

THE SUFFOLK VERY SHELTERED HOUSING

DESIGN AND MANAGEMENT GUIDE

Revision : 21 April 2004

CONTENTS

	Page No.
1. Introduction	2
2. Working in Partnership	2
 PART I - DESIGN GUIDE	
3. Policy Criteria	6
4. Design Criteria Including size of scheme and its location, space standards and a design specification.	7
 PART II - MANAGEMENT GUIDE	
5. Eligibility and Allocations Criteria	17
6. Allocation Process	19
7. Information to Tenants	22
8. Documentation	24
9. Quality Assurance, Monitoring and Review	27
10. Housing Management Issues	29
11. Staffing	33
12. Models of Support and Personal Care	35
13. Services to Tenants and the Community	39
14. Health Priorities	41
 Appendices	
1. Development Tasks	42
2. Special Needs Housing Register	46
3. Scheme Leaflet Frame document	48
4. Tenant Questionnaire	50
5. Operational Policy	
6. JAG Terms of Reference	
7. Risk Assessment Template	
8. Partnering Agreement	
9. Assistance with self-administration of prescribed medicine	
10. Very Sheltered Housing Task Group members	58

1. INTRODUCTION

- 1.1 The purpose of this Housing Design and Management Guide is to offer advice on issues in the provision of Very Sheltered Housing. It is hoped that other agencies developing Very Sheltered Housing schemes for frail older people will benefit from the experiences gained from a number of such developments in Suffolk.
- 1.2 Before any new development or the refurbishment of an existing scheme is carried out the need for such accommodation must be identified. It is not the intention of this Guide to consider how this should be undertaken or how funding for the construction work can then be obtained and from whom.
- 1.3 The Guide takes as its starting point the commencement of the design and development process and assumes that such matters as the identification of need and the provision of adequate capital and revenue funding have already been fully investigated and resolved.
- 1.4 The Guide has been produced by a multi-agency group from Suffolk's Joint Planning network and specifically from the Housing Working Group for Older People. Group members are listed in 10. The contribution of each is acknowledged.
- 1.5 In producing this Guide, the group recognises the growing complexity of management and funding arrangements and does not seek to specify prescriptive solutions but instead outlines a range of options, considerations and areas of good practice. Many of the areas cross relate to each other.
- 1.6 It should be noted that extra guidance is available in the Suffolk Extra Care Functional Mental and Dementia Guides, the Service Specification for Very Sheltered Housing and the Very Sheltered Housing - A Guide for Team Managers and Named Assessors and the Service Specification for Domiciliary Care.
- 1.7 Very Sheltered Housing offers choice for older people and so consideration should be given in strategic planning to a service in each locality.

2. WORKING IN PARTNERSHIP

Experience indicates that the most stress free, cost effective and "owned/committed to" schemes are those developed by the Project Management process.

- 2.1 It is perhaps useful to emphasise that the most stress free, cost effective and "owned/committed to" schemes are those developed by the Project Management process.
- 2.2 Successful project management requires a group of people to be identified as soon as capital and revenue are agreed. It should include a tenant, carer and representatives of all agencies (including local personnel) involved in the development of the scheme, including a Primary Care Group representative where appropriate. Architects, Quantity Surveyors, Mechanical & Electrical Consultants and other associated professionals may also be part of the Team. These team members

will remain lead individuals for their agencies throughout the development process to ensure continuity and coherence to the development process.

- 2.3 It cannot be over emphasised that the Care and Support provider(s) should be involved in the development process at the earliest point possible. Time should be set aside to focus on the Care and Support arrangements that will operate within the scheme.
- 2.4 Prior to letting a new scheme, and in time to influence the selection process, operational workers from Housing, Social Care Services purchasers and providers should create an Allocation Panel. This will encourage a smooth transition from development to operational working of the scheme. Occupational Therapists, the Welfare Rights and Supporting People Teams should be consulted throughout the development process.

Role and Responsibilities of Project Teams

- 2.4 Any changes made to the design by the developer **must** be referred to and agreed by the Project Team.
- 2.5 The Partners involved in the Project Team should:
- (a) Establish a shared philosophy for both the scheme and support services;
 - (b) Agree terminology to ensure common understanding;
 - (c) Agree a design that reflects the criteria outlined in the Design Guide;
 - (d) Establish and monitor capital and revenue funding, including Supporting People funding, arrangements;
 - (e) Establish, record and monitor lead responsibility and timetables;
 - (f) Agree which legal documents are required, when and by whom;
 - (g) Agree service specification;
 - (h) Agree operational policy in line with the guidance in Appendix 5. This Design Guide, the Suffolk Service Specification, the Domiciliary Care Specification and the two Principles & Guidance for Extra Care Very Sheltered Housing detail the scheme specific service to be provided and how it will be quality assured and monitored.
 - (i) Agree and facilitate an information and public relations strategy for applicants, the community, purchasers and other relevant agencies / people;
 - (j) Agree membership of operational review and monitoring group that will include representatives from all interested parties. The Terms of Reference of the Joint Advisory Group are shown at Appendix 6.
- 2.6 Practically it is the responsibility of this group to ensure that:
- (a) the scheme developed meets the identified needs for which it was funded;
 - (b) it meets current best practice;

- (c) it delivers on time and within both capital and revenue budget, (albeit that both may change during the development process, changes to be agreed by the funders);
- (d) consultation takes place as and when required during the development with all agencies who have a stake, (e.g. Fire Officer, Registration, Environmental Health etc);
- (e) decisions required during the development process are made swiftly and with the authority of partner agencies;
- (f) representatives of partners act as a conduit between the Team and their respective agency;
- (g) timetables are agreed and work actioned to meet those timetables, (e.g. legal documents, allocation process, the purchase of furniture and equipment is agreed),
- (h) the local community, prospective tenants and operational staff are informed of scheme progress, consulted and engaged throughout,
- (i) a review of the scheme takes place at 3, 6 and 12 months post letting which informs future development.

Appendix 1 provides a framework of the tasks that the Project Team needs to address.

2.7 As the Project Team is key to the development of schemes in which there are many interested parties it is particularly important that the membership of the team:

- (a) is of sufficient seniority to make decisions, (or get decisions made);
- (b) are conversant with the many and varied elements of supported housing development and service delivery;
- (c) recognises the difficulties of working in partnership;
- (d) in the case of tenant representatives, they are enabled to attend and participate in meetings;
- (e) has a sense of humour!!!!

2.8 Within the development process different elements of the work will require agency representatives to take the lead to complete a discreet part of the whole, (e.g. the capital agreement requires the funder and recipient to draft a document / amend a standard document to make it scheme specific). This piece of work will then be agreed by the Project Team and hence gain ownership from all parties.

2.9 It is important that the spirit of this work should feed into the Joint Advisory Group (JAG) – see Chapter 8.

PART I

DESIGN GUIDE

3. POLICY CRITERIA

Good quality housing with care is a key component in enabling older people to live as independently as possible in their own home.

- 3.1 The aim of Very Sheltered Housing is to:
- maximise the independence of older people by providing individually tenanted and self contained accommodation and 24-hour care and support which is tailored to the needs of the individual;
 - to add to the spectrum of choice for older people; and
 - to enable housing and care agencies to respond flexibly and with the maximum value for money to the changing needs of older people.
- 3.2 Very Sheltered Housing enables older people to retain an independent lifestyle in their own home whilst receiving the care and support services that they need and choose. Very Sheltered Housing schemes provide services for people in their own locality and community wherever possible.
- 3.3 In Very Sheltered Housing schemes, security and peace of mind is offered to tenants and their carers by the availability of staffing 24 hours a day, every day.
- 3.4 As tenants in a Very Sheltered Housing scheme become increasingly frail, services and support can be increased to meet needs.
- 3.5 Normally tenants are able to find the support and care they will need in a Very Sheltered Housing scheme to enable them to stay put.
- 3.6 There will be situations in which tenants needs cannot be met in Very Sheltered Housing. These will be where there exists:
- (a) Long term health problems, where access to on-going 24 hour nursing care/treatment is required and can only be provided in specialist provision, and/or
 - (b) People whose behaviour challenges the service to the extent that their or other tenants' quality of life is substantially and significantly reduced.
- 3.7 In such cases each individual's needs and wishes should be considered and an assessment of risk made. Where the level of risk is acceptable, or can be reduced to an acceptable level, the individual should be enabled to remain in Very Sheltered Housing, if they choose to do so. A template for risk assessment is included at Appendix 7.
- 3.8 In some instances there may be complex care packages that are funded by more than one agency. In these cases it is the responsibility of the Social Care Services Department to liaise closely with Health colleagues throughout the allocation process.

4. DESIGN CRITERIA

It is rarely good for any of us to move, especially in the latter stages of life as this can be very stressful. Having said this, many people thrive in a new environment if it better suits their needs.

All new schemes should meet the criteria set out in list form below.

The criteria in this section set minimum standards/guidelines that provide a starting point for designs and specifications, the detail of which is to be agreed by the Project Team for an individual scheme prior to the commencement of the tendering/contractual procedures.

Consideration should be given to incorporating other housing needs including general needs housing or other supported housing services

4.1 The Site

Ideally the site should be located so that it is:

- easily accessible avoiding steep gradients.
- integrated and relating to the community.
- as near to public transport links as possible.
- near services (shops, church, GP, pub etc)
- able to attract sufficient staff.

The Scheme should reflect local need. The size and height of the building should reflect

- the ability of tenants to move around the scheme
- the viability and sustainability of the revenue funding required
- the location and surrounding buildings

If the property is to be of two storeys the site area will probably be about 1.5 acres (0.6 ha.).

Our experience indicates that schemes below 12 units are unaffordable.

The site should be of adequate size to accommodate a generous, enclosed garden.

4.2 External

Parking should be adequate to meet the needs of tenants, staff and visitors – as required by the Planning Authority, an absolute minimum of 50% spaces to flats ratio. Give consideration to the need for additional spaces if day care or other services are being provided on site. It is recommended that individual spaces are properly marked out.

A covered space of at least 3.6 sq.m. must be provided for independent wheelchair transfer.

Some parking spaces should be within 10 metres of the main entrance.

Good lighting required to all parking areas.

3 m wide parking spaces for the disabled should be provided at a ratio of 1:5.

Provide a turning area for service vehicles as required by Planning Authority.

Provide secure refuse storage area plus provision for control of incontinence disposal. This area must be accessible from within and from outside the building. It should include recycling facilities linked to the local authority service.

The Bin store must be accessible and there must be an adequate hard surfaced route on which to move wheeled bins from the store to the collection point for Refuse vehicles, without going over garden areas etc.

Maximum access gradient 1: 20.

Provide covered entrance canopy that is well illuminated.

Level access to all thresholds.

Consider CCTV to front door and car park linked to the flats (See 4.6 also).

4.3 **Garden**

Landscaping to be seasonal, safe, thoughtful, imaginative and reflecting tenant's needs.

The garden must be level or have a gently sloping access with a maximum gradient of 1:20, and be fully accessible by all.

Footpaths should be direct and anticipate short cuts. Ideally footpaths should provide continuous loops.

Any water features provided must be of safe design; e.g. pebble pools are preferable to ponds.

Provide lighting, sitting areas and non-slip level finishes to pathways.

Provision to be made for tenant involvement with gardening, including garden maintenance. It is recommended that every ground floor flat is provided with a small patio area () outside the french windows.

Provide a store for garden equipment.

Outside taps should be provided with a gulley under for wash down of bins, garden equipment, etc. Sufficient points should be provided to enable a hose to be able to get to all parts of the garden and site.

Provide an enclosed area for outside clothes drying.

The garden should be enclosed with appropriate fencing.

The Scheme must comply with "Secure by Design".

4.4 **Space Standards**

The following minimum areas must be achieved:

- One bedroom flats (one or two person) **50 – 60 sq. metres**
- Two bedroom flats (two or three person) **60 – 70 sq. metres**

In addition, all main bedrooms must be a minimum of 13 sq. m. floor area. The second bedroom can be reduced to 10 sq. metres.

All schemes should be built to full wheelchair accessible standards.

75% of flats should be 1 bedroom, 2 person, the remainder should be two bedroom, two or three person flats.

4.5 **Circulation**

The width of all hallways and doorways must be as ACE standards.

Circulation spaces should be light, airy and spacious with interesting changes of aspect. There must not be any long featureless corridors.

Staircases should be straight flights with 180 turns not curves.

There should be power points close to the top and bottom of every staircase to enable power appliances, e.g. vacuum cleaners etc to be used without the need for long extension leads.

All areas used by tenants must be fully accessible by wheelchair users. There must be provision within all rooms for a 1.5m turning circle.

Careful design of signs is important to make them visible for the partially sighted and tactile for the blind.

Protection to common wall surfaces from damage by wheelchairs should be provided at both skirting level and handrail (midpoint) level. This should be achieved by deep skirtings and an extended handrail detail.

All levels above ground floor should incorporate a fully wheelchair accessible, 8 person lift.

Use swing free magnetic self-closing fire doors to corridors.

Contract quality carpets (impervious backed) are to be provided throughout the building (including tenants flats but excluding wet areas).

4.6 **SHARED FACILITIES**

The design of the building should include a core to the building which is accessible to tenants and community alike. All shared facilities should be within this core area. Pod lounges and flats should be designed to be more private and accessible to the community only by permission or invitation.

Covered porch - accessible to public with entry phone system to each flat and staff alarm system. Consideration should be given to a CCTV link between the entrance door and its entry system, and each tenant's own TV.

Entrance lobby – In designing the entrance consideration must be given to:

Accessibility to the building – the needs of the able and the disabled must be balanced e.g. speed of opening and opening direction of doors. Sliding entrance doors are preferable to hinged, with an automatic detection system.

Security of tenants. At least one set of doors must have a controlled access system i.e. linked to the warden call system and operable from each tenant's flat.

Any entrance hallway should be a friendly informal space monitored from at least one of the office spaces. It is often used by tenants as an informal gathering space.

Mat wells should be provided at each entry point to the building from the garden or the wider environment.

Scheme manager's office – a room of about 12 sq. m. This should not be in the entrance hall.

Working office – a space of about 12 sq. m for two persons located adjacent to the entrance but accessed from within the building. Any office should be of a size that can accommodate desks, computers and filing space.

Community lounge – a spacious area of about 75 – 80 sq. m with interesting views, close to the main entrance (but not box like with the TV as the main feature).

It is important that those areas that might be used for communal purposes such as using the lounge for day care facilities, should be kept separate from the rest of the building which is the tenants homes and therefore private.

WCs designed for wheelchair users adjacent to the shared lounge.

Hairdressing/Hobbies room of about 25 sq. m close to the entrance.

A Guest Room of about 15 sq.m. together with an en-suite bath/shower room.

All communal areas should be serviced by self closing doors.

4.7 **Kitchen**

The Project Team must determine the type of meal provision at an early stage.

The design of the kitchen may also be influenced by the need to provide Community Meals.

If a fully equipped, commercial kitchen is to be provided, it should include all necessary food preparation facilities including washing-up area, separate storage, plenty of freezer space, office and staff WC.

Alternatively, the Project Team may consider providing an up market "Luncheon Club" facility where meals are prepared elsewhere. If so, a kitchen of about 18 sq.m. for reheating, serving and snacks is required.

The local Environmental Health Department must be consulted at an early stage about the facilities proposed.

As a group we are reviewing the arrangements for meals and will include the outcome in future revisions of the document.

4.8 **Laundry**

Space of about 20 sq.m. required to accommodate minimum of 2 no. commercial sluice facility washing machines and 1 no. drying machine.

A separate facility for tenant's use should be provided, containing 2 domestic washing machines, 1 drier and a sink with a thermostatic valve on the hot water supply. Consideration can be given to the provision of a washing machine in each flat.

Storage required for linen and hazardous chemicals

Provide space and facilities for ironing equipment.

4.9 **Storage**

Never underestimate the need for storage.

Wheelchair and scooter store must be provided, ideally situated adjacent to the entrance(s). Access to the space needs to be given careful consideration. Size suitable for motorized wheelchairs (ratio 1:2 flats) which is well laid out and marked out, has charging facilities and is accessible from both inside and outside the building. The doors to such storage areas are to open automatically and be linked to the Warden Call system.

Provide a minimum **2.7 cu. m.** per flat for communal storage located throughout the building.

In addition, 2.8 cu. m. minimum personal storage is required within individual flats, 4 cu.m in two bedroom flats.

4.10 **STAFF FACILITIES**

Separate staff facilities are required as follows: -

- Staff room of about 25 sq.m.
- Consideration should be given to providing a training/meeting room
- Shower and WC's for staff.
- Space for lockers.
- Staff sleep-in room/Quiet room of about 12 sq. m. with double bed-settee and wash hand basin, ideally close to other staff facilities.

4.11 **POD FACILITIES**

Ideally, flats will be in groups of eight.

Each group of 16 flats will include a pod lounge of about 25 sq.m. Within each lounge there will be a small kitchen area with sink, refrigerator and facilities for making drinks and snacks. These facilities could be incorporated into a single piece of furniture. However, because of the communal areas of the building, it is necessary to provide three pod lounges, one being for any extra care facility provided.

Adjacent to each pod lounge should be a fully wheelchair accessible WC and a small store.

Each group of 16 flats should incorporate a shared **assisted bathroom**. Ideally each of these bathrooms will have a different type of assisted bath to enable choice and as domestic in appearance as possible. These facilities should be carefully sited to take account of tenants' privacy. Again, it may be necessary because of the layout of the ground floor to provide three assisted bathrooms in many schemes.

Pod lounges are primarily for use by the tenants, other uses should be negotiated with them. Each pod lounge may also have a specific role, e.g. TV lounge with large screen TV, Internet lounge, Games lounge etc. If day care facilities are to be provided these should only use the main shared lounge near the entrance. This will require a separate entrance and exit for general community use.

4.12 **INDIVIDUAL FLATS**

Hall

Ideally, front door recessed from the corridor, clearly numbered and well lit. All door furniture (letterbox, lock, bell, door handle) 1m. above floor level. Include a letter collection basket big enough to receive an A4 envelope fixed to the inside of the door. Recess for delivery of milk/provisions.

Suited key system for staff.

Include link to main entrance door entry system via video phone or television etc with portable units compatible with current technology.

Shape of hall to be suitable for wheelchair or zimmer frame users. Include a turning circle of 1.5m diameter for wheelchairs. All corners should be chamfered.

Include a store with shelving at appropriate height for wheelchair users.

Shower Room

Space adequate to accommodate flush floor shower, WC, wash hand basin and 1.5 m wheelchair turning circle.

The position of the WC relative to the entrance to the room needs to be carefully considered to avoid occasional embarrassment for visitors and tenant alike.

Ideally located so can be en suite with bedroom.

Capable of adaptation to individual needs as appropriate, including possible dual access - i.e. straight joint blockwork to subsequently create a door between bedroom and shower room.

Consider a proportion of the flats to be provided with height adjustable wash hand basins.

Walls capable to take handrails/wall fittings.

Emergency lighting facilities must be provided.

Attractive wall tiling and non-slip heavy-duty vinyl flooring with coved skirting and welded joints. It should be as domestic in appearance as possible.

Extract ventilation to be 30 litres per second.

The door to be capable of being easily removed, in case of an emergency e.g. with lift off hinges on the outside.

Shower to be formed in vinyl flooring discharging to a trapped floor drain.

The shower curtain must be fixed to reach the floor.

Coat hooks and towel rail clear of water delivery.

Space for shower seat if applicable – experience indicates tenants prefer plastic garden chairs.

Temperature controls at point of water delivery to be soft touch where possible and user friendly.

Mid height cistern to WC.

Pedal/spatulate handle, dual toilet flush accessible from wheelchair.

WC to be accessible from both sides. Position of soil stack needs be considered in this arrangement.

Standard height WC pan - but compatible with use of commode chair.

Include adjustable height mirror.

Short lever taps.

Separate electric shaver point at 1.2m height with a separate over mirror light.

Design hand basin to allow for vanity space adjoining.

Small wall unit for storage of continence aids.

Bedroom

Space of minimum of **13 sq.m.** (which is adequate for two people to share).

Where a second bedroom is provided this should be of a minimum of 10 sq.m.

Able to achieve en-suite with bathroom if needed for tenant.

Shape suitable to enable island bed position and one alternative position.

Space for wardrobe, dressing table, bedside table, TV, telephone point.

Four double sockets.

Sitting Room

To be 15 sq.m. with direct access from hall and kitchen with extra space in two bed flats.

Include a focal point such as a fireplace or bay window.

Provide French doors to garden for ground floor flats with either one wheelchair accessible door or two doors with a wheelchair user accessible locking system. Provide Juliet balconies to first floor flats with a door access.

Adequate space for two easy chairs, table, TV and two other pieces of furniture.

Include small area for dining table and two chairs. Extra space will be needed in two bedroom flats.

TV socket/VHF radio/cable. Consider provision of satellite TV system.

Four double sockets.

Kitchen

850mm high base units. Consideration should be given to providing one run of units at wheelchair accessible height.

Consider the provision of height adjustable sinks, with knee-hole under for wheelchair users.

Selection of equipment to take into account the needs of tenants. This should include as a minimum a fridge, freezer, slot in cooker with second oven with integral grill and a microwave. Project teams should check the latest type of appliances available on the market before final decisions on appliances are made. All appliances must have doors capable of being handed.

Wherever the cooker is situated in the kitchen it must have put down space to both sides for hot dishes etc.

There must also be an isolation switch hidden in the nearest cupboard to the cooker.

Consider including plinth to refrigerator and cooker to improve access.

Consider space for, and provision of, a washing machine.

Consider space for small dining table and two chairs if not available in sitting room.

Minimum 1.2 cu.m. kitchen storage of which 50% accessible by wheelchair user.

Short lever taps.

Non-slip flooring. NB the style of flooring must be easily cleanable.

Adaptable lighting, e.g., under-unit lights, non-fluorescent (if fluorescent then high frequency).

Provide a lockable medicine cabinet.

4 double sockets.

Extraction ventilation at rate of 60 litres per second (NB can be reduced to 30 litres per second if cooker hood provided).

All controls must be at low level accessible for wheelchair user, **excluding** the isolating switch for the flat's cooker.

The entrance door to the kitchen to be capable of being easily removed/lifted off its hinges, in case of an emergency.

4.13 **Heating and Hot Water**

Consider provision of a central boiler room serving all flats and staff accommodation with heating and hot water.

Include two condensing type boilers plus calorifier(s).

Pipework from central boiler room to be enclosed in accessible ductwork.

All pipework in flats to be accessible for maintenance. All stopcocks to be at a wheelchair accessible height and thoughtfully located.

Consideration should also be given to the provision of suitable water softener(s).

Include for low-surface temperature radiators throughout.

Include radiator thermostats with pre-defined gap on temperature control located at the top of radiators.

There must be temperature controls on all hot water taps throughout the building.

Proper attention must be paid to the risk of legionella in the water storage system.

Heating scheme to be designed to achieve a minimum temperature of 21 deg °C when outside temperature is minus 1 deg °C.

New build schemes should achieve a minimum SAP rating of 90.

4.14 **Electrics**

Include separate electrics room.

Consider providing each flat with its own meter.

Meters can be located either in centralised meter room or adjacent to each flat. Fused boxes must be at a wheelchair accessible height. There must also be an isolation switch hidden in the nearest cupboard to the cooker.

Provide fire alarm installation including fire escape signs, fire fighting equipment and emergency lighting as required by Building Control and Fire Authority. The system should also be linked to the ABC Fire Brigade call system

Level of audible alarm system should be in accordance with British Standard. However, consider the use of visual alarms for those with visual impairments. NB Sounders should be "painted in" to match existing decorations.

Fire extinguishers to be wall mounted maximum 750mm from top of fitting to floor.

All flats to be provided with TV sockets and BT outlets in sitting rooms and bedrooms. The TV should be linked to the CCTV service.

Ensure power supply near to every window for automatic curtain closing.

Call system must be provided in each flat for easy communication by the tenant(s) with the staff. This should be accessed by cord or pendant.

Call points required to all rooms in tenants flats. (Consider the use of a motion detector PIR /pressure mat in every dwelling linked to the alarm system).

All electric light switches and power sockets to be 1m above floor level and should reflect the needs of the tenant and current technology. Glowing switches should be provided in bedrooms, capable of dimming..

A loop system should be provided in all tenant communal areas and consideration should be given to the provision of a loop system in other tenanted areas as and when required. The loop system should be capable of taking a microphone.

Consider the provision of a satellite TV system linked to all flats. Ensure that the receiving system is capable of taking the full range of digital TV signals.

Be aware that some cordless phone systems for staff may need boosters around schemes with a large footprint or are in a dip in the landscape or whose performance may be influenced by metal in the roofspace or elsewhere in the building fabric.

4.15 **General**

All works must comply with current relevant statutory regulations. It may be necessary to advocate on behalf of tenants to ensure relevant interpretation of the regulations.

All fixtures and fittings such as taps, door and windows ironmongery should be designed to reflect the needs of tenants. In particular all doors must have D handles.

Window cills should be 750 mm or less from floor level. Windows should be easy to open/operate e.g. push shut locks, and with handles that are accessible to wheelchair users.

Consider supplying battens and curtain rails/tracks.

The programme will enable tenants to be involved with the choice of furnishings and finishes.

Carpets in the bedrooms should be cream or a light colour to assist in monitoring cleaning. The carpets in the rest of the flat should be of the same colour and design.

4.16 **And finally**

The scheme must be imaginative and uplifting!

PART II

MANAGEMENT GUIDE

5. ELIGIBILITY AND ALLOCATION CRITERIA

Allocation policies and procedures for very sheltered housing schemes will be fair and equitable and access to schemes will be open to all older people whose needs for the service can be demonstrated.

Eligibility Criteria

General Principles:

- 5.1 Eligibility for Very Sheltered Housing schemes will be established by the completion of a Housing Needs Assessment, a Community Care Assessment that will identify both support and care needs, including a Risk Assessment. Some prospective tenants may need a specialist health assessment
- 5.2 Applicants must be in housing need. The present living situation may no longer be suitable because care and other facilities cannot readily, practicably or economically be provided there.
- 5.3 The term older people refers to individuals of 60 years of age or more. In exceptional circumstances people below this age will be considered for very sheltered housing.
- 5.4 A person will usually require assistance with their daily living tasks, and/or their personal care. This means that a person would require a assessed need of a minimum of four hours personal care and support each week. There are additional criteria to be met for a place in any extra care facility. This relatively low level of assessed need allows for a mixed community to be retained within a scheme.
- 5.5 Care and support plans will be compiled with all older people allocated tenancies in Very Sheltered Housing to reflect ways of meeting their needs in the scheme, in order to provide maximum independence, autonomy, dignity and choice for the individual.
- 5.6 Applicants will usually be living in the district council area of the Very Sheltered Housing scheme or be able to demonstrate a local connection to the area. Alternatively, they must be a tenant of the housing provider elsewhere. The term local connections is defined in Section 199 Housing Act 1996. This states that

“A person has a local connection with the district of a local housing authority if he has a connection with it-

(a) because he is, or in the past was, normally resident there, and that residence is or was of his own choice,

(b) because he is employed there,

(c) because of family associations, or

(d) because of special circumstances.”

In simple terms, it means that the person lives in the district or lived there for a period in the immediate past or has immediate family in the area.

- 5.7 The needs of carers will be considered in assessment for Very Sheltered Housing.

Allocations Criteria

- 5.8 Tenants living in Very Sheltered Housing schemes will have care and support needs because of a range of difficulties, disabilities or problems including dementia, mental health problems and physical disability. The four hour personal care and support criteria (minimum with no maximum) enables a mixed community to be formed. The principle of maintaining a mixed community must be considered at every let by the Allocation Panel.
- 5.9 Allocations panels will endeavour to ensure that whenever possible tenants enter Very Sheltered Housing at an optimum time for them, which may be in the early stages of dementia, during recovery from an episode of depression or when coming out of hospital after a long term illness.
- 5.10 Applicants for Very Sheltered Housing may currently be living in a range of housing, including residential care or sheltered housing, rented or owner occupation. For each tenant, Very Sheltered Housing will provide a service or support not available in his or her current accommodation. A more independent lifestyle may be facilitated for some, whereas the provision of regular night care or a continually supportive community will be key factors for others.
- 5.11 Applicants may have restricted mobility but will be able to cope in a supportive environment. Some people may need a variety of aids and equipment to enable them to function positively.
- 5.12 Applicants will be able to make a home for life in Very Sheltered Housing unless their health deteriorates to the point where longer term nursing care is required.
- 5.13 Applicants to Very Sheltered Housing may be currently suffering from depression and/or the effects of isolation and/or may have suffered from mental health problems.
- 5.14 Applicants for Very Sheltered Housing will not currently be suffering from mental health problems that lead to violent or severely challenging behaviour. Such people may be considered for an extra care part of a scheme where a full risk assessment indicates suitability.
- 5.15 Applicants for Very Sheltered Housing may be in the early stages of dementia, but will still be able to make relationships, function within a daily routine, have some knowledge of their surroundings and/or be in a supportive relationship within the scheme.
- 5.16 Existing tenants whose dementia worsens and those who develop symptoms of dementia will be able to be supported within the scheme. If behaviour is severely challenging or anti-social and/or people become a danger to themselves or others, then a further joint risk assessment will be undertaken, with a view to transferring to an extra care service.
- 5.17 It is recognised that tenants may need flexibility in the provision of care services and that tenants and support needs will change over time.

6. ALLOCATION PROCESS

The County Council, District Councils and the Housing Associations operating in the County have agreed a County Allocation policy for use in all special needs housing projects. This Policy will be used in all newly developed very sheltered housing schemes.

Purpose of the Policy

- 6.1 The purpose of the policy is to ensure that all partners in the scheme are involved in the process and that the necessary housing and support assessments have taken place. The policy will also ensure that both initial lettings and voids are handled efficiently and effectively.

Background

- 6.2 As the number of housing opportunities for people with disabilities increases it is necessary to ensure that all potential tenants have access to the allocation process and that service users and workers are aware of the routes to acquiring the housing.
- 6.3 The policy has been designed to engage support and care management agencies, housing providers; Borough/District Councils, Health and Social Care Services so that all partners are involved in the letting process. Contact with service users will, in the first instance, be limited to their social worker.

The Process

- 6.4 For new build schemes, during the latter stages of construction of a project the Project Team sets up an Allocations Panel. Named representatives of the Panel will consist (as a minimum):
- 1 representative from Borough/District Council's Housing Department.
 - 1 representative from the Housing provider.
 - 1 representative from Social Care Services.
 - 1 representative from the Care Management Agency.
 - 1 representative from Supporting People.
- The Scheme Manager
- 6.5 The Panel invites nominations for vacancies in a scheme. The nominations/referrals can come from a variety of sources, e.g. Housing Authority, Social Care Services, relatives, carers, self-referral, GP or Health professional. The Special Needs Housing Register (see Appendix 2) and the Borough/District Council Housing Register should also be consulted for potential nominations.
- 6.6 An individual from the Panel will be chosen to chair the meetings and co-ordinate the process. All potential nominations from whatever source will be sent to the Application Manager of the Borough/District Council or the Chair of Allocation Panel. If possible, prior to the initial nominations meeting it should be established whether the applicant is registered on the Borough/District Council Housing Register and the Special Needs Housing Register and receiving support from, or arranged by, Social Care Services.

- 6.7 When inappropriate referrals are identified, the referrer and applicant will normally receive written notification of the reasons for the decision from the Chair of Panel. Advice will be given on how to re-apply if circumstances alter.
- 6.8 Once the Panel has established appropriate referrals, simultaneously a housing needs assessment, (including where appropriate a homeless assessment), by the District Council and a Community Care assessment, by Social Care Services is undertaken. It may also be necessary for the care management agency to assess whether or not the individuals can be appropriately supported and cared for in the housing scheme.
- 6.9 The Panel will then go through the nominations and identify individual nominees who have been inappropriately referred. These are likely to be people whose housing and/or support needs would not be met by the vacancy. Ideally this part of the process should take the form of a complementary working. Information should be given on possible housing opportunities and policies. This complementary working is a policy towards which all parties should work.
- 6.10 When a vacancy occurs in an already fully occupied scheme, an Allocation Panel meeting will be called. This may need to be at short notice. The care management agency must be consulted and included on the Panel.
- 6.11 The Panel will take into consideration three main criteria:-
- (a) the housing and support needs of nominees,
 - (b) the nominees local connection to the area,
 - (c) any other factors which might influence the allocation process, (for example carers needs)

On the basis of that information the Panel will decide which nominee/s should be offered the vacancy/vacancies and which nominees should remain on a reserve list should offers be refused or voids occur.

- 6.12 A pre-tenancy letter will be sent upon the decision of the Allocation Panel, followed by an offer of the tenancy.
- 6.13 As the accommodation is self-contained and there are communal services, introductions to other tenants will be necessary unless new tenants say no.

- 6.14 The experience of existing schemes is that the Panel meetings should meet on a four to six weekly basis. It will be a requirement of the Panel to ensure that there are always assessed individuals waiting for a vacancy in the scheme. The Chair of the Allocation Panel will call meetings.
- 6.15 It will be the responsibility of the Social Care Services Department (through the Community Care Assessor), to notify the Panel of any changes to a nominee's circumstances. All agencies should pass information to Social Care Services to assist with this task.
- 6.16 The individuals will then be nominated by Borough/District Council to the Housing Association/care management agency.
- 6.17 It is important to remember that the process is that of nomination. Ultimately the Landlord has the final decision about the let.

NB After the initial let of a new scheme it will be necessary for a continuing close liaison between all partners. This will ensure that when a further vacancy arises the void periods are kept to a minimum.

In some instances there may be joint purchasing to the scheme. In these cases it is the responsibility of the Social Care Services Department to liaise closely with health colleagues throughout the allocation process.

6.18 There must be an appeal process through which a individual can challenge why they have not been allowed into the allocation pool or, why once in the pool, they have not been offered a tenancy.

7. INFORMATION TO TENANTS AND PROSPECTIVE TENANTS

7.1 A leaflet should be produced describing the scheme and the services it provides (See framework example in Appendix 3).

7.2 Pre-tenancy information should be prepared to include:

- housing rights
- housing responsibilities
- eligibility and allocation criteria (see Chapter 5)
- charges (see Chapter 10)
- roles and responsibilities of staff (See Chapter 11)
- support services (see Chapter 12)
- agencies involved
- benefits advice
- opportunities for social and communal activities

A Tenant's Handbook

7.3 It is considered good practice to provide a Tenant's handbook that is scheme specific. It should contain the following items: -

- an explanation of the philosophy behind the scheme;
- the eligibility criteria and allocation process;
- how care and support needs are assessed and provided;
- the services that are provided (and often, equally important, those that are not provided);
- the role of the scheme manager;
- role of the carers and support workers;
- the charges that will be levied: rents/service charges/Fairer Charging arrangements. It is also preferable if these are either all weekly or all monthly to avoid confusion;
- an explanatory paragraph about Supporting People services provided within the scheme;
- the local facilities available both in the scheme and in the wider community;
- the social activities which can be provided;

- floor plans of the individual accommodation together with measurements;
- useful community addresses such as the GP, the chemist, the Community Psychiatric Nurse etc.
- the arrears policy covering both rent and Social Care Services charges and also information on how to access welfare advice and debt counselling;
- the complaints procedure;
- the tenant participation policy;
- nuisance and eviction policies;
- the procedure if a tenant goes into hospital.

7.4 New tenant information to include:

- tenancy handbook including the tenancy agreement, benefits advice, repair obligations and consultation process.
- map
- services
- flat information
- complaints procedure
- GP/Health Service
- local facilities (e.g. Clubs, shops etc.)
- opportunities for social and communal activities.
- policies about the scheme including visitors, pets etc.
-
- any additional information required by the Statement of Purpose from domiciliary care provider.

7.5 All of these documents should be checked and agreed by the Project Team at the appropriate stages during the development process.

8. DOCUMENTATION

Partnering Agreement

- 8.1 A Partnering (Service Level) Agreement will be required depending on the number of agencies involved. There is a standard document that has been agreed by the partners. This document is attached as Appendix 8.

Management Agreements

- 8.2 These need only be used where the care provider and housing association are different bodies.
- 8.3 Each housing organisation will have its own policies and procedures. A formal contract will be required that sets the parameters and responsibilities for both purchasers and providers.
- 8.4 Within the context of this agreement the following should be considered:
- (a) Minimum contract term and whether it would be a rolling contract.
 - (b) Notice required to end the contract.
 - (c) Clear definitions of roles / responsibilities of both parties.
 - (d) Details of monitoring arrangements and performance standards requirements.
 - (e) Arbitration arrangements.
 - (f) List of appendices should include policies on:-
 - allocations
 - arrears
 - charges
 - repairs
 - care
 - eligibility criteria
 - equal opportunities
 - management
 - tenancy agreement
 - eviction
 - (g) There should also be an operational policy (see 8.5 below) and a Partnering (Service Level) Agreement within which there should be an agreed budget process.
 - (h) A service specification, detailing the requirements of the Social Care Services Department and the invoicing arrangements, needs to be in place.

Operational Policy

- 8.5 This should be provided as a working document for all staff and should give clear directions on a scheme by scheme basis.

8.6 It should be produced by the housing provider in consultation with the purchasers, working partner agencies and staff. It should be a guide to consistency and good practice in the every day running of the scheme and should be amended and updated regularly.

8.7 The operational policy should include:

Aims and objectives of the scheme.

Philosophy of care.

Allocation policy

- Eligibility
- Process

Tenancy Agreement

Support Arrangements

Welfare rights advice.

Medical arrangements for tenants - Each tenant must be registered with own GP.

Medication

Hospital admission.

Notification of tenants absence procedure (as a safety measure).

Staffing arrangements

- Hours
- Reporting in
- Rotas
- Sickness
- Annual Leave
- Disciplinary Arrangements
- Training
- Sleep-in
- Deputising
- Administration
- Record keeping
- Scheme log
- Use of pass key
- Accidents

Standards

Security

Health and Safety

Tenants participation

Operation of laundry service

Meals service

Social activities

- Use of scheme by outside individuals of organisation
- Tenants Committee
- Social fund

Cleaning provision hours

- Schedule of work

Reporting repairs

Gardener / handyperson

- Hours
- Job Description
- Limitations of role.

9 QUALITY ASSURANCE, MONITORING AND REVIEW

- 9.1 Chapter 2 advises that experience has shown that the most stress free, cost effective and "owned" schemes are those developed by the Project Management process.
- 9.2 As such, the formation of a Project Team to oversee the development and letting of a development is a crucial part of the Quality Assurance process.
- 9.3 Once the scheme has been designed, constructed and let the Project Team still has a number of specific tasks to undertake to ensure that the Quality Assurance process is fulfilled.

Review of Development Process

- 9.4 The purpose of this is to roll forward from the point when the scheme's construction is completed and resolve problems relating to the development and lettings processes. Reviews will be held;

At 3 months

To identify and resolve urgent, incorrect assumptions and decisions made during the development process about support levels arrangements and purchase (where possible!) and to ensure action is taken to remedy any problems relating to the building. The review will also be informed by the outcome of the new tenants survey.

At 6 and 12 months

To rigorously and robustly review all elements of the development process. It is an essential part of that review to ensure lessons are learnt about any mistakes that have been made so that these are not repeated on other similar schemes. The twelve month review will be influenced by the annual tenants survey. The annual survey results will then be made available to the Joint Advisory Group.

- 9.5 Firm action must be taken at all three stages to ensure errors are corrected wherever possible.
- 9.6 This review process will feed into:

The Joint Advisory Group (JAG)

- 9.7 A Joint Advisory Group (JAG)/Management Group should be established and should meet a minimum of four times a year. The JAG should include all partners and must include the following group members:

Scheme Manager
Scheme Manager's Line Manager
District/Borough Council representative
Care Provider Manager
Social Care Services Community Care Team Managers
Supporting People - Suffolk
Health - Finance Representative (where Health are providing funding)

- Clinical Representative
- Primary Care Group/Trust representative

Tenant representative
Carer representative

- 9.8 It will be the responsibility of the members of the JAG to ensure that they have a working knowledge of the scheme and its services through visits and tenant information.
- 9.9 The Group has responsibility for ensuring the following tasks:
- (a) Allocations to the scheme are in accordance with the County Allocation Policy and addressing any issues that arise during allocation process.
 - (b) Agreeing quality assurance information required from tenants surveys, by the Housing Standards document (Copy obtainable from Suffolk County Council, Social Care Services Department or Suffolk County Council website), Quality Assessment Framework from Supporting People and Commission for Social Care Inspection Standards.
 - (c) Agreeing Quality Assurance methods with providers.
 - (d) Receiving and considering budget information to facilitate timely adjustments when required.
 - (e) Ensuring that timely and appropriate responses are made to difficulties identified by either purchaser or provider. This will include identifying lead responsibility.
 - (f) Annual Review of Operational Policy.
- 9.10 This in turn feeds to:

The Annual Budget Review

- 9.11 This meeting, which will also include Supporting People, receives and considers all available information from all sources and makes any necessary service and budget adjustment

Care and Support Quality Monitoring

- 9.12 It is the intention of the district/borough and county councils in Suffolk to combine Suffolk Housing Standards and Supporting People monitoring.
- 9.13 Suffolk Social Care Services monitors and audits the quality of all services purchased on behalf of individual service users. This includes the care element for those tenants in Very Sheltered Housing supported by a Social Care Services Contract. If the scheme is due a Supporting People review then the opportunity should be taken to include the more strategic questions from the Suffolk Housing Standards at the same time. This should be aligned with Commission for Social Care Inspection visits.
- 9.14 Monitoring of the service against the Social Care Services Service Specification and Contract is undertaken by the Procurement Contract and Monitoring Unit. The Service Specification contains explicit standards relating to aspects of the environment, care practice and the management of the scheme.

10 HOUSING MANAGEMENT ISSUES

This section identifies the main housing management issues that need to be addressed. It should be noted that these are suggestions and that this list is not comprehensive.

Service Charges and Supporting People charges

- 10.1 From April 2003 all support costs are paid by Supporting People grant, by the Supporting People team. The care costs will be assessed and paid for by Social Care Services. It is hoped that an increasing role will be played by the Primary Care Trusts.
- 10.2 Items generally included in the accommodation related service charge include:
- Scheme Manager's costs – the proportion of time spent on housing management.
 - On-site office costs
 - Provision for the renewal of furniture and equipment
 - Provision for the servicing of equipment, e.g. fire alarm
 - Communal heating / lighting / water supply/cleaning
 - Gardening
 - Cleaning external windows
 - Annual gas and portable electrical appliances checks.
- 10.3 The following items are generally included in support costs:
- Scheme Manager's costs – the proportion of time spent on support.
 - Activity Co-ordinator - the proportion of time spent on arranging events.
 - All staff who provide support, including carers - the proportion of time spent on support.
 - Cleaning dwelling.
- 10.4 Examples of support, to enable the tenant to do things for themselves or to assist them to undertake that task, include
- Assisting in securing the dwelling
 - Assisting with individual safety within the dwelling
 - Auditing and enabling the individual to undertake minor repairs and organising the servicing their own equipment.
 - Auditing and monitoring all security systems
 - Auditing, monitoring and checking gas appliances
 - Regaining/maintaining independence through daily living skills.
 - Support with neighbour disputes
 - Assistance with personal budgeting
 - Assistance with liaison with other professionals
 - Assisting with benefit claims
 - Assistance with shopping and errands
 - Arranging social events
 - Direct supporting contact with the tenant to promote independence

Advice should be sought from the Supporting People team and Housing Benefit staff to ensure best practice is followed.

- 10.5 It is important to discuss new budgets or changes to the charges with the local Housing Benefit Department and Supporting People at the earliest opportunity. The level of detail and also the interpretation of personal costs and communal costs are likely to vary.
- 10.6 The Scheme leaflet (See Appendix 3) should be amended annually to reflect the latest charges.

Tenancy Agreements

- 10.7 Standard assured tenancies for housing association tenants and secure tenancies for local authority tenants will be issued in order to provide security of tenure. Licences are not appropriate as they give individuals fewer housing rights.
- 10.8 In the case of Housing Association tenants, it is worth noting that an individual may transfer with existing fair rent rights and this will necessarily impact on the rental income and the service charge, from that letting.

Pet Policy

- 10.9 A clearly defined pet policy should be available to all incoming tenants. There is no doubt that pets can enhance the quality of life for many people, therefore a presumption in favour of them keeping pets is recommended. In formulating this policy it is worth considering the following issues:
- many elderly people have a pet and would not want to be parted from it in order to take up the offer of accommodation. The offer could be made conditional on their keeping the animal but not replacing it when it dies;
 - the existence of a few well-behaved animals could be beneficial to the community atmosphere;
 - if animals are not well-behaved or not well looked after by their owners it could cause distress to others and problems for the staff;
 - factors such as hygiene and individual allergies may also need to be addressed;
 - the tenant must retain responsibility for the care and the cost of the pet including when they are not able to care for the pet themselves;
 - the design, layout and location of the scheme will need to be considered;
 - the final decision is at the discretion of the Scheme Manager, who will need to be consistent.

Tenant Participation

- 10.10 As with all housing schemes, tenant participation is a requirement. For good practice, it should be actively encouraged. Opportunities for tenant involvement should take account of individual needs.
- 10.11 Tenants should have the opportunity to be involved in the day to day management of the scheme. This could be facilitated in a number of ways: -
- tenants groups or a forum

- tenants representatives on the JAG.
 - all quality assurance reviews.
 - suggestion boxes.
- 10.12 Tenants hold their own Care Plan and Support Plan. Providers will have a copy of the Plans. When reviewing their care plan and support plan, tenants should have the opportunity to discuss the scheme.
- 10.13 Tenants should be kept fully informed and be consulted about any changes that affect them as individuals, or the scheme as a whole. This should include staff appointments.
- 10.14 Any communication with or involvement of tenants should be in a form that is accessible to all. Tenants must not be excluded from participation due to their cultural, physical or social needs.
- 10.15 The scheme must have robust quality assurance systems that involve tenants and/or their representatives or advocates. These systems may include:-
- Annual reviews which include individual interviews of tenants or surveys.
 - Quality circles which include tenants representatives and their relatives.
 - Tenants forum.
- 10.16 All Quality Assurance reviews should include appropriate aspects of the scheme, for example:-
- the environment
 - management
 - access to information
 - social activities
 - support activities (Supporting People)
 - personal care (Commission for Social Care Inspection and Social care Services)
 - domestic assistance
- 10.18 A standard questionnaire form for new tenants and for existing tenants is included at Appendix 4. Reference should also be made to the Suffolk Housing Standards document available separately from the Suffolk Social Care Services Department or on the Suffolk County Council website.

Arrears Management

- 10.19 It is important that tenants, relatives, carers and staff understand the arrears policy and which staff will be responsible for implementing it. It is necessary to ensure the involvement of the social worker (subject to tenant agreement) in resolving arrears and prior to letters being sent to the tenant.
- 10.20 In the case of arrears that relate to Supporting People grant, agreement should be reached as to the most appropriate method of collection.
- 10.21 The role and responsibilities of the Scheme Manager in arrears management will depend on the management model adopted. If the housing provider employs the Scheme Manager, their role is to advise tenants who have arrears. Where the care provider employs the manager, the responsibility for arrears advice rests with the housing officer. All parties must be kept informed of any arrears action.

10.22 The Social Care Services Department have arrangements for managing care cost arrears. All parties must be kept informed of any arrears action.

Neighbour Disputes

10.23 Attempts must be made to resolve neighbour disputes at the earliest opportunity.

10.24 The roles of the Scheme Manager and scheme staff are vital in providing evidence and in resolving any neighbour problems that may arise. Clear policy guidelines for all to follow are required.

10.25 In creating a solution to neighbour disputes it may be beneficial to involve other agencies e.g. Primary Care workers.

11 STAFFING

The staffing structure of Very Sheltered Housing services can differ. All staffing arrangements need to be flexible and capable of change as the scheme develops. The essential element is that all partners work to the same vision so that success will be achieved.

Existing Models

- 11.1 There are 4 main models:
- (a) Housing Association provides housing management, support and care.
 - (b) Housing Association provides housing services including support and Social Care Services provide personal care.
 - (c) Housing Association provides housing services and Social Care Services contract a third party to provide personal care. Support could be provided by either.
 - (d) Housing Association manages the building. The support, care and housing management is provided by a care provider.
- 11.2 The preferred model is (a). Where a multi-agency approach is pursued a jointly funded, appointed and managed post is advised for Scheme Management. This may require negotiation with a Scheme Manager where an existing scheme is being upgraded and the Scheme Manager has historically lived on site.
- 11.3 The Suffolk experience has been that when care, support and housing are provided by separate agencies there is considerable difficulty in ensuring a coherent approach. Tenants also identify that they prefer one provider agency for all services within a scheme.

Scheme Manager

- 11.4 It is vital to be very clear about the range of duties and responsibilities of the Scheme Manager. This is to ensure that all parties are clear about their responsibilities. It may also affect salary levels and recruitment.
- 11.5 It is important that the salary of the Scheme Manager should reflect the complex nature of the role and the range of responsibilities that include housing management, support and care.
- 11.6 Experience has shown that providing a salary that acknowledges the market place is critical. Care experience is vital in managing effective services, housing skills can be learnt more easily.

Line management and supervision.

- 11.7 Consideration must be given to line management within organisations. The Scheme Manager's line manager must have authority within their organisation, knowledge of Community Care issues and allocated time for regular meetings to provide

supervision and support. There should also be a 24 hour management support on call service available.

Supervisory staff

- 11.8 There is a requirement for a tier between Scheme Manager and Support Worker. These posts hold responsibility for day to day management of staff, leading on specific pieces of work within the scheme and responsibility for the service in the absence of the Scheme Manager.

Support Workers

- 11.9 Workers within the scheme should have generic responsibility that include personal care, support and social well being of tenants and housing management. It may also include domestic cleaning in order to provide an holistic approach to support tenants in their homes. A team of workers from a variety of backgrounds adds to the vibrancy of a scheme.

Cleaning

- 11.10 Cleaning of communal areas is provided through the service charge. Supporting People and Social Care Services together fund some cleaning to each flat per week. Tenants may wish to employ a cleaner to provide extra services over and above those provided.

Gardener/Handyperson

- 11.11 This role is both helpful to individual tenants and cost effective for minor repairs and maintenance and upkeep of the grounds.
- 11.12 A gardener/handyperson attached to the scheme provides additional assistance and adds to the feel of a supported community within a wider community.

General considerations of the appointment of the Staff Team

- 11.13 Central Control services (call centres) can provide back up in Very Sheltered Housing schemes where multiple emergencies happen, but are not deemed good practice to be used in other circumstances except emergencies.
- 11.14 As 24-hour care and support is provided, 24 hour management arrangements are required. A reliable and effective communication system is therefore essential for emergencies.
- 11.15 Staff should be clear about deputising arrangements for both psychological and practical reasons.
- 11.16 Where a single Manager manages the care, support and housing there is scope for economy and flexibility in the care/support provision and also in providing a management structure more appropriate to team building and teamwork.

12 MODELS OF SUPPORT AND PERSONAL CARE

It is critical that the following paragraphs do not remain as rhetoric but are translated into reality. Please read it and make sure it becomes part of your working practice!

12.1 While this section focuses on care and support, it should be remembered that housing underpins the culture in Very Sheltered Housing. Services should be provided in ways that maximise dignity, choice, independence, respect for, and autonomy of, tenants. Tenants have a right to confidentiality and their privacy must be safeguarded. Services should enhance the quality of life of individuals, supporting people in doing the things they find difficult, whilst preserving and developing abilities and skills.

12.2 The following range of care and support services will be available:

- assistance with personal care
- assistance with self-administration of prescribed medicine (See Appendix 9)
- assistance with daily living
- help with pension collection and shopping
- assistance with laundry and domestic cleaning
- leisure activities and outings

This is not an exhaustive list and care and support packages will be individually tailored.

12.3 Needs assessment and a care plan and support plan provided by the Social Care Services and Housing Departments determine housing and support services needed by individual tenants. All agencies are working towards Single Assessment but currently co-ordination of assessment from Health, Social Care and Housing is necessary.

12.4 Assessments must take place prior to an applicant being nominated to the scheme and must be reviewed at regular intervals (see Chapter 6 - Allocation Process). All tenants need a minimum of four hours of personal care and some support each week to meet the eligibility criteria. The personal care element could be a response to the tenants mental health difficulties and is not necessarily physical care.

12.5 As tenants move into schemes their abilities may improve because of regained confidence and skills. With time, however, they are likely to become less able and need an increasing level of services. For the majority of tenants Very Sheltered Housing provides a home for life.

12.6 Care and Support delivery plans are required for each tenant. They should be regularly updated and stored in each tenant's flat.

12.7 If tenants need 24 hour nursing care or one to one support on a 24 hour basis for a protracted period then it will be necessary to reassess the ability of the accommodation to meet their needs.

- 12.8 A protocol must be in place for negotiating care re-assessments that may reflect the need for increasing care levels. It should cover:
- regular reviews of care plans, risk assessments and service delivery plans (please refer to the VSH Guide to Team Managers and Named Assessors available on Suffolk County Council website)
 - requests for changes in assessed hours
 - emergency provision of increased service
- 12.9 Financial resources for the provision of care are provided by means of core and flexible budgets. The core budget reflects the needs of all tenants in the scheme. It funds an agreed level of support to meet those needs. Flexible budgets give providers the ability to cope with changes to an individual's needs and their care plans.
- 12.10 Work is in hand to prepare budget templates for Supporting People funding in very sheltered housing schemes. These already exist for Social Care funding. This work will include arrangements to ensure that the link between personal care and support is clearly evidenced and seamless.
- 12.11 On new schemes the budget should be reviewed after three months and six months and thereafter annually. Reviews of care and support plans will be linked into the annual budget review.
- 12.12 Care and support is available twenty four hours a day to meet the needs of the tenants. The number of staff on duty at any given time will reflect the assessed needs of the tenants. It may be that on first letting the night support will be on the basis of a sleeping-in service (subject to safe working practices). As levels of individual need increase, a waking night service will replace this.
- 12.13 In providing a twenty-four hour care and support service, it may be necessary to provide more than the aggregated hours indicated by individual assessments. This requires close liaison and trust between purchasers and providers. Care and support staff must be supported and managed on site. In order to achieve a rapid response to tenants' changing needs, flexible on-site arrangements for the allocation of care hours are crucial.
- The management of care and support staff should be integrated with the housing management of the scheme.
 - Dedicated administrative support is necessary.
 - The scheme staff team must have available back up and advice from local health, community care and housing specialists.
- 12.14 Whichever management model is selected, there must be **absolute clarity** to all with whom these responsibilities rest.
- 12.15 The success of any service depends on robust and honest debate between all partners. This ensures common understanding and a shared vision underpinned by sound and practical day-to-day working arrangements. This will include disputes procedures between purchasers and service providers. Lines of responsibility and accountability must be clear and unambiguous.
- 12.16 The issues raised by the various models should be thought through prior to the development of new schemes. Key success criteria include:
- clear and professional on-site management

- the ability to work collaboratively and network
- the ability to create formal and informal relationships between interested parties
- flexibility to facilitate an integrated and workable system of management
- the availability and use of a range of skills and experience
- the involvement and participation of service users/tenants
- systems of monitoring and review
- administrative support in the scheme

Models:

(a) ALL CARE, SUPPORT AND HOUSING MANAGEMENT PROVIDED BY THE HOUSING PROVIDER

Advantages

- Responsibility and accountability clearly defined under one scheme manager.
- Scheme being operated primarily by a housing provider means it will remain a housing scheme and not residential care.
- Easier for all parties to understand and operate policies, practices and contracts.
- speed and clarity of decision making process.
- Cohesive one-stop service.

Disadvantages

- May limit the field of potential providers who have both housing and care experience.
- Possible steep learning curve for the inexperienced housing provider moving into the provision of care.

(b) SCHEME MANAGER EMPLOYED BY HOUSING PROVIDER IN CONSULTATION WITH OTHER PARTNERS: CARE AND SUPPORT PROVIDED BY SOCIAL CARE SERVICES DEPARTMENT.

Advantages

- Focus of provision retained as a Housing Service.
- Model draws on skills, expertise and track records of organisations.
- Assessment, modification of care and support plans and changes to resources may be rendered quicker and easier.

Disadvantages

- Bureaucratic.
- Co-ordination or assessment of housing and care will be more difficult to achieve.

- Scheme Manager may not have line management responsibility for carers.
- More difficult for carers to feel they have 'ownership' of service
- Can lead to potential conflict arising from different cultural approaches between the organisations involved.

(c) HOUSING PROVIDER APPOINTS SCHEME MANAGER. CARE AND SUPPORT IS PURCHASED BY SOCIAL CARE SERVICES FROM ANOTHER PROVIDER.

Advantages

- May allow use of a housing association that does not provide care and support

Disadvantages

- There are many points where liaison and management can break down, leaving the scheme without direction. This may impact on the quality of care and support to tenants and their quality of life.

(d) THE SCHEME IS BUILT AND MAINTAINED BY THE HOUSING PROVIDER. CARE, SUPPORT AND HOUSING MANAGEMENT BY THE PROVIDER.

Advantages

- Relatively simple to administer and easily understood demarcation of roles.

Disadvantages

- The separation of day to day management from the repair and maintenance function is a potential source of conflict and difficulty.

13. SERVICES TO TENANTS AND THE WIDER COMMUNITY

It is important when developing schemes to recognise their potential to be a resource to the whole community and particularly for older people.

This necessitates thinking about progressive privacy, e.g. the separation between the areas that are private to and exclusively for the tenants and the communal areas that are accessible to all.

The value in creating a dynamic and stimulating environment must be maximised.

- 13.1 Very Sheltered Housing may be used for the benefit of the wider community by the provision of services in communal areas.
- 13.2 Where there is a specific day care service, places are accessed on the basis of assessed need. There must be some activities that tenants can access regardless of need. Tenants should be fully informed before they sign their tenancy agreement that the communal areas are likely to be used for community activities.

Meals

- 13.3 There are four different options of main meal provision currently operating in Very Sheltered Housing schemes:
 - (a) Community frozen meals service.
 - (b) A café facility/lunch club open to the community and the tenants alike.
 - (c) Some tenants prepare their own meals, (with assistance from a support worker where identified in care and support plan, for specific resources).
 - (d) Locally produced fresh cooked meals delivered to the scheme.
- 13.4 The meal service should be flexible, so that tenants can cook whenever possible, but access alternatives when they wish. There must also be a choice of menu.

Respite / Intermediate Care

- 13.5 There are now respite care and intermediate care services within some Very Sheltered Housing.
- 13.6 This requires the identification of a separate funding stream to resource the building of specific flats for this purpose.
- 13.7 The design guide currently places the respite care and rehabilitation services in the core of the building, not the pod areas. Primary Care Trust and Local Health Trust colleagues must work collaboratively in this provision.

Assisted Bathing

13.8 Tenants

Flush floor showers are provided in each flat. Assisted bathing areas are provided on a ratio to be agreed by the project team but likely to be 1 in 16.

13.9 Community

It may be appropriate that one separately accessed assisted bathing area is located in the communal area of the scheme specifically available for the use by the community.

Laundry

13.10 A laundry service should be available based on an assessment of need. The types of laundry that need to be catered for are:

- personal clothing
- heavy (linen, towels etc.)
- continence laundry.

13.11 A laundry area with domestic machines must be provided for tenant's use with sufficient areas for airing and ironing clothes. Consideration could be given for space a domestic washing machine in either the kitchenette area of the pod or the assisted bathing areas. Ideally, each flat should have space for washer/dryer.

13.12 A separated laundry area must be available for the use of support workers or informal carers, with commercial, heavy duty equipment with sluice facility. This may enable laundry to be brought in from the community without infringing on the tenants own facilities, provided that parking, separate entrances / exits are available.

Cleaning Services

13.13 Hygiene Cleaning

Health and hygiene cleaning will be identified as part of an individual care and support plan.

13.14 Domestic

A weekly domestic cleaning service of one hour per flat is provided. Tenants can chose to opt out of this service. The cleaners should be an integral part of the Staff Team.

Social Activities

13.15 These are especially important to encourage integration, reduce loneliness and increase social contact. Tenants must have a range of activities on offer from which they can choose, individually or collectively. These must reflect tenants preferences.

13.16 Tenants are encouraged to organise their own social activities and to make use of voluntary help to supplement activities organised for them. The role of an Activities Organiser is a requirement and a valuable addition to the Staff Team. This person provides a focus for the co-ordination of individual and group activities and brings an

addition to the skill mix throughout the scheme. Where there are day service facilities on site there should be a pooling of resources to make more activities available.

14. HEALTH PRIORITIES

Very Sheltered Housing offers a real opportunity to Health Services to promote healthy living and care in the community in its widest sense. In order to achieve this it is essential that Primary Care Trusts, Acute and Specialist Health Trusts are integrated into the planning, development and management of schemes.

- 14.1 A Very Sheltered Housing Scheme will place demands upon Primary Health Care Teams. Best results have been achieved where liaisons and partnerships with Health staff have been actively pursued. It is inevitable that the Care and Support Provider will need to take a lead on this matter.
- 14.2 Ideally, the following services should be negotiated or developed in liaison with the Primary Care and Provider Trusts: -
- (a) Fast track access to Health Assessments including Psychiatry of Old Age services and Community Psychiatric Nurses. This is a necessity where there is an extra care service.
 - (b) Dedicated Community Nursing time set against Tenants assessed needs.
 - (c) Access to Therapy Services to promote and maintain independence. This will include Occupational Therapists, Physiotherapists, Speech Therapists and other Specialist Nursing Services.
 - (d) Access to other Health Services including a Dentist, Podiatrist, Optician and Dietician.
 - (e) Access to services for the terminally ill.
 - (f) Access to health skills and expertise for the staff team.
- 14.3 Clear protocols need to be in place to underpin the use of respite care, intermediate care, slow stream care and rehabilitation services in a scheme.
- 14.4 Tenants should be encouraged to choose whether they wish to retain the services of their existing GP practice or move to a service nearer to the Scheme.
- 14.5 All services should be geared to enable tenants to die in their own home. A palliative care protocol needs to be developed for very sheltered housing.
- 14.6 Staff must have a knowledge of the NHS Criteria for Continuing Care.

PARTNERS

- Housing Purchaser
- Housing Provider
- Care Purchaser
- Care Provider
- Support Purchaser
- Support Provider
- Other

SCHEME INFORMATION

- Scheme Name
- Client Group
- Type of Property
 - New Build
 - Rehab
 - No. of Tenants
 - Access Standard

Address

Telephone Number

Fax Number

E mail address

FUNDING ARRANGEMENTS

CAPITAL

AMOUNT

- Total Scheme Cost
- Land/Property Purchase Cost
- Build Cost
- Development Cost
- Furniture and Equipment Cost
- Time limitations on funding?
- Other

SOURCE

£ _____.

REVENUE

- Housing Benefit (HB)
- Income Support (Residential Care Allowance)
- Supporting Grant
- Social Care Services
- Health
- Unit cost per person per week
- Other

LEGALS

- TENANCY AGREEMENT
(To be agreed by Project Team,
produced by Tenant Rep and Housing Provider)
- MANAGEMENT AGREEMENT
(To be agreed by Project Team,
produced by Housing Provider and Care Provider)
- SERVICE LEVEL AGREEMENT
(To be agreed by Project Team,
produced by Care Purchaser and Care Provider)
- SUPPORTING PEOPLE CONTRACT
(Standard document customised to scheme)
- OPERATIONAL POLICY
(Produced and agreed by Project Team)

DRAFT

COMPLETED

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |



PROJECT TEAM INFORMATION - (Names, Addresses, Telephone, Mobile, Fax Numbers, E-Mail Address)

List of:

Key Stakeholders

Housing Purchaser
(LA/HA)

Housing Provider

Support purchaser

Support provider

Care Purchaser/s

Care Provider

Technical

Architect

Quantity Surveyors

Structural Engineers

Mechanical & Electrical Engineers

Building Contractor

Management

Site

Tenant Representatives

Carers/Advocates

Operational Manager / Representative

Housing Provider / Management Representative

Community Health

Occupational Therapist

Interpreters/s

Other

Copies:

Service Manager

Housing Association Regional/Divisional Office

Care Provider Regional/Divisional Office

Outline Programme

Land/property purchase date:	
Completion date:	
Letting date:	

DEVELOPMENT PROCESS	Lead Responsibility
1. ESTABLISHING NEED Identification of need In three year programme Agreement of Priorities Bid to Social Care Services Select Housing Association Bid to Housing Corporation Bid to Supporting People Funding Agreed	All parties Housing Task Groups and Suffolk Housing Officers Group All parties VSH Lead Operational Manager (SCS) District Council in liaison with other stakeholders Housing Association/L.A. to approve Housing Provider Housing Corporation and Care purchasers/ L.A. to approve
2. PROJECT TEAM Project Team convened Agree Location Local consultation Agree Care and Support Provider Check registration status of Provider Agree Architect / QS / Other Consultants	District Council / County Council Project Team Project Team SP/Care Purchaser / Project Team Care and Support Purchaser Housing Association / Project Team
3. BRIEFING Project brief/preliminary specification/outline brief Outline Proposals Scheme design Outline of Care, Support and Housing Management arrangements and Service Delivery Draft development costings Consult Planners Adjustments update Costing Check room layouts Design frozen	Project Team in consultation with Tenant Representatives, Carers. Architect Architect in consultation with Environmental Health, Building Control, Fire Officer, registration if appropriate Project Team QS Architect Project Team QS Project Team Project Team
4. PLANNING Planning application Contact Members Consult with neighbours Detail Specification	Housing Association District Council / County Council Project Team Architect, M & E etc
5. DETAIL DESIGN & TENDERING Design and Build or Traditional route Agree specification/detailed design of kitchens, bathrooms, etc Agree electrical design Agree landscaping design Agree Building Regulation Application Prepare Tender Documentation Tender Process Selection of Contractor	Project Team/Architect/O.T. Project Team/Architect/H & E Project Team/Architect Architect Architect/QS/M&E Housing Association/Architect/QS/M&E Housing Association with Project Team

6. DEVELOPMENT PROCESS

THE BUILDING *and care management arrangements*

Start on site

Dates for Project Team meetings to monitor progress	All Parties
Inspection of building operation throughout build programme	Architect
<i>Invite nominations of prospective Tenants</i>	<i>Housing purchaser</i>
	<i>Care and Support Purchasers</i>
Arrange sod turning ceremony	Project Team
Agreement on circulation of site meeting notes	HA & PT
<i>Begin detailed assessment of Nominees needs</i>	<i>Care and Support Purchasers</i>
	<i>and Providers</i>
Dates for site visits	Project Team/H.A.
Request timetables for finishes including all client choice items	Architect
	Project Team and
	Occupational Therapist
	Housing Provider
Production of newsletters & information leaflets and pre-tenancy information	
<i>Agree draft specification for Service</i>	<i>Project Team</i>
<i>Agree rents, and service charges (including general counselling and support)</i>	<i>Housing Provider</i>
<i>Agree draft budgets and start up costs</i>	
	<i>Care and Support Purchaser</i>
	<i>& Provider</i>
<i>Create long list of nominees</i>	<i>Allocation Panel</i>
<i>Work with Families and Carers</i>	<i>Care and Support Purchasers</i>
<i>Agree Tenant Handbook</i>	<i>Care and Support Providers</i>
<i>Further assessment and compatibility</i>	<i>Allocation Panel</i>
<i>Create short list and select</i>	<i>Allocation Panel</i>
<i>Operational Policy for scheme</i>	<i>Care and Support Providers</i>
	<i>and Project Team</i>
Agree job descriptions	Care and Support & Housing
	providers and purchasers
Start staff recruitment	Housing/Care and Support
	provider
Work with Tenants on their choices	Project Team
Select colours for floor and wall coverings, kitchen units, tiles, sanitary ware.	Tenants and Project Team
Select and order furniture and equipment	
<i>Agree Care and Support Specification</i>	Project Team
	<i>Care and Support Purchasers</i>
	<i>and Providers</i>
<i>Negotiate Care and Support Contract</i>	<i>Care and Support Purchasers</i>
	<i>and Providers</i>
<i>Agree QA and monitoring arrangements for care</i>	<i>Care and Support Purchasers</i>
	<i>and Providers</i>
Arrange opening ceremony	Project Team
Agree scheme reviews	Project Team
Agree Legals	Project Team
Decide detail of aids required	OT and Tenants
Arrange commissioning of building/staff induction, heating systems, etc	Project Staff and
Staff Team induction	F & E Supplier
	Care and Support Providers
Building Completed	Architect & Consultants
Construction works checked	Architect & Consultants
Building handed over to client	Architect & Consultants
Commission building	Housing provider
Undertake induction of staff	Support and Care providers

Tenants move in
3, 6 and 12 months reviews

Housing, Care and Support
Providers and Purchasers
Project Team

SPECIAL NEEDS HOUSING REGISTER

WHAT IS IT?

- A countywide list of supported housing needed by people in Suffolk, both now and in the future. It is compiled from returns completed by people with housing and support needs.
- It holds information showing the parishes and district where supported housing is needed and when; the type of housing and support required; and the type of disability or difficulty individuals are experiencing. It also holds other information provided by the applicant on their present housing and support, age, sex, ethnic origin and whether they wish to live alone or with others.
- A form is available from Borough and District Council Housing Departments. A list of these is at the end of this leaflet. Other organisations such as Social Care Services Officers or Community Teams, may also hold forms.
- The information from the completed forms is held by the Council's Housing Departments. It is also held (without names and addresses) by Social Care Services Central Office to build up a countywide picture.

WHAT ARE THE USES?

- Before new supported housing is planned, the register is consulted to give definite evidence of need. This also affects the amount of funding available for new services.
- The register is also consulted when a place becomes vacant in an existing supported housing scheme.
- The register's aim is to provide a full picture of need for housing and support across Suffolk. This will enable future planning to respond as closely and quickly as possible to proven need.
- The register is not an actual application for housing, so it is usually advisable also to apply to join the housing waiting list/housing register for the borough or district where you live. If in doubt, contact one of the addresses shown below.

WHO SHOULD USE IT?

It is for people with:

- | | |
|-----------------------------|-------------------------------------|
| • a physical disability | • a problem with drug misuse |
| • a learning disability | • a problem with alcohol misuse |
| • a visual impairment | • age-related physical infirmity |
| • total or partial deafness | • age-related mental infirmity |
| • a mental health problem | • <u>... and also young people.</u> |

HOW AND WHEN TO JOIN THE REGISTER

- It is important to complete a form as early as possible as housing can take time to provide or build.
- If you think you may have - either now or in the future - a need for housing and support, you should complete a form. This also applies if you know somebody who has, although they may need to sign the form.
- This will help to ensure that the housing and support planned and provided across Suffolk is as close as possible what people are telling us they need.
- Forms can be obtained from the Housing Department listed below or from your keyworker or social worker.
- If you need help to complete the form you should speak to your keyworker, social worker, carer or advocate.
- At the same time, you can ask Social Care Services whether you are eligible for a Community Care Assessment. An application can be made to the Special Needs Housing register as part of the Assessment.
- You should ask at the same time about applying to join your local Council's Housing Register/Waiting List.

CONTACT ADDRESSES

Babergh District Council
Housing Needs Section
Council Offices
Corks Lane
Hadleigh
IPSWICH IP7 6SJ

TEL 01473 822801

Ipswich Borough Council
Housing Needs and
Resources
Civic centre
Civic Drive
IPSWICH IP1 2EE

Tel 01473 263209

Waveney District Council
Housing and Environmental
Health Department
80 Clapham Road
LOWESTOFT NR32 1RB

Tel 01502 523141

Mid Suffolk District Council
Housing Division
Council Offices
High Street
Needham Market
IPSWICH IP6 8DL

TEL 01449 720711

St Edmundsbury Borough
Council
Environmental Health and
Housing
St Edmundsbury House
Western Way
BURY ST EDMUNDS
IP33 3YS

Tel 01284 763233 xt 7435

Forest Heath District Council
Housing services
District Offices
College Heath Road
MILDENHALL IP28 7EY

TEL 01638 719000

Suffolk Coastal District
Council
Homelessness Team
Council Offices
Melton Hill
WOODBIDGE IP12 1AU

Tel 01394 444237

APPENDIX 3 SCHEME LEAFLET FRAME DOCUMENT

(Front Page)

Attractive photograph or Elevational drawing of scheme

Title of scheme e.g.

Supported Flats in Anytown
For frail elderly people

Logos of the Partner agencies e.g.

Social Care Services , Local Authority and Housing Provider

Page 2

This project is the result of a close working partnership between XXXX Housing Association, Anytown District Council and Anywhere County Council's Social Care Services Department.

The aims of the Scheme

- To enable older people from Anytown and the surrounding area to stay in a home of their own.
- To extend the choice of housing available for people, so delaying or avoiding people moving into residential homes.
- To offer an environment that helps people to make choices, to retain their independence and control over their lives.
- To give each person all the usual rights of being a tenant and to provide care and support so that they retain their independence.

ACCOMMODATION

Flats

- 24 (32) self contained one and two bedroomed flats
- Each flat has its own front door, bedroom(s), lounge, kitchen and shower room(including WC)
- Emergency intercom alarm system with pull cords in each room (Pendant triggers worn on wrist or around neck also available).
- Kitchens include fridge freezers, cookers and microwave.

Central facilities

- Special bathrooms for assisted bathing.
- A large centrally located residents' lounge.
- Smaller lounges for informal gatherings of residents.
- A guest bedroom which may be booked for visiting relatives/friends.
- A laundry room containing washing machines and tumble driers for personal use of residents and/or their carers.
- A 24 hour entrance door entry phone system to give additional home security.
- A lift to give easy access to first floor accommodation.

Service facilities

- An emergency call system giving 24 hour response.
- A Scheme Manager whose primary functions are to ensure the well being of residents through the supervision of care and support staff and the organising of social activities.
- A team of care and support staff to provide personal care and support on an individual assessed basis.
- Economic provision of all heating, electricity and water rates to each flat through a weekly service charge.

Eligibility

The scheme is aimed at assisting people who: -

- Need a minimum of 4 hours personal care and support a week, as assessed by the Social Care Services department, which cannot be easily given in their existing home but would enable them, with help, to live independently.
- Are normally above retirement age.
- Are resident in the Anytown District Council area; preference being given to people residing in and around Anytown.
- Live elsewhere but have a strong social reason for needing to move to the area.

(The scheme is not suitable for people who suffer serious mental health problems or those who require regular nursing care).

How to apply

- An application form and further information is available from the addresses detailed below.
- A community care assessment by Social Care Services staff will also be arranged to assess whether you are eligible to live at the development.

XXXX Housing Association
Spendid Offices
The Street
ANYTOWN
XX1 2AA
Tel 01234 567890

Anytown District Council
Housing Department
Council Offices
High Street
ANYTOWN XX1 3BB
Tel: 01234 111111

Floor Plans of the dwellings

Would you like some help to complete this questionnaire?

Please tick ✓

YES	NO
-----	----

1. The first few questions relate to moving into your new home. . .

[1] How did you find out about _____?

Please tick ✓

Friend or Family Social Services

Housing Department

Other eg doctor, hospital, newspaper : *Please write in:*

[2] Did you receive information about the scheme and what form did it take? ***Please tick ✓***

Leaflet	Booklet	Video
---------	---------	-------

Conversation with:	Housing Worker	
	Social Services	
	Friend	

[3] Did anyone suggest a visit to the scheme?

YES	NO
-----	----

[4] Did you visit the scheme before moving in?

YES	NO
-----	----

[5] How can we improve the way we tell you about moving in to very sheltered housing? ***Please write in:***

[6] Did somebody explain to you how people are chosen to live here?

Please tick ✓

YES	
-----	--

NO	
----	--

[7] Did you understand the process?

YES	
-----	--

NO	
----	--

[8] Did you feel you were fully involved in the process?

YES	
-----	--

NO	
----	--

[9] Is there anything we could do better about how we choose people to live here?
Please write in:

[10] When you moved in to your flat did you/your family have the following things fully explained to you?

Please tick ✓

	YOU		FAMILY	
	YES	NO	YES	NO
• Your tenancy agreement?				
• Arrangements for paying rent?				
• What is included in your rent?				
• Your entitlement to welfare benefit?				
• The way the building works eg fire alarms, lounges, lifts?				
• How your care is paid for?				
• How to ask for more or less care?				
• How to make a comment or complaint?				
• How your rent is to be paid?				
• How to pay your bills?				

2. The next few questions are about your own flat. . .

[1] Please tick ✓ the box which best describes how you feel about the **size, shape and design** of rooms in your flat:

<u>Room</u>	Meets my needs well	Meets needs	Does not meet my needs	Is not useful
KITCHEN				
LIVING ROOM				
HALL & FRONT DOOR				
BEDROOM				
SHOWER ROOM				

[2] Please write in any comments you have on the **size, shape and design** of your:

KITCHEN :

LIVING ROOM :

HALL & FRONT DOOR :

BEDROOM :

SHOWER ROOM :

[3] Thinking about your flat, is there any way the overall design could be improved or it could work better for you?

Please write in:

[4] **The next questions are about the shared areas in your building:**

Please tick ✓

<u>Area</u>	Meets my needs well	Meets needs	Does not meet my needs	Is not useful
ASSISTED BATHROOMS				
SMALL LOUNGES				
LARGE LOUNGE/ CONSERVATORY				
GARDEN				

[5] **Please write in** any comments you have on the:

ASSISTED BATHROOMS :

SMALL LOUNGES :

LARGE LOUNGE/CONSERVATORY :

GARDEN :

[6] Thinking about the whole building, is there anything you would like to change, add or make more useful?

Please write in:

3. The next questions relate to living in your flat and the quality of the care and support you receive. . .

First some questions about the carers:

[1] Are you or have you ever been involved in interviews when carers come for jobs?

Please tick ✓

YES

NO

[2] Would you like to be?

YES

NO

[3] Do you feel you can have a say in who provides your personal care?

YES

NO

Now, some questions about the care you receive:

[4] Are you involved in deciding how the care you receive here is planned?

Please tick ✓

YES

NO

[5] Are you satisfied with the following:

Please tick ✓

	Meets my needs well	Meets needs	Does not meet my needs	Is not helpful
Amount of care?				
Timing of care?				
Help with your medicines?				
Arrangements for your meals?				
Response in emergency?				
Alarm and intercom services?				
The complaints process?				
Access to managers?				

[6] Are there any other comments you would like to make on any of the above?
Please write in:

[7] If your care needs change do you know who to talk to about this?

Please tick ✓

YES		NO	
-----	--	----	--

[8] Do the staff?

Please tick ✓

	YES	NO
• Treat you with respect and courtesy?		
• Treat you as an individual?		
• Ask you how you would like things done?		
• Help you to make choices?		
• Remember things about you?		
• Suggest things you might like to do?		
• Understand your difficulties?		
• Support you to do things for yourself?		
• Arrive when you are expecting them?		

[9] Are there any other comments you would like to make about the care services?

Please write in:

4. We now want to ask you some general questions about living here?

[1] What do you like best about being here?

Tick ✓the ones that apply to you:

Feel safe and secure in your home	
Staff on duty 24 hours a day	
Having care needs met	

Peace of mind for your family	
Social contact with other tenants	

Other please write in:

[2] **Do you understand the following?**

	<i>Please tick ✓</i>	
	YES	NO
• Do you and your visitors know how to get into the front door of the scheme?		
• What to do when the fire alarm goes?		
• How to get repairs done to your flat?		
• What to do if the lift breaks down when you are in it?		
• How to call for help?		
• How to call for the doctor?		
• How to book the guestroom (if applicable)?		
• How to use shared TV(s) and other equipment?		
• How to arrange a taxi or transport when you want to go out?		
• How to get your laundry done, if you are unable to do it?		
• How to collect your pension?		
• How to get your shopping done?		

5. Now some questions about your social life in here. . .

[1] **Events and activities:**

	YES	NO
• Do you know about the special events arranged?		
• Do you attend?		
• Do you feel able to influence the choice of special events?		
• Do you want regular activities organised eg Dominoes, Coffee Mornings?		

[2] **Making your views known about social activities:**

- Is there or should there be a suggestion box?

Please tick ✓

Is	<input type="checkbox"/>	Would like one	<input type="checkbox"/>
Is not	<input type="checkbox"/>	Would not like one	<input type="checkbox"/>

- Is there or should there be a tenants'/residents' group/committee?

Is	<input type="checkbox"/>	Would like one	<input type="checkbox"/>
Is not	<input type="checkbox"/>	Would not like one	<input type="checkbox"/>

[3] Have you any ideas or suggestions about services, special events or activities you would like to see here?

Please write in:

6. Is there anything else you would like to tell us?

Please write in:

7. Did you have any help in completing this form?

Please tick ✓

YES

NO

8. We would like to ask a member of your family, or friend, for their comments about the services we provide here. If you are happy for us to do this, please complete the boxes below:

Name :

Address :

Telephone No :

Signed :

Flat No :

Date :

Thank you for completing the questionnaire.

APPENDIX 5

APPENDIX 6

APPENDIX 7

APPENDIX 10**VERY SHELTERED HOUSING TASK GROUP MEMBERS (PAST AND PRESENT)**

Gordon Slack
Age Concern
8 Northgate Street
IPSWICH
IP1 3BZ

Martin Bedwell
S P Housing 21
IPSWICH
Suffolk
IP4 3DH

Mary Bryce
9 Avro Court
Ermine Business Centre
Huntingdon
Cambs PE19 2RB

Burns (Since retired)
Health and Housing Department
Babergh District Council
Council Offices
Corks Lane
Hadleigh, IPSWICH
Suffolk, IP17 6SJ

Cathy Craig
Social Care Services Dept
Suffolk County Council
Clapham House
Clapham Road
LOWESTOFT
NR32 1QX

My
Social Care Services Dept
Suffolk County Council
St Paul House
Rope Walk
IPSWICH, IP4 1LH

Mike Eaton
Suffolk Coastal District Council
Environmental Services Department
Council Offices
Melton Hill
WOODBRIDGE
Suffolk IP12 1AU

Judith Hawkshaw M.B.E.
Social Care Services Department
Suffolk County Council
St Paul House
Rope Walk
IPSWICH, IP4 1LH

Siobhan Moore
Hanover Housing Association
Nelson House
Alington Road
Eynesbury
ST NEOTS
Cambs PE19 2RB

Amanda O'Neill
Hanover Housing Association
Josselyn Court
East Close
BURY ST EDMUNDS
Suffolk IP33 1YS

Pat (since retired)
Peddars Way H A
Peddars Way House
Station Road
DEREHAM
Norfolk, NR19 1DA

Keith Salmon (since retired)
Suffolk County Council
Social Care Services Dept
Market Place
Hadleigh
IPSWICH, IP7 5DN

Claire Smith and Tracey Brinkley
Orbit Housing Association
7 Finborough Road
STOWMARKET
Suffolk
IP14 1PN

Amanda Stevens
Heritage Care
31 Peppercorn Way
IPSWICH
Suffolk, IP2 3BZ

David Taylor
Suffolk County Council
Social Care Services Dept
Street Farm Road
SAXMUNDHAM
Suffolk IP17 1AL

Viv Williams
Suffolk Health
PO BOX 55
Foxhall Road
IPSWICH
IP3 8NN

Sue Young (Since retired)
Suffolk Heritage H A
Avocet House
Framlingham
WOODBRIDGE
Suffolk, IP13 9EE

Joy Bounds
Suffolk County Council
Social Care Services Dept
Street Farm Road
SAXMUNDHAM
Suffolk IP17 1AL

Bryan Moore-Smith
Abbeyfield (Ipswich)

Alan Reynolds
Suffolk County Council
Social Care Services Dept
Shire Hall
BURY ST EDMUNDS
Suffolk IP33 1RX