Northern Ireland Assembly

Committee for Health, Social Services and Public Safety

OFFICIAL REPORT (Hansard)

Review of Transforming Your Care and Older People: Fold Housing Association/Northern Ireland Federation of Housing Associations

30 April 2014

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Ms Maeve McLaughlin (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Mrs Pam Cameron
Mr Gordon Dunne
Mr Samuel Gardiner
Mr Kieran McCarthy
Mr David McIlveen

Witnesses:

Ms Fiona McAnespie	Fold Housing Association
Mr Cameron Watt	Northern Ireland Federation of Housing Associations

The Chairperson: You are both very welcome. We have Mr Cameron Watt, who is the chief executive of the NI Federation of Housing Associations (NIFHA), and Ms Fiona McAnespie, director of care services at the Fold Housing Association. The normal procedure, which I am sure you are aware of, is that you make a 10-minute presentation, after which I will invite questions from members. In the coming weeks, the Committee will take evidence from Age NI, the Centre for Ageing Research and Development in Ireland (CARDI) and a leading academic. The Committee will also take further evidence from the Department of Health, Social Services and Public Safety (DHSSPS) and the Department for Social Development (DSD). So there are another few stages of the process to go through.

Mr Cameron Watt (Northern Ireland Federation of Housing Associations): Thank you, Chair, and the Committee, for the opportunity to address you today. Housing associations provide 44,000 homes to people across Northern Ireland. Around one quarter of those are sheltered, supported and specialist homes for people with particular needs. Many of our member housing associations' roots are in providing housing, care and support to older people. We remain as committed as ever to strengthening and expanding that provision, and we are part of the broad coalition in support of Transforming Your Care (TYC) and its vision to help people to live as independently as possible in the community, with appropriate care and support. However, with the relentless pressure on budgets, realising that vision is an immense challenge, but it is our contention that Transforming Your Care can succeed only with a proper joining up of housing, health, care and support. As I tried to set out in the paper to the Committee, housing associations provide a range of housing, care and support options for older people, not only for those living in housing association homes but across the community.

Historically, most provision has been through sheltered housing, which remains very popular with most of its residents, but for those with more intensive care and support needs there is now the increasing provision of supported living homes. Fiona will outline the advantages of the supported living model.

Ms Fiona McAnespie (Fold Housing Association): Thank you, Cameron, and thank you, Chair. Fold Housing Association is one of the largest providers of housing, care and support. One key advantage of supported housing for older people and those with dementia is, first and foremost, security — in many ways. There is the security of tenure and of the building. People feel safe and secure, day and night, and it is a home for life. The assistive technology used in supported living means less intrusiveness. People have support needs, but the assistive technology means that they do not have people calling in and out. They can use that technology: it promotes independence, and autonomy is maintained. It leads to a better quality of life, so people in supported living have a life of their own. Supported living is also cost-effective. It may well be quite costly at the outset, but, in the long term, it produces efficiencies. It reduces hospital admissions and is less expensive than the alternative residential accommodation. The use of assistive technology reduces the need for people on the ground. So it is a good, cost-effective way of providing care.

Another key advantage is for the carers. They get their life back but can sustain their caring ability because they have people there to support them. They can go out, do their shopping or get their hair done, knowing that the person for whom they care, who is frail and older or has dementia, has the security of support. So carers' health and wellbeing are improved, and research has shown that. They have social interaction with others in the same position, which also provides them with support.

As Cameron said, we believe that supported living meets a lot of the criteria of Transforming Your Care, such as maximising independence, being cost-effective, helping to improve physical and mental well-being, reducing hospital admissions and delaying admission to more costly residential and nursing home care. We feel that those are the key advantages of supported living for older people.

Mr Watt: Our sector, therefore, believes that supported living has the potential to provide a good and value-for-money option in meeting the housing, care and support needs of a significant proportion of our ageing population, but, although our movement is as committed as ever to providing care and support services, it is certainly the most complex and risky area in which we operate. Key budgets underpinning the provision of these services have been frozen for many years, threatening their viability and quality. Of particular concern is the future of the Supporting People (SP) budget, which is a £70 million programme to provide a wide range of housing support to vulnerable people to help them to sustain their accommodation and live as independently as possible. The SP funding level for individual schemes has been frozen for the past six years, equating to a real terms cut of at least 15%. That means that housing associations and our managing partners in the charity sector are struggling to hold on to staff and sustain the quality of services.

Supporting People is subject to a major review that DSD is leading. That has just commenced and has significant input from DHSSPS. There are major uncertainties about the nature of the Supporting People programme that will emerge from the review and the level at which the revised programme will be funded. That adds significantly to the risk for housing associations that are considering new supported living schemes. Therefore, we ask that Supporting People be retained as a properly funded, ring-fenced and dedicated housing budget that is often complementary to health services but distinct from them. We also ask DSD to review the way in which it calculates the capital grant for new supported living schemes to ensure that it reflects the standards of good practice that the dementia centre at Stirling University and others have set, and to which we should aspire, in order to ensure that the schemes are suitable for the next 20 or 30 years.

In providing a wide range of care and support services, our sector values our good working relationships with health trusts, but, for supported living's potential to be maximised, we feel that it needs to be complemented by much closer working between health and housing at a strategic as well as a working level. Notwithstanding the huge pressures on all budgets, we believe that greater certainty and alignment can be achieved in the various health and housing budgets that underpin supported living on the capital and revenue sides.

As these services really are delivered in a true partnership, there needs to be a fair sharing of risk for that partnership to be meaningful. Some flagship supported living schemes for older people are incurring major losses for housing associations, particularly because they have taken longer to populate than expected. Some assurances on revenue funding and voids are vital to enable that fair sharing of risk. All key partners, including housing associations, any charitable managing partners

and the Regulation and Quality Improvement Authority (RQIA) as the regulator for domiciliary care, need to be involved in the planning and commissioning of new schemes.

Beyond the ongoing commissioning of new schemes, we think that we all need to find time and space to explore in depth the potential of various housing, care and support options for older people, including supported living, and plan for at least the next 10 years. We have to do much more collectively to educate professionals and the public about supported living and the other housing, care and support options for older people. It is true that good efforts have been made to promote individual schemes, but I do not think that we have done enough collectively to promote the whole range of options available. To help to rectify that, we suggest the creation of a supported living champion and have included the outline proposal for that in our written submission to the Committee. I should stress that much in that proposal builds on the work that DHSSPS and DSD have been leading after meetings between Ministers Poots and McCausland on unblocking barriers to supported living schemes. The Departments' work has resulted in some very useful meetings between the key people in housing and health, including the board and trusts.

As a result of that work in the past few months, we believe that there is a much better understanding of the challenges on both sides in delivering new supported living schemes and agreement on the broad areas that we need to work with to address those. NIFHA and its members look forward to continued joint and intensified working with colleagues in health and housing to maximise the potential of supported living and other housing options in fulfilling the vision of Transforming Your Care.

Chair, I will conclude by asking Fiona, as a major provider of the services, to outline Fold's position on existing and future supported living schemes.

Ms McAnespie: Fold Housing Association provides housing, care and support. We are not seeking to develop any further newbuilds for supported living at present because we have lost £1 million to one of our schemes in Enniskillen, which has challenged our board. I agree with Cameron that strides are being made between the Department of Health and DSD. However, until that works its way down and we can see it being realised, we will not consider any supported living newbuilds. We will continue to maintain what we have.

Cameron made the point about a supported living champion. People need to understand the model and the type of client group and person suitable for that model of living, because it is an excellent model and the schemes that we have work really well.

Another issue for us is to ensure that assistive technology is included in the capital cost. We find that when it comes to assistive technology, nobody is really sure who will pay for it. That is key in ensuring that supported living moves forward. We feel strongly that it is a good model of care. However, we incur all losses on any void properties, and those losses have led to a reluctance to move forward.

The Chairperson: Has £1 million been lost to date?

Ms McAnespie: Yes, over three years.

The Chairperson: Is that because the entire loss is borne by your organisation?

Ms McAnespie: Yes. We accept the loss on any void property; it is not divided. In the initial year, we got some assisted funding from the Health and Social Care Board (HSCB) and from Supporting People as a gesture, but they cannot continue to do that. So, over the past three years, Fold has faced a total loss of £1 million on the scheme in Enniskillen.

The Chairperson: If that loss had not been incurred, could you be building more?

Ms McAnespie: We would probably be looking at building more. However, as you can imagine, a board will be cautious about looking at new projects when we have incurred that kind of loss. We do not have a facility to claim back or get assistance from anywhere else.

The Chairperson: Just so that I am clear, are we are talking about vacant properties within schemes?

Ms McAnespie: This is just one scheme. It has 15 supported living bungalows, five of which are occupied and 10 that have not been occupied. The maximum number occupied at any given time was six.

The Chairperson: Do we have any sense of what the figure is for schemes throughout the North?

Mr Watt: There are probably pretty good rates of occupancy overall, but most schemes have at least one or two vacancies. A particular issue is that it often seems to take longer to fill the schemes than a housing association and its respective trust expected. That means that very good schemes, which everyone agrees are the right model, can take twice or three times as long to get up to their viable level. That means that housing associations are incurring very big losses from the outset, and those losses are not sustainable. The experience of Fold — I think that Helm and Trinity have had similar issues in their supported living schemes for older people — means that housing association boards now have to be mindful of that as they consider whether they can take forward new schemes.

The Chairperson: Thank you both for that. A layperson looking at addressing the particular needs of an ageing population and the process of reablement, which is the cornerstone of Transforming Your Care, will be surprised to hear that there are vacant units and properties in schemes.

Mr Watt: The respective trusts in almost all the schemes are confident of achieving full occupancy eventually. However, in the 12, 18 or 24 months that it could take to achieve that, housing associations incur unbudgeted and unsustainable losses.

The Chairperson: One recommendation refers to sharing risk. Is that what the Department and trusts need to do?

Mr Watt: I think that, in ensuring a fair sharing of risk, there are ongoing issues about revenue funding and void sharing. There are particular pressure points at the outset of these schemes. Achieving a better sharing of risk overall, but particularly for the first 24 months, would be really helpful.

Ms McAnespie: We understand that housing associations cannot fill schemes overnight. However, to fill schemes, we need to have joint risk. We need someone to share the risk of void properties with us.

The Chairperson: I just want to be clear on that: is that across DSD and the Department of Health or specifically the Department of Health?

Mr Watt: I suspect that, because most of the revenue funding comes from the Department of Health, it would have to lead in the sharing of that revenue risk.

Mr Beggs: You said that there were 10 voids for a considerable period. I understand that, in my area, there is a huge demand and a waiting list for this type of accommodation. Is there a blockage with the trust allocating its proportion of the funding, or is there a lack of applicants?

Ms McAnespie: There is a lack of applicants. I have to be fair: the trust, the Housing Executive, Supporting People and Fold are working very closely and very well together on this. The trust has done many things to try to identify clients for the properties, so it is not that there is a blockage.

The Chairperson: You reflect on the domiciliary care issue in your paper and suggest reviewing the regional rate for that. Can you expand on that?

Ms McAnespie: The regional rate for domiciliary care for people in supported living is the same as that for people living in their own home. It does not reflect the different level of care that these tenants receive, which is the next step up, so we seek a review. Also, sometimes rates are struck individually with trusts. We want a regionalisation of the rate to ensure that everyone gets a fair and equitable share.

The Chairperson: I think that that is important. You also suggest:

"Earlier and more formal involvement of RQIA in commissioning of schemes".

Are you suggesting that the process for earlier involvement is not in place? What needs to change? What is not happening?

Mr Watt: Fiona can clarify this, but I think that the position of the RQIA, as a care regulator for new supported living schemes, is a bit unclear. These are primarily housing schemes in which care is provided, but they are not care homes. Therefore, the RQIA needs to be happy that these are suitable environments in which domiciliary care can be provided, and, therefore, the scheme will not go live until the RQIA is satisfied of that. However, because it does not have a formal role as a housing regulator — it is not a housing regulator — we do not feel that it is involved early enough in the commissioning process. What can happen is that, quite late in the planning of new schemes, the RQIA requests changes. All sides recognise that this is an issue. We value the RQIA's input, but it has to be formalised in a more appropriate way. To be fair to them, DSD, the Housing Executive, the Department of Health and the RQIA are working to change the commissioning process to ensure that the RQIA is involved at an earlier stage. We would welcome that.

Ms McAnespie: I know that the RQIA is working with the Department of Health and Supporting People in developing standards specific to supported living. At the moment, the RQIA has only the domiciliary care regulations to regulate supported living, which do not necessarily fit that neatly. Work is ongoing, but it can be a difficulty because our primary task is to ensure the security and safety of our tenants. Sometimes, if supported living is looked at simply as a domiciliary service, that cannot be easily maintained.

Mr McCarthy: Thank you very much for your presentation. I have three quick questions. Cameron, you may have touched on this in your presentation. How effective is the collaboration between the Department, the health board and the housing associations in planning for the future? How can older people have an effective say in the development of supported living provision? What steps can be taken to better address social isolation in such provision?

Mr Watt: In planning for the future, there is a pretty good working relationship between the Housing Executive, which administers Supporting People on the capital and revenue side, and the trusts in planning individual schemes. We are less good at working at a more strategic level, looking overall at the level, scale and type of housing, care and support that will be required over the next five to 10 years and ensuring that we align our work at a more strategic policy and funding level.

I will ask Fiona to talk about how older people can have an effective input into the future of supported living and how we can reduce social isolation.

Ms McAnespie: Supported living really works when it comes to combating social isolation, but it also provides independence and a connection with the community, which, perhaps, I did not point out in my presentation. That is the big thing about supported living. That is how you can keep social isolation to a minimum. People can be on their own if they want to be. Some people want to have time on their own, but they also have the opportunity of a common room and voluntary social activities.

The involvement of older people in the design of supported living can be done through working with them through the various groups, agencies and advocates: the Older People's Commissioner, for example, is coming out to see one of our schemes. We work very closely with the Stirling design centre and the Alzheimer's Society to get the voice of older people and discover how they want the design and where they want the dwellings to be.

Mr McCarthy: Will you be open to any suggestions coming from older people themselves to ensure that you know what their requirements are?

Ms McAnespie: Very much so. If we build something that is not what they want, it will not work. You have to include people at the design and build stages.

Mr Brady: Thanks very much for the presentation. I am surprised to hear that premises are unoccupied, because that simply does not happen in Newry.

Ms McAnespie: I know.

Mr Brady: There is a waiting list, as far as I am aware.

Ms McAnespie: There is.

Mr Brady: So that does not apply to all areas. When representatives of the Royal College of Nursing (RCN) appeared in front of the Committee a few weeks back, they described Transforming Your Care as a vision without action. They said that unless proper infrastructure is put in place, it will not work. They also said that there had to be measurable outcomes. That does not seem to be working.

A few months back, Minister McCausland admitted that he had failed to reach supported housing targets. I sit on the Committee for Social Development and am very aware of the overarching issues. A couple of years ago, the Committee for Social Development visited Fold Housing in Gordon Dunne's constituency, in the very leafy suburbs of Holywood.

Mr Dunne: I do not think so.

Mr Brady: It was very nice, I have to say. We saw telemonitoring working when we were there: a woman had fallen, and the telemonitoring service was able to get an ambulance to her within a few minutes. That works, but obviously there is not enough of that. There needs to be more.

A couple of years ago, in my constituency, Trinity Housing built five houses designed as lifelong housing, in that they had wider doors for wheelchairs and ramps. The water was recyclable, and they had panels in the ceiling to accommodate a floor-to-ceiling lift. A huge amount was spent on adaptations, and that seems to be the sensible way to go in future. Is that being addressed? It would save money in the long run.

Mr Watt: I will pick up on the overall point about supported housing delivery, and Fiona will talk about the technology. Overall, housing associations have been meeting the headline targets for social housing delivery, but Mr Brady is right to say that the delivery of supported living has been below the level set in the targets by some margin. Part of the reason for that is that a lot more capital was provided at short notice at the beginning of the spending period three years ago, and we have been working to catch up. Much more needs to be in place before all partners will buy in to a supported housing scheme. Some good work is being done by the housing and health sectors, and reviewing the commissioning process for SP will ensure that housing providers, housing associations and any managing partners are involved in the commissioning and planning of new schemes at a much earlier stage so that lots of schemes are not rolled over from one year to another, with a backlog accumulating. I am cautiously hopeful that the delivery of supporting housing will improve.

Mr Brady: When we were in Holywood, we had a presentation from the RQIA and the housing association. I think that it was before your time, Cameron. The special needs management allowance (SNMA) was a big issue. We visited some of the facilities, and the allowance was a bone of contention. We were getting two completely different views — one from the housing associations and one from the RQIA — on the need for the special needs management allowance, which has been in place for quite a while. Has that impacted on supported living facilities? Has the money been replaced? There was a lot of discussion around that.

Mr Watt: Fiona is more expert on the SNMA than I am. The funding remains in place, although it was reduced last year. It has been frozen, and I think that Minister McCausland indicated that he intends to phase it out completely at the end of this business year. That causes us great concern. The budget is only £2 million a year, but it funds a lot of good housing and care provision for vulnerable people, including frail elderly, some of whom Fold provides for. We think that a lot of work still needs to be done to ensure that, if the SNMA is withdrawn at the end of this year, those schemes and that vital provision for frail, older people or people with learning difficulties remain viable. It is a particular concern for Fold. Perhaps Fiona will comment.

Ms McAnespie: It would not have an impact on supported housing. It is a special needs management allowance with our housing with care schemes, so it would not affect our supported living schemes. I totally agree with you about the technology. As I said, we need to find a way to include that in the builds and find some Department to fund it, because we are now coming up against people who are telling us that funding has run out for assistive technology, telecare, which you spoke about, and telehealth, which is used at Fold.

Mr Brady: I saw that.

Ms McAnespie: It is an excellent service. There is an example of somebody being at A&E 60 times in one year but only three times in the following year, because they had the value of telehealth monitoring in their own home. Assistive technology is a big thing, and it needs to be built into the properties. I spoke to the director of development just before I came here, and she is aware of one supported living scheme with another housing association that has had to be halted because £400,000 is needed for assistive technology, and the association cannot find anybody to fund it. Assistive technology is vital in providing supported living, because, as I said, it cuts down on intrusion and provides the safety and security of being able to press a button and, as you have seen, getting somebody at the end of a telephone.

Mr Brady: We saw that. Blood sugar levels were being monitored from afar. Is it intended to look at lifelong housing more closely? If such houses were built, they would save money in the long run.

Mr Watt: At the moment, all housing association homes are built to lifetime homes standards. That means that they can be more easily adapted as people age. We would like that standard to be applied to all new housing through building regulations. We think that it is time that we aimed higher with the provision of new homes being suitable for older people.

Mr Dunne: Thank you very much, Chair, and thank you, Fiona and Cameron, for coming along. You sound as if you are not rushing out to embrace change under Transforming Your Care. Is it fair to say that you are not overly enthusiastic about getting involved or going down the route of Transforming Your Care?

Mr Watt: I do not think that that is fair at all. Housing associations and our charitable managing partners have been in the lead in providing housing, care and support for vulnerable people. If you are looking at provisions that allow Transforming Your Care to be realised in terms of community-based intervention and helping people to live independently in their homes, there is no better provision than the services that are funded by Supporting People, which our members and their partners have been in the lead in providing since the programme was established about 11 or 12 years ago. Housing associations completely buy in to the vision of Transforming Your Care, and the whole range of housing, care and support options that we provide are vital in delivering it. However, the realities around blockages and funding issues have to be addressed if we are to work with partners to step up and do a whole lot more.

Mr Dunne: You said that you are not prepared to take any further risks in future developments.

Mr Watt: No. We recognise that we are businesses, and we cannot expect all our risks to be borne by others, but there has to be a fair sharing of risk. At the moment, for example, the Northern Ireland Executive are reasonably certain about their funding over the spending period. Whether it is care funding or Supporting People funding, we are getting only year-long indications of funding. Therefore, the Government are expecting relatively small housing associations and charities to deal with an unnecessary level of uncertainty on funding that they are not subject to, and that is not fair. We recognise that we have to be willing and able to take calculated risks, but, at the moment, on far too many of these schemes, we reckon that all the risk lies with the housing association and a charitable managing partner if there is one. That is neither fair nor sustainable. The board of Fold Housing Association would not be acting prudently and doing its job correctly if it were to press ahead with lots more supported living schemes for older people when it is bearing a £1 million loss on Gnangara in Enniskillen. Therefore, the issues that have come to the fore there need to be dealt with. As and when they are dealt with, Fold and other housing associations will step up and provide more schemes.

Mr Dunne: What was the problem there? Generally, as I understand it, housing associations identify demand and then build to meet that demand. What was the case in Fermanagh? Did the requirement change?

Ms McAnespie: It was a commissioned build: we did not build at risk. It was a commissioned building by the Western Trust, designed with it to meet what it said was the need at the time. Reflecting on what Cameron said, I know that it takes a number of years to get from the planning and building stage to the actual opening. In that period, we had the reorganisation of the trusts and the RPA, and there was also a change in personnel. When it came to opening the building, there was not the demand that had been assessed as being needed at the time the building was commissioned.

We made a point today about assessment of need — true assessment of need. We all know the demographics, and we all know that there is an ageing population and that there are more people with dementia. However, we need to know that we are building schemes where the real need is now and into the future. Mr Brady referred to lifetime homes. We are building homes and properties that will be here in 40, 50 or 60 years' time, and they need to meet the need reaching into that time. It was really down to the assessment of need at the time, but it was a commissioned build.

Mr Dunne: We are aware of Fold, and Mickey has covered our constituency quite well. You have two types of schemes in North Down: housing with care and sheltered accommodation. Will you clarify the difference in how they operate?

Ms McAnespie: The housing with care schemes are registered with the RQIA as registered residential care homes, so they provide 24-hour care and support, and someone is there 24 hours a day. In sheltered accommodation, a scheme coordinator is there, usually from 9.00 am to 5.00 pm, Monday to Friday. The people there have independent living, and they are really quite well and able to live on their own. They live in flatlets with their own kitchen. That is primarily the difference between —

Mr Watt: Supported living sits between sheltered housing and housing with care.

Ms McAnespie: It is the next step up.

Mr Dunne: The schemes in Holywood are very popular. There are waiting lists for them, and people are always trying to get in. To be fair to housing associations, I think that they have done a good job in the provision of purpose-built housing, and things have moved on tremendously in past years. I know that there are issues about the management of housing associations, and that has still to be resolved in a number of cases. However, as elected representatives, we certainly appreciate the good work that has been done in the provision of purpose-built accommodation in areas of need. It is perhaps not always appropriate for the type of house that is required but, to be honest and fair, a lot of good work has been done. It is important that we record that. What you need, basically, is more engagement from the trusts. You need to know what is going on and to be involved. Is that fair to say? You need commitment from the trusts towards funding and support?

Mr Watt: We need earlier commitment from the Department of Health at all levels and, as I said, some sharing of risk. We are not asking for all our risk to be removed, but some fair sharing of risk in taking forward these schemes is vital.

Mr Dunne: What about sites generally? We have talked about that before. Is finding sites an issue?

Ms McAnespie: It can be difficult. Perhaps Cameron could talk about that.

Mr Watt: At the moment, access to land supply is the biggest single blockage for all new social housing delivery. That applies to new supported living schemes as well as to all social housing. Perhaps there is less local opposition to supported living schemes for older people than there might be to other forms of social housing, but it remains a big challenge. In meetings with the DSD and the Department of Health, we discussed whether the trusts could bring forward more of their own land, where suitable sites exist but are redundant. There might be a way of setting that aside for new supported living schemes that meet the trusts' objectives without the trusts having to go through a bureaucratic process of disposing of land on the open market. Perhaps there is an opportunity there.

Mr Beggs: I want to get back to the definitions of "supported living" and "sheltered housing". In the housing sector, is there any doubt about the difference between the two? What are the key differences between sheltered housing and supported housing?

Ms McAnespie: Sheltered housing is the lowest level. Most people in sheltered housing will not have a care aspect to their accommodation. They may have domiciliary care, but, generally speaking, they are much more independent. Supported living is the next step up. It has the added advantage of 24-hour security and safety. It is usually for people who need an element of support to maintain their tenancy and an element of care. It is the next step up from sheltered housing.

We see sheltered accommodation as near enough to independent living, with a little bit of help, such as someone being there to point you in the right direction. The scheme coordinator will be there, 9.00 am to 5.00 pm, Monday to Friday, with a luncheon club once a week and other activities.

Supported living is geared towards people with more complex needs, such as people with early onset dementia. As I mentioned, it also supports carers. We are very clear about the definition.

Mr Watt: This inquiry has demonstrated that different terminology is used, including by different parts of government. I hope that one of the outcomes of the inquiry will be that we clarify, at a government level, the various definitions and that those definitions will be used across government, so that we have clarity about what is being provided where.

Mr Beggs: My question is whether you perceive that there is any doubt in the housing sector about the definition of sheltered housing and supported living.

Ms McAnespie: The answer is no. We are very clear about that. Also, sheltered housing is allocated through the common selection list, whereas supported living is allocated through the health trusts, in conjunction with the Housing Executive and Supporting People. It is very clear to us from that perspective.

Mr Beggs: Like me, you were perhaps a bit surprised that some people decided to introduce ambiguity. I was aware of a very clear distinction, but the Department has sent us a letter indicating that it is now reviewing the definitions.

The Chairperson: At least that is a positive piece of work and a positive outcome.

Mr D McIlveen: I want to touch on something that Gordon Dunne mentioned. Let us home in on this scheme in Enniskillen where you are holding quite a bit of risk. What does that scheme actually look like? Is it self-contained, or is it a communal-type building? What does it actually look like?

Ms McAnespie: It is beautiful, I have to say — although I would say that, I suppose. When you approach the scheme, it looks like 15 ordinary bungalows, in which any older person could live. When you enter a dwelling, it is exactly like a bungalow, but when you go out the back door, you are into a link corridor. It is secure. I use the word "secure", but it is a corridor that leads to common rooms and access to other services. That is what it physically looks like. If you are the main carer and are living there with your spouse or your partner who has dementia, if they go out the back door, they can go off and have a walk round a secure garden. There is that security and safety aspect to it. That is what the scheme looks like when you drive up to it.

Mr D McIlveen: I ask because, if void periods are putting such a risk on you as an organisation that you are almost timid about investing more in new schemes, that has to be dealt with.

In my private sector life, I have managed hundreds of properties, maybe even thousands if I counted them up, and when there is a void period, you try to fill it, even for the short term, if you have to. I have certainly been involved in transactions in which people have gone into a property knowing that they are going into it for a maximum of three months, six months or whatever period it may be. What is standing in your way of doing that with these cases?

There is demand for emergency housing; we see it in our constituencies every day. I struggle to accept the fact that there are not 10 people in the Enniskillen area who would give their right arm to get out of a hostel into a property like this, even if it is only for a short period. At the end of the day, it will generate cash flow for you, so that risk will not be as high as it is at present. What are the restrictions? What is stopping you from doing that? Surely that would be sharing the risk with the trust or the Department as well, because the Department is taking the risk by giving you more flexibility in order to supply what is needed at a particular time. It may have to wait for a month, which may not be ideal. What is stopping you from doing that? I hope that you get what I am saying.

Ms McAnespie: I do. I will give you a brief history. We mentioned the properties that were void for three years, and, throughout that period, we have been working with the trusts and have changed our category of care. We reduced the age for applicants. First, we are registered with the RQIA as a domiciliary care provider in this scheme, so we have a regulation and are registered for people over the age of 60. Secondly, given that the properties were built with DSD and housing association grant

(HAG) moneys, any change in criteria or client group would have to go for approval to our colleagues in the Department for Social Development.

We also have to take into account the fact that we have five tenants there who meet the criteria, so we have people there with dementia and people with mental health problems. The scheme has 30 units: 15 units are housing with care, so we have 15 people with dementia on the same site. Therefore, we have to take into consideration the needs of the other clients — the other five tenants and the 15 people with dementia.

We explored those areas, had workshops and have been, with the assistance of NIFHA, consistently looking at different ways, but the blockage for us is registration, because we could no longer be registered. That would mean our becoming a general needs landlord, and we have considered that. That would probably mean looking at the five people who are currently there. From our perspective, although it would bring in some income, it is not the income that we need. We need to maintain the 30 units, the income that comes from the Supporting People moneys, the rent and the care charge. It would also mean that the trust would not be involved, and it commissioned the build. We would have to negotiate with it. It would be difficult for us to do.

Mr Watt: On the tenancy side, housing associations are routinely expected to provide secure tenancies rather than temporary tenancies, so as well as registration, regulation and allocation issues, there are tenancy issues. We routinely provide secure permanent tenancies, and all that would have to be unpicked. Those four or five areas would have to be addressed if we were to provide temporary general needs tenancies. As Fiona said, general needs rent levels would be only a small proportion of the overall funding that Fold has budgeted for in rent. Supporting People and care represents a much bigger package.

Mr D McIlveen: I am not suggesting that the rules would have to be completely rewritten. This is sometimes the frustration of being outside the public sector looking in because it does at times seem to operate very different rules compared with what happens in the real world outside.

We are not suggesting putting every crisis tenant — for want of a better or more politically correct term — into high-quality accommodation. I am not suggesting that at all. It is difficult for me to hear that you are shouldering the risk. There is a possible solution to generate cash flow. I accept Cameron's point that it would certainly not be at the level that you should be getting from the trusts. I suppose that, at the minute, it is all or nothing, whereas there may be opportunities with a slight diminishing of the restrictions that could generate some cash flow for the housing association until the trusts' commitments come to fruition.

Ms McAnespie: In partnership, the trust and Fold are looking at changing to a learning disability client group for this scheme because there is demand in that area. That is on our list and will be one of the lower-down options. However, if we do not get to capacity soon, we will have to look at something along the lines that you are speaking of.

The Chairperson: I thank you both. That was extremely useful, more so from the point of view of the various definitions that were given. As you rightly point out, Cameron, the information that we have been gathering since starting the inquiry has been clouded and confused. It is difficult to plan, strategise or develop actions that would be required for Transforming Your Care and supported living if you do not have an agreed definition. I welcome the fact that the Minister has acknowledged that and is reviewing it.

The issue of voids is also interesting. There is an increasing demand for this type of accommodation yet we have vacant properties. We need to be able to do something about that, which goes back to the definition issue. The Older People's Commissioner said that, if we do not have an agreed definition, where is management planning and pre-planning, and where is the information about choices? If that information is not in the public domain, how do people know about or even be attracted towards this type of accommodation?

We will certainly take your recommendations on board. The session has been very useful. As I said, we are working through a number of organisations and will be happy to share the Committee's findings with you and certainly have your input into those findings. Thank you very much.

Mr Watt: Thank you very much.

Ms McAnespie: Thank you.