Evidence review – Housing and social care

A Skills for Care discussion paper

June 2013

Written by the Institute of Public Care, Oxford Brookes University
Published by Skills for Care

For more information on Skills for Care visit
www.skillsforcare.org.uk

For more information on our innovation work or this research please contact either:

Jim Thomas
Programme Head: Innovation
Jim.thomas@skillsforcare.org.uk

OR

Liz Burtney
Project Manager: Research
Liz.burtney@skillsforcare.org.uk

Contents

Executive Summary iv
1 Introduction 1
2 Definition 1
3 Policy Context 4
A: Methodology 6
1 Search strategy 6
2 Extent 7
3 Quality assessment 7
4 Range 8
5 Nature of evidence identified 9
6 Limitations of the review 10
B: Synthesis of Evidence 11
7 Introduction 11
8 Access to services 12
9 Cross sector working 15
10 Housing support roles 16
10.1 The housing support worker 17
10.2 Housing with care staff 18
10.3 Occupational therapists within housing settings 19
10.4 Housing Options worker 19
11 Training 20
11.1 Housing with care 20
11.2 Mental health including dementia 21
11.3 Learning disabilities 22
11.4 Assistive technology (AT) 22
12 Recruitment and Retention 23
12.1 Housing with care 24
12.2 Learning disability 24
13 What are the gaps in the evidence base? 24
14 Conclusion 26
C: References 28

Executive Summary

Introduction

This review was commissioned by the Skills for Care's Workforce Innovation Programme which explores how people's care and support needs change and how the workforce has to adapt to meet the challenges that change can present.

The key questions that the evidence review aimed to address with reference to the social care workforce in a range of housing settings were:

- What are the current reported practices to support workforce intelligence, planning and development?
- What works, and what does not work, in current practice to support workforce intelligence, planning and development?
- What are the key characteristics of effective practice in workforce intelligence, planning development?
- Is there any relevant international evidence?
- What are the gaps in the evidence base?

The focus for this review has been areas where the social care workforce are involved in or affected by services that are housing related, and so has concentrated on supported housing, assistive technology and housing support services, as well as aids and adaptations. The review discusses the breadth of services covered by these terms and the range of population groups who are potential service users.

The full review is available from Skills for Care (www.skillsforcare.org.uk).

Methodology

The review followed the Civil Service rapid evidence assessment methodology[1]. Having formulated the questions to be addressed by the review and developed a conceptual framework, inclusions and exclusions criteria were agreed. Articles published in 2002 or later, relevant to the review questions were included. Studies were excluded if they were not relevant, for example: health focused; institutional settings such as care homes; related to children and young people rather than adults.

A wide range of databases, web-sites and grey literature were searched and screened, using search terms related to care and support, housing, and workforce, staff and training. Experts in the field were also asked to identify relevant studies. After screening of abstracts and assessment of full texts, 54 full texts were included in the synthesis for the review.

[1] [1] http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is

Results

Overall the amount of evidence in the area of housing and the social care workforce was disappointing, and there was limited connection between workforce approaches and the impact and outcomes for service users.

The majority of evidence was from research studies which draw on staff and service user interviews and questionnaires, and tended to focus on particular types of services or population groups. There were some evaluations of individual services as well as of national programmes. There were a small number of literature reviews, often leading to or informing research studies.

The range of population groups covered by the review and the differing service models meant it was not always possible to compare like with like, however five broad themes were identified:

Access to services

The review found access to services for service users was a commonly identified issue generally falling into one of three strands: lack of knowledge or understanding of specific service models and what they can offer in terms of delivering outcomes for population groups; attitudes to risk and the appropriateness of particular service models for people with support needs; access to aids and adaptations, and delays in assessments.

There was good evidence that:

- Insufficient awareness of housing and housing related services amongst social care staff will impact on how easily service users can access them.
- Attitudes to risk and capacity amongst professionals will impact on access to services.

There was limited evidence that:

- Attitudes of professionals to carers and how to respond to their concerns will impact on access to services.
- Lack of understanding of the complexity of needs often associated with housing need can impact on access to services.
- Approaches to changing attitudes or improving knowledge need to take account of the environment professionals are working in, and the pressures they face.
- Reviewing the role and tasks performed by occupational therapists could improve access to assessment for aids and adaptations.

Cross sector working

Housing for vulnerable groups is by its very nature a service which will involve a number of agencies and professionals including social care, housing, health, and environmental health. Its effectiveness will often depend on the quality of cross sector working to support individuals, and this was an issue picked up in a number of studies.

There was good evidence that:

- Housing need is often associated with a complex range of support needs, and requires a cross sector response.
- Lack of cross sector working impacts on the effectiveness of services.

There was limited evidence that:

- Integrating occupational therapists within housing departments improves outcomes for service users.

Housing support roles

A number of studies looked at the factors which impact on the effectiveness of newly emerging “crossover” roles which sit across housing and social care boundaries, as well as considering more established roles such as occupational therapists.

There was good evidence that:

- There can be a lack of clarity around roles particularly as they evolve over time; training and management practice needs to reflect actual roles rather than perceived or historic roles.
- The relationship between housing with care managers (and their staff) and residents will impact on the quality of life of those residents.
- Housing support roles often sit across health and social care boundaries, or play a strong co-ordinating role across sectors.

There was limited evidence that:

- Housing support workers can suffer from not being part of a professional group, particularly in terms of how they feel they are perceived by other professionals.
- Access to specialist supervision may support workers who are working with service users with complex needs.
- No particular model of housing with care is better than others in terms of boundaries between housing and care staff roles and responsibilities.

Training

Evidence on the training needs of the workforce in this area generally focused on specific services, such as housing with care or assistive technology, or specific population groups, such as adults with a learning disability.

There was good evidence that:

- Housing with care staff need training in areas such as communication, community development, dementia, etc., as well as more functional skills.

- Front line housing staff need training so as to be able to recognise mental health issues including dementia, communication with people with mental health issues, and the range of specialist services available to support them.
- Housing support staff working with people with learning disabilities need training around the shift to person centred support rather than care, and to promote social inclusion.
- A wide range of front line staff need training in assistive technology, its potential, and how to support service users to use it effectively.

There was limited evidence that:

- Housing with care managers have similar training needs as care home managers and/or home care managers.
- Housing staff working with learning disability service users need training in communication skills and training.
- Acceptance of the potential of assistive technology services may be linked to a culture change for staff in terms of taking a holistic approach to an individual and enabling rather than caring for them.

Recruitment and retention

There was limited evidence around recruitment and retention for this diverse sector, and a number of studies suggested that a comparison with the wider social care sector may be applicable.

There was good evidence that:

- There are issues with high turnover within the housing with care sector.

There was limited evidence that:

- There is a connection between terms and conditions, and particularly low pay, and turnover rates in housing with care services.
- There is no connection between particular service models and staff turnover issues.

Conclusions

The evidence base in this area is perhaps surprisingly weak, although particularly with the housing with care sector there appears to be increasing recognition that a sector wide approach to workforce development and planning would be helpful, potentially extending to the private retirement housing market. However, it was possible to identify a range of evidence about effective and ineffective practice, and where the gaps in the evidence base exist. The findings have implications for future workforce development in terms of social care professionals, as well as for related roles such as occupational therapists and the varied housing support roles.

1 Introduction

This paper presents the results of the evidence review of studies of workforce and housing and social care, and forms one of four evidence reviews commissioned by Skills for Care. These reviews are intended to facilitate the Skills for Care Workforce Innovation Unit in taking its work forward, based on a sound knowledge base with a clear understanding of what workers need to know and what the key issues are for the workforce. Each evidence review is followed by a resource mapping and assessment exercise which enables Skills for Care to identify where there are gaps in materials and resources, and where there are good quality relevant materials already in existence.

The review is focused on social care workforce in a range of housing settings, and seeks to inform future workforce development in this area.

The key questions the review seeks to answer are:

- What are current reported practices to support workforce planning and development?
- What works, and what does not work, in current practice to support workforce planning and development?
- What are the key characteristics of effective practice in workforce planning and development?

The paper is presented in three sections:

Section A: Methodology (including search strategy).
Section B: Synthesis of evidence review
Section C: References.

2 Definition

The scope of this review has been kept as broad as possible so as to identify any "housing" related issues relevant to the social care workforce. However, defining the relevant aspects of housing is problematic given its importance to our health and wellbeing generally, and particularly for vulnerable groups.

Cameron notes that "*commentators suggest that housing is best understood as a ''catch-all'' term for the complex way in which living conditions affect health and as such has the*

potential to play a crucial role in tackling health inequalities.[2] Similarly, McDonagh finds it is "*difficult to separate housing issues from the wider mesh of people's lives*."[3]

The Coalition Government describe housing as "*crucial for our social mobility, health and wellbeing – with quality and choice having an impact on social mobility and wellbeing from an early age, and our homes accounting for about half of all household wealth.*"[4]

The focus for this review has been areas where the social care workforce are involved in or affected by services that are housing related and so has tended to concentrate on supported housing, assistive technology and housing support services.

Supported housing takes many forms, and provides for a range of different vulnerable groups. The Coalition Government describe how it "*covers a range of different housing types including group homes, hostels, refuges, supported living complexes and sheltered housing. Residents of supported housing generally require a level of personal care, support or supervision. The cost of meeting this non-housing related support is met separately from Housing Benefit. Residents of supported housing typically include the elderly, people with mental, physical and learning disabilities, and substance abusers*."[5]

There are a range of terms used to describe supported housing for older people including housing with care, extra care housing, assisted living, retirement villages, and sheltered housing. The majority of the literature reviewed discusses "housing with care" which is taken to include extra care housing and assisted living. There are many models of housing with care but primarily it is "*housing which has been designed, built or adapted to facilitate the care and support needs that its owners/tenants may have now or in the future, with access to care and support twenty four hours a day either on site or by call*."[6] Retirement villages and sheltered housing are distinct forms of supported housing and are referred to as appropriate.

Housing support is generally understood as support which enables people to live independently in the community, and is either provided as "floating support" or is linked to a specific form of supported housing. Cameron describes the role of the housing support worker as "*developing and maintaining support plans, supporting clients to access*

[2] Cameron, A. (2010) The contribution of housing support workers to joined up services. Journal of Interprofessional Care 24 (1) 100-110
[3] McDonagh, T. (2011) Tackling Homelessness and Exclusion: understanding complex lives. Joseph Rowntree Foundation
[4] HM Government (2011). Laying the Foundations: A Housing Strategy for England
[5] HM Government (2012) SN/SP/6080 Housing Benefit Reform – Supported Housing
[6] Institute of Public Care (2011). Strategic Housing for Older People Resource Pack: Planning locally for extra care housing. Housing LIN/ADASS

relevant housing and welfare benefits and promoting independent living skills – such as budget and tenancy management." She also argues that the role has developed into one that links across agency and sectors taking *"a role which previously might have been provided by a social worker or probation officer."*[7]

Assistive technology has been defined broadly as "*any product or service designed to enable independence for disabled and older people*".[8] Skills for Care define assistive technology services as:[9]

- Telecare - the use of technology, including monitors and sensors, to promote independent living and support to people in need of care to live longer at home, in homely environments and in their communities. This may include returning home after a period of illness. It can include both simple and more complex systems and equipment.
- Digital participation services - to educate, entertain and stimulate social interaction to enrich the lives of people in need of social support.
- Wellness Services- to encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support.

Others broaden this definition to include aids and adaptations more generally including adaptations such as removing entrance steps and replacement with ramps, or provision of level access showers, or aids such as portable toilet seats or walking frames.[10]

Whilst the wide remit of occupational therapy is acknowledged ("*to enable people.....to achieve as much as they can to get the most out of life."*[11]*),* this review focuses on aspects specifically related to housing, and particular aids and adaptations. The provision of aids and adaptations is generally linked to assessment by occupational therapists: *"the most common roles undertaken by occupational therapists in adult social care services relate to the assessment for and recommendation of equipment, adaptations and disabled facilities grants and are largely concentrated around their local authority's legislative duty."* [12]

[7] Cameron, A. (2010) The contribution of housing support workers to joined up services. Journal of Interprofessional Care 24 (1) 100-110
[8] King's Fund. (2001) Consultation Meeting on Assistive Technology, London, King's Fund.
[9] http://www.skillsforcare.org.uk/workforce_strategy/assistedlivingtechnology/assisted_living_technology.aspx
[10] Goodacre, K, et al (2007). Enabling Older People to Stay at Home: how adaptable are existing properties? British Journal of Occupational Therapy 70 (1)
[11] College of Occupational Therapists 2008 What is occupational therapy?
[12] Riley, J, et al (2008). Occupational Therapy in Adult Social Care in England: sustaining a high quality workforce for the future. Department of Health.

3 Policy Context

The supported housing agenda has become more prominent in recent years, particularly in terms of older people, but also for other population groups as the driver to move away from institutional forms of care to community based care has become stronger, and the relationship between housing and health and wellbeing has been recognised.

So for example, the Government mental health strategy "*No health without mental health"*[13] highlights the evidence-based connections between mental health, settled housing, employment and safer, stronger communities. Homeless people with mental health problems need good-quality housing to facilitate recovery and independent living. Access to high quality and appropriate housing and a range of support services is a vital lever for reducing mental health inequality.

In 2011, the Coalition Government's housing strategy, 'Laying the Foundations'[14], set out a package of reforms to improve housing options for older people which included:

- Encouraging a wide range of housing to suit local communities, including retirement/sheltered housing and extra care;
- Working with industry to produce guidance on home adaptations and on local strategic planning and delivery for high quality housing for older people based on robust needs evidence.

The Department of Health's White Paper[15] 'Caring for our future' describes a care and support system which focuses on people's wellbeing and enables them to stay independent for as long as possible. It recognises the part housing will play in this: "*we know that people's housing plays a critical role in helping them to live as independently as possible, and in helping carers to support others more effectively*." It has committed to a £300 million Care and Support Housing Fund to help develop up to 9,000 units of specialist housing for older people, as well as support for the widespread adoption of assistive technology, and extending aids and adaptations, and handyperson services.

Against this background of increasing interest in supported housing and housing related services is set the challenging economic environment, and in particular the removal of the ring fencing of Supporting People (SP) funding in 2009, and subsequent budget reductions affecting SP funding more generally. In addition, capital funding for new developments is significantly reduced, and developers are considering alternative

[13] HM Government (2011). No health without mental health. London
[14] HM Government, Laying the Foundations: A Housing Strategy for England, 2011.
[15] Caring for our future: reforming care and support' White Paper, Department of Health (2012)

approaches to funding new development including more mixed tenure and leasehold housing schemes.

Support providers are also faced with the potential opportunity or threat presented by the development of the personalisation agenda, and in particular the emphasis on individual choice expressed through the use of individual budgets or direct payments. This not only may mean a different relationship between provider and service user (as well as commissioners) but also necessitate a reconfiguration of services to ensure they meet the preferences and needs of individuals purchasing them. "*Part of the challenge for housing providers is to devolve choice and control while providing a safe and stable environment for people in need of support*."[16]

[16] SCIE (2012) Personalisation briefing: implications for housing providers.

A: Methodology

1 Search strategy

Searches have taken place in the following websites:

- Web of Knowledge, Cinahl, SCIE Social Care Online, Social Services Abstracts, and Google Scholar databases.
- Department of Health, Department of Communities and Local Government, Skills for Care, Asset Skills, SCIE, Centre for Workforce Intelligence, Joseph Rowntree Foundation, Housing Learning and Improvement Network, Research in Practice for Adults, King's College Social Care Workforce Unit, International Longevity Centre UK.
- Care and Repair England, Foundations, Homes & Communities Agency, National Housing Federation, Chartered Institute of Housing.
- Contact with Jeremy Porteus (Director, Housing LIN) was useful in terms of discussion of the scope of the evidence review, and additional sources of evidence.

A variety of search terms were used appropriate to the different databases. For example, for Web of Knowledge the following words were used:

Search words	Number of results
Social AND care AND work* AND housing	38
Social AND care AND staff* AND housing	18
Social AND care AND train* AND housing	5
Social AND care AND work* AND supported AND housing	20
Social AND care AND staff* AND supported AND housing	83
Social AND care AND train* AND supported AND housing	15

In other databases, where fewer studies were located, the search was widened by using less restrictive terms in order to generate a good range of studies.

In addition, a hand search was carried out following up appropriate references in a number of papers.

2 Extent

The initial search of databases using the search words set out in the conceptual framework paper resulted in 2,700 documents. After screening to remove papers which looked at health and housing, children and young people, institutional settings such as care homes, and international studies, as well as duplication, this number was reduced to 327. The search of additional websites produced a further 32 documents after initial screening.

Screening of the full texts reduced the number to 54 texts, with many being excluded because of their focus on policy rather than workforce issues.

In terms of the exclusions:

- There are a large number of international, particularly American, documents. These have been excluded unless they appear to provide good evidence around transferable workforce issues.
- There are also a significant number of documents which consider policy issues and in particular the importance of housing for health and wellbeing generally, as well as for particular population groups. These have been excluded unless they clearly include workforce issues.
- Documents which relate specifically to children and young people have been excluded. Documents relating to families have been excluded unless there are adult social care workforce issues highlighted.
- There are a number of documents which consider housing related services as people are in transition, for example young people leaving care, or offenders leaving prison. These have been excluded unless they highlight adult social care workforce issues.
- There is some overlap with the integration and challenging behaviour evidence reviews which are included as appropriate to this review.

3 Quality assessment

For those abstracts meeting the basic screening requirements, we assessed the full text in terms of overall quality, key findings and key recommendations. This was recorded on a standard template.

For all research, we used a similar approach to grading material as recommended in Think Research[17] (which we advised on). This grades research evidence on a five point scale where: 1 = personal testimony or practice experience, 2 = client opinion study or single case design, 3 = quasi-experimental study or cross-sectional study or cohort study or literature review, 4 = randomised controlled trial, and 5 = systematic review or meta-analysis.

In terms of qualitative research, there has been considerable debate over what criteria should be used to assess quality[18] and concern to avoid a rigidly procedural and over-prescriptive approach. We therefore adopted the four key principles which Spencer et al [19] advise should underpin any framework:

- Contributory – advancing wider knowledge or understanding
- Defensible in design – an appropriate research strategy for the question posed
- Rigorous in conduct – systematic and transparent data collection and analysis
- Credible in claim – well-founded and plausible arguments about the significance of the evidence generated.

Thus we scored qualitative research in terms of these four principles with a maximum of four points where all four principles were satisfied.

4 Range

After the initial review of abstracts a broad range of housing related areas were covered:

- Mental health services including dementia
- Homelessness and the prevention of homelessness
- Homelessness and co-occurring disorders
- Learning disability services
- Older people services
- Domestic violence
- Floating support
- Prison and ex-offender services
- Supported housing including sheltered housing and extra care housing

[17] Cabinet Office Social Exclusion Task Force (2008) Think Research: Using research evidence to inform service development for vulnerable groups
[18] Long A & Godfrey M (2004) An evaluation tool to assess the quality of qualitative research studies, International Journal of Social Research Methodology, 2004, vol 7, 2, pp 181-196
[19] Spencer L, Ritchie J, Lewis J & Dillon L (2003) Quality in Qualitative Evaluation: a framework for assessing research evidence: a quality framework, Cabinet Office Strategy Unit.

- Assistive technology services
- Home improvement services and home adaptations

However, this range narrowed after the review of full texts as set out below, largely because of the focus on policy rather than workforce issues, but also reflecting the extent to which some of the emerging areas has been researched in terms of workforce. Thus, for example, Manthorpe and Moriarty note: "*There were few areas of this review where we can be confident that research provides a full or adequate picture of the housing with care workforce and its concerns and strengths.*"[20] Skills for Care note that the area of assistive technology services is "*fragmented and fast-moving.*"[21] Similarly, Grisbrooke and Scott (2009) note there is "*minimal evidence in the occupational therapy literature on establishing and evaluating the newly emerging role of occupational therapists in specialist posts based in housing departments.*"

The full texts included within this evidence review predominantly look at older people services as set out below.

Client group or service area	Number of full texts
Adults (generic and including end of life)	7
Dementia and other mental health	5
Homelessness	2
Learning Disability	9
Older People	31
Total	**54**

5 Nature of evidence identified

The majority of the evidence is from research studies which draw on both staff and service user interviews and questionnaires, and tend to focus on particular types of services or population groups. There are also some evaluations of individual services, as well of national programmes. There are a small number of literature reviews, often leading to or informing a research study.

[20] Manthorpe, J, and Moriarty, J. (2010). Workforce issues in housing with care for adults with high support needs. Joseph Rowntree Foundation.
[21] Skills for Care (2011). Workforce Development for Assistive Technology, Telecare and Telehealth: what is the current landscape?

The nature of the evidence reviewed can be broken down as follows:

Nature of evidence	Number of documents
Personal testimony or practice experience	3
Client opinion study or single case design	6
Quasi-experimental study or cross-sectional study or cohort study, or literature review	45
Randomised controlled trial	0
Systematic review or meta-analysis	0

6 Limitations of the review

Much of the work identified in this review is not primarily concerned with workforce issues, and connections between workforce approaches and the impact and outcomes for service users are not always addressed. The reviewers have sought to identify what is relevant and addresses the key questions in the review, but may have overlooked some studies where the relevance was not immediately clear.

Given the range of population groups covered by the review and the differing service delivery models it is not always possible to compare like with like, although similar themes have been identified and evidence described within these themes.

The issues around the provision of supported housing and housing related support are changing relatively quickly, particularly as changes to Supporting People funding impact on the level and type of services provided, but also as the economic environment impacts on resources available to fund such services. This means that in some cases the issues raised may no longer be relevant, or reflect current concerns. Equally, particularly with housing for older people and the development of assistive technology services, the market is relatively new, diverse, and evolving and again issues will change over time.

The search strategy may have been limited by not specifically using the words “assistive technology”, and so may not have picked up all of the workforce related evidence in this area.

The review was undertaken over a three month period. It is possible that further time would have allowed the identification of additional relevant evidence and more detailed examination and presentation of studies.

B: Synthesis of Evidence

7 Introduction

As has been discussed the housing agenda for vulnerable groups is broad, and this is reflected in the diversity of the evidence. Themes have been identified in the evidence, and this is the approach taken to reporting on the findings, however in some cases it has been felt that it is more relevant to report on issues for particular service delivery models and/or population groups within the broader themes. This should assist the resource mapping exercise as it is expected that resources will often focus on particular service areas.

The use of terminology to describe different service models and also population groups varies across the range of studies. Thus many, but not all, studies refer to learning disability, some refer to intellectual disability; many refer to housing with care, some refer to extra care housing. The approach taken has been to use the majority term except where a specific study uses the minority term: so the report generally refers to learning disability and housing with care.

The population or needs groups covered in the evidence review are older people, mental health, learning disability, and the homeless. The service types are:

- Supported housing
- Homelessness services
- Floating support
- Assistive technology
- Housing options services
- Home adaptation services

The issues covered by these papers fall within the following themes:

- Advice, information and access to appropriate housing – in particular how vulnerable people are supported to obtain the housing they need.
- Cross sector working and primarily the relationship between social care professionals and housing professionals – for example, how to ensure they work together to support outcomes for service users or to identify issues such as self neglect.

- Staff roles particularly in crossover areas between housing and social care such as the role of housing support worker, or housing with care manager; or the placement of occupational therapists within housing departments.
- Staff training issues particularly given the rapidly changing policy environment.
- Staff recruitment and retention issues.

8 Access to services

Good evidence to support

- Insufficient awareness of housing and housing related services amongst social care staff will impact on how easily service users can access them.
- Attitudes to risk and capacity amongst professionals will impact on access to services.

Limited evidence to support

- Attitudes of professionals to carers and how to respond to their concerns will impact on access to services.
- Lack of understanding of the complexity of needs often associated with housing need can impact on access to services.
- Approaches to changing attitudes or improving knowledge need to take account of the environment professionals are working in, and the pressures they face.
- Reviewing the role and tasks performed by occupational therapists could improve access to assessments for aids and adaptations.

As discussed above, many of the housing related services included within this evidence review are new and emerging, or are in a state of flux as they respond to the changing political and demographic drivers. It is therefore perhaps unsurprising that ensuring service users can access these services is a commonly identified issue. There seem to be three strands to the issue: the first is a lack of knowledge or understanding of specific service models and what they can offer in terms of delivering outcomes for population groups; the second is more associated with attitudes to risk and the appropriateness of particular service models for people with support needs; the third relates specifically to accessing aids and adaptations, delays in assessments and the desirability of reviewing the tasks performed by occupational therapists to tackle waiting lists.

Garwood (2010) notes that the benefit to be gained by older people with high support needs from accessing housing with care (HWC) will depend on a number of factors, including:

- *Awareness and availability of information and advice: Particularly for hidden, marginalised groups, how can awareness of HWC be achieved, and do those giving advice and information know about HWC? Whilst generic knowledge of HWC is useful, because of the diversity of HWC schemes, detailed local knowledge is needed.*
- *Access: Potential barriers include professionals not knowing about HWC, access being routed primarily via Adult Social Care, entry criteria and allocation processes being too narrow, housing allocation policies excluding owner- occupiers, and stereotyping assumptions such as "they look after their own".*

Baxter and Glendinning (2011) in their longitudinal study looking at how older people and disabled adults make choices about support services found that not only was timely information needed, but it was the important to gain this from a trusted source.

Bowrey et al (2005) similarly identified that for adults with a learning disability that information and advice, and the approach taken by professionals were key to ensuring genuine housing choice: "*Without support to make informed decisions, adults with learning disabilities often remain in unsuitable housing with few if any options for moving on*." While equally a lack of awareness amongst social workers of potential housing options, and how to address concerns about capacity and risk, meant individuals were not being referred to supported housing options. In addition Bowrey found "*there were examples of problematic relationships between professionals and carers creating barriers to choice*" and suggested that support to carers was as important as support to individuals. Gilbert et al (2008) also found that there could be tensions between parents and professionals around need, safety and risk, and suggested that further studies are needed looking at negotiating transition from the family home.

There is a similar issue with the introduction of new forms of technology. Percival (2012) in describing a programme of Assistive Technology (AT) Demonstration Projects found that service user access to and use of AT would be enhanced by participating support staff having *"increased levels of awareness, confidence and training".* Bowes and McColgan (2009) found that as a telecare pilot was rolled out and a wider group of staff were involved "*some staff responsible for care assessment expressed difficulty in being convinced that telecare was appropriate for people with dementia*."

However, the issue is not necessarily something that can be tackled with one-off training: the Care and Repair England (2008) evaluation of their Healthy Homes Awareness cross sector training found that "*it is possible for front line health and social care staff to learn to identify shortcomings in housing conditions and instigate remedial action, with the*

resulting gains for older people. However, most individuals will not automatically incorporate this wider approach into their day to day practice as a result of one off training and an increase in their knowledge base".

The importance of consistent and ongoing training to support access to housing related services is also highlighted in Wigfield et al (2012) in looking at three case studies of assisted living services: "*Without this learning and development of staff, there can be: a refusal to recommend ALT; inappropriate referrals which can lead to installation failures; under-utilisation; and misuse of the equipment. This can be exacerbated in an environment where social care and health professionals are working with increasingly heavy workloads and feel as though they do not have the time and space to plan and promote ALT*."

Interestingly Pickering and Pain (2003) found that some people with disabilities would prefer to organise their own adaptations, and could manage with limited professional intervention; they recommended that occupational therapists should not become involved in the co-ordination of adaptations or ongoing support for individuals; they also recommended further research into what professional input was needed for major adaptations. This theme of making best use of the scarce resource of occupational therapists was also considered by Tucker et al (2010) in their evaluation of the use of self assessments for community equipment and adaptations: "*However, the fact that those who self-assessed were somewhat healthier and more independent than those who have previously been seen by local authority occupational therapy departments also implies that existing assessment processes will continue to be required for frailer service users, including people with cognitive impairment and particularly poor health."*

There is also the issue of the lack of awareness amongst social care staff of the role of occupational therapists and what they can contribute in supporting individuals. Littlechild et al (2010) in their evaluation of Independence at Home services, whilst acknowledging the need for further research into the impact on the size of care packages of their interventions, suggested "*Some means of forging closer links and better informing social workers and other staff about the potential contribution of occupational therapists would be valuable in changing the mind-set away from reliance on continuing care packages towards a 'promoting independence' ethos."*

The importance of professional attitudes is highlighted in a different way by Bowers et al (2013) in their study of models of support based on mutuality and reciprocity. Here the risk is that models such as co-housing will be inhibited by professional attitudes: "*Among professionals and professional bodies, however, there is hesitation and scepticism about*

the extent to which such models and approaches are suitable, affordable and practical for older people with high support needs, especially those who need 24-hour care."

9 Cross sector working

Good evidence to support

- Housing need is often associated with a complex range of support needs, and requires a cross sector response.
- Lack of cross sector working impacts on the effectiveness of services.

Limited evidence to support

- Integrating occupational therapists within housing departments improves outcomes for service users.

Housing for vulnerable groups is by its very nature a service which will involve a number of agencies and professionals including social care, housing, health, and environmental health. Its effectiveness will often depend on the quality of cross sector working to support individuals, and this is an issue picked up in a number of studies.

Anderson et al (2005) in their evaluation of a hostel for homeless families noted the complexity of the issues facing both adults and children, and the need for an interagency response; the family support worker need to play a pivotal role in referring to and liaising with other agencies. Sharples et al (2002) found a similar role described for floating support workers in mental health settings: "*The participants saw floating support as integral to community services. The linking and networking attributes of the role had led to clients describing floating support as 'the lynchpin' of local community services."*

Johnson (2008) in his study looking at how people with mental health problems could have improved housing circumstances found amongst housing professionals "*frustration at a general lack of good communication and co-working with the mental health services."* He reports a lack of awareness amongst housing staff of mental health issues, and of housing issues (and the potential to prevent housing crises) amongst mental health staff. Crane et al (2005) found a similar lack of understanding of how to prevent homelessness amongst the range of professionals working with individuals: "*The arrangements for exchanging information and spreading good practice in housing welfare are disorganised, partly because 'housing welfare' is not dominated by a single professional organisation. A systematic approach to the collation and dissemination of evidence about the effectiveness of homelessness prevention programmes is required."*

Colman et al (2007) looked at the experiences of professionals working with people who are homeless and in contact with learning disability services and, in addition to acknowledging the complexity of issues faced by individuals in this situation, recommended "*establishing good links between services and support groups to ensure that individuals with learning disabilities have good access to a wider and more effective support network*."

Lauder et al (2005) found that problems associated with self neglect and housing were often characterized by a lack of joint working across housing, healthcare, environmental health, and social care, and a lack of training: "*Many professionals were confounded by the range and complexity of cases and for those encountering self-neglect for the first time, this was compounded by the lack of explicit guidance as to how best to intervene*".

Gilbert et al (2008) suggest the potential for joint health and social posts to tackle providing support to older family carers thinking about the future housing needs of their relatives with a learning disability. They suggest this may be a way to tackle the communication issues between housing and social work departments found in their study.

Riley et al (2008) recommended further research to evaluate the effectiveness of integrated occupational therapy services within health, housing or social care.

10 Housing support roles

Good evidence to support

- There can be a lack of clarity around roles particularly as they evolve over time; training and management practice needs to reflect actual roles rather than perceived or historic roles.
- The relationship between housing with care managers (and their staff) and residents will impact on the quality of life of those residents.
- Housing support roles often sit across health and social care boundaries, or play a strong co-ordinating role across sectors.

Limited evidence to support

- Housing support workers can suffer from not being part of a professional group, particularly in terms of how they feel they are perceived by other professionals.
- Access to specialist supervision may support workers who are working with service users with complex needs.

- No particular model of housing with care is better than another in terms of boundaries between housing and care staff roles and responsibilities.

As new models of provision have developed to support people to remain living independently in the community a number of "crossover" roles have emerged which sit across housing and social care boundaries. So for example, Manthorpe and Moriarty (2011) described the housing with care sector as *"a fast-changing area, and one where there are many employers and many staff doing new things as well as traditional activities."* A number of studies have looked at the factors which impact on the effectiveness of these roles, and the workforce planning implications.

10.1 The housing support worker

Studies highlight two key issues for the housing support worker role: how it has developed and is perceived by others; and how it is managed and supervised. Cameron (2010) described the evolution of the "housing support worker" as a response to the need to provide "*a more holistic notion of "housing support"... which encompasses the provision of "welfare care" designed to enable people to live on their own*." The Supporting People Health Pilots Evaluation highlighted the importance of this role as it worked across the boundaries of health and social care, and tested out what preparation and training was needed, as well as supervision and management. It found that training was provided on an ad-hoc basis, and complex management arrangements affected individual workers and "*could have undermined the service provided*". Cameron called for consistency of training, supervision and management, and access to input or supervision from specialist professionals as appropriate.

Cornes et al (2011) found that in services seeking to address multiple exclusion homelessness there is often a mismatch between the assumed role of the housing support worker providing "low intensity" support and the actual extended role, and recommended a re-evaluation of the role to ensure training and management practice is appropriate.

McDonagh (2011) in examining the relationship between homelessness and other support needs found that where homelessness and housing support agencies took on the primary responsibility for supporting people with multiple and complex needs "*workers can often feel isolated and out of their depth*." There is an issue with the perceived professionalism of the housing support role and the support it receives: "*Unlike many other groups of (non-professionally qualified) support staff, they do not generally have access to professional (rather than managerial) supervision in the same way that a*

physiotherapy assistant would always have access to a qualified physiotherapist if not a much wider multi-professional team." McDonagh calls for new ways to support housing support workers, but also acknowledges that the role may change with moves to personalisation and be "*reconceptualised in terms of 'navigators', 'brokers' and 'personal assistants'*.

Windley and Chapman (2010) also found that the level of on-site supervision was an issue for support staff working in learning disability services, who sought more leadership and modelling of good practice from senior staff.

Sharples, Gibson and Galvin (2002) found a number of barriers for floating support workers caring for people with mental health needs including ascribed and perceived occupational status, lack of understanding of each other's roles, and the lack of membership of a professional group.

Hatton et al (2008) in developing measures of job performance for support staff in housing services for people with intellectual disabilities found that different groups (ie service users, family members, managers, support staff) had different perspectives of what makes a good support worker; they recommend further development of user defined job measures.

10.2 Housing with care staff

The range of different staffing models for housing with care means that there will be different staff delivering different functions depending on the specific scheme or provider. Thus, Manthorpe and Moriarty (2010) describe how for the manager of a scheme "*much depends on the ways in which managerial duties are allocated, for example, if "care" and "housing" are under different managerial hierarchies. The former may rely heavily on the culture and practice of social care; the latter on traditions related to hospitality and leisure*."

A number of studies have found that the relationship between staff and residents is key to the effectiveness of the service. Thus Sikorska-Simmins & Wright (2007) in a literature review of determinants of resident autonomy in assisted living found that the quality of life for residents was directly linked to the quality of residents' relationships with staff. However, they highlighted that little is known about conditions that foster positive attitudes to residents, or organisational cultures and leadership styles that influence care outcomes or resident satisfaction. Similarly, Garwood (2010) found that housing with care managers "*have the power to improve or diminish the quality of life of the people living there by their attitudes and actions."* Blood et al (2012) found that older people, and

especially those with high support needs, said "*it was the quality of the staff and their relationships with them that influenced their experience of housing with care the most.*"

Housing with care schemes can have different management structures, typically either one manager who manages both housing and care services, or two managers (one for housing and one for care); equally both housing and care services can be provided by one organisation or by two. Blood et al (2012) looked at the question of boundaries and cross sector working in housing with care schemes and found that no single model was best. Instead what was important was a shared vision for the service and good communication between managers, staff and residents.

10.3 Occupational therapists within housing settings

The role of occupation therapists in relation to housing is an established one, and a number of studies consider different aspects of the role, and the issues facing it.

Goodacre et al (2007) in their research on the factors affecting the adaptability of properties called for occupational therapists to be more proactive in their work in the housing field: "*Their specialist expertise can contribute both to strategic planning carried out by housing providers and to broader government housing policy, as well as in relation to individuals.*"

Grisbrooke & Scott (2009) identified cultural differences and problematic managerial support as being key issues for specialist occupational therapists located within housing departments. Whilst recommending further research and evaluation into this area, they did identify a number of benefits for taking this approach including: "*medical experience and knowledge of disability issues relative to housing's operational and planning concerns; consultancy to housing professionals for specific cases as well as specialist advice to other occupational therapists; and challenging assumptions in housing by using a different, user-focused, perspective.*"

Nord et al (2009) found that occupational therapists' communication with clients on the design of adaptations may be enhanced by the development and use of more sophisticated visualisation tools to replace the plan drawings. This would enable clients to become more engaged in the adaptations process.

10.4 Housing Options worker

Housing options workers provide advice, information and practical assistance for older people considering a move. Mountain and Buri (2005) in their national evaluation of pilot housing option advice services for older people found workers working *"in a complex*

array of housing, health and social care services" whilst supporting individual older people with practical and emotional upheaval. They found it was crucial for workers to have good management support: "*Workers require on-going support, training and mentorship to fulfil this role*." Workers also had to be prepared to invest time in networking with the wider system of services to enable them to be as effective as possible.

11 Training

Good evidence to support

- Housing with care staff need training in areas such as communication, community development, dementia, etc as well as more functional skills.
- Front line housing staff need training so as to recognise mental health issues including dementia, communication with people with mental health issues, and the range of specialist services available to support them.
- Housing support staff working with people with learning disabilities need training around the shift to providing person centred support rather than care, and to promoting social inclusion.
- A wide range of front line staff need training in assistive technology, its potential, and how to support service users to use it effectively.

Limited evidence to support

- Housing with care managers have similar training needs as care home managers and/or home care managers.
- Housing staff working with learning disability service users need training in communication skills and training.
- Acceptance of the potential of assistive technology services may be linked to a culture change for staff in terms of taking a holistic approach to an individual and enabling rather than caring for them.

11.1 Housing with care

There seems to be a lack of understanding of the training and development needs of housing with care staff, and particularly managers, probably reflecting the fact that this has not developed as a specialist staff group as yet. Indeed Manthorpe and Moriarty (2011) suggest that *"knowledge of the housing with care service workforce is so limited that it might be helpful currently to see the housing with care workforce as approximating closely that of the care home sector and intensive home care support services."*

The Institute of Public Care (2005) in a study from 2004 looking at the training and workforce competencies found a "*lack of consensus as to what training and development is appropriate for extra care managers*." The study identified a range of issues which should be addressed including understanding the ethos of extra care housing, attitudes to risk, and community development, and suggested further work may be needed to develop national standards and/or qualifications for this staff group.

Garwood (2010) expressed a similar concern about the lack of knowledge of what training housing with care staff have had in areas such as communication skills, decision making, dealing with challenging behaviour, etc, and suggests that the adequacy and effectiveness of such training is likely to be as variable in housing with care as it is in care homes. She also suggests that not all scheme managers will have a housing qualification "*and even if they did, it may not equip them for the challenges of housing very vulnerable older people*."

Bernard (2004) identified a range of training and support needs for staff working in a retirement village which go beyond task oriented activities, eg communication and information giving skills, mental health, bereavement, group motivation and facilitation, conflict management.

11.2 Mental health including dementia

A number of studies considered the needs of housing support staff who were supporting people with mental health needs including dementia, particularly where mental health was not the focus for the service.

The Joseph Rowntree Foundation submission to the APPG on Dementia
JRF (2009) found that changes were needed to professional curricula to respond to changing models of support, as well as learning networks for front line staff on dementia to promote good practice and increase confidence. In addition JRF found a need for training on communicating with people with dementia, and supporting people with a learning disability who develop dementia.

Similarly, Johnson (2008) found that a greater awareness of mental health issues for frontline staff was needed, as well as of issues that could lead to tenancy breakdown for mental health staff. Booker et al (2009) found that staff in extra care housing schemes in their study often had limited awareness of psychiatric diagnoses or diagnostic criteria, nor understood the benefits of obtaining diagnoses and treatment; there was a need for training in mental health issues, as well as to develop in-house expertise and improve liaison with primary care.

Lauder et al (2005) in their exploration of responses to self neglect called for cross agency training which included support workers. They found that self neglect is characterised by diversity and so there is not a standard service response; key is the balance between risk, lifestyle choices and nuisance.

Sale (2007) describes an approach to mental health training which brought practitioners in alongside homeless people, and was effective both in terms of raising awareness amongst the staff, but also the service users themselves.

11.3 Learning disabilities

Gilbert et al (2008) found a need for a change of attitude amongst social workers to the relationship between older carers and dependents with a learning disability as they consider moving from the family home; they need to "*build on these to enable positive moves towards independence rather than viewing family carers as obstacles*."

Abbott and McConkey (2006) found that one of the barriers to social inclusion as perceived by people with intellectual disabilities was the approach taking by staff to their role: staff needed to embrace a support rather than a caring role, re-evaluate their attitude to risk, and build their skills as trainers (including the use of multi media) to train service users. A later study by McConkey and Collins (2010) looking at the role of housing support staff in promoting the social inclusion of people with an intellectual disability found variation in the degree to which staff prioritised this issue, and suggested more training be given to help staff re-assess their priorities.

Fakhoury et al (2005) found more training needed for staff in supported housing in communication skills and in enabling staff to support clients to identify their goals.

Windley and Chapman (2010) found that support workers prioritised training to develop personal skills such as communication and assertiveness skills and these would enable them to challenge poor practice and model good practice.

11.4 Assistive technology (AT)

A number of studies have found that training for staff is critical to the successful implementation of assistive technology services. This is particularly the case where pilot projects are being mainstreamed and there is a need for a wider understanding of AT and its potential benefits. This training seems to be firstly about gaining of understanding of the AT itself and its potential, but is also about then demonstrating to potential users how to use the technology appropriately. NICE (2008) recommend that occupational therapists are involved in the design and development of training schemes for those

working with older people including "*essential knowledge of (and application of) the principles and methods of occupational therapy and health and wellbeing promotion*."

CSED (2009) in a case study found the need to train staff to enable them to support users. Skills for Care (2011) found a diversity of delivery models and a range of staff involved in assistive technology, and called for a less fragmented approach to workforce development to maximise the potential of AT. Wigfield et al (2012) similarly found different roles and tasks in different local authorities, and a need for training to be extended across all of those involved in service delivery.

Percival (2012) in evaluating AT demonstration projects found that the way devices were introduced was important, and that support staff would benefit from increased levels of awareness, confidence and training to maximise service users' access to and appropriate use of assistive technology.

Bowes & McColgan (2009) in their evaluation of telecare in West Lothian found that as the service was mainstreamed some scepticism was found: "*some staff responsible for care assessment expressed difficulty in being convinced that telecare was appropriate for people with dementia*." They identified this as being in part around attitudes to risk, but also around concerns of the appropriateness of capacity building approaches for people with cognitive impairment.

Finally, Cornes and Weinstein (2005) in their evaluation of hospice multidisciplinary homecare teams and the introduction of AT found issues of ownership of the new service and recommended that all staff within a team should see AT as part of their job description to maximise its take-up and impact for service users.

12 Recruitment and Retention

Good evidence to support

- There are issues with high turnover of staff within the housing with care sector

Limited evidence to support

- There is a connection between terms and conditions, and particularly low pay, and turnover rates in housing with care services.
- There is no connection between particular service models and staff turnover issues.

There was little evidence around recruitment and retention for this sector, and a number of studies suggested that a comparison with the wider social care sector may be applicable.

12.1 Housing with care

Garwood (2010) commented on the challenge facing the social care sector of the recruitment and retention of staff. She noted that Manthorpe and Moriarty (2010) highlighted that the sector is characterised by low wages, high vacancy rates, and a shortage of suitably qualified applicants and comments that "*it would be interesting to see if housing with care shares a general pattern of shortages and skills deficits*". The study had found that there is a shortage of retirement village managers and compares this with a similar shortage of care home managers.

Wright, Tinker et al (2010) found a common problem in the extra care housing schemes in their study was high staff turnover, with the additional problem that "*agency staff often had little idea of what an extra care housing scheme should provide*."

Netten et al (2011) in evaluation of 19 housing with care schemes found a high turnover of scheme managers and care and support staff. They suggest that the management of scheme *"is a very demanding position requiring a diverse range of skills...may be relatively few suitable candidates for the role".*

Blood et al (2012) found that residents particularly value team stability and noted that the complexity of the sector sometimes worked against this. They recommend that "*frontline staff need to be carefully selected, trained, monitored and supported with good management, pay and conditions if they are to provide the high-quality and seamless service that older residents value in a sustainable way*".

12.2 Learning disability

Robertson, Hatton et al (2005) in a survey of community based residential support settings (both congregate and non-congregate) found that lack of support and pay and conditions were the greatest source of stress for staff, and suggested that high rates of staff turnover may be more to do with these factors than service user challenging behaviour.

13 What are the gaps in the evidence base?

The level of evidence overall is discussed further in the conclusion below, however there are a number of specific issues where there appear to be gaps.

- Although there is reference in some studies to the importance of leadership, we found none which specifically explored the emerging local authority leadership roles which cover both housing and social care, nor of leadership roles within housing providers which cover general needs and/or supported housing and/or care and/or support.
- We found very little reference to the issues facing middle managers, although a number of studies referred to the importance of their role for floating support and accommodation based support workers.
- We found very limited reference to the private retirement housing market and its workforce issues, although arguably they will be similar to those faced by social housing providers.
- Some studies highlighted the lack of information about ancillary staff working in housing with care services.
- There was no evidence about emerging generic care and support roles either in the community, or in housing with care services.
- There was no evidence around the impact the personalisation agenda has had on housing support roles, although some studies refer to the potential for there to be an impact.
- There was little evidence around the impact of assistive technology services on traditional roles, although the limitations of the search strategy may have had an impact on this.
- There was limited evidence of workforce issues in home improvement agencies, and around aids and adaptations services more generally, other than occupational therapy services.

14 Conclusion

The evidence base in this area is perhaps surprisingly weak, although particularly with the housing with care sector there appears to be increasing recognition that a sector wide approach to workforce development and planning would be helpful. As has been noted elsewhere this is an evolving sector, and workforce development and planning needs to develop alongside it to remove the ad-hoc and patchy nature described in some of the studies.

The main area for study which includes workforce issues has been housing with care or older people housing related services, and this reflects the recent growth in the housing with care market, as well as heightened political interest in the area. However, there is remarkably little evidence for the sector as a whole, particularly when it is extended to include the private retirement housing market.

It seems clear that an understanding of housing issues and the impact they can have on individual outcomes is a real issue amongst social care professionals. It can affect the quality of the information and advice they give potential service users and carers: for example they may be unaware of the services available locally or the outcomes they can deliver. However, it can also steer them away from suggesting potential housing solutions if they are more risk averse and do not see housing as appropriate for a particular individual.

There is a similar issue around the introduction of new services, most notably assistive technology services, and the need to ensure a wide group of staff are both able to demonstrate and use the technology, but also are confident about who will benefit from which devices.

Supported housing is generally providing for people with complex needs beyond a pure housing need. This impacts on the role housing support staff need to take and the understanding they need to have of wider care and support services. Housing support staff can act as co-ordinators of services, referrers or signposters; sometimes they take on a wider role themselves. This latter change has been noted in a number of areas, and has implications for the management and training of staff.

The complexity of needs being met in supported housing clearly has an impact on the training needs of staff, and studies often refer to the need for training around communication skills, dealing with challenging behaviour, community development, etc, as well as the more specialist areas such as mental health and dementia, or end of life.

There does not seem to be a consistent approach to the delivery of such training, particularly for housing with care staff.

Whilst there does not seem to be much evidence in this area, studies suggest that pay and conditions, and management arrangements are likely to be contributing to high turnover rates. For example, it is assumed that housing with care staff will have similar rates of pay as care home staff, and this will be affecting retention, and driving the high turnover rates. There does not seem to be any evidence that particular service models contribute to this picture, or are more or less effective in terms of outcomes for individuals.

C: References

Abbott, S, McConkey, R. (2006). The barriers to social inclusion as perceived by people with intellectual disabilities. Journal of Intellectual Disabilities 10.275

Anderson, L, Stuttaford, M Vostanis, P (2006). A family support service for homeless children and parents: user and staff perspectives. Child and Family Social Work. 11. 119-127

Baxter, K, Glendinning, C. (2011). Making choices about support services: disabled adults' and older people's use of information. Health and Social Care in the Community. 19 (3) 272-279

Bernard, M. (2004). Elixir of life. Community Care 1553

Blood, I, Pannell, J, Copemand, I (2012). Whose responsibility? Boundaries of Roles and Responsibilities in Housing with Care. Joseph Rowntree Foundation

Blood, I, Pannell, J, Copeman, I (2012). A better life for older people with high support needs in housing with care: findings from housing with care research and practice examples. Joseph Rowntree Foundation

Bowers, H, Lockwood, S et al (2013). Widening choices for older people with high support needs. Joseph Rowntree Foundation

Bowey, L, McGlaughlin, A, Saul, C (2005). Assessing the barriers to achieving genuine housing choice for adults with a learning disability: the views of family carers and professionals. British Journal of Social Work 35 139-148

Brooker, D, Argyle, E, Clancy, D (2009). The mental health needs of people living in extra care housing. Journal of Care Services Management. 3 (3) 295-309

Cabinet Office Social Exclusion Task Force (2008). Think Research: Using research evidence to inform service development for vulnerable groups

Cameron, A (2010). The contribution of housing support workers to joined-up services. Journal of Interprofessional Care 24 (1) 100-110

Care and Repair England (2008). Healthy Homes, Healthier Lives. Care and Repair England

Colman, M, Hebblethwaite, A, Hames, A, Forsyth, A, Donkin, M. (2007). Investigating the experiences of professionals working with people who are homeless and in contact with learning disability services. Learning Disability Review 12 (3) 15

Cornes, M, Joly, L, Manthorpe, J et al (2011). Working together to address multiple exclusion homelessness. Social Policy and Society. 10 (4) 513-522

Cornes, M, Wienstein, P (2005). Managing Assistive Technology in Hospice Homecare: implications for multi-disciplinary teams. Journal of Integrated Care 13 (6)

Crane, M, Warnes, AM, Fu, R (2005) Developing homelessness prevention practice: combining research evidence and professional knowledge. Health and Social Care in the Community 14 (2) 156-166

CSED (2009). Enabling independent living through a combination of assistive technology, supported housing and urgent response services. CSED

CSED (2009). Modernising floating support to improve efficiency. CSED

Department of Health (2012). "Caring for our future: reforming care and support" White Paper

Fakhoury, WKH, Priebe, S, Quraishi, M (2005). Goals of new long stay patients in supported housing: a UK study. International Journal of Social Psychiatry 51 (1) 45

Garwood, S. (2010). A better life for older people with high support needs in housing with care. Joseph Rowntree Foundation

Gilbert, A, Lankshear, G, Petersen, A (2008). Older family carers' views on the future accommodation needs of relatives who have an intellectual disability. International Journal of Social Welfare 17 15-64

Goodacre, K, McCreadie, C, Flanagan, S, Lansley, P. (2007). Enabling older people to stay at home: how adaptable are existing properties? British Journal of Occupational Therapy 70 (1)

Grisbrooke, J, Scotte, S (2009). Moving into housing: experiences of developing specialist occupational therapy posts in local authority housing departments. British Journal of Occupational Therapy 72 (1)

Hatton, C, Wigham, S, Craig, J (2009). Developing measures of job performance for support staff in housing services with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities. 22 54-64

Hawkins, R, Stewart, S (2002). Changing Rooms: the impact of adaptations on the meaning of home for a disabled person and the role of occupational therapists in the process. British Journal of Occupational Therapy 65 (2)

HM Government (2011). Laying the Foundations: A Housing Strategy for England

HM Government (2011) No health without mental health

HM Government (2012). SN/SP/6080 Housing Benefit Reform – Supported Housing

Institute of Public Care (2005). Extra care housing training and workforce competencies. Housing LIN

Institute of Public Care (2011). Strategic Housing for Older People Resource Pack. Housing LIN/ADASS

Johnson, R (2008). Bringing it all back home. Housing, Care and Support 12 (2)

Joseph Rowntree Foundation (2009). APPG Inquiry into dementia care skills of social care staff supporting people with dementia in care homes and their own homes: JRF submission. JRF

King's Fund (2001) Consultation Meeting on Assistive Technology. Kings Fund

Lauder, W, Anderson, I, Barclay, A (2005). Housing and self-neglect: the responses of health, social care and environmental health agencies. Journal of Interprofessional Care 19 (4) 317-325

Littlechild, R, Bowl, R, Matka, E. (2010). An independence at home service: the potential and the pitfalls for occupational therapy services. British Journal of Occupational Therapy 73 (6) 242-250

London-Willis, J, Couldrick. L, Lovelock, L. (2012). The personalisation of adult social care: occupational therapists' perceptions. British Journal of Occupational Therapy 75 (3)

Long, A, Godfrey, M (2004). An evaluation tool to assess the quality of qualitative research studies. International Journal of Social Research Methodology 7 (2) 181-196

Manthorpe, J, Moriarty, J (2010). Workforce issues in housing with care for adults with high support needs. Joseph Rowntree Foundation

Manthorpe, J, Moriarty, J (2011). Housing or care workers? Who is supporting older people with high support needs? Journal of Integrated Care 19 (1)

McConkey, R, Collins, S (2010). The role of support staff in promoting the social inclusion of persons with an intellectual disability. Journal of Intellectual Disability Research 53 (8) 691-700

McDonagh, T (2011). Tackling homelessness and exclusion: understanding complex lives. Joseph Rowntree Foundation

Mountain, G, Buri, H (2005). Report of the Evaluation of Pilot Local Housing Options Advice Services for Older People. Sheffield Hallam University

National Institute for Clinical Excellence (2008). Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care.

Netten, A, Darton, R, Baumker, T, Callaghan, L (2011). Improving housing with care choices: an evaluation of extra care housing. PSSRU/Housing LIN

Nord, C, Eaking, P, Astley, P, Atkinson, A (2009). An exploration of communication between clients and professional in the design of home adaptations. British Journal of Occupational Therapy. 72 (5) 197-204

Parkes, N, Jukes, M (2008). Professional boundaries in a person-centred paradigm. British Journal of Nursing. 17 (21)

Percival, J (2012). Demonstrating daily living devices to older people with sight loss: a programme evaluation. British Journal of Visual Impairment 30 (2)

Picking, C, Pain, H (2003). Home adaptations: user perspectives on the role of professionals. British Journal of Occupational Therapy 66 (1)

Riley, J (2010). Changing lives, changing practice: occupational therapy in social work, enabling independent living in Scotland. College of Occupational Therapists.

Riley, J (2012) The effectiveness of occupational therapy local authority social services; interventions for older people. UK Occupational Therapy Research Foundation.

Riley, J, Whitcombe, S, Vincent, C (2008). Occupational therapy in adult social care in England: sustaining a high quality workforce for the future. Department of Health

Robertson, J, Hatton, C et al (2005). Staff stress and morale in community based settings for people with intellectual disabilities and challenging behaviour. Journal of Applied Research in Intellectual Disabilities. 18 271-277

SCIE (2012) Personalisation briefing: implications for housing providers

Sharples, A, Gibson, S, Galvin, K (2002). Floating support: implications for interprofessional working. Journal of Interprofessional Care 16 (4)

Sikorska-Simmons, E, Wright, JD (2007). Determinants of resident autonomy in assisted living: a review of the literature. Care Management Journal. 8 (4)

Skills for Care (2011). Workforce development for assistive technology, telecare and telehealth: what is the current landscape? Skills for Care

Spencer L, Ritchie J, Lewis J & Dillon L (2003) Quality in Qualitative Evaluation: a framework for assessing research evidence: a quality framework, Cabinet Office Strategy Unit.

Tucker, S, Brand, C, O'Shea, S et al (2010). An evaluation of the use of self-assessment for the provision of community equipment and adaptations in English local authorities. British Journal of Occupational Therapy 74 (3).

Wigfield, A, Moore, S (2012) Workforce development for assisted living technology: understanding roles, delivery and workforce needs. University of Leeds/Skills for Care

Windley, D, Chapman, M (2010). Support workers with learning/intellectual disability services perception of their role, training and support needs. British Journal of Learning Disabilities 33 310-318

Wright, F, Tinker, A, et al (2010). What is the “Extra” in extra care housing? British Journal of Social Work. 40 2239-2254