



Design Principles for Extra Care

This fact sheet gives essential basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Case studies illustrate the variety of models that this concept of housing takes and show ways of developing a range of different sites.



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Contents

Introduction	1
1 Design Principles and Aims	2
2 Design Criteria – The End Users	3
2.1 Residents	
2.2 Staff	
2.3 Visitors	
3 The Brief – Key Issues to Consider	4
4 Planning & Extra Care	6
5 Design Concept and Layout Considerations	7
5.1 Relationship of Flats to Communal Areas	
5.2 Progressive Privacy	
5.3 Location and Arrangement of Spaces Near to the Main Entrance	
5.4 Circulation	
5.5 Site Specific Issues	
5.6 Flexibility	
6 Dementia Care	9
7 Interior Design	10
8 Landscaping	11
9 Sustainable Design	12
10 Key Design and Specification Issues	14
10.1 Supporting Frailty and Impairments	
10.2 Way-finding	
10.3 Lighting	
11 Schedule of Accommodation	16
12 Design Standards and Guidance Documents	18
12.1 Compulsory Standards	
12.2 Further Design Guidance and Good Practice	
Summary	20
Appendix A - PRP Case Studies	21
• Denham Garden Village, Buckinghamshire	
• Penfold Street, Westminster	
• Hoathdown House, Peacehaven	
• Hartfields Retirement Village, Hartlepool	
• Cheshire Extra Care PFI	
• Exning Court, Suffolk	
• Trees, Highgate	
• Mere View, Haughley	
Appendix B - Typical Flat Plans	30
• 1 Bed 2 Person Flat 54m ²	
• 2 Bed 3 Person Flat 68m ²	

Introduction

This Factsheet is an update to the 2004 Edition, Design Principles for Extra Care, commissioned by the Housing Learning and Improvement Network in the Care Services Improvement Partnership at the Department of Health. It coincides with the announcement of the Department of Health's Extra Care Housing Fund and the government's forthcoming 2008 National Strategy for Housing in an Ageing Society.

The thinking, planning and growth in Extra Care Housing have advanced significantly in recent years. The Factsheet is intended to be a helpful and practical tool for commissioners, designers, planners and developers when considering a new Extra Care Housing scheme and to learn from what has worked well.

The information in the Factsheet draws on the expertise of PRP Architects who have considerable experience in this field and have contributed to the development of innovative new housing with care designs that achieve greater independence for older people and vulnerable adults.

The Factsheet signposts to the latest information on Building Regulations and standards, such as the Housing Corporation's 'Design and Quality Standards' and the 'Wheelchair Housing Design Guide', and showcases industry-accepted good practice examples. It also provides a series of useful case studies which highlight different building designs, styles and approaches to designing new Extra Care Housing.

There is no guidance about building contracts, procurement or the appointment of consultants in this Factsheet. With the addition of new sections such as interior design, planning and enhanced landscape, we hope that the new edition addresses some of the current issues faced by commissioners and developers of Extra Care.

1 // Design Principles and Aims

The following should be the main drivers behind the design and development of an Extra Care Sheltered Housing scheme:

- To provide a 'Home for Life' – as far as practically possible.
- To create an enabling environment.
- To be domestic in style.
- To create a building to be proud of.
- To enable staff to run and manage the building efficiently and to meet the care and support needs of residents.
- To allow individuals to find privacy, comfort, support and companionship.
- To create a resource for the local community.
- To provide a mix of tenures and a range of care needs (to respond to market changes).
- To achieve the required sustainable targets.
- To provide for the various staff needs.

2 // Design Criteria – The End Users

2.1 Residents

Along with the social and emotional support provided to residents by staff in an Extra Care scheme it is essential that the physical environment is 'enabling' in terms of the likely impairments that those residents will experience with increasing age and frailty.

Visual Impairment: consideration needs to be given to lighting, colour schemes and tonal contrast, casting of shadows, audible signals and tactile information. The RNIB have produced a number of publications that deal with design issues for people with a visual impairment, see section 12 for specific references. www.rnib.org.uk

Hearing Impairment: consideration needs to be given to the provision of hearing loops in all communal spaces. Materials that reduce reverberation times are essential, particularly in larger spaces where acoustics can become a problem. Greater 'visual access' to a person's surroundings can help compensate for impaired hearing. Contact the RNID for more information www.rnid.org.uk

Mobility Impairment: Residents may use wheelchairs, zimmer frames, sticks or any combination of these. Space standards should accommodate the use of all of these. Floors should be level with no steps and be flush at junctions such as door thresholds, shower trays and changes in floor finish. Mobility impairments can also effect reach and dexterity and require that all ironmongery, fixtures and fittings be easily reached and easy to turn or operate.

Cognitive Impairment: A large proportion of people over 80 now suffer from a cognitive impairment. Principles of design for dementia sufferers must be included from the outset. Most of these principles will benefit all users of the building. Design features to assist way finding and reduce frustration are key, e.g. maximising natural lighting, creating landmark features and avoiding long monotonous corridors or ones with numerous changes in direction or dead ends. Reference to more detailed design guidance can be found in section 10.

Learning Disabilities: Housing LIN Fact Sheet No. 3 'New Provision for Older People with Learning Disabilities' outlines issues and good practice in relation to the development of supported housing specifically for older people who have a learning disability. This includes Extra Care.

Long-Term Illnesses: Designs should also accommodate the needs of residents with typical long-term conditions and health aspects associated with stroke, heart disease, cancer, diabetes and obesity.

2.2 Staff

- Require easy access to all areas of the building.
- Require conveniently located ancillary accommodation
- Require comfortable and functional facilities such as: changing area, rest room and office space.
- Should be able to provide care to residents discreetly e.g. should not need to take utility trolleys through public spaces
- Should have facilities which are treated with as much priority as residential areas

2.3 Visitors

- The entrance should be clear and welcoming.
- The building layout should be simple to understand for way finding.
- It should be obvious what spaces are public and which are private or semi-private. Consider balancing formal and informal spaces for use by different types of visitor: families and those from the wider community.
- Adequate parking spaces for visitors should be provided.

3 // The Brief – Key Issues to Consider

The following are questions that need to be answered before signing-off an initial brief:

- **Scale of development:** 30 units or 330?
 - **Location:** Consider the site's proximity to other shops/facilities/public transport. Are there any special site features? How secure is the site and its surroundings?
 - **Flexibility:** Flat mix and tenure – rented, shared ownership, private sale?
 - **Sustainability:** What targets will be required? Consult BRE who will decide what form of assessment will be required.
 - **Dementia care:** From day 1 or in the longer term? Caring for mild, moderate or severe dementia sufferers? Should a separate dementia wing be provided?
 - **Staff:** What is the proposed management strategy? (24hrs? Levels of staffing? Specialist care?) What are the visiting staff requirements? (outreach offices, medical facilities, treatment rooms)
 - **Fire:** Regulatory Reform Order 2005: Management approach? Building Control classification?
 - **Proposed Management Strategy:** Day care or community use: will there be any and will it be a formal arrangement requiring consultation with Social Services and/or the Primary Care Trust or NHS Trust?
 - **Communal Facilities:** These should be commercially attractive and able to be run independently of the extra care scheme in terms of services, access and tenancy agreements. Examples of services which would be suitable to also be used by members of the local community could include:
 - The dining room could be operated as a cafeteria, or lunch club.
 - The hairdressing room could be run by a professional hairdresser on a permanent basis and could also involve the services of a beauty therapist.
 - The IT room could serve as the venue for computer literacy classes.
 - Flexible spaces with storage could be used by outside clubs
- Sharing facilities like a shop or hairdresser with the community means they will be more financially viable within the scheme and ensures a lively and ever changing mix of faces and a crucial link between the scheme and the outside world.

- **Integrated Care / Centre of Excellence:** Will the scheme be combined with other residential or day services on site or in the locality?
- **Meals provision:** In the main dining room or taken to a number of smaller cluster dining rooms? Will there be a full catering kitchen or simply a regeneration kitchen for heating frozen meals?
- **Laundry facilities:** Will there be separate staff and residents' laundries? Number and specification of machines? What sluice facilities are envisaged?
- **Refuse collection and storage:** Central or localised? What is the management strategy? Consider travel distances for frail residents.
- **Maintenance Strategy:** Cleaning regime for windows, gutters etc to be agreed at outset so that the design is suitable and can accommodate this.
- **MMC:** Will Modern Methods of Construction be used? This can deliver benefits in terms of resource use, waste creation, programme lengths & financial management if supply chain management is involved from an early design stage.

- **SMART Technology:** Housing LIN Factsheet No.5 'Assistive Technology in Extra Care Housing' summarises the most common applications and gives examples and further reference for finding out more details. Assistive technology could include:
 - Flood Detection
 - Smoke Detection
 - Intruder Activity
 - Carbon Monoxide
 - Falls / Movement
 - Wandering detection

Further Information: Consider guidance available in the Housing Corporations 'Design and Quality Standards 2007' and the National Affordable Housing Programme 2008-11 Prospectus'. We also recommend referring to the Housing LIN's 'Extra Care Housing Toolkit'; 'Building for Life'; and 'Lifetime Homes' for further guidance (see Section 12).

4 // Planning

Background: It is important to appreciate that Extra Care Housing is a relatively new concept to the Planning regulatory establishment. The model, for providing both housing and care, does not fit neatly into the existing planning policy framework and as a result there has been, and remains, a good deal of confusion and inconsistency at Local Authority level as to how Extra Care should be assessed in policy terms. This situation is exacerbated by the fact that many Local Authorities do not have a clear strategy in place to address the housing and care needs of their older population.

Whilst this situation is changing fast and many planning authorities are becoming increasingly familiar with the concept, some are still 'challenged' when faced with new models of 'housing with care'. In these instances they rely on research, emerging precedent and guidance to inform their decision making. In some instances, Extra Care might still be regarded with an element of suspicion or as 'housing by the back door', especially as affordable housing, parking standards and other Section 106 requirements can be less onerous where C2 or older persons housing is involved.

Planning Guidance: There is now a considerable and growing body of planning guidance available. The most recent publication is the RTPI Good Practice Note 8: Extra Care Housing – Development Planning, Control and Management' which, in turn, refers to other guidance documents.

However, even this guide stops short of providing definitive guidance on key issues such as affordable housing provision, parking standards, or even whether Extra Care falls within the C2 or C3 or whether it should be considered as 'sui generis' etc. which are apparently left to the discretion of the officers to be assessed on local need.

Use Class & Related Issues: The planning system relies on use classes as a framework within which to assess new applications and their appropriateness within their context. In the case of Extra Care housing the model fits neither within the C2 class (institutional) – which would, for instance, have covered care homes/nursing homes – or C3 (housing). Whilst C3 attracts a proportion of affordable housing, (which depends on the Local Authority in question), C2 does not require any affordable housing provision per se. Similarly, parking provision is likely to be more prescriptive where C3 is concerned and housing is also likely to attract a greater contribution (planning gain) than an institutional development which is deemed to be a community provision in itself.

The position becomes even less clear where Extra Care developments might include specific nursing home provision or might be registered under CSCi.

Design & Access Statement: It is now a requirement that all new planning applications be accompanied by a Design and Access statement that encompasses all aspects of the design and its relationship to its context. With an application for Extra Care Housing, or other developments/models that involve 'housing with care', the statement should include specific reference to the specific issues related to the model. This is likely to be of considerable assistance to the case officers.

These issues might include:

- A demographic analysis of the local population in terms of age profile, the existing provision for housing 'with care' in the area and a projection of future need in order to establish a case.
- An explanation of Extra Care or the model of development that is being proposed. This should include the range of communal facilities being proposed, the form of tenure, the relationship of the facility to the wider community.
- The philosophy/model in terms of care provision and partnerships with the PCT or Social Services or other agencies in the delivery of care.
- Local stakeholder consultation strategy.
- The benefits that the development will bring to the area in terms of facilities, employment, release of housing in the community,
- Reference to precedent and guidance on similar models.
- The benefits to the residents etc.

Whilst there is a growing body of precedent and guidance available with regard to Extra Care and other models of 'housing with care' for older people, the inconsistencies within the planning process are likely to persist until such time as policies are amended to be more prescriptive.

Until this point is reached the onus remains with the developer to assemble a case and to present it as best he/she can to the planning authority.

5 // Design Concept and Layout Considerations

Generally, full wheelchair standards apply throughout Extra Care.

5.1 Grouping of Flats

The majority of completed Extra Care schemes have been designed with central communal facilities serving all residents. A number, however, have been developed on the principle of 'clusters' or friendship groups, with 8 or 10 flats having an individual lounge and dining room (and possibly an assisted bathroom). Consideration needs to be given at the very earliest stage of the design process to whether such an arrangement is appropriate, and to whether the individual clusters are to cater for specific needs. Groupings should be low-key and certainly not prescriptive.

5.2 Progressive privacy

Create a balance of the various areas required for residents, staff and the wider community.

Centrally located communal facilities should be designed with progressive privacy in mind. This is key to ensuring that residents are afforded the privacy and security that all of us require within our own homes. Not only should a clear separation between areas just for residents, staff and visitors be evident but a distinction between shared spaces for residents and those for the wider community is also important. Public spaces such as communal lounges and dining rooms along with ancillary spaces such as laundries and catering kitchens should all be located centrally and away from residents' flats. Staff, visitors or day users of the building should not need to walk through corridors off which flats are accessed in order to reach their destination. Locate areas such as assisted baths and guest rooms away from the more public areas and closer to the individual dwellings. The entrance to service areas such as the boiler and plant room, refuse store, metering room and main kitchen should be separated visually from the main entrance.

Keep restrictive internal locking systems in corridors, staircases and any communal spaces to an absolute minimum. This will ensure that residents can move around the building freely without needing to carry 'key fobs' or remember codes, since this can create an institutional environment and can outweigh the positive security aspect.

All site and building accesses should be securely controlled. Locate the entrance close to the site edge. Entry points to the site should be kept to a minimum

and, if more than one, should lead directly to the main entrance door or service areas.

5.3 Location and arrangement of spaces near to the main entrance

There are many rooms that work best when located 'front of house' which can all end up competing for space near to the entrance. Care must be taken not to clutter the front of the building or leave out key spaces such as buggy storage. A small sitting area at the main entrance for residents can be a great success.

The building should have a logical layout that can be clearly understood. Communal areas that could be shared with or visited by the public, such as the lounge and the dining area, should lead from the main reception area if possible.

5.4 Circulation

Circulation areas should be adequately designed for the frail and the wheelchair user and avoid long, dull vistas. The general arrangement of circulation spaces in Extra Care should be clear and 'rational' to assist people suffering from dementia or memory loss. Breaking down the building into identifiable zones and the provision of visual clues (through pictures and graphics) and signage will greatly assist way-finding.

Careful planning can reduce the length of corridors, thus reducing the travel distances and minimising an institutional atmosphere. Walking distances for all users of the building can be kept to a minimum by the sensible location of stairs and lifts. It is ideal for both a lift to all floors and stairs to be easily reached from the main entrance. To break up walking distances for residents consider introducing small seating bays; these are very popular with residents who want to meet in small groups for a chat, as well as providing a 'rest stop'. Terminating corridors with a place to sit and enjoy a view can avoid the sense of frustration suffered by residents with short term memory loss who might wander to the end of corridors.

5.5 Acoustics

In planning the layout, consider the acoustic separation of noisy rooms such as laundries, lift motor rooms, plant rooms and other communal spaces from residents living, sitting and sleeping areas. If layout permits, try to ensure that the living rooms of two adjoining flats are next to each other, and bedrooms of adjoining flats are next to each other.

5.6 Site specific issues

Sites come in all shapes and sizes. Adjoining buildings, existing trees, changes of level and location of mains services are a few of the factors effecting the size, height and siting of a new scheme. Consider in particular:

- Spaces should be arranged to take maximum advantage of what the site can offer, eg: locate individual dwellings toward the quieter areas of the site, make a focal point of an existing tree or provide views of street life. Orientate dwellings and principle communal spaces to ensure sunlight for part of the day to create a good balance of natural and artificial light and use shaded areas of the site for service spaces.
- Arrange the site layout to achieve usable external spaces; preferably a sheltered, reasonably private south facing garden, directly accessed from the principle communal spaces. If possible arrange main circulation routes to overlook the garden, to assist orientation and to encourage a sense of community. Locate buildings so that they create and define useful outside spaces that relate to the internal layout of the building. A warm south facing court yard will encourage residents to venture out and use outside spaces. Environmental considerations such as cross-ventilation, passive solar gain, avoiding double-banking etc will also contribute towards creating views and good visual access throughout. The context, style and visual impact of the building must be considered, taking into account the characteristics of the local area.
- Establish a logical external circulation between the site entrance/car parking and building entrance. Ensure that residents can be dropped off and picked up by minibuses, taxis and ambulances close to the main entrance, preferably under cover.
- Ensure that refuse collection points are within limits set by the Local Authority and if vehicles are required to enter the site, ensure there is adequate turning area provided.

5.7 Flexibility

- Flexibility should be a major consideration in order to avoid redundant buildings in the future

or the need for residents to move on to other accommodation. Specialist Housing is always subject to changes in policy, legislation, funding and allocation arrangements. Expectations of subsequent generations will continue to rise in terms of what would be an acceptable home environment. At any one time it is likely that only a small proportion of Extra Care residents will use a wheelchair. A resident may arrive in the scheme as a wheelchair user or the onset of mobility difficulties may occur at any time during a resident's tenancy. As maximum flexibility is essential, the architecture and structural designs should allow for this. Communal areas on the ground floor should be arranged within the footprint of flats above for structural design. Adequate storage provision is often overlooked and should be included from the outset.

- Construction methods, flexible spaces and facilities, access to technology or the ability to install Smart technology and personal computer systems are means of trying to 'future- proof' our buildings and provide a good marketing opportunity.
- Careful consideration should be given to the size of dwellings and the number of bedrooms. A balance needs to be struck between current cost constraints and likely future demand for increased space standards and a second (or even third) bedroom. Evidence shows that a second bedroom is a high priority for residents where the rent level or purchase price allows. This could be used by either a partner, carer, visitor or used as a separate study, dining room etc. A third habitable room in housing for older people is now a Housing Corporation expectation.

"We expect that homes within housing for older people projects will have three habitable rooms and any exceptions to this standard will need to be agreed by the Housing Corporation on the basis of a clearly defined case that makes specific reference to evidence of ongoing demand for smaller units."

- National Affordable Housing Programme 2008-11
Prospective, Housing Corporation.

- A second WC in 2 Bedroom units may be an option accessed from the Hall, as residents can often feel awkward inviting visitors to use their private bathroom. See flat layouts in Appendix B.

6 // Dementia Care

People suffering from confusion are less likely to become frustrated if they are able to clearly see and understand their surroundings. This is often referred to as providing a visually accessible environment. For example an environment where there are good visual clues, such as views to the outside and views from circulation spaces into communal spaces. Glazed screens and doors to communal areas enable residents to enter a room with the confidence of knowing what is going on inside.

Design features should be incorporated that will help with orientation, recognition and familiarity. A simple floor plan should be provided to guide orientation with the help of cues and landmarks and by maximising the amount of natural light in the building, particularly where there is a change in level or direction. Smart technology can be of particular benefit to residents with dementia. For example, movement through doors can be monitored with movement (PIR) sensors without encroaching on the freedom and privacy of residents.

Each individual will respond in a different way in terms of patterns and rate of deterioration. The universal characteristics of 'home' should be recognised to create a supportive, enabling environment that might ameliorate the degenerative process.

Design Principles for Short Term Memory Loss include:

- A pleasant familiar domestic environment
- Domesticity in scale and character
- Space to be surrounded by personal possessions
- A simple, easily comprehensible layout
- Visual accessibility, key vistas, open plan, etc
- Visual cues; personalising entrances, use of colour, artwork etc
- Small scale living – cluster arrangement
- A plan to facilitate wandering
- Elimination of 'dead-end' corridors
- Security
- Appropriate garden/amenity provision
- Integration with the community

7 // Interior Design

Great importance should be given to a high quality interior design to provide atmosphere and ambiance for key spaces. Little consideration in this area can dramatically influence the success of a development. Depending on the size of the scheme, it is often important to appoint an experienced interior design consultant. A well considered scheme will improve kerb appeal, provide delight and a sense of pride. Market appeal is critical in both the public and private sector for any sustainable development.

Contrast: Reduce the effects of visual impairments by incorporating colour schemes that use contrasting tones to highlight features within the building and avoid 'visual clutter'. There should be a contrast between the floor, walls and ceiling so that those with visual impairment can have an increased awareness of spatial dimensions. There should also be a contrast between ironmongery, doors, door frames and walls to distinguish these clearly: the new Part M requirements of the Building Regulations should be considered regarding contrast levels.

Specification of finishes: Avoid shiny surfaces, especially shiny floor surfaces, as this confuses those with visual impairment. Highly patterned floor and worktop surfaces should also be avoided as this makes objects set against them harder to distinguish, e.g. a set of keys which has fallen on the floor. Natural materials assist way finding, divide spaces, highlight level changes etc and help create a warm and less clinical environment. Specify finishes for large spaces with higher ceilings such as lounges and dining rooms with a high acoustic absorbency, in order to reduce echoes for the benefit of those with hearing impairments.

Dividing spaces: Different spaces, particularly within the 'community village' should be considered individually to enhance their function and create an ambiance with a combination of lighting and subdivision of space. Large areas can be subdivided into smaller, more intimate spaces by the use of screening, indoor planting, variation in ceiling height, lighting and appropriate furnishing.

Corridors: Within corridors, create a domestic appearance with careful attention to floor finishes and choice of light fittings. Consider integrating the handrails with a dado rail and a change in paint colour or wallpaper.

Orientation: The use of colour or themes will be an important tool for assisting with way-finding. Different colourways or use of themed wall art/photos can be adopted for different floors or areas of the building to assist visitors or residents with orientating themselves. This is particularly successful at the points where people exit from a staircase or lift.

Signage: The design of signage is paramount and a clear strategy should be developed which outlines its hierarchy, locations and style. Signage must comply with Part M of the Building Regulations and BS8300:2001 provides additional points to consider.

8 // Landscaping

The landscape setting must be structured with the specific needs of the residents in mind. Communal gardens for the shared use of the residents and wider community are often provided along with private residents' gardens and individual private patios to groundfloor flats.

Extra Care gardens: The gardens associated with Extra Care accommodation function on several levels, providing both stimulating views from within the building and potential for extending internal activities into the immediate surroundings. This external space can be divided into a sequence of activity zones: the location of terraces and patios alongside a lounge or conservatory enables the extension of living space out into the garden. These hard standings should be flush with internal floor levels and large enough to readily accommodate a table and chairs. The garden should also incorporate a large level grassed or paved open space to provide flexibility for activities such as outside eating, barbecues or the siting of a marquee for communal garden parties. Pergolas clothed in climbing plants can provide immediate shading for south facing terraces or they may be located remotely within the garden to shade seating areas. Water features can contribute to an aurally stimulating and tactile environment, and provide effective focal points for garden vistas, a centre piece for key spaces or even a means of establishing a physical connection between indoors and outdoors.

Seating: This should be designed to facilitate access for residents of all abilities, particularly wheelchair users. Benches should be located at all main entrances for those awaiting transport. The design and siting of seating must also consider the requirements for a minibus drop-off under cover and to allow for the anticipated size and tracking of emergency and service vehicles, turning heads and waiting bay).

Resident participation: Small, individual private gardens or patios provide residents with their own outside area and an opportunity to personalise this space with potted plants and garden furniture. Raised beds enable elderly or wheelchair bound residents to appreciate the planting and the opportunity to contribute to gardening activities. If the site allows, an external residents drying yard can be linked to the laundry area.

Footpaths: Secure wandering circuits of a suitable material should be integrated into the design to provide opportunities for exercise. Seating points should be strategically located to allow for resting. Loose gravel

surface treatment should be avoided – we have found resin bound gravel to be more appropriate. Sudden unguarded changes in level are to be avoided; only very gentle ramps are acceptable. The route to the entrance from the parking area should be level or ramped at no greater than 1 in 20. Dropped kerbs should be provided to facilitate access from parking bays to the main entrance.

Where possible private patios should have direct links to communal paths. A minimum path width of 1200mm is adequate if wider wheelchair passing spaces are provided occasionally. All paths should provide a clear route back to their origin, and dead ends are to be avoided at all times. Short cuts should be readily anticipated.

Planting: The planting strategy should in principle provide a palette of plants to stimulate the senses. This will include tall sweeping forms to provide movement, varied textures to create interesting sounds and encourage the sense of touch, vibrant colours and highly aromatic plant mixes to give year-round interest. The planting specification should be carefully coordinated to minimise maintenance and provide opportunities for resident participation. Watering points and storage facilities should also conveniently be located to assist ongoing maintenance. Turf should be restricted to large open zones and ground cover utilised for smaller areas and thin strips to reduce mowing requirements.

Existing vegetation should be retained as appropriate to provide shading and an immediate sense of maturity. The retention of trees will be dependent on the findings of a detailed arboricultural survey and all trees found to be in a dangerous condition must be removed or surgically improved. If a tree survey is required this should be carried out at feasibility stage, as the location of individual trees or tree groups may influence the form of the building or location of terraces, paths and other hard standings.

Boundaries: The garden should be enclosed with appropriate fencing to ensure security and to avoid uncontrolled wandering. Early discussions with the local Crime Prevention Design Advisor should be carried out as these will influence the design and specification of the boundary treatment.

External storage: Adequate refuse, clinical waste and recycling storage must always be provided. The size and requirements for secure cycle and buggy storage must also be considered.

9 // Sustainable Design

Policy and other requirements: The long-term flexibility provided with the Extra Care typology is socially sustainable in itself, ensuring that dwellings meet residents' changing needs over time. However, there are increasing drivers and regulatory requirements to meet in terms of environmental sustainability. This section gives a brief overview, but more detailed advice should be sought early in the development process.

Housing for older people currently has no mandatory sustainability assessment requirements to achieve Housing Corporation funding, although it is understood that the likelihood of gaining funding may be greater if an environmental rating is sought.

Currently, the type of Environmental Assessment method applicable depends on the proportion of internal communal space and should be confirmed with the BRE. Broadly speaking, if communal areas make up less than 10% of the accommodation, the Code for Sustainable Homes (CSH) can be used for the self contained flats, however, communal areas will be excluded. If communal areas make up greater than 10%, which is highly unlikely, BREEM Multi-Residential (previously Bespoke EcoHomes) will be required. For any developments with very extensive communal rooms, or for people who require a very high level of care, BREEM: Bespoke may be required.

Where the Code for Sustainable Homes applies (again, unlikely) some local authorities will require developments to achieve a specific rating, typically Level 3* but sometimes Level 4*. Many also require a certain percentage of energy or carbon dioxide emissions to be offset using on-site low or zero carbon technologies (LZC or renewables), and/or have a preference for combined heat and power, whether on a site or district scale.

Energy: Housing for older people is inherently demanding in terms of its energy demands due to the fact that residents spend a large amount of time in their homes, and may be more susceptible to feeling the cold. Energy efficiency and sustainability measures have, in our experience, been largely ignored or omitted in the face of capital cost constraints on the great majority of retirement housing developments. This issue must be urgently addressed if the Government targets for zero energy housing are to be addressed in the short to medium term.

An energy strategy should be commissioned at the outset of the project to make best use of the energy hierarchy - passive design, followed by energy efficiency measures, combined heat and power and lastly, renewables to offset a proportion of the remaining demand - in the most cost effective way over the long term.

Passive design features may include orientation to maximise solar gain and daylighting, winter gardens to warm air before it enters the building, cooling and ventilation of communal areas through natural stack effect and exposed thermal mass, and through openable windows in individual dwellings.

The menu of energy efficiency measures that should be considered is likely to include high levels of insulation and window specification to achieve low U-values, low-energy light fittings and efficient heating and ventilation systems. As the effects of climate change are felt now and in the future, avoiding overheating is becoming a critical issue.

Low or zero carbon technologies or renewable technologies include solar water heating and photo voltaic cells, both of which require sufficient roof space with the correct aspect to function efficiently. Micro wind turbines can be effective in rural locations but their likely performance should be carefully examined in urban areas. Combined heat and power systems may be more viable in extra care developments than other types of housing due to the more constant heat demand pattern, particularly if there are integrated community facilities for non-residents. Ground source heat pumps and biomass boilers to provide communal heat and hot water can be cost effective, but consideration should be given to fuel storage and delivery of biomass.

Clear controls for all systems and education of residents and staff are critical to ensuring the building performs as specified.

Water efficiency: Measures to reduce water consumption must be considered in line with the frailty and care needs of the end users. Rainwater recycling is likely to be most suitable for use in communal facilities, individual greywater systems can be specified for flats. Water butts can be used to collect rainwater for garden irrigation. Consider green roofs and permeable external finishes for rainwater attenuation.

Materials: Carry out a pre-demolition audit to maximise the use of reused and / or recycled materials from previous use of the site in the new development. Material specification should take account of environmental impact, with a preference for materials with a 'Green Guide' score of A-D, reused and recycled, locally sourced or from an accredited source, in particular for timber.

Waste: Consider use of off-site fabrication to reduce site waste during construction. Early collaboration between client, designer and contractor is key to designing for resource efficiency and reducing waste.

Incorporate storage for recyclable waste in individual and communal kitchens and in external refuse stores, and consider a communal composting system.

Sustainable lifestyles: The location of the development should take account of access to local facilities, including medical services and leisure facilities to help avoid residents becoming isolated. For less mobile residents a feeling of connection to the community, e.g. views of street life, parks, shops and local facilities, may contribute to better health. Consider public transport access for all, and plan cycle storage for staff and visitors. Consider whether electric buggies can be charged through renewable energy.

Views of nature and opportunities to sit outside are important to wellbeing. Balconies and winter gardens can enable this. Consider planning outside space to allow residents to continue interests in gardening using raised beds. This is also an opportunity for the development to grow some of its own food. Enhancements such as green roofs, bird and bat boxes and planting schemes can enhance biodiversity as well as providing interest.

Internal environment: Internal air pollution and toxicity is a particular issue in buildings made more airtight to prevent heat loss. Many materials used in construction and finishing give off VOCs (volatile organic compounds) which have a strong chemical smell and may contain suspected carcinogens, toxins, aeropathogens and allergens. This can be avoided or reduced by specifying natural breathable products and water based finishes in preference to those containing or treated with (for example) solvents, formaldehyde, phenols and organochlorides.

Indoor planting improves indoor air quality and research has proven that plants can absorb toxins such as formaldehyde and toluene. Consider an indoor planting strategy for communal areas, encouraged indoor plants within individual units by building extra wide window ledges for plant pots to sit on.

10 // Key Design and Specification Issues

10.1 Supporting Frailty and Impairments

- 'Free-swing' door closers linked to the fire alarm should be fitted to the front doors of flats and other doors regularly used by residents. Remove obstructions such as fire compartment doors, which can be held open on magnetic pads. This will avoid the hazard and frustration associated with heavy overhead door closers. Specify vision panels to doors along circulation routes and leading to communal rooms.
- Specify handrails along both sides of circulation routes that are appropriately scored to assist way-finding for those with visual impairments. Consider the design of handrails which return to the wall to avoid snagging of clothing on their free ends, which can easily lead to a fall for a frail older person.
- Specify appropriate ironmongery, taps etc for older people with limited dexterity.
- At least one stretcher sized lift should be included to accommodate long-base wheelchairs/stretchers/coffins.
- Wheelchair standard design should be provided throughout the building. However, consideration should be given to the fact that certain areas such as residents' individual kitchens can be designed for adaptation for people who do not use a wheelchair until a later stage in their life. This will avoid costly fit outs at the initial stage and result in a more user-friendly space for the majority of residents who will never use a wheelchair in the kitchen. Allowances for future changes should be designed in from the beginning; the construction and detailing of the building should allow for ceiling hoists to be retrofitted within flats and stud-partition walls should be reinforced for grab rails in bath and shower rooms.
- Specify level-threshold showers. Flooding in en-suite bathrooms with flush showers has been found to be a problem frequently faced in this typology. Locate the shower away from doors and take care with building tolerances, detail a fall in the floor of the shower tray area only. Specify a shower head that can be tilted downwards and not fixed at one angle.
- Combine shower head rails with a grab rail to avoid residents pulling the shower rails off the wall in the event of slipping.

- Specify sockets and switches at appropriate height
- Generally any ramps should, as a minimum, comply with the provisions of Part M of the Building Regulations.
- Acoustics: The importance of adequate sound separation and reduction of reverberation is especially important in Extra Care schemes where some, but not all residents suffer from hearing impairments. In some cases Building Control have relaxed the stringent reverberation requirements in corridors and stairwells based on the user group.

10.2 Way-finding

- Good use of natural light and views out are essential, particularly on circulation routes and at stair and lift landings.
- The use of clear glazed screens to communal areas greatly improves the feeling of light and space within the building and enables good visual access throughout. Floor to ceiling glazing could be introduced where it is safe to do so in order to create an open, contemporary feel.
- Good use of colour and tonal contrast and tactile materials aid orientation. These ensure that corridors do not become monotonous and assist way-finding. Use 'accent' colours to pick out important landmarks or entrances.
- Recessed doors to flats and kitchen window cills onto corridors provide a place for residents to display personal items which assist in distinguishing flats.
- Small seating bays along corridors or overlooking interesting vistas are very popular with residents and help to create landmarks to aid orientation.

10.3 Lighting

Lighting design is crucial. A range of different luminaries and light sources should avoid glare and sharp shadows.

- Careful design of switching and dimming will ensure that different atmospheres can be created and different needs catered for.

- The importance of natural lighting is strongly emphasised as this can impact moods, way finding, solar gain etc. Corridors should ideally be lit from windows or rooflights (including kitchen windows onto corridors) to avoid long, dull vistas. Consider floor voids to enable natural light to reach lower floors. Balconies and winter gardens enable natural light and views of nature and contribute to wellbeing.
- Avoid numerous light fittings in a regimented array, which may cause a clinical, institutional appearance and avoid performance specifying lighting as BS lux levels as this will restrict the end design due to the requirement for uniformity. Balance ceiling mounted fittings with the use of wall mounted fittings and specify feature lights where appropriate with suitable lux levels, eg: communal lounges, winter gardens, halls etc.
- Avoid sharp contrasts between highly lit and dark spaces, as the ability of one's eyes to adapt to different levels of light decreases with age. Specify adjustable and flexible lighting to create various atmospheres or reduce/increase lighting levels to suit an activity.
- Install lighting along the main routes of pathways so that the garden can be used safely in the evening. Good lighting is also required to all parking areas to provide surveillance lighting and CCTV as required for security.

11 // Schedule of Accommodation

We recommend the typical 1 Bed Flat to be 54m² and the 2 Bed Flat to be 68m². The following schedule represents a scheme of 40 flats and gives an indication of spaces to consider with suggested floor areas. Project specific factors will dictate which spaces are appropriate and where they are located within the scheme. For example some schemes will offer formal day care and will therefore be able to sustain more activity spaces and there will be different requirements in schemes located in vibrant urban settings as opposed to a quiet rural area.

11.1 Accommodation

Residents' Accommodation:

- 1-Bed 2-Person Flats **Approx. 54m²**
(See Typical Layout in Appendix B)
- 2-Bed 3-Person Flats **Approx. 68m²**
(See Typical Layout in Appendix B)

11.2 Communal Accommodation & Facilities

- Main Communal Lounge** **1.5m²/flat**
Located near to and visible from the main entrance with a focal point such as a fireplace or similar. Dining and lounge spaces should be linked but should occupy distinctly separate spaces. Views and direct access onto a south facing terrace and garden are a major benefit. Alcoves and niches will allow smaller groups to gather together.
- Dining Area** **1.2m²/flat**
If possible this room should link to an external terrace to allow dining outside in good weather. This space could be designed in several ways, as a restaurant or café with table service or servery counter, or as a domestic dining room. Allow space for residents using wheelchairs and walking aids. The overall area is dependent on the number of diners, eg: use as a luncheon club by outsiders
- Residents Tea Kitchen** **10m²**
Provide adjacent to lounge and dining space, for use by residents and for refreshments for small functions. Could double up as servery counter for main meals.

- Small Lounges or Hobby Rooms (2 minimum)** **min 15m² each**
Can be located on upper floors and used for private parties with relatives, small gatherings, specific activities etc. Should be easily accessible and not located at the ends of corridors or isolated from the main circulation route. The number of these will depend on the size of the scheme and whether the flats are arranged in clusters.
- Communal WCs** **4m²**
Located near to entrance area and communal lounge/dining areas. Designed for wheelchair accessibility.
- Assisted Bathrooms (1 minimum)** **12 – 15m²**
Equipped with baths to allow both assisted and independent use by residents. These rooms should be designed to be as domestic as possible, space should allow baths to be located in a peninsula position. WC's should be screened from the main bathroom or ideally located in a separate but adjoining room.
- Hairdressing and Beauty Therapy** **6m²**
Could be located near to entrance area and might have a multi-purpose use.
- Informal seating spaces (throughout scheme)** **3m² each minimum**
Beside main entrance, along corridors and at ends of corridors. Number will be dependant on the individual scheme layout.
- Large re-charging store for electric buggies and scooters** **25 – 30m²**

11.3 Staff & Ancillary Accommodation

- Manager's Office** **15m²**
With views into the main entrance area, space for desk, computer table, chair, plus two visitors chairs and document storage.
- Care Staff Office** **18m²**
Space for two desks, files storage and table for handover meetings. Privacy is important due to the confidential nature of the work.

- **Photocopy Area** **4m²**
Easily accessible by all staff
- **Staff overnight room with en-suite facilities** **18m²**
The need for this space will depend on staff arrangements and whether night waking staff will be employed.
- **Staff rest room with kitchenette** **15 – 20m²**
Space for table and chairs plus a couple of armchairs. It may be worth considering a staff smoking area e.g. a covered external terrace.
- **Staff locker/change room & shower/WC** **12m²**
All staff will need locker space and possibly an area for changing clothes. Provide at least two dedicated staff toilets and consider the need for a separate staff shower.
- **Guest room with en-suite** **20m²**
To be designed for wheelchair user access, accommodating two twin beds with en-suite shower, WC and basin.
- **Laundry** **20m²**
For use by residents and staff with adjoining external drying yard. It may be appropriate to divide the laundry to provide separate resident and staff areas. Specify at least one machine with a sluice cycle option.
- **Main catering kitchen and associated storage and staff facilities** **60m²**
The brief for this space will depend on whether a full catering service is to be provided or if the requirement is for a less intensive use e.g. regeneration kitchen.
- **Cleaners storage** **5m²**
- **General storage** **20m²**

11.4 Services and Plant

- **Minimum of 1 no. Lift to all floors:** **2600 x 1800mm**
minimum 13 person [stretcher size] shaft approx
- **Lift Motor Room if required** **4m²**
- **Refuse Store (including lobby and cupboard for Clinical waste)** **20m²**
- **Recycling collection point** **6m²**
- **Plant room and Service risers**
The size of plant room[s] will vary significantly from scheme to scheme depending on the method of space heating selected and the extent of individual metering decided upon. Space required for water storage [including the possibility of booster tanks and pumps if the building height dictates] will also vary. As a guide allow 20-25m², but ensure specialist service engineer's advice on size and location at the earliest possible opportunity.
- **Electrical Intake/Meter room** **10m²**
- **Other spaces to consider:**
A number of additional spaces should be considered which will of course be determined by factors specific to the site, the scale of development and local need. The need for such additional facilities may be identifiable but it may still be financially prohibitive. Where appropriate consider the following additional facilities:
 - Shop
 - Library
 - Therapy Suite
 - Treatment Rooms
 - IT Facilities / Information Points /Touch Screens
 - Café / Bar / Pub
 - Leisure Facilities
 - Outreach staff offices

12 // Design Standards and Guidance Documents

12.1 Compulsory Standards:

The following is not an exhaustive list of all standards and legislation to be met when designing and building Extra Care Sheltered Housing but does give the main documents that apply specifically. A definitive guide to Extra Care with statutory status does not exist so careful interpretation and detailed knowledge of all the related standards is essential.

- **Approved Document M (2006 Edition)**
The Stationery Office

The Building Act 1984 requires compliance with the building regulations. Within England and Wales this is covered by guidance found within the 'Approved Documents'. Approved Document M gives technical guidance on providing access to and within buildings by all building users including disabled people. The latest version of this document is informed by BS 8300:2001 Design of Buildings and their approaches to meet the needs of disabled people – Code of Practice (see below)

- **Disability Discrimination Act 1995**
The Stationery Office, 1995

Please note: Under 'The Care Standards Act 2000' the Department of Health have published 'National Minimum Standards for Care Homes for Older People'. This document is not applicable to the built environment of Extra Care Sheltered Housing as the building would not be registered as a Care Home.

- **Housing Corporation – Design and Quality Standards, April 2007**

These standards now classify housing for older people into 3 categories:

1. Housing for older people (all special design features) [= Extra Care]
2. Housing for older people (some special design features)
3. Designated supported housing for older people

It is essential that these categories are interpreted correctly and it is clear from the outset which category your Client is aspiring to achieve.

The documents to which the new Design and Quality Standards refer to are:

- **Wheelchair Housing Design Guide**, Stephen Thorpe
National Wheelchair Housing Association Group, 2006
- **Design Guide for the Development of New Build Accommodation for Older People**
by PRP Architects for The Abbeyfield Society, 2001
- **Secured by Design**
<http://www.securedbydesign.com>

12.2 Further Design Guidance and Good Practice:

- **NHF: Standards and Quality in Development – A Good Practice Guide**
Relevant Sections - Part C: The Internal Environment;
Part E: Accessibility & Technical Illustrations, within the appendices.
National Housing Federation, 1998
- **Adapting Homes:** A guide to adapting existing homes for people with sight loss, Linda Rees and Caroline Lewis, RNIB Cymru, 2003
- **A Design Guide for the Use of Colour and Contrast to Improve the Built Environment for Visually Impaired People**, Dulux Technical Group, ICI Paints, 1997
- **BS 8300:2001** Design of buildings and their approaches to meet the needs of disabled people – Code of practice, The British Standards Institution, 1999
- **Building Sight:** the Royal Institute for the Blind – a useful handbook of building and interior design solutions for the needs of visually impaired people. Peter Barker, Jon Barrick, Rod Wilson, HMSO in association with the RNIB, 1995

The following documents are also recommended:

- **BREEAM** guidelines
- **The Extra Care Housing Toolkit**, October 2006: provides a range of papers, ideas, checklists and diagrams designed to help in planning specialist housing and service provision. Replaces the document 'Developing and Implementing Local Extra Care Housing Strategies. www.icn.csip.org.uk'
- **Extra Care Housing: Development Planning, Control and Management** RTPI Good Practice Note 8, 2007. www.integratedcarenetwork.gov.uk
- **Housing Green Paper**, Homes for the Future, July 2007. Briefly discusses 'Housing for an Ageing Population' in chapter 6, also refers to the 'National Strategy for Housing and Ageing Society' paper for more detail. www.communities.gov.uk
- **Lifetime Homes**, 16 design feature 'Standards' that together aim to create accessible and adaptable housing in any setting. www.lifetimehomes.org.uk
- **Building For Life**, CABE: 20 Questions which form a basis for writing development briefs. www.buildingforlife.org
- **National Affordable Housing Programme 2008-11 Prospectus**, Housing Corporation September 2007. www.housingcorp.gov.uk
- **Planning for Retirement Housing**, A Good Practice Guide by the Planning Officers Society and the Retirement Housing Group, November 2003
- **The Suffolk Very Sheltered Housing Design and Management Guide**, Ninth Revision, January 2007, Available on line from: www.suffolkcc.gov.uk
- **Towards Lifetime Neighbourhoods: Designing Sustainable Communities For All**, published in partnership with Communities and Local Government, November 2007

- **Legislation Maze: Inclusive Accessible Design**, Guidance on accessibility design issues required during the course of a building project, using the new RIBA Plan of Work stages.
- **National Strategy for Housing in an Ageing Society, 2008**, This forthcoming Strategy will be published shortly and includes announcements such as Lifetime Homes becoming a mandatory part of the Code for Sustainable Homes. www.communities.gov.uk

Various Publications on Designing for Dementia are available from:

- **Design for Dementia**, Stephen Judd, Mary Marshall & Peter Phippen, London: Hawker Publications, 1998
- **Dementia Services Development Centre**, University of Stirling, Stirling, FK9 4LA, Scotland www.stir.ac.uk/dsdc
- **Designing for Special Needs**, An architect's guide to briefing and designing options for living for people with learning disabilities, Maurice Harker & Nigel King, The Shirley Foundation, 2002, RIBA Enterprises
- **Homes for The Third Age**, a design guide for extra care sheltered housing, David Robson, Anne-Marie Nicholson, Neil Barker, University of Brighton and Hanover Housing Association, E&F N Spon, 1997
- **Housing Sight**, a guide to building accessible homes for people with sight problems, Linda Rees and Caroline Lewis, RNIB Cymru, 2003
- **Put Yourself in My Place**, designing and managing care homes for people with dementia, Caroline Cantley and Robert C Wilson, The Policy Press, 2002

Summary

Extra Care Sheltered Housing requires an experienced team to implement the specialist design principles highlighted in this Factsheet. This includes the client and those representing the client.

There is no single 'model' of Extra Care but there are now a significant number of built examples upon which to draw feedback. The specifics of each site, the local need, the scale and size of development, the types of service and care to be provided and both the capital and revenue funding available will determine the brief in each instance.

Guidance documents and current standards need careful attention and interpretation and recent trends indicate that there is now a greater awareness of the requirements for sustainable design. Extra Care housing is in itself a sustainable typology due to the aims behind it providing a 'home for life' which can be adapted in many ways to suit a resident's changing needs.

The enclosed case studies show that Extra Care Sheltered Housing can be an alternative to residential care, provide a setting for dementia care and can also be a resource for the local community if well designed and located.

Appendix A: PRP Case Studies

These case studies illustrate recently designed Extra Care schemes by PRP. They provide a range of real life examples in a variety of settings to meet a range of end user requirements. The case studies have been chosen to illustrate that Extra Care Sheltered Housing can offer the following:

- An alternative to Residential Care
- The setting for the provision of dementia care in a non registered environment
- The opportunity for provision of integrated care in the community

The following projects are included:

- Denham Garden Village, Buckinghamshire
- Penfold Street, Westminster
- Hoathdown House, Peacehaven
- Hartfields Retirement Village, Hartlepool
- Cheshire Extra Care PFI
- Exning Court, Suffolk
- Trees, Highgate
- Mere View, Haughley

Denham Garden Village

Extra Care Village

Client: Anchor Trust
Value: £62 million
Start on site: January 2004
Completion date: April 2009
No. of Dwellings: 326

The project encompasses a range of accommodation to cover the spectrum of care requirements from relatively independent residents to those in need of 24hour care.

Denham Village will include a range of public facilities located at the heart of the village. The facilities will include a G.P.'s practice, library, health and fitness centre, shop, restaurant, pub and craft rooms. The scheme includes a Winter Garden and internal atria spaces bringing this extra care sheltered scheme in line with European precedent.

Winner of the What House? Awards 2006 'Best Retirement Development'.



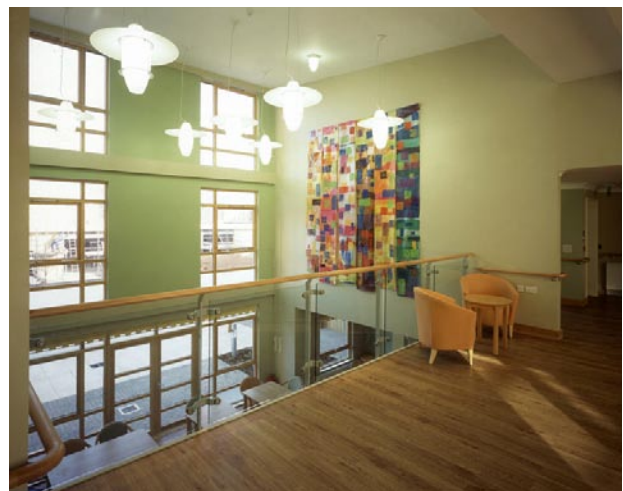
Penfold Street, Westminster

Extra Care Sheltered Flats

Client: Notting Hill Trust
 Value: £ 5.75 million
 Start on site: May 2003
 Completion date: November 2004
 No. of flats: 43 Extra Care & 8 Dementia-care flats.

60 Penfold Street was jointly commissioned by Notting Hill Housing Trust on behalf of Westminster City Council's Social and Community Services and Housing departments with a vision to construct a flagship scheme of housing for older people in the heart of London. The buildings have been designed around a central Winter Garden and incorporate 43 extra care sheltered flats and 2 four bed flats for residents with dementia. A resource centre has been designed into the ground floor of the building incorporating medical treatment, chiropody and therapy rooms.

The majority of the extra care flats are located in a five storey block to the west of the site. A three storey block on the east of the site houses the two four-bedroomed flats for tenants with dementia and the balance of the extra care flats. The winter garden links the two buildings and provides a two storey internal garden space which has a flexible layout containing communal facilities and activity spaces including the lounge and dining room. The winter garden also provides access to the two external garden areas.



Ground Floor



First Floor

Hoathdown House, Peacehaven

Extra Care Sheltered Housing

Client: Saxon Weald Housing Association

Value: £5.2 million

Start on site: March 2008

Status: Planning

No. of flats: 41 Extra Care

Located on a brownfield site 7 miles east of Brighton, this is a tight suburban site bounded by roads on three sides. The northern boundary is bordered by private dwellings which are perpendicular to the site boundary with no habitable rooms overlooking the site. The new development will provide 41 new dwellings in a mixture of 21 No. 1 Bed Flats and 20 No. 2 Bed Flats.

The U-shaped plan is closed at ground floor level only with a single storey corridor and garden pavilion to minimize walking distances for residents. The building is generally three storeys in height stepping down to two storeys to the north and west.

The entrance/reception area will be a light, airy and welcoming space with the lounge area immediately in view. From this point there will be oblique views along the 'internal street' to the range of residents. These facilities will include a Dining Room, Lounge with IT bay, Hairdressing Salon, Shop and Laundry. The main spaces will open onto a Garden/Patio area that will provide for sheltered outdoor living and garden activities. There are two additional multi purpose rooms adjacent to the lifts on the upper levels for smaller group activities.



Ground and Site Layout



First Floor



Hartfields, Middle Warren, Hartlepool

Extra Care Village

Client: Joseph Rowntree Housing Trust
Value: £27.5 million
Start on site: June 2006
Completion date: June 2009
No. of flats: 242 across the whole site

This Extra Care Village will provide outreach accommodation for both the PCT and Hartlepool's Adult and Community Services teams in addition to a wide range of facilities, many of which will be available to the surrounding community as well as the residents. Included amongst these facilities are a Restaurant, shop, Healthy Living Centre incorporating a Spa Pool, Hairdressing Salon and a range of lounges and activity spaces.

The Village will provide for a range of accommodation options for residents with terraced bungalows/cottages and independent blocks of flats towards the rear of the site and a four storey extra care block in the form of an H-plan at the interface with the neighbourhood park. An internal street and atrium at the heart of the main block will connect the village square to the housing at the rear of the site.

The scheme will be mixed tenure with 60%-75% affordable rental or shared ownership and the balance private sale.

Full planning permission was achieved towards the end of 2005 and the project started on site in June 2006.



Cheshire Extra Care PFI

Five New Extra Care Developments

Client: Avantage
Value: £65 million
Start on site: October 2007
Completion date: October 2009
No. of flats: 433 across 5 sites

This project has been procured through a Private Finance Initiative. Construction work has recently commenced on five sites across the County of Cheshire to provide 433 new flats for older people in the form of Extra Care Developments.

Each of the developments which will range in size from 53 dwellings to 133 dwellings will include a range of communal facilities, including a Restaurant, Lounges, Healthy Living suite, Library and IT Room, Craft and Activity Rooms etc, all of which will be accessible to older people from the surrounding community in addition to the residents.

In addition, the residents will have exclusive access to their own lounge and laundry. Ancillary and service accommodation in each development will include administrative and care staff offices, and rest facilities, guest and staff sleepover facilities, a full catering kitchen and staff laundry.



Winsford Ground Floor Plan

Exning Court, Exning, Suffolk

Extra Care Sheltered Housing

Client: Sanctuary Hereward

Value: £3.9 million

Start on site: January 2006

Completion date: June 2007

No. of flats: 34

This new scheme has been designed to comply with a Suffolk County Council brief that requires the accommodation to be arranged in 'pods' with eight flats in each that share assisted bathing facilities.

One of the 'pods' is dedicated to providing accommodation for older people with mild to moderate dementia. This pod includes lounge and dining facilities with a kitchenette to provide self-contained accommodation for these residents.

The 34 unit scheme has been designed to reflect the architectural vernacular of the area with a series of buildings around a central courtyard that is consistent in character with the equine stable yards in the vicinity. The front of the building facing Cotton End Road gives the appearance of a terrace of cottages.



Ground and Site Layout



First Floor Plan



Trees, Highgate

Extra Care Sheltered Flats

Client: Hill Homes/One Housing Group

Value: £9.1 million

Start on site: TBC

Status: Planning

No. of flats: 40

The 'Trees' project in Highgate is located within a well known Conservation Area which also enjoys numerous mature and beautiful trees.

The project proposals are for 40 Extra Care flats for older people, with a mix of one and two beds and associated communal facilities to support the residents which will enable them to live independent lives as far as possible. The ambition is to provide an exemplar service in a building of particularly high quality and architectural distinction. In order to achieve this goal, Hill Homes have partnered with One Housing Group and assembled a design team to develop the proposals.

The proposed development is unique in the Highgate area in that 100% of the units will be affordable housing for rent. This will go some way to meeting Haringey's increasing need for Extra Care provision, which is a viable alternative to residential care.

The scheme responds to the site context being expressed as 3 villas's connected with lightweight glazed links. It will also seek to retain the existing trees on the site. The design aims to maximise natural light within the building and offer views into the landscaped gardens. It will exceed minimum standards, not only in terms of space but also in sustainability, including ecologically friendly design features and low carbon technologies as standards. Current options being considered include ground source heat pumps and winter gardens to exploit passive solar heat gain.



Ground and Site Layout



Mere View, Haughley, Suffolk

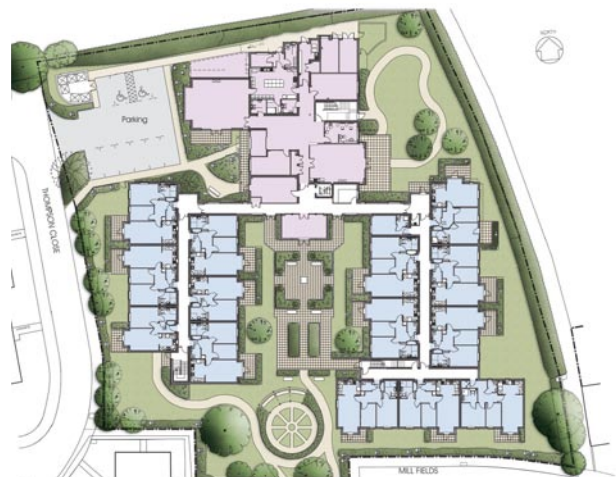
Extra Care Sheltered Housing

Client: Housing 21
Value: £3.8 Million
Start on site: August 2005
Completion date: October 2006
No. of flats: 32

Situated on open land on the northern edge of the village of Haughley in Suffolk, this scheme is arranged around a sheltered and secure south aspect courtyard garden. Housing 21 required the great majority of the flats to be 2 bedroom to respond to the shared ownership market.

Communal facilities will include a restaurant/dining hall adjacent to the main entrance, a resident's lounge, hairdressing salon, shop, IT room and a conservatory/garden room opening onto the courtyard garden.

A feature of the scheme is the bay windows which extend through the eaves line to form dormer windows. This reduces the perceived scale of what is essentially a large building in a suburban context.



Ground and Site Layout



Appendix B: Typical Flat Plans

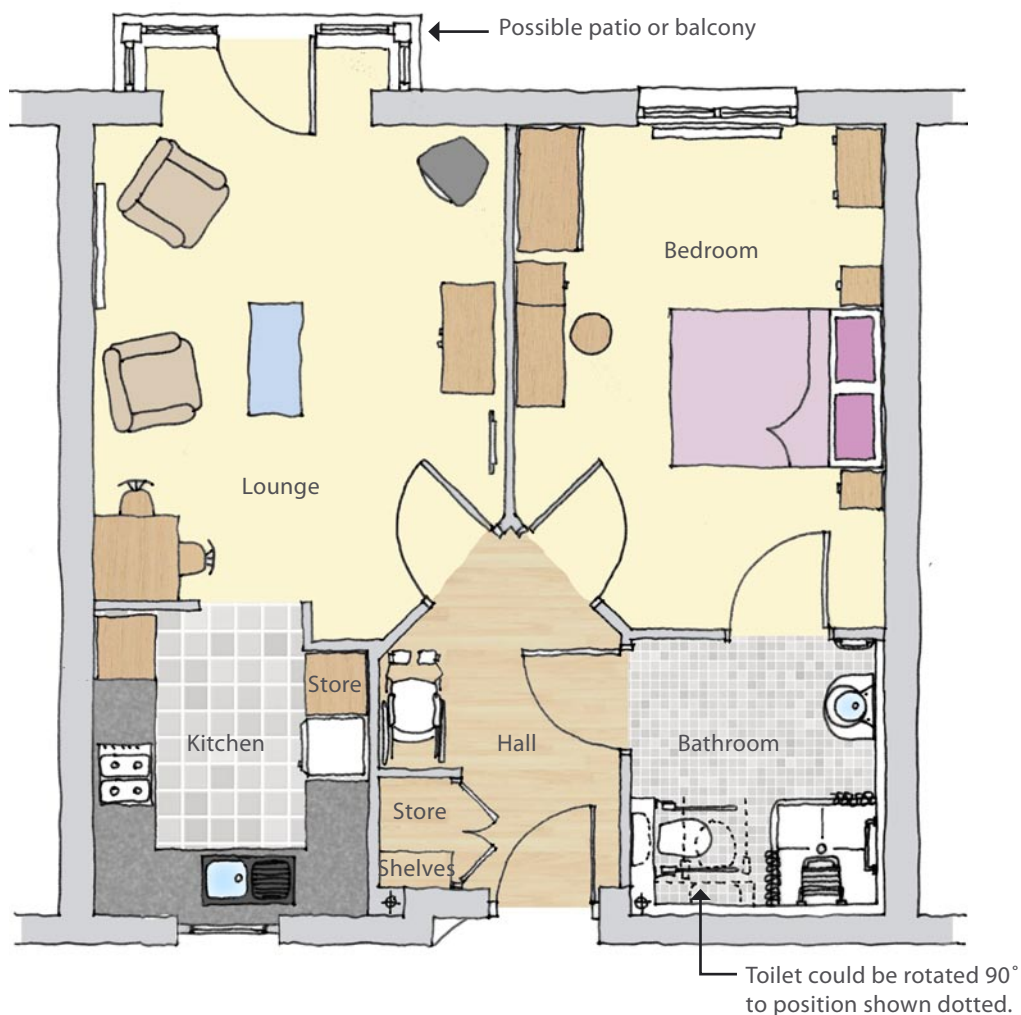
1 Bed 2 Person Flat – approx 54m²

This example of a typical flat has been designed to provide wheelchair access throughout. Features include space for a fully fitted domestic kitchen, flush floor shower (no bath) with doors to link both the bedroom and the hallway to the bathroom.

Locating the storage within the hall allows space in the lounge and bedroom to move more freely whilst ensuring enough space to store a wheelchair in the hall. Alternative arrangements for storage should be discussed with the needs of the end user in mind. The alcove kitchen off the lounge makes it easier to move between the two spaces without negotiating door swings.

Alternative flat plans should be considered but this narrow fronted flat is very efficient when designing a corridor accessed scheme. Wider fronted flats which are more rectangular in shape result in longer corridors but slimmer buildings.

In both the 1 and 2 Bedroom Flat, the toilet in the En-Suite Bathroom has been arranged for a side approach. However, a resident may prefer their toilet to be rotated by 90° to allow a front-on approach and therefore a simple side transfer to the shower seat (shown dotted).

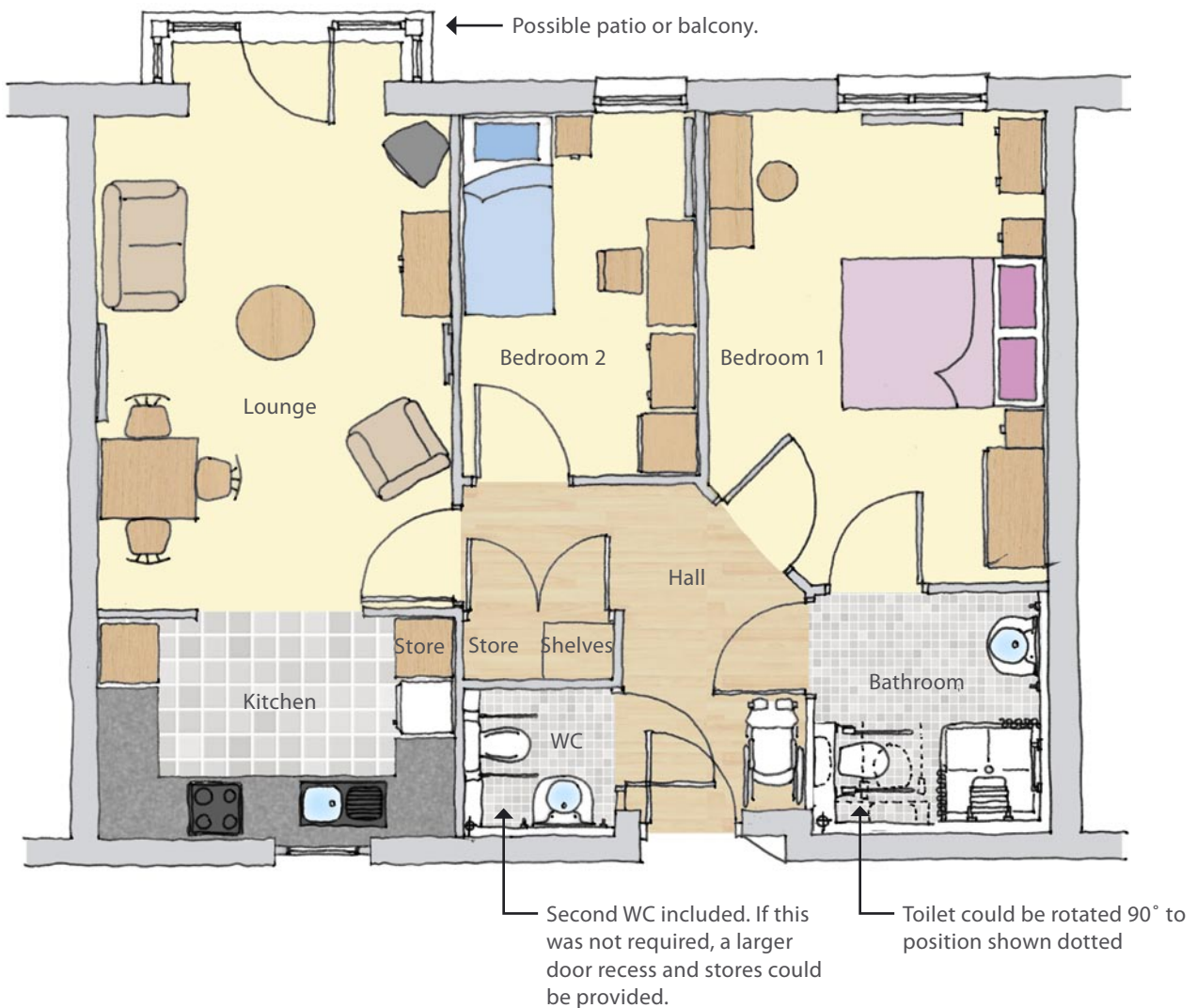


2 Bed 3 Person Flat – approx 68m²

This example of a typical 2 bedroom flat includes similar features as those described within the 1 bed flat. The second bedroom might be used for alternative purposes to achieve full flexibility for the residents, either as a bedroom for a partner, carer, visitor or used as a separate study, dining room etc. This layout shows a second WC in the hallway as residents may feel awkward inviting visitors

to use their own private bathroom facilities. If this WC is not required, an option may be to enlarge the recess to the main entrance and provide additional storage in its place.

A bay window could be provided in both the 1 and 2 Bed Flats accessed off the lounge. This would offer a focal point to the room, wider views of the surroundings and plenty of natural light.



Selection of Housing LIN publications relevant to design of extra care housing:

Reports

- **The Extra Care Toolkit (NEW, replacing “*Developing and Implementing Local ECH Strategies*”)**
- **Developing Extra Care Housing for BME Elders - an overview of the issues, examples and challenges**
- **Switched on to Telecare**
- **The Suffolk Very Sheltered Housing Design & Management Guide (forthcoming)**
- **Extra Care Housing - Development planning, control & management - RTPI Good Practice Notes 8**
- **Remodelling Sheltered Housing and Residential Care Homes to Extra Care Housing**

Factsheets

Factsheet no.4: **Models of Extra Care Housing and Retirement Communities**

Factsheet no.5: **Assistive Technology in Extra Care Housing**

Factsheet no.10: **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care**

Factsheet no.13: **Eco Housing: Taking Extra Care with environmentally friendly design**

Factsheet no 17: **The Potential for Independent Care Home Providers to Develop Extra Care Housing**

Case Studies

Case study no.18: **Community Involvement in Planning Extra Care Housing - Brighton & Hove**

Case study no.29: **Pennine Court: Remodelling Sheltered Housing to include Extra Care for People with Learning Difficulties**

Case study no.34: **Mini-Cost Model of Housing with Care**