



Planning Use Classes and Extra Care Housing

This Viewpoint explains how extra care housing schemes are treated by planners and discusses the implications of the categorisation of proposals.

The purpose of this Viewpoint is to explore the planning position and provide some thoughts on the things that can be done to ease the planning process. It will become clear, however, that ultimately it is arguable that planning law does not adequately deal with current forms of provision of housing with integral care described as “extra care” housing.

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The issues

Housing and Support Partnership (HSP) recently prepared an extra care housing strategy for a two-tier local authority. Difficulties in classifying planning applications for extra care housing were identified by planning officers as one of the most significant hurdles to development progress. Other studies have also referred to this issue while difficulties over planning consents generally are frequently raised by developers.

Planning applications for extra care housing may fall into either category C2 (or Class as it is termed in planning law) which covers “residential institutions” or C3 which is “dwelling houses”. It is frequently unclear which “box” extra care housing should be put into. This in itself leads to uncertainty and possibly conflict with developers and other agencies. The Class of a planning approval has a number of significant consequences for all parties (for legal distinctions, go to page 4).

The categorisation of an application for planning permission is, from a planner’s perspective, ultimately a matter of law. Disagreement with developers (and others) can lead to planning appeals, review by an inspector and a series of disputed planning applications for extra care housing have ended up in court. With a growing number of older homeowners, the market for extra care housing is beginning to see a greater variety of lifestyle and care choices across all tenures. More private sector developments are coming forward and bigger retirement villages or Continuing Care Retirement Communities (CCRC) are becoming much more common. This means that the scale of development (both financial and land use) and the stakes have got higher.

From a developer's perspective, at the heart of the issues, are often financial considerations. Historically, extra care housing has mostly been provided by Registered Social Landlords (RSLs) and a handful of charitable organisations, often in partnership with an RSL. They have usually sought planning for housing under C3. The primary purpose of an RSL is to provide social housing and an element of social housing grant has been available from the Housing Corporation and its successor the Homes and Communities Agency, via the Department of Health’s Extra Care Housing Fund (2004-2010) and, in some instances, via the Private Finance Initiative. This subsidy contributes to achieving affordable rents. These funding streams would not normally be available in the same way for a “residential institution” like a care home. The exceptions most often arose in “villages” which incorporated a separate care home where both C2 and C3 consents were appropriate and not usually contentious.

As the number of older people has grown and their needs and aspirations have changed, some private developers have moved from providing residential care in to extra care housing (see Housing LIN factsheet no.17, *The Potential for Independent Care Home Providers to Develop Extra Care Housing*). Extra care housing is akin to very sheltered housing, offering independent living but with the benefit of on-site care provision. If extra care housing is considered as Use Class C3, the developer may be required to include an amount of affordable housing in the scheme. This in turn could have consequences for financial viability.

Applications for C3 use also have to be tested against the housing development plans and policies for the area, in particular the location of new housing development. If classed as C3 use, extra care housing schemes must meet the location requirements for general housing. On the other hand C2 applications can be regarded more flexibly; and, for example, it would appear more easily be approved outside of the established settlement boundaries.

In light of the above, private sector developers, largely unable to access social housing grant, may have a different agenda. They might in the past have offered “close care” apartments adjacent to a home and now extended or developed this approach, but re-branded it as “extra care”. For them to seek C2 consent is a natural and obvious path. Other private sector developers may have no history of care homes and are new entrants to the

market or are making a transition from traditional retirement housing for sale. The issues here are that if planning consent is obtained for “housing”, two things can follow and be incorporated in a Section 106 planning agreement. The developer may be required:

- To include an amount of social or affordable housing in the scheme. This in turn could have consequences for financial viability by reducing saleable properties and possibly reducing the value of the saleable properties, adding to the complexity of the management of the eventual scheme and marketability. The developer may be able to provide the affordable housing off-site instead of incorporating in the extra care housing scheme.
- To make some financial contribution to the local authority. This may take the form of providing some other facilities.

In a two-tier authority, any direct financial benefit will accrue to the planning authority – the district or borough council – but the primary driver for the scheme and potential commissioner and/or funder of many places is likely to be Adult Social Care i.e. the County Council. The balance of benefit and cost is more complicated than this. Developments which are or incorporate social housing may offer the District or Borough Council nomination rights, whereas those which are defined as residential care may not. The provision of good quality, self-contained housing in an extra care housing setting may encourage older people to move from under-occupied family housing.

From a Council with Adult Social Care Responsibility (CASCR) perspective, any provision which will appeal to self-funders will tend to reduce pressure on the local authority budget. This gain is often tempered by a fear that:

- Self-payers will exhaust their funds in (expensive) extra care housing and ultimately become a financial burden that falls on the City or County
- The provision of attractive extra care housing will encourage more people in need of care services to relocate to the area moving across local authority boundaries

For both these reasons, CASCR may have a strong desire to be involved in planning decisions about new extra care housing developments but, at least in two-tier authorities, this can be problematic. A frequent complaint by a CASCR is that they are not adequately involved in decisions about new extra care housing schemes by developers. Developers in turn complain about how difficult it is to find and engage the right person in discussions. Also, they are not sufficiently involved in formulating extra care housing strategies.

The planning class is also an issue in relation to the regulation of the care provision by the care provider, irrespective of the status of the developer. A residential care home is regulated by the Care Quality Commission¹ (CQC), according to regulations under Section 20 of the Health and Social Care Act 2008. CQC regulates care homes according to a set of essential standards of quality and safety, which were published in March 2010. The standards set out what homes must do in order to comply with the regulations. All homes are subject to an inspection and a reporting regime.

There is also a pure “planning” angle to the status of proposals. C3 are housing applications and therefore have to be tested against the housing development plans and policies for the area. In particular, the location of new housing developments and land zoned for housing and, as already noted, a requirement to include a proportion of social or affordable housing.

¹ The CQC regulates all health and adult social care providers in England. It makes sure that essential standards of quality and safety are being met where care is provided. All adult social care providers must be registered and licensed with the CQC. The CQC has a range of legal powers and duties and can take enforcement action when standards are not met.

Many larger extra care housing applications initially fail because they are not in the right place as far as local location strategy is concerned.²

On the other hand, C2 applications are sometimes dealt with as specialist housing or care facilities and may, it appears, occasionally be approved outside of the boundary set down for future settlement. Applications for uses in the countryside or green belt and thus outside a defined settlement boundary have to follow the policies and criteria set down in local plans. These are restrictive. In particular, green belt policy where appropriate developments are set out in PPG2 Green Belt, C2 use is not considered appropriate under PPG2.

What are C2 and C3 planning classes?

Planning law categorises different forms of land use according to an alphanumeric system. It puts planning applications and consents into classes according to the use that will be made of the premises. The current categories come from the Town and Country Planning (use classes) Order 1987 and subsequent amendments (see in particular “Changes to Planning Regulations for Dwelling Houses and Houses in Multiple Occupation”, CLG Circular 8/2010).

Classes run from “A”, things like shops and restaurants to “D”, things like leisure centres with several sub-sets of premises in each broad class. There is also a category “other” or “Sui Generis” (which translates as “of their own kind”).

Extra care housing falls in Use Class C, although because neither is entirely satisfactory some have argued it is best dealt with as “other”. There are two relevant sub-categories:

Use Class C2 is defined as:

“Use for the provision of residential accommodation and care to people in need of care (other than a use within a class C3 (dwelling house). Use as a hospital or nursing home. Use as a residential school, college and training centre”

Following circular 8/2010 Class C3 is a dwelling house which is now defined as:

- C3(a) those living together as a single household – a family
- C3(b) those living together as a **single household and receiving care**
- C3(c) those living together as a single household who do not fall within C4 definitions of a house in multiple occupancy
(Bold our emphasis)

Care is also defined in the original order as:

“Personal care for people in need of such care by reason of old age, disablement, past or present dependence on alcohol or past or present mental disorder”

In the past there was little dispute that a residential care home consisting usually of just a bedroom (and possibly a bathroom) but with everything else communal, including meals, was C2. Sheltered housing based on self-contained accommodation with simply a warden or scheme manager and no direct provision of care was housing and thus C3. A category C4 was introduced in 2010 to deal with houses in multiple occupation. These are homes or flats occupied by unrelated individuals who share basic amenities.

Arguments about how to treat extra care housing have arisen as self-contained accommodation – a hallmark of sheltered housing and modern extra care housing – has

² Regional spatial strategies provided a statutory framework for planning at a regional level. They were intended to inform more local development plans. The Government has announced it wants to abolish Regional Strategies through the new “Localism Bill”. Local planning authorities are still to be responsible for establishing the right level of housing provision and identify a long term supply to meet local housing targets.

been combined with extensive communal facilities and the provision (or availability) of personal care, and often some meals, within the same overall scheme.

Cases that have eventually been decided in court for the most part are concerned with fine distinctions and interpretations of the three definitions set out above of C2, C3 and “care”.

In circular 8/2010, the new C3 (b) explicitly refers to “a single household receiving care”. This circular does not redefine care. It is the view of some planning officers that the effect of this circular is that ambiguity surrounding extra care housing, whether intended or not, has been removed. Developer’s proposals that projects should be considered as C2 simply in order to avoid a financial contribution may now fall under C3 (b). It is early days as far as the courts view of this interpretation of the changes in 8/2010 are concerned.

Guidance on planning

National guidance on planning for extra care housing is set out in the Royal Town Planning Institute General Practice Note 8, “Extra Care Housing Development Planning, Control and Management”

This starts with a definition of extra care housing taken from the Department of Health Extra Care Housing Toolkit as:

“Purpose built accommodation in which varying amounts of care and support can be offered and where some services are shared”

It explains the growth in extra care housing linked to demographic shifts and social policy focused on supporting older people to be as independent as possible, in their own homes, on extending choices in later life and reducing reliance on more institutional provision.

The note reminds planners that Planning Policy Statement 3 requires a Strategic Housing Market Assessment to inform local development plans. Assessments should:

- Lead to a strategy for the development of extra care housing in the local area (the DH subsequently provided funding for every Local Authority to create a strategy).
- Involve older people in developing local plans
- Consider all tenure options

In assessing individual proposals planners were advised to consider:

- The benefit to local housing and care provision of individual schemes:
 - Will some frail older people be able to avoid admission into residential care?
 - Will the scheme help older people stay independent and remain active in old age?
 - Does the scheme offer an opportunity for elderly owner-occupiers to purchase their own property in a scheme where an increasing level of care can be provided?

Of direct relevance to planning class issues, the Note suggests planners ask themselves:

- If the scheme is solely or predominantly leasehold, is it an extra care housing scheme or retirement housing?
 - Does the scheme have facilities not normally associated with retirement or sheltered housing such as bar/ lounge, kitchen/dining room, laundry, crafts room, IT suite, shop, gym etc?
 - Are 24 hour care services available to all residents according to their need?

- Can residents receive/ purchase care from the on-site team?
- Has the developer opened similar schemes in other parts of the country? If so, what is the average age on entry, and how much care per week was purchased during the first year of operation?
- What efforts have been made to link the scheme into the local community?
- Will daily hot meals be available?

Local guidance on extra care housing is very much a matter for the individual planning authority. Planners involved in the strategy creation project mentioned at the outset of this Viewpoint felt local guidance, as part of a local extra care housing strategy, would be very useful for both themselves and developers.

Arguments have arisen with the provision of modern extra care schemes because, as noted, they provide independent self-contained accommodation, with extensive facilities and the availability of flexible personal care within the same overall scheme.

There was a broad view that extra care housing was really housing and thus should normally be considered as C3. In Continuing Care Retirement Communities, where there is a physically separate building designed as a care home as part of the scheme, then a mixture of C2 and C3 is reasonable. However, the professionals are aware, partly as a result of local disputes and cases, that decisions may be tested in court. It becomes problematic, as the regulations stand, to issue definitive local guidance on planning treatment of extra care housing.

Case law

Extra care housing is not one, simple concept, with a statutory definition. Schemes vary in scale and nature so it may be, indeed has been the case, that schemes warrant different classification in terms of use class order. However, it would also appear that some schemes that look to be very similar have been classified differently.

A “lay” view from a CASRC, social policy or housing perspective that point to a C3 classification might be:

- Extra care housing is by definition “housing”. This is part of the terminology of the Homes and Communities Agency and Department of Health
- A fundamental building block is self-contained dwellings – flats, bungalows, cottages...
- The fact that dwellings are clustered together and may be adjacent to leisure and other facilities does not make any difference to this being a housing complex. It is just a modern version of sheltered housing.
- Most extra care housing is designed for and let or sold to people who have a range of needs from little or no care to quite high needs. Allocation policies and practice are often designed to maintain a balanced community. It is not like a residential care home where everyone has a similar, high level of need from the outset
- Care is made available on an individual basis (another fundamental of extra care housing) using a domiciliary care model where care and support staff come to the person in their own personal dwelling. Staff are not living with the person they look after. This is like anyone else living in their own home in a village, town or city
- A limitation in the lease or tenancy to being over a certain minimum age; 55, 60, 65, does not automatically mean everyone needs care. People may seek extra care housing because they are lonely, in need of more appropriate physical accommodation, disabled and many similar reasons. A view that reaching a certain

age equates with care meaning extra care housing must be C2 is arguably naïve or too simplistic.

- In traditional sheltered housing (or indeed any ordinary property in the community), it is perfectly possible to receive an individual package of care to allow the person to continue to live independently. Furthermore, the Government has set down a target that all adults entitled to care should be in receipt of an individual budget by 2013. The receipt of care in your own home does not make it a “residential institution”. C3 uses can include households where care is provided. The new circular makes this explicit.

On the other hand, the following features may point to a C2 classification:

- The units are not for sale on the open market but are restricted by a S106 obligation requiring occupants to be either in need of a specified level of care or in receipt of a specified minimum package of care services and/or above a specified minimum age.
- Applying eligibility criteria and undertaking an initial assessment of care needs with regular reviews and monitoring can reinforce this.
- Given the additional costs involved in paying for care and accommodation, it makes sense for the units to be occupied by those in genuine need of care.
- The distinguishing feature of C2 establishments is the provision of personal care for those who need it. Where extra care units are restricted to those in need of care by reason of old age, this would fall within the definition of Use Class C2.
- The provision of care is directly linked to the extra care unit, which cannot be occupied unless certain criteria are met.
- The involvement of a registered Care Quality Commission care provider in the delivery of care.
- The availability of care rather than an absolute requirement to receive a pre-determined package may be sufficient, especially relative to older persons where a degree of future inevitable decline can reasonably be built into the model.
- In the case of larger schemes providing a range of accommodation and care such as Continuing Care Retirement Communities (CCRC) the degree of integration of the various elements scheme into a wider total community.

What view have the courts taken? What does case law tell us?

A helpful briefing paper by planning consultants on these issues summarises eight recent Appeals and High Court rulings (Extra Care Units – use class order, client briefing, www.dlpconsultation.co.uk, 2010). These mostly involve larger retirement village scale proposals where the developer wanted C2 use for some or all of the scheme.

In these cases, a recurring theme is the degree of care provided to the majority, or all residents. It appears that conditions limiting occupation to those in need of care and support and receipt of a domiciliary care package of at least 2 hours per week are likely to underpin acceptance of a C2 classification. The 2 hours appears, in some of the cases, to be considered more than would normally be available in sheltered housing. It is argued provision of care by an on-site care team is more than would normally be provided by a warden within a sheltered housing scheme. While domiciliary care can be received in sheltered housing, the receipt of care is not a condition of occupation as it may be in extra care schemes. It is the explicit requirement to be in receipt of care as a condition of occupation that can make the difference.

This, however, appears to ignore the fact that residents in sheltered housing can receive varying and sometimes substantial amounts of domiciliary care (self-funded or assessed by their local CASCR) on an individual basis. In some instances, this has extended to a personal budget.

The central importance of receipt of domiciliary care was very apparent in the HSP project. Also, the pragmatic approach local authority planners feel forced to take.

“One thing that I tend to focus on (at least initially) when looking at the level of care being provided within a typical scheme is the “basic” or minimum package that residents have to pay for and what does this provide. I know this approach may be against some of the appeal decisions that you might have come across, but I find it a good starting point. If this minimum package does not seem to include a compulsory care element then clearly there could be difficulties in a developer persuading us that their particular development falls within Class C2” (District Council Planning Officer)

DLP consultants conclude:

“we have found that, where extra care units are part of a larger retirement community, and linked to close care units and nursing rooms, where all residents have to be over 65 years of age and are required to pay care charges for services beyond those available to residential dwellings, they can be sufficiently distinguished from class 3 and do in fact comprise class 2 accommodation.”

There are, however, appeal decisions that contradict the view that need for and, even better, receipt of domiciliary care in excess of a minimum of around 2 hours per week, is a definite indicator of C2 use.

An excellent analysis of the wide range of planning matters, including C2/C3 classification by Tetlow King (Planning and Delivering Continuing Care Retirement Communities, Rosie Rogers, Tetlow King Planning, 2011) refers to several.

In an appeal in Hereford the Inspector decided:

*“the proposal contained a mixed C2/C3 use, considering that the definition of C3 in the Use Classes Order states ‘use as a dwelling house’, including ‘a household where care is provided for the residents’. The Inspector acknowledged that ‘the level of care to be provided is not relevant, since the Use Classes Order does not refer to that’ (paragraph 29). Thus **the Inspector takes the view that the inclusion of units ‘with their own front door’ should be classed as C3, even if a significant level of care is provided.** (our emphasis)*

A similar conclusion was reached by the Secretary of State, in determining an application on the former HMS Royal Arthur Site, in Corsham, North Wiltshire. The Inspector felt that the Section 106 did not provide sufficient controls on the occupations of the units, in terms of age and care provision, and as such they could be occupied as class C3.”

In a third case quoted where:

- Occupation was limited to those over 55 years
- Who had to purchase at least a minimum care package
- Properties were for sale
- The emergency call system was via a link to staff in a care home,

the Inspector decided that the extra care housing apartments on site should be classified as C3.

Local authority strategic approaches – tips and traps

At the root of many of the debates and uncertainties, are short comings in understanding (or the formulation) of what extra care housing is or can be. One sentence attempts to 'define' extra care housing in a robust, legalistic way are bound to disappoint. One sign of this is the many different terms that have been used to identify a broad family of provision that can be called extra care housing; very sheltered housing, category 2.5, housing with care, flexi-care, close care, assisted living... Some are attempts to 'brand' a providers own version of extra care housing. Another clue is the many and varied definitions that can be found in the literature and guidance.

A different approach to extra care housing has been to think of it in terms of a "typology". To define the main variables that characterise extra care housing but recognise that developments will have different mixes. The position and choice made on each variable define that particular extra care housing scheme. This approach helps:

- Make explicit what the choices are and how schemes can differ and be shaped to fit local needs and circumstances
- Make clear what the key decisions are
- Show the versatility and potential of extra care housing
- Illustrates that extra care housing is not one single, limited, construct

Key variables suggested in one typology are:

1. Built form
 - Scale - max and minimum
 - Facilities range – what are essential, what desirable
 - Dwelling type – any restrictions or preferences
 - Dwelling features – any must haves or avoid such as kitchens; design or space standards
 - Building standards – none, mobility/wheelchair, Lifetime Homes...
2. Tenure – for sale, shared ownership/equity, rent, mixed
3. Allocation and eligibility criteria – level of need to be catered for; sheltered to residential and nursing care. To include dementia or not. Learning disabilities and functional mental health needs or not.
4. Provision of meals – what level if any. Is a catering kitchen an essential feature? Are a restaurant/ café essential? Will the café/restaurant be available to the wider community?
5. Housing and support provider model – housing and care organisation arrangements; same, one housing provider, separate care provider, multiple care providers...

As Rosie Rogers concluded in Planning and Delivering Continuing Care Retirement Communities (Tetlow King, 2011):

“Decision makers often struggle with conceptualising exactly what is being proposed. CCRCs can vary in the services and facilities on offer and as such can sometimes warrant different classifications in the Use Classes Order. However in many cases, exactly the same products are being proposed and yet they are classified very differently. This inconsistent approach is leading to uncertainty and confusion, which

only leads to further difficulties in delivering housing with care. In order to speed up the planning process and provide greater certainty for developers and decision makers, it is evident that further clarity is needed, from developers in terms of what is being proposed but also in the form of good practice guidance as to how such applications should be determined”

It is clear first, the simple categorisation of proposals in planning terms as C2 or C3 is outdated and inadequate. It does not match the range and types of developments being put forward as “extra care”. Second, a simple all-embracing, workable definition of extra care housing that can encompass the wide range of provision being developed for older people is likely to be illusionary. The scale and form of accommodation, the mix on site, the nature of care and support, the arrangements for delivery of care, the type and extent of facilities, financial arrangements for occupation, policy and practice on eligibility can all vary; and this is only a short list of variables.

Given this, and the conclusion that really revised regulation and possibly approach is the key to better decision making in planning, what can Government and local authorities do to make extra care housing more satisfactory to deal with in planning terms?

A strategic approach to extra care housing planning

At a government level, the National Planning Framework (Draft National Planning Policy Framework, CLG, July 2011) needs to make reference to planning for an ageing population, fully recognise the demographic shifts and drivers to different forms of housing development. Along with this, there needs to be recognition of the wider housing choices becoming available and being demanded in both the public and private sector.

Of general relevance to planning for older people's housing, the draft National Planning Policy Framework says that in order to boost the supply of housing, local planning authorities should:

- *“use an evidence base to ensure that their Local Plan meets the full requirements for market and affordable housing in the housing market area, including identifying key sites which are critical to the delivery of the housing strategy over the plan period*
- *Identify and maintain a rolling supply of specific deliverable sites sufficient to provide five years' worth of housing against their housing requirements. The supply should include an additional allowance of at least 20 per cent to ensure choice and competition in the market for land*
- *Identify a supply of specific, developable sites or broad locations for growth, for years 5-10 and, where possible, for years 11-15” (Para 109)*

One of the objectives of the National Planning Policy Framework is to extend the choices available. Since there is relatively little extra care housing in relation to the size and growth of the retired population this should imply consideration of different models of provision for older people. The draft says:

“To deliver a wide choice of quality homes and widen opportunities for home ownership, local planning authorities should:

- *Plan for a mix of housing based on **current and future demographic trends, market trends and the needs of different groups in the community (such as families with children, **the elderly** and people with disabilities)***
 - *Identify the size, type, tenure and range of housing that is required in particular locations, reflecting local demand, and*
 - ***Where they have identified affordable housing is required, set policies for meeting this need on site, unless off site provision or a***

financial contribution of broadly equivalent value can be robustly justified (for example to improve or make more effective use of the existing housing stock) and the agreed approach contributes to the objective of creating mixed and balanced communities” (para 111, our emphasis)

At a local level, local planning authorities have some ability to improve the process. Often, but particularly in two-tier authorities, only working in collaboration with other agencies will be effective.

Suggestions are:

- Establish an extra care housing strategy
- In this strategy (or, if necessary, elsewhere in other local development plans and guidance) set out the kind of model(s) of extra care housing preferred in that area. This should help to make clear if a predominantly housing model or residential care model is preferred and its scale. Ensure this includes some details of the standards, size and mix of dwellings, tenure mix and the other key variables
- Housing Needs Assessments must include demographic shifts and consider in detail the requirements and aspirations of older people, including wider determinants of health and wellbeing, disability etc. This will be particularly important in defining the scale of extra care housing provision required. Similarly any housing market studies commissioned by local authorities should explicitly consider older and disabled people. In the past they have often been weak in this area lacking detail (see forthcoming Housing LIN/ADASS resource pack, ‘Strategic Housing for Older People: Planning, designing and delivering innovation and choice in independent living’)
- Case studies suggest developers could help by providing greater detail about the care aspects of the scheme at an early stage of a planning application. Things like qualifying age, entry criteria, minimum expected number of care hours per week, proportion of residents expected to need different levels of care. This would help to make the type of extra care and the intention in providing the scheme clear.

Conclusion

The new National Planning Policy Framework is an opportunity to develop policy in relation to older people’s provision. Circular 8/10 may offer some further assistance to local authorities, but it appears likely that a more fundamental and explicit consideration of the planning position of extra care housing is really required.

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About the Housing LIN

The Housing Learning and Improvement Network (LIN) is the leading 'knowledge hub' for a growing network of 5,800 housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults.

The Housing LIN welcomes contributions on a range of housing and related care and support issues. If there is a subject that you feel should be covered, please email us at info@housinglin.org.uk.

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