

Assessment and Allocation in Extra Care Housing

This report explores the main issues around the assessment process for, and subsequent allocation of, Extra Care Housing.

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About the Housing LIN

The Housing LIN is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. The Housing LIN has the lead for supporting the implementation and sharing the learning from the Department of Health's £227m Extra Care Housing Grant arrangements and related housing, care and support capital and revenue programmes.

1. Introduction

This report explores the main issues around the assessment process for, and subsequent allocation of, extra care housing. It looks at:

- The different agendas (including the legal context) within which the range of stakeholders are working.
- The impact of a potentially complex process.
- The implications of choice based lettings and the development of mixed tenure schemes.
- The main considerations for developing an effective approach.

The report draws on existing research and materials, and the experience of a small number of authorities through information gained from telephone interviews.

2. Assessment and allocation in Extra Care Housing

Partnership Approach

The development of Extra Care Housing (ECH) can play a central role in an authority's approach to services for older people set against a national policy direction focusing on personalised services that offer choice and enable independence. However, it involves a number of stakeholders each with their own agendas and legal frameworks within which they operate. This creates particular tensions when considering approaches to establishing eligibility criteria, the assessment of potential residents, and the allocation of accommodation.

The table below provides a summary of who the main stakeholders are likely to be, their main role in the development of ECH (particularly the relevant legal and policy issues that will influence their vision for ECH) and the approach to be taken to assessment and allocation. In addition, the input of older people themselves will be an important element of the development process.

Table 1: Key Stakeholders in ECH

Stakeholder	Main role	Relevant legal or policy drivers	Relevant Issues
Adult Social Care	Commissioner of care services Access to DH ECH fund	DH Putting People First (2007) Fairer charging policies DH Extra Care Housing Fund: bidding guidance 2008-2010 DH Private Finance Initiative Residential care delivery redesign	Modernisation of services Personalisation agenda Value for money (VFM) Procurement

Stakeholder	Main role	Relevant legal or policy drivers	Relevant Issues
		DH White Paper on the planned National Care Service (forthcoming)	Care efficiency Market management Closer integration Strategic commissioning
Housing Authority	Commissioner of housing to meet housing need, normally with nomination rights set out in a nomination agreement with housing providers for ECH for rent and/or sale eg shared ownership	1996 Housing Act as amended by Housing Act 2002 CLG Lifetime Homes, Lifetime Neighbourhoods (2008) CLG Private Finance Initiative HCA, Housing our Ageing Population: Panel for Innovation (2010) Total Place (2009)	Offering choice through choice based lettings (CBL) Modernisation of sheltered housing Procurement Sustainable design and development Whole system review and VFM
Supporting People Commissioning Body	Commissioner of housing related support	CLG Independence and Opportunity: our strategy for supporting people (2007) CLG Benefits Realisation (2009)	Removal of ring fencing of SP funds. System efficiencies
Housing Provider (often a RSL)	Provider of housing and usually housing management & housing related support services Provides access to funding from the Homes & Communities Agency (HCA)	HCA Affordable Housing Capital Funding (2008, being refreshed) Supporting People Quality Assessment Framework TSA regulatory framework	Developing a vibrant community/ building social capital. Managing void levels. Private sale, eg, leasehold/shared ownership arrangements.

Stakeholder	Main role	Relevant legal or policy drivers	Relevant Issues
Care Provider (can be local authority, housing provider or independent care provider)	Provider of care services, and sometimes also housing related support services	Care Standards Act 2000 Health and Social Care Act 2008 (registration requirements) regulations 2009 Domiciliary Care Regulations 2002 Care Quality Commission	Providing flexible, responsive and enabling service. Managing care profile of scheme within contract.
Primary Care Trust	Commissioner of health services within scheme, if applicable, and within local community	DH Darzi Next Stage Review (2008) Transforming Community Services Quality Assurance (2010) Personal Health Budgets (2009) Sir Michael Marmot Review (2010)	World Class Commissioning Joint Strategic Needs Assessments Impact on local health services, eg, long term conditions and tackling health inequalities. Role of ECH in prevention agenda.

A Shared Vision

As has been noted elsewhere in looking at the key factors for achieving success in the development of ECH, “*there needs to be a common vision of what commissioners are hoping to achieve and providers expecting to provide.*”¹ Such statements are probably best contained in a clear local strategy which includes a description of the role of ECH within the broad spectrum of services for older people, and which sets out the characteristics of the people for whom ECH is intended. Typically there are two approaches to this:

- i. Seeing ECH only as a direct replacement for residential care, providing personal care in self-contained accommodation, and so housing a large proportion of people with high care needs.
- ii. Seeking to achieve a “balanced community” housing people with a range of care and support needs including a proportion with minimal needs but who benefit from the security and preventative care provided by ECH².

An additional layer of complexity is found in mixed tenure schemes (where there is a mix of rented and shared ownership or leasehold accommodation) where admission is often not assessed on the basis of a social care need but a lifestyle choice. This issue is discussed further below.

¹ Housing LIN Case Study: Achieving Success in the Development of Extra Care Schemes, 2004

² Use of Resources in Adult Social Care, 2009, DH

The planned introduction of free personal care could have a significant impact on the perceived role of ECH, with the potential for a perverse incentive for commissioners back towards residential care; this will need to be considered in developing the vision for each authority.

Whichever approach is taken, having a clear local strategy for ECH will not only enable improved partnership working at a commissioning level, but will have an important impact on the effectiveness of the marketing, nomination, assessment and allocation processes.³ For example, it will encourage:

- The use of a shared language about ECH between all involved.
- The establishment of a clear allocations policy, including eligibility criteria and approaches to assessment, which supports the achievement of the shared vision for ECH.
- Front line staff to understand the role of ECH and so advise older people effectively and make appropriate referrals.
- Clearer co-ordination with other services (such as GP practices and community nurses).
- Clearer communication with the general public, and hence the marketing of the schemes.

Allocation Policy and Practice

Establishing the allocation policy for ECH will follow naturally from agreeing a shared vision, and setting out who will be housed in the schemes will be a key tool for achieving that vision. Often there will be a formal nomination agreement between the provider and the housing authority linked to a land transfer or public subsidy, and this will set out how a proportion (or in some cases 100%) of applicants will be nominated to the provider.⁴

Typically an allocation policy will include reference to:

- Residence and housing need qualifications (including issues such as the requirement for a local connection, and priority given to those needing to move on “medical or welfare grounds”).⁵
- Care and support needs (including the approach to FACS criteria and setting any minimum level of need).⁶ The balance between these two, for example, do care and support needs take priority over housing need?

³ Housing LIN Factsheet 25: Nominations in ECH and the Housing LIN Report “Marketing Extra Care Housing”

⁴ See a further discussion of this in Housing LIN Factsheet 25: Nominations in ECH

⁵ The 1996 Housing Act, as amended, requires housing authorities to give “reasonable preference” to certain categories of applicant.

⁶ Research has shown that there is a growing trend amongst authorities to require “substantial” or “critical” Fairer Access to Care Services (FACS) assessments for ECH (Housing LIN Factsheet 25)

- The capacity and willingness of the individual older person to live relatively independently within a shared community (this will particularly consider the ability of the scheme to support differing levels of mental ill health or dementia).
- The approach to maintaining a balanced community (including, for example, definitions of bandings such as low, medium and high needs groups, and the proportion of each).

The Allocations Policy will probably also set out the procedures involved in the assessment of individuals, the decision making process, and the allocation of flats within particular schemes.

Assessment

There are a number of different assessments that need to be made to inform the decision on the priority of a particular applicant, and the development of care and support plans. In particular, there will be:

- A community care assessment (using the Single Assessment Process (SAP) or future Common Assessment Framework (CAF)).⁷
- A housing needs assessment.
- An assessment of need for housing related support.
- A financial assessment to decide on the level of charging for care.
- A health and safety risk assessment (by care and support providers).

There may also need to be a health and wellbeing assessment, particularly where there are mental health needs.

Clearly this is a potentially confusing process for the individual, and can result in a number of different professionals visiting at different times.

Guidance suggests that a co-ordinated approach to the SAP (or in future CAF) is beneficial: *“it will often make sense for housing and other issues to be assessed at the same time as health and social care needs are assessed, and for there to be a co-ordinated service response.”*⁸ The Supporting People Support Planning Quality Assessment Framework also encourages joint planning arrangements and links with other services, but does not explicitly link with SAP or remove the requirements for support plans. The potential for co-ordinated approaches is discussed in detail elsewhere⁹, but in developing an assessment procedure for ECH ideally the focus should be on the experience for the older person being assessed and on reflecting the partnership approach to ECH. This suggests that as a minimum there should be co-ordination of assessment visits (ideally only one) and potentially a shared assessment arrangement whereby one agency collects information that is accepted and used by others.

⁷ For further information see DH Common Assessment Framework Network (<http://www.dhcarenetworks.org.uk/CAF/>)

⁸ LAC(2002)1: Guidance on the Single Assessment Process for Older People, 2002, DH

⁹ Garwood, S, The Single Assessment Process and Housing, 2005, Housing LIN

Decision-making process

The usual mechanism for making decisions about allocations in ECH is through a multi-agency panel. Ideally for new schemes this should be early in the development process to enable the panel to influence key decisions about the design of the service. Membership is likely to include representation from all the key stakeholders:

- Social care.
- Housing authority (or housing register holder).
- Housing and housing-support provider.
- Care provider.
- Health (if applicable).

A panel will need clear terms of reference, and will normally have responsibility for taking decisions on allocations, and keeping a watching brief on the balance of needs within the community. Often it will be the panel's responsibility to maintain a waiting list of assessed applicants ready for potential vacancies, and to ensure assessments are kept up-to-date.

Procedural issues that will need to be resolved include:

- The appointment of the Panel's Chair.
- The frequency of meetings.
- The approach to deputising in case of absences (or replacement due to staff turnover).
- The right of veto (for example for the housing or care provider).
- The process for referring applicants to the panel and informing applicants of decisions.
- Any formal nomination procedures (particularly relating to housing nominations).
- How to manage voids where no suitable applicants are available.

In some instances a Panel will need to be involved in filling shared ownership or leasehold flats within a scheme. In this case, the procedure may need to be varied to reflect the different application processes involved. In particular, there will need to be clarity over the extent to which issues such as the balance of need within a community can influence the sale of a flat to a particular individual.

Within the procedural issues defined above, three factors stand out as particularly important:

- **Stability of membership:** this will enable staff to develop their awareness of each other's agendas, and the potential tensions this may cause. Stability strengthens the partnership working that is essential to enable problems to be solved and contributes to the success of schemes. There may be some resistance to the time commitment involved in regular meetings, but the potential benefits of the partnership approach not only to allocating flats but also to maintaining an overview of the scheme as a whole, would suggest it is a beneficial use of resources.

- **Protocols covering information sharing:** the level of trust and co-operation required suggests that this sharing should go beyond the minimum contact information. This not only enables good decisions to be made about allocations, but also contributes to the successful ongoing management of the scheme.
- **The quality of referrals/nominations:** where these are inappropriate, or the information is incomplete, not only is time wasted, but individuals can be left disappointed. As has been described above, there needs to be a clear and well-publicised vision for ECH in the authority which can be used as the basis for raising awareness and knowledge amongst front line staff on an ongoing basis, to ensure a supply of appropriate referrals/nominations.

Choice Based Lettings

The Housing Act 2002 required housing authorities to introduce an element of choice in their allocations policies by 2010 through a system known as “Choice Based Lettings” (CBL). This entails the advertising of vacancies, with applicants bidding for properties they are interested in. Subsequent guidance recognised the particular needs of more vulnerable applicants:¹⁰

“The fact that certain applicants – for example, people with physical or mental impairments – may have difficulty in making an application for accommodation without assistance, should not preclude them from being offered a choice of accommodation. Instead applicants should have access to any necessary assistance to enable them to make an application.”

One review of practice in this area found that while many authorities had considered advertising ECH in this way, relatively few had done so. The two main reasons for not doing so were the:¹¹

- Level of priority given to social care in the allocation process, particularly in terms of needing nominations from Adult Social Care.
- Requirements for care and support assessments creating a potential delay in the process if they are not already in place.

Whilst these are issues that need addressing in developing CBL, they are not insurmountable, and indeed there are authorities where they have been overcome. The two main issues seem to be ensuring that any eligibility criteria associated with ECH remain applicable when using choice based lettings; and providing the appropriate support for potential applicants to enable them to use the system.

Shared Ownership and Leasehold Schemes

There are growing numbers of schemes offering either part (“Shared ownership”) or full ownership (“Leasehold”) of accommodation, often alongside rented accommodation producing “mixed tenure” schemes. These schemes present a different set of challenges for the provider and commissioner, particularly because of the greater exposure to commercial

¹⁰ Allocation of Accommodation: Choice Based Lettings – Code of Guidance for Local Housing Authorities, 2008, CLG

¹¹ Housing LIN Factsheet 25: Nominations in ECH

risk and the vagaries of the open market. For the provider, a main driver will be ensuring accommodation is sold as quickly as possible to reduce financial risk. Commissioners will need to decide how these schemes fit within their vision for ECH, and in particular what approach will be taken to creating balanced communities, and whether there will be a different approach to allocation and assessment.

Often providers will be reliant on marketing campaigns to draw in self-referrals for such properties and so it may be more difficult to manage the development of a balance at entry within the community of “owners”. If balance is sought in the whole community, including both owners and tenants, there may well be a preponderance of more independent people amongst the owners meaning only those with higher levels of need could be considered for rented flats. This suggests it may be preferable to consider the communities separately, and accept that the community of owners may have lower levels of need at least in the earlier life of the scheme.

Another issue is the level of involvement of social services in the allocation process for sales properties. A review of current practice suggests there is a more relaxed approach than is the case with allocation to rented accommodation.¹² Often this is because there is a belief that the majority of purchasers will be self-funders of their care and therefore outside the influence of adult social care. This approach overlooks the possibility that self-funders may run out of money and need to approach social services for support.

There is a strong financial imperative in filling vacancies quickly, and this will need to be taken into account in designing the procedure for shared ownership and leasehold properties. However, the active involvement of care managers could provide an additional source of referrals as they will also have contact with self funders. It also maintains the partnership’s “ownership” of what is a resource for the whole community, and which normally will include at least some public funding.

¹² Housing LIN Factsheet 25: Nominations in ECH

3. Case Studies

Cheshire

Background

Cheshire County Council¹³ have a major programme developing extra care housing around the county, with the aim of providing sufficient ECH in each natural community amounting to 4,000 units by 2014. There are currently five schemes in management, with a further five due to open in 2009 through their Private Finance Initiative (PFI) programme, and further schemes in the pipeline. Their schemes include both rented (the majority), sale and shared ownership.

Cheshire's vision is for ECH to support a balanced community, with communal facilities providing a range of active ageing programmes open to the surrounding community. The focus is on the preventative nature of ECH for its residents and neighbouring older people. It is recognised that for some people this will be a replacement for residential care, and the intention is that placements in residential care will not increase over time in line with demographic trends.

Balanced Community

All residents have access to waking night staff (and all pay a share of the cost of this), so the banding is based on a care assessment that looks at daytime needs only. The community is banded according to the hours of assessed need for care per week, and it is assumed that all residents will have some level of care need.

High banding (one third of residents)	10+ hours per week
Medium banding (one third)	3 < 10 hours per week
Low banding (one third)	1 < 3 hours per week

There are fewer people within the higher banding than in other bandings, so they have had to be proactive in finding them rather than depending on general marketing. For example the review teams going into residential and nursing care homes have been thinking about whether someone could be better placed in ECH (and this move has happened in a few cases); also care managers have identified people with high cost home care packages and visited them to discuss the possibility of moving into ECH. However, often frailer people will not want to move unless something has happened to trigger that move. The PFI provider has a move-in co-ordinator who will help with practicalities of moving.

It has generally been harder to fill the shared ownership and sales apartments, and this has accentuated the general difficulty in filling the higher banding voids. Cheshire are now considering whether to forego aiming for a balanced community within each tenure, and accept that shared ownership and sale apartments will generally be filled by lower needs people. This difficulty has heightened the tension between the financial imperative for housing providers to fill vacancies, and the desire of the County to maintain a balanced community.

Cheshire have been allocating apartments over a period of 5/6 months prior to new schemes opening, but this has meant that some people who are now having to be put on waiting lists (as low and medium banding flats have been filled) have a higher priority than those allocated early on in the process.

¹³ Since this case study was prepared Cheshire County Council ceased to exist and two new Unitary Authorities were created Cheshire East and Cheshire West and Chester

Assessments

The process of assessment has been specifically designed with the experience for the customer in mind. Assessments are carried out jointly by the care manager and housing provider in one visit, and include a financial assessment and welfare benefits check. The aim is to be able to provide enough information to enable the customer to make a fully informed decision about moving into ECH, and so included in the information they are given is a sheet detailing the financial costs associated with ECH (rent, service charges, council tax, care and support charges).

Allocation Panel

There is an allocation panel for each scheme, consisting of:

- County Council representative (the local older person fieldwork team manager);
- The housing provider;
- The care provider;
- The local housing waiting list holder (usually a stock transfer RSL); and
- The primary care trust (although of the two PCTs only one provides a representative, but this has added a valuable health perspective).

The remit of the Panel is to allocate according to the balanced community criteria, aiming for a balance within each tenure group, ie, balance within the rented group and balance within the shared ownership group but with the overall imperative of a balance within the community as a whole. Priorities are mainly driven by health and social need, with housing need used to distinguish between otherwise similar levels of need. In allocating, priority is first given to people living in the local town, then the district, then the county, and finally those from out of the county but with a local connection.

The intention is for the housing provider to hold waiting lists for each scheme, with the care provider being responsible for maintaining care assessments and bandings. If voids cannot be filled with the appropriately banded applicant to maintain a balanced community, then the Panel can look at the next banding down after 10 working days.

Choice Based Lettings is about to be implemented in Cheshire, and will include ECH lettings. However, this will be on the understanding that applicants will still have to meet special criteria and go through the Allocation Panel process.

Suffolk

Background

There are over 700 “very sheltered” housing (VSH) flats in management in Suffolk, with more in development.¹⁴ Included within these are 96 flats designated as “extra care” for people with functional or organic mental health problems. The two types of flats are the same in terms of building design, but differ in terms of the skills of the staff providing care and support. Suffolk has an established project management approach to developing very sheltered housing schemes, with project teams established from the outset, and involving all key stakeholders.

¹⁴ See Suffolk’s Design and Management Guides as published on the DH Care Networks Housing website

Although this requires a commitment in terms of time, it has proved very effective at ensuring buy-in to the vision for particular schemes, and has facilitated filling new schemes (normally takes 2 – 4 weeks from handover).

Suffolk see their VSH schemes as an alternative to residential care, but do aim for balanced communities. This balance is not defined in terms of bandings or fixed proportions of levels of need. Instead, an overview of the balance of the scheme is maintained taking into account a range of issues at any one time, including mental health, physical frailty, and sociability levels. In addition, they aim for not more than 25% “extra care” flats within a scheme, and these will either be in a separate wing or scattered through the development. It is also recognised that people living in flats categorised as “VSH” may develop mental health problems, but would not be expected to move into flats categorised as “extra care”.

Applicants must have a housing need and require a minimum of 4 hours care and support per week. This low minimum level of care is seen as an important contributor to creating a mixed community.

The approach to the provision of care, with a core service (waking nights, plus 4 hours care, plus element of management charges) topped up by flexi care to reflect assessed needs, means that if a tenant wanted to bring in an existing package of care or not use the scheme’s care team, this would substitute the flexi element but they would still need to have the core service. There have been a small number of cases where individuals have purchased their own care, but they have all eventually reverted back to the in-house provision.

Assessment

All applicants need to have had a community care assessment, including a financial assessment, which may need refreshing at the time they are being actively considered for a vacancy. Most of the housing, care and support providers will also carry out an assessment, often only when an individual is being actively considered. There may also need to be a health assessment and there will always be a psychiatric assessment if someone is moving into one of the “extra care” flats.

The same process is followed for leasehold applicants, although in this case Adult Social Care have to agree to accept the assessment of the scheme manager on the basis that normally they will not be paying for care (at least initially). There is the same need for a minimum of 4 hours care.

Allocation Panel

There are clear terms of reference and guidelines for the operation of the allocations policy, including the remit of the allocation panels.

In addition to the scheme manager allocation, panels consist of representatives from:

- The borough or district housing department (or where there is a stock transfer the RSL holding the housing register may attend at the discretion of the borough or district council).
- The housing provider.
- Social care services.
- The care provider.
- Supporting People.

The Panel considers the need to maintain a balanced community, but assesses each applicant against the following criteria:

- Care and support needs, and the ability of the care provider to meet those needs.
- Housing need.
- Ability to live in a community with others, where relevant.
- Willingness to accept the need for supported housing.
- Carer's needs where relevant;
- Any other factors, which may affect the supply and demand for supported housing generally e.g. hospital closure, other housing options, ability to move-on etc.

Once the Panel decides on an offer this is forwarded to the care provider for a final decision, and the district authority then nominates the individual to the housing provider, who has right of veto. The Panel is also responsible for ensuring there are assessed individuals on the waiting list for the scheme.

The same process is followed for mixed tenure schemes, with the housing provider having the right to sell on the open market if the Allocations Panel is not able to provide referrals.

Although primarily set up to allocate flats within schemes, and oversee the maintenance of a balanced community, the benefits of multi-agency working in a regular and structured way (meeting monthly) should not be under-estimated. In particular they have enabled rapid and efficient problem solving, and have contributed to a more flexible approach to new challenges.

Ridgeway Community Housing Association

Background

Ridgeway Community Housing Association owns four extra care housing schemes, with a further scheme in development, and provides housing support to a scheme owned by another landlord.

Balanced Community

Ridgeway seek to help people to remain as independent as possible, providing a home for life. They also try to achieve a balance of needs in their schemes, developing a thriving community hub which is recognised as a resource within the locality.

Where ECH is seen as an alternative to residential care due to the requirement to meet care and support needs this creates a difficult balancing act in the allocation of flats.

Assessment and Allocation

All vacancies in the schemes are advertised through choice based lettings, and only those on the authority's housing register can apply. A joint assessment is carried out by the local authority adult social care and the scheme manager, and work is currently underway to develop joint assessment paperwork.

There is an allocation panel with clear terms of reference, consisting of representatives of:

- The local authority adult care team.
- Ridgeway.
- The care provider.
- The housing register provider.

Housing need is a factor in deciding on the most appropriate allocation, but considerable weighting is given to care and support needs. The potential resident is matched to the current level of need within the scheme and what care and support can be provided. There is currently no systematic process for allocating points to individuals at this stage, but decisions are made after panel discussions.

If no applicants have been identified who have the relevant care and support needs, the local authority has the option to reserve the property by paying the rent until such time as an applicant can be found. If the property is leasehold and no appropriate applicant can be found, it is either sold to applicants in housing need, but without the care and support needs, or Ridgeway can buy it back themselves.

There have been several challenges for the authority and Ridgeway as ECH is being developed:

- As ECH is a fairly new concept in the authority, there is limited knowledge amongst older people about what form of housing it is, and the location of schemes. This has led to a very high number of applications being received for each vacancy from people who have no understanding of what ECH is.
- Currently there is no information requested at the housing application stage about an individual's care and support needs. There is no way of identifying those who should be prioritised for a more detailed care and support assessment. However, an interim arrangement has been agreed pending a review of the housing register, and the intention is to develop a separate extra care housing waiting list.
- The current economic climate has meant that several leasehold/shared ownership homes have had to be converted back to rented homes, and this has created a challenge for the future given the vision to create mixed tenure to meet the needs of the authority's population.

4. Conclusion

There are three key issues facing local authorities and providers in managing the assessment and allocation of extra care housing and these are set out below.

Governance and Procedures:

The development of a clear allocation policy, including an approach to assessment, is fundamental to the achievement of the aims of an ECH strategy and in particular whether the vision for ECH is realised by the partnership. The first stage is the development of a shared understanding amongst the range of stakeholders of the vision for ECH, and where it

sits in relation to other services for older people. This includes whether ECH is seen only as a replacement for residential care, or, as meeting a range of needs in a balanced community.

In addition, when designing processes around assessment and allocation, it may be straightforward to adopt each individual agency's existing procedures, resulting in an applicant being assessed and advised by a number of different people potentially on a number of different occasions. It would be more appropriate to at least co-ordinate assessments, but preferably to review the assessment processes and agree an approach that involves sharing information. This ensures the individual experiences the service as an integrated and cohesive service, with all partners committed to the same approach, from their first encounter with it at the assessment and allocation stage.

Tenure

Whether a scheme is rented, shared ownership or leasehold, filling vacancies efficiently and appropriately will be key. The allocation policy defines priorities, as well as the approach to managing voids, and the partnership approach provided by the multi-agency allocation panel supports an effective decision making process. Given this, it would seem sensible to include the allocation of shared ownership and leasehold flats within the remit of the panel, and ensure there is cross-agency ownership of what is a resource for the authority as a whole, whether or not owners are self-funders.

Delivering balance

If seeking a balance within the ECH community, there is a range of possibilities about how this is defined and managed. A common approach is to define balance through having proportions of levels of need, such as one third each of low, medium and high. An alternative (as described in the Suffolk case study) is to keep the balance less well defined, but look across the range of factors that could potentially distort the community. This approach is appealing in the degree of flexibility it provides and the breadth of issues that could be considered beyond levels of care, but clearly depends on the partnership having a mature and shared understanding of, and commitment to, what ECH is trying to achieve. It may well be worth developing a broader interpretation of a balanced community beyond levels of care, but with clear definitions and measures developed by the partnership to enable the balance to be assessed.

5. Other relevant Housing LIN resources

Guidance notes/reports

The Suffolk Very Sheltered Housing Design and Management Guide

The impact of Choice Based Lettings on the access of vulnerable adults to social care

Marketing Extra Care Housing

Factsheets

No.25 Nomination agreements in Extra Care Housing

Technical Briefs

No.3 Mixed tenure in Extra Care Housing

All of the above Housing LIN resources and many more can be seen and downloaded at our website:

www.dhcarenetworks.org.uk/housing

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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