



*Integrated
by Design*

HOUSING AND CARE FOR OLDER PEOPLE IN THE UK:
Current Provision and Emerging Trends
An Overview by PRP





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SPECIALIST HOUSING AWARDS

<i>Building Awards 2014</i>	Winner - Housing Project of the Year - Pilgrim Gardens, Evington
<i>Building Awards 2014</i>	Shortlisted - Housing Project of the Year - Kidbrooke, Greenwich
<i>Pinders Health Care Design Awards 2014</i>	Shortlisted - Best Care Complex - James Terry Court, Croydon
<i>Pinders Health Care Design Awards 2014</i>	Shortlisted - Best Care/Nursing Home - The Beeches, Brentwood
<i>Housing Design Awards 2013</i>	Winner - HAPPI Completed Award - Prince Charles House, St Austell
<i>Housing Design Awards 2013</i>	Shortlisted - Best Housing Development - New Lidcote and Cumnor, Stockwell
<i>Housing Design Awards 2013</i>	Shortlisted - HAPPI Project Award - Weale Road, Walthamstow
<i>Pinders Healthcare Design Awards 2013</i>	Shortlisted - Care Homes for the Elderly - Moorlands Lodge, Hindhead
<i>Housing Design Awards 2012</i>	Winner - HAPPI Project Award - Pilgrim Gardens, Evington
<i>Housing Design Awards 2012</i>	Shortlisted - HAPPI Project Award - The Oaks, Merton
<i>Housing Design Awards 2012</i>	Shortlisted - HAPPI Project Award - Prince Charles House, St Austell
<i>The British Homes Awards 2012</i>	Winner - Best Age-Restricted Development - Prince Charles House, St Austell
<i>The Sunday Times British Homes Awards 2012</i>	Winner - Age-Restricted Development - Prince Charles House, St Austell
<i>Housing Design Awards 2011</i>	Winner - HAPPI Completed Award - Trees, Highgate
<i>Housing Design Awards 2011</i>	Winner - HAPPI Project Award - St Bedes Extra Care, Bedford
<i>Housing Design Awards 2011</i>	Shortlisted - Project Award - Christopher Boone's Almshouses, Lewisham
<i>Housebuilder Awards 2011</i>	Winner - Best Design - Trees, Highgate
<i>Housing Design Awards 2010</i>	Winner - HAPPI Project Award - Kidbrooke, Greenwich
<i>Housing Design Awards 2010</i>	Shortlisted - Completed Award - Hartfields Village, Hirst Gardens & Our Lady's Convent

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Preface

This is the third report by PRP summarising the current provision and emerging trends in housing and care for older people in the United Kingdom.

Since writing the previous iteration of this report in August 2010, the senior housing sector has had a turbulent time in the face of political change and the financial crisis, which has proven to be both more protracted and severe than could have been anticipated.

The intervening years have seen, thanks largely to the publication of the HAPPI report in December 2009, some improvement in the quality of housing in the sector despite the stringent constraints on both public and private sector funding.

There are now signs of increasing activity in the sector.

Awareness of the challenge posed by our ageing population is also growing. A more holistic approach to housing and care for older people through greater integration of Housing, Health and Adult Services has become an important focus of evolving government policy. The issue of how we are to fund housing and care support for older people is being addressed through the Care Bill based broadly on the recommendations of Andrew Dilnot's report published in the summer of 2012 and the Prime Minister has made the dementia care issue into a personal crusade!

As we move forward there are three words that come to mind if we are to meet the challenge of housing and caring for our ageing population... **Inclusivity... Integration... Innovation...**

- Our housing and neighbourhoods need to be designed to be as **inclusive** as possible.
- We will need an increasingly **integrated** approach in terms of housing and care delivery, in terms of services, agencies and local and central government and in locating older people at the heart of our communities.
- **Innovation** will be needed in terms of design, assistive technology and, particularly, from the financial services industry to release equity and offer creative funding arrangements to meet the growing costs of housing and care.

I hope that in a small way this overview of the sector, highlighting good practice, will help to move us towards a more holistic and cohesive strategy for our ageing population which must surely be one of the greatest challenges of our generation.

Roger Battersby
Managing Partner, PRP

April 2014



Jeremy Porteus
Director, Housing LIN
Co-author of the HAPPI² Report
www.housinglin.org.uk

“ Under the Blair government, the focus of public policy was ‘education, education, education’. This has now been replaced by ‘integration, integration, integration’ and the government is driving through substantial service and system reform to integrate care and support for vulnerable and older people.

To date, this has primarily been about integrating health and social services, not with housing and the built environment. However, as evidenced in this excellent report, the way we design our homes and communities has to be part of the landscape.

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Introduction



2014 BUILDING AWARDS
HOUSING PROJECT OF THE YEAR WINNER

2012 HOUSING DESIGN AWARDS
HAPPI PROJECT WINNER

Background

Although the coalition government moved swiftly once in office to introduce a new *National Planning Policy Framework* in an attempt to encourage new development, a combination of funding constraints and market uncertainty impacted heavily on the level of new housing built and older people's housing supply was inevitably affected by this slowdown despite steadily rising need.

Nevertheless, we have witnessed the general quality of housing in the sector significantly improve thanks to the impact of the HAPPI reports and the inclusion of a new category in the Housing Design Awards recognising excellence in the design of housing for older people.

However, as we emerge from the recession, the fundamental challenges remain...

The level of provision of new specialist housing for older people remains very low. The great majority of older people with care needs still elect to stay put in under-occupied family homes causing a log jam in the general needs housing market.

Bed blocking by older residents in acute hospitals due to lack of appropriate rehabilitation and alternative accommodation remains a major issue for the NHS. Home Care services are severely stretched and underfunded by local authorities due to public sector spending cuts. Inflexible planning use classes and the roll out of the Community Infrastructure Levy are jeopardising the viability of senior and retirement housing developments.

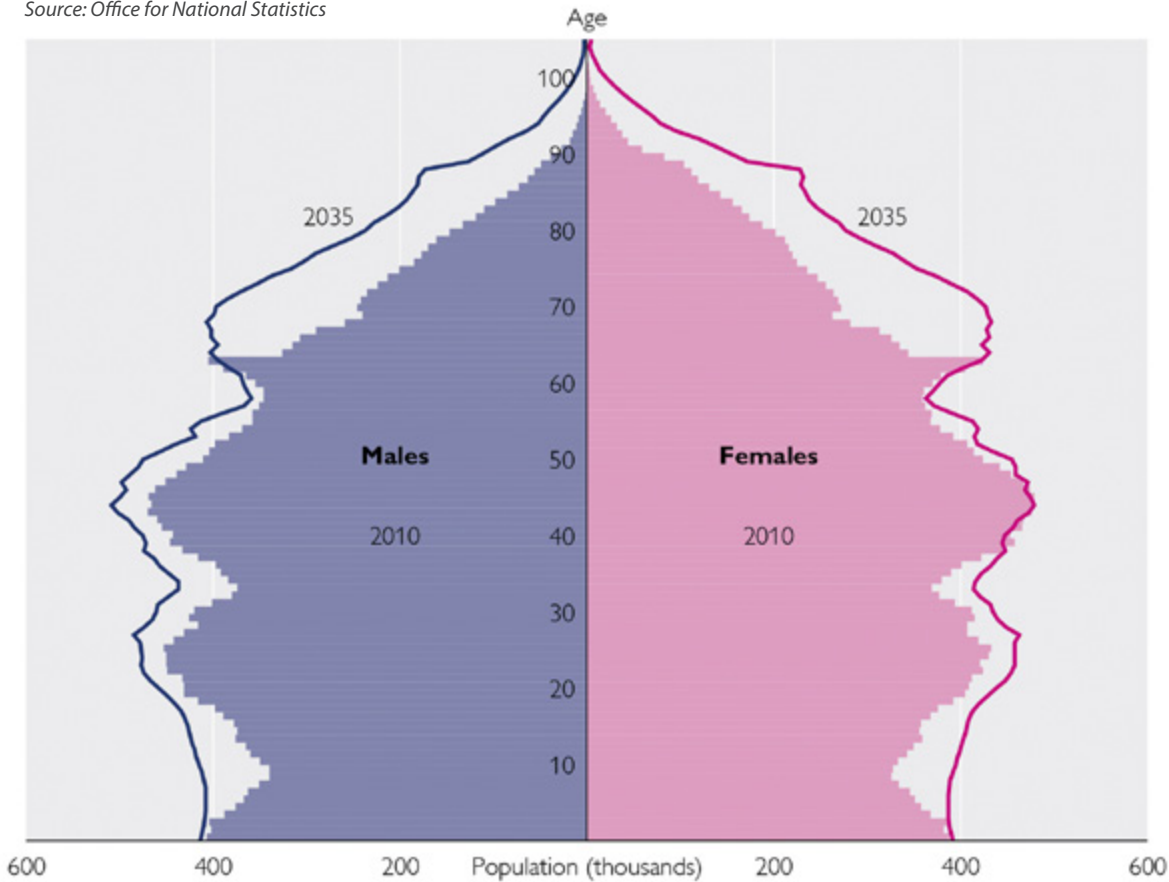
We are starting to see the emergence of new housing typologies and a consolidation of the trend away from institutional care to locating older people in appropriately designed housing at the heart of communities where they belong.

Some local authorities are recognising the benefits that new senior housing can bring in releasing under-occupied family homes back to the market. However, perhaps a greater number remain in denial of the challenge they face and choose instead to resist new development to mitigate the threat that future care costs might impose on their shrinking budgets.

PRP: Pilgrim Gardens, Evington (Left)

Independent living apartments for older people. The design avoids internal corridors through the use of colonnades and external walkways, offering connection to the garden and aiding orientation.

Estimated and projected age structure of the UK population (thousands), mid-2010 and mid-2035
Source: Office for National Statistics



The Demographics

The demographics, as we are all by now aware, confirm a rapidly ageing population. We already have over seven million householders over the age of 65. Ninety percent of older people in need of care and support live in mainstream, as opposed to specialist, housing and as many as 75% of these are owner occupiers. Two thirds of these properties are 'under-occupied'.

We are both living longer and, in the case of many, healthier lives thanks to improvements in healthcare and healthier lifestyles. Whilst increasing longevity is to be celebrated if reasonable quality of life can be ensured, it also brings with it huge challenges in terms of affordability and funding for care and support.

On the one hand, this presents us with the challenge of providing intensive care and support to a growing number of older people with chronic disease and dementia to the point where there will, before long, be over a million sufferers across the UK.

On the other hand, as highlighted by Lord Best in the Hanover@50 debate, we need to "accommodate our extended middle age". Today's 75 is equivalent to yesterday's 65. Coupled with the fact that many of the current baby-boomer generation of retirees are more affluent with greater aspirations for their retirement, this defines a market for a new housing typology that is age friendly but a long way from the institutional environments that have become synonymous with older peoples' housing.

Policy and Funding Initiatives

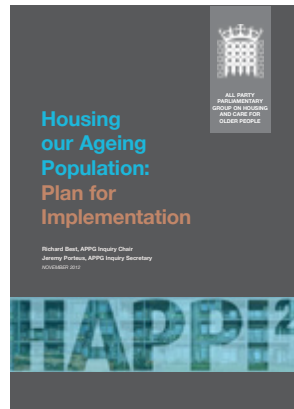
The coalition government has introduced a number of new policy initiatives which are influencing, to a greater or lesser degree, the supply and quality of new housing for older people.

The *National Planning Policy Framework* published in 2011 requires local authorities to assess housing needs and to make appropriate provision for older people.

HAPPI² – The publication of the HAPPI Report of December 2009 was followed up by a series of All Party Parliamentary Group workshops chaired by Lord Best which culminated in the publication of the HAPPI² report or 'Plan for Implementation' in November 2012.



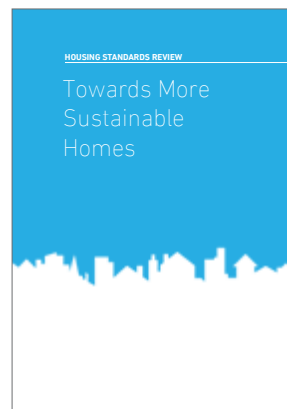
HAPPI Report 2009



HAPPI² Report 2012

The Dilnot Commission – The Care Bill – Another significant piece of legislation currently before parliament is the Care Bill which implements many of the recommendations of the Dilnot Report, published in the summer of 2011. The Bill will require that individuals be responsible for funding a substantial proportion of their social care costs; the government has raised Dilnot's recommended threshold from £35,000 up to a ceiling of £72,000.

Housing Standards Review – This was initiated by the Department for Communities and Local Government in 2012 and has recently been published. The aim of the review is to simplify housing standards through a national three tiered approach to space and accessibility standards. This is potentially problematic for the sector as the standard normally applicable to older persons housing falls between Tier 2 and Tier 3.



Housing Standards Review 2012

The report looks at the panel's aspirations for the review and their response to the outcomes of the housing standards review process and working group proposals.

<https://www.gov.uk/government/publications/housing-standards-review-towards-more-sustainable-homes>

Health Reform – GPs Commissioning – Under the current health reform plans, GPs will take on a much greater level of responsibility for commissioning health services and budget management under their local Clinical Commissioning Group.

Personalisation – Individual Budgets – The coalition government embraced the Labour government's initiative to move towards individual budgets giving people more choice as to how to purchase care and support. This potentially undermines the efficiencies of some housing typologies such as Extra Care housing which are premised on block contracts for care delivery and catering services.

Bedroom Tax – Although the bedroom tax is not applicable to older people, it will have a significant effect on the supply of new specialist housing where good practice suggests that a second bedroom offers much more flexibility to older residents.

Welfare Reform – Universal Credit – The move toward a single 'universal' credit will place far more responsibility on the individual to manage his/her financial affairs as housing benefit will be included together with any other grants to which an individual might be entitled. The full impact of this reform in terms of older citizens has yet to be established.

PRP: Trees Extra Care Housing, Highgate (Right)

The design was conceived prior to the HAPPI report, yet displays many of its recommendations and was described by the Housing Design Award Judges as 'setting the benchmark for all housing for older people in the UK', and by the Housebuilder Awards Judges as 'the best of its kind in Europe, with every aspect of the development researched and applied'

Better Care Fund – was announced by government in June 2013 to ensure a transformation in integrated health and social care. It brings together NHS and Local Government, shifting resources from acute services into community and preventative settings. From 2015/16, this includes £350m for Disabled Facilities Grants and other capital expenditure from April 2015.

Underpinning all of these new initiatives is a broad acceptance of the previous administrations' strategy to support older people in their own homes in the community *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society (2008)*.



This policy document acknowledged that the great majority wish to remain for as long as possible in their own homes in the community and that through the adoption of Lifetime Homes Standards any new build homes should be flexible and adaptable to suit our changing needs. Together with care and support from outside agencies to supplement informal care by spouses and family, this is the only sensible, sustainable and affordable solution to housing and caring for our ageing population. It underlines the importance of good quality housing as an integral element of a holistic approach to providing care and support.

Many of the new policy initiatives align with the general trend towards care in the community. However, at the same time central government's reduced funding to local authorities and the decision to remove the ring-fencing of adult services budgets, has resulted in the standards for home care being seriously compromised.

Other Funding Streams

- The £315m Care and Support Specialised Housing Fund (2012-2015) administered by the Homes and Communities Agency (HCA) and Greater London Authority (GLA) on behalf of the Department of Health.
- The HCA's and GLA's Affordable Housing Programmes (2015-2018).
- Increasing institutional borrowing and private equity.

2011 HOUSING DESIGN AWARDS
HAPPI COMPLETED WINNER

7

INTRODUCTION



“ We need sensible, sustainable and affordable solutions to housing and caring for our ageing population. Solutions that underline the importance of good quality housing as an integral element of a holistic approach to providing care and support.

Current Provision



2014 BUILDING AWARDS
HOUSING PROJECT OF THE YEAR WINNER

2012 HOUSING DESIGN AWARDS
HAPPI PROJECT WINNER



“ There are many reasons why Staying Put should not be regarded as a panacea for all older people with care needs, quite apart from the fact that much of our existing housing stock is of poor quality, inflexible and expensive to adapt.

Staying Put and the Lifetime Homes Initiative

There is no question that the great majority of us will elect to remain in our own homes for as long as possible and that new homes need therefore to be designed to facilitate this option.

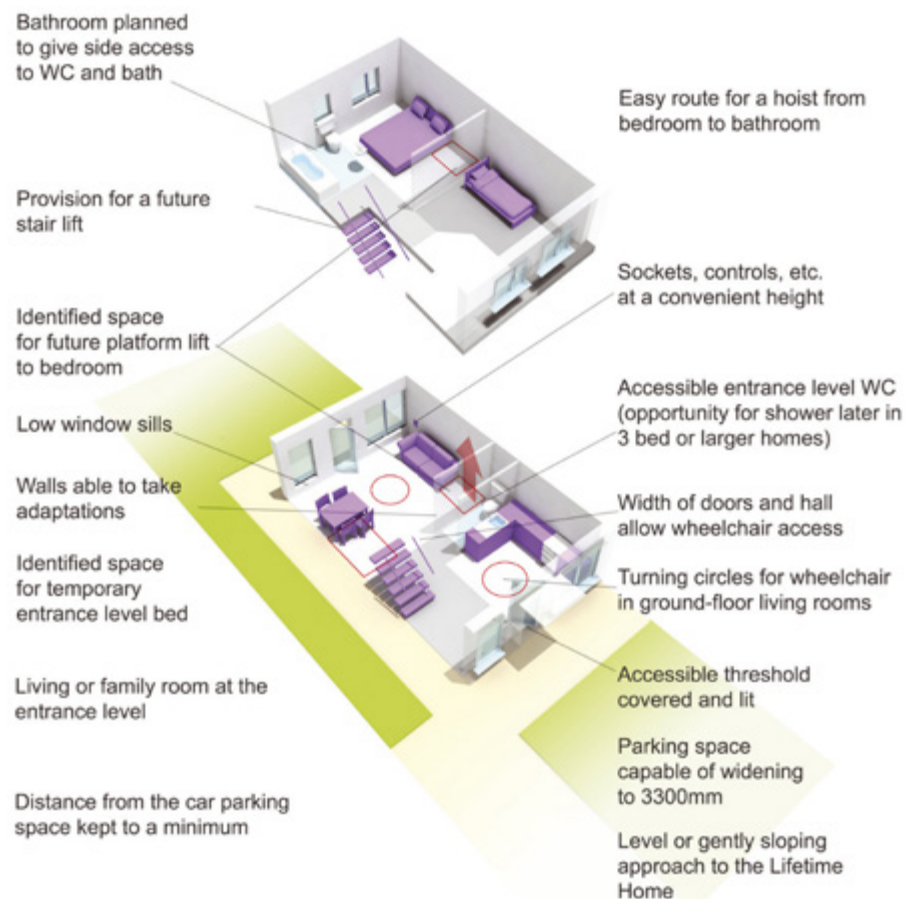
This was recognised and embraced by the previous administration's policy through the *Lifetime Homes, Lifetime Neighbourhoods: A National Housing Strategy for an Ageing Society* policy document.

At the same time, the need to adapt our existing housing stock to meet our changing needs was and continues to be addressed by programmes and initiatives such as 'Care & Repair' delivered through home improvement agencies and the Home Care market for which funding has been substantially expanded.

Developments in technology (Assistive Technology) will facilitate care in the community and the Technology Strategy Board has significant funding allocation for research to support people in their own homes.

Lifetime Homes standards are currently under scrutiny as part of the wider Housing Standards Review initiative and it would appear that the majority will be subsumed into the Building Regulations. Whatever the outcome, it is important that the right balance is struck between inclusivity, affordability and marketability.

Lifetime Homes Diagram



PRP: Pilgrim Gardens, Evington (Both Left)

This scheme provides independent living apartments for older people alongside an existing Care Home from where care and support can be delivered to the new residents when necessary. Communal facilities in the new development are limited to a multi-purpose room for the new community.

So, Why Housing for Older People?

There are many reasons why Staying Put should not be regarded as a panacea for all older people with care needs quite apart from the fact that much of our existing housing stock is of poor quality, inflexible and expensive to adapt.

Downsizing and Equity Release: For many of us our homes represent our major financial investment and retirement can trigger the decision to release equity through the sale of the family home and downsizing to more appropriate accommodation preferably in a good location. The opportunity for downsizing to well located, appropriately designed housing to meet the needs of older people is very limited.

The Quality of Existing Housing Stock: The great majority of the population will be living, for the foreseeable future, in our existing housing stock, much of which is unsuitable in terms of the physical, sensory and cognitive needs of people as they get older and become more frail. Much of our existing stock is also very inefficient in terms of energy consumption at a stage when prices are increasing alarmingly.

Existing Neighbourhoods: The same applies to our existing neighbourhoods, many of which are not age-friendly and unsympathetic to the needs of older people in terms of the amenities they offer, the security issues and the accessibility challenges they present.

New Housing Standards: The Housing Standards Review proposes three tiers in terms of accessibility. The National Building Regulations will represent the first tier; a modified version of the Lifetime Home Standards will represent the second tier; and full Wheelchair Standards the third tier. It is questionable whether the second tier will be sufficient, in terms of space and accessibility, to meet the needs of older people. However, if local authorities elected to apply the third tier to a development this might well raise issues of affordability. Unless this issue is resolved, New Housing Standards could become another obstacle on the path to delivering good quality housing for older people.

Lifestyle and Choice: As at any other stage of our lives, society and the market should offer older people a choice in terms of housing, lifestyle and care provision and whilst Staying Put should be a viable option, alternatives should be available.

Social Exclusion and Isolation: As people get older and become more frail and housebound, they can become increasingly isolated when living alone in the community. Social isolation/lack of stimulation and boredom can account for the premature mental deterioration of a very substantial number of people.

Increasing Dependency: In the absence of living with family or carers, a tipping point is reached beyond which Home Care becomes inefficient and unaffordable due to the intensity of care required.

House Blocking: As with the affordability issue to society posed by bed blocking by older people in Acute Hospitals requiring rehabilitation, there is an issue for our society in terms of the under occupancy of family homes by older people in the community, due to the lack of availability of attractive, more suitable alternative accommodation with intermediate care.

Dementia Care: As with extreme frailty, there is a tipping point in terms of health and safety and the viability and sustainability of caring for the increasing prevalence of dementia and mental infirmity in the community.

Home Care Provision: Where provided by Home Care agencies, care packages are generally competitively tendered and awarded too often on the basis of lowest cost rather than quality of provision. As a result the system is often failing to provide adequate cover as people's care needs become more intensive. The ageing process is not static. Agencies tender on the basis of time and resource. Demand can rapidly increase depending on the level of frailty of their clients, which will accelerate in the context of social isolation and absence of other support structures.

Personalisation and Individual Budgets: The move towards personalisation and individual budgets is laudable in terms of offering choice, and is efficient in enabling care to be tailored to suit individual needs, particularly at the less intensive end of the care spectrum. However, increasingly frail and confused older people are not capable of making these choices and must necessarily rely therefore on their families or care agencies to take decisions on their behalf. Commercial imperatives and affordability can mitigate against adequate and appropriate care provision particularly in the community.

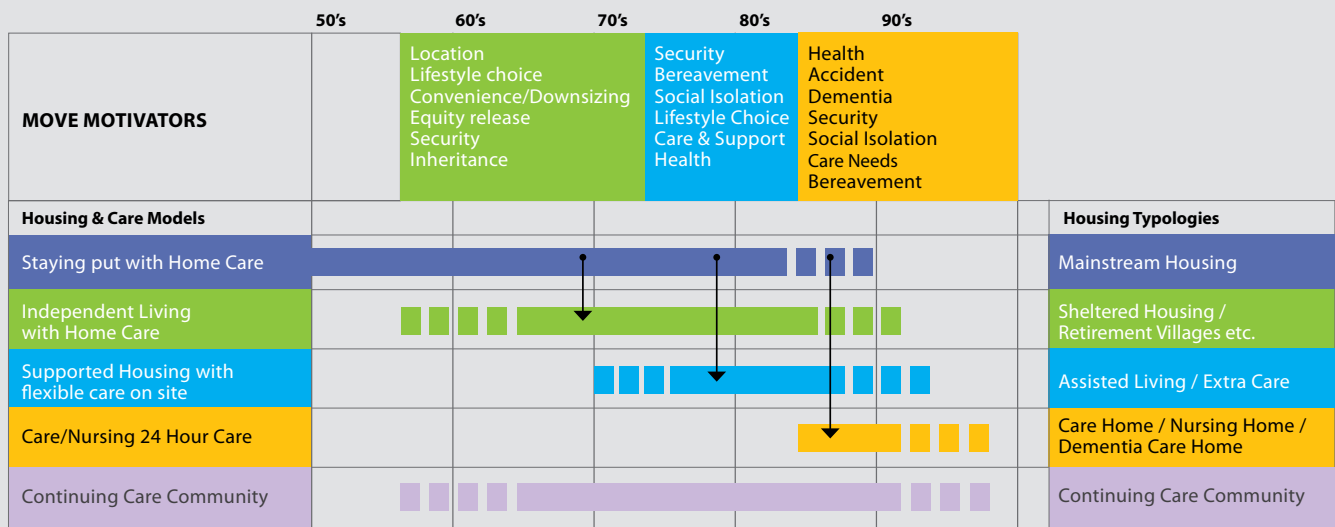
The Benefits of Specialist Housing

A range of housing options for older people has been developed and continues to evolve in order to address these issues by providing lifestyle alternatives, more sustainable and affordable housing solutions, more enabling environments where individual independence can be fostered and where care and support can be provided more efficiently.

At the same time, well located specialist housing at the heart of residential communities can serve as a regeneration catalyst for those communities whilst also releasing much needed general needs housing back to the market.

The Housing & Care Spectrum

This diagram illustrates, very broadly, the four housing/care options available to us as we get older, with a fifth in the form of a Continuing Care Community. A Continuing Care Community is where a combination of two or more of the four options are co-located in a development.



Developments can vary widely within each of these categories in terms of their care regimes, housing typologies, scale and tenure.

The diagram shows how a range of 'move motivators' change as we get older depending on our needs and circumstances and how these influence our decision whether to move, and if so, to what sort of housing.

Few of us are likely to make more than one move. Therefore each housing/care setting needs to be flexible and offer, as far as is possible, a 'home for life' to delay the need to move to more expensive and less desirable institutional care in nursing homes or hospitals.

For instance, those of us who choose to Stay Put should be enabled to do so by 'aids and adaptations' to our homes and flexible home care services. The longer we leave the decision to move, the more likely it will be a forced move to a care/nursing home or hospital as a result of an accident or emergency.

On the other hand, those who might choose an earlier 'lifestyle' move to a care-ready 'independent living' apartment in an active retirement community, should be more easily supported and cared for within the development.

Housing Typologies



2010 HOUSING DESIGN AWARDS
HAPPY PROJECT WINNER



Independent Living

In response to the changes in the procurement of care, the introduction of individual budgets and the rising costs of care provision, many Housing Associations are moving away from offering care services.

At the same time some have chosen to return to a building typology that is more closely associated with Category 2 sheltered accommodation in terms of offering minimal communal provision (without a warden's flat), with the flats designed to 'inclusive' standards.

In addition to the flats, the model therefore includes some communal facilities such as a lounge and activity spaces for the residents, together with a small domestic kitchen for social functions and an administrative office for the housing manager. These developments are ideally located in more urban areas where they are close to public transport, shopping and other facilities.

This model has been developed for leasehold sale in the private sector over a number of years by developers such as McCarthy & Stone and at its best is compliant with the recommendations of the HAPPI Reports and is consistent with the spirit and intent of the *Lifetime Homes, Lifetime Neighbourhoods* concept.

“ If it is to attract the baby-boomer generation, the offer must be more than just an attractive and flexible apartment; it must offer a lifestyle alternative, independence and a good location...



Typical 1 Bed Flat - 55sqm

PRP: Halton Court, Kidbrooke (Both pages)

This award winning scheme of 170 units responds to the recommendations of the HAPPI report, setting a precedent for attractive contemporary retirement apartments at the heart of urban regeneration. The design challenges the central corridor Extra Care typology with a 'Core and Cluster' arrangement.

Extensive communal facilities include café, shop, internet space, cinema room and village hall as well as a fitness centre. Further resident only communal spaces are provided at first floor level in an arrangement that acts as an interface between the residents and the wider community.



Extra Care Sheltered Housing

Over the past 15-20 years the great majority of new sheltered accommodation developed in the affordable housing sector has been Extra Care Sheltered Housing. The model was a development of the Category 2.5 in the 1980s. In terms of its typology it is essentially a corridor access apartment block with hotel style communal facilities on the ground floor. The dwellings comprise self-contained apartments for independent living. Communal and support facilities offer residents the opportunity for social interaction and the support facilities to enable care and support can be provided to tenants in their own homes.

The unit of accommodation in Extra Care has generally been a one bedroom flat designed to Lifetime Homes, if not full wheelchair standards. More recently, however, a greater proportion of two bedroom flats has been included as the second bedroom offers greater flexibility as a bedroom for relatives or carers, or simply more space in the interests of meeting higher aspirations and future-proofing.

Communal facilities would generally include a resident's lounge and dining room, a hairdressing salon, activity room and guest bedroom. Care and support facilities would include one or more assisted bathrooms, staff office, rest and changing facilities, a laundry and full catering kitchen.

Extra Care developments initially averaged in size around 40 flats, although in some cases as few as 30 flats have been provided or as many as 60 or more. The number of units generally has a direct relationship as to the range and scale of the communal and support accommodation is generally determined by the number of apartments / residents.

Very large Extra Care developments of up to 250-300 dwellings, referred to as Extra Care 'Villages', have been developed with extensive facilities in the form of a 'Village Centre' around an 'internal street'.

The move towards Extra Care, which is often regarded as an alternative to Care Homes, is consistent with the general move away from institutional care towards housing based options. There are many examples of tenants moving into Extra Care flats from Care Homes and 'taking on a new lease of life' in their more independent setting.

Although generally developed by Housing Associations for affordable rental, some projects have been developed for shared ownership or, particularly in the case of larger schemes, might offer mixed tenure with a proportion of leasehold sale, shared ownership and affordable rental.



FLAT TYPE G1
1 Bed 2 Person - 54m²
(excluding winter garden and balcony)
Wheelchair Accessible



FLAT TYPE G2
2 Bed 3 Person - 78m²
(excluding winter garden and balcony)
Wheelchair Accessible

The principal features and benefits of Extra Care are therefore:

- Self-contained flats which promote independence
- Communal facilities which promote social interaction
- Security
- 24 hour cover, care and support that can be tailored to individual needs
- Efficiency in terms of care delivery due to economies of scale.

Increasingly, Extra Care developments are being seen as community based facilities from where care can be provided to older people in the surrounding community, rather than just their residents, with facilities that can be shared by the wider community.

PRP: Weale Road, Walthamstow (Above on both pages)

44 Extra Care apartments designed to meet the recommendations of the HAPPI report. The lounge, restaurant and activity room will be large spaces and will accommodate coffee mornings, luncheon clubs, events and parties, rental for community groups, hair/treatments etc, and will be available to the local community.

PRP: Kidbrooke, Greenwich (Below)

Typical 2 Bed - 72sqm
Second bedroom shown as study





Assisted Living

Assisted Living is generally the term applied to the private sector equivalent of Extra Care sheltered housing. However, there are a number of different models being developed that range from a close equivalent to Extra Care housing targeting the leasehold sale market, to distinctly different models, imported from the United States, exclusively for short term rental.

These take the form of upmarket Care Homes or Care 'Hotels' where residents can rent suites ranging in size from bedsit flats, to two or three bedroom flats. They have minimal kitchens within the units on the premise that residents will have most of their meals in a central dining room/restaurant. Sometimes separate dementia care wings are provided. The average age of residents is generally over 80 and most providers are targeting the upper end of the market.



PRP: The Beeches, Brentwood (Both above)

This development provides 99 care suites for Signature Senior Lifestyle which include 24 for dementia care. The scheme is designed to create an active and inclusive community.

Dementia Care

Dementia is still rapidly on the increase despite all the press coverage on effective new medication developed to slow its onset. There are currently over 800,000 people in the UK suffering from various forms of dementia and by the end of the decade, it is anticipated that this figure will increase to over one million.

Dementia takes many different forms but the most common is Alzheimer's Disease which is usually a fairly rapid cellular degeneration affecting all aspects of the brain's function.

As recognised in the Prime Minister's Challenge on Dementia, support and care for older people with dementia is one of the major challenges facing the sector. As with all older people requiring care and support, the great majority of dementia sufferers live in the community where they are cared for by spouses or family with support from Home Care agencies. People suffering from more advanced levels of dementia require 24 hour care cover and the burden this places on carers in the community can be very onerous.

There will be some incidence of dementia in any housing development for older people and the design should take into account good practice in terms of design for dementia.

There are several different approaches to accommodating older people with mild to moderate levels of dementia in Extra Care housing. These range from small dedicated units or wings specifically for this group, to clusters of flats with shared communal facilities, to a pepper-potted approach where individual care needs are simply catered for within their flats.

The latter appears to be the favoured option with most providers. However, where this is the favoured solution, it is accepted that as the disease progresses it is likely that the resident will have to move to more appropriate accommodation.

The building typology most widely suited for moderate to severe dementia sufferers is the Care Home or Nursing Home. These are frequently specifically developed for the purpose, or alternatively have clusters/wings dedicated for the group.

Best practice suggests small scale groupings of bedrooms (6-8) sharing communal facilities in a domestic setting.

*An example of a
Dementia Care 'Cluster'*



PRP: Glebe Court, Lewisham (Right)

A new modern 68 bed care home which abounds the Blackheath Conservation Area. The new building will provide 'state of the art' facilities for The Salvation Army as well as a new Sanctuary space / Chapel which is provided centrally.

Residential Care and Nursing Homes

Residential Care Homes are subject to registration (currently by the Care Quality Commission). They were widely developed by local authorities and housing associations during the 1970s and 80s. They are referred to under a number of different tags including EPH's (Elderly Persons Homes), Frail Elderly Homes, Category 3, EMI (Elderly Mentally Infirm), Dementia Care etc.

They are differentiated from Nursing Homes, more by virtue of their staff profile (Registered Nurses or Community Psychiatric Nurses) than by significant differences in terms of the nature of accommodation or standards. With the change in profile of residents of Residential Care Homes towards the higher end of the dependency scale, these two building types have effectively merged and are often dual registered as Care/Nursing Homes.

Under planning law, Care/Nursing Homes fall into use class C2 which is institutional. They are differentiated from housing by the fact that there is no tenancy agreement for the residents who pay a monthly fee which covers all of their accommodation and care costs.

For purposes of this paper, we will refer to this building typology as a Care Home.

Care Homes provide 24 hour care for their residents with waking night staff. The unit of accommodation is a bedroom with en-suite facilities. The minimum size is 12sqm of usable floor space for the bedroom, however, most providers will exceed this to provide approximately 16sqm excluding the 4sqm en-suite facilities.

The bedrooms are generally grouped into wings/clusters each sharing a range of communal facilities that would normally include lounge and dining rooms, servery kitchenettes, assisted bathing, storage areas, disabled WC's etc. Central accommodation typically includes full kitchen catering facilities, care staff rest and changing facilities, management and administration offices, central communal facilities for residents – lounge, dining, garden room, hairdressing salon, activity rooms and other service facilities.

There are broadly two models of Care/Nursing Homes being developed in the United Kingdom. They are the Hotel model and the Cluster Model.

The Hotel model groups most, if not all, of the communal accommodation around the entrance on the ground floor with corridor accessed bedrooms on the upper floors whilst the Cluster model breaks the accommodation down in scale to provide a series of clusters or wings.

Cluster sizes, in terms of bedroom numbers, will vary according to the care needs of the residents and the ratio of carers to residents – dementia care would normally require a minimum ratio of 1:4 (one carer to four residents) whilst this ratio might be decreased to 1:5 for frail older people.

A 60 bedroom Care Home is generally regarded as a cost efficient operational unit. Although during the 1990s private care providers were building Care Homes as large as 120 bedrooms which attracted, quite rightly, a good deal of negative press for 'warehousing older people'.

A large number of Care Homes were closed during the 1990s and 2000s for a range of different reasons including:

- New legislation, particularly around minimum space standards and the expense of upgrading old building stock
- The property boom, which provided many private providers with an exit route
- Local authority care funding steadily being squeezed, forcing many providers to charge private residents higher rates to cross subsidise LA funded residents albeit covertly
- The promotion of Extra Care accommodation as a housing alternative to the institutional Care Home where people could live more independently and have care packages tailored to their individual needs.

However, the need for intensive 24 hour care will not be addressed by either Home Care or Extra Care particularly where Dementia Care is involved and in the past few years we have witnessed a resurgence in this market with local authorities, housing associations, charities and private providers re-entering this market and commissioning new Care Homes.



PRP: Retirement Village (Below)

We have proposed an accessible, safe and sheltered public realm that is designed for use by the wider community throughout the year. We envisage a variety of spaces from lawns for events and play, to seasonal gardens, allotments and a public square. It will enable a range of different activities to occur such as markets, fetes, music and dance, food growing, walking, sitting and chatting by all generations.



Retirement Villages

A 'Retirement Village' is the broad term for a larger scale age-restricted housing based community which promotes social interaction through common interests.

The models currently being developed vary widely in terms of their:

- Tenure
- Philosophy and provision of care and support
- Range and scale of communal facilities
- Relationship to their surrounding communities
- Density
- Location

We would suggest that there are broadly three categories:

Retirement Villages: targeting the early retirees at the upper end of the market with a model for an easy living, leisure oriented retirement community. Generally the tenure would be leasehold sale with a substantial annual service charge.

There are sometimes variations around tenure arrangements that involve 'life-right' or equity sharing between the freeholder and leaseholders. Care would generally not be included in this package but facilities might be included within the Village Centre for a visiting GP. Larger developments usually offer a range of communal and leisure facilities at the centre of the development.

PRP: Denham Garden Village, South Bucks (Below)

An Extra Care Retirement Village offering a real lifestyle choice for older people. The development includes a range of public facilities located at the vibrant heart of the village which enables the scheme to provide a real community hub.

2006 WHAT HOUSE? AWARDS
BEST RETIREMENT DEVELOPMENT

**PRP: St George's Park, East Ditchling (Below)**

A Continuing Care Retirement Community. A Club House building on the 'village square' forms the social heart of the scheme with a café, restaurant, convenience store, health and beauty suite, games room, IT room/library and a hairdressing salon.

2008 WHAT HOUSE? AWARDS
BEST RETIREMENT VILLAGE



Extra Care Villages: are generally developed by Housing Associations. Tenure is generally mixed and usually pepper-potted to provide leasehold sale, shared ownership and affordable rental. 24 hour cover is usually offered in terms of care and support and facilities on site will include office, rest and changing facilities for staff. The model is premised on taking care to people in their own apartments rather than taking people into care. A wide range of communal and leisure facilities is generally provided and is affordable due to the scale of these developments which generally provide upwards of 150 dwellings in the form of either apartments, bungalows or cottages, or a mix of the three. Whilst an Extra Care Village might aspire to provide a 'Home for Life' the reality is that a proportion of residents will need to move on to 24 hour care institutions for dementia care or due to extreme frailty.

Continuing Care Retirement Communities: this model includes different forms of accommodation on one site and might include independent living, assisted living and care home accommodation. CCRC's are generally developed by private developers for leasehold sale with flexible care packages that can be separately purchased. The independent living options will generally include apartments in small blocks, bungalows and/or cottages. The assisted living might be in a larger corridor access block linked to the communal facilities and the care home accommodation might include some dementia specific care arrangements in a Care Home of up to 50-60 bedrooms with en-suite facilities.

Emerging Trends

“ If there is a single ‘key’ word that encapsulates emerging trends in the sector it is ‘Integration’...



General Trend

The overall trend in the provision of housing and care for older people has been geared, over the past decade or more, to shift care provision from institutional settings toward more independent housing typologies that integrate housing and support for older people into the community.

This trend is being driven both to meet our aspirations for independence and to respond to affordability challenges.

The Cost of Care

The cost of care continues to rise presenting a major challenge to government in terms of strategy.

The cost per bed space in an Acute Hospital is approximately £800-£1500 per day, whereas in a 24 hour Care Home or Nursing Home it will vary between £400-£1200 per week depending on the profile and funding sources of the residents. In both Extra Care and Home Care settings care costs will, on average, be a fraction of this but where 24 hour cover is required in the community, could be considerable.

The shift away from institutional care has been evidenced in recent years by:

- The closure of a large number of residential care and nursing homes, which have been replaced by, under a number of local authority initiatives, the development of new Extra Care sheltered housing, where care can be tailored to individual needs and budgets and delivered more efficiently
- Initiatives to provide intermediate care in rehabilitation accommodation/facilities, to ease bed blocking in Acute Hospitals
- The shift in the resident profile in Care Homes and Nursing Homes (average age over 85) towards the upper end of the care spectrum, involving either extreme frailty or dementia sufferers. As a consequence, the period of 'compressed morbidity' is reduced and the length of stay in institutional settings – nursing homes, hospices and hospitals – is very much shortened to an average stay of a year or two
- Increasing integration of Extra Care and Care Homes into larger scale housing developments, urban extensions and new communities.
- The development of community based resource centres to provide day care, respite care, and outreach services to older people in the community
- The push towards Lifetime Homes and Lifetime Neighbourhoods in the development of new housing, together with a variety of care and support arrangements including Home Care, floating support and handy person's services to facilitate Staying Put
- Most recently, the integration of Extra Care into the community where ease of access to local facilities (Lifetime Neighbourhoods) could avoid the duplication of facilities within the development

At the same time, the retirement market, offering lifestyle alternatives in the form of Assisted Living, Retirement Villages and Continuing Care Retirement Communities, has gathered pace (but slowed again since the recent economic downturn). Interestingly, the Housing LIN Strategic Housing for Older People Analysis Tool (SHOP@) estimates that there will be a shortfall of 240,000 purpose-built housing for older people by 2030.

PRP: Prince Charles House, St Austell (Below)

Prince Charles House is integrated into an existing residential neighbourhood for older people. Its lounge and other communal facilities are shared by the residents of the new block and the surrounding community.

2013 HOUSING DESIGN AWARDS
HAPPI COMPLETED WINNER



Integration

Integration covers many different aspects in terms of care provision, planning, social, sustainability and lifestyle:

- **Integration of Health, Adult Services and Housing** - in terms of provision and interdependency, in order to achieve a holistic approach to housing and care for older people
- **Integration across Public and Private Sectors**
- **Integration of Tenure**
- **Integration of Generations**
- **Integration of Housing Strategy and Policy**
- **Community Integration** - in terms of moving from institutional to housing based care settings, and locating older peoples' housing at the heart of residential neighbourhoods in both existing communities and in new large scale housing developments
- **Integration by Design**

Integration of Health, Adult Services and Housing

Housing and Care for Older People involves three key aspects; housing, healthcare and domiciliary care and support. This requires an integrated approach. However, this involves three different agencies/departments in terms of the structures of both central and local government; local authority housing departments, local authority adult services and local primary care teams (or more lately local GPs). There are therefore also separate funding streams.

Over the past 10 years or more, there has been a great deal of discussion and some progress towards integration with the Department of Health, in particular, making funding available to promote specialist housing in the form of Extra Care sheltered accommodation. However, there remains a great deal still to be done and this has been recognised by the coalition government which, under the Better Care Fund arrangements (see p7), has allocated £3.8 billion towards the integration of health and social care bringing together NHS and local government resources, shifting resources from acute services into community and preventative settings.

PRP: St Bede's, Bedford (Below)

An excellent example of design integration into an existing residential community in terms of the conversion of existing school buildings alongside new apartments which are carefully integrated with the surrounding housing in terms of scale and form.

2011 HOUSING DESIGN AWARDS
HAPPI PROJECT WINNER



In terms of new development, this trend is likely to manifest itself firstly in the form of housing and community based health facilities being developed on NHS land around or in the region of existing hospitals, and secondly in the form of Care HUB's within existing residential communities.

Integration across Public and Private Sectors

Increasingly, public sector provision is becoming more reliant on cross subsidy from the sale of a proportion of the development or proportional sale/rental arrangements from shared ownership.

At the same time, the private sector housing developers are beginning to appreciate the benefits of providing housing for older people as part of their Section 106 arrangements for affordable housing. This usually involves partnerships between the developers, Registered Providers and the Local Authority.

Integration of Tenure

Hand in hand with these new partnerships is the mixing of tenures which appear to be less contentious than in the general housing market. Nevertheless, if the proportion of affordable rental within a development greatly exceeds sale and shared ownership, this will have an impact on sales values.

Integration of Generations

Another aspect of integration is the mixing of generations within housing developments. This can take a variety of different forms such as the Dutch concept of providing crèches and nursery schools within their senior housing developments. This enables care staff to bring children to work but it also provides continuity in bringing older residents into contact with very young children, grandchildren and family who may visit them daily when fetching their children from school.

Other examples include combining senior housing with schools on the same site and mixing different generations on one urban block with a combination of typologies such as Extra Care housing, family housing and general needs apartments around a shared courtyard garden.

There are also new developments where older peoples' housing has been pepper-potted amongst general needs housing in a single block.

Integration of Housing Strategy and Policy

A more holistic strategic approach to housing policy is required to ensure that housing supply for older people is more integrated into mainstream housing supply. Given the demographic challenge posed by our ageing population, equal weight should be given to the issue

“ There is no reason why housing for older people should look different to other housing. Good practice in housing older people is good practice for all housing.

2013 HOUSING DESIGN AWARDS
BEST HOUSING DEVELOPMENT SHORTLISTED



of supply of older people's housing, as is currently given to that of affordable housing, with a potential overlap between the two.

A further consideration is that for every new apartment provided for an older person or couple wishing to downsize or move into supported housing, there is potential for an under-occupied family house to be reintroduced to the market. This win/win approach to housing supply would suggest that the government should consider similar incentives for the 'last time movers' as they do for 'first time buyers'.

Community Integration

Again this can take many different forms from simply accepting that the majority of older people with care needs will remain in their own homes in the community and providing the infrastructure and support mechanisms that will enable this to happen; perhaps in the form of Community Care HUB's with outreach and inreach services.

Alternatively, it might simply involve the strategic location of new housing for older people at the heart of existing or new residential communities, where residents will have easy access to shopping and other facilities and where they can remain in close contact with friends, relatives and family.

Integration by Design

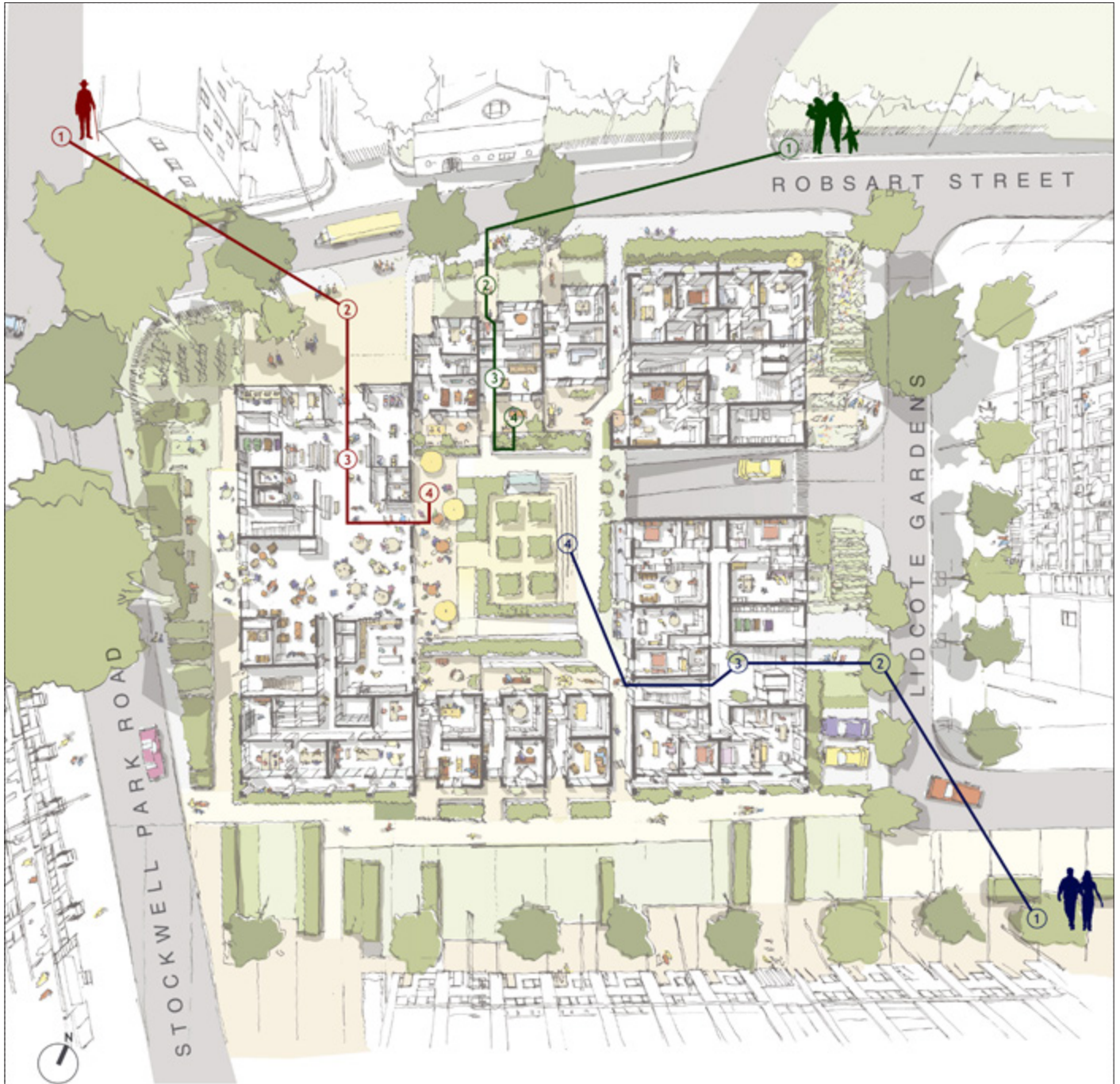
Housing and care institutions have, unfortunately, long been typecast, not only by building typology but also in their relationship to context, adjoining buildings, and disengagement with the public realm. Stylistically too, sheltered housing is too often immediately distinguishable as housing for the 'elderly'.

As we focus on providing attractive housing for the baby-boomer generation of 'younger older people', this must change. Housing for this group must be mainstream and much closer to, if not indistinguishable from, surrounding residential fabric in terms of typology, architectural treatment, materiality, siting and relationship to the public realm.

Whether more vernacular, contextual or contemporary in terms of architectural treatment, generous fenestration for good daylighting, bays and/or balconies, inset to provide sheltered amenity, should become a standard feature of all housing for older people.

PRP: New Lidcote and Cumnor, Stockwell Park (Both pages)

The development provides 139 new homes, of which 48 are Extra Care apartments and six are family houses. A secure, landscaped garden is located in the centre of the scheme, above an underground car park. This will provide both physical and visual amenity to residents in all the homes, incorporating private gardens to houses, communal space for apartments and a secure sensory garden for the extra care residents.



Ground floor layout and context

Elderly



- ① A stroll around the neighbouring Stockwell Conservation Area
- ② Meet friends on the square
- ③ Pick up newspaper from reception and chat to friends in the lounge
- ④ Dine in the restaurant garden near the water feature

Family



- ① Afternoon spent in the park with the family
- ② Enter own front door through private garden
- ③ Wash and prepare dinner
- ④ Grab some Rosemary from the courtyard herb garden and BBQ

Couple



- ① Commute from Brixton Tube
- ② Pass richly flowering Lidcote Gardens
- ③ Stop through entry lobby and collect post
- ④ Picnic on the steps under the pleached trees

Housing Typologies

The basic housing typologies for older people have not changed significantly over the past 15-20 years since the introduction of the concept of Extra Care sheltered housing in the mid 1990s.

However, we are now starting to see a blurring of previously well defined typologies in response to the demographic shifts and housing aspirations that we have discussed, as well as more innovation in terms of variety and mix of tenure.

These trends can be summarised as follows:

- **Independent Living.** The emergence of this model is aimed at the upper end of the market which would be location sensitive and generally compliant with the HAPPI recommendations in terms of quality, space and accessibility. Communal facilities would be limited to a multi-functional, social space for residents, and they would rely on retail and other facilities in proximity to the development
- **Extra Care 'lite'.** A location sensitive version of Extra Care housing that offers a much reduced level of communal facilities in response to changes in policy such as personalisation and individual budgets, and the fact that one does not need to duplicate communal areas if these facilities are available and accessible in the proximity of the development
- **Care Hotels/Assisted Living.** Again aimed at the mid to upper end of the market, a product that merges the concept of a Care/Nursing Home with Assisted Living and the Hotel model with its centralised reception, lounges and restaurant. The dwellings offer a range of studio, one and two bedroom apartments with tea kitchens rather than full catering kitchens. Tenure can be varied to offer leasehold sale, shared ownership or affordable rental. Service, Wellbeing and Care is offered as part of a menu of services tailored to the individual
- **Continuing Care Retirement Communities.** Slow to catch on in the UK, the American model for retirement communities that incorporate a range of different typologies including a nursing home, assisted and independent living are now being developed by a number of private sector developers who have recognised the need for continuity of care on their sites
- **Community Care HUB's or Resource Centres.** The HUB itself is flexible in concept, configuration and in terms of its constituent parts. It can provide a range of services and accommodation on a single site or it can be a virtually linked range of provisions distributed around a neighbourhood or town

A HUB's services might include a Community Resource Centre (with information on care and support services for the local community), a base for Home Care provider organisations operating in the area, a Day Care service, a Meals on Wheels catering service, a laundry service, a transport service, a handyman service (for aids and adaptations to homes in the community) etc. The range of accommodation on offer might include Respite Care (for short stay to offer carers a break), Rehab or Intermediate Care accommodation and therapy services (to get people back on their feet after a stay in hospital), longer stay Residential Care, Dementia Care or Nursing Homes, a GP Surgery or community based healthcare centre gym and leisure facilities etc
- **Medium and High Rise Buildings.** There is a growing recognition that there is very little provision of specialist housing for older people in denser, more urban locations. This is probably because low-rise building typologies have become synonymous with older person's housing and most private developers have targeted rural or peri-urban locations for their developments. However, there is no reason at all why senior housing should not be located in more urban locations in multi-storey buildings close to our urban centres
- **Co-housing** is more about 'tenure' and 'community' than typology. There is a growing number of groups of older people which have chosen to develop their own housing. This movement perhaps represents the ultimate in terms of independent living. Typically a development will comprise a group of independent homes with a community/club building for the shared use of all of the residents. Generally these developments are quite small in scale with between 15 and 30 homes. Land acquisition, bridge funding and development expertise represent the primary challenges to prospective co-housing groups.

PRP: The Oaks, Merton (Below)

An existing outdated sheltered housing scheme has been replaced with 51 contemporary, spacious, innovative and flexible apartments suitable for current and future generations of older people designed round the principles of the HAPPI report. The scheme, which is dementia friendly, is seamlessly integrated into the heart of a residential community and is located adjacent to an existing day centre.

2012 HOUSING DESIGN AWARDS
HAPPI PROJECT SHORTLISTED



2011 HOUSING DESIGN AWARDS
HAPPI PROJECT WINNER



PRP: St Bede's, Bedford (Above)

This high quality, mixed tenure, Extra Care housing scheme providing 104 apartments, is sensitively integrated into the community and the surrounding conservation area.

PRP: Trees Extra Care Housing, Highgate (Below)

This high quality 100% affordable housing scheme for older people provides 40 Extra Care flats in a beautiful setting.

For a film showcasing this Housing Design Award winning project visit:
www.vimeo.com/28979488

2011 HOUSING DESIGN AWARDS
HAPPI COMPLETED WINNER



Overcoming Obstacles to Delivery

There remain a number of very substantial obstacles standing in the path towards greater housing development for older people.

Awareness

Probably at the top of the list is the simple issue of awareness at both local, and to a lesser extent, national government level. Although the *National Planning Policy Framework* requires local authorities to assess local needs in terms of housing their ageing populations, in reality, few have done so. Very few authorities seem to have a cohesive strategy in place for their ageing populations.

At the same time, older people are often not aware of the alternatives that are open to them.

Funding Availability and Affordability

A range of funding challenges still afflicts different segments of the market.

For relatively wealthy homeowners, the market, until recently has been very depressed and therefore it has not been the right time to capitalise on their major asset and downsize. Meanwhile, Property Developers have found raising finance through the banking sector extremely difficult.

The huge middle market remains effectively locked. Although homeowners have capital invested in their homes, it is often insufficient to both fund the purchase of a retirement apartment and cover their future care and living costs. Until such time as there are more innovative financial products such as equity release, shared ownership and insurance products more widely available, it is unlikely that this large group will have any alternative but to Stay Put in their family homes.

As regards the lower end of the market, local authorities' funding from central government has been, and continues to be, reduced and their ability to raise council tax rates is also restricted. Adult services are no longer ring fenced and, as a result, care costs and housing benefit are both under severe pressure as cash is diverted by councils for more immediate needs.

While some targeted capital grant funding for affordable housing built to HAPPI principles is still available from the DH, HCA and GLA, this falls short of meeting the demand and bidding rounds are oversubscribed.

Local authorities will therefore increasingly turn to Section 106 Agreements and the new Community Infrastructure Levy (CIL) to generate new funding. The latter, in particular, is being seen by many private housing developers in the sector as presenting the single greatest threat to new development in terms of viability.

A further challenge in terms of affordability is presented to prospective developers of independent living in this sector because the product is inherently more expensive because the dwellings need to be larger and some communal provision is required. Unless it is distinct and defined as a product with a label, planning authorities are unlikely to provide any dispensations in terms of Section 106 or CIL to facilitate its development leaving little incentive for developers to engage with this market.

The Care Bill - This will set out a ceiling for the amount that an individual will be expected to pay for their own care costs. However, instead of resolving the issue, this provision is being regarded by many local authorities as a further challenge in terms of funding as private funders will now be absolved of paying their costs beyond this ceiling figure and the authority will be expected to pick up the tab for any further care costs. As a result we are already seeing resistance to private sector senior housing development by some authorities.

Planning Use Classes - The issue of planning use classes with C3 covering general housing and C2 institutional development, and the fact that the majority of housing projects for older people fall between these use classes (*sui generis*), continues to pose penalties on new housing development, particularly by the private sector.

C3 attracts affordable housing contributions, higher parking standards and other planning gain measures under a Section 106 Agreement whilst C2 classification is exempt of these contributions which can seriously impact on the viability of projects.

There is currently no consistency as to the classification of various housing typologies for older people such as Assisted Living, Extra Care, Continuing Care Retirement Villages etc. Often the decision is only taken by the local authority at a late stage of the design development and consultation process leaving developers very exposed in terms of the upfront investment they have made in a project.

This remains one of the biggest challenges facing the sector.

HAPPI + HUB



Towards a Comprehensive Strategy for Housing and Caring for our Ageing Population.

If we begin to weave together these various aspects of integration, an overarching strategic framework begins to emerge that might offer a clear direction in terms of future provision for the sector.

HAPPI + HUB

As previously discussed in this report, at the high care end of the spectrum, the numbers of much older and very frail people are set to dramatically increase over the next two decades. This will increase the need for Residential Care and Nursing Homes offering residents 24 hour care, albeit for a shorter period of stay.

At the low end of the care spectrum, we are now seeing a new generation of baby-boomers reaching retirement age with significantly more capital in property and higher aspirations for their retirement years.

Ninety percent of us choose to stay put in our homes and this is putting considerable pressure on the availability and supply of family homes as these become increasingly under-occupied by couples or single older people.

For those wishing to downsize, there is very little suitable accommodation available that is attractive, affordable and in good locations.

Over the past 15 years, the government strategy and funding allocation have focused on the development of Extra Care Sheltered Housing as a more desirable and affordable form of housing than Residential Care Homes.

There are several reasons, however, why this approach is now being called into question.

Firstly, there is the issue of affordability and viability in providing extensive communal facilities where sometimes as much as 40% of the gross internal floor area is given over to providing communal facilities and circulation areas.

PRP: Halton Court, Kidbrooke, Greenwich (Left)

This high quality, mixed tenure, Assisted Living housing scheme incorporates a Community HUB.

Secondly, the Extra Care concept has been so successfully marketed to local authorities as an alternative to Residential Care that they have now shifted the profile of residents referred to Extra Care to the high end of the dependency scale. As a consequence, the basic concept of Extra Care developments as active communities with a balance of care need, is being undermined. In many instances, new Extra Care developments are in reality inappropriately designed and expensive Nursing Homes.

Thirdly, the typology of Extra Care with its long corridors, extensive communal areas and support facilities is regarded as too institutional to be aspirational to 'younger older people' who might be looking to downsize.

If we are to meet the housing and care challenge posed by our ageing population we will need a broad strategic approach that addresses need across the full housing and care spectrum. A flexible framework for provision within which community based solutions can be varied in terms of its constituent parts and tenure to meet the particular needs of any community or neighbourhood...

A Paradigm Shift: HAPPI + HUB

HAPPI Housing

The first HAPPI report published in December 2009 was commissioned to explore the future shape of housing for older people to meet our needs and aspirations of a new generation. It highlighted some excellent examples of attractive retirement accommodation at the heart of residential communities across Northern Europe and Scandinavia.

The report also set out ten excellent recommendations for the qualitative improvement of our next generation of housing for older people. However, one of the principal lessons from Europe and Scandinavia was their holistic and integrated approach to housing and care for older people and the manner in which this is strategically located at the heart of residential communities. Even their high care facilities are integrated and connected at the heart of their communities rather than hidden on backland sites.

PRP: Christopher Boone's Almshouses, Lewisham (Below)

HAPPI Housing located close to a Nursing Home and 100m from the High Street.

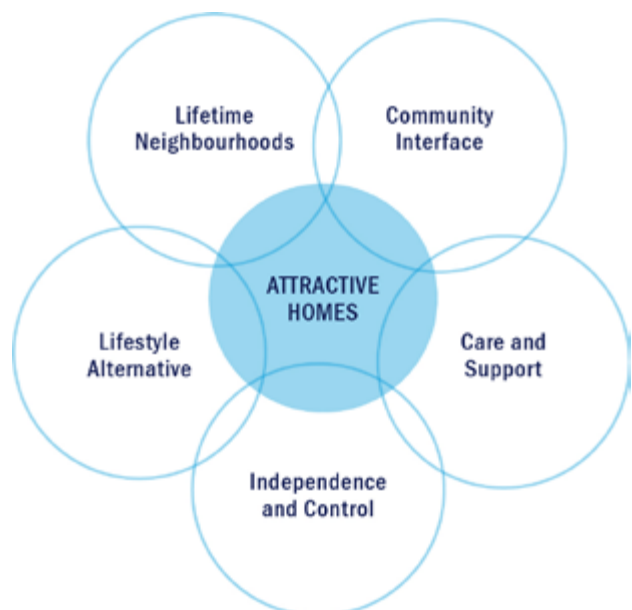


Few would question that our housing needs for older people should be addressed locally by the local authorities and communities whose needs they are serving. This is indeed how many Extra Care developments have been conceived and delivered.

The changes that are required are therefore subtle and involve a shift in terms of the housing typologies and the way in which overall provision for continuity of care can be joined up to embrace all aspects of housing and care from Staying Put with Home Care to 24 hour Residential and Nursing Care.

Whilst new Extra Care developments might well be an essential element of housing provision within some neighbourhoods, we would argue that there needs to be a change of emphasis in new housing and care provision towards the development of well located, attractive, adaptable and flexible independent accommodation (HAPPI Housing) at the heart of communities together with Community Care HUBS.

Independent Living (HAPPI Housing): The Offer



Defining the Product

If we are to successfully promote the development of a new housing typology and facilitate its development on appropriate sites, the product needs to be clearly defined as distinct from general needs housing.

This accommodation, as well as implementing the recommendations within the HAPPI² report, should:

- Be located in an area which constitutes a Lifetime Neighbourhood in terms of accessibility to transport, retail and other amenities and facilities that older people need
- Be 'Age Eligible' accommodation – minimum age requirement that will attract a lower level of parking provision
- Provide accessibility to Wheelchair 'Lite' standards ie. in excess of Lifetime Home Standards – lift access to all apartments *
- Offer space standards that are in excess of 'minimum' and will be dictated by meeting the accessibility requirements * (two bedroom flats to a minimum of 70sqm and one bedroom to a minimum of 58sqm)
- Incorporate adequate storage for downsizing including individual lock-up stores for residents on site
- Be limited to typologies that are suited to the user group ie. apartments or single storey dwellings (or dwellings which provide self-contained accommodation on one level) *
- Provide predominantly two bedroom apartments because of the greater flexibility they offer *
- Incorporate communal facilities to promote social interaction. This could be limited to a single multi-functional space with ancillary accommodation *
- Offer a housing tenure and a management regime that will ensure that substantive control rests with the residents
- Incorporate smart/assistive technology/telecare etc.

Furthermore the product should embody:

- High levels of energy efficiency to minimise energy costs *
- Good security arrangements. *

*Essential features

The tenure can be varied to accord with the local market and the profile of the community and could also include co-housing developments where groups might wish to develop their own housing.

Community HUBs

The HUB itself is flexible; in terms of concept, configuration and its constituent parts. It can provide a range of services and accommodation on a single site or it can be a virtually linked range of provision distributed across a neighbourhood or town.

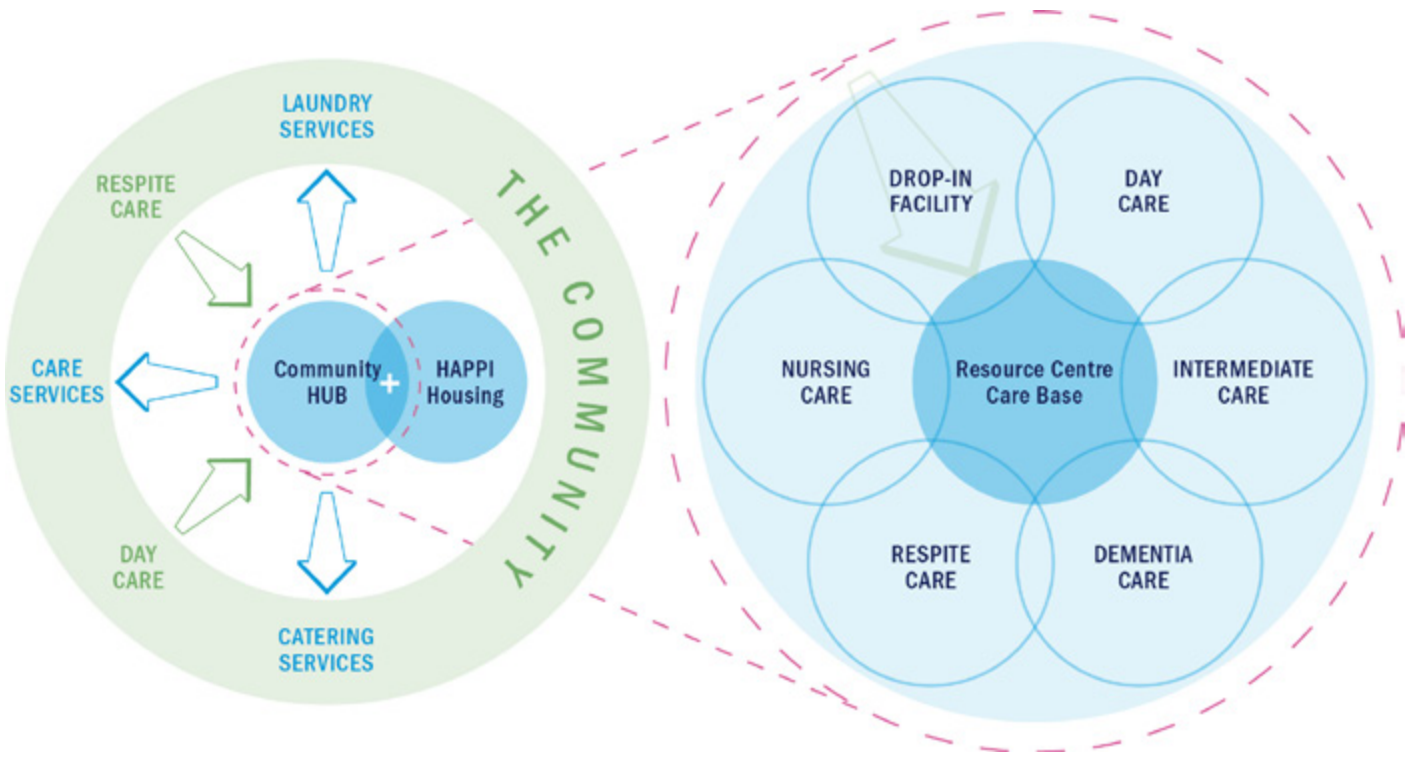
Its functions might include a community resource centre (with information on care and support services for the local community), a base for home care provider organisations operating in the area and a range of facilities and services geared to supporting older people in the community such as a day care facility, a 'Meals on Wheels' catering service, a laundry service, a transport service, a handyman service (for aids and adaptations to homes in the community) etc. Whilst the range of accommodation on offer might include respite care (for short stay to offer carers a break), rehab or intermediate care accommodation and therapy services (to get people back on their feet after a stay in hospital), longer stay residential care, dementia care or nursing homes, a GP surgery or community based healthcare centre gym and leisure facilities etc.

If the two models are located together on a site or in reasonably close proximity... HAPPI + HUB... they will together effectively constitute Extra Care or conversely, Extra Care provision can form the basis for a Community HUB by sharing some of its facilities with the wider community.

Key (Diagram Right)

Flexicare (Extra Care) Housing	
Support Housing	
Health and Wellbeing Centre	
Retained Stafford and Rural Homes Housing	
Community Hub	
Energy Centre	
Dementia Care Home	
Public Open Space	

Community Care HUB Concept:



Community Care HUB – PRP: Stafford, Staffordshire (Below)

Masterplan proposals for a Community HUB for Stafford that integrates housing for older people, housing for specialist groups and mainstream housing with health and community facilities





How can we make it happen?

As recommended in the HAPPI² report for the All Party Parliamentary Group on Housing and Care for Older People, we need a co-ordinated strategy to be developed and promoted by central government that will include some degree of facilitation to promote awareness, demand strategic planning and the identification of suitable sites, stimulate partnerships at local level between local authorities (planning, housing and adult services), health authorities, care providers, developers across the public and private sector and not least older people and their families within the communities.

Local authorities must be at the heart of the process. They need to:

- be responsible for housing needs assessments across their communities
- include within their local plans for the allocation of suitable sites for older persons' housing and Care HUB's and ensure that substantial new developments such as urban extensions, eco-villages, estate and urban regeneration projects include appropriate provision for older people
- ensure that their various officers and departments are well informed in terms of the challenges involved in addressing the housing and care needs of an ageing population
- ensure that appropriate development is facilitated and ideally incentivised through less demanding or waived Section 106 requirements and CIL contributions

- identify a network of providers and promote cooperation and/or partnerships with a range of housing developers, care providers and potential funders operating in their areas
- be responsible for connecting the agencies essential to providing continuity in terms of housing and care: Health, Adult Services and Housing.

In the absence of the availability of much public sector funding, it will be incumbent on developers, and Registered Providers, institutional and equity investors innovating to create funding solutions/products that might include equity release products to facilitate new development.

We believe that the HAPPI + HUB approach will constitute the most flexible, affordable and practical way forward if we are to tackle the looming crisis in housing and caring for our ageing population.

PRP: Farrow Court, Ashford, Kent (Above)

The proposals are for a phased development to re-provide 83 new sheltered housing units (with the potential for access to on-site care) and a new community resource centre for older people in the surrounding community, to replace the day centre. The scheme will integrate housing for older people with rehabilitation facilities and specialist housing for people with learning disabilities. This will complement the regenerated estate by providing a modern, vibrant scheme for older people which the wider community will also be able to enjoy.

HAPPI Award Winners

2013 HOUSING DESIGN AWARDS
HAPPI COMPLETED WINNER

PRP: Prince Charles House, St Austell



Housing Design Awards: HAPPI Awards PRP Project Winners 2013 - 2010

2013 HAPPI COMPLETED WINNER



2013 HAPPI SHORTLISTED



2013 HAPPI SHORTLISTED



2013 Housing Design Awards:

HAPPI COMPLETED WINNER: (Top Image)
Prince Charles House, St Austell

http://www.hdawards.org/archive/2013/winning_schemes/happi_winner/prince_charles_house.php

SHORTLISTED: (Middle image)
New Lidcote and Cumnor, Stockwell Park

SHORTLISTED: (Bottom image)
Weale Road, Walthamstow

2012 HAPPI PROJECT WINNER



2012 HAPPI SHORTLISTED



2012 HAPPI SHORTLISTED



2012 Housing Design Awards:

HAPPI PROJECT WINNER: (Top image)
Pilgrim Gardens, Evington

www.hdawards.org/archive/2012/winning_schemes/happi_winner/pilgrim_gardens.php

SHORTLISTED: (Middle image)
The Oaks, Merton

SHORTLISTED: (Bottom image)
Prince Charles House, St Austell

2011 HAPPI COMPLETED WINNER



2011 HAPPI PROJECT WINNER



2011 HAPPI SHORTLISTED



2011 Housing Design Awards:

HAPPI COMPLETED WINNER: (Top image)
Trees, Highgate, London

www.hdawards.org/archive/2011/winning_schemes/happi_winner/trees_extra_care_housing.php

Housing LIN Case Study www.housinglin.org.uk/Topics/browse/Design_building/Design/?&msg=0&parent=8580&child=8340

HAPPI PROJECT WINNER: (Middle image)
St Bedes, Bedford

www.hdawards.org/archive/2011/winning_schemes/happi_winner/st_bedes.php

SHORTLISTED: (Bottom image)
Christopher Boone's Almshouses, Lewisham, London

2010 HAPPI PROJECT WINNER



2010 HAPPI SHORTLISTED



2010 HAPPI SHORTLISTED



2010 Housing Design Awards:

HAPPI PROJECT WINNER: (Top image)
Kidbrooke, Greenwich, London

www.hdawards.org/archive/2010/winning_schemes/happi_winners/kidbrooke_extra_care_housingt.php

Housing LIN Case Study www.housinglin.org.uk/HousingRegions/London/?parent=1027&child=8962

SHORTLISTED: (Middle image)
Hartfields Village, Hartlepool

SHORTLISTED: (Bottom image)
Rosmini House, Loughborough

SHORTLISTED:
Hirst Gardens, Burnley



For more information on the projects
shown in this brochure please visit:
www.prparchitects.co.uk/our-work/specialist-housing

To access further specialist information about
housing for older people, we encourage you to visit
the Housing LIN website and register to receive their
newsletter at: www.housinglin.org.uk

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Publication Date: April 2014
Graphic Design by PRP Graphics

