

Attendance Allowance, Disability Living Allowance and Extra Care Housing

This factsheet provides information on Attendance Allowance (AA) and Disability Living Allowance (DLA) and its use in Extra Care Housing.

Produced for the Housing Learning & Improvement Network by the Housing & Support Partnership

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1. Backdrop

With the promotion and growth of the personalisation of social care provision via direct payments or individual budgets, there has been a corresponding emphasis on independent living, whether this involves people remaining in their own home or moving to a more supportive environment such as Extra Care Housing.

AA was, in a sense, the original “personalised budget” because it has always been paid direct to the individual for him or her to use as they see best. DLA was brought in afterwards to equalise the position for people with disabilities who are under pension age. Because there is no auditing of the way AA and DLA are used, there is scope for people pooling payments to fund services when they are agreeable to this.

AA and DLA are important payments for four reasons:

- As extra income in themselves
- As a gateway to higher levels of means-tested benefits
- As a charging opportunity for local authorities
- Necessary for reductions and discounts off council tax bills.

AA and DLA are benefits available to older or disabled people. They are non means-tested benefits paid by the Department for Work and Pensions (DWP). This factsheet explains how these benefits work, what they can be used for, who is entitled to claim and the process to get these benefits. Two case studies at the end bring the threads together.

The factsheet has been written for the wide audience from many backgrounds who now use the Housing Lin and CSIP website. However, it has in part been drafted in the second person so that a housing or care provider could easily adapt the explanatory part to provide the basis of more direct information for residents or users of a service.

2. Distinction between AA and DLA

These benefits are paid in recognition of the extra costs involved when people have personal care or supervision needs, and to assist disabled people to get around. Although they are similar in many respects, there are also major differences between the two benefits.

Similarities:

- The rules of entitlement for AA lower and higher rates are very similar to the rules for DLA middle and high care component.
- AA and DLA are treated the same by other benefits and are tax free.

Differences:

- DLA has a **mobility component**, which is not available with AA.
- DLA has to be claimed before you are 65 years old, although your existing DLA can carry on once you are over 65. If you do not claim before you are 65, you will not be considered for mobility component.
- For AA you usually have to have been needing care and support for at least 6 months before it can be awarded; for DLA this period is three months
- DLA is claimable by people with physical or learning disabilities and some mental health problems as well as older people

3. Facts and Figures

There are over 4 million people claiming DLA and AA in total. Of these, 2.8 million are claiming DLA. These are predominantly young people and people of working age, but around 800,000 people over retirement age are still claiming DLA. About 1.4 million older people claim AA.¹

Because AA and DLA are not means-tested and so not reliant on household income, it is difficult to calculate what the level of take-up compared to eligibility is of these benefits.

The 2001 Census reported that a further 6 million people said they had a long-term limiting illness or disability but it is an open question how many of these would fit the criteria for these benefits. Recent predictions by the Government have suggested that there will be a 50% increase in entitlement or claims for these benefits over the next 20 years.²

One of the importances of these benefits is that they are available in ordinary housing thus people in supported living or living with relatives may be able to claim. Similarly, people in extra care housing because they have a tenancy or lease are not debarred.

Placement in residential care does however in part remove entitlement. The latter feature may be one consideration for someone weighing up residential and extra care housing (or other care) options in circumstances where similar levels of care can be provided.

¹ Research paper number 422, 2007, DWP

² Ministerial Speech, Alan Johnson, 14/5/08

Current rates of payment – 2008/2009

Attendance Allowance – per week	£
Lower rate	44.85
Higher rate	67.00

Disability Living Allowance – Care Component – per week	£
Lower rate	17.75
Middle rate	44.85
Higher rate	67.00

Disability Living Allowance Mobility Component – per week	£
Lower rate	17.75
Higher rate	46.75

AA can be paid in addition to nearly all other benefits including state pension or pension credit.

4. Rules of Eligibility

Eligibility is what is relevant for getting these benefits. **You do not actually have to be getting any personal care or support and there are no prescriptive rules about care services in extra care housing or outside.** You do not need to have a carer or live in any particular form of accommodation. Entitlement is mainly dependent upon meeting the “disability conditions” i.e. the effect your illness or disability has on you, but there are some other conditions you have to satisfy to qualify for DLA and AA:

- (a) you are not subject to immigration control
- (b) you satisfy the residence conditions. These are that you are ordinarily resident in Great Britain, and are actually present in Great Britain, and have been present in Great Britain for a total of 26 weeks in the last 12 months.

The rules of eligibility are otherwise looking at what age the applicant is and whether they satisfy the “disability condition”. These are different for each component of the benefits:

DLA Mobility – higher rate

To qualify for the higher rate of DLA mobility you have to have a disability from physical cause that means you are unable, or virtually unable, to walk.

There are two other situations when you will qualify for the higher rate even though you are mobile:

- 1) you are deaf and blind,
- 2) you are severely mentally impaired AND have severe behavioural problems AND qualify for the highest rate of DLA care.

This second situation often means that people with severe learning disabilities or challenging behaviour can sometimes get the higher rate of DLA mobility even though they can walk.

An alternative to a cash payment of DLA mobility higher rate is the lease of a Motability Car. Details can be found at www.motability.co.uk and 0845 456 4566.

DLA Mobility – lower rate

The “disability condition” for the lower rate of DLA mobility is when you are so severely disabled (physically or mentally) that you need guidance or supervision from another person most of the time when you are out. This excludes familiar routes, so people with physical or learning disabilities are not refused this benefit because they have learned to master specific journeys.

For both types of DLA mobility, you have to be likely to be able to “benefit from enhanced facilities for locomotion” – the wording of the Regulations. If you were in a vegetative state, for example, you would not qualify for DLA mobility.

Attendance Allowance higher rate and DLA Care – highest rate

To qualify for AA or DLA care at the highest rate your disability (mental or physical) has to be sufficiently severe that:

- you require frequent attention throughout the day in connection with your bodily functions *or* you need continual supervision throughout the day to avoid substantial danger to yourself or others; *and*
- you require prolonged or repeated attention at night in connection with your bodily functions, *or* you need another person awake at night for a prolonged period or at frequent intervals to watch over you in order to avoid substantial danger to yourself or others.

For the highest rate, you must require day-time and night-time attention or supervision.

Attendance Allowance lower rate and DLA Care – middle rate

To qualify for this rate you have to show that:

- you require frequent attention from another person throughout the day in connection with your bodily functions *or*
- you need continual supervision throughout the day in order to avoid substantial danger to yourself or others *or*
- prolonged or repeated attention at night in connection with bodily functions *or*
- another person to be awake at night for a prolonged period or at frequent intervals to watch over you in order to avoid substantial danger to yourself or others.

For this rate, you need day or night-time attention or supervision.

DLA Care – lowest rate

To qualify for this you have to show that;

- you require, in connection with your bodily functions, attention from another person for a significant portion of the day, whether this is a “one-off” or a number of times, *or*
- for people aged 16 and over, your disability means you cannot prepare a cooked main meal for yourself if you have the ingredients.

5. Special Rules

There are some circumstances when you do not have to serve the three month qualifying period (DLA) or the six month period (AA). This is when you have a progressive disease and can reasonably be expected to die within 6 months. This is classified as a “terminal illness” and means that AA higher rate or DLA highest rate will be paid straight away.

6. Applying for AA and DLA

How to apply

You can apply for DLA and AA either on a written form (DLA1 or AA1) or on-line at www.direct.gov.uk.

The application form for DLA is much longer than that for AA, although they do ask for the same sort of information. The DLA form asks for a lot of specific information, with different topics on different pages, and can be very off-putting for those who are not happy with forms. The AA form gives people a much smaller space to give information, although it does give some suggestions and ideas for what you need to tell them. There are pros and cons here: the DLA form, because of its length, will help people give useful information but will intimidate others; the AA form is easier to fill in but will not necessarily ensure that claimants give the full picture.

The notes on the forms themselves, and the literature which comes with the forms, are helpful, and anyone filling in a form, whether for themselves or a relative or client, should read through them first.

You can order the claim forms on the Benefits Enquiry Line, 0800 88 22 00. Staff on the helpline can help you fill the form in as well.

The length and complexity of the forms means that applicants may need or value some help. This might come in addition from:

- A local CAB
- An advocate
- A service broker for people on individual budgets

If the DWP feels they do not have enough information to make a decision, they may arrange for you to have a medical examination. This will be by a doctor from their medical services, not by your own GP. It is useful to have someone who knows you

well with you if you have this exam so you can ensure the visiting doctor has all the facts.

Unsuccessful applications

Many claims for DLA and AA are refused at the first try. This is usually because people do not give enough information for decision-makers to make an award of benefit. It is important to give as much information as possible, although this is sometimes uncomfortable for those who do not want to divulge information which is often as intimate as it is possible to get. Another factor is that people will try to manage as independently as they can and will find it goes against the grain to admit to needs for support or attention.

If you have medical reports from GPs or Consultants, or Community Care Assessments which give details of your care and support needs, then you should send these in with the form if they help your case. On entry to extra care it is usual to have an assessment of what kind of need you have and what support you would like. This may be also something to send. Remember, these benefits are not based on the help and support you get, but are looking at your needs. It is possible to have day and night-time needs for attention and supervision and be managing totally on your own, yet still be entitled to these benefits in exactly the same way as if you had a full package of care.

If you have been refused benefit, or awarded a rate which you feel is too low, you can ask for this to be looked at again. You can ask for a decision to be reviewed, i.e. the DWP office looks at your claim again. If you are still unhappy after a review has taken place, you can ask for your claim to be decided by an independent Appeal Tribunal. For DLA and AA appeals, at least one member of the Tribunal has to be a qualified medical practitioner.

There are time limits to ask for a review and an appeal.

A good proportion of claims refused at the first stage succeed at appeal. There has to be a note of caution in that there is always a risk in going to appeal because tribunals can decrease as well as increase entitlement. There have been many test cases over the years on AA and DLA appeals – for example, what activities qualify as “bodily functions”, whether you can give “attention” from a distance, what does “substantial” mean. Test cases are decided by the Social Security Commissioners. Their website can be found at www.osspsc.gov.uk and can be searched by either benefit type or topic.

When it is paid, and how

Awards of AA and DLA will start from the date on which you claim. If you have asked the DWP to send you a claim form pack, the date of contact is your date of claim and you are given about 6 weeks to get the forms back to them. Otherwise, your claim starts from when they get your form or when you send in your details on-line. Claims for AA and DLA cannot be back-dated.

Payment is made by credit transfer into a bank account, usually four weekly, four weeks in arrears, although AA can be paid weekly in advance. They can be paid with other benefits, e.g. AA can be paid in with Retirement Pension.

Awards of AA and DLA are either made for fixed periods, or indefinitely. If your condition deteriorates and you feel you should be entitled to a higher rate of benefit, you can ask for a review at any time.

Asking for an increase

If you already receive the lower rate of AA or the middle rate of DLA care, and you have night-time needs as well, you can apply for an increase on a shorter form. This form is DBD138, and is much less forbidding than the initial claim form. You can get this form from the AA/DLA office.

7. How AA and DLA affect other benefits

Although AA and DLA are not means-tested themselves, they can help you get higher rates of other benefits.

Income Support (IS), means tested Job Seekers Allowance (JSA)

Different levels of DLA have different effects on how much IS or JSA you will get. Any award of DLA will mean you will have a “disability premium” added into your IS/JSA calculation.

If you receive the highest rate of care component you will also receive an “enhanced disability” premium. If you receive the middle or highest of care component you may also get the “severe disability premium” but this will depend on your circumstances. If you have no “non-dependent” living with you, and no-one is being paid Carer’s Allowance for you then you may get this premium as well as the other two.

However, with IS and JSA as with the other benefits on this list, the interaction of AA/DLA and other benefits can be complex and confusing, and you may need to check with a local advice source that your payment is correct, or whether you can claim more.

An award of DLA or AA can lead indirectly with help towards mortgage interest (known as Income Support Mortgage Interest or ISMI). Someone who receives a disability premium in their IS calculation is defined as a “disabled person” in the IS regulations. If you borrow money to buy a home better suited to the needs of a disabled person, then it is possible to get help towards the interest on any mortgage, up to a maximum of £100,000. An award of DLA or AA will increase the appropriate amounts used to assess IS entitlement, so can bring more people to the position where they can get help towards mortgage costs. There are complicated rules about whether you have to wait before you get payment.

A few extra care schemes have used ISMI to help less well off applicants afford a property either purchasing outright or on shared ownership terms.

Pension Credit (PC)

Only the “severe disability premium” comes into play with PC. If you get either rate of AA or the middle or higher rate of DLA care, you can get the same amount in your PC calculation as is included in IS/JSA. The same rules apply about Carer’s

Allowance and not having a “non-dependent” living with you. If you are a couple, you both have to have AA or these levels of DLA to get extra in your PC.

The same comment about help towards mortgage costs for people on IS holds true for people receiving PC with two exceptions: firstly, if you are entitled to help with mortgage costs and are 60 or over, then you never have to wait until you can be paid. Secondly, anyone over 75 is counted as a “disabled person” for help towards mortgage interest. If you are thinking about borrowing to buy a new property, take expert advice.

Housing Benefit (HB), Council Tax Benefit (CTB)

The same rules for IS/JSA apply if you are making a direct claim to the Council for HB or CTB. You will get a more generous amount of these benefits if you are receiving DLA or AA. There are other advantages: if you are the tenant or owner and in receipt of AA or DLA, you will not have any deductions made for non-dependents who live with you. If you yourself are living with someone other than your partner and they are claiming HB/CTB, your presence should be ignored if you receive AA nor middle or high rate DLA care.

Tax Credits

The amount of Child Tax Credit or Working Tax Credit you can expect to get is increased if you have DLA or AA.

8. How AA and DLA affect other monies and bills

Carers Allowance (CA)

If you receive AA or DLA care middle or higher rate, and an unpaid carer (e.g. a relative or partner) is looking after you for at least 35 hours per week, your carer may be able to get Carer’s Allowance, which is £50.55 per week (2008/09 rates).

There are several complications around CA. You cannot get the severe disability premium in your benefits if someone has CA for you. CA itself is not payable if the carer earns more than the Lower earnings level (LEL), the threshold beyond which National Insurance becomes payable, and is also subject to complex “overlapping benefit” rules which sometimes mean that it is not worthwhile or cost-effective to claim CA. On the other hand, there are situations when it is advisable to claim CA even though you know it will not be paid. This is because an extra “Carer’s premium” can often be included in means-tested benefit calculations even if CA cannot be paid because of other existing benefits.

Independent Living Fund (ILF)

You must have the highest rate of DLA care in payment before you can apply for money from the ILF. The ILF will expect you to contribute half of your DLA towards the cost of your care. You cannot claim ILF over the age of 65, so there are no circumstances where people with AA can get ILF payments.

Personal Budgets and Direct Payments

As with the ILF, Social Services will take AA and DLA into account when assessing how much they will pay you. See below in section 10 for more details.

Council Tax

Being in receipt of AA or middle or higher rate of DLA care can sometimes reduce your Council Tax bill – this is a different system from the means-tested Council Tax Benefit. If you are “severely mentally impaired” and have medical proof of this, and have either of these benefits, you will be disregarded for Council Tax billing purposes. If there is only you in the property, you will not be billed Council Tax. If you share with someone who is not severely mentally disabled, you will get a discount off the bill. This rule also applies if you are on other sickness benefits, or on Income Support which includes any of the disability premiums.

Income Tax

Neither AA nor DLA are taxable.

9. Situations which affect your AA and DLA

In care homes

If you are meeting the whole cost of care home accommodation yourself, you can continue to be paid AA or DLA. This is so even if the local authority contracted to purchase the place for you, as long as you are paying the fees yourself.

If the cost of your care home place is being borne partly or totally from public funds you will be paid your AA or DLA care for 28 days, whereupon payment will cease. This will not affect DLA mobility, which will continue to be paid all the time you are in a care home.

There are “linking rules” which mean that different periods of time can be treated as one period if they are not more than 28 days apart.

If AA or DLA care is stopped because of a stay in a care home, you keep your entitlement to the money, so it can start again if you move out of the care home. If you are staying away from the care home overnight (eg staying with family at weekends) you can get a partial payment of AA or DLA care.

In hospital

As with care homes, payment of AA or DLA will cease after you have been receiving in-patient treatment for more than 28 days. The treatment of DLA mobility component is different. This too stops after 28 days in hospital unless you have a Motability Agreement, in which case it carries on until the Agreement has run out.

You can claim AA or DLA whilst you are in hospital, but it will not become payable until you are discharged.

Respite care

There is the same rule with respite care; once you have been in respite care for more than 28 days, your entitlement to AA or DLA care component will cease. Accurate counting is essential for respite care stays because of the 28 day linking periods. If you have a period of at least 29 days out of respite care, you have broken this linking period and can start again.

Extra care housing

Living in extra care is the same as living in your own home so this does not directly impact on either AA or DLA. However, if your social care needs are met by the local authority, as explained in the next section they are able to take account of receipt of this benefit in working out how much of the cost they will meet.

For those not dependent on the local authority in principle AA and DLA are simply benefits which help meet some of the costs. It is possible for extra care housing providers to suggest how the AA or DLA is used or to set up a “pooling” system.

Housing 21, one of the largest RSL providers of extra care housing carries out an annual “Care and Wellbeing” survey. This found 47% of extra care residents receive AA and a further 17% claim other disability benefits. It is well known older people do not all claim their full benefits. Housing 21 employs two welfare benefits advisors. In 7 years they have helped residents claim an additional £5 million. As a matter of routine many extra care providers will do a benefits check with residents as they move in. Changing AA or DLA or moving to the higher rate is a common outcome of this process which is recommended as good practice. Housing 21 comment *“Our team has never yet visited a sheltered or extra care scheme where everyone is receiving their full entitlement”*.

10. AA, DLA and Local Authority charging

The Department of Health Guidance to Social Service Departments says that it is permissible to look at AA and DLA as available incomes towards the assessment for charging both for residential and non-residential services. Although this is not compulsory, there are few authorities who do not make an assumption that these benefits should be used to pay towards local authority charges. Only DLA mobility component is exempt from this; by law local authorities cannot take DLA mobility as income when levying charges for services.

You should be aware that the extra income you get from an award of AA or DLA care may to a large extent be recouped by the Council when they assess your ability to pay towards any services you receive from them. This also goes for the severe disability premium in IS or PC. Where this happens, the Council has to assess your disability-related expenditure before they bill you.

Looking ahead there is an on-going debate and speculation as to the place of AA and DLA in “personal budgets” and a transformed system of social care commissioning.

11. Where to get Information and Advice

AA/DLA Benefit Enquiry Line 0800 88 22 00

www.direct.gov.uk

www.dwp.gov.uk

www.citizensadvice.org.uk will give details of your local Citizens Advice Bureau. They also have on-line help at www.adviceguide.org.uk.

www.benefitsnow.co.uk has an on-line self-assessment facility for AA and DLA.

Motability can be contacted at 0845 456 4566 and www.motability.co.uk.

12. We would like to hear from you

If you are a provider or commissioner of extra care housing and have examples of income maximisation/benefit take up programmes in your schemes, or examples of how residents use AA or DLA, we would be pleased to hear from you. Please email housing@csip.org.uk

13. Related Housing LIN publications

Technical briefs

Care in Extra Care Housing (Technical brief No 1)

Funding Extra Care Housing (Technical brief No.2).

Toolkit/reports

Extra Care Housing Toolkit (2007)

Suffolk Extra Care Housing Management and Design Guide (2008)

APPENDIX 1 Case Studies

Attendance Allowance

Mr & Mrs Patel are 70 and 66 years old and live alone in their own mortgage free property. They have basic retirement pensions and £25,000 in the bank. Mr Patel has a private pension of £50 per week.

Mrs Patel has very bad arthritis. She needs help with dressing, bathing and a lot of other daily tasks. She has an award of low rate AA.

Over the last year, Mr Patel has become more forgetful and may be developing dementia. Mrs Patel has to be around all the time and has to help him two or three times a night when he gets up to use the toilet or get a drink, as he needs reminders and reassurance.

Mr Patel helps Mrs Patel with a lot of daily tasks that she is unable to perform due to her arthritis. He applies for AA and is awarded the high rate.

They are advised to apply for Carer's Allowance for each other and for Pension Credit.

They are both refused Carer's Allowance because they are receiving Retirement Pensions (RP). However, they are awarded Pension Credit of £144.08 per week. The way this is calculated is:

Guarantee Pension Credit: calculation	£189.35 basic amount for a couple £100.70 severe disability addition £ 27.75 carer addition (Mr Patel) £ 27.75 carer addition (Mrs Patel)
Total	£345.55
Less income	£87.30 RP (Mr Patel) £52.30 RP (Mrs Patel) £50.00 pension £38.00 income from capital
Total	£227.60
Pension Credit award	£117.95
Plus savings credit	£ 26.13
Total	£144.08

(They are entitled to the full amount of savings credit because their income is higher than the savings credit threshold (£145.80) but less than the appropriate guarantee credit amount).

They are also now entitled to 100% council tax benefit, so no longer have to pay this bill.

They find that their house is becoming too much, especially for Mrs Patel who cannot manage the stairs. They buy a leasehold flat in a local extra care scheme. They have sold their house for £140,000 and have to pay £190,000 for the flat. Because Mrs Patel is a disabled person and the new flat is better suited to her needs, they can now claim ISMI (Income Support Mortgage Interest) towards the £50,000 they have had to borrow. As they are over 60, this payment will start straight away.

The scheme charges £160 per month service charge and insurance. Because they are on Pension Credit, the bulk of this bill will be included in their PC calculation and added into their appropriate amount.

The managers of the scheme ask residents to pool their AA so it can be used collectively. Mr & Mrs Patel are happy with this arrangement, although they realise it is voluntary and that the AA is still payable to them.

Disability Living Allowance

Mr Peabody is 22 and has learning disabilities. He lives in a residential care home but wants to move out to his own place. He is receiving low DLA mobility component (£17.75) and Incapacity Benefit (IB) (£102.25).

He needs regular supervision during the day and help and encouragement with most daily tasks. He is a very good sleeper and rarely needs any assistance or attention at night.

Once he has moved out into his own privately rented flat, his new support worker goes through a DLA claim form to ask for a review of his present award, as he could now be paid DLA care component as well. However, when making enquiries of the DWP, his support worker finds out that Mr Peabody already has an award of DLA care middle rate for an indefinite period, which had not been paid because he was in a care home. On confirmation of Mr Peabody's new situation, the DWP begin to pay him his full DLA.

He can now claim Income Support on top of his IB. His new income is:

IS	£47.95 basic amount
	£25.85 disability premium
	£50.35 severe disability premium
Total	£124.15
Less IB	£102.25 (his DLA is disregarded)
Actual IS	£ 21.90 per week.

He can also get full Housing Benefit and Council Tax benefit. His Housing Benefit is based on a self-contained one bedroom flat. Single people aged under 25 usually only get the rental equivalent of a single room, but Mr Peabody is not affected by this restriction as he has a severe disability premium.

Some of his support is funded through "Supporting People"; some through Social Services. He gets his "Supporting People" service free of charge because he receives some Housing Benefit. Social Services will assess him financially to see whether he should contribute towards the costs of the care and support they arrange for him. Because he gets DLA care component and the severe disability premium,

Social Services will probably assess these as being available to pay towards his care costs, but they will have to assess his “disability-related” expenditure as well and offset this against his income.

As time goes by, his health deteriorates. He finds it very difficult to walk. It is very painful for him to get around and he has to stop frequently to catch his breath. He often needs someone with him so he can keep his balance. He also finds night-times difficult and has to get up once a night in the small hours to use the toilet. He applies for a review of his DLA: his mobility component is increased to the higher amount, but his DLA care is not changed. This is because it is decided that he does not need “repeated” attention, nor is the time he needs help for (between 5 – 10 minutes) a prolonged length of time.

Later on, he is diagnosed as having a severe heart problem. His GP does not expect him to live for more than 6 months. It is decided by the people involved in his care that Mr Peabody would not be able to cope with this knowledge, and he is not told. However, details are sent on his behalf to the DLA office, and he is given the high rate of DLA care because of the “terminal illness” rules. His IS also increases by another £12.60 per week because he is now entitled to an enhanced disability premium.

Other Housing LIN publications available in this format:

<u>Factsheet no.1:</u>	Extra Care Housing - What is it?
<u>Factsheet no.2:</u>	Commissioning and Funding Extra Care Housing
<u>Factsheet no.3:</u>	New Provisions for Older People with Learning Disabilities
<u>Factsheet no.4:</u>	Models of Extra Care Housing and Retirement Communities
<u>Factsheet no.5:</u>	Assistive Technology in Extra Care Housing
<u>Factsheet no.6:</u>	Design Principles for Extra Care
<u>Factsheet no.7:</u>	Private Sector Provision of Extra Care Housing
<u>Factsheet no.8:</u>	User Involvement in Extra Care Housing
<u>Factsheet no.9:</u>	Workforce Issues in Extra Care Housing
<u>Factsheet no.10:</u>	Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care
<u>Factsheet no.11:</u>	An Introduction to Extra Care Housing and Intermediate Care
<u>Factsheet no.12:</u>	An Introduction to Extra Care Housing in Rural Areas
<u>Factsheet no.13:</u>	Eco Housing: Taking Extra Care with environmentally friendly design
<u>Factsheet no 14:</u>	Supporting People with Dementia in Extra Care Housing: an introduction to the the issues
<u>Factsheet no 15:</u>	Extra Care Housing Options for Older People with Functional Mental Health Problems
<u>Factsheet no 16:</u>	Extra Care Housing Models and Older Homeless people
<u>Factsheet no 17:</u>	The Potential for Independent Care Home Providers to Develop Extra Care Housing
<u>Factsheet no 18:</u>	Delivering End of Life Care in Housing with Care Settings
<u>Factsheet no 19:</u>	Charging for Care and Support in Extra Care Housing
<u>Factsheet no 20:</u>	Housing Provision and the Mental Capacity Act 2005 MCA Information Sheet 1: Substitute Decision-making and Agency MCA Information Sheet 2: Lawful restraint or unlawful deprivation of liberty? MCA Information Sheet 3: Paying for necessities and pledging credit MCA Information Sheet 4: Statutory Duties to Accommodate
<u>Factsheet no 21:</u>	Contracting Arrangements for Extra Care Housing
<u>Factsheet no 22:</u>	Catering Arrangements in Extra Care Housing
<u>Factsheet no 23:</u>	Medication in Extra Care Housing
<u>Factsheet no 24:</u>	Social Well-Being in Extra Care Housing
<u>Factsheet no 25:</u>	Nomination Arrangements in Extra Care Housing
<u>Factsheet no 26:</u>	Housing for People with Sight Loss
<u>Case Study Report:</u>	Achieving Success in the Development of Extra Care Schemes for Older People