

# Housing Learning & Improvement Network

## Charging for Care and Support in Extra Care Housing

The principal purpose of this factsheet is to inform commissioners about the range of charging options available for extra care housing, and the implications of these, so that they can make commissioning decisions appropriate to their local circumstances.

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# Charging for Care and Support in Extra Care Housing

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# Charging for Care and Support in Extra Care Housing

## 1. Introduction

The principal purpose of this factsheet is to inform commissioners about the range of charging options available for extra care housing, and the implications of these, so that they can make commissioning decisions appropriate to their local circumstances. The factsheet outlines some of the issues around the structure and funding of extra care housing which impact on charging (Sections 2 and 3). It includes a summary of the main charging models in use currently, and the advantages and disadvantages of different approaches (Section 4). It also provides some good practice guidance on providing information for service users about charges in extra care housing (Section 5), and concludes with a self-assessment checklist for commissioners.

There is already a good deal of information relevant to charging available on the Housing LIN website, for instance in the Technical Briefs *Care in Extra Care Housing* and *Funding Extra Care Housing*. The aim is not to replicate this information, but to provide a simple and accessible introduction to the issues, and to reference more detailed information where required. It is not intended to give a comprehensive picture from across the country of the complete range of charging models in operation; in any case the degree of variation nationally is potentially overwhelming.

The factsheet was commissioned by the West Midlands Regional Housing LIN, and is based on discussions with commissioners and providers from around the country. These included representatives from local authority Social Care, Supporting People, Welfare Rights and Finance Advisers, Registered Social Landlords and private sector housing providers. It has not been possible to describe all the models currently in operation for either funding extra care services or charging service users, there are just too many variations. What has been attempted is to outline the main variables and some of the implications of the key decisions to be made, so this report is as much about principles and issues as about models.

### Defining extra care housing

There is no single definition of extra care housing. For the purposes of this factsheet, extra care housing is defined as schemes with:

- self contained specialist housing units (whether tenancies, private purchase leasehold, or shared ownership/equity)
- a care team on site providing 24 hour care, seven days a week
- access to communal facilities, such as a restaurant or activities room.

The focus of the factsheet is on services aimed principally at older people, although many of the issues identified are equally applicable to other client groups.

## **2. Structure and management of extra care housing**

### **2.1. Nature of the service and strategic objectives**

*Extra care (or very sheltered) housing* does not describe a standard service. The common definition of housing units with 24 hour care and communal facilities on site does not specify the level of care provided or the degree of dependency of residents, and these vary between schemes. This has implications for costs and charges, and makes direct comparisons between schemes difficult.

Extra care housing is a different service from either residential care or standard domiciliary care delivered to people in the community. Neither the regulatory framework nor standard charging approaches fit the service well. Commissioners and providers of extra care are frequently struggling to meet the demands of the Commission for Social Care Inspection with regards to registration standards. Similarly, many commissioners struggle to fit extra care schemes into their authority's fairer charging framework. Because extra care is a different kind of service, it is quite appropriate for organisations to look for new and different ways of funding and charging for this service.

Commissioners and providers of extra care housing need to be clear about the nature of the service they want delivered, how it fits within the authority's overall strategic aims for older people's services, and what outcomes they wish to achieve. The funding and support mechanisms chosen should then be designed to support rather than undermine the desired outcomes. The core characteristic of extra care housing is the ability to provide individually tailored, flexible and responsive care and support services to individuals in their own homes, cost effectively and efficiently. It makes sense for the funding, contractual and charging arrangements in extra care schemes to promote and support this unique flexibility and responsiveness, rather than merely replicate the normal arrangements for domiciliary care services.

Having a clear view of aims and objectives is helpful if the particular complexities and numerous difficulties associated with extra care housing are to be overcome. For instance, most authorities are using their Fairer Charging framework to assess residents' charges for care and support in extra care housing, and a number are experiencing difficulties with this. Government guidance on Fairer Charging is clear that the charging framework used should support rather than undermine the local authority's strategic objectives for the service in question. This suggests that where there are difficulties in applying a local authority's Fairer Charging mechanisms to extra care housing schemes, one option ought to be for the local authority to review its Fairer Charging framework.

### **2.2. Management arrangements**

Extra care or very sheltered housing is a housing based service, which also provides access to support and care for those who need it. Occupants of schemes are in a similar position to people living in ordinary housing in the community: the provision of care services is separate from their housing provision. This is a key distinction which

distinguishes extra care housing from residential care. In a residential care home, accommodation and care are provided together in one integrated service, regulated under the provisions of the Care Standards Act 2000. On the other hand, it is usual for an occupant of an extra care housing scheme to have two separate contracts, one for their accommodation and one for their care, regardless of how the different components of the particular scheme are provided or managed. This avoids the risk of the scheme being treated as a care home with a requirement to register under the terms of the Act.

The support and care components of an extra care scheme can be provided and managed together or separately, and with the housing service or apart from it.

- In some schemes the provision of the three components of housing management, support and care is through three separate contracts with three different providers. This can produce difficulties for residents in understanding who is responsible for which tasks.
- More usually, support services are *either* integrated within the housing management service, which occupants pay for through the service charge; *or* provided by a joint care and support team, paid for within the service charge or through the care and support charge.
- In some schemes a completely integrated service of housing, support and care is all delivered by one provider. In these cases there will still be separate housing and care charges, with support charges located within either of these.

The management model chosen has organisational, cost and charging implications. Different organisational arrangements may lead to a lack of clarity between staff about roles and responsibilities, and similar difficulties for service users in understanding who is responsible for what. Complexities in funding, management and charging arrangements may lead to confusion or unfairness for residents. Separation of services can require different charging mechanisms, and occupants may be confused by separate bills. The touchstone for all arrangements should be how they impact upon the residents of a scheme. For instance, in one scheme, care and support services were funded and managed separately but delivered through an integrated service. The service user paid a single charge, and the support component of that charge was transferred to the support provider through a recharge arrangement with Social Services.

Extra care housing enables older people to continue to live in ordinary housing in the community and remain in control of their lives, while receiving the support and care they require. This is achieved by bringing together a range of services to meet occupants' different and changing needs and circumstances. Most extra care schemes will therefore involve a number of different commissioners and providers. The most successful schemes are healthy partnerships where all partner organisations and departments share the same objectives and aspirations, and whose operations are characterised by a high degree of trust. This is probably more important in achieving a successful scheme than which particular funding, management and charging models are employed.

### **3. Revenue funding for care and support**

This topic has been covered at length in the Housing LIN Technical Briefs No.1 *Care in Extra Care Housing* by Sue Garwood and Nigel King and No. 2 *Funding Extra Care Housing* by Nigel King, Sue Garwood and Harry Brown. The complexity of the different funding streams coming into extra care housing means that even integrated services will probably need to account for and charge the different elements separately.

The main issues for commissioners relevant to this factsheet are:

- the inclusion or otherwise of Supporting People funding and the implications of this,
- where support is located in terms of the management model chosen, and
- the contractual arrangements between commissioners and providers.

#### **3.1. Supporting People**

Supporting People is an important element in the revenue funding of many, but not all, extra care schemes. The separate accountability and restrictions around its use mean that there has to be a degree of separation around what is support, what is care and what is management, which does not fit easily with the integrated approach which typifies much extra care.

The need for separate accounting of support services to meet the requirements of Supporting People means that where services are integrated a proportion of costs have to be allocated to each service component, for instance 25% of the housing manager's time could be assessed as providing support. Where care and support is integrated this is more complicated, with most providers developing and operating a set formula. As an example, the formula agreed with Supporting People in Salford is described in the Housing LIN Case Study No. 16 *Charging for Extra Care Sheltered Housing Services in Salford*.

The additional revenue from Supporting People also brings limitations. As well as the extra accounting and management complexities, schemes relying heavily on Supporting People funding may be vulnerable to changes and restrictions in the future availability of revenue support from the programme.

Supporting People funding can only be used to pay for support services, and, in one scheme where the provider had been delivering an integrated service, the care service had to be contracted out to a different provider to demonstrate separation. This is an example of funding requirements undermining the delivery of the intended service.

#### **3.2. Funding care services**

The responsibility for commissioning and funding care services in extra care schemes rests with social services authorities. Although there is growing evidence of significant and measurable health benefits from extra care housing services, and

health partners may be involved in planning and commissioning extra care housing, it is rare for Primary Care Trusts to be involved in funding schemes.

Local authorities' contractual arrangements with care providers are generally through:

- a block contract for a fixed cost and volume of hours,
- a block contract with additional call-off (or spot) hours, or
- completely by the hour for the amount of service delivered.

Charges to service users often reflect these variations.

Within the block, there may be bands of hours at different prices, delivered to groups of residents with different needs; or the anticipated hours used by each resident may be averaged across the scheme to arrive at the total for the block.

Where there is a block contract, the local authority may leave it to the provider to determine the allocation of hours to each resident to meet their assessed care needs. This suits the flexible, responsive nature of an extra care service, and is possible where there is a high degree of trust and shared aspirations between partners. Both commissioners and providers believe that there is a built in incentive in this model for providers to promote independence amongst service users.

If the service user is being charged for each hour of service delivered to them individually, however, the local authority is more likely to require control of the number of hours delivered to each individual within the block. Once again, without a high degree of trust, this approach can undermine extra care's particular ability to focus on outcomes rather than inputs.

#### **4. Charging residents for care and support**

In an extra care housing scheme, all residents will generally be responsible for their housing costs, and for service and support charges, with assistance from Housing Benefit, Pension Credit or Attendance Allowance where applicable.

Service and support charges will generally be shared equally amongst the residents of a scheme, regardless of the use individuals make of services. Attempts to introduce differential or banded charges for support costs, for example, have proved difficult to implement.

Care charges, on the other hand, will more often apply only to those using care services. In some schemes this will be all residents, in others it will only be a proportion of them. Residents with assessed care needs may pay

- a flat rate
- or by the hour for what they receive
- or according to a banding.

In some schemes, however, all residents will pay a care charge irrespective of whether they use care services, in the same way that all residents pay a service charge.

For those on lower incomes, service charges are normally covered by Housing Benefit. Receipt of Housing Benefit should 'passport' occupants to help with support costs from Supporting People. Those not eligible for Housing Benefit are entitled to a Fairer Charging assessment for financial help with support costs from the Supporting People Administering Authority.

Care charges levied by Social Services are normally based on a Fairer Charging financial assessment. Most, but not all, local authorities are applying charges for care in extra care housing schemes using the Fairer Charging framework they have established for ordinary home care services. Government guidance to local authorities on Fairer Charging Policies for non-residential social services sets out the principles that charging policies should be reasonable, demonstrably fair, and should not undermine the social care objectives of promoting independence and social inclusion. The Government also expects councils to consult with users and carers on their charging policies.

Income should be assessed net of housing costs, and those on Pension Credit Guarantee should be exempt from care and support charges. The impact of applying care charges on those occupants who are not in receipt of Pension Credit Guarantee should not leave them with a net income below the level of the Pension Credit Guarantee plus 25%.

For more information on Fairer Charging, see *Fairer Charging Policies for Home Care and other non-residential Social Services, Guidance for Councils with Social Services Responsibilities, Department of Health, September 2003.*

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairerChargingPolicies/fs/en>

#### **4.1. Charging models**

There are many variables in charging methodology in extra care schemes, depending for instance on whether care and support are charged for separately or together, and whether care is charged according to the hours provided or not.

The costs of providing night cover may be considered a support cost in some schemes, to be shared between all residents, as it is a 'safety-net' service potentially available to all; or it may be considered a care cost.

If it is counted as a care cost, in schemes where care charges are only levied on those with an assessed care package, then other residents without an assessed care package will in effect have access to the service for free. Some local authorities are addressing this by levying a standard or base charge on all residents, for the *availability* of 24 hour care, with actual care used being charged on top.

The following charging models are the main types identified, but within these are many possible variations of detail. Each model has advantages and disadvantages.



These impact differently on commissioners, providers and service users, so that it is not possible to identify one 'best' model. The choice for any local authority will depend on local circumstances and strategic intentions.

### **1. *No charge payable to the local authority***

Local authorities in England and Wales have discretionary powers to charge for adult non-residential social care services, but they are not required to do so. In Scotland personal care is provided free of charge to people over 65.

### **2. *No charge payable to the local authority; care and support charges collected by the provider.***

Under this model the local authority does not charge residents for care and support, but the provider collects a care and support charge from residents, for instance in private schemes without local authority involvement. This can be based on the provider's own financial assessment, and be dependent on the amounts of care and support received, or can be a flat rate charge.

In local authority supported schemes using this model there is usually a flat rate charge based on Attendance Allowance (for instance equivalent to 75% or 100% of the higher rate of Attendance Allowance) which is levied on all residents, regardless of their care needs. Payments made to the provider by the local authority for the care contract in this model may be under the provisions for promoting well-being in the Local Government Act 2000, and the local authority's Fairer Charging procedures may not apply.

The advantages of this model for the provider, the local authority and the resident are simplicity, with costs fixed and known in advance. The disadvantages are that it takes no account of differences in the amount of care provided to individuals, and some people paying the charge may receive no care services. Although this can be explained as similar to insurance, it may be hard to justify to residents, particularly to those with low care needs. It also requires that commissioners and providers match the resident profile through the allocation process to the average hours determined by the care contract.

There are some advantages to the local authority in delegating the collection of care and support charges to the provider, in terms of cost savings and removing the issue of charges from the political arena. For service users, too, there is the benefit of simplicity, in that charges are paid to the organisation providing the care, rather than to a third party.

### **3. *Flat rate charge for care and support, levied by the local authority rather than by the provider.***

This is also simple to operate, and easy to explain to occupants. It fits comfortably alongside other flat rate charges for housing and support, and gives providers the responsibility for balancing and meeting the needs of occupants in a flexible way. It

has the same disadvantages as the previous model, in that it takes no account of individuals' differing levels of need or of service received.

This model would come within the remit of the local authority's Fairer Charging policy for non-residential services. Government guidance on Fairer Charging indicates that flat rate charges may only be acceptable in limited circumstances. They have an adverse impact on a service user's income unless set at a low level, and service users on Income Support or Pension Credit Guarantee would need to be exempt.

#### **4. Full care costs**

This model, by which the resident is charged for every hour of care specified in the care package (or that they actually receive), subject to financial assessment of their means, is demonstrably fair and understandable for the service user.

It can be difficult to implement for both provider and commissioner, requiring mechanisms for recording what is delivered, checking against the authorised care plan, and charging the service user for the planned or actual amount of service delivered. This is no different from most authorities' mechanisms for ordinary domiciliary care. But in extra care housing the ability to deliver very flexible care, reacting to an individual's changing needs and wishes on a daily basis, is a key characteristic of the service, which does not fit easily with this charging model.

Flexibility for providers can be built into the care contract, but can be harder to achieve when service users are paying by the hour. Some providers believe that this model creates dependence amongst service users, encouraging them to demand more care because they are paying for it.

Paying for assessed care by the hour takes no account of the additional costs of ensuring the availability of 24 hour care, from which all residents benefit regardless of the existence or size of their assessed care package.

#### **5. Banded care costs**

Some authorities charge service users according to bands of hours, for instance everyone receiving up to 4 hours a week would pay the same charge, with a higher charge applying to those receiving between 5 and 10 hours a week, and a yet higher charge for anyone receiving more than 10 hours a week.

The advantage of this model is that the bands can be adjusted to fit the service being delivered. So, for instance, Band 1 could be set at a low level to include every resident, even those who would not be assessed for a care package in the community. This would then perform the function of a base charge, reflecting the availability of access to 24 hour care for all residents. Alternatively, the bands could be set to reflect different levels of need within the scheme.

This model allows providers some flexibility, but can be problematic for service users. Depending on how the bands are set and the respective charges for each band, the model can produce 'cliff edge' effects, with service users unwilling to

access all the care they need or reluctant to have their care needs reassessed, in case this puts them in a higher band.

#### **6. Flat rate charge, plus care costs**

A number of authorities are developing this model to reflect the particular nature of extra care. The flat rate charge is applied to all residents, regardless of care needs, and covers the availability for everyone of 24 hour care on site. In addition, those with assessed care needs pay for their care package on top of the flat rate charge. In schemes where all residents have to have a minimum care requirement to be eligible for admission, the flat rate may also include a basic number of care hours. Additional hours in the care package are then paid for on top.

For service users, this model can be demonstrated as fair to everyone, reflecting both the availability of care to all and the actual care usage of some. For providers, the advantage is that it enables the care contract to be constructed around a guaranteed number of core hours.

#### **7. Direct payments/individual budgets**

Some service users may wish to use direct payments, and ultimately individual budgets, to purchase their care and support, and occupants of extra care housing schemes should be able to do so. It should be possible for service users to determine how they wish to use their direct payment or individual budget. This could include purchasing specific services from the on-site provider out of their individual fund, or using it for external services.

Direct payments or individual budgets would be based on an assessment of needs, and are likely to be subject to financial assessment under the authority's Fairer Charging scheme.

Some commissioners and providers have concerns about the implications for extra care housing services of implementing direct payments or individual budgets. These concerns particularly centre around the implications for block contracts if service users opt for alternative services or alternative providers. However, the experience in many extra care schemes of designing and delivering personalised, flexible solutions for individuals within a group setting means they should be well placed to meet this challenge.

#### **4.2. Charges for other services**

- In most schemes, meals, activities and additional services such as housework or hairdressing are available to residents at an additional charge, separate from care or support costs. Some schemes make these services available to people living in the surrounding community, which helps the services to be financially viable.

- In other schemes, additional services are brought in from the local community for the benefit of residents. These can be paid for directly by residents, subsidised through fundraising amongst residents and friends, or purchased by the local authority.

Charges for additional services should take into account the impact they may have on lower income service users, and how much choice the occupant has over whether or not to use the service. Charges for meals and laundry, for instance, could reasonably equate to the ordinary living costs a person would normally expect to pay living independently in the community.

In a specialist scheme for people with dementia, meals or activities might be considered an essential component of the total service, and be included in the tenancy agreement and paid for through the service charge. This arrangement needs to be very carefully thought through and justified, as the inclusive nature of the service and lack of choice for the resident is more typical of care home provision than extra care housing.

### **4.3. Financial assessment and affordability**

Whatever charging model is used, good practice would suggest that charges for care and support in extra care housing should be based on the principles outlined in the government's Fairer Charging guidance. In other words, they should be reasonable, demonstrably fair, and should support independence and social inclusion. This does not mean that charges for care and support in extra care housing have to be structured in exactly the same way as charges for other services such as home care, for example, but should reflect the particular characteristics and objectives of extra care housing.

In extra care housing there are a number of different components to the overall service which occupants may receive and be charged for, on top of their ordinary everyday living costs, so it is important that the overall cost to occupants of living in the scheme is considered. Fairer Charging guidance states that charges for one service should not be levied in isolation from charges for other services.

One of the ways this can be achieved in extra care schemes is to ensure that assessment for charges is sequential, in an integrated process which ensures that housing and other costs of living in the scheme are taken into account before assessing for care and support charges.

Under Fairer Charging, disability-related benefits such as Attendance Allowance can be included for assessment purposes, and some authorities base their charges in extra care housing on the Attendance Allowance rate or equivalent. If the whole or most of the Attendance Allowance is taken in charges, assessing authorities need to ensure that the individual still has sufficient income to meet the costs of other disability-related expenses they may incur.

Charging mechanisms should also take into account the overall objectives of the scheme and whether these are being supported or undermined by the level of charges. For instance, if the objective of extra care housing is to promote the

independence and social inclusion of occupants, the amount of disposable income that people are left with may have an effect on their ability to participate actively in community life. This applies to better off occupants as well as to those on lower incomes, and charging levels need to take account of the needs and aspirations of both groups.

Set charges which occupants cannot opt out of should only be for things which the resident is likely to benefit from directly (such as maintenance and management of the building), or which contribute to the overall character of the scheme (for instance night cover). Ideally the level of charges should be in proportion to what is received. Government guidance states that, when setting the level of charges, councils cannot take account of more than the full cost of providing the service.

#### **4.4. Choice of provider**

Most extra care housing schemes are characterised by having a 24 hour care team on site. In some schemes, residents are not given the choice of using an alternative care provider or of using direct payments, as they would if they were living elsewhere in the community. In these schemes, the use of the on-site provider is considered an essential element of the service to which occupants are agreeing when entering the scheme. On the other hand, retaining the option of choice is an important feature distinguishing extra care housing from registered care home provision, and is a right which should be available to all occupants of extra care schemes.

Some schemes have concerns about the viability of their services if residents have the choice and decide not to use the on-site provision, but the experience of schemes where residents are given the choice suggests that very few take up this option. For most service users, the advantage of the on-site care provision is one of the reasons for opting for extra care housing. The on-site provider should be able to deliver for most people a more immediate, responsive and cost effective service, giving them an advantage over outside providers.

The implementation of direct payments, and ultimately individual budgets, for purchasing care and support, should not adversely affect the situation. If more than one or two service users opt to purchase the majority of their care and support from another provider, there could be implications for the provider's block contract. But it would also suggest that there were issues of quality that needed to be addressed in the service, which would be a useful indicator for commissioners and providers to review the contract.

*For more information on Direct Payments, see the Department of Health website:*  
<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/DirectPayments/fs/en>

*For information on the Department of Health's pilot projects for Individual Budgets, see the Individual Budgets website:*  
[www.individualbudgets.csip.org.uk](http://www.individualbudgets.csip.org.uk)

#### **4.5. Adapting existing schemes**

Many local authorities are extending their development of extra care housing by adapting existing provision, such as residential care homes or ordinary sheltered housing. Not only may there be challenges in adapting existing buildings designed for a different purpose, but schemes may have existing residents or tenants being absorbed into the new service. These transferred occupants may have different expectations and understanding of the service to be provided and what they should pay in charges.

A number of authorities have experienced difficulties in finding an appropriate charging model for the new service which existing occupants find acceptable, particularly if occupants are now expected to pay for services which they have not asked for or which were previously free of charge. Through consultation with service users, some authorities are introducing transitional or interim charging schemes for existing service users, to address this.

#### **4.6. Private tenants and leaseholders**

Most local authority commissioned extra care schemes to date have been tenanted schemes, principally targeted at older people on low or moderate incomes. Leasehold schemes offering properties to purchase have tended to be developed by commercial companies without local authority involvement. This situation is beginning to change in the face of increasing home ownership amongst the older population and rising expectations of older people and their families. The majority of people over pension age are owner occupiers. Even in the most deprived local authority areas, fifty percent of pensioners are likely to be home owners.

Older people are increasingly looking to use the value of their home to secure the care they need in older age, while ensuring that some equity is handed down to their children. The purchase of leasehold or shared equity extra care housing is one way of achieving this, in contrast to residential care which may take all an older person's capital assets in care charges, with no financial return.

In private extra care schemes, the usual arrangement is for a certain amount of support and help to be built into the management costs of the scheme, with occupants paying privately for any additional care and support on top.

For many older people, however, the equity they have in their home is modest, and/or they are on a low retirement income. Shared equity schemes or low cost interest-only mortgages can assist purchasers with insufficient assets to buy into extra care schemes. Using their capital in this way also ensures that those on low incomes are brought within the income limits for eligibility for Pension Credit, and for help with care and support costs under Fairer Charging.

State benefits such as Pension Credit can include help with mortgage interest payments and management and service charges for those on low incomes. But other help for lower income leaseholders may be more difficult to access. Local authority commissioners, and providers of extra care housing for sale, will increasingly need to

take into account the needs and circumstances of this group of older people when planning their strategies.

At present some Supporting People authorities are refusing to consider applications from leaseholders in private schemes for help with support costs. Some occupants of private leasehold schemes have received assistance from Social Services with care costs, but this is unusual. Some occupants may be eligible or already receive Attendance Allowance to help purchase care or self care. In future, direct payments may have greater effect with lease holders.

Increasingly, 'mixed tenure' schemes are being developed, including units to rent, purchase outright, or part-purchase, to reflect the differing choices and circumstances of applicants in a given area. Although such schemes may produce management challenges, for instance around differing expectations of the scheme amongst different groups of occupants, there need not be implications for charging regimes. Most current charging mechanisms would be based on each occupant's residual income only, and ignore the different capital asset base of neighbours within the same scheme.

## **5. Information for service users**

Moving house can be a major life decision, and many older people have to make housing decisions at times of difficulty or crisis, following bereavement, ill health or when they can no longer manage living in their current home. In order for older people and their families to make a fully informed choice around their housing and care options, they need to know in advance the approximate costs involved and the relative affordability of different services and types of provision. Because of the different elements of funding and services involved in extra care housing, this can be particularly complex, made more so by the many variations in service and ethos which might come under the description of 'extra care housing.'

Very few organisations involved in providing extra care appear to provide integrated information for potential service users about what they can expect to pay overall for all the different service elements in an extra care housing scheme. Typically the partners in a scheme will provide their own information about the services for which they are responsible and the charging mechanisms applicable to these. But it is not always clear who takes responsibility for bringing this information together and ensuring that service users understand the totality of the costs applicable to them.

There seems to have been little work done on evaluating the provision of information to service users, or the impact on them of different cost and charging mechanisms. There seems to be a general view that the popularity of extra care schemes amongst older people demonstrates that the costs themselves are not a disincentive. Yet in one report of older people's experiences after the introduction of Supporting People, Age Concern Scotland found that:

- In some sheltered housing complexes there is dissatisfaction and disharmony over the different charges levied to residents who receive the same services
- Fear of ongoing costs and increases has led some people to do without services

- In some instances written communication has been of poor quality.

*(A Report on Housing Support Charges and Older People, Age Concern Scotland, September 2004.)*

Information for service users on the charges they are likely to meet in extra care should be:

***comprehensive and integrated***, with the different elements brought together in a format which enables potential service users to calculate the likely total cost to themselves;

***specific*** to the particular scheme;

***clear and understandable***,

- about which services are covered by the various charges,
- whether these are optional or inclusive services or charges,
- and the circumstances in which financial assistance might be available,
- so that service users can be clear about the likelihood of particular charges applying to them, now or in the future;

***transparent***,

- setting out how the charges have been arrived at,
- how they fit within the provider or local authority's wider charging policies,
- so that service users can make a judgement about whether the charges are justifiable and they are being treated fairly;

***in an accessible format***. If information is to be comprehensive and scheme specific, a cost effective format might be a folder, with separate inserts. These could then be copied, updated, individualised, translated or put onto tape as appropriate.

## 6. Checklist for commissioners on charging for care and support

*Strategic fit:*

- Are you clear about the strategic aims of extra care housing in your authority?
- Which groups is the service targeted at?
- What outcomes do you expect to achieve?
- Do your partnership and management arrangements support your strategic objectives?



*Costs and funding sources:*

- Do you know the likely costs of each component of the service?
- Are you clear where the revenue funding for each component of the service will come from?
- Have you assessed the likely affordability of extra care housing schemes in your area for their intended occupants?

*Charges:*

- What contribution to the costs of the scheme are you expecting from charges to occupants, and how has this been calculated?
- Have you reviewed how applicable your authority's Fairer Charging policies are, or would be, to occupants in extra care housing?
- Will a different charging framework need to be designed for care and support services in extra care housing?
- Will the proposed charging framework support, or hinder, achievement of your strategic objectives (for example, maintaining an active lifestyle, or providing a cost effective alternative to residential care)?
- How will you ensure that occupants with different levels of need and different financial circumstances are treated fairly?
- Have you conducted any consultation about charges with occupants, or prospective occupants, of extra care schemes?

*Information:*

- Have you produced information, specific to each scheme, on the charges relating to the different components of service in the scheme?
- Who will be responsible for bringing this information together for occupants and ensuring that they understand the likely impact on themselves?
- Does your information make clear that occupants are entitled to use a different provider and/or direct payments?
- Have you evaluated with occupants the usefulness of the information you currently provide?
- Have you looked at a range of ways of ensuring that prospective occupants know what to expect in extra care housing, for instance, videos, visits, overnight stays, trial periods?

- Do you know how many people choose to leave extra care schemes in your authority, and their reasons? Would better information have made a difference?

## 7. For more information:

All the following publications are available on the Housing Learning and Improvement Network website [www.cat.csip.org.uk/housing](http://www.cat.csip.org.uk/housing) except where specified:

The Extra Care Housing Toolkit. Care Services Improvement Partnership, 2006.  
<http://www.cat.csip.org.uk/index.cfm?pid=478>

Extra Care Housing. Factsheet No 30. Counsel and Care, 2006.  
[http://www.counselandcare.org.uk/assets/library/documents/30\\_Extra\\_care\\_housing.pdf](http://www.counselandcare.org.uk/assets/library/documents/30_Extra_care_housing.pdf)

Fairer Charging Policies for Home Care and other non-residential Social Services. Guidance for Councils with Social Services Responsibilities. Department of Health, September 2003.  
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairerChargingPolicies/fs/en>

Commissioning and Funding Extra Care Housing. Factsheet no. 2. Housing Learning and Improvement Network, 2003 (updated 2004).  
<http://www.cat.csip.org.uk/library/docs/Housing/Factsheet02.pdf>

Care in Extra Care Housing – A Technical Brief. Housing Learning and Improvement Network, 2005.  
[http://www.cat.csip.org.uk/library/docs/Housing/TechnicalBriefs/Technical\\_%20brief\\_01.pdf](http://www.cat.csip.org.uk/library/docs/Housing/TechnicalBriefs/Technical_%20brief_01.pdf)

Funding Extra Care Housing. Technical Brief no. 2. Housing Learning and Improvement Network, 2005.  
[http://www.cat.csip.org.uk/library/docs/Housing/TechnicalBriefs/Technical\\_brief\\_02.pdf](http://www.cat.csip.org.uk/library/docs/Housing/TechnicalBriefs/Technical_brief_02.pdf)

Charging for Extra Care Sheltered Housing Services in Salford. Case Study no. 16. Housing Learning and Improvement Partnership, 2005.  
[http://www.cat.csip.org.uk/library/docs/Housing/Case\\_study\\_16.pdf](http://www.cat.csip.org.uk/library/docs/Housing/Case_study_16.pdf)

Housing Choice for Older People. A Discussion Paper. Help the Aged, 2006.  
[http://www.helptheaged.org.uk/NR/rdonlyres/88E4A63B-E2E3-4354-A97E-8730AFDA8953/0/housing\\_choice-web.pdf](http://www.helptheaged.org.uk/NR/rdonlyres/88E4A63B-E2E3-4354-A97E-8730AFDA8953/0/housing_choice-web.pdf)

Housing with care for later life: a literature review. Karen Croucher, Leslie Hicks and Karen Jackson. Joseph Rowntree Foundation, 2006.  
<http://www.jrf.org.uk/bookshop/eBooks/9781859354384.pdf>

## Other Housing LIN publications available in this format:

- Factsheet no.1:      **Extra Care Housing - What is it?**
- Factsheet no.2:      **Commissioning and Funding Extra Care Housing**
- Factsheet no.3:      **New Provisions for Older People with Learning Disabilities**
- Factsheet no.4:      **Models of Extra Care Housing and Retirement Communities**
- Factsheet no.5:      **Assistive Technology in Extra Care Housing**
- Factsheet no.6:      **Design Principles for Extra Care**
- Factsheet no.7:      **Private Sector Provision of Extra Care Housing**
- Factsheet no.8:      **User Involvement in Extra Care Housing**
- Factsheet no.9:      **Workforce Issues in Extra Care Housing**
- Factsheet no.10:     **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care**
- Factsheet no.11:    **An Introduction to Extra Care Housing and Intermediate Care**
- Factsheet no.12:    **An Introduction to Extra Care Housing in Rural Areas**
- Factsheet no.13:    **Eco Housing: Taking Extra Care with environmentally friendly design**
- Factsheet no 14:    **Supporting People with Dementia in Extra Care Housing: an introduction to the the issues**
- Factsheet no 15:    **Extra Care Housing Options for Older People with Functional Mental Health Problems**
- Factsheet no 16:    **Extra Care Housing Models and Older Homeless people**
- Factsheet no 17:    **The Potential for Independent Care Home Providers to Develop Extra Care Housing**
- Factsheet no 18:    **Delivering End of Life Care in Housing with Care Settings**
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- Case Study Report:    **Achieving Success in the Development of Extra Care Schemes for Older People**
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- Technical Brief no.1    **Care in Extra Care Housing**
- Technical Brief no.2    **Funding Extra Care Housing**
- Technical Brief no.3    **Mixed Tenure in Extra Care Housing**