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ANGUS COUNCIL

HOUSING COMMITTEE – 26 September 2000

SOCIAL WORK COMMITTEE – 3 October 2000

PERSONNEL & PROPERTY SERVICES COMMITTEE - 17 October 2000

Study Visit to the Netherlands

REPORT BY DIRECTOR OF HOUSING

ABSTRACT
This Report gives feedback on the Study Visit to the Netherlands by officers of the Housing Department and Property Services in August 2000, and makes recommendations on how the findings could be taken forward in Angus.

1. RECOMMENDATION

It is recommended that Members:

(1) Agree that a Detailed Brief be worked up for housing and ancillary accommodation that allows people to remain in their homes for life ('Sheltered Housing Plus'), beginning with the site at 2-22 Provost Johnston Road, Montrose.

(2) Agree that a protocol between Housing, Social Work, and Health be developed in order that the relevant services be put in place to allow people to be supported within new Sheltered Housing Plus developments.

(3) Agree that relevant officers make a series of presentations to older people in Montrose, the Older Persons Strategy Group, and other relevant groups, based on the exhibition displayed in the Members' Lounge.

2. BACKGROUND

In May 2000 (Report 532/2000) Housing and Social Work Committees agreed that the concept of 'Sheltered Housing Plus' be adopted by Angus Council, and that such a development should be undertaken at 2-22 Provost Johnston Road, Montrose, linked to the upgrading of the adjacent Sheltered Housing development at Balmain Court. Members also agreed that officers from the Housing Department and Property Services Department should undertake a study visit to the Netherlands to examine the concept of Apartments for Life developed by the Humanitas Foundation.

3. HOUSING FOR OLDER PEOPLE IN THE NETHERLANDS

In the beginning of the sixties there was a substantial house shortage in the Netherlands. By housing many, relatively young, elderly people in sheltered flats, many existing houses became available for young families. This 'solution' meant that less new houses were needed. During this period many people of 65 and over

(most of them in good health) were eager to live in these homes, which consisted of:

- large, long flats with inner corridors;
- mostly single rooms of 14 square metres;
- some double rooms of 25 square metres;
- flats for independently living elderly (with sitting room and bedroom) of 34 squares metres;
- a shared living room and bathroom per floor;
- large recreation rooms for all residents
- complete service and care independent of the needs.

However, by the second half of the seventies, older peoples' appreciation of these homes decreased. The problem of the housing shortage had been solved and new houses were larger and more comfortable. This eventually lead to more and more empty rooms in the traditional homes, now known as 'hen-houses'. In the period between 1975 and 1990 there were many improvements to general needs housing, including an increase in apartment size. However, in many cases, insufficient consideration was given of the changes within the group of elderly themselves. The existing as well as the new population of the traditional homes became more and more dependent on more intensive care.

From 1988, the care and service in 'care homes' was also organised differently. In the old homes, with the overall care and housing, residents left their income with the Social Security Service - which paid the institute - and received an amount of pocket money, similar to the regime in residential care in Scotland.

Also during the 1960's and 1970's nursing homes were meant for the temporary stay of patients, mainly elderly, for physical rehabilitation, followed (some weeks or months later) by a return home. The reasons for building these nursing homes were purely financial. The price of a day in a general hospital had grown so high, that a nursing home for a specific type of patient was far cheaper. However, the nature of this nursing-home patient changed. Nowadays about 85% of the elderly live there permanently until the end of their lives. The nursing homes, however, were built, analogous to general hospitals, with six and four bedrooms. Now that the residents remain, this is of course no longer sufficient in terms of homeliness, privacy and the continuation of social life. This caused these nursing homes to be less appreciated by the elderly.

A similar development took place in the care and housing of mentally disabled and chronic psychiatric patients. Traditionally the 'asylums' for these categories were massive institutions, cut off from the outside world. Apart from scaling down the buildings and realising many more single rooms, the normal living conditions set in: houses with communities of up to 12 residents.

All of these developments has led to pressure to find new and replacement capacity for living and care of older people and those with disabilities, in smaller units, more integrated in society and more spread out. This is an important issue in the Netherlands because, of all European countries, it has the highest percentage of people over 65 that live in institutions (residential home, care home or nursing home).

4. THE HUMANITAS FOUNDATION

The Humanitas Foundation is provider of housing and home care as well as nursing and treatment. It is a non-profit organisation, established in 1959, employing about 1,750 people with around 3,000 older people living in their houses, residential and nursing homes, making it one of the largest in this field in the Netherlands.

In Humanitas' experience, it is clear that the client is averse to institutions. The desires put forward on the debate by individual older people and through pressure groups are:

- to function as independently as possible;
- to be able as partners (or with a child) to stay together;
- more privacy;
- no need to move when more care is needed;
- separate bills for housing and care;
- to be able to live in ones own neighbourhood to maintain social contacts;
- the demand for care determines the supply;
- a coherent supply of care.

The Humanitas Foundation thinks it has found a solution for the challenges and problems of providing a more comprehensive and integrated service for the chronically ill and for older people - the '***levensloopbestendige woning***', an Apartment for Life. In the field of housing this means: three room apartments (ie two bedrooms) tailored to older people, wheelchair and stretcher accessible, a well-equipped kitchen and bathroom. In addition, it should be possible to install future technological developments easily. Developments also have a cheerful and welcoming atmosphere (bars, restaurants, animal farms with cuddly animals, art exhibitions, music theatre, etc).

This dwelling allows all types of care, including intensive nursing home care (and shortly also hospital-care), to be rendered in the person's own home. An important starting-point in this notion is that the supply of care is strictly based on what the client wants. They look at the problems of integrated care from the position of the client as a care demander.

The ethos of Humanitas is:

- own responsibility and self-determination; the care is strictly made to measure ('help with our hands behind our backs');
- major parts in the care are played by the patient themselves ('use it or lose it') and by volunteer aid;
- rigorous separation of housing and care as the dwellings are Apartments for Life, which means that up to one hundred percent nursing-home care can be rendered in the client's own home;
- de-institutionalisation, fight against disintegration and for re-integration;
- direct communication with the neighbourhood: interaction with various target-groups and the various social organisations in the community.

In response to comments that the amount of individualisation and the extra space standards must be very expensive, Humanitas calculate that their approach saves 25% against the traditional approach. They cite the following advantages:

- Their rented three room's apartments are 25 to 35% cheaper than a place in a nursing home.
- There is a maximum benefit from the assistance of partners, relatives and volunteers.
- Keeping their own household is much cheaper' with regard to meals and housekeeping than an institution, not in the least because it is based on the client's own choices.
- Staying is an institution has negative effects on the well being and welfare of the client, resulting in the need for extra-specialised psychosocial help, which is not requested under normal conditions. This saves many hours from psychologists, welfare workers and occupational and other therapists.

CARE MANAGEMENT

The care is organised differently from before. The strictly tailor measured care is non-institutional. The staff is not wholly responsible or accountable for the client, because the client is, comparatively speaking, largely responsible for their own well being. This new notion means a great change in attitude for the staff, who have been trained to be always helpful, regardless of the circumstances. They now have to learn to teach the client to do as much as possible for themselves: 'give a hand with your hands behind your back'. This demands a certain amount of flexibility, which not everyone can manage. Research at an earlier Humanitas project, where older people returned from total, full care to made to measure care, shows that the older people were much sooner accustomed to the new situation than the staff. The experience of running their own households (including finances) and activities made clients more self-reliant and therefore independent.

For Humanitas, it is necessary to monitor the care for independently living older people in their 'Apartments for Life'. They work closely with the Tunstall Group, market leader in communication technological solutions for the caring industry. Most of the Humanitas buildings have already been equipped with Tunstall alarm and communication devices. They hope to fit all their future Apartments for Life with Tunstall Care Management Systems, the so called Lifeline 3000 Home Unit, linked to a piper Network Control, operational for 24 hours a day. This is a computerised registration system that makes it possible to monitor the connection between the rendered care and the drawn up Care Plan. The system provides a range of data, necessary to answer the obligations to inform their subsidisers and investors as well as for the production agreements with clients (and collecting the personal financial contributions). The system also provides management information, important for monitoring the budget and the quality of the care. In order to unburden the care personnel as much as possible, and to reduce red tape and keep paperwork to a minimum, on entering and leaving the client's apartment for instance, the assistant registers through a pin code their presence and absence as well as the actions taken.

5. KEY FINDINGS FROM THE STUDY VISIT

We visited two Humanitas developments in Rotterdam, another project (not run by Humanitas but by the equivalent of a housing association sheltered development) in the east of the country, almshouse type housing in Amsterdam, and a project renovating multi-storey blocks (mainly housing older people) on the outskirts of Amsterdam involving the residents themselves in the design.

5.1 Integration of private and public space

In all the developments we visited, but to the greatest extent in Rotterdam, a concerted effort was made to integrate private and public space. For example, in the Humanitas developments, there were facilities ranging from a restaurant, bar, doctor's surgery, shop and seating areas that were all used by the general public as well as by the residents. In fact, this was a key feature of the developments, designed to "normalise" the environment. All the facilities were contained within the overall project and were therefore all internal, but with a street like type effect. The idea was to allow the accommodation to be a home for life if someone was unable to go outside. Although the project run by the housing association was similar in terms of the built form, the public was not encouraged to go beyond a certain area, and the front door was controlled by an entry system. In the Humanitas developments, they relied on those using the facilities to monitor inappropriate use by others (regardless of whether they were tenants or not).

5.2 Architectural features

Without question all complexes visited evoked a friendly, active and open door policy. Good design, use of space/glass/colour and internal landscaping of atriums promoted such ambience. Education of both tenants and staff alike in attitude and use of these complexes played a major role in their success.

Beyond the public zones, which provided licensed bar/restaurant, shop, hairdressers and therapy rooms (and in one case doctor's surgery) tenant flats were of a simple arrangement. Of solid wall construction, open plan in part, with no built-in facilities, they encouraged ease of use and versatility. Equipment/fittings and special aides could be located in any position and room.

Access with a wheelchair and/or stretcher was possible throughout.

Kitchen facilities and layout were simple, functional and fully adjustable, both in terms of height and location with interchangeable components.

Bathrooms should be best described as 'wet rooms'. All surfaces being tiled, with the shower area simply defined by a shower curtain, allowed unrestricted use of available space and meant tenants who are bed ridden could be showered easily and freely. Connections for washing machines were also in the bathroom, which meant that if the machine overflowed, the floor drain would prevent flooding.

Lifts as well as stairs served all floors.

5.3 Service Delivery/Welfare

An integrated approach to delivering health and social care and more general support was evident in the Humanitas projects. Care was provided and charged for on the basis of need, with residents encouraged to do as much for themselves as possible. Each development has a Manager or Project Co-ordinator, with responsibility for administration of the housing, care and support services. All members of staff worked together very closely both for joint assessments and the provision of services.

The Welfare team, including volunteers, promotes social activities, with tenants, friends and families playing an active role. These ranged from a game of cards or impromptu tea dances in the café area, through to structured gym classes and more educational activities (seminars / workshops / computer training).

Personal care is provided by the home care team on a planned basis and complements other support provided by friends and family. While the design of the flats allows very frail tenants to be cared for in their own homes with formal care being delivered by resident professionals, they are always dressed informally adding to the friendly informal atmosphere.

There is a maximum amount of support which can be delivered by the in house team. The allocation of tenancies takes this into account to ensure there is a balanced community; if existing tenants have a high support needs, the next one or more vacancies will be allocated to those with lower levels of need.

Meals are provided by catering staff and can be bought and served in the café area or, delivered to an individuals home. The shop also provided good quality ready prepared food which could be bought and heated by tenants or carers.

As noted earlier in the report, the care is paid for through insurance and all tenants are means tested to determine personal contributions.

The other project visit was to "Over het Spoor", a smaller sheltered housing project in a village setting. While on a much smaller scale and with less evidence of communal activities, care was provided by an in house team of nurses and social carers. Another voluntary organisation provided the welfare (social) activities for both tenants and other using the adjacent day centre, although as far as we could ascertain, there was a segregation of tenants and non-tenants. Meals were brought in on a needs only basis by the welfare organisation, which also provided meals to those living in the wider community (equivalent of meals on wheels). Although there was a mix of tenants, it was necessary to have at least 20 out of the 55 tenancies receiving 24-hour care to make the project viable.

In both projects staff comprised housekeeper, responsible for cleaning and maintenance of the building, a 24 hour care team, cleaners, welfare organisers / day care volunteers.

6. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

7. CONSULTATION

In preparing this report there has been consultation with the Chief Executive, Director of Finance, Director of Law & Administration, Director of Social Work and Director of Property Services.

8. CONCLUSION

There are obvious merits of having an in - house, integrated approach to meeting the housing and support needs of older people. The built environment must not only promote independence and encourage interaction with the wider community but also allow support to be delivered in all circumstances.

To replicate or adapt the many benefits and economies of scale afforded by the Dutch model, so that they are appropriate to Angus, will require the close co-operation of housing, property services, social work and health to bring forward an innovative proposal that will have long lasting benefits for the people of Angus. It is recommended that the appropriate officers discuss how this may be done to allow the project in Montrose, and other future projects, to proceed.

Ron Ashton
Director of Housing

The following background papers, as defined by Section 50 D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report; - R7/99, R721/99 and R532/2000.