond and provide assistance.

We encourage residents to participate in the broad range of social activities within their scheme and also in the wider community through organised events and activities.

Each resident undertakes a support needs assessment with the Scheme Coordinator to help develop an individual support plan. The support plan is reviewed on a regular basis and can be updated at any time depending on the resident’s changing needs.

4 The 2016 House Condition Survey indicated that 15% of older people were living in the social rented sector, comprising housing owned and managed by the NI Housing Executive and Housing Associations. The majority of social stock takes the form of ‘general needs’ housing. In addition, there are four categories of more specialist accommodation for older people. These are set out in the Department for Communities, Housing Association Guide - See www.communities-ni.gov.uk/collections/housing-association-guide Category 1 is for active older people, referred to as Over 55s. This is self-contained accommodation for the more active elderly, which may include an element of Scheme supervisor support and/or additional communal facilities. Category 2 is sheltered housing – definition in text, Category 3 is supported extra care accommodation which includes the full range of communal facilities plus additional special features including wheelchair user environments and supportive management – referred to as Frail elderly. Category 4 is defined as Shared supported accommodation, where there is a Scheme supervisor; this is for the less active elderly with a full range of communal facilities.

5 www.radiushousing.org/housing/social-housing/over-55s

- 1.2 This study of 'difficult situations' in sheltered housing schemes was commissioned in Autumn 2020 by Radius. The project has been undertaken by Fiona Boyle Associates; the methodology is outlined in Section 2.

The overall impetus for the research came from Radius recognising a pattern within their sheltered housing provision, across their stock of 108 sheltered housing schemes, in relation to what has been defined within the study as 'difficult situations'. This pattern was on two fronts; firstly that there was a perceived increase in the number of these 'difficult situations' within their sheltered housing schemes, and the changing needs of tenants which contributed to these situations, and secondly, that the range and type of situations was increasingly more diverse and complex. Radius were particularly interested in this topic because of the impact on tenancy sustainment at an individual tenant level and also in terms of the wider impact on other tenants in the schemes and their staff. It is worth emphasising that prior to this study, any information on 'difficult situations' was anecdotal, with no wider research or reference points in the housing field about this increasingly complex set of challenges in the delivery and management of sheltered housing. This study aimed to fill this evidence gap.

- 1.3 This emerging pattern within the 108 sheltered housing schemes led Radius to ask some fundamental questions about this perceived pattern based on anecdotal feedback from staff and managers as well as some basis in secondary materials. These key questions formed the basis of this study as follows:
- What type of situation is defined as 'difficult'? And what is the nature of the 'difficulty'?
 - What is the range or breakdown of different types of 'difficult situations'?
 - How is this demonstrated across the sheltered housing schemes which Radius manages?
 - Why are 'difficult situations' arising in Radius sheltered housing schemes?
 - How are Managers, staff and residents⁶ responding to 'difficult situations' in sheltered housing?
 - What else needs to be done to respond to 'difficult situations' in sheltered housing schemes within a model of low housing support?
- 1.4 This study aimed to provide secondary and primary data to answer these questions. Within the wider Housing Association movement in Northern Ireland this is the first time the theme of 'difficult situations' has been looked at in any detail. The findings are of use not only to Radius, but for application more widely in thinking about the purpose of sheltered housing as it currently stands, the resident profile within such schemes and the necessary direct management response and external support necessary to ensure that Scheme Coordinators⁷ can respond to 'difficult situations'. It is important to note that although there is some historical data (reaching back around seven years), this study represents a snapshot of the situation in sheltered housing schemes, and cannot as such provide any evidence to indicate that things have changed or got worse over time. However, this study provides a starting point for further longitudinal analysis over time.

6 The terms resident and tenant are used inter-changeably to describe individuals living in sheltered housing schemes.

7 The terminology of Scheme Coordinator is used throughout this report to reference those who responded to the data requests. It is noted that the term Estates Officer is also used for Scheme Coordinator.

Section 2

Methodology

- 2.1 The study was externally commissioned and undertaken by Fiona Boyle⁸. The methodology comprised an analysis of available secondary data (already collected and provided by Radius⁹), together with primary fieldwork with a sample of randomly selected sheltered housing schemes (20 schemes out of 108 schemes, this was 18% of Radius' total sheltered housing schemes) and 605 tenants (out of a total of 3,229 tenants – 19% of all Radius sheltered housing tenants). Further details are provided at paragraph 4.5 about how this random sample was selected, ensuring distribution across Northern Ireland.
- 2.2 The study commenced with a rapid review of any relevant literature, searching specifically for academic and non-academic literature relating to difficult situations in sheltered housing schemes, in Northern Ireland and more widely. Whilst a small amount of grey literature was found relating to difficulties in some sheltered housing schemes (mainly via print media), and wider generic literature was available citing the link between good housing and factors such as older people's mental health, there were no specific and targeted studies, where sheltered housing providers or the housing sector in Northern Ireland¹⁰ had looked specifically at difficult situations in sheltered housing. Two studies provided some insight into the make-up and distribution of sheltered housing in Northern Ireland and noted a range of issues including physical design and space standards and the varying levels of support and services required as a result of the complexity of tenants' needs; this included much younger clients with addiction and mental health problems. In addition, the changing profile of sheltered housing tenants was noted. There was recognition that this had influenced the number of care workers visiting schemes, the noise levels within them and the diversity of interests of occupants, with associated impacts both on those living in the schemes and housing association staff members. Furthermore UK-wide research by Tinker et al (2013) noted that although sheltered housing may initially meet residents' needs, it can become increasingly difficult to maintain the very frail elderly in such accommodation as they age.¹¹

This research study, commissioned by Radius and with support from CaCHE, therefore provides the first comprehensive insight into 'difficult situations' in sheltered housing schemes in Northern Ireland.

- 2.3 The research methods drew heavily on the co-production approach. This approach has emerged in recent years, partially in response to criticism that communities or service providers were not meaningfully involved in research design and delivery, and as such research findings may not be relevant or appropriate for the end user. Co-produced research is said to create new knowledge through including the perspectives of those traditionally excluded from knowledge production, which in turn is expected to enhance research quality and impact¹². In short, and for the purposes of this study, we have defined the co-production approach in research, as a means of improving the quality of the research itself by tapping into the knowledge, judgements or perceptions of the Radius staff members – both Scheme Coordinators and Area Housing Managers. 'Co-production' can describe research between practitioners, policy makers and service users (aiming to improve public services), and research between academics, community organisations and residents (aiming to create new knowledge).¹³

8 Fiona Boyle Associates

9 Including incidents that have occurred in sheltered housing schemes and issues recoded under the heading of adult safeguarding.

10 Boyle, F (2012) The role of sheltered housing in Northern Ireland and future issues (Belfast, NIHE) Available at: www.nihe.gov.uk/getmedia/fe20bf26-1bae-43e9-8025-2d85ed841cf6/the_role_of_sheltered_housing_in_northern_ireland_and_future_issues_published_september_2012_.pdf.aspx

Boyle, F (2019) Housing and Older People: Housing Issues, Aspirations and Needs (Belfast, NIHE) Available at: <https://www.nihe.gov.uk/Documents/Research/Health-and-welfare/housing-and-older-people-issues-aspirations-needs.aspx?ext=.>

11 Tinker, A, Kellaher, L., Ginn, J. and Ribe, E. (2013) Assisted Living Platform – The Long-Term Care Revolution, London: King's College London. Reproduced by the Housing Learning and Improvement Network and available online at: www.ifa-fiv.org/wp-content/uploads/2013/11/HLIN-Report-LTC-Revolution.pdf

12 Conceptualising quality in co-produced research, Marilyn Howard, Helen Thomas-Hughes, First published June 2 2020 – Research article - <https://doi.org/10.1177/1468794120919092>

13 Ibid.

In this project, co-production approaches were applied in a number of ways. For example, one of the Area Housing Managers was involved in the research design from the initial meetings right through to research report production. In addition, the research consultant worked closely with the 20 selected Scheme Coordinators, enabling them to provide useful feedback about their tenants and schemes, with full awareness of the focus of the research and how they could input to it. The Scheme Coordinators were also provided with a summary of the initial research findings, at the half-way stage in the study, and before they were asked to provide further qualitative information, thus again ensuring that they felt involved and appreciated, and ensuring that their input was relevant. The seven Area Housing Managers were then involved in reviewing the research findings and thinking about relevant and practice-based recommendations.

It is worth highlighting the level of commitment and professionalism of the staff involved in the research; with insight to their commitment to the management of sheltered housing. This was clearly demonstrated in the data collected, responses and case studies provided and the recommendations made by staff. The opportunity to build on this involvement of staff in assessing the issues and translating this into recommendations should be encouraged and built upon by the organisation.

- 2.4 Scheme Coordinators were asked to complete an initial analysis of the number and type of 'difficult situations' which had occurred in their scheme during the calendar year 2020. This included providing quantitative data on the number of situations and incidents as well as some qualitative information on the type and nature of these situations.

In addition, the Scheme Coordinators were then asked to provide more qualitative information on how different situations had developed, data on background information and triggers, data on impact on staff resources and other tenants and any other relevant information. This information was provided by way of case studies. These are interspersed in the analysis in Sections 5 - 14. Scheme names and personal information about tenants have been removed in order to ensure anonymity.

- 2.5 A final element of the methodology was a Focus group with the seven Area Housing Managers¹⁴; the purpose of this was to firstly 'test' out the research findings and secondly to help frame and develop the recommendations arising from the research. The Area Housing Managers were therefore fully involved in co-producing the research findings, ensuring that these were relevant and focussed on the research topic.

- 2.6 This internal report for Radius Housing Association is laid out under the following headings:

Section 3:	Definition of 'difficult situations'
Section 4:	'Difficult situations' in Radius sheltered housing schemes
Sections 5 - 14:	Key Findings on each of the defined 'difficult situations'
Section 15:	Discussion - causal factors in 'difficult situations'
Section 16:	Summary of recommendations - Responding to 'difficult situations'

¹⁴ The Area Housing Managers each have responsibility for a geographical area and manage the Scheme Coordinators within their area.

Section 3

Definition of 'difficult situations'

- 3.1 The starting point of the study was to determine and define what might constitute a 'difficult situation'. The basis of this exercise centred around the fact that the purpose of the sheltered housing schemes was to provide the residents with low-level housing support on an ongoing basis. Against this it was recognised that different situations and circumstances would arise from those provided with sheltered accommodation which may impinge on them and other residents; it was noted that some of these may be quite low-level incidents and situations, which would fall under the heading of low-level housing support, whilst others are much more complex and go beyond the purpose and requirements of the scheme.

The Radius Housing Tenant Handbook outlines guidance on all aspects of the tenancy agreement between the Housing Association and the tenant. The Handbook clearly outlines the responsibilities for both parties in the agreement. Specific reference is made to anti-social behaviour and the impact this can have on a tenancy, as well as Radius' commitment to encourage independent living for those in sheltered housing. The handbook notes - our services are designed to promote the quality of life and maintain an independent lifestyle in an environment that breaks down barriers of social isolation and promotes overall well-being.

The role of the Scheme Coordinator is highlighted in the handbook, with emphasis on the primary duty of this role being to provide person-centred housing support to each tenant. The type and level of support is determined by a Support Needs Assessment. Radius references that if extra support is needed, tenants can be signposted to different agencies which can then provide that support.

The handbook also clearly outlines a definition and description of anti-social behaviour. For ease of reference this is replicated overleaf.

What is Anti-Social Behaviour?

- An individual may be deemed to have acted in an anti-social manner if he/ she has:
- Been convicted of using the dwelling-house or allowing it to be used for illegal or immoral purposes;
- Been convicted of an arrestable offence committed in, or in the locality of the dwelling house;
- Directly or indirectly affected the management functions or matters relating to those functions.

Anti-social behaviour might include amongst other things:

- Violence or threat of violence;
- Hate behaviours that target members of identified groups because of their perceived difference (e.g. religion, political opinion, race, age, marital status, sexual orientation, gender, disability and dependant status);
- Noise nuisance (rowdy parties, loud music/TVs, dog barking, etc.);
- Arguing and door slamming;
- Environmental quality issues (e.g. litter, dog fouling, graffiti, fly tipping, nuisance vehicles);
- Offensive drunkenness;
- Using housing accommodation for illegal/immoral activity or other unlawful purposes, e.g. selling drugs/drug abuse;
- Intimidation or harassment.

This information was used as a backdrop to the study, together with informing data collection tools for use with the Scheme Coordinators.

Section 4

‘Difficult situations’ in Radius sheltered housing schemes

4.1 This section provides an analysis of the number, range and type of ‘difficult situations’ found in Radius sheltered housing schemes. Two data sources have been used; firstly, data collected and collated by Radius over the last 5 – 7 years and secondly, data produced by Scheme Coordinators specifically as part of this study.

Secondary data sources

4.2 Secondary data on incidents – ranging from minor to medium to serious – was provided by Radius and covered the period 2012 to October 2015. This data had been provided by staff members in individual sheltered housing schemes (and in some cases by other staff members or through a complaint received from other residents or family members).

Analysis of this data indicated a total of 135 recorded cases of anti-social behaviour or challenging circumstances in the 8-year period. It was noted that given the variation in numbers per Area there may be some overall under-recording¹⁶. Analysis also indicated that the number of cases has increased considerably over the last two years – to 22 in 2019 and 41 in 2020.

Analysis of the incidents and situations by type indicates that the most commonly occurring reasons or factors recorded in relation to anti-social behaviour were noise¹⁷ (31 out of 153 records), nuisance¹⁸ or risk (26) and verbal abuse¹⁹ or abusive behaviour and allegations²⁰ (25). Below this, other significant factors were alcohol related²¹ (14), physical assault and violence²² (11) and threats or harassment (9). Smaller numbers were recorded for factors such as neighbour dispute (6), personal hygiene²³ and health & safety (5), indecent exposure (4) and criminal damage and financial abuse (each one case).

Further analysis indicated that most cases were recorded under one heading, with 16 cases under two separate categories e.g. abusive and intimidating or indecent exposure and allegations, and in one case there were three different categories recorded.

4.3 Another data source relating to ‘difficult situations’ in sheltered housing schemes related to adult safeguarding cases. In the period 2014 to 2020 there was a total of 42 adult safeguarding cases recorded by Radius in relation to residents in sheltered housing schemes.

¹⁵ Calendar year is in use – January – December.

¹⁶ It should be noted that this may not cover all cases of anti-social behaviour or challenging circumstances. There may be some cases which are not recorded for a number of reasons – the Scheme Coordinator deems they are very minor; the issue is resolved when it arises and no further action is required.

¹⁷ In the majority of cases this is noise made by the resident. In one case this was noise made by a guest with the resident.

¹⁸ In some cases, specific incidents were noted under this category e.g. door knocking, uninvited guests and visitors, bringing non-residents onto scheme, nuisance calls, smoking, inappropriate use of social media, breach of Covid-19 guidelines and/or social distancing guidelines etc.

¹⁹ This category was also recorded in some instances as offensive language.

²⁰ Different terminology used in recording – including allegations and in one case – sectarian allegations.

²¹ Different terminology used in recording – drunkenness, drunken behaviour

²² One case was recorded as anti-social behaviour – and this was included in this category. Two cases were recorded as aggressive behaviour and they were included in this category.

²³ This category includes factors relating to personal hygiene, hygiene of pets (cats and dogs) and hoarding.

Primary data sources – Incidence of ‘difficult situations’ across sheltered housing schemes.

4.4 Whilst the secondary data provided an initial look at the level and nature of anti-social behaviour and safeguarding cases, the variation between Areas and over time suggested that it would be useful to ask a representative sample of Sheltered housing schemes to provide more in-depth and up-to-date information relating to these factors. In addition, this approach has allowed a widening out of the terminology – for example, from anti-social behaviour to a wider range of factors that could be deemed as contributing to ‘difficult situations’ in sheltered housing schemes. To date as already noted Radius has had considerable anecdotal evidence of difficulties in particular schemes and/or for particular residents, and relating to a wide range and types of behaviours; this collection and collation of primary data now provides a robust research basis and evidence of the profile of tenants across sheltered housing.

In particular this small-scale survey aimed to identify and examine the reasons why some residents might have additional needs and/or why ‘difficult situations’ might arise within a sheltered housing scheme, where the level/nature of support required is beyond what is covered as housing support.

4.5 The total number of 108 schemes was taken as the total population. A 20% sample was drawn, on a random proportionate basis and stratified by area and through selecting every 5th scheme in each area; this approach produced a sample of 20 schemes²⁴. This approach has ensured that the sample covers a wide geographical area and also contains different models of schemes and different numbers of units and residents. In addition, using this method ensures that no bias creeps in; for example, if schemes were chosen by staff members who know them. Appendix 1 provides details of the number of schemes per area and the breakdown of size of schemes.

4.6 Scheme staff members were then asked to complete a data sheet relating to their current resident population recording data on the following criteria. An explanation of what was covered in each term was also provided:

- Tenants with no family support
- Tenants with additional care needs
- Tenants with complex health needs
- Tenants with poor mental health
- Tenants with alcohol/addiction issues
- Tenants with mobility needs
- Tenants where Health & Safety is a concern
- Tenants who have displayed any violence or aggression
- Tenants who are subject to a complaint
- Tenants where there is a concern

4.7 Analysis of the returns from Scheme Coordinators provided insight into the type and nature of ‘difficult situations’ across Radius sheltered housing schemes. In addition, qualitative data produced from the Focus group with the Area Housing Managers was also analysed at this point.

The analysis of feedback from both the Scheme Coordinators and the Area Housing Managers is organised in Sections 5 – 14. It is worth noting that there was considerable variation between different schemes on each of the variables.

In addition, qualitative comments and case studies are provided throughout in italics to further illustrate the type and nature of ‘difficult situations’ in different settings. The names of sheltered housing schemes, and some personal information has been removed to protect resident’s anonymity.

²⁴ The base was smaller in a number of areas – thus resulting in a sample of 20 rather than 22 schemes. This was in effect a 19% sample of all tenants.

Section 5

Key Findings: Tenants with no family support

Key Findings

- 5.1 91 out of 605 tenants in the survey had no family support. On average, this equates to 15% or one out of every seven residents, although there was considerable variation across the schemes in the sample. Having no family support included any tenant who had no named family member or if there was a family member – they do not visit, contact the tenant or provide any form of support or input.
- 5.2 One key theme emerging from discussion on this subject was that in many cases the family does not fully understand what sheltered housing is, and in particular that it is independent living. This then leads to a gap between what the family thinks will be provided and what is actually provided, with family members thinking there is high-level support. One Scheme Coordinator put it like this: Some families are under the impression that sheltered schemes are the same as residential care and they do not appreciate that it is independent living. Another Scheme Coordinator suggested that this misunderstanding means that families often take a step back thinking, wrongly, that the Scheme Coordinator is there to provide all the support required for their relative. This was summed up by one Scheme Coordinator: You do come across some families or tenants thinking this is a care home and I am here to look after their every need and do everything for them.

Respondents suggested that the need to move into a sheltered scheme can often be the priority, rather than taking time to fully understand the nature of the accommodation and what is and is not available. One Scheme Coordinator said: the majority of tenants, relatives and Social Services representatives viewing properties have little knowledge or understanding of sheltered housing and view the property because they urgently need somewhere to live.

- 5.3 Respondents also indicated that in some cases the family has or is in the process of withdrawing from providing support to their family member. In some cases this is because of other complex issues in the individual's life e.g. addiction, mental health problems etc. One respondent noted: In some cases relationships have broken down. Sometimes family are present at the moving in stage but then withdraw and have little or no interaction with the tenant after that. One Area Housing Manager noted: I know in my area we had a few issues with tenants with chronic alcohol issues and mental health. And when we tried to engage with the families, the family wouldn't really try to help or support the tenant, so they were very much on their own.
- 5.4 Scheme Coordinators emphasised how important linkages with family members could be; with particular reference to engaging in relation to the tenant's additional needs and sharing of mutually beneficial information. However, there was recognition that some tenants do not want any family input, with a preference to be independent. This can lead to difficulties if the individual's capacity to make decisions and live independently is declining. One Scheme Coordinator noted: We have to be careful and respectful of the tenants' wishes. This discussion included reference to consent and regulations relating to the sharing of personal data and data protection.
- 5.5 Respondents suggested that there can be difficulties in engaging with family members if the tenant's needs have changed over time. Respondents gave examples of where families have thought that they (the Scheme Coordinator) are there to take their place, e.g. arranging doctor's appointments, shopping, picking up prescriptions etc. In many cases the tenant has done this themselves up to a certain point, but then because of illness or capacity are no longer able to; the break in terms of input from the family is often noticeable at this stage, with the family assuming that the Scheme Coordinator will step into this role.
- 5.6 In addition, Scheme Coordinators noted that increasingly they are dealing with tenants who have no recorded family member at all. This was summed up by one Scheme Coordinator – It can be difficult to get family to provide support as, in some cases, tenants do not have any family or they can be estranged from their family. Another said – so many tenants have no family at all. Another respondent developed the discussion further citing diminishing family circles and no family living near at hand. Siblings become less able to help due to age and ill health themselves, families are less likely to live close by and may be working and unable to provide that support.

Sheltered Housing Scheme 1

One factor in this case was issues relating to health (the tenant was profoundly deaf) and had poor mental health. This case study is however included under this section because the service user had no family support.

The tenancy commenced in 2020, and over a period of months the tenant made allegations against his next-door neighbour and also banged on his door in a threatening way and passed notes to him and other tenants in the scheme. The main cause of the tenant's complaint was that he alleged that his neighbour is causing noise and vibration during the night, through a 'magnet' in his flat. The notes have included derogatory language and significant allegations. With the lack of family involvement, the Scheme Coordinator has tried to resolve the issue with the tenant, but he feels he is not being listened to and indeed that staff are discriminating against him because he is deaf. Other interaction by the scheme has been with the tenant's GP and Social Worker. The neighbour on the receiving end of his door being banged and the notes feels harassed and this has impacted his mental health.

- 5.7 Radius staff members suggested that more is needed in terms of a wholesome conversation with family. One Scheme Coordinator said: Although it is mentioned in the sign-up for the scheme, that it is independent living, this is not always taken on board by all parties.

In short, respondents emphasised the need for better communication and understanding of the nature of sheltered housing. This was summed up by one Scheme Coordinator – Better promotion of sheltered schemes and organised open days could help provide a better understanding of what sheltered accommodation consists of. Against this staff members recognised that direct communication of the main focus of sheltered housing by the Housing Association is difficult as the applicant has been assessed as requiring the accommodation, and Radius has no mechanism for discussion with the prospective tenant or their families as part of this assessment.

- 5.8 Respondents also recommended that the title and definition of sheltered accommodation should be made very clear. They noted that whilst they already had leaflets about each of the schemes, that information dissemination and promotion of sheltered housing overall and individual schemes could be enhanced by using IT platforms including the Radius website. One respondent emphasised the need for wider dissemination of communication, using the internet: This would help the individual and their representatives make an informed decision on whether the accommodation is suitable for them and meets their needs.
- 5.9 For tenants with no family linkages, the importance of helping them to develop and retain other social networks was emphasised, albeit that this is time-consuming for the Scheme Coordinator. This is summed up in the following case study.

Scheme Coordinator – In complex cases where I am unable to get Social Worker involvement, I try to ensure local support. For example I have a tenant who was previously homeless with undiagnosed needs; I believe he is autistic. This makes life more complicated for him and takes up my time as I constantly have to check if he is accessing his money and he has various health problems which he fails to understand. He has no family. With his consent I introduced him to the local Men's Shed who are brilliant and give him so much assistance and this is someone else watching out for him. But making the link with local services takes time and effort and once established needs to be reinforced – but it can provide holistic support for the tenant and in turn for us.

Section 6

Key findings: Tenants with additional care needs

Key Findings

- 6.1 An assessment by Radius staff members indicates that more than one in four (27%) of tenants, currently living in sheltered housing schemes, have additional care needs. This equates to 163 tenants in these 20 schemes. If this was extrapolated, at this percentage rate of 27% for all tenants across the 108 sheltered housing schemes (3,229 tenants), this would suggest that 872 tenants have additional care needs. Staff members were asked to assess this by recording any tenant who has care needs and who gets any type of Social Services care including personal care (washing, dressing, support with medication) through to nursing care. It is likely that this calculation and number is an under-count of the total number of tenants 'in need' of care support but who are not currently receiving any formalised support. Their care needs may be met informally by family and wider networks.
- 6.2 As well as analysing and recording the needs of their current tenant population, Scheme staff members were asked to identify if there had been any Social Services involvement with any of their tenants since January 2020. Feedback indicated that 85 individual tenants (14% of the resident population – or one in every seven residents) had or required ongoing Social Services involvement. Examples of the type and nature of involvement is outlined below.

Social Services involvement

A referral was made to Social Services in relation to concerns about a tenant's health. They had been diagnosed with dementia and were forgetting to take their medication. The tenant was not eating well, had lost a lot of weight and was not washing their clothes etc. The tenant now has carers 4 times a day and is doing well.

In a number of cases contact made where tenants are neglecting themselves or their property, or have problems arising from alcohol abuse. Unfortunately, some individuals have care and support needs but they have declined the offer of services or support from Social Services.

Contact made to Social Services due to dementia worsening, poor hygiene, tenant not eating or drinking, in low moods and showing poor mental health.

Five residents have severe mobility and health issues and require a full care package and ongoing Social Services involvement.

Social Services involvement following concerns about tenant's personal hygiene, condition of his property, mental health, infection to tenants' legs and ability to live independently.

Social Services involved with this tenant as he is vulnerable with learning difficulties which has led to aggression, hoarding, poor hygiene and anger towards other tenants and staff.

Referral made to Social Services in relation to concerns about tenant's personal hygiene and stoma care due to severe bouts of drinking, tenant not able to care for stoma changes or to shop and feed himself or to live independently.

Several tenants have care packages in place and work with Occupational Therapists and other relevant professionals. A referral was made to the Safeguarding Team regarding an alleged assault by a family member. A multi-agency meeting was held regarding the decline in the health and behaviour of the tenant.

Referral made to Adult Safeguarding regarding tenant with no access to bank account – there was no family and the neighbour took his bank card etc. when the tenant was in hospital and never returned it despite being asked on a number of occasions.

Supported resident with alcohol issues to gain access to support in the form of rehabilitation as an in-patient.

- 6.3 A number of case-studies highlighted difficulties when a tenant's health needs change or their physical health deteriorates and they require additional care and/or nursing care.

Sheltered Housing Scheme 2

Scheme staff members noted that they regularly have to deal with situations where a tenant receives terminal diagnosis which will impact their ability to retain their tenancy and maintain their independence. One tenant was highlighted who had an operation which then resulted in more 'bad news'; the tenant's family kept in touch with the Scheme Manager but there was an assumption on the part of the tenant and the family that the scheme could provide care and that the tenant could remain in place. This is a difficult situation for Scheme staff in terms of managing the expectations of family.

Sheltered Housing Scheme 3

Staff from this scheme referenced a relatively new tenant who had mild dementia who keeps forgetting where her flat is.

- 6.4 Scheme Coordinators referenced tenants changing health and social needs, which frequently resulted in social care needs within the sheltered housing setting. Responses in this theme interconnected to linkages with relatives and family support, with Scheme Coordinators noting that they needed to get good levels of involvement from family members if a tenant needed assistance with their personal and social care.
- 6.5 Respondents provided some positive comments about the type and range of support available for tenants with additional care needs. One Scheme Coordinator noted: My experience is that services provided here are good; the different services seem to communicate with each other and are good at keeping each other informed. Another Coordinator said – I have no major issues with this area...communication is the key to working with Social Services. In another area the Scheme coordinator commented: Social Services in this area are very helpful when I contact them about a tenant needing extra care. I have good contact with the Social Worker.
- 6.6 However, this was not the experience in every scheme, with one respondent noting: Social Services are a law unto themselves. I used to have some very good Social Workers, but now I find it very difficult to deal with them. Most of the time they do not return your calls or just want to pass the issue onto someone else. You just have to keep trying to contact them, to get anything resolved. A number of respondents suggested that some level of weekly or fortnightly monitoring should be put in place, for those tenants with additional care needs, to ensure that their care requirements are being adequately covered.
- 6.7 To summarise, Scheme Coordinators highlighted the following difficulties under this theme:
- Unwillingness on the part of the tenant to recognise that they had care needs. This also interconnected to another theme around the health & safety of the accommodation;
 - Unwillingness on the part of the family to support the tenant in seeking and obtaining support formally from Social Services e.g. through a care package or informally by getting someone to help them e.g. cleaning of their accommodation;
 - Unwillingness or slowness on the part of Social Services to make an assessment and or provide support.
- 6.8 One specific difficulty related to how to get Social Services engaged with particular tenants. One Scheme Coordinator noted: Social Services need to be encouraged to engage from the outset and continue to be involved once the tenancy has commenced. Too often Social Services take a step back once the allocation has been made and, in some cases, close off the case. It is then difficult to get them to re-engage.

- 6.9 The timing of response from Social Services was highlighted as an issue by a number of Scheme Coordinators. One respondent said: I do feel at times they could have a faster response and the

Timing of responses was also found to be lacking by some respondents as evidenced by the following quotes:

I do feel at times they could have a faster response and the perception from Social Services can be that sheltered Scheme Coordinators provide more support than the role actually permits.

I have been fortunate that any referrals made to date have been dealt with promptly...but it must be acknowledged that budget constraints have an impact on the speed of delivery of certain types of services such as carers being put in place.

Recommendations

- 6.10 Radius staff members made a number of suggestions under this heading. One suggestion was that in cases where there was already Social Services involvement, a relationship should be set up between Radius and Social Services at the point of tenant allocation, , to enable ongoing and regular discussions about tenant's needs and to deal with any challenges. Scheme Coordinators noted the importance of a partnership approach with Care managers and providers involving them in discussions, given their knowledge and insight into the tenant and their needs. It was acknowledged that this would require the consent of the tenant.
- 6.11 Having highlighted the importance of communication with the (Health & Social Care) HSC Trusts and Care Managers, Scheme Coordinators suggested that Radius should develop a Navigator role and a Directory of Services, to ensure ease of access to information and communication with external agencies. In addition, it was suggested that Social Workers involved in referring clients to sheltered housing schemes should be made more aware of the type of accommodation and support provided.

Social services staff must be aware of the services sheltered housing provides and the limitations of this when assessing their client's needs, planning their support or helping them find suitable accommodation. Whilst Scheme Coordinators explain our role and its limitations directly to the professionals dealing with tenants, there needs to be educational information and leaflets available to give to agencies working with the tenants to further explain and reinforce this.

These concerns are summed up in the following comments from one Scheme Coordinator.

Scheme Coordinator – My experience is that although Social Services mainly do a good job and respond well to any additional care needs there is sometimes long waiting times, miscommunication and I feel this is largely due to the fact that Social Workers are moved around that much and there is no continuation of support from the same person; the tenant is creating a trustful relationship with a particular person and then they move and are replaced with someone new and it all starts again. I feel this is unfair especially for older people who usually do not cope well with change and having to start new relationships.

Section 7

Key findings: Tenants with complex health needs

Key Findings

- 7.1 Radius staff members were asked to include in this list any tenant who they deemed to have complex health needs which could make their ongoing tenancy difficult, for example, which would mean they were unable to function in independent living. A total of 138 tenants (23% of the sample or nearly one in every four) were thought to have complex health needs. The wide range in terms of levels of complex health needs may be resultant from the type and nature of client going into specific schemes or indeed the current age of the scheme and how long it has been open – in other words, if tenants have been resident for quite some time and are in the 85 years plus age category. It was also interesting to note some correlation between higher levels of complex health needs and additional care needs (as covered previously); with schemes recording a similar pattern in each variable.
- 7.2 Complex health needs featured in a number of the case studies. The following case study highlights the link between health needs, hoarding and condition of the property, developing care needs and a range of other factors.

Sheltered Housing Scheme 4

This Scheme Coordinator highlighted difficulties arising from an older tenant who is a long-term tenant. They noted that there have been issues with the general upkeep of this property throughout the tenancy and on numerous occasions various different support packages have been put in place for a period of time. The tenant then refuses to engage and is deemed to have capacity and the service is withdrawn. Over the years there have been numerous complaints in relation to the smell coming out of the property.

The tenant is now in their late 80s and over the last year Scheme staff have noticed a deterioration in the condition of his property and his overall wellbeing. The tenant was hospitalised at the beginning of the year with a serious infection, and Radius staff advocated that the tenant should not return to his property but be placed in more suitable accommodation due to his condition and inability to live independently. This request was overturned by the tenant who was adamant that he wanted to return to the sheltered housing scheme. There were then issues around who would take responsibility for deep cleaning the apartment, both in terms of the functional task and the cost.

Recently the tenant's leg sores have become badly infected again and his behaviour has become erratic possibly due to the infection. The tenant has refused to go to hospital, and even with GP, psychiatric and PSNI intervention, the tenant remains in their apartment. Radius noted that Social Services are involved again and looking to instigate another care package.

- 7.3 Scheme Coordinators highlighted multiple instances in their own sheltered housing scheme of tenants with complex physical health needs. They highlighted the importance of tenants maintaining their health as best they can, together with interaction with health professionals e.g. going to the GP regularly, taking medication consistently, maintaining a healthy diet etc. They also noted that many older people can have multiple needs, and there is usually more than one need – physical, mental health issues alongside daily living skills.

- 7.4 The importance of assessment of health needs at the outset of a tenancy was emphasised, again so that the Scheme Coordinators have an understanding and insight into potential issues with the tenant and their tenancy. One respondent said: Medical and health professionals should be involved at the commencement of the tenancy. Regular meetings should be organised and tenants encouraged to engage and provide consent for information to be shared to enable the best service to be provided.
- 7.5 Overall respondents were generally very positive about the medical and health related support provided to tenants in their schemes, from local GPs and Health Centres. One respondent highlighted excellent models of care in their locality, citing a team involved with acute care at home for older people, which enabled tenants to remain living in sheltered housing. Another said: The doctors we have locally are very responsive to the health needs of the tenants if I phone them about a health issue.
- 7.6 However, as with other areas and concerns, they noted that the range of professionals are not always knowledgeable or aware of what support is provided by the Scheme Coordinator to people living in a sheltered housing scheme. One Scheme Coordinator summed this up as follows: Medical and health professionals need to be aware of the limitations on the services that sheltered housing provides and consider this when assessing their client's needs and planning support.
- 7.7 Some Scheme Coordinators felt that health professionals were slow to respond to requests for assistance. One respondent noted: In recent issues we have had a very poor response from medical health professionals. We would suggest they are more proactive and responsive so we have someone to turn to.
- 7.8 Some concern was raised if a tenant was unwilling to recognise that they had complex health issues or that their health had deteriorated; with respondents noting: encouragement of the tenant to reach out to the medical and other health professionals is important.
- 7.9 Another recurring theme was that in many cases the Scheme Coordinator felt uninformed of issues in relation to the tenant's physical health, unless the tenant or their family had decided to share this with them. Respondents felt this then, on occasion, became a problem; they cited instances where the tenant's health had deteriorated significantly impacting them and those living around them. They noted: this is very important when the tenant has no support network or family or friends to help them.
- 7.10 Scheme Coordinators also noted the need to have relevant discussions at certain critical points, firstly when health problems have increased and secondly, at such time when the sheltered housing model is no longer appropriate for the tenants' needs. They commented that this can often be difficult, as the tenant and their family perceive their flat as 'a home for life'. One respondent noted the following: If an individual's needs are not being met within sheltered housing and if support measures that have been put in place are not enough, or the person needs a care placement, the health professionals need to assist that person to firstly think about and then find suitable accommodation. Wider factors are important here not least that the tenant has security of tenure, but also themes relating to capacity and consent. Clearly there is a need for a mechanism to enable all parties to determine when sheltered housing is no longer appropriate or suitable.

Recommendations

A number of recommendations were made by Scheme Coordinators in relation to complex health needs, not dissimilar to additional care needs. These included encouraging tenants to firstly set up and maintain links with relevant health professionals, and to secondly highlight relevant health issues through the Support planning process conducted by the Scheme Coordinator as part of the induction process, and then in ongoing communication between the tenant and the Scheme Coordinator. Scheme Coordinators suggested that more work needs to be done to ensure that health professionals understand the scope of support provided in sheltered housing schemes. Consent and sharing of information at critical points were key points that Scheme Coordinators thought should be developed into a conversation with a tenant (and their family) to ensure that the tenant's health needs were being met.

Section 8

Key findings: Tenants with poor mental health

Key Findings

- 8.1 One third (33%) of the sheltered housing tenants in this sample (198 out of 605) were deemed to have poor mental health. This assessment was made by Scheme staff members, and was based on the following criteria – any tenant who has poor mental health whether this is diagnosed or not, and whether they are on medication or not. This also included tenants who indicated that they feel lonely and depressed or anxious.
- 8.2 A number of case studies were provided which had mental health issues underlying a range and variety of behaviours and situations; poor mental health also appears to be closely associated with other factors such as alcohol or other addictions and overall poor physical health. These are summarised below.

Sheltered Housing Scheme 2

The scheme reported on dealing with a difficult tenant who they described as loud and aggressive when something does not go his way. This tenant has threatened to throw himself out of a window on two occasions when the lift was broken, resulting in a full emergency services response.

Sheltered Housing Scheme 5

This scheme noted a female tenant who had very poor mental ill health. She had been discharged from a Psychiatric Unit and was deemed ready for independent living. However, having accepted the offer and made the move to the scheme, the tenant could not settle into the new environment and was often found dazed and confused. As time progressed, she also became aggressive and damaged her apartment, wrote graffiti over the walls about the staff, hung out of her windows and shouted at people walking by. She also threw her clothes out of the window and walked around the scheme naked. Scheme staff noted that the tenant often became very upset and very emotional, swinging from a state of depression to manic highs. Overall, the team felt this was an inappropriate placement, and in the end the tenant was served her Notice to Quit, was then sectioned under the Mental health Act and placed in supported accommodation.

- 8.3 Similar to the responses on complex health needs, Scheme Coordinators referenced the need to have appropriate information about this at the time when an individual receives an allocation to a sheltered housing scheme, in particular in relation to their ability to live independently. In addition, Scheme Coordinators pointed to the need for tenants with poor or deteriorating mental health to access relevant diagnostic and support services, whilst they are living in the scheme.
- 8.4 Scheme Coordinators emphasised that this was often a difficult subject to broach with a tenant; one Scheme Coordinator noted: this can be a difficult topic to raise without intruding on someone's privacy. The importance of offering the tenant information and support, involving their family and encouraging them to join in activities within the scheme were also noted.
- 8.5 A further comment related to encouraging tenants to expand their social networks in the community, as a mechanism to prevent or alleviate mental health problems and also social isolation. One Scheme Coordinator said: Tenants should be encouraged to attend day centres; whilst others referenced external activities such as Men's Sheds, libraries, community and voluntary groups etc.

- 8.6 Respondents recognised that very often the biggest barrier for the tenant was to have their needs assessed (including where appropriate diagnosis), and then to access relevant counselling and support from health professionals. Scheme Coordinators also noted that mental health professions often have no or little knowledge of sheltered housing and what support is provided to tenants. This was summed up by one of the Area Housing Managers as follows: One of the biggest issues is in relation to people's poor mental health and the lack of support. If they are deemed as having capacity then you really do struggle with where to go with it. If you're lucky enough to get Social Services and the CPN to work with you, but we find some of them don't really want to engage, or don't get what sheltered housing is and think that our staff are there to manage the bad behaviour.
- 8.7 Respondents also acknowledged the range of issues surrounding capacity and difficulties in relation to a tenant being able to retain a tenancy, against needing to enforce various aspects of the tenancy agreement, and in some cases moving towards warnings and a notice to quit. Concern was voiced on the impact of this on the tenant, who may already be in a poor mental state. The potential for the tenant to do something, to self-harm or to harm others...it really is a difficult situation we find ourselves in. Area Housing Managers talked about tenancy sustainment, and how best to help tenants to sustain their tenancy whilst dealing with a range of 'difficult situations'. One Manager noted: We don't want to be taking that type of action (notice to quit) because of the impact on the person themselves and because we are desperately trying to get that person the support they require to sustain that tenancy.
- 8.8 Overall respondents highlighted that poor mental health can lead to behaviours and incidents which are detrimental to not only the individual, but also the other tenants in the sheltered housing scheme.

Recommendations

- 8.9 A number of recommendations were made by Scheme Coordinators. These included ensuring that they have access to an emergency phone number for a mental health Social Worker and/or a Community Psychiatric Nurse (CPN). Respondents also recommended that they should have more detailed training in this area, and how to respond to tenants with a range of mental health issues.

Section 9

Key findings: Tenants with alcohol/ addiction issues

Key Findings

- 9.1 Radius staff members were asked to indicate how many of their current tenants had an alcohol or other addiction; clearly in order to be recorded this needed to be known to staff so there may be some level of undercounting in this area. A total of 78 out of 605 tenants were deemed to have an alcohol or other addiction issue; this equated to 13% of the sample.
- 9.2 The following case studies demonstrate that alcohol dependency was often an underlying and contributory factor in tenants' challenging behaviour. Scheme Coordinators suggested that tenants on higher levels of welfare benefits, and those with no support networks, were more prone to alcohol or drug dependency. Respondents also recognised that this issue was often an ongoing story for the tenant. One Scheme Coordinator put it like this: Many tenants would try to moderate their alcohol intake or abstain but if they fail it has a greater impact on their wellbeing: low mood, self-harm, neglecting personal care etc.

Sheltered Housing Scheme 2

A female tenant moved into the scheme in November 2018 and received a warning from Radius for being verbally abusive to Telecare operators and creating disturbance in the scheme in the middle of the night. Following this she has been in alcohol rehabilitation for a long period of time but returned to the scheme in February 2019.

The tenant was extremely agitated and unpredictable on her return to the sheltered housing scheme. The Scheme Coordinator did not feel comfortable visiting this lady, and furthermore felt this tenant may be a risk to contractors carrying out repairs to her flat and also to other residents.

In February 2019, the tenant was involved in two physical altercations with another scheme resident of after drinking alcohol together. The tenant was rude and abusive to staff and making persistent calls to the SCO and Telecare. Residents of the scheme were upset and afraid of volatile behaviour and disruption. There was a Joint Housing Officer visit in February to warn of behaviour. The tenant then advised of history of sexual abuse and alcohol dependency, and imprisoned twice for assault. The tenant advised staff she was currently on a suspended sentence. PSNI advised they would do plain clothes walkabouts at the scheme. However, there was no previous information on the HMS regarding this record.

In March 2019 a meeting was held at the scheme with NIHE representative, Area Housing Manager, Scheme Coordinator and Housing Officer. A further meeting took place with the tenant, AHM and Housing Officer to warn of continued behaviour. After continued anti-social behaviour in April, Radius served a Notice to Quit on the tenant, who subsequently terminated the tenancy and moved to emergency homelessness accommodation with the Simon Community in May 2019.

Sheltered Housing Scheme 7

In this case, the tenancy of a male lasted for six weeks at this sheltered housing scheme due to anti-social behaviour from the tenant on a consistent basis. The tenant was alcohol dependent and disruptive to other tenants on a daily basis. Ten incidents of anti-social behaviour were reported in a 6-week period, with numerous PSNI callouts and ambulance appearances.

The behaviour of the tenant was very stressful for the other older aged tenants, the Scheme Coordinator and other staff members. Radius received a signed letter of complaint from all other residents about disruptive behaviour. The tenant was clearly unable to function in a communal setting such as sheltered housing. After serving of Notice to Quit by Radius, the NIHE agreed the accommodation was unsuitable and provided temporary hostel accommodation for this individual.

Sheltered Housing Scheme 8

The male tenant had lived at this sheltered housing scheme for a period of time and at times he presented with challenging behaviour towards both staff and other residents. On several occasions he had received warnings regarding his conduct under the Anti-Social Behaviour Policy.

Residents within the scheme reported to staff on many occasions about the above tenant's behaviour. The disturbances usually occurred in the evening and at night when no staff were on-site to witness. The complaints were related to the tenant having parties with loud music, arguing and doors banging. The disturbances were largely associated with alcohol abuse and dependency.

Procedures were followed and all incidents were recorded and escalated onto line manager. Scheme Coordinator and Housing Officer conversed with all involved. Support for referral to the appropriate agencies was offered to the tenant but declined. For the complainants, incident diaries and complaint forms were used going forward. However, difficulties did present in addressing issues that may be hearsay. Tenants coming forward to complain did not want and were fearful of any repercussions.

In addition, the tenant was also having relations with another tenant within the scheme who had similar addictions. On one occasion, aggressive and violent behaviour was displayed towards said tenant and so police were called to the scheme. The tenant was accused of assault and bailed to another address and not allowed back to the scheme until the court date. In the interim, the tenant decided to give notice to quit his tenancy and Radius did not need to serve a notice therefore incurring no extra costs. This is in addition to alleviating the problem of anti-social behaviour and an enhanced quality of life for other tenants at the scheme.

- 9.3 Scheme Coordinators reported a number of concerns relating to tenants with alcohol and addiction issues. Firstly, respondents noted that it was often difficult to get the tenant to identify and accept that they had a problem in this area. One Scheme Coordinator said: Getting the tenant to agree to support has been a problem before. Another noted: the majority of people with alcohol or addiction problems in my scheme either do not identify it as a problem so we cannot put it in their Support plan, or they admit that they have a problem but are unwilling to own the problem and seek help...

Secondly, as with other issues covered in this report, Scheme Coordinators suggested that it was important to have full information about the tenant when they were offered and accepted a place in the sheltered housing scheme. One Scheme Coordinator said: Disclosure of issues of alcohol dependency at sign-up would ensure staff are aware and can help link the tenant in with suitable services. Whilst recognising that the collection and sharing of this type of information is not part of the general housing assessment, this study has highlighted how this can negatively impact on a tenant's ability to live in sheltered housing and to sustain this particular type of property.

Thirdly, a further difficulty was getting input from the family together with the right level of assessment and support from statutory services and professionals, and from volunteer support groups in the community. One Scheme Coordinator noted: Knowledge of local agencies and services is paramount to helping tenant's get the appropriate help as well as services accessible via their GP.

- 9.4 One Scheme Coordinator noted that the referral system can take too long for some tenants, referencing that this was a significant factor during the pandemic. This Scheme Coordinator suggested that the lengthy and elongated timescales involved in referral to the GP, assessment by an Alcohol/Addiction Unit and referrals for admission to hospital or community units for detox, often mean that the client loses interest and starts drinking again. Valuable time is lost...and a tenant who is indicating that they wish to stop drinking can quickly decide to give up on that idea.
- 9.5 One Scheme Coordinator summed up the different issues involved in responding to a tenant with alcohol problems. They noted the importance of keeping up-to-date with information and agencies who could support the tenant. Respondents also highlighted the impact on the other tenants – The neighbours in the Scheme can feel threatened, insecure and despondent about what's going on in their environment.

Scheme Coordinator – I find not judging the tenant is the first step and recognize that addiction is an illness and needs to be treated by professionals. To get these professionals on board the tenant first has to realize there is a problem that's the hard part. The GP has the ability to make a referral there are different schemes normally lasting up to six weeks. As Scheme Coordinators all we can do is have information at hand leaflets, phone numbers etc. and if they are going to drink make sure it's in their own flat so as not to upset or annoy other tenants.

Recommendations

- 9.6 A number of recommendations were made by Scheme Coordinators, who suggested that these would help to both identify and respond to this difficulty. Because of the timescales involved respondents suggested the need for a fast-track referral system for sheltered housing tenants could be helpful if tenants could self-refer to the Addiction unit or be referred by the Scheme Coordinator or Housing Officer.
- 9.7 A further suggestion by one Scheme Coordinator was that it would be useful if a drug/alcohol counsellor could attend the sheltered housing scheme on a regular quarterly basis to speak with tenants in the comfort of their own surroundings. This recognised the difficulty of encouraging tenants to seek services externally, as well as the factor that many older people find this a difficult subject to discuss, with feelings of shame and embarrassment.
- 9.8 Respondents talked about the prevalence of addiction problems during the pandemic, and suggested that there will be an increase in the number of tenants needing help post pandemic. One recommendation was to establish a forum between Radius and a number of professionals to discuss specific issues and seek ways of resolving them within a housing setting, and to develop a directory of alcohol and addiction services to assist in more appropriate referrals and greater access to support services.
- 9.9 In addition, Scheme Coordinators suggested that they should be provided with more information and training to build knowledge and skills in order to signpost tenants to the right services, together with access to relevant leaflets in this area. Respondents also highlighted the need for tenants with addictions to have a good support network, which would play a part in ensuring that they get the right help and support for dealing with this. A number of Scheme Coordinators highlighted that they had already put this in place. I have established great relationships with the local AA group who give me support and assistance if and when required.

Section 10

Tenants with mobility needs

Key Findings

- 10.1 More than two fifths (44%) of the sheltered housing tenants in this sample (269 out of 605) were deemed to have mobility needs. This assessment was made by Scheme staff members, based on the terminology – any tenant who uses a walking aid or stick, a Zimmer frame or rollator, or a mobility scooter.
- 10.2 A number of respondents highlighted ongoing issues in their schemes, where a tenant either had or wanted a mobility scooter. Whilst recognising the information provided in the Tenants Handbook, in particular in relation to mobility scooters not being permitted to be stored or charged in communal areas, respondents thought this area should be reconsidered by the Housing Association, in particular because they recognised that these provide a vital lifeline for tenants who wouldn't be able to walk long distances and they provide independence to the tenants. Radius staff members highlighted the small size of flats/apartments, with insufficient room for storage or charging.

One Scheme Coordinator summed up this theme as follows:

The issue of mobility scooters is problematic as there is an increasing number of tenants with mobility issues. Their needs have to be balanced against the Health & Safety issues of others in the scheme. As many mobility scooters are too large to be kept in individual flats it is an issue that needs looked at in terms of providing a secure location within the scheme or grounds.

- 10.3 Another Scheme Coordinator took this a bit further by noting: there is usually an unused garage around most schemes that would make a storage unit for mobility scooters. This respondent also noted that tenants may need to pay a service charge to have their mobility scooter recharged. This approach was confirmed by another Coordinator who said: We have a garage that we use at the moment to store five mobility scooters which we have in the scheme. They did however also note: It is not the ideal thing and it would be great if we had a purpose-built building that would safely house these scooters, have charging access on meters with good and safe access for those requiring it.

Whilst storage of mobility scooters was clearly an issue, respondents also felt that having an external storage area would remove or reduce the use of the scooters within the scheme. One respondent said: A separate designated place for mobility scooters in every scheme, so the user doesn't have to go through the scheme or use the lift etc. as I worry about visually impaired tenants not seeing them and deaf tenants not hearing them. Also the décor of the scheme can be destroyed if the tenant is not careful.
- 10.4 Respondents also raised other more general issues around the theme of mobility needs, noting that the schemes were generally well laid out for the use of rollators. A number of Scheme Coordinators noted how local shops and pharmacies now provide local deliveries to tenants in their scheme, which helps if the tenant has mobility problems. Ease of access in the built environment around the sheltered housing scheme was also mentioned as another area which could be improved for some schemes.
- 10.5 Other comments related to ensuring that new tenants with severe mobility problems are only allocated ground floor accommodation, and that Radius is generally quick to action any recommendations of aids and adaptations to help tenants, which have been assessed by the OT.

Recommendations

- 10.6 Respondents suggested the Radius should look at options to have designated scooter areas. They recognised that many new-build sheltered or over 55s schemes now include mobility scooter charging rooms or areas. As outlined above respondents noted that it might be possible to reconfigure parts of a scheme or alternatively have something built in the grounds of a scheme. Overall Scheme Coordinators indicated that mobility scooters are becoming more and more popular, and as a result Radius should review what response could be made to facilitating having these on-site, with particular reference to reviewing the current mobility scooter policy, enabling greater clarity on what can and cannot be done in relation to the storage and use of mobility scooters in sheltered housing schemes.

Section 11

Key findings: Tenants where Health & Safety is a concern

Key Findings

- 11.1 Radius staff members were asked to record the number of tenants who they had a Health & Safety concern about. This could include any tenant whose accommodation is poorly kept or maintained or which is dirty; and any instances where hoarding is an issue. A total of 68 out of 605 tenants were recorded under this category – where staff had a health & safety concern about them, this equates to one in every ten tenants (11% of the sample).
- 11.2 The case studies indicated that hoarding was often a central issue with a service user, and could be a secondary difficulty. Hoarding and keeping the tenancy in good condition also appeared to be ongoing issues for some service users.

Sheltered Housing Scheme 9

Another female sheltered housing tenant had a history of making false allegations against staff, alleging items being stolen from her flat. Furthermore, her partner was arrested recently by Police at the scheme, the property was in poor condition and there were previous hoarding issues. The hoarding, condition and smell of the property has been raised with the tenant over the years. The NIFRS have also been involved and raised concerns but the tenant is reluctant to engage and sees no issue with the items raised.

Sheltered Housing Scheme 10

This tenant has a history of hoarding and had been receiving some support from mental health services prior to lockdown. Since lockdown however services were no longer going into the tenant and although Scheme staff members have tried to engage with him to determine how he was coping and the condition of the flat he would not allow them past the door.

The tenant is now in hospital following a fall. He has broken his hip and also appears to have other health issues requiring investigation. The family were shocked to find the condition of the flat but not surprised because the tenant has a history of mental health problems and hoarding. They have agreed with his permission to bag rubbish to clear from the apartment.

A number of issues arose from this; the sheer amount of rubbish was too large for the scheme's bin capacity and they had to investigate the provision of a skip. In addition, the toilet was found to be in a terrible condition and a risk of overflowing and this needed to be resolved.

In the long-term Scheme staff have asked that a full mental health assessment is carried out while this individual is in hospital to assess his needs going forward and to try prevent a reoccurrence of this problem. The family had not previously been involved but appears that they are now willing to support their family member.

Sheltered Housing Scheme 11

This scheme provided a case study of a male tenant who had been in various homeless hostels for four years prior to allocation. There was information on the records provided that he experienced anxiety and depression but there was no reference to a hoarding disorder. Following allocation, it became apparent within the first number of weeks of the tenancy that the tenant had a severe hoarding disorder. Numerous attempts were made to support the tenant and to keep this under control. However, because of Covid-19 and the fact that Radius staff could no longer make home visits the hoarding became out of control. There were multiple complaints from other tenants in relation to the smell coming from the tenant's apartment and flies in the corridor. Following a property inspection, Radius deemed the matter a severe fire safety risk and worked closely with the tenant and his support worker to get the property cleared. Over two tons of items were removed from the property at a cost of £1,300 to Radius. Whilst clearing the property it also became apparent that the tenant had been defecating throughout the property as he was unable to access the bathroom. The tenant was issued with a final warning and regular visits are now in place to monitor the situation and to get the tenant help through their support worker and GP. However, if the issues continue staff noted that there will be no option but to seek possession of the property.

- 11.3 In feedback about health and safety concerns Scheme Coordinators highlighted their role in monitoring tenant's habits and behaviours, including any concerns about health and safety e.g. illnesses and falls, and the six-monthly visits to flats at which they would be alerted to any excessive build-up of clutter, rubbish or unsanitary conditions that could pose a risk to health. The role of the Housing Officer was also noted.
- 11.4 Scheme Coordinators noted mixed success with helping tenants to ensure the health and safety of their accommodation. One respondent said: I have one tenant who would be a hoarder if we didn't keep on top of it. Thankfully he is approachable and agreed to have a cleaner once a week. She is very good at clearing stuff out for him and if she sees a problem, she tells me, and from there I speak to the tenant and we sort it out. This quote highlights the positive nature of early intervention, through unobtrusive monitoring of tenant's habits and behaviours. Another Scheme Coordinator outlined the following case study.

Scheme Coordinator – Hoarding is a serious concern due to potential fire risk and health & safety risk to the tenant and others on the premises. When a problem is apparent tenants are invited to consider if they have a problem. If they agree they are then signposted to appropriate services. I have encountered this problem and tenants don't always recognise the problem and see nothing wrong with how they choose to live. I consult with my Housing Officer who is always quick to respond and assist. But when a tenant needs help, the referral system can be slow. It can feel like pass the parcel as one agency refers the problem on to another, yet the problem is unresolved until there is a crisis.

- 11.5 Scheme Coordinators recognised that tenants were in breach of their tenancy, if it was not kept to a reasonable standard, and that the role of family was often crucial in supporting the tenant to keep their flat clean and tidy. The main risks identified were in relation to potential for falls and for fires, and unhygienic conditions linked to smells and vermin.
- 11.6 One Scheme Coordinator highlighted the need to ensure that hoarding was tackled early on in a tenancy. They said: Early intervention is essential and tenants should be advised at the start of their tenancy that when downsizing to move into the scheme that they should ensure that they do not bring too many possessions which will lead to issues at a later date.

Recommendations

- 11.7 The main issues raised under this heading were around hoarding; Scheme Coordinators suggested that information on this should be communicated in more detail at the start of the tenancy, and this should also be included in the tenancy agreement so all parties are aware. Reference was made to the Radius Hoarding policy. Another suggestion was made in relation to the outset of the tenancy, relating to obtaining information from the last landlord about any previous issues relating to health & safety, cleanliness and hoarding. One respondent noted that this would ensure we can help or sign post to appropriate specialised support services.
- 11.8 Scheme Coordinators suggested that additional training on hoarding would be useful including the causes and triggers and linkages to mental health problems. A further suggestion was to have advice leaflets on hoarding and how to get help for the tenants, and providing an article in the Radius Mail newsletter on this topic with information and signposting. Finally Scheme Coordinators emphasised the need to have access to a service to assist them in this area, either within the community or 'in house' within Radius, in particular to respond to tenants needs and support in relation to increased levels of hoarding. Reference was made to the local Home Safety officer and the NI Fire & Rescue Service who can provide advice and sign post where necessary.

Section 12

Key findings: Tenants who have displayed any violence or aggression

Key Findings

12.1 A total of 45 out of 605 tenants (7% of the sample) were noted as having displayed violence or aggression. This included any tenant who has at any point (since becoming a tenant) showed any form of aggression or violence including abusive remarks, lashing out, hitting or punching, harassing or intimidating other tenants.

12.2 As well as analysing and recording the needs of their current tenant population, Scheme staff members were asked to identify if there had been any PSNI involvement with any of their tenants since January 2020. Feedback indicated that there were 30 occasions when the PSNI had to be involved with a tenant or an incident involving a tenant on the scheme; it should be noted that some tenants were involved in multiple engagement with the PSNI. Examples of the type and nature of this involvement are outlined below.

PSNI involvement

The PSNI were called because a tenant locked himself in his room and was not taking his medication. We were concerned for his safety. He was under the Mental Health team and the Community Psychiatric Nurse attended, and the tenant is now doing fine.

A police escort was required for an ambulance crew attending to a visitor to a tenant's property in the scheme. The individual required medical attention and was behaving erratically having taken tablets while in the property.

The PSNI were called by a tenant alleging harassment and damage to his property by other residents. No PSNI action was taken.

PSNI called following domestic incident; tenant arrested after assault on partner while intoxicated.

An alleged incident between tenants. A tenant was calling 999 constantly wanting paramedics to attend – the matter was handed over to the PSNI due to the volume of calls received to the ambulance service.

PSNI called as tenant was threatening to throw himself out of third floor window.

PSNI called because tenant was heavily intoxicated and verbally aggressive with people in the locality.

PSNI still involved in the unexplained death of one tenant, still ongoing.

Recent call from one tenant to the PSNI re a man lying drunk in the corridor and exposing himself.

PSNI involved in a row between two tenants about the non-purchase of a vehicle including verbal abuse and threat of physical aggression. PSNI attempting to contact one tenant in relation to a permit to sell vehicles.

12.3 A number of more detailed case-studies show the interplay between aggression, violence and harassment on the part of some tenants, its impact on the wider scheme population and how this can escalate into extremely challenging circumstances for the Scheme Coordinator.

Sheltered Housing Scheme 12

A couple were offered a flat in a sheltered housing scheme in September 2019; the couple both had learning difficulties and the Social Worker supported their transfer to sheltered accommodation. Shortly after moving in it became clear that the communal living aspect of sheltered housing was not suitable for them. They were using the laundry room all the time and taking other tenant's clothes out of the machines, they were having parties in the common room, disrupting social activities e.g. bingo and were inappropriately dressed while walking around the scheme. They also regularly knocked their neighbour's door to ask for money and to make them food. This behaviour escalated to verbally abusing and threatening neighbours as well as assaulting staff (threw a bottle of water at the Scheme Coordinator and the Housing Officer).

A Notice of Seeking possession was served on the tenants but due to Covid-19 a court date was not applied for, the Social Workers agreed that sheltered housing was not suitable and we liaised together to find suitable alternative accommodation. Also due to Covid-19 allocations were suspended until July 2020, while it took time to source this accommodation the tenants phoned numerous times every day shouting and screaming down the phone that they wanted to move which took up a lot of the Housing Officer's time.

Other tenants within the scheme regularly phoned to complain about this couple, furthermore the family of the neighbour next to them sent daily emails to the Housing Officer requesting updates and requesting confirmation that everything was being done to move them out of the scheme. This family requested meetings, additional safety measures be put in place, submitted solicitor letters and have now commenced legal action against Radius Housing. Radius attended numerous meetings with the family, installed additional CCTV within the scheme and regularly checked in with the tenant.

During this time the tenants were also the victim of harassment from other tenants and the neighbour's family, furthermore their windows were smashed. The Housing Officer regularly spoke to the tenants and liaised with their Social Workers regarding this.

Sheltered Housing Scheme 9

A male tenant moved into the scheme after being served a Notice to Quit in his private rented accommodation. This tenant assaulted another elderly woman who resides in the same sheltered housing scheme, in the local shop. Following this incident, the tenant then verbally abused and threatened a staff member in December 2019 and again in June 2020. Following the attack on the resident and threats to staff Insec Security were employed to patrol the scheme. This tenant also has an issue of hoarding²⁵.

Sheltered Housing Scheme 9

A former male sheltered housing scheme tenant regularly verbally abused staff and other tenants. This former tenant was also alleged to have assaulted another tenant. Radius took legal action against this tenant, the court asked that he be rehoused instead of evicted and he was then transferred to another Radius Housing sheltered scheme.

12.4 Respondents noted a range of situations they had encountered and dealt with in terms of violent or abusive behaviour and aggression. One respondent said: the feeling of vulnerability and fear is extremely overwhelming.

12.5 In general they indicated that they were content with the type and level of training provided on challenging behaviour (some noted the need for regular refresher training) and the type of measures put in place, including personal alarms and locks for office/staff space. One suggestion was around training in the areas of mediation, calming techniques and self-defence.

²⁵ This is a further example of hoarding relating to Health & Safety concerns.

One Scheme Coordinator commented as follows:

Training is essential when dealing with tenants who have displayed violence or aggression. Radius provides training on dealing with difficult clients and Skyguard has been given to some Scheme Coordinators who have suffered from aggressive behaviour from tenants. Radius have also used Insec Security to carry out patrols at schemes where there are aggressive tenants.

12.6 Respondents also referenced good practice, for example, that aggressive and violent tenants should not be visited alone, and that joint visits should always be arranged, and the need to keep very thorough paperwork and records. One Scheme Coordinator noted the lone working in schemes, but said they were content given their tenant profile at the moment, and the fact that they wear a neck pendant which would enable them to call for help if required. The link to Connect 24 was mentioned by a number of respondents, providing some level of reassurance. One Scheme Coordinator however, felt the system was not always reliable and was concerned that certain situations could result in a risk.

12.7 A further concern raised under this heading was in terms of aggressive behaviour between tenants, or between tenants and visitors/families. One respondent said: I find the most difficult thing is when tenants show violence or aggression against each other. You have to involve an outside source as you can't be seen to be taking sides. Another respondent said: I have been on the receiving end of anger and witnessed aggressive behaviour between tenants and visitors. It is frightening and should not be part of life in a sheltered housing scheme. Often the aggressive tenant is angry about something that the Coordinator has no control over – such as delays with repairs, the behaviour of another tenant or their visitors, lack of car parking spaces etc. or it can be alcohol related.

Recommendations

12.8 Radius staff acknowledged various current policies and procedures, as well as training, aimed at protecting staff members and limiting the potential for them to be at risk because of a tenant's challenging behaviour, how they should respond to this type of situation and how to refer this on to line management within the organisation. In addition, staff noted the established 'buddy' system where staff support each other in terms of incidents and issues relating to violence and challenging behaviour. However, staff suggested that these systems and procedures should be revisited and reviewed to ensure they are fully robust, and to look at the opportunity to include direct access locally to a key contact, as considered in 12.9.

12.9 Scheme Coordinators also emphasised the need to have a good link with the local PSNI station. A number of respondents suggested that if they had serious concerns about a tenant, they would make the local police station aware of their concerns so if they receive a call they can act quickly. In addition, some respondents said it would be helpful to have a direct phone line to the PSNI. One It was clear that a number of Scheme Coordinators had already acted in this area; one commented: I have established connections with the PSNI Community team for my area. This partnership means they pay particular attention to the area around the scheme. Having this relationship with the team would provide me with the confidence that I could approach them for help and advice, should any issues with tenants arise. Another Scheme Coordinator suggested that they could 'buddy' with another Coordinator in their area, in order to make contact if they needed immediate support.

12.10 Finally Scheme Coordinators commented on the need to enforce the zero-tolerance policy, and to action this through the tenancy agreement, and termination of it, if necessary. Communication about this policy was recommended from having notices in the communal areas and office, to covering this in the Radius Mail newsletter.

Section 13

Tenants who are subject to a complaint

Key Findings

13.1 Radius staff members were asked to record the number of tenants who were subject to a complaint from any other tenant(s) at the time of this study. This was the case for 43 tenants (7% of the sample).

13.2 Complaints from tenants (and their families) about other tenants were noted in the Case studies submitted by schemes. It was clear from the feedback that these ranges from small or low-level complaints right through to much more complex cases, where there was internal and external legal involvement.

Sheltered Housing Scheme 13

A tenant moved from another Radius Housing sheltered scheme into this scheme; almost immediately he complained about the noise of the neighbour walking above him and the Scheme Coordinator who resided beside him. This tenant submitted a number of complaints at once and then terminated and moved in private rented accommodation.

Section 14

Key findings: Tenants where there is a concern

Key Findings

- 14.1 An overall concern was noted in relation to 150 tenants out of the sample of 605 (25%). This was defined on the recording sheet as any tenant who the Scheme Coordinator had any concern about.
- 14.2 The case studies provided by Scheme staff members frequently included three or more of the factors examined above, and were clearly complex cases. A number of these are provided below.

Sheltered Housing Scheme 2

Scheme staff members highlighted the difficulties of dealing with tenants with a range of needs. In particular they noted tenants with alcohol issues and the associated medical complications and anti-social behaviour issues. They referenced one tenant where there were numerous discussions with his addiction counsellor and concerns about his health, both physical and mental, were raised with the GP. In addition, in this case the Scheme Coordinator had to organise the deep cleaning of his apartment, and was actively trying to get Health & Social Care services to engage with him. The scheme noted – ‘support service falls back when he is drinking, leaving it to staff on site to manager.’

Sheltered Housing Scheme 14

This scheme highlighted a tenant who was continually causing a disturbance due to poor mental ill health associated with alcohol dependency. The Scheme Coordinator noted – the tenant did not have great home care needs and very little external support with no family willing to get involved. He would constantly walk around the scheme in a state of undress wearing only soiled underwear. His hygiene was very poor and he could not manage his daily hygiene needs. He urinated constantly in the communal hallways and lifts of the scheme and would not accept help from staff or his Social Worker. He would often use all his money to buy drink for himself and others leaving him with no food which meant he was skipping meals and often lost a lot of weight and experienced poor health issues. Eventually having worked with Social Services this tenant was placed in a Nursing home; the Scheme Coordinator noted that sheltered housing was not appropriate for this individual and that even with a Floating Support service, this was insufficient for his additional care needs.

Sheltered Housing Scheme 3

Staff from this sheltered housing scheme noted a range of other factors which are difficult to deal with and which can at times result in challenging behaviour. They noted that as a result of Covid-19 tenants are feeling lonely as they are unable to use the common room. They also noted that tenants are having to deal with not being able to go to the funerals of friends and neighbours because of Covid-19.

Section 15

Key findings: Discussion on causal factors in ‘difficult situations’ in Radius sheltered housing schemes

- 15.1 This section provides an analysis of feedback from Scheme Coordinators (sample of 20 schemes) and Area Housing Managers on two key factors relating to ‘difficult situations’; firstly, their thoughts on why ‘difficult situations’ occur and secondly, thinking on potential responses and solutions to these situations.

This analysis is provided thematically looking initially at some wider issues which respondents suggested may be causal in the type and frequency of ‘difficult situations’ emerging, and then at potential responses to the factors outlined in Sections 5 - 14 above, for different categories of tenant and/or issue. The role of Area Housing Managers at this stage was very important; in a focus group they reviewed the analysis and findings relating to the 20 schemes, together with the other secondary data, and were then involved in the co-production of conclusions and recommendations relevant to Radius’ sheltered housing schemes.

Causal Factors – ‘difficult situations’

- 15.2 This section summarises the feedback in relation to the level and complexity of ‘difficult situations’ arising in sheltered housing schemes.

Based on the analysis, respondents highlighted five possible causal factors as follows:

- that the allocation process to sheltered housing schemes, where tenants are allocated via the Housing Selection scheme²⁶, is resulting in tenants being accepted into schemes who may generally have additional or more complex needs than the scheme can accommodate and respond to.
- similar to above, that the above process is leading on occasion to the inappropriate placement of tenants with very specific and complex needs.
- that the low-level housing support in sheltered housing schemes does not match the medium or higher-level needs of many tenants, both at the outset of their tenancy and as people age in place.
- that the tenant and/or the Scheme Coordinator finds it difficult to access appropriate and sufficient support to deal with the emerging needs which then results in ‘difficult situations’ and incidents.
- that the staff in sheltered housing schemes, providing the operational service, believe that they are not adequately resourced to deal with the type and frequency of ‘difficult situations’ occurring in their schemes.

Assessment process and allocation of sheltered housing

- 15.3 Analysis of feedback from 20 Scheme Coordinators indicates a high level of concern about the allocation of tenancies within sheltered housing. Prior to 2000 this was done via a separate system, orientated specifically on the allocation of places in sheltered housing schemes. However, from 2000 onwards the allocation of all social housing was provided via the Housing Selection Scheme. The provision of this single gateway into permanent social housing, whether owned/ managed by the Housing Executive or any Housing Association, was introduced to promote and ensure equitable treatment by using common criteria to assess the housing needs of all applicants. There was some recent discussion, as part of the Fundamental Review of Social Housing Allocations²⁷ to change this system. Proposal 20 suggested that specialised properties should be allocated by a separate process outside the Selection scheme. This would include schemes already using an allocation method outside the Housing Selection scheme (‘housing with care’ and

²⁶ The Housing Selection Scheme is the points-based rules system for the allocation of social housing in Northern Ireland. Introduced from 1st November 2000, the scheme applies to accommodation owned by the Housing Executive and Housing Associations. Allocation of sheltered housing is currently administered within this scheme.

residential schemes and schemes for people diagnosed with dementia), as well as sheltered schemes and properties designed or adapted to meet the wheelchair accessible design standard.

The final report stated: allocations should be made appropriately to ensure that accommodation with specialised features is matched to those with specific needs. There was a high level of support for this proposal at the consultation stage (91% agreed with the proposal).

In December 2020 the Minister for Communities requested that the Housing Executive take forward the implementation of the agreed 18 proposals, and consideration of how to progress the alternative approaches to Proposals 7 and 928. Implementation will include the establishment of a stakeholder advisory group by the NI Housing Executive that will represent other landlord and tenant interests as well as the wider housing sector, and the setting up of an initial Project team to review the High-Level Implementation Plan.

The Outcomes report²⁹ published in 2020 noted the following Departmental response and next steps:

This proposal will proceed as per the consultation. There is a limited supply of specialised properties. This proposal aims to ensure the best use of this scarce resource by ‘ring fencing’ these properties, to help reduce waiting times for those needing specialised properties. These homes are scarce in supply compared to general needs housing and therefore it is essential that, wherever possible, they are prioritised for those who need them most, ensuring the best use of stock and public resources. Careful consideration needs to be given as to how specialised properties should be allocated. The Housing Executive will initiate a sector-led review prior to any implementation. It is not yet known what changes may be involved for applicants or for current systems and procedures as these would be dependent on the outcome of the review. The review aims to identify an improved system for the most vulnerable applicants, ensuring greater access to, and availability of, good quality homes for them. Subject to approvals, budget and resourcing, the Housing Executive estimates that this proposal may be brought forward in the long term (24+ months from project commencement).

The current Housing Selection scheme and the proposals to make changes to this provided the back-drop for a discussion with Area Housing Managers on the assessment and allocation processes in relation to sheltered housing. Respondents noted that use of the current Housing Selection scheme has impacted the level and complexity of needs amongst new tenants, from age 55 upwards, coming into sheltered housing schemes. Respondents suggested that the housing application process does not always identify specific needs that prospective tenants have, which would make them unsuitable for living in a scheme with low-level housing support. It was noted that this, in part, arises because of a reduced level of information being disclosed by wider relevant bodies.

One respondent said: Some of their ‘issues’ are not disclosed at the point of being offered a place in our scheme. These only come to the fore as we get to know them more. Full disclosure from statutory services would be helpful. A further comment also covered this point: due to a lack of information provided from the assessment process, we are left with these issues after the tenancy is signed. This theme was confirmed by the Area Housing Managers; one noted: we could allocate a property and then find that there’s a whole list of mental health and all these different issues that we weren’t aware of.

Another respondent pointed to the scope and remit of the housing assessment, noting: the Housing Executive will argue that the assessment does ask the relevant questions that we need to know. Perhaps if there were specialist housing advisors who were trained up and were really knowledgeable about sheltered housing that could only be of benefit to us. This would also help because they could explain to the applicant what sheltered housing is.

During this discussion respondents suggested that the Housing Association should be more (or wholly) involved in assessing applicants and their needs, similar to the process pre-2000. Overall respondents supported the review of how housing assessments and allocations are made and determined for sheltered housing. Respondents also noted that other professionals are often keen to refer their clients in the direction of sheltered housing, irrespective of whether it is suitable for them. One respondent noted: this can happen as Social Services are under pressure to find accommodation for clients with particular needs and there is not enough specialist accommodation so if that person is over 55 years of age³⁰ they can be registered for sheltered accommodation. There was also a sense that whilst Social Services may be heavily involved while trying to get an allocation but provide little or no support once the allocation is completed.

Low-level housing support does not match all the tenant’s needs

15.4 Analysis of Scheme Coordinators responses suggested a general sense that the low-level housing support they are able to provide does not match the medium or higher-level needs of many tenants, both at the outset of their tenancy and as people age in place.

On the one hand, respondents suggested that the ‘traditional’ age profile of sheltered housing schemes have changed in recent years. Traditionally we have catered to an older client group but we are getting much younger tenants with more complex needs. One of the Area Housing Managers commented: It’s low-level support and very often they need medium or high-level support in order to help them sustain their tenancy.

And on the other hand respondents noted the effects of large numbers of tenants aging in place and developing needs in terms of complex health problems and care needs. Scheme Coordinators highlighted that this situation resulted in a mis-match between the needs which were identified and the type of support available and provided.

A number of Scheme Coordinators also highlighted the constraints of their working hours³¹, both in terms of total number of hours and also the window of opportunity each day in which to get hold of relevant agencies etc. A number noted that they ended up working over their time allocations in order to sort something out. There may be some merit in reviewing the configuration of working hours, e.g. if evening-based hours would enable staff to complete reports etc. Staff already work some evenings, arranging events for tenants, and any such work is compensated as either pay or time in lieu.

Lack of relevant or specific services

15.5 Scheme Coordinators highlighted that one of the major stumbling blocks in responding to ‘difficult situations’ was a lack of relevant services or the unavailability of specific services in their geographical area. One Scheme Coordinator summed this up as follows: Some tenants have complex needs which may need the involvement of different agencies and this can be difficult to organise. It can also be difficult accessing services as not all the services are located in the vicinity where they are required.

Respondents also added to this theme by highlighting a number of barriers in accessing services. Firstly, that the external agencies may not fully understand sheltered housing and the needs of the tenants, secondly, that the tenant may not agree that they need help (and this can only proceed if client-led with consent) and thirdly, the actual process of getting support can be time-consuming and difficult. This client noted: it’s usually difficult getting a needs assessment or a long waiting

²⁷ The Fundamental Review of Social Housing Allocations was launched in 2013 by the Department for Communities.

²⁸ Proposal 7 – the removal of intimidation points from the Selection Scheme and Proposal 9 – the removal of interim accommodation points from the Selection Scheme. Noted – 18 of the proposals for change will proceed as per the original consultation. These two proposals (7 and 9) will not proceed and options will be explored for alternative proposals.

²⁹ Consultation Outcome Report A Fundamental Review of Social Housing Allocations, Department for Communities, December 2020

³⁰ Radius noted that the age criteria for sheltered housing remains at 55 years plus. However, they also noted that there are occasions when applications are received for younger applicants, where their identified housing needs could be accommodated in sheltered housing. Such allocations are approved at Director level.

³¹ Previously most were 9am to 5pm; this has changed in recent years to 9.15am to 5.30pm.

list means it is delayed – but we need the support of Social Services to meet tenants needs. Another said: the waiting time for a tenant to be seen by the correct services can be quite some time. The need for a directory or network of relevant services to be established both locally and province wide was highlighted in this discussion.

Area Housing Managers also fed into this discussion. One commented: We’re normally given reassurances by Social Services at the point of allocation that they’ll have all of the support packages in place. But it comes down to this issue of capacity; if that person is deemed to have capacity and they stop engaging, that service then falls away...I think there’s two points, firstly the initial allocation – is the information being given across to us? Can that be improved? And then, whenever the person comes into the scheme – is there the correct care package in place to help them sustain their tenancy?

Training and skills sets

15.6 On the whole Scheme Coordinators felt they were well trained in terms of dealing with a range of issues, but did note that it was difficult to deal with more complex needs and the range of ‘difficult situations’ that they were increasingly encountering in their Schemes. Respondents suggested that it would be helpful if they had more training in mental health and personality disorders, alcohol and addictions, dementia and health & safety including hoarding. One suggestion of training related to training on communication with external agencies would be helpful. One respondent summed this up: I think there’s a real opportunity for us to develop a suite of training which could be accredited for those working in sheltered housing schemes.

This balance of having adequate training but recognising the need for more was noted by one Scheme Coordinator: I feel I have the relevant skills and training in resolving issues that arise, however some training around mental health would be useful.

Another respondent noted: Training has always been provided by Radius and can be requested for future training plans but the difficulty is that some tenants come into the scheme with complex needs or issues that you haven’t encountered and then it’s a case of trying to find the necessary support available while trying to cope with the issues presented. Respondents also highlighted the range of valuable training programmes accessible via other external agencies.



Scheme Coordinators also highlighted the increasing pressure on their role, given the complexity of needs within the tenant population. The type and nature of demands was emphasised, alongside the lone working aspect. Some respondents said that further issue-based training was not required, because it was not their job role to deal with these issues in an in-depth way.



Section 16

Summary of Recommendations

16.1 The key findings sections outlined the nature and range of concerns about tenants under a number of different headings. The findings were based on a quantitative assessment of the incidence of different factors e.g. mental health and mobility issues, as well as qualitative data in relation to the perceived and actual scope and impact of particular themes, across a sample of 20 sheltered housing schemes.

16.2 A summary of what Radius Scheme Coordinators believe could and should be done to respond to these evidenced concerns and ‘difficult situations’ occurring in sheltered housing schemes, was included in each of the key findings sections. These recommendations are now summarised in this Section in the following table. The overall focus of these recommendations is to think about how tailored support could be further developed in a more effective and efficient manner, for tenants in sheltered housing schemes who have specific needs, with a particular focus on tenancy retention and sustainment, and minimisation of negative impacts on the rest of the tenant population. This will not only improve the quality of life for tenants, but also the whole scheme population and the Radius staff.



 Area of concern	 Recommendations
Tenants with no family support	Clearer promotional information aimed at families, including the title and definition of sheltered housing. Use of Radius website to promote and disseminate information.
	Further development of links with social networks for those with no family support.
Tenants with additional care needs	Clearer promotional information aimed at HSC Trusts.
	Partnership approach where there is already Social Services involvement, and consideration of Radius developing a Navigator role and a Directory of Services to help with access to information and communication with external agencies.
Tenants with complex health needs	Clearer promotional information aimed at health professionals.
	Encouraging tenants to set up and maintain links with relevant health professionals.
Tenants with poor mental health	Ensuring the sharing of health information is part of the Support planning process during induction at the start of the tenancy.
	Ensuring each scheme has emergency phone number for a mental health Social Worker and/or a CPN.
	Develop specific staff training to increase their understanding, skills and knowledge to ensure they are equipped to respond to the range of mental health issues amongst tenants.

 Area of concern	 Recommendations
Tenants with alcohol/addiction issues	<p>Develop training to build staff knowledge understanding and skills to respond to these issues.</p> <p>Create directory of alcohol and addiction services to assist in more appropriate referrals and greater access to support services.</p>
Tenants with mobility needs	Radius should review the policies and procedures in relation to mobility scooters and explore further options for designated scooter areas for safe storage and charging.
Tenants where Health & Safety is a concern	<p>Information on hoarding and issues in relation to health and safety should be communicated to the tenant in more detail at the start of the tenancy, and on an ongoing basis via Radius communication. Scheme staff members should have more detailed training in this area and how to respond to tenants with hoarding issues.</p> <p>Scheme staff members should have more detailed training in this area and how to respond to tenants with hoarding issues.</p> <p>Radius should review all relevant policies and procedures.</p>
Tenants who have displayed any violence or aggression	<p>Review of relevant policies and procedures to enhance Radius' response, sharing of information and disclosure to support staff and tenants, where appropriate.</p> <p>Radius should develop partnership agreements with agencies including PSNI and appropriate services and organisations.</p>

16.3 As part of the co-production approach the Area Housing Managers made the following more general recommendations, focussing on processes and systems in four broad areas – the allocation of sheltered housing, training for staff working in sheltered housing schemes, engagement with external agencies and arrangements at a strategic level. This was done through a focus group facilitated by the research consultant with the seven Area Housing Managers where the findings from the survey of schemes was presented and discussed.

 Area	 Recommendations
Allocation policy and process – to sheltered housing schemes	<p>Area Housing Managers concurred with the findings of the Outcomes Report previously cited. They recommended that the current systems and procedures should be changed to enable two things – firstly a more thorough assessment of the applicant, taking into account what sheltered housing can offer, and secondly, a more holistic discussion with the applicant and all relevant stakeholders around whether this is a good fit for the individual. Overall respondents recommended a differentiation of sheltered housing from general needs housing, a mechanism to identify and record actual needs (perhaps akin to the complex needs assessment) and a mechanism to undertake a tenancy risk assessment.</p> <p>Given that Housing Associations do not have the power to make such assessments, and this remains the role of the NI Housing Executive, Radius staff recommended that Housing Solutions teams and Housing Advisors should be enabled to become more familiar with the concept of sheltered housing and to visit schemes in their own locality, as they felt additional knowledge and insight would improve allocation and placements for all parties. Managers also suggested that written and online information about sheltered housing should be provided to the Housing Executive for every Housing Advisor,</p> <p>In addition, similar to the model in Belfast where there are two Housing Advisors who specialise solely in working with young people, it was suggested that it would be useful to have at least one Housing Advisor in each Housing Executive office with a more detailed knowledge and expertise in the area of older people and their housing needs, as well as in-depth knowledge of the different types of more specialist housing available via the Housing Selection scheme.</p>

 Area	 Recommendations
Training	Area Housing Managers talked about the wide range of training provided by both Radius and by external providers e.g. on topics relating to dementia, addictions, mental health providers etc. One of the main issues in delivering training was around needing staff members to come to a central location and factors relating to time for this and travel; training was often therefore fragmented and ad hoc, not available in some areas and often became outdated when policy or legislation changed. The Area Housing Managers recommended the development of a suite of training courses, which could be delivered online for the Scheme Coordinators and other relevant staff. They noted that this would require the provision of technology/devices and digital connections for these staff members. Such an approach could be continuously updated and would provide universal access to information and skills for all staff members. Whilst requiring initial significant financial outlay (both in terms of the hardware/software and also the development of some bespoke elements of training combined with some 'off the shelf' training), this approach would reduce ongoing travel costs for training purposes and negate the need to use external trainers/facilitators. Managers noted that devices could also then be used to facilitate 'support' conversations between different Scheme Coordinators.
Accessing external support	Area Housing Managers confirmed that one of the biggest barriers to enabling a tenant to sustain their tenancy relates to issues in accessing and retaining support from external agencies. In this discussion respondents noted the difficulties of obtaining adequate and appropriate care and support for tenants with additional needs; they noted a desire to not go down legalistic routes to secure this, but said that this was increasingly becoming their experience. The Area Housing Managers recommended that consideration be given to having a Navigator role in Radius who would assist in the identification of and liaison with the correct person or Department in the HSC Trusts and other external agencies. The Managers noted that this approach had similarities to the Family Support hub model, which then has access to a range of different resources, and that the proposed model would be advocating something similar to that for crisis situations for elderly people.

 Area	 Recommendations
Strategic Level	The Area Housing Managers recognised that protocols have been put in place between housing and social care/health for other client groups and needs, for example the Joint Protocol for homeless 16/17-year-olds, and the Protocol around accommodation for those being released from prison. There is no joint protocol between the Housing Executive, Housing Associations (as the providers of accommodation) and the HSC Trusts as the providers of care and support, in relation to older people needing a range of support for living independently in the community. Respondents suggested that this should be brought forward at a strategic level and implemented at an operational level.

Appendix 1 Sample of sheltered housing schemes

Area	Total number of schemes	Number of schemes in sample	Number of units
1	20	4	32
			42
			13
			23
2	7	1	29
3	13	2	34
			37
4	20	4	32
			35
			16
			35
5	13	2	23
6	10	2	35
			24
7	25	5	33
			45
			37
			25
			20
Total	108	20	605

Radius
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