

APPENDIX A



**Older People's Accommodation &
Support Needs Strategy
2008 - 2011**

Safe

Clean

Healthy

Prosperous

Excellent

.....designing a home, building a community

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1. Introduction

The strategy has been produced by Adult & Community Department and is proposed to address key issues concerning the accommodation and support needs of older people living within the borough.

Southend is an area of high density housing. The borough is fortunate in that it offers attractive residential areas with good infrastructure and strong communities, however, like most urbanised areas it also has areas with poorer housing which present a greater challenge.

Southend has a higher than average older people's population with higher than average home-ownership. The changing demographics and changing views and priorities of older people are all driving policy shifts at both national and local levels. Southend's older residents express the same aspiration as national research studies; the majority want to stay in their own home for as long as practicable. Good design is at the heart of any development, and lifetime homes and neighbourhoods will ensure future homes are fit for purpose.

This strategy has been developed in support of our wider strategic vision for housing in Southend. Our housing vision is for:

Southend to offer a wide range of decent housing opportunities in safe and attractive residential areas that meets the needs of those who want to live here, which support our ambition for a strong community and attractive environment where people can live, learn, work and play.

The strategy responds to the key objectives outlined in the Interim Housing Strategy to increase the level, range and quality of housing support available to older people in their existing homes and expand the range of housing options that are available to older people in Southend. It also reflects the strategic objectives set out within the Older Peoples Strategy and Action Plan 2007-10, which promotes the independence, well-being and choice agenda.

This strategy reflects national and local policy, including "Our Health, Our Care, Our Say"; the "Housing Green Paper, Homes for the Future: More affordable, more sustainable"; and "Lifetime Homes: Lifetime Neighbourhoods: A National Strategy for Housing In an Ageing Society"; and "Southend Borough Council Design Brief Policy" and considers all forms of housing tenure from owner occupation to shared ownership, private rented and social rented accommodation, and aims to address the needs of all older people and vulnerable people, whether their need is for mainstream housing (with or without housing related support services) or specialist provision.

The department have consulted widely with our older population, Supporting People Commissioning Body, South Essex Homes and private and public sector developers.

We have reviewed the various housing options, including our own stock, to identify any gaps in the market; we also looked at housing design within a community setting and the potential barriers which prevent older people from participating within their

community. The key issues and concerns raised during consultation are reflected and addressed within this strategy

A strong, consistent message from many of our older residents is that they want to stay living in their own home and community as long as possible within accommodation which helps them to feel safe and secure. If, and when, they have to move, they want help to obtain good financial advice to enable them to make an informed decision from the options available to them. In response we have drawn up a guide for specialised housing developments. (See appendix 3) This strategy reflects our ambition to see the design of lifetime homes and lifetime neighbourhoods.

1.1 Definition

Whilst there is no national agreed definition for the range of specialised accommodation occupied by older people; this strategy seeks to give a local definition, creating a shared understanding of the future models of housing and support requirements. A summary of the essential requirements is outlined below and a detailed list can be viewed at, Appendix 2: Expected Characteristics of Specialised Accommodations.

Retirement Accommodation: Independent population, with self contained accessible accommodation, in a suitable location for access to local amenities and services and community Alarm

Conventional Sheltered Housing: Independent population with en-suite private facility and communal facilities. High standard of accessibility both internally and externally. Guest room with a range of facilities. Dedicated warden /scheme manager and facilitated access into care services.

Enhanced Sheltered Housing: Mixed dependency population, including up to 12 hrs/week care needs. Assisted bathing facilities, access to meal services. Recreational / Leisure facility. Infra-structure in place for assistive technology. Guest accommodation with a range of facilities. Manager based on site to provide support and facilitate access to day opportunities services. Expedited access to care services. Facilitated social and recreational activity programme

Extra Care: Mixed dependency population, around one third having care needs more than 18 hours/week, one-third low care needs and one-third no current care needs. Aggregated care needs at least 240 hours per weeks. En-suite one-bedroom accommodation. Restaurant, fully equipped craft rooms, IT suite, exercise suite, day opportunities. Scheme design encourages orientation. Infra-structure in place for assistive technology. Generous storage space in addition to that within the individual unit. Manager based on site to provided support and co-ordination 24/7 on site care. Facilitated recreation, social cultural programme.

Registered Care Home Minimum care needs 18 hours per week up to highest level of personal care short of nursing care. In space and design standards meeting the requirements of the Commission for Social Care Inspection. Infra-structure for

assistive technology. Staffing levels and practice meeting the requirements of the Commission for Social Care Inspection (CSCI)

Source: ©Contact Consulting & Woking UA 2005/amended

2. Policy Context

Changing demographics, differences in social trends and lifestyles together with the changing views and priorities of older people, are all driving policy shifts at both national and local levels.

2.1 National policy

The Local Government White Paper “Strong and Prosperous Communities” (October 2006) placed an expectation on Local Authorities to take a much stronger strategic lead for their areas. Linked with this is a requirement for Local Authorities to develop a clear strategic housing vision that supports the wider community strategy for their area.

The national policies are set out within “Our Health, Our Care, Our Say”; the “Housing Green Paper, Homes for the Future: More affordable, more sustainable”; and “Lifetime Homes: Lifetime Neighbourhoods: A National Strategy for Housing In an Ageing Society”. Within these documents there is a strong commitment to helping older people to retain their independence and dignity, promoting choice and improving quality of life. This is being supported through an increase in preventative services which enable older people to remain in their own homes. These shifts in policy are further strengthening the integration and coordination of housing, culture, leisure, social care and health services of which then require changes in service planning and delivery at a local level.

2.2 Local Policy

A range of regional and local policies and strategies exist to shape the development of housing policy and services at local level.

Southend Together, Sustainable Community Strategy, sets out a clear vision and ambition for the future which can best be achieved through effective partnership working. Providing good quality housing and a well integrated blend of different types and tenures that meet the needs of those who want to live here is a vital part of achieving the strategic vision of Southend Together:

“To create a thriving regional centre which celebrates and enriches the life of our community”

The Council’s Corporate Plan reinforces this through its priorities, which include for housing

- Enable well planned quality housing and developments that meet the needs and expectations of all Southend’s residents;
- Improve outcomes for vulnerable adults and older people.

This strategy has been designed to build on and further progress the interim Housing Strategy and the Older People's strategy.

Southend's housing vision is:

“Southend to offer a wide range of decent housing opportunities in safe and attractive residential areas that meets the needs of those who want to live here, which support our ambition for a strong community and attractive environment where people can live, learn, work and play.”

Ensuring older residents realise the benefits of this vision means the Council and its partners, such as mainstream and specialist housing providers, developers and the health and social care sectors, will need to address a number of specific challenges over the next 20 years. Many of these challenges are nationwide **but some are specific to our town**. For example, Southend has a larger than average older population, areas of multiple deprivation and a large private rented sector.

In 2007 the Council and South East Essex Primary Care Trust (SEEPCT) published the Older People Strategy, looking into the provision of health, social care and leisure services along with a plan for delivering ongoing service improvements to residents over the ensuing 3 years. The Older People Strategy considers the needs, wishes and expectations of Southend's older people. Five of the seven aims are of particular relevance to housing and/or housing support providers:

- Improved health and well being
- Improved quality of life
- More choice and control
- To be safe and secure
- Safeguard economic well being

The Supporting People Commissioning Body's vision for older people is for the development of a range of flexible support options linked to care services and assistive technology. Supporting People Commissioning Strategy (2007-11) identified the need to reconfigure some of the sheltered housing stock and to increase the range of support services available to older people who do not live in sheltered housing. The strategy went on to consider appropriate support models for older people with additional needs through specialised housing like extra care, and the expansion of floating support. Various care services provided are based on the needs of the service users.

These should be considered key areas of focus for improved partnership working between housing providers, health, social care services and Supporting People.

2.3 Key Themes from National and Local Policy

To deliver these policies, we will need to ensure our services are joined up and well coordinated to deliver:

- Better information to help older people manage property maintenance or to consider options to move if they wish

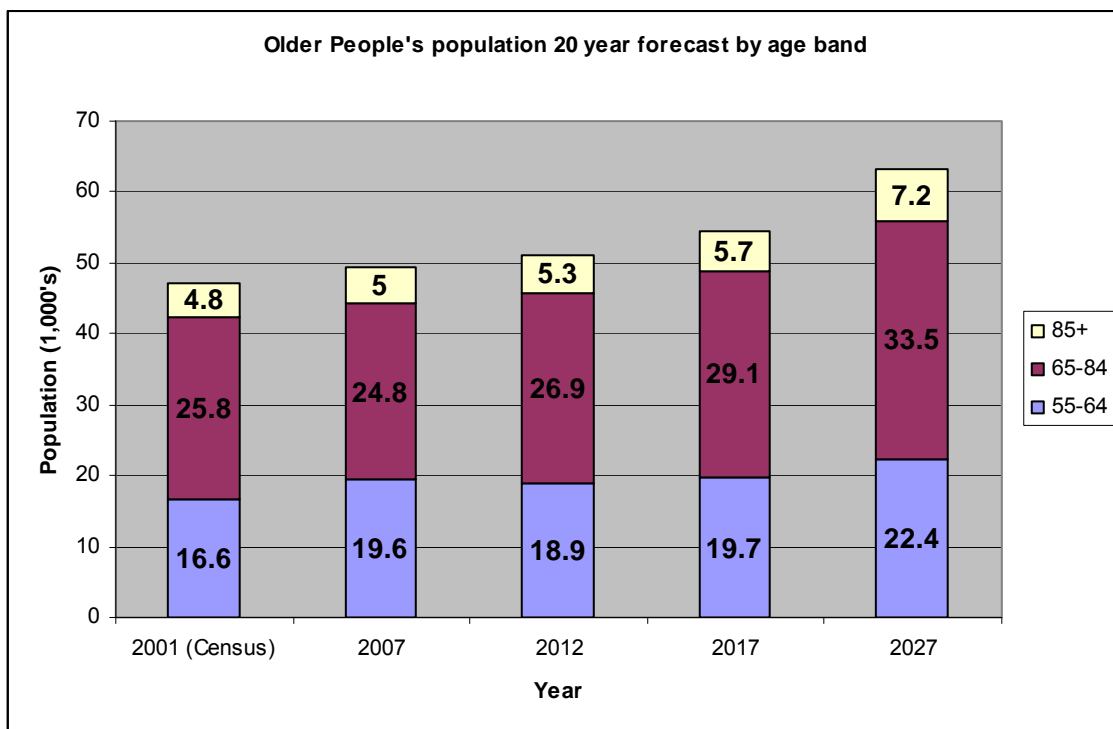
- Practical help to ensure their homes meet basic housing standards
- Well designed lifetimes homes in well placed neighbourhoods, offering a choice from a good range of housing options
- Well coordinated joined up working in local services
- A range of low level preventive support services
- Good quality financial advice on the equity held in their properties
- Improved health and well being, improved quality of life, more choice and control, to be safe and secure and safeguarding economic well being

3. Southend – Local context

Consideration is now given to the likely changes in the population of older people having regard for the national and local policy direction, mentioned in the previous chapter. The characteristics and current pattern of provision will be explored along with how the whole system of housing, health and social care can be brought together in the form of accommodation and support. The new patterns of provision seek to put individual elements into a wider context. This will allow Southend to offer a range of options to older people by taking into account some of our key challenges around an ageing population and increasing health issues, e.g. dementia.

3.1 Our population

Southend shares many of the characteristics of the UK’s ageing population but also has some local differences, which pose particular challenges for the Council, its residents and communities. Within its pensioner population, Southend has a significantly higher proportion of older people aged over 65 than the average for England (19.2% compared to 15.9%). The older population within Southend will increase consistently each year with an additional 2,800 people aged 65+ in 5 years’ time (from 30,000 in 2007 to 32,800 in 2012). Population projections for Southend Council show that we can expect a consistent increase in older people over the next 20 years.



The most significant growth will be realised among the 65-84 age group - estimated to increase by 8,700 over the next 20 years, growing from 24,800 in 2007 to 33,500 in 2027.

The 85+ age group will consistently increase by 2,200 over the next 20 years from 5,000 to 7,200; and the 55-64 age group will decrease slightly over the next 5 years but then steadily increase between 2012 and 2027 to 22,400.

Within this increase, there is also a growing number of people with learning disabilities living longer. In 2001, there were 98 people with learning disabilities over 55. In 2003, that number had increased to 145. By 2012 this group will have grown to around 200.

Ageing is often accompanied by other problems including loss of mobility, increased likelihood of falls, depression, which is the most common mental illness found in older people and the second underlying causes for all GP consultations for people over 70 years of age¹, and dementia.

One in 14 people over 65 have a form of dementia. The prevalence of both early onset and late onset dementia increases with age, doubling with every five-year increase across the entire age range from 30 to 95+.

As the population ages the number of people with dementia will climb rapidly, with numbers in the UK is forecast to increase by 38% over the next 15 years.

One or more of these health issues can have an effect on the physical and emotional well being and contribute to the decision to go into residential care. This strategy proposes models that offer a real alternative to residential care which help to maintain the dignity for older people.

Table 3: Estimates of the population prevalence of late onset dementia			
Age(years)	F (%)	M (%)	Total (%)
65-69	1	1.5	1.3
70-74	2.4	3.1	2.9
75-79	6.5	5.1	5.9
80-84	13.3	10.2	12.2
85-89	22.2	16.7	20.3
90-94	29.6	27.5	28.6
95+	34.4	30	32.5

Consensus estimates of the population prevalence of late onset dementia

3.2 Living alone

Women tend to live for longer than men with a typical life expectancy of 81 years compared to 77 years for men. We also know that women can expect to live longer, alone and in poorer health than men. In Southend, the life expectancy can vary by as much as 8 years between the most affluent and more deprived wards.

The number of older people living alone gives an indication of potential vulnerability. Living alone can lead to self-neglect and depression and can be greatly alleviated by companionship and regular visits. With the older population expected to increase, the numbers of people living alone are also expected to increase.

Older women are more likely to live alone than older men with the proportion increasing with age. Widowhood is the most common reason for living alone with 3 in

¹ http://www.netdoctor.co.uk/diseases/depression/depressionintheelderly_000602.htm

5 women aged 75+ living alone in Great Britain. The best information available (Census data) tells us that:

- Nearly half of all people age 85+ live alone in Southend (2,376);
- Just under 35% (9,038) of the 65-84 age group live alone
- Of those aged 55-64 the number of people living alone falls to 19%

The numbers of older people living alone is predicted to increase over the next 18 years from below 12,000 to over 15,000².

3.3 Under-occupancy

Older people are more likely to find that under-occupancy becomes an increasing burden when coupled with one or more of the following factors and they may have difficulty in maintaining an under-occupied property:

- Living alone and/or
- Ailing health / disability and/or
- Decreasing financial resources

Under-occupancy is most likely among older households. Statistics from the English House Condition Survey reveal that 80% of older households under-occupy their homes compared to 66% percent of all households, with married older householders most likely to under-occupy.

Southend's levels of under occupation are broadly similar to those seen in other parts of the country; over half the 65-84 age group and a third of the 85+ age group, live in accommodation with two or more rooms under occupied.

In contrast Southend has above average levels of overcrowding amongst households from 3.9% for age 55-64, rising to 9.2% of people aged 85 years and over living in overcrowded conditions lacking one room, compared to 2.3% rising to 5.2% regionally and 3.5 rising to 5.1% in England.

Further work needs to be carried out locally to understand the reasons for overcrowding and to identify options to reduce overcrowding for older people.

3.4 Housing tenure

Eighty-one per cent of residents age 55-64 live in a house or bungalow, decreasing to 48% of those age 85 years and over. The proportion of those aged 55 years and over occupying flats and communal establishments increases with age

² Source: POPPI - Projecting Older People Population Information System

A higher proportion of older people in Southend own their own home compared to the national trend. Outright ownership peaks between the ages of 65 and 84, with just under 68% of the 65-84 age group own their property outright and just over half of all those aged 85+ own their property outright. Nearly 22% of those aged 85+ live in a communal establishment.

However, a lower proportion of properties are rented from the council and other social rented providers and higher proportion of those aged 55-64 and 65 to 84 are renting privately.

Table 1 Tenure patterns

Tenure	55-64	65-84	85+
Owns outright	47.3%	67.9%	50.2%
Owns with a mortgage or loan	34.5%	9.4%	5.3%
Shared ownership	0.3%	0.2%	0.2%
Rented from council	6.2%	9.6%	10.7%
Other social rented	1.8%	2.2%	3.4%
Private rented	8.4%	6.7%	6.3%
Living rent free	0.9%	1.2%	2.1%
Living in a communal establishment	0.7%	2.9%	21.9%

These features are most likely to be a reflection of the current supply of housing in Southend which is characterised by a large private rented sector and a lower proportion of social rented housing stock.

The age profile of the private sector stock in the Borough suggests that the stock is older than the average for England with more pre 1919 and 1919-1944 dwellings and fewer dwellings built in any period after this date. There are more converted flats in Southend than for England as a whole; with a higher proportion of those dwellings being privately rented. The combination of older dwellings coupled with a high proportion of those having been converted into flats and subsequently rented would tend to suggest that some poor stock conditions exist within Southend.

There are a total of 68,600³ dwellings in the private sector stock across all tenures. A total of 24,600 dwellings are occupied by residents over 60 years of age, with 21,800 of these owner occupiers, 700 tenants of Housing Associations and 2,100 in privately rented accommodation.

³ House Condition Survey 2004

Based on the survey findings it is estimated that 5% of the private sector stock is 'unfit' and 20% fails to meet Decent Homes ⁴ standards. Assuming older residents were equally represented amongst dwellings in poor condition, 1,230 people over 60 years would be occupying unfit property and 4,920 would be occupying property that fails to meet Decent Homes standards. The likelihood is that unfit properties are more often occupied by people from vulnerable groups, particularly older people, single parents and single people.

Insufficient heating or lack of thermal comfort is most likely to be the reason for a home to be declared non-decent. A cold home can cause hypothermia, impair mental function, increase the risk of accidents and falls and have a negative affect on respiratory illness, cardiovascular conditions, mental health problems, rheumatism and arthritis. Whilst dampness, poor ventilation, inefficient or inadequate heating can cause respiratory problems.

The number of older people living without central heating increases with age. National statistics estimate that as many as 42% of those aged 85 or over are likely to be living in a home with insufficient heating (Census 2001). In Southend, the proportion of older residents without central heating compares favourably with figures for England but is below average in the Eastern region:

- Southend has a higher proportion of all older age groups without central heating than the East of England;
- 12.4% of the 85+ population in Southend are without central heating compared to 9.4% in the Eastern Region; and
- 6-8% of those aged 55-84 in Southend are without central heating, compared to 4-6% in the Eastern Region.

Typically those most at risk are those living in older housing stock. This stock tends to be available from the private sector either for sale or rent.

3.5 Specialised older people housing

The Council is the major provider of sheltered housing in Southend with 14 Part 1 schemes (520 units) and 24 Part 2 (1,129 units), managed by South Essex Homes. There are 126⁵ long term voids within South Essex Homes managed sheltered housing. Those occupiers aged 70 -89 years make up the largest cohort (73%); followed by those aged 50-69 (13%), then 90+ years (12 %). A large proportion of these occupiers receive services funded through the Supporting People grant and mainstream social care.

Supporting People Grant fund a range of housing related support delivered in an accommodation based setting. It enables this elderly community to stay independent and remain living in the community longer. The average age for entering residential

⁴ <http://www.communities.gov.uk/housing/decenthomes/whatis/>

⁵ Southend on Sea Interim Housing Strategy 2008-2011

care is around 75 years old. It is, therefore, important that we improve services and support to enable older residents to stay living in the community as long as possible, thereby avoiding admission to residential care.

The mixture of tenure for specialised housing is out of proportion to the number of home owners. The current service is running with a high number of voids and there needs to be a re-balancing across the market. This issue is addressed in Section 6.

Table 2: Summary of current older people housing in Southend Borough Council

Tenure	Total
Rented Sheltered housing units – LA/RSL’s	1,839
Leasehold Sheltered housing units	1,000
Abbeyfield and Almhouses	51
TOTAL	2,890

4 Current Services

4.1 Housing Support, Health and Social Care

Health, social care and housing support have been described as the cornerstones of community care. Good quality housing support services have a vital part to play in promoting well being and preventing deterioration in health and loss of independence. Conversely, weaknesses in housing support and other preventive services will impact negatively on quality of life and result in increased demand for health and social care services.

In some cases the links are clear and specific e.g., falls are estimated to be a contributing factor to 40% of admissions to nursing homes and 1,456 admissions of over 65's to A&E, resulting in 509 hospital admissions with 208 sustaining a fracture. The availability of housing support services that will ensure minor repairs and adaptations are made to homes can reduce admissions to hospital. The development of extra care housing has emerged in recent years as an option that can substantially reduce the need for admission to residential care. In other respects housing support services bring general benefits to older people by helping them to retain their confidence and sense of security and in so doing, extend their ability to live independently.

Our evaluation of housing and housing support services for older people pays close attention to the linkages with health and social care and the need for coordination at both operational and strategic levels. The viability of extra care housing relies on strong strategic relationships between health, housing and social care.

4.2 Community based support

4.2.1 Repairs and maintenance

The information reported earlier regarding housing tenures amongst older people in Southend showed an unusually high proportion (80% of 65 – 84 year olds) of owner occupiers. For many people this is a positive choice to continue to live in familiar surroundings whilst maintaining relationships and daily routines within a local neighbourhood. Where this is the case many older people need help with maintaining their homes. Home Improvement Agencies (HIAs) are small, locally based not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their homes.

4.2.2 Floating Support

In recent years floating support services have been developing nationally as a way of providing housing management support to people in their own homes. These services can be provided across different housing tenures and can be either community or accommodation based. They are normally commissioned through the Supporting People programme.

Currently, in Southend there is no access to floating support services for older people in general needs and owner occupied accommodation as all current provision is focused exclusively on sheltered housing schemes. The provision of tenure neutral floating support services forms part of the Supporting People Strategy vision for the future to fund a wider range of flexible support options and a new contract will be let during 2008.

4.2.3 Community equipment

The Southend Equipment service has been substantially improved in the last three years to provide a more modern equipment cleaning process, better warehouse facilities and greater capacity to deliver minor adaptations. The service provides a network of preventive and early intervention services which link effectively with the rapid response team, collaborative care team and community matrons. Future aims for the service are to continue to improve delivery times and the quality of service.

4.2.4 Assistive technology and Community Alarm

Assistive technology is playing an increasingly important role in supporting people to feel safe and secure and to maintain their independence within their own home. Currently assistive technology in Southend largely takes the form of house alarms linked to a call centre within the town. However, the majority of these are residents of council owned sheltered housing schemes, some of whom may not need this valuable resource but have chosen to live in the scheme for another reason. Established emergency services, such as Care Line, connect older people to a special control centre providing help 24 hours per day, 365 days a year. In 2006/07 Care Line services helped 1,780 older people to feel safer at home.

4.3 Social Care and Health

Social care provision is available to people with eligible personal care needs through home care services that are supporting on average 1,500 older people at any one time. Help is given with washing, dressing, bathing, using the toilet, getting in and out of bed and other essential activities of daily living.

Southend's performance on the national performance indicator for providing 'intensive home care' is good. Over the last two years this balance has shifted considerably on 'helping older people to live at home' and this strategy intends to improve the performance by offering an alternative to residential and nursing care.

In view of this trend, it is particularly important that housing support and other preventive services are available to older people to enable them to maintain their independence and enjoy a good quality of life before their needs reach the point where they become eligible for social care.

District nurses in particular play a vital role in helping people to stay in their own homes by providing health care services and support. District nurses have recently reported they estimate that between 10 and 20% of the older people within their caseload are not coping with their housing, suggesting that as many as 800 older people may be in need of strengthened community based housing support services.

4.4 Accommodation based support

4.4.2 Sheltered Housing

Sheltered Housing has been long established nationally as a model of housing support where residents have telephone access to a local warden for part 1 schemes and on site wardens for part 2. The Council is the major provider of sheltered housing in Southend with 14 Part 1 schemes (520 units) and 24 Part 2 (1,129 units).

In common with most other Housing Authorities the Council has recently undertaken a review of its sheltered housing stock to consider its suitability for modern day use, both in terms of the physical accommodation and the model of support provided.

Although a recent survey carried out by the Supporting People Team indicated that satisfaction levels of sheltered housing tenants is very high, they have been becoming less popular amongst people on the waiting list. As a result occupancy levels are significantly lower at 90% than national targets of 97%.

The Council stock includes a very high proportion of bed sits and studio flats (38% of part 2 units) which have become hard to let in some schemes. The bed sits lack the basic amenity of a private bathroom; this is a major drawback in regard to modern day expectations. An options appraisal carried out in December 2005 identified this feature as well as the conditions of some sheltered blocks and negative perceptions of external environments as being prominent in hard to let schemes.

In November 2006, as a result of the Sheltered Housing Review, the Council agreed an asset management plan recommending the change of use and refurbishment of a number of sheltered housing sites. These plans have been reviewed and further proposals made in light of this strategy.

4.4.3 Enhanced Supported Housing

There is widespread interest in enhanced supported housing because it can replace some or all residential care and plays a useful role in providing both respite care and a base for good intermediate and rehabilitative care. Most importantly, it has the flexibility to provide added health gains and reduce pressures on acute services, such as tackling delayed discharges from hospital. It is also a popular choice amongst many older people. See, Appendix 2: Expected Characteristics of Specialised Accommodations, for a full detailed list of enhanced and extra care housing.

Specialised housing can be owned, rented, part owned and part rented and leasehold. Some developments have mix types of tenures. Most extra care in the UK is developed with public subsidy by housing associations. A thriving commercial sector exists too but is subject to economic conditions.

Specialised housing is housing first. It isn't an institution and should not look or feel like one, (see, Appendix 4: Southend Design Guide for Specialised Housing Developments. People who live there have their own homes and have legal rights to occupy. This means there is a clear distinction between enhanced supported housing and residential care as recognised by the Commission for Social Care Inspection.

There is very limited enhanced supported housing provision in Southend at the present time. The Council made a bid to the Department of Health Extra Care Housing Fund in 2006 but this was unsuccessful.

An important issue for the introduction of enhanced supported housing is the pressure on development land in the borough. Some other areas in similar situations have found alternative options to developing on vacant sites, for example converting existing sheltered housing or refurbishing tower blocks to provide accommodation that is suitable for extra care housing.

4.4.4 Registered care homes

Older people are supported to access care homes where the need has been established through a community care assessment. For some people who need constant staff support, admission to a care home may be the only way to meet their needs. Where this is the case every effort is made to help people find a place in a home of their choice, where they can exercise as much independence as possible and be treated with respect and dignity.

In Southend our performance against national indicators and targets shows that our use of residential care is still too high even though the numbers of admissions have consistently reduced in recent years. The population projections show a steady increase in the number of older people and highlight the risk that, unless we are able to develop new approaches and models of care and support, we will find it increasingly difficult to maintain a downward trend. For 2008/09, as part of the budget setting round the council agreed an additional £300k, held in contingency, for demographic growth.

As an illustration of a worst case scenario, Table 4 shows the potential impact if the numbers of older people in residential and nursing home care were to increase from a 2007 baseline in direct proportion to the projected increase in the population of over 65 year olds.

Table 4: Projected rate of increase in admissions to residential/nursing care

	% of 2001 pop.	2007	2012	Add cost	2017	Add cost	2027	Add cost
		Base	5 yrs		10 yrs		20 yrs	
<i>Population:</i>	-	29800	32,200	£m*	34,800	£m*	40,700	£m*
Residential care	2.40%	715	772	1.35	835	2.84	977	6.2
Nursing care	0.25%	76	81	0.12	87	0.26	102	0.62
TOTAL	2.65%	791	853	1.47	922	3.00	1,079	6.82

* cumulative additional costs are shown based on the current average gross cost of residential and nursing home care for older people of £455 per week (2007/8)

Table 4 shows there could be a potential financial impact of £6.8m per annum by 2027 arising from an increase in admissions to residential and nursing home care. This assumes the rate of admission reflected the projected increased numbers of older people in the local population.

The Labour Government has called for a debate and promises a green paper after six months of consultation ending November 2008 as to a potential £6 billion gap in the benefits system, especially in the Older People Services areas.

For most people the preferred option is to remain in their own home for as long as possible. Meeting this preference is recognised in national and local strategies as a very high priority. National and local studies have consistently estimated that for people currently admitted to residential care between one-third or a half could have avoided admission if extra care housing had been available.

5 Priorities for Accommodation and Support

The government target is to support an increasing proportion of older people in their existing homes. With the rising population, the Adult & Community Services department would have to invest an additional £1.5M by 2012, rising to £7M by 2028. There are a number of voids within the council owned sheltered accommodation indicating that this traditional model is no longer meeting the changing aspirations of older people. The traditional model of accommodation and care has assumed a degree of conformity; to fit in, to live conventionally and join in communal activities. Rather, older people want to assert their distinctiveness, have space to decorate and furnish their living space, choose their relationships and the way they spend their leisure time.

Feedback from Southend's older residents⁶ suggest that the essence of 'ageing well' is the ability to sustain relationships that meet the needs of intimacy, comfort, support, companionship and fun. Independence is vital. This includes a determination 'not to be a burden' on others, an emphasis on helping each other and the importance of being part of a community where people look out for each other.

Older people want to know that when they enter specialised housing, it is designed and equipped to meet their care needs if and when the need arises.

Financial autonomy and the desire to maintain control of the resources they have built up over their working lives is also of importance. Older people frequently want to maintain their status as homeowners and just under 68% of the 65-84 age group own their property and just over half of all those aged 85+ own their property outright. This can only be achieved if their options are not limited as their needs rise.

We do not want to create a two tier system where those who live in rented accommodation are unable to live with other older people just because of the difference in tenure. Our desire is to see mixed tenure offered side by side.

Joseph Rowntree⁷ research found that the quality of accommodation and care was of higher significance. The assumption that older people want smaller accommodation was not borne out and further research⁸ found that smaller accommodation impacted on residents' lifestyle and independence. The security offered with care makes schemes highly attractive to older people. Our own consultation supports these findings.

We should seek to offer a range of housing options for people with a range of personal circumstances, in locations that are accessible and ensure that security will be part of the design. We recognise and should provide for a range of lifestyle

⁶ Southend Borough Council Older People Strategy 2007-2011

⁷ Wilson D, Spinal P & Murie A: *Factors Influencing the Housing Satisfaction of Older People*, Joseph Rowntree Foundation (19995)

⁸ Croucher K, Huicks L, Bevan M & Sanderson d, *Comparative Evaluation of models of housing with care in later life*, Joseph Rowntree Trust (2007)

choices, which offer a range of services that promotes independence and offer good financial arrangements in line with best practice.

With the increase of onset-dementia there is a need to develop housing-based models of care to support people with dementia. It will provide an alternative to nursing for those living with moderate to severe dementia.

The proper design of and use of extra care housing should mitigate the demand for an increase in residential care provision.

The future models seek to adequately support those older people who are self-funding and / or their care is provided informally by unpaid carers.

The future models seek to balance the market, by addressing the leasehold market and demonstrating the need for enhanced and extra care sheltered housing. By increasing the leaseholder market and offering a real alternative for those whose current accommodation inhibits their independence, it may also release more family type accommodation.

The findings from the work carried out by the Royal Commission on Long Term Care were that currently there are 136 units per thousand for sheltered and enhanced sheltered in the current stock. Care Services Improvement Partnership⁹ (CSIP) propose a ratio of around 180 units of specialised accommodation of all kinds, other than registered care home places, per thousand of those over 75 years. The ratio allows for a marginal rise of provision in sheltered housing of all kinds and an increase in the leaseholder market, in recognition of the fact that it will take time to reconfigure the current stock to the new models of housing support.

The following assumptions are made:

- The “norm”¹⁰ for conventional sheltered housing to rent would be fifty units per one-thousandth of the population over 75 and seventy-five units per one thousandth of leaseholders in conventional housing; allowing for the rapid changing tenure balance.
- Some of the loss in conventional sheltered housing rent will be off-set by the provision of enhanced sheltered housing with a projection of around twenty places per one thousandth people over 75 divided equally between ownership and renting.
- Full extra care housing offers the possibility of housing a balanced community of people with limited care needs through to those who would have been accommodated in residential care; a provision of twenty-five units per one thousandth of the population over 75, shared between rent and ownership

⁹ CLG, CSIP, and Housing LIN, *More Choice, Greater Voice*, February 2008

¹⁰ Norm: To allow for meaningful comparison the number of places is expressed in a standardised form. It is a ratio of places to 1,000 of the older population above threshold ages 75+

- Modest provision for the development of housing to care for those people with dementia who cannot be supported in their existing home and the alternative is residential or nursing care. The ratio is not based on potential needs, but reflects the tentative nature for this growing market, of ten places per one thousandth of the population.
- The capacity in the registered care market is expected to decline from seventy-six to 65 places per one thousand. This reflects the increase in capacity to support older people in more appropriate accommodation, such as extra care and improved support to people in their existing home.

Based on these assumptions, the new provision would consist of:

- 2,044 conventional sheltered accommodation in total of which, 1,226 for leasehold;
- 326 units of enhanced sheltered unit split equally across rented and sale;
- 408 units of extra care split equally across rent and sale; and
- 163 unit of housing based provision for dementia

With this improved provision it is anticipated there would be a need for 1,798 places in registered care, of which 736 would be for nursing. The information is summarised in table 5 and a detailed breakdown shown in Appendix 3: Indicative levels of provision of various forms of accommodation for older people.

We will consult on how applicable the assumption listed above should be applied to Southend.

Table 5: Indicative levels of provision

		Resulting number of units	Provision per 1,000 of population 75+	Number of units ¹¹
Convention sheltered housing for rent		797	50	
Leasehold sheltered housing		1196	75	
Enhanced sheltered housing	For rent	159	10	
	For sale	129	10	
Extra Care	For rent	199	12.5	
	For sale	199	12.5	
Housing based provision for dementia		159	10	

¹¹ Unit: Self-contained accommodation with own front door

Table 5: Indicative levels of provision

		Resulting number of units	Provision per 1,000 of population 75+	Number of places ¹²
Registered Care Homes - personal care	Local Authority	1,037	65	
	Independent			
Registered care home - nursing care		718	45	

5.1 Our vision

In line with our wider Housing Vision for Southend, our vision is tightly bound to the need to provide a range of housing and support services that promotes independence, choice and wellbeing. Southend is part of the Thames Gateway, a national growth area for employment and new homes. We see mixed developments as being a way forward for Southend delivering lifetime homes and neighbourhoods. Neighbourhoods must be safe and inclusive with facilities, e.g. shops, health centres, entertainment and open spaces, within easy reach and a good transport service.

Our vision for Older People’s Accommodation is:

Southend will offer a wide range of specialised homes meeting lifetime homes standards, in safe neighbourhoods, meeting the needs of those who live there, and meeting our ambition for strong neighbourhoods, where we design quality homes and build communities.

Southend’s older residents will have access to a range of information to enable them to make the right choice at the right time for them to remain independent. There will be a range of adaptable homes across the tenure e.g. the open market, specialised homes to rent, lease or buy. Our planning system will ensure that Lifetime Homes Standard is the norm by 2013. We will continue to work to deliver the joint health and social care Older Peoples’ Strategy 2007-2010 and ensure that good practise housing design is incorporated into our design strategies so that we design good homes and build communities.

5.1.1 Our aims

Targeted help, more choice: We want all Southend’s older population to have access to information about their housing options which enable them and their family to make informed, planned decisions rather than be reactive at the point of a crisis.

Housing our future selves: Southend’s older residents to have access to new and adapted homes that are flexible, meeting current and future needs. To increase the aspiration to live in specialised homes that meets our future expectations. We aspire to design lifetime homes within lifetime neighbourhoods where older and vulnerable

¹² Place: a room within a share residential setting

residents have access to transport services, housing, public services, civic space and amenities, so they have a full life and take part in the community around them.

Reconnecting housing, health and social care: There is an accepted link between poor housing and health and mental well-being. The ability to carry out daily living activities is dependent upon an individual's physical health and the environment in which they live. Housing, health and social care will work together for Southend's residents to retain their independence and mobility. There will be improved access to adapted properties, grants and equipment.

Engagement with our citizens: To improve our services, we must be able to hear the views and aspirations of current and future older people. We will continue monitor service users experience and consult with the various groups across the town, including the citizens panel, the recently launched Older People's Assembly and the Ethnic Minority Forum. Choice Based Lettings information should be positive and informative.

Better value: as public bodies we should strive to extract the best value from the services we provide. This duty must also extend to the agencies that work alongside local authorities in discharging their duties. For the purposes of Older Peoples accommodation, this principle is achieved when the properties we build, maintain and develop are done so to nationally competitive standards and costs. We aim expand the range of accommodation so that there is sufficient supply to meet the needs of our growing population.

6 Action Plan

Aims	Action	Priority
Expand the range of specialised housing support across the tenure.	Develop a detailed action plan for the shift in housing provision	1
	Develop Supported Housing for older people with dementia	1
	Expand Assistive Technology across all tenure	2
	Redevelop Keats House for extra care	1
Achieve VFM in the council sheltered housing stock	Reduce the number of voids	1
	Agree future models and asset plan	1
Lifetime homes, lifetime neighbourhoods	Older people accommodation design brief adopted	1
Increase the range of specialised housing and bring our performance in line with national targets	Review current council stock for the development of extra care sheltered housing	2
Increase preventative services that enable older people to stay at home	Develop floating accommodation support	1
	Expand the Handy Person Scheme to reach more older people	3
	Develop the provision of independent advice on equality release scheme across the sector through the Home Improvement Agency	2
	Expand Assistive Technology across all tenure	2
Strengthen specialist housing advice services for older people moving home.	Strengthen the role of the HIA. Review access to mainstream social care services.	2
Review additional use of Disabled Facilities Grant (DFG) in line with the government office, CLG	Continue to review our performance on the use of the Disabled Facilities Grant (DFG)	2
Continue to develop strong strategic leadership across health, housing and social care	Development of extra care housing	1

7 Recommendations

In conclusion, the strategy presented above provides a response to a number of key issues around accommodation and support services for our older residents in Southend.

By rebalancing the market of specialised housing and support, it is proposed to address the issues and concerns of our increasing ageing population in home ownership. The aim is for Southend to offer attractive dwellings that are flexible to meet changing needs in life, which can either be rented or purchased.

There must be a shared understanding and agreed co-ordination across all organisations if schemes like extra care or enhanced sheltered accommodation are to be a success.

There is a future for the re-development of the council's stock to meet a higher need of frail residents, whose only option at present is residential and/or nursing care. The development of specialised housing support for dementia offers a real change for service users and carers who may have felt they had limited options. We cannot continue to maintain this level of void and this strategy gives a clear steer to our partners to take the next steps.

The strategy recommends Keats House, as a possible site for the development of extra care within the borough. Keats House, within St Luke's ward, is currently undergoing refurbishment work and is closely located to other sheltered blocks. The opportunity to improve the service within the locality should be looked at in conjunction with the proposed redevelopment Keats House for extra care.

Where services are linked to the proposed specialised housing, then the Supporting People Commissioning Body, agree that funding will be prioritise firstly to extra care, then enhanced sheltered followed by conventional sheltered housing.

Clearly assistive technology has been promoted throughout the strategy and the department should continue to expand the service bringing on line the full range of the prevention toolkit it offers.

The self-funders have not been forgotten in the future design of services. Information in an accessible format at the right time will help older residents and their families make informed decisions.

The Handy Person Scheme and the Home Improvement Agency's role should be further developed to reach a wider range of residents. There is a need for good financial advice to those residents who want to use the equity in their property for adaptations or downsizing etc.

The way we seek to address under-occupancy is by offering a real and marketable alternative to older people coupled with good financial advice. However, we will have to explore further the reason for overcrowding to establish if it is due to lack of choice or information.

The aim is to continue to offer a high equipment and adaptation service to all, including the Disability Adaptation Grant.

The evidence presented in this strategy supports the need to break the link between housing management support tied to certain specialised housing. Floating support will be accessible to a wider range of residents through the Floating Support contract that will be let this year.

This strategy will deliver our vision for Older People's Accommodation across the town:

Southend will offer a wide range of specialised homes meeting lifetimes homes standards, in safe neighbourhoods, meeting the needs of those who live there, and meeting our ambition for strong neighbourhoods, where we design quality homes and build communities.

Appendix 1: Summary findings from consultations

The review of key messages from recent consultations and surveys carried out locally identifies various issues, some of which we have sought to address through the strategy.

Neighbourhoods are what make people feel unsafe and many people feel anxious in their home environment as their needs change. Adaptation and good design must be considered in our planning process.

- Creating neighbourhoods which are safe and perceived to be safe
- Good estate design, lighting and planting very important
- Environment created by an extra-care type scheme supports feelings of safety and security
- People need frequent support and the reassurance that they can reliably call for immediate help in an emergency
- Some people need intensive social care at a level of frequency and flexibility that cannot be provided in ordinary housing
- Effective joined up working between floating support, social care and health services is really important
- Many people find that their accommodation is unsuitable for their needs as they experience disabling conditions and loss of mobility
- Assistive technology can be very useful, demand is likely to expand but there needs to be back up support available to respond to difficulties
- People need help with the burden of maintaining a property
- HIAs need further development locally as there are many older people who are home owners in poor quality housing
- Some people believed that older people across the town were generally confident about making their own choices to move home and seeking advice to do so using existing services.
- There is a high level of interest in the extra care type schemes with some people already aware of the re-development at Nazareth House
- Other people felt that extra care housing is not necessarily a popular option
- Further research into existing need and potential occupiers' preferences should be carried out to inform the basis of the future model for accommodation
- Better opportunities to access sheltered housing and extra care as home owners are needed

- Extra-care type schemes should be attached to incentives to downsize
- Equity release is being taken up more widely but does not encourage people to down-size
- Opportunities should be taken to develop extra care within existing sheltered schemes
- The strategy for sheltered housing and extra care needs to embrace all sectors

Appendix 2: Expected Characteristics of Specialised Accommodations

Housing type		Characteristics Population	Design and facility requirements	Services
Retirement Accommodation	Essential	Independent population	Self contained accessible accommodation, in a suitable location for access to local amenities and services	Community Alarm
	Desirable		Built to meet lifetimes homes standards Guest room with a range of facilities Provide two bedroom in each unit	Visiting warden/scheme manager service on demand, floating support service and/or individual budget
Conventional Sheltered Housing	Essential	Independent population	En suite private facility with communal facilities. High standard of accessibility both internally and externally. Guest room with a range of facilities	Dedicated warden /scheme manager and facilitated access into care services.
	Desirable	Capacity to cope with occasional care needs	Enhanced communal facilities e.g. craft facilities, IT suite, etc. Infra-structure in place for assistive technology Generous storage space in addition to that within the individual unit.	Facilitated social and recreational activity programme, floating support service and/or individual budget
Enhanced Sheltered Housing	Essential	Mixed dependency population. Including up to 12 hrs/week care needs.	Assisted bathing facilities. Access to meal services. Recreational / Leisure facility. Infra-structure in place for assistive technology Guest accommodation with a range of facilities	Manager based on site to provide support and facilitate access to day opportunities services. Expedited access to care services. Facilitated social and recreational activity programme
	Desirable	Aggregated care needs 150 – 200 hrs/week	Restaurant. Fully equipped crafts rooms IT suite Exercise suite Generous storage space in addition to that within the individual unit.	On site care and / or support

Housing type		Characteristics Population	Design and facility requirements	Services
Extra Care	Essential	Mixed dependency population, around 1/3 rd having care needs > 18 hrs/week. 1/3 rd low care needs. 1/3 rd no current care needs. Aggregated care needs at least 240 hrs/weeks.	En-suite one bedroom accommodation - Restaurant - Fully equipped craft rooms - IT suite - Exercise Suite - Day opportunities Scheme design encourages orientation. Infra-structure in place for assistive technology Generous storage space in addition to that within the individual unit	Manager based on site to provided support and co-ordination 24/7 on site care. Facilitated recreation, social cultural programme.
	Desirable	Existing residents supported in extreme fragility. Some residents with moderate levels of dementia	Some utilisation of assistive technology Communal facilities available for older people in local community	Access to nursing / wellbeing services Access to dementia services
Registered Care Home	Essential	Minimum care needs 18 hrs/week up to highest level of personal care short of nursing care	In space and design standards meeting the requirements of the Commission for social care Inspection. Infra-structure for assistive technology.	Staffing levels and practice meeting the requirements of the Commission for Social Care Inspection (CSCI)
	Desirable	Capacity to cope with highest levels of physical and mental frailty	Exceeding the minimum space standards with additional facilities to enrich the life experience of residents. Guest accommodation with a range of facilities. Some utilisation of assistive technology	Evidence of highest professional practice and staffing to support life enrichments
Source: ©Contact Consulting & Woking UA 2005/amended				

Appendix 3: Indicative levels of provision of various forms of accommodation for older people¹³

		Current Provision	Increase or decrease	Resulting number of units	Ratios suggested by the "norm"	
Convention sheltered housing for rent		1858	- 1061	818	50	Number of units ¹⁴
Leasehold sheltered housing		1000	+ 196	1226	75	
Enhanced sheltered housing	For rent	76	+ 83	163		
	For sale	N/K	+ 159	163		
Extra Care	For rent	N/K	+ 199	204		
	For sale	N/K	+ 199	204		
Housing based provision for dementia		N/K	+ 159	163	10	
Registered Care Homes -personal care	Local Authority	475	- 683	1,062	65	Number of places ¹⁵
	Independent	1245				
Registered care home – nursing care		348	+ 370	736	45	

¹³ Based on 2004 Sub national Population Projections for 2008:ONS

¹⁴ Unit: Self-contained accommodation with own front door

¹⁵ Place: a room within a share residential setting

Appendix 4: Southend Design Guide for Specialised Housing Developments

The principle aim of these guidelines is to ensure suitable housing solutions that can sustain the independence of elderly people in their own homes for as long as possible. This publication therefore is a sort of operative manual which gathers together good practice for the design of new homes, or the refurbishment of already existing homes, that are accessible to the needs of people from all ages, and in particular the elderly.

The guidelines presented have been formed after being tested and verified in the various countries by designers, builders and public administrations, evolved out of a project. The guidelines have been organised into four sections:

Section a – the home, seen as the place of reference for the life of senior citizens and carers, where they carry out those daily routines which are considered fundamental such as sleeping, taking care of personal hygiene, preparing and eating meals, and feeling safe and secure. The home must also satisfy some complimentary needs, needs which increase the quality of life and the psychological well being of the elderly person (for example the intimacy they feel within their home).

Section B – common areas of the building, intending the communal parts of the building which function as complimentary to the primary needs of residency, such as: corridors, stairs and lifts, but also services such as, laundries, gyms and areas which encourage interaction between neighbours.

Section C – grounds outside the building, meaning gardens, courtyards, parking areas, green and non-green areas, areas of “Mediation” between the building and the wider community where recreational needs can be satisfied.

Section D – the urban context, that is those areas within a radius of 400 metres of the main building adapted for elderly use. In this section one describes how different essential needs can be satisfied to complete the residency: shopping, going to the doctor, using cash machines, participating in the life of the community and getting further afield thanks to public transport.

Category A, the home		A	B	C	D
	1 – EASY IDENTIFICATION OF THE ENTRANCE				
A	Ensure that the entrance to the home is in an easily visible and recognizable position	✓			
B	Situate the entrance to the home in a place which is sufficiently illuminated both by day and by night	✓			
C	Distinguish the entrance doors from the walls with colours or materials	✓			
D	Encourage the personalisation of the area immediately adjoining the entrance to the home without reducing the space of shared passageways	✓			
E	The entrance doors to the homes must give a sense of security	✓			
	2 – EASY ACCESS				
A	Distinguish between the zones inside and outside the apartment with colours and materials	✓			
B	Provide the home with easy access for people with impaired mobility	✓			
C	Use slip resistant floor finishes around the apartment entrance	✓			
D	Allow enough free space inside the door for transit and manoeuvring for people with impaired mobility (a circle with a diameter of 150cm is the minimum)	✓			
E	Provide a level threshold	✓			
F	Furnish the door with a simple lock which is easy to operate	✓			

Category A, the home		A	B	C	D
G	Provide the entrance door with a simple opening system which is easy to work	✓			
H	Provide the entrance with a system for observing who is calling at the door. Make sure that one can only see out so as to avoid the possibility of undesired, prying eyes. In the case of a system in glass insert a form of protection (film, etc...)	✓			
I	Provide for the safe, partial opening of the door for security	✓			
3 - GUARANTEEING A STIMULATING EXTERNAL VIEW					
A	Provide windows which overlook outdoor spaces where there is activity to provide interest	✓			
B	Provide windows which allow seated people to look out	✓			
C	Design the bedroom so the bed can be out in a position to allow for external vision	✓			
D	Provide the home with a balcony or a veranda, preferably covered and protected from the wind	✓			
4 - GUARANTEEING THE BEST CONDITION FOR REST AND SLEEP					
A	The bedroom should be large enough to accommodate a bed (single or double) and a wardrobe, whilst allowing space for accessibility	✓			
B	Provide for the possibility of lateral transfer to the bed from a wheelchair	✓			

Category A, the home		A	B	C	D
C	Ensure good sound insulation so that the bedroom is restful	✓			
D	The bedroom provide at least two electric sockets per bed place, as well as a telephone socket and a television socket	✓			
E	Provide a video-entry phone on the bedside table	✓			
F	Make it possible to switch the light on and off directly from the likely bed position	✓			
5 - TAKING CARE OF ONE'S OWN BODY					
A	Make sure that the bathroom door is wide enough to allow a wheelchair to pass (minimum 80 cm)	✓			
B	Favour a bathroom door which opens outwards or is sliding	✓			
C	Give the bathroom a simple lock that can also be unlocked from the outside	✓			
D	Make the bathroom large enough so as to allow the complete rotation of a wheelchair (minimum clear radius 150cm)	✓			
E	Install a toilet bowl which is easily reached by lateral transfer	✓			
F	ensure walls are strong enough to support safety bars on both sides of the toilet bowl (it is advisable to place a fixed rail on the side wall)	✓			
G	Install toilet flushing buttons which can be activated using a closed hand and which require little force	✓			

Category A, the home		A	B	C	D
H	A shower should be installed in the bathroom, bathtubs should be avoided completely	✓			
I	Ensure walls are also strong enough to support safety bars inside the shower	✓			
J	Provide all taps of a 'cross' type or long 'handle' and easy to use for people with limited hand movement	✓			
K	Provide flush entry shower floors	✓			
L	Shower curtains must not touch the floor, in order to avoid tripping	✓			
M	Provide a washbasin which is easily accessible; pedestal basins should be avoided	✓			
N	Install a mirror at a height so as to allow a seated person to see himself/herself easily and without dazzle	✓			
O	Choose good illumination for the bathroom to facilitate body care activities	✓			
P	Furnish the bathroom with an easily accessible cupboard for medicines (maximum shelf height from the floor, 140cm)	✓			
	6 - PREPARING MEALS				
A	Equip the home with a kitchen area, or integrated 'kitchenette'. When possible physically separate it from other areas of the home	✓			
B	Provide a kitchen/cooking area large enough to contain a fridge with a freezer compartment, a sink, a cooking surface with at least two rings and an oven	✓			

Category A, the home		A	B	C	D
C	<p>Set out the kitchen area to suit people with limited mobility or strength:</p> <ul style="list-style-type: none"> - a sufficiently large work area, easily accessible, organised so as to reduce lateral movement, with rounded corners, smooth coatings (but not slippery), sufficiently solid to lean on - an oven with a moveable shelf and a handle at a height of between 90 and 120 cm from the floor and lateral opening door; - a sink on the same level as the work surface with easily useable taps; - the kitchen must not appear like one would expect in a hospital or healthcare facility; - illuminated and audible indicators should be provided to indicate when ovens or electro-domestic equipment are on 	✓			
D	Kitchens should be easy to manage and comfortable to use for people with disabilities	✓			
E	Make the clear kitchen area wide enough so as to allow a wheelchair user to turn (min 150 cm)	✓			
F	Ensure a dependent person has the possibility of continuing to prepare main meals in their own home, even if helped by a family member or an assistant	✓			
	7 - EATING MEALS				
A	Allow space for a table and chairs in the living area	✓			
B	Design the home in such a way as to be able to eat the various daily meals in a comfortable position	✓			
C	Design the home in such a way as to be able to look out the window whilst eating	✓			
D	Allow for the possibility of eating meals in bed	✓			

Category A, the home		A	B	C	D
	8 - RECEIVING TREATMENT AND CARE				
A	Install a wired or wireless help system with tactile audio and luminous controls	✓			
B	Make provision for the future use of a telemedical system	✓			
C	Install a shower enclosure large enough to allow for the presence of an assistant	✓			
	9 - FEELING AT HOME				
A	Involve the resident in choosing the decor inside the home, avoiding clinical colours or visually distracting finishes (e.g. highly polished metal)	✓			
B	Invite the resident to choose the layout of the home from the range of possible option	✓			
C	Allow sufficient space inside the home for storage of personal objects not being used	✓			
	10 - MAKING ONE'S OWN HOME COMFORTABLE				
A	The size of the house must be proportionate to the daily needs of the user (excessively large houses can be difficult to manage)	✓			
B	Position the fuse box in a visible place and at a height of not more than 140cm from the floor	✓			

Category A, the home		A	B	C	D
C	Make the day area large enough to contain a table and chairs and a sitting area with comfortable chairs near the telephone and television	✓			
D	Ensure that the screen of the video entry phone is in an easily visible position (not more than 140cm from the floor)	✓			
E	Position a possible 'eye hole' in the front door (at a height of between 120 and 140cm from the floor)	✓			
F	Place electric and television sockets at a height not less than 60cm from floor, so as to avoid excessive bending	✓			
G	Use illuminated light switches	✓			
H	All kitchen controls must be provided with tactile, vocal and luminous systems	✓			
I	Avoid placing sockets, (except shower sockets) and switches in the bathroom	✓			
J	Place any climate control systems in an easily visible position and at a height from the floor of between 120 and 140cm	✓			
K	Ensure that any climate control systems are easy to use and handle by people with limited dexterity	✓			
L	Provide the home with several television and telephone sockets, at least in the day area and in the bedroom	✓			
M	Place the alarm pull cord in the bathroom at a height easily reached by someone lying down. The alarm system must be connected to a rest button	✓			

Category A, the home		A	B	C	D
11 - RECEIVING PEOPLE / SOCIALISING					
A	Provide space in the home for guests	✓			
B	Provide a video entry phone so as to be able to communicate with someone outside or the caretaker	✓			
12 - RECREATIONAL ACTIVITIES					
A	Provide good acoustic insulation, to allow people to carry our recreational activities without annoying their neighbours	✓			
B	Design homes with good natural illumination throughout the whole day	✓			
C	Provide wiring in the home for the domestic use of the internet	✓			
13 - CLEANING AREAS IN THE HOME					
A	Choose easily washable floor materials treated with anti-slip materials to avoid the risk of falls (for example wood is an easily cleanable material that remains comfortable throughout the various seasons)	✓			
B	Choose easily washable internal kitchen wall and bathroom finishes	✓			
C	Choose skirting boards which are easy to clean (without a deep grain)	✓			
D	Install sanitary fittings which facilitate the cleaning of the bathroom, e.g. toilet bowls, bidets and washbasins	✓			

Category A, the home		A	B	C	D
	without bases and fixed directly to the wall				
E	Ensure that lights in the home can be easily cleaned and replaced without having to use ladders or any other dangerous systems	✓			
	14 - CARRYING OUT HOUSEWORK				
A	Create an area for separate recycling bins	✓			
B	Ensure adequate space in the home for a washing machine	✓			
C	Ensure adequate space for hanging and ironing clothes (the iron should have an automatic cut out timer)	✓			
	15 - PERSONAL SAFETY				
A	For homes on the ground floor it is necessary to install safety systems on all external doors and windows. For homes on the higher floors it is necessary to install safety systems (or alarms) on any balcony doors	✓			
B	Install a video system for tele-assistance or a personal alarm system which allows for remote warning (caretaker, relatives, external services, etc.)	✓			
C	Provide an external system which guarantees quick response should a personal alarm system be activated (caretaker etc)	✓			
D	Provide an illuminated front doorbell push	✓			

Category A, the home		A	B	C	D
E	Provide the telephone with a light indicator, easily visible and audible within the home	✓			
F	Furnish all alarm and security systems with a reset button	✓			
	16 - SAFETY IN THE HOME				
A	Install burglar proof front doors	✓			
B	Install anti-intrusion systems in the home with visible and audible alarms and connected to a remote response service	✓			
C	For French windows which lead onto terraces, balconies or external areas, make sure the threshold is without steps or excessive drops between the inside and the outside of the home	✓			
D	Ensure fuse boxes have automated circuit breakers	✓			
E	Use electromagnetic cookers (induction) in the cooking area with a cut out timer in order to avoid the risk of accidental burns	✓			
F	Use locks on bathroom doors which can also be opened from the outside	✓			
G	When possible, also use locks on other doors to allow opening from both sides	✓			
H	Install extract systems in areas where floors and walls can become wet	✓			
I	Place any heaters in such a position as not to be of danger should they fall or be brushed against	✓			

Category A, the home		A	B	C	D
J	Avoid using loose carpets or rugs	✓			
K	Round off corners on walls and furniture	✓			
L	Install gas leak detection systems, with remote alarms (to caretaker or external service)	✓			
M	Install smoke/fire alarm systems which also have remote response facility	✓			
N	Install water leak detection systems with remote response alarms	✓			
O	Where there are differences in floor level between areas in the home it is necessary to install ramps with a gradient not more than 1:12 and preferably 1:20 or less	✓			
P	Where there are differences in floor level between areas in the home, distinguish the steps with contrasting strips on the edges	✓			
	17 - MOVING AROUND WITHIN THE HOME				
A	Make doors wide enough to allow the easy transit of people with disabilities	✓			
B	Make sure that internal doors open without obstructing disabled people	✓			
C	Design rooms as near to square as possible instead of those with very narrow or curved forms (as they are easier to furnish)	✓			
D	Install ergonomic handles on the internal doors for easy opening	✓			

Category A, the home		A	B	C	D
E	Make corridors with a minimum width of 110cm	✓			
F	In the case of corridors with a width of over 3 metres install handrails on the wall	✓			
G	If they are required, install handrails at a comfortable height from the floor (minimum 90cm- maximum 100cm from the floor)	✓			
H	Make sure that if handrails are required that they have a secure and comfortable grip, with a diameter if around 40-45 cm	✓			
I	Provide internal rooms with enough natural or artificial light	✓			
J	Install electric switches and buttons with night lights	✓			
K	Arrange internal doors so that walking distances are short and simple	✓			
	18 - COMFORT				
A	Install an opening system for the entrance door to the building which can also be remotely operated from inside the home and requires only one single type of key for the whole unit	✓			
B	Use an opening system on all the doors in the home which requires only one single type of key for the whole unit	✓			
C	Ensure that the home is well ventilated, preferably in a natural way	✓			
D	Use construction materials which have been ecologically certified and are easily recyclable	✓			

Category A, the home		A	B	C	D
E	Install sound proof waste ducts and pipes to limit annoying noises in the bedroom and living room	✓			
19 - VISUAL WELL BEING					
A	Install flooring which visually contrasts with the walls and a handrail if present	✓			
B	Make sure there is sufficient artificial lighting for reading, writing and other activities	✓			
C	Choose natural colours for the walls in the bedroom, without a dazzling effect and which do not have a clinical feel	✓			
D	Visually differentiate the flooring from the walls	✓			
E	Visually differentiate between the walls of the day zone and rooms concerned with hygiene	✓			
F	In the bathroom visually contrast the flooring and the walls and ensure that they do not have a dazzling effect	✓			
G	Visually contrast the flooring and the sanitary fittings installed	✓			
20 - OPENING WINDOWS AND BLINDS					
A	Make sure that French windows and windows in general are fitted with at least three hinges, as it makes them easier to use	✓			

Category A, the home		A	B	C	D
21 - COMMUNICATING WITH THE OUTSIDE WORLD					
A	Provide terraces where it is possible to look outside even from a sitting position	✓			
B	Install a video entry phone, a videophone, an ADSL connection, possibly a video camera connected to a personal computer, and prepare for a Wi-Fi system	✓			
C	Install a telephone with large, easy to read keys and a memory for preferred numbers	✓			
Category B, common areas of the building		A	B	C	D
1 - EASY IDENTIFICATION OF THE ENTRANCE TO THE BUILDING					
A	Distinguish the entrance door (or doors in the case of a long block) from the surrounding walls with colours, materials or other devices	✓	✓		
2 - ENTERING THE BUILDING ON FOOT OR BY WHEELCHAIR/MOBILITY SCOOTER					
A	Keep the same floor level between the building and the above area immediately outside it. In the case of		✓		

Category A, the home		A	B	C	D
	variation (above 2cm), provide a ramp with a gradient of not more than 5%				
B	Use anti-slip materials for the entrance flooring to the building	✓	✓		
C	Ensure easy access to the building for everyone		✓		
D	Make sure that opening the entrance door to the building does not require excessive force	✓	✓		
E	Ensure that the entrance has a communication system with the caretaker and/or the homes		✓		
F	Project the entrance door from the weather		✓		
G	It should be possible to unlock the door remotely from the homes and from the caretakers position	✓	✓		
	3 - ENTERING THE BUILDING BY CAR AND PARKING				
A	It should be possible to unlock the entrance to the parking area remotely from the homes, from the caretakers position and also by use of a remote in-car device		✓		
B	Provide clear indication of travel routes		✓		
C	Ensure sufficient movement space for vehicles in the parking area		✓		
D	Provide clear indication of the route between the parking and the building		✓		
E	Use anti-slip finishes on the flooring	✓	✓		
F	Provide adequate lighting for the lanes, the parking area and the private garage		✓		

Category A, the home		A	B	C	D
4 - GUARANTEEING SURROUNDING SAFETY					
A	Connect the alarm system to the caretaker or the relevant service	✓	✓		
B	Install an automatic system of fire alarm sensors	✓	✓		
C	Provide visually contrasting strips on the edge of any steps		✓		
D	Install a warning system for flooding in the lower levels, linked to the caretaker		✓		
E	Ensure that the stair treads have good slip resistance	✓	✓		
F	Long corridors must have non-invasive handrails clearly distinguished from the walls		✓		
G	Stairs and landings should have ballustrading to prevent objects or people falling through (min height 100cm to stairs, 110cm to landings)		✓		
H	Any service areas should have outward opening doors but doors should not open into travel routes		✓		
I	Any hygienic services must have an alarm system placed about 40cm from the ground and parallel with it		✓		
J	Alarms must be easily deactivated but only after the cause for their activation has been dealt with		✓		
K	Install an alarm system in the lift with acoustic and visual indication, either at the caretaker's desk or at another permanently staffed area		✓		
L	Make sure there is provision for voice communication from inside the lift as well an alarm button		✓		

Category A, the home		A	B	C	D
M	Make sure there is provision for raising a visual (illuminated) alarm from inside the lift as well		✓		
N	Install an anti-intrusion system with an alarm at the caretaker's desk or at the relevant external service	✓	✓		
O	Ensure that stairs can be climbed safely with consistent rise, going and width		✓		
P	Make sure that the stairs can be descended in safety (constant height values for stairs on every flight)		✓		
Q	Illuminate the stairs with artificial light (with a timer mechanism or a switch for each flight)		✓		
R	Make sure that switches are visible in the dark	✓	✓		
	5 - GUARANTEEING PERSONAL SAFETY				
A	Avoid where possible corners which are dark or not directly visible		✓		
B	Avoid designing long, narrow corridors and eliminate blind spots	✓	✓		
C	Have a system of direct oral communication with the caretaker on every floor and in the lift	✓	✓		
D	Indicate acoustically and visually the floor of arrival inside the lift		✓		
E	Indicate the floor position in front of the entrance outside the lift		✓		
F	It should be possible to travel between the home and all principle parts of the building without going outdoors		✓		

Category A, the home		A	B	C	D
6 - MOVING EASILY IN HORIZONTALLY LINKED AREAS IN THE BUILDING					
A	Make the horizontal routes connecting areas in the building easy to use, comfortable and clearly identifiable		✓		
B	Provide rest areas where corridors are long		✓		
C	Use dimensions and colours so that the route is not monotonous		✓		
D	Provide visual contrast between the walls and flooring	✓	✓		
7 - MOVING EASILY IN VERTICALLY LINKED AREAS IN THE BUILDING					
A	Provide resting places part way up large flights of stairs		✓		
B	Assure a comfortable climb and descent of the stair. For this purpose, allow: <ul style="list-style-type: none"> - a maximum number of 12 steps per flight - the width of the flight not less than 100cm - the presence of a handrail on both sides of the stair 		✓		
C	Higher floors must be just accessible as the entrance level		✓		
D	Install a lift for multi-floor buildings (if the building is being restructured or renovated and it is not possible to install the lift inside, it can be placed on the outside of the building. If a lift is totally impossible an elevating platform or some other mechanical system may be considered)		✓		
E	Make the buttons in the lift easy and comfortable to use	✓	✓		

Category A, the home		A	B	C	D
F	Lift controls on a horizontal strip may be more useful for wheelchair users		✓		
G	Provide controls at a suitable height for wheelchair users (height of button panel equal to 90-100cm from the floor)		✓		
H	Provide a vocal signal (besides visual) for each floor reached		✓		
	8 - WASHING, DRYING AND IRONING CLOTHES				
A	Install a communal laundry in the building complete with washing machines, dryers and/or an adequate space for hanging washed clothes		✓		
B	Position the communal laundry in a convenient place that can be reached from all the homes		✓		
C	Create short and simple routes between the communal laundry and the homes		✓		
D	Provide trolleys for the easy transport of clothes		✓		
E	Provide the building with an ironing area (best if close to the area for washing and drying)		✓		
	9 - DEPOSITING OBJECTS				
A	Provide for the parking of electric mobility scooters/wheelchairs		✓		
B	Provide a recharging system for the batteries of electric scooters		✓		

Category A, the home		A	B	C	D
	10 - RECEIVING POST				
A	Make postal delivery easy for the postman, in a clear, a simple identifiable place		✓		
B	Ensure postal collection takes place in a comfortable area protected from the elements		✓		
C	Provide letter boxes large enough to accommodate several A4 size letters/packets		✓		
D	Place letter boxes (collection side) at a height of over 80cm and under 120cm from the floor		✓		
E	Provide adequate natural lighting in the proposed area for the postal collection		✓		
F	Enable residents to personalise the letter box		✓		
G	Situate the letter boxes in a space which allows for social interaction		✓		
H	Indicate the names of each resident (and not the number of homes) on the letter boxes with large and easily readable letter (this gives a greater sense of belonging)		✓		
I	Furnish a system for opening the post box which is simple and safe		✓		
	11 - GUARANEEING REFUSE REMOVAL AND DISPOSAL IN THE COMMUNAL AREAS OF THE BUILDING				
A	Use materials which are easily cleanable	✓	✓		

Category A, the home		A	B	C	D
B	Skirting should always be provided to ensure that walls are not damaged while cleaning floors		✓		
	12 – CARETAKER				
A	Provide a space which allows for the presence of a caretaker	✓	✓		
B	Provide for the signalling of emergencies to one suitably defined space	✓	✓		
C	Provide for oral communication of possible requests to one entrusted person in an easily accessible place		✓		
D	Provide a communication system from the central desk/office to every home		✓		
	13 – RECEIVING PEOPLE / SOCIALISING				
A	Encourage interpersonal communication between the people who live in the building		✓		
B	Provide for the carrying out of socialising in predefined areas inside the building (common rooms/ shared spaces)		✓		
C	Provide areas on each floor for socializing activity		✓		
D	Provide for the carrying out of minor activities such as preparing meals, breakfast, lunch, snacks, in shared especially designed spaces		✓		
E	Provide for the consumption of food and drink in specially designated spaces		✓		

Category A, the home		A	B	C	D
14 – DOING RECREATIONAL ACTIVITY					
A	Provide for the carrying out of recreational activity such as card playing, chess, reading books/newspapers/magazines, watching T.V, listening to music, etc... in a specially designated space on the ground floor (minimum surface of 25mq)		✓		
B	Where there is more than one residential building, the services can be provided centrally to avoid wasteful duplication		✓		
C	Provide for the carrying out of recreational activity such as watching films, dancing, using the computer, internet, etc... in a specially designated space on the ground floor		✓		
D	Where these services are not present, a space may be found in another nearby building (maximum distance 100 meters, preferably with a covered connecting walkway)		✓		
E	Provide for games/sport activity in a designated area (small gym and/or swimming pool)		✓		
F	Provide space for the carrying out of religious activities (either dedicated or multi-use)		✓		
15 – CARRYING OUT WORK AND HOBBIES					
A	Provide for the carrying of our small jobs without the need for specific equipment on the ground floor of the building (painting, sewing, mending garments, etc...)		✓		
B	Provide for the carrying out of small jobs that do need some use of equipment on the ground floor of the		✓		

Category A, the home		A	B	C	D
	building (carpentry, light cooking, repairing domestic materials, etc)				
C	Provide an area for the cultivation of plants and flowers		✓		
	16 – TAKING CARE OF ONE’S BODY				
A	Provide for the care and cleaning of one’s body in a specific place, situated on the ground floor and near to communal areas for socialization		✓		
B	Make the doors for the area for the care and cleaning of the body easy to open, only requiring a light pressure		✓		
C	Make the doors for the area for the care and cleaning of the body easy to open also for people with limited dexterity	✓	✓		
D	Ensure that doors are wide enough for wheelchair users	✓	✓		
E	Create a separation zone between an area for care and cleaning of the body and shared areas for socialization		✓		
F	Create an area for the care and cleaning of the body large enough to permit the complete rotation of a wheelchair (minimum radius 150cm)	✓	✓		
G	Create an area for personal care and cleaning with assistance		✓		
H	Install safety bars on both sides of the toilet to provide support when standing	✓	✓		
I	Install toilets which can be lowered or raised		✓		
J	Install a small swimming pool nearby for therapy and rehabilitation		✓		

Category A, the home		A	B	C	D
K	For countries with cold climates, provide space for a small sauna		✓		
L	Install a mirror at such a height as to allow a seated person to see themselves in it	✓	✓		
M	Provide a washbasin that is easily accessible (adjustable height, no pedestal)	✓	✓		
N	Provide small areas on the ground floor for rehabilitation and physical therapy		✓		
O	Make sure the washbasin has 'large cross' or 'handle' type taps which can be used by everyone	✓	✓		
P	Choose good lighting for the area for the care and cleaning of the body to facilitate the operation	✓	✓		
Q	Create small spaces for cutting and looking after hair and fingernails		✓		
R	Use washable finishing materials, visually contrasting with the floors and walls		✓		
S	Install a toilet in the area for care and cleaning of the body which is easily reachable		✓		
T	Install a toilet in the area for care and cleaning of the body which is easily reachable also by lateral transfer	✓	✓		
U	Put doors on the area for the care and cleaning of the body which open outwardly	✓	✓		
V	Create small spaces for speech therapy		✓		
W	It should be possible to operate the flushing mechanism with a closed hand and minimal pressure	✓	✓		
	17 – GUARANTEEING SURROUNDING COMFORT				

Category A, the home		A	B	C	D
A	Provide good natural ventilation in the shared areas of the building	✓	✓		
B	Make sure that there is good natural and artificial lighting in the shared spaces of the building	✓	✓		
C	Use sound proof waste ducts and pipes to limit annoying sounds in shared areas	✓	✓		
18 – GUARANTEE THE AESTHETIC QUALITY OF SHARED SPACES					
A	Avoid creating a hospital environment in shared spaces		✓		
B	Make sure that shared spaces have views of outside spaces		✓		
C	Introduce plants in shared spaces		✓		
D	Introduce water (preferable moving) in shared spaces		✓		
Category C, grounds outside the building		A	B	C	D
1 – ENTERING THE GROUNDS ON FOOT, BY WHEELCHAIR/ELECTRIC SCOOTER OR BY CAR					

Category A, the home		A	B	C	D
A	Install a gate at the pedestrian entrance to the grounds, operable by remote control, with audible warning when opening and closing			✓	
B	Install a full accessible gate at the pedestrian entrance to the grounds <ul style="list-style-type: none"> - with an easy closing and opening system - with a handle on both sides, easy to use - which can be opened in both directions - with a mechanical opening system easily activated on both sides even by a closed hand (at a height of between 90 and 120cm and clearly visible) 			✓	
C	Install a video entry phone, located next to the gate and connected to the doorbells of the homes			✓	
D	Ensure that the gate at the driveway entrance to the ground is operable by remote control, making sure that it is easy to handle and use and with audible warning when opening and closing		✓	✓	
E	Ensure that there is space for vehicles to wait for the gate to open without causing obstruction to other traffic			✓	
2 – ALLOWING CAR PARKING					
A	Ensure that there are an adequate number of parking spaces for the residents and for their guests in the grounds, at least one space per 5 homes. All parking should be easily accessible, (where not possible to have parking spaces in the immediate surroundings of the building one may consider a distance equal to or less than 100m)			✓	
B	Designate an adequate number of parking spaces in the grounds for people with disabilities			✓	
C	Position the parking spaces for people with disabilities in an area immediately surrounding the building or within			✓	

Category A, the home		A	B	C	D
	easy reaching distance; parking for disabled people should always be closest to the building entrance in any parking layout.				
D	Make individual or private parking spaces easy to see also with vertical sign posts for visibility in snow			✓	
E	Position the parking spaces in such a way as to utilise shade provided by trees, the building itself etc...			✓	
F	Ensure that car spaces are sheltered from the elements (this is essential for wheelchair users and very helpful for others)			✓	
G	Provide adequate lighting to the parking area and the connecting route with the building			✓	
	3 – MOTORCYCLE AND BICYCLE PARKING				
A	Ensure that there is a space for parking motorcycles and bicycles inside the grounds and/or in the surrounding area			✓	
B	Position the parking spaces for motorcycles and bicycles in an area immediately surrounding the building or within easy reaching distance of the entrance			✓	
C	Provide adequate lighting to the parking area and the connecting route with the building			✓	
	4 – EASILY REACHING THE MAIN DOOR OF THE BUILDING				
A	Provide adequate lighting to shared open spaces such as the entrance to the ground, the entrance to the building itself and the main travel routes			✓	

Category A, the home		A	B	C	D
B	Provide weather protection for the connecting route from the entrance to the grounds to the main building			✓	
C	Make all pathways accessible			✓	
D	Make pathways sufficiently wide to allow the passage of people with disabilities (minimum width advised 120cm)			✓	
E	Limit the slope pathways (maximum gradient not over 5%)		✓	✓	
F	Make pathways easily recognisable by using different materials with visual contrasts	✓		✓	
	5 – DEPOSITING SMALL OBJECTS				
A	In the area immediately surrounding the building, place a small lockable too store			✓	
	6 – TAKING CARE OF PETS, CULTIVATING FLOWERS AND PLANTS AND DEPOSITING SMALL OBJECTS				
A	Create small areas in the garden (elevated from the ground) for the cultivation of plants and vegetables, easily accessible for people with disabilities		✓	✓	
B	If possible, install a greenhouse for protecting plants and flowers in the cold seasons			✓	

Category A, the home		A	B	C	D
	7 – GUARANTEEING SURROUNDING AND PERSONAL SAFETY				
A	Make the surrounding area physically separate from the urban context			✓	
B	Install an antiburglar control and alarm system in the grounds	✓		✓	
C	Install a system which allows a senior citizen to call for help if unwell	✓		✓	
D	Avoid having dark areas in the grounds		✓	✓	
E	Install a system of lighting which allows the recognition of people should they inadvertently remain outside			✓	
F	Install a system of lighting which provides an even distribution of lights without large differences in levels of illumination			✓	
	8 – GUARANTEEING SURROUNDING COMFORT AND THE AESTHETIC QUALITY OF EXTERNAL SPACES				
A	Create a specific space, completely accessible, for the collection of recyclable refuse			✓	
B	Create a suitably large garden in the grounds which is easily accessible for everyone			✓	
C	In the garden area, use plants of varying height, bearing, colour and species (tress, herbaceous types and shrubs)			✓	
D	Set out the garden so that it can be used all year: areas protected from cold winds in cold seasons and ventilated areas in the summer			✓	

Category A, the home		A	B	C	D
E	Install a pergola or gazebo in the garden for rest and relaxation			✓	
F	Install benches with a seating height between 40 and 45cm from the ground and with armrests to facilitate sitting and standing up			✓	
G	Place the benches carefully with regard to the sun's course, to the position of trees, to pedestrian pathways and to the principle resting areas for people			✓	
H	Make pedestrian pathways sufficiently wide (min advised 120cm with passing places) with easily recognisable paving for people with limited sight, and with homogenous colours and curvilinear forms			✓	
I	Create an area in the garden for organising open air lunches and barbeques			✓	
Category D, the urban context		A	B	C	D
1 – REACHING OTHER AREAS OF THE CITY EASILY					
A	Make sure that there is a public transport service stop within a radius of 400 metres from the building				✓

Category A, the home		A	B	C	D
2 – GUARANTEEING URBAN COMFORT					
A	Organise pleasant and tranquil resting areas close to the most frequented areas				✓
B	Eliminate any obstructions or physical barriers on the connecting route				✓
C	Provide short and simple walking routes				✓
D	Avoid drops in level along the route, when necessary (for example, in the connecting ramp between the road and the pavement) make sure that the gradient does not exceed 5%				✓
E	Use contrasting materials and colours to guide people along the route and signpost any hazards				✓
F	Position road signs and signs for principle public transport services in clearly visible positions				✓
G	Urban fixtures such as sculptures, fountains and signs, can have a useful informative functions if placed along the route in easily visible situations				✓
3 – GUARANTEEING SHORT JOURNEYS TO REACH PRINCIPAL URBAN SERVICES					
A	Ensure that the building is less than 400 metres from the following indispensable services: food shops, cash dispenser, family doctor, chemist's				✓
B	Ensure that the building is less than 400 meters from as many as possible of the following necessary but not indispensable services: healthcare services; day centres and social centres, cultural and religious circles, newsagent's, public gardens and parks, post offices and banks				✓

Category A, the home		A	B	C	D
C	Ensure that the building is less than 400 metres from as many as possible of the following useful services: shopping centres, restaurants, cafes, allotments, bookshops and sport centres				✓
	4 – GUARANTEEING PERSONAL SAFETY				
A	Position parking bays in such a way that it is possible to have direct access to the pavement and make them long enough so that they can be used by wheelchair users				✓
B	Make sure that traffic lights at crossroads are fitted with acoustic signals and devices for manual requests to cross				✓
	5 – GUARANTEEING URBAN SAFETY				
A	Provide sufficient lighting for as many urban routes as possible				✓
B	Eliminate neglected, run down areas along the route between the building and the principle existing services				✓

