Housing: the foundation of community care?

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Abstract

Until the late 1980s community care was traditionally the preserve of the health and social care agencies that dominated the planning and provision of care. Since then it has increasingly been recognized that housing should also play a major role in community care. This has been apparent in official guidance and statements, in some of the more innovative forms of community care provision, and in some of the academic literature. Yet the advancement of the housing dimension of community care in the 1980s has arguably become as much of a bland truism as the idea of community care itself has always been. What has remained largely absent from the debate is a considered and critical view of the meaning and potential role of housing in community care, or – more specifically – an agreed vision of the benefits a housing orientation can bring to the quality of community care. This article draws together many strands of the argument. It critically examines the emergence and development of the idea of housing as a 'key' component – even the 'foundation' – of community care, identifying some of the reasons why the housing dimension has risen from a seriously marginalized position to the central role which it is now often suggested it should occupy. The authors conclude by arguing that, whilst some progress has been made, a fundamental shift in thinking is still required at many levels. They suggest that community care users have consistently claimed that housing is the first essential component of effective community care. What is needed is for other participants in the community care process to endorse and develop an *ordinary housing approach* to community care, in which housing is genuinely accepted as the vital component and which can be translated into practice. This fuller recognition of the housing contribution must embrace meanings which can be agreed, understood and operationalized by the main participants in community care.

Keywords: collaboration, community care, housing participation

Introduction

Housing makes a major and growing – although not fully recognized – contribution to community care, providing a range of services that have evolved over the last 30 years (Audit Commission, 1998). The history of research and policy statements on the delivery of welfare services, particularly to the so-called 'special needs' 'client groups', is littered with references to the need for agencies with separate functions, structures, administrations, responsibilities and geographical boundaries to cooperate, coordinate and – most recently – to engage in partnership, pooling budgets or joint commissioning to achieve the best results for those to whom they provide services. This has been a continuous theme from the official adoption of the policy of

community care in the mental health field in the late 1950s to its more widespread application since the late 1980s (for example, Younghusband 1959, Seebohm 1968, DHSS 1971, DHSS 1975, Audit Commission 1986, Griffiths 1988, Department of Health 1989, Department of Health 1994, Department of Health/Department of the Environment 1997, Audit Commission 1998). The need for joint working, collaboration and joint commissioning has been constantly reiterated as a key feature of the 'new' community care. Indeed, there is probably greater and more detailed government emphasis and guidance on this than has ever been the case before and the Labour government elected in 1997 has, like its Conservative predecessors, continued to stress the need for developments in this area (Department of Health 1998b).

Until the late 1980s the emphasis in community care was primarily on health and social services. The promotion of *housing* as a crucial dimension in community care and having a major partnership role is relatively recent – and the provision of practical guidance even more recent (for example, Department of Health/Department of the Environment 1997, Means *et al*. 1997, Audit Commission 1998). There have been a number of reasons for this, including structural problems (the different geographic areas and decision-making processes of different organizations), and perceptual problems (unclear or inaccurate views of the roles of different agencies and services, such as those which for so long frequently excluded housing from involvement in joint planning and other forms of collaboration) as well as the sometimes negative stereotypes held by different professions about each other. However, the last decade has seen a growing acceptance of the contention that housing is one of the key areas of community care, culminating in the Audit Commission report (1998), which states that:

Those who are vulnerable should not be left 'home alone', struggling to cope with everyday tasks and the demands of household management as well as their own care needs. The deficiencies of the current arrangements for housing and community care – and possible remedies – are not uniquely national or local, but a combination of the two. At the local level, authorities and agencies must strive to improve strategic planning, emphasize prevention rather than crisis response, and give the service user a stronger voice. Government departments should support these efforts by improving the national framework – clarifying responsibilities, coordinating policy initiatives and ensuring that funding mechanisms are properly targeted and promote the best use of resources (p. 80).

The authors strongly support the general view that housing should be central in community care, but the main purpose of this article is to explore the meanings of the housing dimension and to establish the reasons *why* housing should be a central concern. The article starts from three key propositions:

- Housing as a key component of community care has become as much of a truism in the 1990s as community care itself was in the 1980s, and has been bedevilled by a similar lack of clarity and agreement about what it constitutes, what it means and what it brings to community care. Lip service has dutifully been paid to the *idea* of housing as a key component in community care, with no clear indication of how housing agencies and providers might operationalize it.
- Much of the literature merely asserts the importance of housing in community care, without explaining what makes it so important. Indeed, in many instances the argument for the closer involvement of housing has been essentially negative, based largely upon the idea that other forms of provision have become unacceptable or have not worked.
- An 'ordinary housing approach' can bring real benefits to community care, but its adoption and implementation must be founded upon a vision which is at least be clear to all participants, rather than on a vague notion with which everyone can agree because it is so nebulous.

Essentially the term 'housing' has been used in two different ways in relation to community care: to describe the accommodation in which people make their 'homes'; and in loose references to housing agencies. 'Housing' in the latter, organizational, sense embraces a range of agencies, the most important of which are local housing authorities and housing associations, now sometimes referred to as registered social landlords. The former have had a long-standing responsibility for ensuring that housing need is met in their areas, originally through the direct provision of rented housing and more recently, through an 'enabling' role allotted to them in the Housing Act 1988. Housing Associations have a shorter history. Encouraged by both major parties when in government and receiving preferential treatment under the Housing Act 1974 and subsequently under the Conservative governments, their main aims have been to relieve housing stress and homelessness, to provide housing for those with special needs and to maintain the stock of rented accommodation. Local authorities and housing associations are similar in that they own and/or provide housing to rent which can potentially be accessed by or for community care 'clients'; in addition, local housing authorities have a strategic planning role in relation to meeting local housing needs across the private and social rented sectors, one aspect of which are the demands of community care policy.

Background

The role of housing agencies in what might be termed the earlier phases of community care was relatively peripheral, certainly in a strategic and planning sense, compared with the roles of social and health care agencies. Community care initiatives of the 1960s and 1970s generally took the form of 'special needs' accommodation such as group homes and hostels developed by or for health and social service authorities with the intention of providing 'noninstitutional' 'care' for people with mental health problems and people with learning disabilities. The origins of these developments were in the anti-institutional movement which led to the decision to run down large long-stay hospitals and to provide instead a range of accommodation including hostels and group homes located in the community.

With hindsight, however, it can be argued that housing authorities and (after the 1974 Housing Act) housing associations, as well as parts of the private sector, were simultaneously pursuing what at the time was an unrecognized 'community care' policy of their own, mainly for older people, through their enthusiastic ventures into the provision of sheltered housing and, in Scotland, 'amenity housing'. These housing forms shared some of the aspirations of the community care ideal in that one of their purposes was to prevent or delay the need for older people to move into what some regarded as dependency-producing residential care and to provide instead small, purpose built housing in complexes in some of which there was 'good neighbour' support from a paid warden.

At that time the need to cooperate was not an issue, as different levels and departments of government largely pursued their own aims, with minimal connection so far as planning or control over allocation was concerned. Therefore, whilst different elements of what we now think of as 'community care' were developing, this was not in a 'partnership' or even a 'cooperative' context.

The mid 1980s was a period during which there was a growing interest in the significance of housing and the potential role of housing agencies in community care, both from a research perspective (for example, Purkis & Hodson 1982, Tinker 1984, Thompson & West 1984, Morris 1988) and at an operational level, with housing and care providers seeking to respond to the run-down of long-stay hospitals and the ageing population. This period also saw significant criticism of special needs housing (for example, Middleton 1981, Butler *et al.* 1983, Wheeler 1988, Clapham & Smith 1990) and greater emphasis on enabling predominantly older people to remain in their own homes in both the owner-occupied and social-rented sectors through

concentrating resources on repairs and adaptations and through the delivery of care services to their homes.

However, it was not until the late 1980s and early 1990s that 'housing', in both senses, became widely considered as an important component in the field of 'community care'. Recent years have seen housing agencies and the housing agenda move increasingly into the mainstream of policy and practice in community care. In official documents and in other literature there is now much more frequent acknowledgement of the key role of housing in community care. Yet despite this there is no one clear vision which highlights the reasons why housing should be so important in community care; rather, there has been a series of vague statements reaffirming the housing dimension.

As long ago as the early 1980s the All-Wales Strategy endorsed the concept of ordinary living in ordinary housing. More recently, whilst the National Health Service & Community Care Act 1990 gave the lead role to social services (in Scotland to social work departments) and recognized health authorities as important partners, the government has increasingly recognized the importance of housing in community care and has stressed the role of housing agencies along with health and social services. From 1989, government documents have contained some clear statements to this effect:

Housing is a vital component of community care and often the key to independent living (Department of Health, 1989, p. 25).

and:

Adequate housing has a major role to play in community care and is often the key to independent living. The government wants housing to play a full part, working together with social service departments and health authorities so that each effectively discharge their responsibilities (Department of the Environment/Department of Health 1992, p. 1).

and:

Housing has a significant role to play in achieving the Government's community care objectives. This requires effective partnerships, both at a strategic and operational level between housing, social services and health authorities in the planing and delivery of community care (Department of Health/ Department of the Environment 1997, p. 1).

These ideas have been reinforced by the Department of the Environment, Transport and the Regions' *Checklist on Housing and Community Care for discussion with local authorities* which sets out 12 points for consideration, ranging from joint strategic planning to referral and assessment procedures and the coordination of services (DETR 1998). The Audit Commission (1998) also provides checklists for all relevant agencies at the local level and, in what must be construed as a particularly

major step forward, for government departments and the Housing Corporation at national level. At the local level these include strategic planning, efficient use of resources, effective working relationships between partner agencies and the regulatory framework and accountability. At the national tier these include national policy coordination and direction, a rational funding framework, clearly defined roles and responsibilities and again the regulatory framework and accountability.

These, and many similar statements originating not only from central government but also from the NHS and local authorities, imply an expectation that housing issues and agencies should be positioned within the mainstream domains of community care policy and planning. However, it should be noted that the NHS and Community Care Act does not specify housing as a community care service, with the requirement that housing authorities be consulted about assessments only when a social services department thinks that there is a need for housing services.

Means *et al.* (1997), writing for the Department of Health and the Department of the Environment, Transport and the Regions, start with the assertion that central and local government are committed to the value of social care and recognize that the housing dimension can be crucial in the success of health and community care policy and practice. The aim of their guide is:

> to enable joint working between agencies to develop and flourish at the operational level … It will assist those responsible for supporting individuals in the statutory and independent sectors to better appreciate the respective roles of housing, health and social care agencies (p. 2).

Whilst the authors do not specifically enlarge on the reasons for promoting the housing dimension in community care, they do prominently quote community care users on the subject.

Why the emphasis on housing?

A variety of ideas, some interrelated, some distinct, have contributed to the growth in awareness of the 'housing dimension' of community care. One of the most influential developments has been the emergence and dissemination of new ideas about the living environment (in a broad sense) of the users of community care. Alongside the move away from institutional care has been the argument that community care has always been about where people live, whether that be an institution, a hostel, their own home, or some other form of accommodation (Higgins 1989, Watson & Conway 1995). As community care policy developed during the 1980s and 1990s the emphasis of government statements,

taken to their natural conclusion, can generally be seen to have shifted towards the idea of 'own home'. Indeed, there has been much talk about the desirability of people remaining in what has been their 'own home', rather than having to move to a new 'own home', such as sheltered housing. At the same time 'move-on' or 'ladder' models of accommodation have been much criticized.

A number of other related factors have simultaneously added to the impetus for a reconsideration of the housing role. The growth of the disability movement in Britain has added a strong user voice which has expressed demands for independent living, both through a desire for ordinary housing and through a demand that the location of support be users' own homes, whilst the growing awareness of the interdependency of housing needs and solutions with health and social care provided a further pressure for a more careful examination and greater awareness of the housing role. The continued run-down of long-stay hospitals together with problems associated with a lack of 'institutional'-style or even 'ordinary' accommodation in the community and the consequent high rate of homelessness amongst former patients has added another facet to the housing dimension of community care.

Governments, in their own rhetoric, policies and guidance have stressed the benefits to be gained from ordinary living and have placed that principle at the centre of the approach to community care, thus by implication requiring community care agencies to take account of the accommodation needs and wishes of those coming under their remits. The general growth of consumerism, together with a greater emphasis on individual choice and participation, in conjunction with the contention that most people prefer 'a home of their own', has added further impetus to the housing role in community care.

Housing and community care in the late 1990s

Whilst much of the official and academic research on the early years of the implementation of community care reflected a wide range of difficulties such as resource limitations, disputes over boundaries and difficulties in implementing new structures and new ways of thinking (for example, Department of Health 1994, Henwood 1995, Arblaster *et al.* 1996, Hadley & Clough 1996, Lewis & Glennerster 1996), there have nevertheless clearly been some significant steps forward, including evidence of greater awareness of the potential role of housing and increased involvement of housing agencies in community care planning, particularly through mechanisms such as locality planning and special needs housing forums (Department of Health

1994, Lund & Foord 1997), together with many examples of innovative provision and a growing diversity of schemes (although these are not necessarily reflected in a greater choice for individuals) (Arnold & Page 1992, Department of Health 1994, Watson & Conway 1995), and the continued spread of Care and Repair and 'staying-put' schemes designed to enable people to remain in their own homes (Means & Smith 1996).

However, despite these advances most assessments of the national situation concur that, in general, progress has at best been slow and uneven, and in many respects disappointing. One of the most obvious examples of this is that in the large number of official and other reports on community care a number of problems have repeatedly been identified.

1 The marginalization of housing in joint planning – both the formal joint planning process and other forms of planning – partly due to marginalization by other agencies, particularly health and social services, partly through an unwillingness of housing agencies to become involved, and partly through the problems of different boundaries, structures and responsibilities (Department of Health 1994, Allen *et al.* 1995, Arblaster *et al.* 1996, Lund & Foord 1997).

2 A lack of coordination and leadership from central government departments (Arnold *et al.* 1993, Health Select Committee 1993, Department of Health 1994, Audit Commission 1998).

3 Professional differences and barriers, particularly around responsibilities at the boundaries of care, with disagreements over the assessment of individual need, distrust and professional disputes, for example about the support role of housing management (Department of Health 1994, Henwood 1995, Means *et al.* 1997, Means & Smith 1998).

4 Continued problems with the funding of supported housing (Boyle 1998) and with the operation of perverse financial incentives for agencies to provide accommodation which is not ordinary housing (Arnold *et al.* 1993, Allen *et al.* 1995). The funding issue was identified by the Audit Commission (1998) as a major problem – 'funding does not always promote community care objectives' (p. 79) – and they recommend a framework in which funding is linked to clients, the easier transferability of resources between agencies, the introduction of community care indicators into resource allocation mechanisms, and accounting guidelines that facilitate cost-and-value comparisons between key services.

5 Difficulties with the recording, aggregation and use of data on need (Arnold *et al.* 1993, Watson & Conway 1995, Means & Smith 1996, Lund & Foord 1997); drawing in of boundaries and responsibilities, with increasing pressure on resources agencies tend to retreat to their 'core' responsibilities. Whilst in times of plenty they might be able and willing to take on new tasks, this is not likely to happen in times of shortage (Arnold *et al.* 1993, Department of Health 1994).

6 Diffused responsibility in a complex situation – it is frequently unclear who is responsible for ensuring that community care arrangements work well – this applies at both central and local levels (Arnold *et al.* 1993, Arblaster *et al.* 1996).

7 The pressures of organizational change over recent years, including changes introduced by and imposed upon agencies (Craig 1993, Allen *et al.* 1995, Craig & Manthorpe 1996).

From the perspective of the argument advanced in this paper, it is particularly notable that, whilst the bulk of the literature and official guidance takes the importance of the housing role in community care for granted, few make any attempt to explain why this is so (for example Means *et al.* 1997, Audit Commission 1998). Furthermore, despite the frequent references to housing in government documents, it is rarely given much of a profile in academic texts on community care, or in works on social work practice, perhaps another indication of the extent to which the housing role in practice remains peripheral. Malin's (1994) *Implementing Community Care* contains a single paragraph citing references to the limited involvement of housing agencies. Barnes (1997) mentions housing only in her brief review of major changes introduced by the 1990 Act, noting that community care plans should be 'drawn up where possible in collaboration with health services and other agencies with relevant responsibilities for example housing authorities' (p. 28). Nocon (1994) recognizes 'the need for other organizations ... to be more involved in the future' (p. 3) but thereafter concentrates exclusively on collaboration between health and social care agencies. Lewis & Glennerster (1996) are similarly brief in their coverage of housing, but Bornat *et al.* (1997) do include a whole chapter on housing choices and community care. The most notable exception is Means & Smith (1998), who make considerable reference to housing and to the still unfulfilled potential for a significant housing contribution, but the majority of academic writing fuels doubts about the extent to which housing intrudes into the thoughts of those closely interested in community care, and perhaps more importantly it confirms the general impression that the involvement promoted in government statements has not yet been translated into practice.

Whatever the rights and wrongs of the argument about housing in community care, it is clear that the integration of housing into community care thinking and practice has a long way to go. Part of the reason for this may be a failure to clarify the importance of the potential housing role, or even why it is important. The next sections consider this.

Community care

The authors do not wish to repeat the many arguments about the nature of community care. Rather, the remainder of the paper explores the nature of the 'housing dimension' of community care. However, Higgins's (1989) consideration of community care does provide a useful foundation for what we refer to as an 'ordinary housing approach'. Higgins makes the radical suggestion that we should reject the notion of community care as the notion of 'community' is a distracting, misleading and unnecessary qualification of the concept of 'care': neither the geographical nor the social

dimensions may give much meaning to the people involved or may provide an inadequate basis for caring relationships; it is not 'the community' which cares but women; and in practice the vast majority of care takes place either in institutions which are provided by statutory, private and voluntary bodies and staffed by paid or volunteer workers, or it takes place in the home by professional or voluntary workers or by family members In effect she emphasizes the *provision of care in a person's own home* as the most important defining characteristic of noninstitutional living.

Higgins recognizes the difficulties of defining 'home' – some people may say they have none, whilst others might say that they have several; 'home' may be seen as a physical location (a house, a place to sleep, etc.) or it may involve a set of relationships with family or friends. However, whilst conceding that defining 'institution' and 'home' is not easy, she makes a number of distinctions between them, setting out the following key characteristics (Table 1):

Table 1 Defining 'home' and 'institutional' settings

Institutions	Home
Public space, limitations on privacy	Private space, but may be some limitations on privacy
Living with strangers, rarely alone	May live alone or with relatives or friends, rarely with strangers
Staffed by professionals or volunteers services	Normally no staff living there but they may visit to provide
Formal and lacking in intimacy	Informal and intimate
Sexual relationships discouraged	Sexual relationships (between certain family members) accepted
Owned/rented by other agencies	Owned/rented by inhabitants
Variations in size but may be large (in terms of physical space and numbers living there)	Variations in size but usually small
Limitations on choice and personal freedom	Ability to exercise choice and considerable degree of freedom
Strangeness (of people, place, etc.)	Familiarity (of people, place, etc.)
'Batch' or communal living (eating, sleeping, recreation) which can vary according to time and place	Individual arrangements for eating, sleeping, leisure activities

Source: Higgins, J. (1989) 'Defining Community Care: realities and myths', *Social Policy and Administration*, volume 23, number 1, pp. 14–15.

Higgins is therefore suggesting that the real distinction does not concern 'community' or 'community care', but is between the institution and home. This categorization would for her, in most cases, be based quite simply upon where people usually sleep, but could take in more complex factors issues such as the 'feeling' of home.

An ordinary housing approach?

Building upon the belief that housing is a vital part of community care the authors have previously argued for an 'ordinary housing approach' to community care (Arnold & Page 1992, Arnold *et al.* 1993), but in common with many others have not been explicit about what this entails.

Essentially the main arguments for an ordinary

housing approach to community care arise from four sets of factors, although there may be considerable overlap between them:

- those which relate directly to the impact of housing on a person's life;
- those relating to the potential of ordinary housing and care in one's own home for preventing dependency;
- 'negative' reasons, based largely upon the shortcomings of other forms of provision in the care mosaic, such as residential homes and some shared housing;
- those which arise from existing forms of organization, resource allocation and funding, but which are not necessarily tied to these patterns.

Housing in an individual's life

Housing, home, where we live, is so central to ordinary life that we rarely articulate or even recognize its role in well-being and lifestyle. Yet users have always understood the importance of housing in community care. A user view of community care is almost always going to be one in which a preference for 'own ordinary housing' is the first priority. If users were really empowered to lead the community care process as envisaged in *Caring for People* there would be little danger of housing being marginalized. Racino *et al.* (1993) have argued that:

Although the meaning of home is difficult to define, it includes the following features: a feeling of belonging and ownership, choice of who is invited in and who is not, an individualized or unique atmosphere or tone, a place where one's time is one's own, and a place where the person makes … decisions about their home environment. The burden of proof must be on the government or other outside parties who seek to curtail or limit the choices in lifestyles of people with disabilities (p. 44).

The major concern for many people affected by the community care process is frequently where they are going to live – particularly those leaving long-stay hospitals but also people whose illness or disability is making everyday personal and domestic tasks increasingly difficult.

The bulk of available evidence supports this view, particularly the valuable but scarce evidence from community care users themselves. Means & Smith (1996) suggest that many people who receive care and support prefer to live in ordinary housing and to use mainstream services, a finding reinforced by McCafferty's (1994) survey of the housing needs of older and disabled people, and Means (1997). There is also considerable evidence that people with mental health problems and people with learning disabilities generally want their own home with support services provided there (for example, Kay & Legg 1986, Petch 1992, Hudson *et al.* 1996), although Cooper *et al.* (1994) found some evidence of a preference for shared living amongst the most isolated and vulnerable people in their sample.

The concern people seem to be expressing in these views is that their preference about the place they want to live is not just about bricks and mortar, rents and mortgages, furniture and furnishings, but incorporates vitally important issues of lifestyle, personality, self-esteem, identity, well-being and social environment.

It also needs to be recognized that the logic behind much of the community care rhetoric is that the goal of an ordinary life and independent living inevitably requires an ordinary home. Importantly, the theme of independent living can provide a context and an overall objective against which to plan community care provision, with the ideal of independence being about enabling people to maximize control over decisions about their lives. The stress on independent living also signals the need to minimize any 'institutional' aspects of people's personal living environment and arguably helps to undermine assumptions about dependency which create or reinforce the status of the person as disempowered 'client' or 'patient'.

The relationship characteristics of ordinary housing (such as direct contact with landlords and the tenant/landlord relationship itself – the status of tenant or property owner) also implies a radical departure from an approach which is based upon ideas of 'special needs' and dependency. An emphasis on ordinary housing therefore entails a recognition that 'the ordinary' is the antithesis of 'special needs'. Clapham & Smith (1990) have made a valuable contribution to the discussion of this type of labelling as it relates to older people. The reduction of emphasis upon special needs and the acceptance of an ordinary housing approach suggests that all housing, rather than 'special' housing, would be available for people with community care needs and that housing managers rather than care staff, would be involved with users.

Of course, there are a number of other issues to be considered here. For example, as Means & Smith (1998) point out, residential care does not *have* to have the negative features highlighted by Higgins. Some of the newer accommodation types which have been developed for people with care needs do not fit easily into either the category of 'home' or 'institution', such as core and cluster schemes and extra sheltered housing. Some of the earliest extra sheltered housing was called 'housing with care', expressing that first and foremost this was *housing* – not residential care.

It is clear, then, that taking ordinary housing as the starting point can potentially make a significant difference to the way that community care is contextualized and developed. A clear example of this is the interdependence of housing and care needs and the implications this has for community care assessment. Housing needs can have care solutions and care needs can have housing causes and solutions (Arnold & Page 1992, Arnold *et al.* 1993) but those responsible for the assessment of need to be open to or attuned to such possibilities, and assessment forms need to be designed to trigger such insights.

The Community Care Support Force (1993) highlighted the importance of housing in the implementation of health strategies including the links between good housing and good health (reinforced in the Green Paper *A Healthier Nation*, Department of Health 1998a), the potentially positive impact of housing and support

services on the primary health care system, the importance of housing in hospital admission and discharge, and the need for ordinary and noninstitutional housing in the move from long-stay hospital to community-based services.

Preventative reasons

Fletcher & Wistow (1997) have argued that 'the housing sector is in pole position to play a lead role' in preventative strategies in community care. They note that housing is not an end in itself but links with other aspects of communities including job creation, safety and community involvement. Among the types of approach which they consider are Care and Repair or Staying Put schemes, the use of sheltered housing integrated with social care services as a community care resource and a housing alternative to residential care. In addition, well-designed housing or housing that can be adapted can help people to stay in their homes. They also suggest that, in line with scattered examples of good practice, there is the potential for housing management to be a more active part of community care through monitoring of tenants, greater partnership with care providers and encouraging the 'community' input into community care.

Even at a very basic level it is easy to illustrate the preventative potential of housing. Suitable housing can often reduce or even remove care needs; appropriate (and often simple) practical support can enable people to retain their own homes. More than half of the population aged over 65 are owner occupiers and many live in poor housing. Improving and adapting their homes can help them remain independent and may mean that care can be provided in their home rather than in an institution.

Negative reasons

Some of the main arguments for mainstream housing provision in community care are derived from the adverse characteristics of other forms of accommodation and care – the shortcomings of institutional provision and the adverse effects of residential care, together with concern over poor standards, problems with the concept of 'special needs' housing, and so on.

Means & Smith (1998) maintain that supported housing schemes have been attempting to compensate for the failures of mainstream housing in terms of the availability of appropriate accommodation, affordability, repair and access. They note the criticism of 'special needs' housing – that it deflects attention away from the need to provide affordable, appropriate and flexible housing within mainstream provision. The notion of 'special needs' portrays housing problems as discrete and technical and provides criteria for discriminating between groups who are more or less deserving of public funds (Clapham & Smith 1990). In addition, inadequacies within mainstream housing provision lead people to enter residential care and other supported housing schemes (Sinclair 1988, Oldman 1990) or to become homeless (Office for Public Management 1992).

It is also arguably the case that residents of sheltered housing schemes are increasingly frail and wardens are therefore having to perform caring roles for which there may be inadequate support from health and social services and over which there are currently questions about the payment of housing benefit to cover tasks classified as 'nonhousing' (Boyle 1998).

There has also been an increasing body of evidence that many homeless people need care and support (in particular there are growing numbers of homeless people with mental health problems), whilst no agency has had a clear statutory responsibility for them.

Other reasons

An ordinary housing approach cannot work without a reallocation of resources towards domiciliary support, adaptations, day care, home nursing, and other appropriate services. Therefore, unlike the production of what might be termed 'small institutions' or communal environments which happen to be placed in 'the community', genuine acceptance of an ordinary housing approach *requires* a change in services – in health, social services and housing – implying a redirection of resources away from shared schemes to home care and other support. The problem is that community care resources are increasingly being used up to purchase residential and nursing home care for people who would previously have been in the care of the NHS. New guidance on continuing care may improve things but currently the outlook for diverting expenditure to domiciliary care is bleak.

There are other reasons that have encouraged the emphasis on housing in community care which do not necessarily emerge directly from housing *per se* but from the existing patterns of service provision and funding.

1 *Direct forms of provision* – the provision and allocation of housing for community care groups, local authorities may have nomination rights into housing association schemes, central alarm systems, etc.
2 *Resources* – in addition to housing local authorities may have control over land use including the provision of sites, there are local planning powers, grants to other agencies, grants for Care and Repair, adaptations and so on.
3 *Skills* – in housing management, in assessing housing need, in planning and in contracting both through in-house and external services, and (the

often unrecognized) support and advice for people with community care needs through housing management. Indeed, part of customer-oriented housing management should be concerned not only with providing suitable housing but also practical support to enable people to live more independent and ordinary lives.

4 *Housing benefit* – this has been used to cover charges for services for people to sustain tenancies and its use for 'eligible service charges' has been important in enabling the development of supported accommodation including/and sheltered housing, having frequently been built into revenue funding arrangements. The Scottish Affairs Committee (1997) argued that it was essential that the opportunity of meeting eligible service charges through housing benefit should be retained.

In addition to these benefits from the greater involvement of housing agencies in community care there are other gains to be made from better joint working, for example, in joint assessment and in joint planning when professionals from different agencies work outside the boundaries of traditional job descriptions and lines of professional responsibility.

The Audit Commission Report, Home Alone 1998
Paragraph 5 of the report, quoted earlier, states unequivocally that 'housing services are in fact a core component in making the approach [community care] work'. The Commission goes on to explain itself thus:

Suitable housing provides a stable base for independent living and affords access to other services such as health and social care, education and training. The housing service is also an important source of practical assistance for many people, often being their first point of contact with the local authority, as well as being highly accessible, particularly for those who are tenants. Yet the scale and importance of housing's role in community care has not received the same recognition as the contribution of health and social services authorities (Audit Commission 1998, p. 6).

Yet the report remains silent on many of the central virtues of a housing approach to community care, with no mention of advantages such as its role in empowerment of individuals, its role in reinforcing self-esteem, or the advantages of personal and private space.

Conclusions

It is certainly possible to argue that substantial progress has been made in bringing housing more into the community care mainstream. Certainly many individuals and organizations involved in the community care arena are now much more aware of 'housing' and

its potential importance for improving the lives of individuals. But it can equally be argued that progress has been limited and very uneven in scope, in impact and geographically and that there is little evidence that circumstances have changed considerably for many individual users. This may in part result from the problems described earlier. However, it may also arise from the continued lack of clarity about what housing can bring to community care, particularly in the difficult area of preventive services – services that can bolster individuals' independence – and certainly from a lack of a shared vision of the housing dimension.

In order to make significant progress what is required is a clearer vision of the housing dimension which can be accepted and developed by other participants in the community care process and which places housing at the centre of developments. Of course, even if an agreed and shared vision is achieved many difficulties will persist, not least the 'gaps in the national policy agenda' at government level which have been so clearly identified recently in *Home Alone* (Audit Commission 1998, p. 79). Without a shared vision, however, the prospects of real progress in integrating both the idea of housing and housing agencies themselves in community care remain bleak. That in turn means that with the exclusion of the vital component – the key to independent living – in other words, the *foundation* of community care, the possibilities of turning rhetoric into a meaningful reality are reduced accordingly.

References

Allen C., Clapham D. & Franklin B. (1995) *The Future of Care in the Community*. Scottish Homes, Edinburgh.

Arblaster L., Conway J., Foreman A. & Hawtin M. (1996) Asking the impossible? Inter-agency working to address the housing, health and social care needs of people in ordinary housing. The Policy Press, Bristol.

Arnold P. & Page D. (1992) *Housing and Community Care: Bricks and Mortar or Foundation for Action*. University of Humberside/Joseph Rowntree Foundation, Hull.

Arnold P., Bochel H., Brodhurst S. & Page D. (1993) *Community Care: the Housing Dimension*. Joseph Rowntree Foundation, York.

Audit Commission (1986) *Making a Reality of Community Care*. HMSO, London.

Audit Commission (1998) *Home Alone: the Role of Housing in Community Care*. Audit Commission, London.

Barnes M. (1997) *Care, Communities and Citizens*. Longman, Harlow.

Bornat J., Johnson J., Pereira C., Pilgrim D. & Williams F. (eds) (1997) *Community Care: A Reader*. Macmillan, London.

Butler A., Oldman C. & Greve J. (1983) *Sheltered Housing for the Elderly: Policy, Practice and the Consumer*. George Allen and Unwin, London.

Boyle K. (1998) Housing benefit for supported housing: who should pay for supported and sheltered housing? *Housing, Care and Support* **1**, 27–29.

Clapham D. & Smith S. (1990) Housing policy and 'special needs'. *Policy and Politics* **18**, 193–206.

Community Care Support Force (1993) *Implementing Community Care: a Framework for Implementing the Housing Agenda*. HMSO, London.

Cooper R., Watson L. & Allan G. (1994) *Shared Living: Social Relations in Supported Housing*. Joint Unit for Social Services Research, Sheffield.

Craig G. (1993) *The Community Care Reforms and Local Government Change*. University of Humberside, Hull.

Craig G. & Manthorpe J. (1996) *Wiped off the map? Local government reorganisation and community care*. University of Lincolnshire and Humberside, Hull.

Department of the Environment/Department of Health (1992) *Housing and Community Care Circular*. 10/92. Department of the Environment/Department of Health, London.

Department of the Environment Transport and the Regions (1998) *Checklist on Housing and Community Care for Discussion with Local Authorities*. Department of the Environment, Transport and the Regions, London.

Department of Health (1989) *Caring for People*. HMSO, London.

Department of Health (1994) *Implementing Caring for People – Housing and Homelessness*. Department of Health, London.

Department of Health/Department of the Environment (1997) *Housing and Community Care: Establishing a Strategic Framework*. Department of Health, London.

Department of Health (1998a) *Our Healthier Nation – Green Paper*. HMSO, London.

Department of Health (1998b) *Partnership in Action (New Opportunities for Joint Working Between Health and Social Services)* Department of Health, London.

Department of Health and Social Security (1971) *Better Services for the Mentally Ill*. HMSO, London.

Department of Health and Social Security (1975) *Better Services for the Mentally Handicapped*. HMSO, London.

Fletcher P. & Wistow G. (1997) A question of respect. *Agenda*, **35**, 12–15.

Griffiths R. (1988) *Community Care: Agenda for Action*. HMSO, London.

Hadley R. & Clough R. (1996) *Care in Chaos: Frustration and Challenge in Community Care*. Cassell, London.

Health Select Committee (1993) *Community Care: the Way Forward*. HMSO, London.

Henwood M. (1995) *Making a Difference? Implementation of the Community Care Reforms Two Years On*. King's Fund Centre, London.

Higgins J. (1989) Defining Community Care: realities and myths. *Social Policy and Administration* **23**, 3–16.

Hudson J., Watson L. & Allan G. (1996) *Moving Obstacles: Housing Choices and Community Care*. The Policy Press, Bristol.

Kay A. & Legg C. (1986) *Discharged to the Community*. Good Practices in Mental Health, London.

Lewis J. & Glennerster H. (1996) *Implementing the New Community Care*. Open University Press, Buckingham.

Lund B. & Foord M. (1997) *Towards Integrated Living? Housing Strategies and Community Care*. The Policy Press, Bristol.

McCafferty P. (1994) *Living Independently: a Study of the Housing Needs of Elderly and Disabled People*. HMSO, London.

Malin N. (ed.) (1994) *Implementing Community Care*. Open University Press, Buckingham.

Means R. (1997) Home, independence and community care: time for a wider vision? *Policy and Politics* **25**, 409–419.

Means R. & Smith R. (1996) *Community Care, Housing and Homelessness*. The Policy Press, Bristol.

Means R. & Smith R. (1998) *Community Care: Policy and Practice*. Macmillan, London.

Means R. *et al.* (1997) *Making Partnerships Work in Community Care: a guide for practitioners in housing, health and social services*. Department of Health/Department of Environment Transport and the Regions, London.

Middleton R. (1981) *So Much for So Few: A View of Sheltered Housing*. Institute of Human Ageing, University of Liverpool, Liverpool.

Morris J. (1988) *Freedom to Lose: Housing Policy and People with Disabilities*. Shelter, London.

Nocon A. (1994) *Collaboration in Community Care in the 1990s*. Business Education Publishers, Sunderland.

Office for Public Management (1992) *Assessment of the Housing Requirements of People with Special Needs Over the Next Decade*. National Federation of Housing Associations, London.

Oldman C. (1990) *Moving in Old Age*. HMSO, London.

Petch A. (1992) At home in the community: an evaluation of supported accommodation for people with mental health problems. Avebury, Aldershot.

Purkis A. & Hodson P. (1982) *Housing and Community Care*. Bedford Square Press, London.

Racino J.A., Walker P., Taylor S. & O'Connor S. (1993) *Housing, Support and Community: Choices and Strategies for Adults with Disabilities*. Paul Brookes Publishing Co, Baltimore.

Scottish Affairs Committee (1997) *The Implementation of Community Care in Scotland*. HMSO, London.

Seebohm Report (1968) *Report of the Committee on Local Authority and Allied Personal Social Services*. HMSO, London.

Sinclair I. (ed.) (1988) *Residential Care: the Research Reviewed*. HMSO, London.

Thompson C. & West P. (1984) The Public Appeal of Sheltered Housing. *Ageing and Society* **4**, 305–326.

Tinker A. (1984) *Staying at Home: Helping Elderly People*. HMSO, London.

Watson L. & Conway T. (1995) *Homes for Independent Living: Housing and Community Care Strategies*. Chartered Institute of Housing, London.

Wheeler R. (1988) Housing policy and elderly people. In: C. Phillipson & A. Walker (eds) *Ageing and Social Policy: a Critical Assessment*. Gower, Aldershot.

Younghusband Report (1959) *Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services*. HMSO, London.