



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# **Guidelines for Developing Extra Care Housing in Wales**

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## **Contents**

1. Introduction
2. Aims and Objectives
3. Strategic Framework – national policy context
4. Local Strategic Framework
5. Older Persons' Accommodation Strategy
6. Defining Extra Care Housing
7. Partnerships
8. Selection of Consortium
9. Private Sector Provision
10. Location
11. Design
12. Mixed Tenure
13. Revenue Funding
14. Selection, Assessment and Nominations
15. The Management and Delivery of Care and Support
16. Extra Care Housing for Black and Minority Ethnic Elders
17. Dementia
18. Assistive Technology and Telecare
19. Funding Regime
20. Bidding Process

## **Appendices**

- A Checklist
- B Examples of partners
- C List of consortiums
- D Zoning arrangements
- E Extra care facilities funded by Social Housing Grant
- F Characteristics of Care / Care Commission in Extra Care
- G Tenancy agreements for people with dementia
- H Possible uses of Telecare and Assistive Technology
- I Glossary

## 1. Introduction

These guidelines are intended to assist local authorities and their various partners when planning the development of extra care housing.

In recent years several authorities and consortiums/housing associations have gained valuable experience in developing extra care housing schemes.

With a rolling programme of extra care schemes in place, funded by the Welsh Assembly Government, it is now appropriate to draw on the experience and invaluable work that has been carried out to date and publish guidelines.

We anticipate that these guidelines will continue to develop over time as we all gain further experience and knowledge of extra care housing.

In addition to these guidelines you are encouraged to access:

- “Accommodation Strategies and Developing the Role of Extra Care Housing” – commissioned by the Welsh Assembly Government and produced by the Institute of Public Care (IPC). This information is available on the Housing website.
- The range of material published by the Department of Health’s Change Agent Team, Housing Learning and Improvement Network (LIN) at: [www.changeagentteam.org.uk/housing](http://www.changeagentteam.org.uk/housing).
- The specific reference documents referred to in these guidelines.

## 2. Aims and Objectives

It is hoped that these guidelines will:

- explain the role of extra care within the spectrum of older persons housing provision.
- encourage a strategic approach to the development of extra care housing, based on the needs and aspirations of older people.
- cover the range of factors that should be considered when commissioning extra care schemes.
- assist in the development of new extra care housing in areas of Wales where need has been demonstrated.
- promote the independence of older people and provide a wider range of accommodation and care solutions to address their needs.
- contribute to the provision of independent housing with support and long term care.
- contribute to the range of solutions to prevent unnecessary hospital admissions; and/or assist in reducing delayed transfers of care from hospital.

- stimulate effective local partnerships between the NHS, local housing authorities, local social services departments, Supporting People teams, care providers, housing associations and private sector and other developers of extra care housing in the interests of older people.
- provide information on the funding regime for extra care schemes from the Social Housing Grant (SHG) programme.

### **3. Strategic Framework - National Policy Context**

Extra care housing should be commissioned and developed within both national and local policy contexts.

Nationally there is now a greater coherence about the important role that housing plays in the successful delivery of health and social services.

There are a number of national policies that are shaping the nature of services for older people including:

- NHS and Community Care Act 1990 – people can expect to be cared for in their own homes rather than institutions.
- Royal Commission into Long Term Care 1999 – findings include examples of new models of care provision.
- Health, Social Care and Well-being Strategies – embrace the wide range of local government functions, which contribute to locally led action on health and well-being, including housing.
- Creating a unified and fair system for assessing and managing care – “assessment builds a rounded picture of the older person’s needs and circumstances, including not only health and social care issues but also relevant housing, benefits, transport and other issues.”
- Report of the Wales Care Strategy Group – emphasises the importance of minimising, wherever possible the overall levels of dependency by delaying or reducing them for as long as possible and helping older people maintain their independence.
- Strategy for Older People – which aims to promote the provision of high quality services and support to enable older people to live as independently as possible in a suitable and safe environment and ensure services are organised around and responsive to their needs.
- National Service Framework for Older People – refers to the need for various different housing options to be available to people as they grow older, including extra care housing.
- “Independence and Housing Needs of Older People” – report from the Social Justice and Regeneration Committee. The terms of reference included the identification of what new provision is needed to cater for the needs of an ageing population. The Report recommended that the Welsh Assembly Government issue specific guidance on the provision of extra care housing.

- Social Services Directions Paper – to be published for consultation in May/June 2006, makes reference to extra care housing.

In addition, in 2004, the Audit Commission in England published a series of five reports that explore the nature of change required from public services in relation to the independence and well-being of older people. Much of this work will apply in Wales. These cover the majority who have no need of care services (but who have a wide range of other concerns) and the minority of frail older people who may need support and care. An overarching report entitled “Older People – Independence and Well-being: The Challenge for Public Services”, together with a series of reports examines in detail the issues affecting older people.

*Further details can be found in “The Strategy for Older People in Wales” – Welsh Assembly Government*

#### **4. Local Strategic Framework**

At local authority level extra care housing should be commissioned and developed as a result of joint strategic planning across health (LHBs, acute and mental health trusts), housing, social care, voluntary and independent sectors.

When considering the development of extra care housing, local authorities need to consider the needs of older people across all tenures and ethnic backgrounds, as certain characteristics and needs in old age are common to all.

Consideration should be given to the current and future demographics of the area and identification of those people for whom extra care will be appropriate. Consideration should also be given to the quality and quantity of current provision across all sectors.

An evaluation of the above will point to a number of different possible starting points when planning the provision of extra care housing including:

- re-provision of residential care. This might be in response to poor standards of residential accommodation, increased expectations of older people and/or the desire to create a new culture of care
- need to develop intermediate care in housing based settings to focus on independence and rehabilitation
- need to make better use of existing sheltered housing provision
- re-provision of day care
- need for improved community based health and social care services
- shifting the focus from acute care into the community
- need to work within context of Supporting People funding and grant arrangements

Whilst there may be a range of different drivers for the development of extra care housing this should be reflected in the following local strategic plans:

- Local Housing Strategies
- Supporting People Operational Plans
- Health, Social Care and Well-being strategies
- Local Commissioning Strategies for Services for Older People

A checklist of useful questions to ask when approaching extra care housing is at Appendix A.

*Further details can be found in “Accommodation Strategies and Developing the Role of Extra Care Housing” – IPC; “Achieving Success in the Development of Extra Care Schemes for Older People” – Case Study Report by Nigel Appleton for Housing LIN/Department of Health; “Commissioning and Funding Extra Care Housing – Housing LIN Factsheet 2 / Department of Health; “Developing and Implementing Local Extra Care Housing Strategies – Department of Health.*

## **5. Older Persons’ Accommodation Strategy**

In 2006/2007 the Welsh Assembly Government will be issuing guidance to local authorities on the commissioning of an Older Persons’ Accommodation Strategy. Local authorities will be encouraged to develop a range of commissioning strategies for specific client groups including older people, learning disabilities, physical and sensory disabilities.

In the meantime, in order to develop a strategic approach to extra care housing local authorities may wish to develop an Older Persons’ Accommodation Strategy as part of their commissioning strategy for the following reasons:

- a piecemeal approach or leaving it to market forces may mean ending up with the wrong types of development , for the wrong population in the wrong location. This can mean importing people from other areas who will make demands on health and social services.
- the need to get the health and social care infrastructure in place to meet planned developments.
- it becomes a good vehicle to talk to the independent and voluntary sector about future demand and plans.

The National Service Framework (NSF) for Older People in Wales requires the development of joint service and commissioning plans for the integrated care of older people. An older persons’ accommodation strategy will be a key component of any joint commissioning plan.

*Detailed guidance around developing an older persons' accommodation strategy is included in the "Accommodation Strategies and Developing the Role of Extra Care Housing" - IPC*

## **6. Defining Extra Care Housing**

Extra care housing, very sheltered housing and a range of other terms are often used interchangeably to describe a type of housing, care and support that falls somewhere between traditional sheltered housing and residential care.

Extra care housing offers an environment in which care and support is close at hand, but where an independent life style can be retained as far as possible. It includes housing that offers self-contained accommodation for rent/equity share/outright sale together with communal facilities, and where care, as well as support services are available from a team based on site.

While the primary purpose of residential care is to provide care and support within safe and secure accommodation the primary purpose of extra care housing is to provide easy to manage accommodation that supports residents' independence. Care and support are available on site but residents have the option of purchasing services either directly from the extra care provider or from elsewhere should they wish.

Extra care housing can be seen to offer an alternative to residential care and play a useful role providing respite care, together with a base for good intermediate and rehabilitative care. Most importantly it has the flexibility to provide added health gains and reduce pressures on acute services, such as tackling delayed discharges from hospital.

Extra care can be a major contributor to local authorities "preventative strategy", enabling residents to sustain high levels of independence. Most extra care housing schemes include residents with a range of dependencies.

In the UK in the early 1990s extra care housing began to attract attention as the public agenda began to recognise and plan for the needs of an increasing older population. Whilst extra care housing can vary in design and service delivery, it is now generally agreed that good extra care housing is as much to do with its philosophy, as to do with bricks and mortar. The philosophy is one of **independence, enablement** and **choice**. Residents are encouraged to do things for themselves and other residents and staff are trained to assist rather than "do for". Defining elements of extra care housing include:

- living at home, not in a home
- having one's own front door
- the provision of culturally sensitive services delivered within a familiar locality

- flexible care delivery based on individual need – that can increase or decrease according to circumstances
- the opportunity to maintain or improve independent living skills
- the provision of accessible buildings with smart technology that makes independent living possible for people with physical or cognitive disabilities including dementia. Accessible buildings means accessible to lifetime standards to accommodate changing needs where an individual may require a hoist or wheelchair without requiring major adaptations or change of address.
- building a real community including mixed tenures and mixed abilities.
- the inclusion of facilities and services, which are also used to support people living in the local community.

Further details can be found in “Extra Care Housing: What is it?” – Housing LIN Factsheet no 1 Department of Health

## **7. Partnerships**

Once there is agreement to develop extra care housing, local authorities are expected to work in partnership with a range of organisations to inform decisions that need to be made.

To do this it is essential that there is a common vision of what local authorities are hoping to achieve and what providers are expecting to provide.

*A list off possible partners to consider when planning extra care housing is at Appendix B.*

## **8. Selection of Consortium**

In taking forward the provision of an extra care scheme that is to be funded by Social Housing Grant (SHG), local authorities are required to choose a consortium/housing association as development partner.

At the time of writing there are six consortiums in Wales with provisional development status, each consisting of a group of housing associations (see Appendix C). All consortiums are expected to meet all criteria for full development status by December 2006. All six consortiums have successfully bid for SHG allocations for extra care.

In choosing its preferred partner a local authority should have regard to the following:

- a consortium or housing association within a consortium, cannot be chosen if it is not zoned to develop in the local authority area.



- where there is more than one zoned consortium in an authority's area, the choice of partner is entirely at a local authority's discretion.
- where local authorities request zoned consortiums to bid for the opportunity of developing an extra care scheme the selection process must be open and transparent. Selection should take place at an early stage in the process and not involve associations in undue abortive work and expense.
- associations within a consortium are not able to bid against each other for extra care schemes.

The zoning arrangement for extra care housing in Wales is at Appendix D.

## **9. Private Sector Provision**

Although these guidelines focus mainly on the provision of extra care housing through partnerships between local authorities and consortiums/housing associations, the Welsh Assembly Government recognises that the model of provision provided by this partnership is not the answer for all older people and there is a need to develop a mix of models and tenures.

Partnerships with the private sector can assist in increasing the supply of extra care housing and therefore enhance the care choices of older people.

Local authorities should ensure they have mechanisms in place for its planning department to alert housing, health, and social care professionals of any planning applications to build specialist accommodation for older people from the private sector. Such notification will enable dialogue with the developer to pursue areas of mutual interest. Planning departments must be included in the partnership for developing accommodation strategies and services.

*Further details can be found in "Private Sector Provision of Extra Care Housing" – Housing LIN Factsheet no 7 Department of Health*

## **10. Location**

When choosing the location/site of an extra care scheme, a local authority and its partner should have regard to the following factors:

- a. The broad geographical area (determined by demographic trend/demand for the current and future needs of extra care housing provision)

b. Site specific criteria which can include:

- ⇒ relationship with community
- ⇒ easy access to bus/rail services
- ⇒ proximity to retail/GP/leisure facilities
- ⇒ links to existing services for older people
- ⇒ proximity to other older persons accommodation
- ⇒ easy access to primary care services
- ⇒ planning requirements/constraints
- ⇒ potential market for mixed tenure (see section 12)
- ⇒ opportunity for joint working with private sector

c. Newbuild versus re-modelling

A key decision for some local authorities will be whether to redesign existing older sheltered housing or residential care home or to build from new.

Remodelling of sheltered housing or residential care homes must include consideration of individual flats, including kitchen and bathroom refurbishment and increased space standards. Consideration must also be given to for example, communal facilities such as lifts, lounges, entrance halls, assisted bathing.

Many existing sheltered housing schemes and /or residential care homes will not be suitable for conversion to extra care housing and it may be more cost effective to de-commission and demolish existing buildings and use the site for a new build model or for some other purpose. In all instances it is recommended that a comprehensive option appraisal be carried out to ascertain value for money.

d. Both planning obligations and publicly owned land can be used to deliver affordable housing, including extra care schemes. The draft Affordable Housing Toolkit issued by the Assembly Government for consultation in July 2005 provides a useful source of advice on the tools and powers available to authorities and their partners in this area. It is anticipated that the final version of the document will be available by May 2006 as part of a comprehensive package of measure dealing with affordable housing.

*Further details can be found in "Refurbishing or remodeling sheltered housing: a checklist for developing Extra Care" – Housing LIN Factsheet no 10 Department of Health.*

## 11. Design

The Welsh Assembly Government's document "Development Quality Requirements: Design Standards and Guidance May 2005 (DQR) sets out minimum standards for projects funded from Social Housing Grant (DQR 1.3.2) and provides good practice on the design of extra care schemes.

This section summarises the main themes and drivers behind the design and development of extra care housing schemes

In designing extra care schemes it is accepted that there is no set model and extra care can take many forms. Whilst there should not be a rigid approach to design there are some key themes that should be considered:

- the provision of a "Home for Life" – as far as practically possible
- the creation of an enabling environment
- a domestic style
- an environment that will help staff to run and manage the building efficiently and to meet the care support needs of residents.
- an environment that will allow individuals to find privacy, comfort, support and companionship
- the creation of a resource for the local community
- long term flexibility

The design brief should be agreed by all the parties and as a minimum should take into consideration:

- size and mix of the development
- tenure mix
- provision of care services
- dementia Care (if required)
- specific cultural requirements
- meals provision
- laundry facilities
- bathing Facilities
- leisure requirements
- parking
- access arrangements
- refuse collection and storage
- SMART Technology

The design of an extra care scheme should take into consideration the likely impairments that residents will experience with increasing age and frailty:

- visual impairment
- hearing impairment
- mobility impairment
- cognitive impairment

The design of an extra care scheme should take into consideration the requirements of the staff who will ensure the smooth running of the scheme with regard to:

- easy access to all areas of the building
- provide care to residents discreetly
- conveniently located ancillary accommodation
- comfortable and functional office and rest space

### Qualifying elements for Social Housing Grant (SHG)

Schemes will inevitably contain a mixture of housing, health care, social services and leisure elements. The facilities funded are those that are of direct benefit to the residents. Facilities designed to benefit the wider community may be provided as long as costs are identified and funded separately.

Consortiums should discuss scheme design at an early stage with the Assembly and submit plans as soon as practicable.

The Assembly Government expects SHG funded schemes to include most of the facilities indicated at Appendix E.

*Further details can be found in “Development Quality Requirement: Design Standards and Guidance – Welsh Assembly Government; “Design Principles for Extra Care” – Housing LIN Factsheet no 6 Department of Health; “Models of extra care and retirement communities”- Housing LIN Factsheet no 4 Department of Health*

## **12. Mixed Tenure**

For all Social Housing Grant (SHG) funded schemes, the Welsh Assembly Government expects local authorities and its consortium/housing association partners to give full consideration to the provision of mixed tenure in its extra care housing schemes. The split of rented, equity share and units for outright sale should reflect the needs of the local area and can change over time in line with housing need with the use of tenure neutral policies.

It is necessary to take account of mixed tenure as it reflects the existing and future tenure patterns amongst older people. In many parts of the country homeownership among people over sixty already exceeds 75% and this will be the national average by 2011.

At the point of retirement, three out of four households are now owner occupiers and this is expected to continue to rise, therefore, it is important that extra care schemes offer some opportunities for outright sale or equity share.

The benefits of offering some units of extra care for sale or equity share can be summarised as:

- meeting demographic need
- assisting in creating a balanced community
- meeting demand
- meeting the need of asset rich, cash poor older owners
- offering choice

Sale or equity share can in some circumstances improve financial viability. For example, the receipt from properties sold can reduce the amount of borrowing required. Where the market value of dwellings sold exceeds cost, the profit element can be used to subsidise the provision of dwellings for rent or for funding additional facilities. For poorer owner occupiers, shared equity can mean that if proceeds from the sale of their property are reinvested in new property this does not count as an asset for the purposes of either IS/Pensioner Guarantee or HB thresholds.

Planning of extra care schemes should include an appraisal of the likely market for sale or equity share and consider potential achievable values in relation to development costs.

*Further details can be found in “Mixed Tenure in Extra Care Housing” – Housing LIN Technical Brief no 3 Department of Health*

### **13. Revenue Funding**

The fundamental principle that applies to the revenue funding of extra care housing is that it is housing and not care. Generally, the same rules apply to residents of extra care housing as apply to people with the same type of tenure living in other forms of housing.

It is possible in the design of extra care housing to bring together a number of different funding streams in order to provide a range of services, which despite their disparate funding sources are well co-ordinated and cohesive at the point of delivery.

#### Service costs and funding sources

The fundamental services provided in extra care housing can be broadly broken down into the following categories:

- accommodation
- housing management and other accommodation-related services
- support services
- care services

Each of these categories may be funded from a range of revenue sources including:

- housing benefit
- Supporting People funding
- social services funding
- residents themselves, including use of Attendance Allowance and Direct Payments

The way in which the contribution of each funding source is structured can vary and the proportion that each of these funding sources contributes towards a given service will depend on a range of factors including:

- the chosen model – for example in some models the scheme manager post may be funded entirely through Housing Benefit and Supporting People (varying proportions), while in others, Social Services may also make a contribution
- the way in which the landlord has defined and therefore apportioned certain activities, for example the Estate Manager service and the alarm service
- the tenure of the resident
- the financial status of each resident

### Supporting People

The Supporting People initiative changed the way that housing related support services are commissioned and funded. Funding for older people's schemes is through Supporting People Grant (SPG) which is distributed through local authorities, which, in partnership with other stakeholders, plan and purchase services to meet local need. The budget is now capped nationally and local commissioning bodies are required to prioritise within available funding, in line with local need.

### Strategic Considerations

The development of new extra care schemes should not be proposed without careful consideration of the spectrum of accommodation and support services for older people in the local community. Ideally local commissioners should consider producing an accommodation strategy for older people, which looks at the supply of personal care and housing related support services. The strategy should compare need relative to supply and indicate where there may be a need to invest in innovative services and possibly dis-invest from less appropriate existing services. The accommodation strategy can then inform the local Supporting People Operational Plan.

An accommodation strategy can be a useful tool to support risk assessments when making decisions to decommission or re-configure existing services.

## New Services

A new extra care scheme will be likely to need some revenue funding for housing-related support as a part of the funding package. This may, but need not necessarily, be provided through the Supporting People Grant, depending on whether the scheme meets local needs, and provides good value.

Where SPG is to be used, Social Housing Grant conditions require that local authorities have established the availability of both revenue and capital funding.

*Further details can be found in "Funding Extra Care Housing" Housing Learning & Improvement Network Technical Brief No.2 : Department of Health*

## **14. Selections, Assessment and Nominations**

Criteria for entry to an extra care scheme should be decided well before the opening of any scheme and needs to be the result of discussion between all commissioning partners and the provider. It is helpful if local health partners are also involved in these discussions.

The balance of dependency within the scheme can only managed on entry but people will remain as they get more dependent. Therefore, newly available places may well be assigned to people who are relatively able. Usually it is the scheme manager in consultation with the allocations panel, who will know what level of dependency is appropriate in a potential new occupant, but the reasoning behind the decision needs to be clearly understood by all involved.

In making allocations it is important that all partners are represented and that conflicting organisational objectives are made explicit early in the process.

For SHG funded extra care schemes that include rented, shared equity or leasehold units it is suggested that the lettings policy be agreed between the consortium/housing association and the local authority.

Where extra care is developed without SHG with individual residents purchasing a long lease, the arrangements are different. In this model residents must meet the criteria set out in the lease and have the resources to purchase a lease.

## **15. The Management and Delivery of Care and Support**

### The Separation of Housing and Care

Although care is a vital part of the overall service extra care housing is fundamentally a housing provision. People live in their own homes and the

care delivered is domiciliary care, **not** residential care. Care is provided to residents in their own homes on the basis of a care plan (or joint care and support plan), as defined by the security of tenure afforded either by an assured tenancy or a range of home ownership arrangements.

There is great diversity in the way the scheme based care provision can be commissioned, managed, configured and delivered. Despite the variety, there are also common features and good practice points, which are universally applicable.

Keeping care and housing provision separate is an important element in reducing the risk of being seen to provide “accommodation and care together” within the meaning of the Care Standards Act and therefore be required to register as a care home. Commissioners of extra care housing schemes, along with the care and housing providers, are advised to meet with the Care Standards Inspectorate for Wales (CSIW) at an early stage of the service design process

Receiving and paying for care in extra care housing for rent should not be written in as a condition of tenancy. However, being in need of care is usually included as one of the eligibility and allocation criteria agreed jointly between social services, housing department, housing provider and other partners, such as health.

The resident has a contract with the housing provider for the accommodation and related services, and should have a separate agreement covering the care. Where Social Services have commissioned the care, this agreement will usually be with them. This means that issues arising out of the care agreement cannot jeopardise the security of tenure afforded by the Tenancy Agreement, e.g. the resident refusing to pay the care charge.

The same principle applies in extra care housing for sale. Where the commissioner of care is the resident rather than Social Services the care agreement will be between the resident and care provider, but should not be part of the lease or tenancy. This should be in the form of a separate contract

### The Delivery of Care Services

In comparison with ‘traditional warden’ services in sheltered housing (which only provide “neighbourly support” and perhaps help with some practical tasks, which are not defined as personal care) the provider of care within an extra care setting must be registered as a domiciliary care provider with the Care Standards Inspectorate for Wales (CSIW).

The Care Standards Act 2000 does not include a definition of "personal care" however it is the Welsh Assembly Government's view that its meaning includes:

- assistance with bodily functions such as feeding, walking, and toileting



- care which falls just short of assistance with bodily functions, but still involving physical and intimate touching

In relation to personal care, the requirement under the Care Standards Act for registration as a care home is only triggered where personal care is provided and, in addition, where the most intensive kind of personal care (1<sup>st</sup> bullet point) is available, when such assistance is required.

The definition of personal care given in the two bullet points above will be likely to trigger a requirement under the Care Standards Act for registration in respect of a domiciliary care agency, irrespective of whether other kinds of personal care and support are also provided by such an agency.

However it should be noted that, in certain circumstances, *non-physical care may also fall within the meaning of 'personal care' and trigger the requirement for registration in respect of a domiciliary care agency.* Again, early consultation with the CSIW is advised.

An important defining feature of extra care housing, as distinct from other forms of sheltered housing, is the round the clock presence of a care or combined care and support provider. Ideally, a dedicated team of staff delivers the care, even if the scheme is also used as a base to provide domiciliary care to people living in the surrounding community.

Supporting independence is central to extra care housing and care should be delivered in such a way as to genuinely promote and encourage independence. This means supporting people to do things for themselves rather than simply (and sometimes more easily) doing things for people. The way in which care is delivered is critical to achieving this. Staff should be trained to support independent living and care plans should be written in such a way as to enable this approach. Allowing too little time or being overly prescriptive undermines achievement of this objective.

A useful summary of the characteristics of care and care commissioning in extra care housing is at Appendix F.

*Further details can be found in: "Care in Extra Care Housing – A Technical Brief" Housing LIN Technical Brief No. 1; Department of Health / CSIP*

## **16. Extra Care Housing for Black and Minority Ethnic (BME) Older People**

The Welsh Assembly Government published its Black, Minority Ethnic Housing Action Plan for Wales in September 2002. The plan has required all local authorities to have in place by April 2004 an individual BME Housing Strategy, or be a partner to a regional and/or multi-agency BME Housing Strategy.

One of the aims and objectives of the Welsh Assembly Government's plan is for "All social landlords to recognise and address the needs of BME individuals and families in the development and adaptation of accommodation, learning from the successful projects that have been completed in the UK to date".

When commissioning extra care housing, local authorities and providers need to have an understanding of the cultural diversity in their area and ensure that they respond to the current and future housing needs of BME older people.

Consideration of the needs of BME groups should be an integral part of the design process. They should not be treated as an afterthought and design requirements should be incorporated in a sensitive way so as to preserve cultural identity as well as ensuring that the completed project harmonises with its surroundings. This can be best achieved through working with local BME agencies, groups or services, such as faith groups, community groups, workers' groups and others at the start of the project as they can advise on the needs of the different communities and assist with publicising the completed scheme.

*Further details can be found in "Development Quality Requirements (DQR): Design Standards and Guidance May 2005" Welsh Assembly Government and "Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges" Housing LIN Report; Department of Health / CSIP*

## **17. Dementia**

Extra care housing has a major contribution to make in promoting the independence of individuals with dementia. With its 24 hour care cover support extra care housing offers the potential to meet the needs of people with dementia which less supported forms of housing cannot. However extra care housing may not be appropriate for people entering the scheme with dementia in its advanced stages. The accommodation strategy for older people should address how people at different stages of dementia will be accommodated. Any application for funding will need to identify who the scheme is designed for and how their care needs, will be met.

The following principles reflect what is considered to be good practice in the provision of extra care housing to people with dementia:

- extra care housing is appropriate for people with dementia provided higher levels of care and / or specialist services are available. If someone moves in early in their dementia they may, with appropriate support, be able to live there for life.

- people should move to extra care housing as early as possible whilst they still understand what they are entering into, still have capacity to develop relationships and are able to adapt to new surroundings with support.
- it is helpful if people have early specialist assessments and diagnosis so that they can plan and prepare for the future.

There is widespread acceptance that where dementia develops in residents who are already well established within the life of a scheme both they and their neighbours find the situation easier to deal with. Most providers will only look to move residents on to other settings in the most extreme circumstances.

Whilst some providers have adopted a policy of de facto segregation of those with moderate to severe dementia in specialized wings or clusters others have opted for dispersal believing that people with dementia do best among those whose capacities are not so impaired.

Details on tenancy agreements for people with dementia are attached at Appendix G

*Further details can be found in “Supporting People with Dementia in Extra care Housing: an Introduction to the Issues” Housing LIN Factsheet 14 Department of Health; “The Challenges of Providing Extra Care Housing to People with Dementia” Housing LIN Viewpoint No.1 Department of Health*

## **18. Assistive Technology and Telecare**

### Assistive Technology (AT)

This is “an umbrella term for any device or system that allows an individual to perform a task that they would otherwise be unable to do or increases the ease and safety with which the task can be performed” (Cowan & Turner-Smith, 1998) Alternately defined as “equipment or systems that can assist people who have difficulties, due to age or disability, in carrying out every day activities” (Curry et al: The Use of ICT to support independent living for older and disabled people)

### Telecare–Care

This can be provided at a distance using ICT, generally to people in their own homes (Curry et al 2002). Or “the remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems” (Banes et al 1998)

Any application of assistive technology that could be useful in someone’s own home can be used in extra care. In addition extra care developments include a range of facilities and amenities that may be made safer, more useable or accessible by assistive technology. In public areas of buildings additional uses

may be found or indeed be necessary such as CCTV, door openers, remote door entry system. Finally economies or better control may be possible through systems incorporated in buildings, in particular in relation to heating, ventilation and safety.

A Telecare / assistive technology system can provide a communication infrastructure between resident, carer, visitors, housing manager and monitoring centre. Staff can receive alarm and telephone calls on cordless handsets anywhere on-site.

In this way telecare can reduce the risks associated with living independently and prevent minor problems becoming major incidents by quickly alerting carers to important events such as the raising of a call from a personal radio trigger, inactivity, and the detection of falls, smoke, dangerous gases or floods. The exact combination of alerts can be tailored to the needs of each individual resident.

In addition the potential exists for a telecare service to provide a platform by which extra care can provide a base for resources to support not just the residents of the extra care housing facility itself but also people in need of care and support within the wider neighbourhood through the provision of a monitoring and/or response service based at the extra care scheme.

Possible uses of Telecare and Assistive Technology in extra care housing are at Appendix H.

*Further details can be found in: "Assistive Technology in Extra Care Housing" Housing LIN Factsheet No.5; Department of Health / CSIP*

## **19. Social Housing Grant (SHG) Funding Regime**

### Background

To date, extra care housing schemes in Wales have been funded by Social Housing Grant (SHG) from the Welsh Assembly Government, private finance raised by the housing association and in some cases a contribution of land and/ or buildings from one of the partners involved in the development of the scheme.

### Social Housing Grant (SHG) Budget

From 2006-2007, the SHG budget makes specific provision for extra care housing:

	2006-2007	2007-2008	2008-2009
Extra Care Funding	£10m	£20m	£20m

In 2005-2006, following the introduction of a new bidding system for the Social Housing Grant programme, cash limited allocations have been awarded to six development consortiums. These allocations are linked to investment targets for each local authority that the consortiums operate in. The Welsh Assembly Government has approved a list of development schemes for each consortium to deliver.

Separate cash limited allocations have been provided to consortiums from the extra care funding budget. These allocations are scheme specific and should schemes fail they cannot be transferred to alternative main programme schemes. Where schemes delayed the consortium has to accommodate the funding of the scheme from its overall allocation. In both cases consideration can be given to transferring funding to alternative extra care schemes being developed by the consortium.

### Tariff

The Welsh Assembly Government sets the grant limit on extra care schemes. The grant limit is calculated using a basic tariff assumption for each unit type. This will vary depending on the appropriate cost grouping for the area.

When bidding for extra care schemes local authority/consortiums will be expected to demonstrate the rationale for the mix of 1 and 2b homes chosen. The Welsh Assembly Government will also need to know the mix at an early stage to assist in programme planning as it impacts on levels of grant.

Local Authorities and consortiums should contact the Assembly at an early stage to receive advice on likely grant levels.

Due consideration should be given to the level of funding available from the Assembly Government when considering the design, unit mix and range of additional facilities to be provided. As the level of Social Housing Grant is fixed, all costs over this amount will need to be supported by private finance.

## **20. Bidding Process**

Following the introduction of "Developing Partnerships: A New Approach to Social Housing Grant Programme Distribution and Delivery, the Welsh Assembly Government will invite local authorities to bid for SHG funded schemes including extra care schemes each summer (June/July). Bids will usually be returned in the autumn (October), with allocations announced before the end of the financial year (January/February).

## Allocation of Funds and Evaluation of Bids

In reaching decisions on the allocation of funds to extra care schemes the Housing Directorate will take advice from colleagues in the following organisations:

- Social Services Inspectorate for Wales
- Care Standards Inspectorate for Wales
- Officials from the Health and Social Care Department.

Priority will be given to proposals which:

- demonstrate how the scheme/s meet/s the strategic objectives of the authority
- demonstrate the need/demand for the scheme/s
- evidence of partnership working across health, housing, social services, planning, Supporting People teams and the voluntary sector at both strategic and operational level
- include an appraisal of the likely market for mixed tenure provision
- maximise the use of Social Housing Grant by attracting funds from partners and mixed tenures
- demonstrate clarity about the partnership both for developing the scheme and managing it on completion.
- demonstrate clear and effective service delivery of care and support services
- have an acceptable design concept
- have a suitable location
- have an allocations policy
- demonstrate value for money
- have site ownership/terms agreed
- have planning approval or can demonstrate the support of planning officers

The Housing Directorate may require each authority to make a presentation to a group of Assembly Government officials from Housing, Health and Social Care. Where this is necessary, full details will be provided at the appropriate time.

## Appendix A

### Checklist

In approaching the commissioning of extra care housing it may be helpful to ask:

- What are the relevant local strategic objectives drawn from the main strategy documents which will influence the development of an extra care strategy?
- What are the local policy priorities that need to be considered?
- What information is available about current and future needs to which extra care housing might respond?
- What is the current supply of sheltered housing in all sectors, what is its condition and of the intentions of those who own and manage it?
- What is known about extra care schemes already established in the area/region?
- What is the current supply of residential care places in all sectors, what is known its condition and of the intentions of those who own and manage it?
- Are there sheltered schemes that might be refurbished and what level of extra care could they provide?
- In thinking about refurbishment or replacement who should be consulted with, about what, and in what order?
- If local thinking is towards refurbishment of sheltered housing, will the more generous space standards required by extra care housing mean a reduction in the number of units and how might this impact on local provision?
- Who are the partners in health, housing and social care, in statutory, voluntary and commercial sectors that need to be involved in planning the provision of extra care housing?
- What common objectives do the partners have that are in line with national and local strategic objectives?
- Can the authority demonstrate that it is working with the full range of agencies that is appropriate?
- Is there clear evidence that the private and voluntary sectors have been involved?

## Appendix A

- What mechanisms will be used for consultation with users and carers and local minority groups
- How will a partner be selected to develop the scheme or schemes?
- What land is available now and in the future? This includes brownfield sites, or sites released by the re-provisioning or remodelling of existing residential homes or older sheltered housing schemes?
- What are the elements in our specification for the scheme that could be considered essential and what discretionary?
- What are our arrangements for consulting with older people and securing their input to the specification and design of the scheme?
- Has full consideration been given to mixed tenure?
- What arrangements are there for assessment prior to allocation and how are these related to Single Assessment arrangements in place?
- What is the relationship between the accommodation and care services we are considering and developments in intermediate care?
- Is it expected that management of all aspects of the scheme (housing and estate management, care services, catering and so on) are to be provided by a single organisation or is it to be split between two or more organisations?
- Are there clear local agreements about who commissions, manages and monitors contracts and management arrangements?
- Have the needs of people from Black and Minority Ethnic community been considered and how these might be met through Extra Care Housing?
- What capacity is there locally to respond to the accommodation and care needs of people with dementia and their carers?
- What role might assistive technology and telecare have in supporting the pattern of care to be provided through the scheme?
- How will the scheme be funded capital and revenue?
- Has the scheme/s been discussed with Welsh Assembly Government officials?



## Appendix B

### Examples of Partners

The attached list is not exhaustive but includes those who have major and minor roles in the development of extra care housing.

Academic Institutions  
Age Concern  
Alzheimer's Society  
Architects  
Community Leisure (LA)  
Current Service Users  
Carers  
Care Forum Wales  
Care and Repair  
Elected members  
Estates (LA)  
50+ Forum  
GPs  
Home carers and residential home staff  
Hospital Consultants  
Housing Department (LA)  
Housing Associations  
Housing officers and warders  
Independent Sector Providers  
Local Health Board  
Occupational Therapy  
Planning (LA)  
Police  
Spiritual leaders  
Social Care (LA)  
Social Workers  
Supporting People (LA)  
Treasurers (LA)  
Telecare Providers  
Voluntary Sector Providers

## Appendix C

### Consortiums with Provisional Status in Wales

Consortium	Housing Association
BM/C/F/G (will be renamed shortly)	Gwalia Cantref Family Bro Myrddin
DEVCO	Hafod Dewi Sant Rhondda Pontypridd & District Merthyr Tydfil Cynon Taf
THE GENuS CONSORTIUM	Eastern Valley Seren (inc. Charter, Fairlake & Gwent Homes) Newport Housing Trust Gwerin
THE INTEGRATE PARTNERSHIP	Cardiff Community Cadarn Cadwyn Taff Valleys to Coast United Welsh Swansea Pembrokeshire
SYNIAD	Wales and West Glamorgan and Gwent Clwyd Alyn
UNDOD	North Wales Mid Wales Tai Eryri Tai Clwyd

## Appendix D

<b>Local Authority</b>	<b>Consortium</b>	<b>Housing Association</b>
Blaenau Gwent	GENuS	Gwerin
	INTEGRATE	United Welsh
	SYNIAD	Glamorgan & Gwent
Bridgend	DEVCO	Hafod
	SYNIAD	Glamorgan & Gwent, Wales & West
Caerphilly	GENuS	Charter
	INTEGRATE	United Welsh
	SYNIAD	Glamorgan & Gwent, Wales & West
Cardiff	DEVCO	Hafod
	INTEGRATE	Cadwyn, Cardiff Community, Taff, United Welsh
	SYNIAD	Glamorgan & Gwent, Wales & West
Carmarthenshire	BM/C/F/G	Bro Myrddin, Cantref, Family, Gwalia
Ceredigion	BM/C/F/G	Cantref
	UNDOD	Mid Wales
Conwy	SYNIAD	Clwyd Alyn
	UNDOD	Clwyd, North Wales
Denbighshire	SYNIAD	Clwyd Alyn, Wales & West
	UNDOD	Clwyd
Flintshire	SYNIAD	Clwyd Alyn, Wales & West
	UNDOD	Clwyd
Gwynedd	UNDOD	Clwyd, Eryri, North Wales
Isle of Anglesey	SYNIAD	Clwyd Alyn
	UNDOD	Eryri, North Wales
Merthyr Tydfil	DEVCO	Hafod, Merthyr Tydfil
	SYNIAD	Wales & West
Monmouthshire	GENuS	Eastern Valley, Charter, Gwerin
Neath Port Talbot	BM/C/F/G	Gwalia
	DEVCO	Dewi Sant
	INTEGRATE	Swansea
	SYNIAD	Glamorgan & Gwent
Newport	GENuS	Charter, Gwerin
	SYNIAD	Glamorgan & Gwent
Pembrokeshire	BM/C/F/G	Bro Myrddin, Cantref
	INTEGRATE	Pembrokeshire
Powys	BM/C/F/G	Cantref, Gwalia
	GENuS	Gwerin
	SYNIAD	Clwyd Alyn
	UNDOD	Clwyd, Mid Wales
Rhondda Cynon Taff	DEVCO	Cynon Taf, Hafod, Pontypridd& District, Rhondda
	INTEGRATE	Newydd
Swansea	BM/C/F/G	Family, Gwalia
	DEVCO	Dewi Sant
	INTEGRATE	Swansea
Torfaen	GENuS	Eastern Valley, Charter, Gwerin
Vale of Glamorgan	DEVCO	Hafod
	INTEGRATE	Newydd
	SYNIAD	Wales & West
Wrexham	SYNIAD	Clwyd Alyn, Wales& West
	UNDOD	Clwyd

## Appendix E

### Facilities that can be funded by Social Housing Grant (SHG)

Flats	
<b>Staff Areas</b> <ul style="list-style-type: none"> <li>• Manager's office</li> <li>• Carer's office</li> <li>• Kitchen manager's office</li> <li>• Staff toilet(s)</li> <li>• Staff rest/locker room</li> <li>• Sleep over room</li> </ul>	<b>Service Area</b> <ul style="list-style-type: none"> <li>• Laundry</li> <li>• Kitchen</li> <li>• Snack preparation</li> <li>• Meter room</li> <li>• Lift plant room</li> </ul>
<b>Ancillary Areas for Residents/Visitors</b> <ul style="list-style-type: none"> <li>• Lounge area(s)</li> <li>• Dining room</li> <li>• Hair salon</li> <li>• Assisted bathroom</li> <li>• Communal disabled toilet(s)</li> <li>• Shop</li> <li>• Guest room(s)</li> </ul>	<b>General/Circulation space</b> <ul style="list-style-type: none"> <li>• Reception</li> <li>• Heated corridors</li> <li>• Lift(s) to all floors above ground floor</li> <li>• Staircases</li> <li>• Emergency alarm system</li> <li>• Sprinklers</li> </ul>
<b>Storage</b> <ul style="list-style-type: none"> <li>• Cleaner's store</li> <li>• External Store</li> <li>• Waste Store</li> <li>• Wheelchair storage</li> <li>• Kitchen storage</li> <li>• Linen storage</li> <li>• General Storage</li> </ul>	<b>External</b> <ul style="list-style-type: none"> <li>• Car parking</li> <li>• Drying area</li> <li>• Garden/patio/sitting out space</li> </ul>
<p>The following spatial relationships are given as a rule of thumb. They will vary depending on design solutions and site constraints</p> <p>Flats.....65%</p> <p>Ancillaries.....20%</p> <p>Circulation.....15%</p>	

## Appendix F

### Facilities that can be funded by Social Housing Grant (SHG)

Flats	
<b>Staff Areas</b> <ul style="list-style-type: none"> <li>• Manager's office</li> <li>• Carer's office</li> <li>• Kitchen manager's office</li> <li>• Staff toilet(s)</li> <li>• Staff rest/locker room</li> <li>• Sleep over room</li> </ul>	<b>Service Area</b> <ul style="list-style-type: none"> <li>• Laundry</li> <li>• Kitchen</li> <li>• Snack preparation</li> <li>• Meter room</li> <li>• Lift plant room</li> </ul>
<b>Ancillary Areas for Residents/Visitors</b> <ul style="list-style-type: none"> <li>• Lounge area(s)</li> <li>• Dining room</li> <li>• Hair salon</li> <li>• Assisted bathroom</li> <li>• Communal disabled toilet(s)</li> <li>• Shop</li> <li>• Guest room(s)</li> </ul>	<b>General/Circulation space</b> <ul style="list-style-type: none"> <li>• Reception</li> <li>• Heated corridors</li> <li>• Lift(s) to all floors above ground floor</li> <li>• Staircases</li> <li>• Emergency alarm system</li> <li>• Sprinklers</li> </ul>
<b>Storage</b> <ul style="list-style-type: none"> <li>• Cleaner's store</li> <li>• External Store</li> <li>• Waste Store</li> <li>• Wheelchair storage</li> <li>• Kitchen storage</li> <li>• Linen storage</li> <li>• General Storage</li> </ul>	<b>External</b> <ul style="list-style-type: none"> <li>• Car parking</li> <li>• Drying area</li> <li>• Garden/patio/sitting out space</li> </ul>
<p>The following spatial relationships are given as a rule of thumb. They will vary depending on design solutions and site constraints</p> <p>Flats.....65%</p> <p>Ancillaries.....20%</p> <p>Circulation.....15%</p>	

## Appendix F

### Characteristics of Care in Extra Care Housing

- Care in extra care is domiciliary care, not residential care
- The care provider must register with CSIW as a domiciliary care provider
- Care should not be a condition of tenancy or lease
- Care and support should be available on site round the clock
- The service should be flexibly delivered
- Care should be delivered in such a way as to promote independence
- Close collaborative working with other staff on site is fundamental
- Care is only one aspect of an overall approach which facilitates a sense of well-being

### Care Commissioning in Extra Care Housing

- In extra care housing for rent, care is commonly commissioned by Social Services at a macro (block) as well as micro (individual service user) level
- Outcome-based commissioning will enable the greatest flexibility
- A combination of block and spot contracting delivers the best value
- Where a resident contracts directly with the care provider for the care, there should be a separate agreement between resident and care provider
- Where care and housing are managed and delivered separately, the housing provider should be involved in selecting the care provider
- Attention should be paid to timing so that providers have sufficient time before start on site to fulfil registration requirements
- A partnership approach should be adopted in commissioning the care and managing the contract
- Where care charges are paid to Social Services, these should vary as little as possible from standard domiciliary care charges under the non-residential charging policy

## Appendix G

### Tenancy Agreements for People with Dementia

One of the main issues concerning dementia concerns capacity to sign and understand a tenancy agreement. Having a valid tenancy is fundamental to the distinction between housing and residential care. For this reason people should move into extra care housing while they can still legitimately sign a tenancy agreement and understand, if not the letter of the agreement, at least the essence of it. The following guidelines reflect the legal position with regard to mental capacity and the granting of tenancies:

#### Before granting the tenancy

When it is contemplated that a person with dementia is entering into a tenancy, those involved with caring for the person should have regard to the following principles of the Mental Capacity Act:

- There is a presumption of capacity. Every adult has the right to make his/her own decisions and must be assumed to have capacity to do so until it is proved otherwise
- The principle of equal consideration. An assumption about someone's capacity cannot be made merely on the basis of the person's age or appearance, condition or aspect of his behaviour
- Individuals have the right to be supported to make their own decisions – they must be given all appropriate help before anyone concludes that they cannot make their own decisions
- Can anyone else help or support the person to make choices or express a view, such as an independent advocate or someone to assist communication?

Different tests of capacity apply to different types of decision. The test of capacity to enter into a contract is whether the person was capable of understanding the general nature of what he was doing. This test depends on the type of transaction. The degree of understanding required to enter into a tenancy agreement is not as high as the degree required to deal with complex financial matters. The person would need to be capable of understanding that they should behave in a "tenant – like" manner.

The following questions should first be considered:

- does the person have all the relevant information needed to make the decision in question? If there is a choice, has information been given on any alternatives

## Appendix G

- Could the information be explained or presented in a way that is easier for the person to understand?
- Are there particular times of day when the person's understanding is better or particular locations where they may feel more at ease? Can the decision be put off until the circumstances are right for the person concerned?
- Can anyone else help or support the person to make choices or express a view, such as an independent advocate or someone to assist communication?

If all appropriate steps have been taken without success, an assessment of the person's capacity to enter into the tenancy contract should be made. The assessment of capacity is a matter for the carer most directly involved for the person at the time. If there are no carers involved, it may be a matter for the local authority. Under the Mental Capacity Act there is a two stage test of capacity:

- is there an impairment of or disturbance in the functioning of the person's mind or brain? ("diagnostic test"); if so:
- is the impairment or disturbance sufficient that the person lacks capacity to make that particular decision? ("functional test")

The provider of accommodation for people suffering from dementia should make enquiries of the carers and/or the local authority as to whether the person to whom the tenancy is granted has capacity to do so. If they are put on notice that the person lacks capacity, then the provider should seek legal advice before entering a tenancy agreement with the person or with an attorney/receiver on their behalf as the terms of the tenancy may be unenforceable.

### After granting the tenancy

If the person has capacity at the outset of the tenancy but their condition deteriorates and they no longer have capacity, consideration needs to be given as to whether it is in their best interests to remain a tenant or to move into a care home. Again, this is a matter for the carers or the local authority to decide. The Mental Capacity Act sets out a checklist of steps that must be taken in order to decide what is in a person's best interests. These include:

- the possibility of regaining capacity
- permitting and encouraging participation in the decision
- the person's wishes and feelings, beliefs and values
- the views of other people
- any other relevant considerations



## **Appendix G**

Any decision should also have regard to the principle of “least restrictive alternative”. This principle confirms that before any action is taken or decision made on behalf of the person lacking capacity, thought must be given as to whether it is possible to decide or act in a way which would interfere less with the person’s rights and freedoms. This could mean that the person should continue to receive care within the extra care scheme rather than being moved to a care home

In practice, a community care assessment is likely to ensure that the Mental Capacity Act has been complied with.

The Provider should not seek to end the tenancy on the grounds that the person has lost capacity.

## Appendix H

### Possible uses for Telecare and Assistive Technology in Extra Care Housing

- Support residents to maximise their independence for as long as possible
- Provide on-site, 24 hours a day communications systems for residents and multiple staff including carers and housing managers
- Enable staff to contact each other across the site
- Offer the flexibility of a solution that can evolve to meet the changing needs of residents
- Provide the additional support to residents that allows them to be discharged earlier from hospital
- Offer an element of rehabilitation as part of an intermediate care programme
- Provide a single source of supply and service for call systems with combined door entry, fire alarm, emergency lighting, security systems and telecare sensors
- Economies in managing the building and services
- Safety of residents and staff
- Enabling physically disabled residents
- Addressing sensory impairment
- Giving more privacy in providing intimate personal care
- Monitoring at night reducing staff numbers and giving greater privacy/less intrusion
- Reliable emergency response to a wider range of situations
- Allowing staff to physically assist very disabled people without conflicting with health and safety regulations
- Promoting a person-centred approach in delivering services to meet individuals wishes/needs
- Better use and management of staff, fewer “peak” demands to cope with
- Contribution to health care e.g. remote diagnosis
- Improving contact with relatives and friends, increasing contact
- Leisure activities, learning opportunities
- Combating effects of confusion and dementia

## Appendix I

### Glossary

This list of organisations, technical terms and acronyms is by no means exhaustive. It identifies terms that may need explanation when a project group from different backgrounds and disciplines work together to progress an Extra Care project

#### A

**Acute** – Acute services are general hospital services which treat patients for a certain condition for a short time.

**ACG** - Acceptable Cost Guidance. Welsh Assembly Government term to describe an acceptable average unit/scheme development cost.

**Allocations** - The processes used to decide priority between different applicants for housing. (Also known as lettings or re-housing).

**Attendance Allowance** - A non-means tested benefit paid to people 65+ who need care and attention or supervision because of a disability.

#### B

**Best Value** - A statutory requirement of the Local Government Act 2000, which applies to all local authorities. From 2002, the Assembly Government requires Welsh RSLs to operate within the principles of Best Value. Involves delivering services to clear standards, and consulting with local people when setting priorities and reviewing performance.

**Black and Minority Ethnic (BME)** – Black Minority Ethnic, term used to describe minority groups recognised as falling under the Race Relations Act 1976

**Brownfield Sites** - Sites previously developed.

#### C

**Care and Repair Agency** – assist older people and other vulnerable groups in repairing, improving or adapting their homes.

**Capital Expenditure** - The cost of providing new homes, the term covers investment in permanent assets such as land, buildings, roads etc.

**Care and Repair** - A scheme to assist the elderly or infirm to remain in their own homes by assistance with maintenance, repair and improvements.

## Appendix I

**Care management** - One person takes overall responsibility for commissioning, managing and coordinating the care of an individual.

**Category 1, 2 and 2.5 Housing** - Sheltered housing for older people categorised according to the degree of support provided from 1 through to 2.5, (which is otherwise known as housing for the frail elderly, who need more care than provided by category 2, but not as much as that provided in residential care).

**Chartered Institute for Housing** -The CIH is a registered charity dedicated to helping to raise the standards of housing management.

**Common Housing Registers** - Common housing registers jointly operated by all the social landlords in an area.

**Commissioning** – health and Social Care commissioning is the process of deciding what local people need from the NHS or Social Care authority and buying those services with public money from the most appropriate providers.

**Community Care** – a network of services provided by social services departments, the NHS and volunteers, designed to keep people independent in their community of choice, and to support elderly people, or people with mental health problems or learning disabilities who might previously have been in a long stay hospital or other institutional care.

**Community Care Grant** - Part of the Social Fund. A non-repayable grant which is available to those on Income Support to assist in maintaining an individual at home or coming out of residential care.

**Consortium** - A group of organisations that club together for a common purpose.

**Continuing Care** - Continuing NHS health care describes a package of care arranged and funded solely by the NHS. It does not include the provision by local councils of any social services.

## D

**Delayed transfer of care (DTOC)** – total number of patients ready for discharge but still occupying a hospital bed, excluding those under the care of psychiatric consultant.

**Direct Payments** - Cash payments made to care users (following an assessment) to enable them to buy their own care services. Care cannot be bought from the local authority.

**Disability** - Defined by law as ‘an impairment to perform normal day to day activities’. It also describes a society that has structures preventing some people from playing a full part, due to physical access, including access to written or spoken material or because of prejudice and discrimination.

## Appendix I

**Disabled Facilities Grant** - A mandatory means-tested grant payable by a local authority to meet the cost of improvement and/or adaptation to a disabled person's property which is intended to assist with independent living in the community.

**Disability Living Allowance (DLA)** - This is a tax free non means tested benefit for adults and children with disabilities. It is for people who need help looking after themselves and those who find it difficult to get around.

**Diversity** - The range of values, attitudes, beliefs, ethnic background, sexual orientation, skills, knowledge and life experiences of the individuals making up a group of people.

**Domiciliary Care** - Personal and practical care provided to support an individual living in their own home, either alone or with a relative in other carer.

**Development Quality Requirements (DQR)** - Standards set down by the National Assembly for Wales for development carried out by RSLs.

### E

**Ethnic monitoring** - Is the process used to collect, store and analyse data about people's ethnic backgrounds.

### G

**Greenfield Sites** - Land not previously developed.

### H

**Home Repair Assistance** - Introduced by the Housing Grants, Construction and Regeneration Act 1996, replacing Minor Works Assistance. It is a means-tested, discretionary grant available from local authorities for small improvements or repair in owner-occupied homes.

**Housing Association** - A non-profit distributing voluntary body formed to provide housing. Housing Association is the commonly used term for Registered Social Landlord.

**Housing Benefit** - A means tested welfare benefit administered by local government providing eligible tenants assistance in meeting the cost of rent.

**Housing Needs Survey** - A survey to assess the extent and pattern of housing need in a specified area.

## Appendix I

### I

**Intermediate Care** – a time limited (usually maximum of 12 weeks) therapeutic rehabilitative or assessment intervention intermediate to hospital residential or care at home designed to either prevent hospital or nursing home care admission or effect an earlier discharge. Sometimes referred to as step up or step down care.

### L

**Large Scale Voluntary Transfer** – the transfer by a local authority of all or part of its rented housing stock to either an existing housing association or one created for the purpose

**Lifetime Home** - A home which incorporates a range of criteria designed to enhance accessibility and allow easy adaptation, and are both appropriate for, and accessible to, everyone, not just those with limited mobility.

### N

**National Service Framework** – Frameworks of national guidance which bring together evidence for clinical and cost effectiveness with the views of service users to ensure consistent access to services and quality of care right across the country. NSFs set out the standards and models of service to be provided in order to achieve consistency of delivery across the country.

### P

**Personal Social Services** – personal care services for vulnerable people include those with special needs because of old age or physical or mental disability. Examples are residential care homes for the elderly, home help and home care services, and social workers that provide help and support for a wide range of people. Local authorities have the statutory responsibility for them

**Partnering** - A procurement model which relies on close collaboration based on an open exchange of financial and management information between the Employer and the Contractor.

**Peripatetic Support / Staff / Worker** - Where workers are based at an office away from a supported housing project and visit and support a number of houses or projects.

**PIs / Performance Indicators** - Measures set down by the Welsh Assembly Government against which all RSLs have to report. This allows comparison between the performance of different RSLs. RSLs can develop their own PIs too.

## Appendix I

**Primary Care** – Care provided by GPs, and the team who work with them in their surgeries and health centres, and by dentists, pharmacists and opticians. The team most closely linked with the work of the GP includes health visitor, midwives, district nurses, and mental health nurses who are employed by a community NHS trust. Practice nurses are employed GPs

**Private Finance** - Money raised by RSLs by borrowing from commercial finance organisations, e.g. banks and building societies. RSLs use these loans to finance that part of the cost of developing properties which is not met by SHG received from the National Assembly for Wales.

**Procurement** - The process of buying land, building on it and delivering the completed project in accordance with a predetermined design and to an agreed cost.

**Provider** - Organisation providing housing, health or social care support services includes RSLs, voluntary sector organisations, local authorities and private sector.

### R

**Registered Social Landlord (RSL)** - RSL is a concept introduced by the Housing Act 1996 and applies to social housing organisations registered with the National Assembly for Wales and expected to comply with its regulatory regime. These can be charities, I&P societies and not-for-profit companies. The term includes housing associations, local housing companies and trusts.

**Regulatory Requirements** - The set of performance standards with which the Welsh Assembly Government reviews the performance of RSLs. They cover governance, finance, management, and development.

### S

**Section 106** – under planning legislation (the Town and Country Planning Act 1990) a planning authority may require developers to enter into a planning obligation to either: provide a proportion of the planned accommodation either for social renting or purchase at an “affordable” price, provide a portion of the site (or another site) for such social developments, or make a cash payment in lieu of such provision. In certain circumstances the local authority may be able to transfer one or more cash payments to “social” developers, such as housing associations as a contribution toward a planned development elsewhere.

**Service Charge** - A charge, which can be fixed or variable, in addition to the rent, which RSLs can make to tenants in respect of services provided such as grass cutting, window cleaning, repair and maintenance of communal equipment, insurance and management costs etc.

## Appendix I

**Service Level Agreement** – a written agreement that sets out the obligations of commissioners and providers.

**Shared Equity** - A funding regime, which gives occupiers, a share in the equity of their home, which may be increased in stages until it is owned outright.

**Single Assessment Process** – seeks to ensure that individuals in need of service are assessed by the minimum number of assessors utilising a jointly agreed protocol.

**Single Point of Access** – sometimes referred to as the one stop shop, i.e. to enable access to a range of services from a single point

**Social Housing** - The general term for rented housing owned by local authorities and RSLs.

**Social Housing Grant (SHG)** - The grant paid by the National Assembly for Wales to RSLs for capital development programmes i.e. to help them acquire and develop properties for letting.

### T

**TSC** - Total Scheme Cost. The sum of land, works and other costs of building a scheme recognised by the Welsh Assembly Government.

### V

**Void** - A term used to describe a bedspace or property which is not let. For example a project with ten bedspaces, two of which are empty, might be described as 'currently having 20% voids'.

### Z

**Zoning** - Arrangements under which specified Registered Social Landlords are supported by grant in particular local authority areas and others discouraged.