

Housing Learning & Improvement Network

The Potential for Independent Care Home Providers to Develop Extra Care Housing

This Factsheet provides essential information for care and nursing home owners interested in developing extra care housing. It also provides information for local authority and health commissioners who wish to stimulate the care home sector to develop extra care models in their area.

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Health and Social Care
Change Agent Team

Other Housing LIN publications available in this format:

- Factsheet no.1: **Extra Care Housing - What is it?** (28.07.2003 updated August 2004)
- Factsheet no.2: **Commissioning and Funding Extra Care Housing** (28.07.2003 updated August 2004)
- Factsheet no.3: **New Provisions for Older People with Learning Disabilities** (23.12.2003 updated August 2004)
- Factsheet no.4: **Models of Extra Care Housing and Retirement Communities** (04.01.2004) updated August 2004)
- Factsheet no.5: **Assistive Technology in Extra Care Housing** (20.02.2004 updated August 2004)
- Factsheet no.6: **Design Principles for Extra Care** (26.07.2004)
- Factsheet no.7: **Private Sector Provision of Extra Care Housing** (21.07.2004)
- Factsheet no.8: **User Involvement in Extra Care Housing** (24.08.2004)
- Factsheet no.9: **Workforce Issues in Extra Care Housing** (04.01.2005)
- Factsheet no.10: **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care** (04.01.2005)
- Factsheet no.11: **An Introduction to Extra Care Housing and Intermediate Care** (04.01.2005)
- Factsheet no.12: **An Introduction to Extra Care Housing in Rural Areas**(04.01.2005)
- Factsheet no.13: **Eco Housing: Taking Extra Care with environmentally friendly design** (04.01.2005)
- Factsheet no 14: **Supporting People with Dementia in Extra Care Housing: an introduction to the the issues** (04.01.2005)
- Factsheet no 15: **Extra Care Housing Options for Older People with Functional Mental Health Problems** (04.05.2005)
- Factsheet no 16: **Extra Care Housing Models and Older Homeless people** (06.06.2005)
- Case Study Report: **Achieving Success in the Development of Extra Care Schemes for Older People** (July 2004)
- Technical Brief no.1 **Care in Extra Care Housing** (26.06.2005)
- Technical Brief no.2 **Funding Extra Care Housing** (08.07.2006)
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The potential for independent care home providers to develop extra care housing

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1. Introduction: What is the Factsheet about?

A small number of independent care and nursing home providers have been developing models of extra care housing for a number of years, often using different terminology to describe it such as close care or assisted living.

Overall the market for leasehold extra care housing has been slow to take off. However, more recently, the Government's promotion of extra care housing has stimulated considerable new interest from the housing association and care home sectors in developing this type of provision.

This Factsheet has been developed in conjunction with some of the care home associations, and commissioners of extra care housing. It:

- Explains what extra care housing is
- Sets the context for why there is a growing interest in extra care housing
- Looks at trends in the care and housing market for older people, including the diversification by care home owners into extra care housing
- Looks at a how independent sector care home owners can go about developing extra care housing
- Discusses how commissioners can be proactive in stimulating the market for extra care
- Provides some examples of care home organisations that have diversified into extra care housing
- Provides some useful contacts

2. What is extra care housing

There are a number of different terms used to describe extra care housing. All the models described in brief below aim to offer an environment in which care and support are close to hand, but where an independent lifestyle can be retained as far as possible.

Extra Care Housing: Housing which offers self-contained accommodation for rent and/or sale together with communal facilities and where care, as well as support, services are available from a team based on site. Extra care housing is seen by local authority and health commissioners as offering both an alternative to residential care (e.g. meals and 24 hour cover) as well as another housing choice for older people. Local councils may also see the development of extra care as a major contribution to their "preventative

strategy”, enabling residents to sustain a high level of independence. Most extra care schemes include residents with a range of dependencies.

Extra care usually includes facilities and services which are also used to support people living in the local vicinity. The main providers are Registered Social Landlords (RSLs), and private housing providers.

Very Sheltered Housing: This is another term for extra care housing.

Close Care/Assisted Living: These are terms used mainly by nursing and care home providers to cover purpose built groups of flats and/or bungalows built on or adjacent to the site of a care home.

- Properties will normally have a 24 hour emergency alarm system
- A range of additional support is normally available on request such as cleaning, laundry, meals and hairdressing
- Residents have the option of purchasing care from their landlord/managing agent or from elsewhere

Factsheet 1 in this series provides further information on what extra care is, and other Housing LIN factsheets provide details on particular aspects of extra care (www.changeagentteam.org.uk/housing).

3. Context and key trends

The population is ageing and changing

Society is ageing. Numbers of 65-84 year olds will grow by 1.5 times and 85+ year olds will double over the next 40 years. We are nearly reaching the stage where there are more people over retirement age than young people of school age in England. A growing number of older people will live for 20 or more years beyond retirement age. The numbers of older people from black and minority ethnic (BME) groups is also growing as the BME population ages.

The number of older home owners is also growing, with around two thirds of people over 65 owning their own home. A lot of older people therefore have a capital asset in their property which they can use to buy some or all of the housing and services that meet their requirements in older age.

The needs and aspirations of older people are changing

Consultations show that the aspirations of older people are changing. They want to:

- Be valued as older people as much as when they were younger and be treated with dignity and respect
- Have choice and to feel in control of their lives

- Maintain social contacts and to have fun
- Feel safe and secure
- Be able to continue to use their knowledge and skills to contribute to the well-being of others – young and old
- Be able to go out and about and access ordinary universal services such as transport, leisure, learning and the arts
- Have good quality information about what services are available to be able to maintain independence in older age
- Be able to access good quality health and care services if they have difficulty caring for themselves
- Have housing which is accessible and suitable for older age, and with support at hand

Older people say that the reality does not meet their hopes and aspirations, and that the choices in terms of housing and services that older people want, are not always available.

Government policy is changing

The Government is committed to promoting solutions which put older people in control, and support independence for older people. They have recently produced *Opportunity Age* (Department of Work & Pensions, 2005) - an overarching strategy for an ageing population, which sets out a vision that celebrates older age and the contribution which older people can make across all spheres of life – in paid work, as volunteers, as family carers.

Also, in 2005 the Social Exclusion Unit produced its Interim report *Excluded older people, which* highlights three key ways in which respondents to the consultation say provision needs to improve if older people are to enjoy a better quality of life:

- Joined up services are key
- Intervening early is important, and investment in low level prevention can reduce costlier interventions later
- Older people generally know what they need and want, and they should be involved in the design and – where practicable – the delivery of services

The final report of the project *A Sure Start to Later Life: ending inequalities for older people*, was published on 26 January 2006.

The Government has also produced a vision for older people who need care and support services which is based on the rights of older people to choose where they want to live, and what sort of care and support they want (*Independence, well-being and choice*, Department of Health, 2005). The

options the Government are promoting include retirement care villages and extra care housing developments, where 24 hour, on-site care is at hand alongside purpose designed housing. The aim is to ensure that older people with diverse health and care needs can, as far as possible, stay in control of their lives.

Many local councils have also been developing their own strategies for older people that are in line with government policy and which aim to work with a variety of partners to offer a wider range of housing and care options (for rent and sale) for all tenure groups of older people living in the area. These options include the development of extra care housing.

The housing and care market for older people is changing

Alongside these changes the housing and care market for older people is also changing, although at a different pace in different areas, according to the local market, and health and social care economy. The main developments are:

- A wider range of services to support vulnerable older people in general needs housing, for example handyperson services and housing support services
- A growth in the leasehold retirement housing market, and rationalisation of the social (rented) retirement housing market to improve quality of buildings and offer a greater range of housing and service options
- Growth of new models such as older people's retirement villages/communities
- A growth in extra care/assisted living models across all tenures – leasehold, shared ownership and rented) – mainly through Registered Social Landlords (housing associations) and private retirement housing providers
- Greater flexibility in the care home sector between care and nursing home places, and the development of more specialist provision, for example for people with dementia and mental health problems
- Growth of short term provision such as intermediate care, respite care and transitional care from hospitals
- New patterns of delivering housing with care and related support services, for example the extension of community alarm provision and the development of telecare (www.icesdoh.org/telecare)

Overall, whereas the retirement housing and care home markets used to be thought of very separately by both commissioners and providers of services, there is now a much greater recognition of the potential to deliver more integrated services for older people through housing based models of care and support rather than care homes as the only option.

Alongside this, although consumer research shows generally high satisfaction levels from older people who live in care homes, it also shows a growing interest from older people in extra care type models where they can retain the independence of 'having their own front door' whilst having care close at hand should they need it (*Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing*, Peter Fletcher Associates/Housing 21, 1999).

There is also growing evidence from areas that have had extra care provision for a number of years, for example Wolverhampton, of the potential for people who would otherwise have lived in residential care, to live in extra care housing. In addition, there is research – see Housing LIN website - carried out for one local authority on people recently admitted to care homes (Stilwell and Kerlake, *What makes older people choose residential care, and are there any alternatives?*, 2005)

Local councils may also wish to support the expansion of extra care in order to release family housing as older people move into extra care.

4. How to go about developing extra care housing

How is extra care different from residential care?

The primary purpose of residential care is to provide care and support within safe and secure accommodation. For example, people with high levels of dementia, physical and mental frailty who might otherwise be assessed as “at risk” in their own homes by social services authorities. Residents move into residential care to access round the clock services.

For extra care this is reversed, the primary purpose is to provide easy to manage accommodation that supports residents' independence. Care and support are available on site but residents have the option of purchasing services either directly from the extra care provider, or from elsewhere should they wish. In fact, most people in extra care purchase services from the extra care provider because of the convenience of doing so. Some residents will be able to meet the costs of care services and other charges for extra care from their own resources and without recourse to the public sector. In order to qualify for domiciliary care services supported by a local authority social services department residents must have their needs and finances assessed using Fair Access to Care (FACS). This is a national framework used by social services departments to determine eligibility for adult social care services. There are four levels of FACS - critical, substantial, moderate and low. Individual local authorities decide which levels of FACS they will fund dependent upon local resources. Assuming a resident qualifies for support following a FACS assessment the authority will arrange for a domiciliary care provider with whom they have a contract to provide the necessary services. If an extra care provider wishes to provide care services to residents using the social care system and FACS they will usually need a formal contractual relationship with the relevant local authority.

Extra care is as much about a philosophy as it is about buildings and services. The philosophy is one of independence, enablement and choice. Residents are encouraged to do things for themselves and other residents and staff are trained to assist rather than to do for. A practical example is the laundry service which in extra care will include residents who do their own washing and ironing, some who are helped and others whose laundry is done for them. Also the laundry room is designed around the needs of residents and is recognisably a domestic environment.

A number of providers of extra care, such as Anchor Trust and Housing 21, have monitored and evaluated the care needs of residents shortly after moving in. There is evidence that for many residents well-being improves and their need for care decreases. One of the cornerstones of extra care is the flexibility of care and the ability for care to increase and decrease in response to individual residents' needs.

Legal and regulatory frameworks

Extra care can be for rent, for leasehold sale, shared ownership or a mix of tenures. Most private sector models are leasehold with residents purchasing a long lease, similar to the arrangements for private retirement housing. For more information on leasehold retirement housing contact the Association of Retirement Housing Managers (ARHM) Southbank House, London, SE1 7TJ Tel: 020 7463 0660. ARHM produce a Code of Practice, an updated version of which is available in 2006 at a cost of £5.00 plus postage and packing. The code has been approved by the Office of the Deputy Prime Minister (ODPM).

Where extra care is for rent (or a mixed development for sale and rent) the landlord and tenant legislation applies. Most private tenancies are either shorthold or assured shorthold tenancies under the provisions of the Housing Act 1988 (as amended by the Housing Act 1996). More information is available on the ODPM website (www.odpm.gov.uk) under housing, renting and letting, including rent setting and repairs and maintenance obligations.

The provision of services such as gardening, window cleaning, and maintenance of communal areas and other 'hotel' type services, such as cleaning, are generally funded through a service charge to all residents. Some other services specific to extra care such as the emergency call service, are also funded through the service charge.

In addition, there is often a menu of other services such as hairdressing, maintenance or handyman type services in the dwelling, meals and shopping, which residents can purchase separately on an individual basis.

The provision of domiciliary (personal) care is regulated by the Commission for Social Care Inspection (CSCI). In extra care the organisation providing domiciliary (personal) care services should be registered as a domiciliary care agency with CSCI. Unlike the hotel type services, domiciliary (personal) care should be purchased separately by residents and not included in the basic service charge. The reasons for this are:

- To ensure that residents can choose their care provider - including, if they wish, an external agency
- To reflect the different care needs of residents
- To ensure that care is flexible and reflects residents changing needs

There should be a separation between the provision of housing and the provision of care services. More information is available in the Department of Health (DH) guidance 'Supported Housing and Care Homes' August 2002 (www.dh.gov.uk/assetRoot/04/06/02/47/04060247.pdf) and more recently in Interim Policy and Guidance published by CSCI in June 2005 'Guidance to CSCI staff regarding the Court of Appeal Judgment; Andrew Moore and others v Care Standards Tribunal and the Commission for Social Care Inspection (www.csci.org.uk) The latter case concerns an application to de-register an establishment as a care home. However the issues of housing, tenure, care provision and provider are relevant to all extra care housing.

The Centre for Sheltered Housing Studies (www.cshs.co.uk) offers a range of courses and support for professionals working in the fields of sheltered and support housing. They have developed a Code of Practice for Sheltered Housing and are also developing a code for extra care housing.

Contacting your local Commissioners

Local Authority Housing and Social Services departments, together with their partners in Primary Care Trusts all have an interest in developing extra care housing. Who takes the lead on extra care will depend on local planning and commissioning arrangements.

There are some ways to identify the lead agency in your area:

- i) Visit the local authority website and see if they have either an Older People's Housing or Accommodation Strategy or an Older People's Commissioning Strategy for health and social care, or an overall Older People's Strategy.
- ii) Visit the local authority website and see if they have a review of adult residential care

Any of these documents should make clear what the intentions are in your local authority area and which agencies are involved. This should make it easier to identify who to contact and get involved in any housing and/or care forum.

Meeting with local commissioners will also provide an opportunity to understand their future plans for purchasing or re-providing residential care, developing new extra care, remodelling existing sheltered housing and/or how to become part of local planning and commissioning in your area. They may also be able to put you in touch with local extra care providers.

It is possible to develop extra care models without the support of local commissioners and many private sector providers have done so. However, being part of local planning will help you to understand the demography of the local area and the potential future market for extra care in your area. It may also provide more practical support around capital/revenue funding streams, planning applications, and information and advice to older people who may be interested in your development.

Although most local authorities have concentrated initially on promoting extra care for rent, there is a growing understanding by commissioners of the importance and potential of the home ownership market and mixed developments for extra care. Some commissioners are looking to build real partnerships and build capacity with independent and not-for-profit sector providers. Relevant publications include the Association of Directors of Social Services publication 'Building Capacity and Partnerships in Care' and the Housing LIN factsheet 'Private Sector Provision of extra care housing'

The types of questions and information that commissioners are likely to ask for is set out below:

Information and questions that commissioners may ask local care home providers looking to diversify into extra care:

- What is the philosophy and approach?
- Design and standards
- What will the tenure mix be, and will there be any element of affordable housing – shared ownership or rented housing?
- What will the mix of dependencies be? Will this change over time?
- What will be the capital and revenue costs to individuals?
- Many older people are asset rich but income poor. Will you enable such people to access financial advice so that they can access benefits to fund the service charges and care costs of the scheme?
- What is the service and staffing model and how will the scheme work with outside services such as community nurses?
- Can the local authority/PCT refer potential purchasers to the development and how can this be done?
- Will people be offered an assessment by a care manager?
- Are there any facilities which will be open to other older people living in the local community e.g. restaurant, fitness suite, social club?
- Will any outreach services be provided to other older people in the community e.g. handyperson service, home care?

Equally providers are likely to have questions to address to commissioners. Examples are set out below:

Questions providers may wish to ask of commissioners might include:

- Does the authority have an extra care housing strategy or an older people's housing or accommodation strategy
- Does the authority have extra care housing schemes and how were they developed and funded?
- What tenure is any existing extra care?
- Would they support the development of leasehold extra care housing? What form would this support take?
- Are there any opportunities for funding partnerships with commissioners for both the development of, and services into, extra care housing?

Funding

There are three main sources of capital funding for extra care housing and these are:

- The Annual Development Plan (ADP) managed by the Housing Corporation. This is public sector funding channelled through RSLs and more recently open to some private developers. To qualify for ADP an extra care scheme must have the support of the Housing Corporation (more information is available at the Housing Corporation website www.housingcorp.gov.uk) and be reflected in the Regional Housing Strategy. Regional housing Strategies can be accessed via the ODPM website (www.odpm.gov.uk)
- The Department of Health Extra Care Housing Fund. Between 2006 and 2008 the Department will be investing a further £60m in extra care housing. Details of the fund are on the DH and Housing LIN websites, including the bidding guidance for previous years. Only local authorities with Social Services responsibilities are eligible to bid for the money in partnership with an RSL and/or private developer (including care provider). Details of the bidding arrangements for the next round will be published on the website
- Private finance. Further information on private funding extra care housing is set out in the Housing LIN Technical Brief No 2

In addition organisations have accessed charitable funding and put together multi-agency partnerships to access other funding including regeneration funding, section 106 agreements and mixed tenure developments to subsidise rented units.

In addition consideration must be given to revenue funding. In rented schemes residents may be eligible for Housing Benefit and assistance with some of the support costs in their service charge depending on their individual financial circumstances. In leasehold schemes they may be eligible for some assistance with the cost of support services included in the service charge. For more information on housing benefit see www.dwp.gov.uk and for support costs see www.spkweb.org.uk.

Further information on the range of current capital and revenue funding arrangements and on mixed tenure is set out in the Housing LIN Technical Briefs which can be downloaded from the LIN website (www.changeagentteam.org.uk/housing).

The examples provided later in this briefing paper provide illustrations of the approach to fee structures that some providers have adopted.

How to decide what model of extra care to develop?

There are a range of models, some of which have their history in sheltered housing and/or residential care, alongside care villages, virtual models to meet the needs of older people in rural communities, new build and remodelling of existing buildings and services. Each has been developed to meet local needs and reflect the financial circumstances of local older people. See other factsheets and case studies in this factsheet for further information.

Who extra care is for – managing dependency

The whole of the care sector including extra care housing is managing increasingly complex needs.

Experience from both commissioners and providers of extra care housing has shown that extra care can support older people with a high level of physical frailty in a housing setting, with flexible and appropriate care and support services, with few people having to move on to a care home setting if their care needs increase.

For people with nursing care needs which can be met through community nursing services, extra care is also a suitable setting. However, for people whose nursing needs increase and who need a registered nurse to manage and/or supervise their care over 24 hours this may not be able to be provided on a long term basis in an extra care setting. The needs of residents with short term nursing care needs, including palliative care, should however be able to be met within extra care.

There is less information available about the potential role of extra care for people with dementia. However, experience so far has shown that where people go into an extra care scheme with mild dementia or get dementia after they have moved in, then again extra care can support most older people for the rest of their lives. The evidence base is small because extra care is a relatively new model of provision. However, Housing 21 is currently

undertaking a research study on supporting people with dementia in extra care. In addition, Dementia Voice (part of the Housing 21 group) provide information, training and consultancy on dementia care.

Some extra care schemes have specific dementia wings or units which may be more suitable to support older people with more developed forms of dementia.

Irrespective of whether extra care can support everyone, the aim should be to provide a home for life so that only a minority of residents should ever be required to move elsewhere to access care.

Selection, assessment and nominations

Where extra care schemes include an element of public subsidy and/or the provider is offering shared ownership and/or rented housing alongside leasehold housing, the usual arrangement is for a lettings policy to be agreed between the provider and the commissioner. The commissioners will usually be Local Authority social services departments often working with partners in housing and primary care. A lettings panel is set up between these stakeholders and usually includes the extra care provider to assess individual cases nominated for an extra care flat or bungalow. Older people and their carers and families can apply for extra care through any of the stakeholder agencies.

However, where extra care is developed without public subsidy, and the model is usually leasehold with individual residents purchasing a long lease, the arrangements are different. In this model residents must meet the criteria set out in the lease (there is usually an age requirement such as being over 55 or in the case of a couple one of them being over 55) and have the resources to purchase a lease. Some public subsidy is available to residents to help meet the costs of the service charge. Some organisations such as Retirement Security Ltd have developed a model to assist resident leaseholders to access public sector revenue funding streams. Residents may also access care through the public sector using Fair Access to Care which is the eligibility framework. See above - How is extra care different from residential care.

Design and Services

There is no standard design template for extra care. The Department of Health in its bidding guidance for the Extra Care Housing Fund recommended at least 50sqm for 1 bedroom and 60 sqm for 2 bedroom units as a basic space standard. They also said that all accommodation should have at least one bedroom – bedsit accommodation is not seen as an acceptable standard for new build extra care housing. However, many older people when consulted about housing options want two bedrooms as a minimum in order to have friends and relatives to stay and to have additional space. Several of the other factsheets published by the LIN contain information about design and services.

To date the majority of extra care housing has been developed by RSLs. Information about local developments can be found at www.housingcare.org

It is usually better to seek information from commissioners of extra care housing before embarking on the production of detailed plans.

Planning Requirements

Many housing and care providers state that local planning arrangements are often a barrier to developing extra care housing. Some planning authorities will classify extra care, particular if it is developed adjoining an existing care or nursing home, as C2. However, in other areas issues arise where there is a proposed change of classification of a site from C2 (residential care) to C3 (general housing) or where there are conditions attaching to s.106 agreements. The Housing LIN is working with the Royal Town Planning Institute to produce a specimen Supplementary Planning Note that will offer information and greater clarification on how planning authorities can strategically plan for an ageing population and, in particular, can make informed decisions about proposed extra care planning applications in their area.

5. How commissioners can stimulate the extra care market

A growing number of social care, health, housing and Supporting People commissioners have developed local older people's commissioning strategies that include targets for the development of extra care housing in their area. Currently most of the focus has been on working with RSLs and local authority housing to develop extra care for rent, sometimes also with a small amount of leasehold and shared ownership as well.

However, most older people own rather than rent their own home, and there is an equal need for commissioners to work in a proactive way with independent housing and care home providers to stimulate new extra care developments for the home ownership market.

Benefits for commissioners of working with care home providers

Key benefits of working with care home providers around diversification into extra care housing include:

- Additional extra care units can be developed to meet the growing need and demand without the use of public grants and subsidies
- Private sector providers can often move at a faster pace to develop new provision because they do not necessarily have to wait to meet the timescales for public funding capital grant applications

- Care home providers may have care homes with land which can be used to develop extra care housing adjacent to the home. A big advantage here is that a care home owner has already purchased the land and so can develop extra care housing at lower unit costs than if they have to buy a new site on the open market. It also means that care home owners are not having to compete for new sites against developers of family housing
- Care home providers already have experience of delivering personal care services and have a care workforce that can be adapted to provide services into extra care housing units
- Care home providers will also already know the local care managers, social workers and other community/primary care staff in their locality
- Care home owners will be used to working with CSCI, in terms of regulation and inspection for residential care, if not necessarily for home care

What help do care home providers need from commissioners to diversify into extra care?

Experience from talking with care home providers who have, or are considering diversification into the extra care market, indicates that local authority social care, housing and health commissioners can facilitate new developments. . Care home owners may need help with:

- Understanding the commissioning intentions of the council and Primary Care Trust (PCT) and where extra care fits
- Understanding how the development of extra care can support the delivery of key performance indicators for the local authority, such as Performance Assessment Framework targets for the Department of Health, for example 'a low level of admission to residential and nursing home care' (C26)
- Understanding which part of the local authority takes the lead on commissioning extra care
- Having information made available to them about demographic projections and need in the area in order to help them identify and understand the local market
- Developing the concept and service model for extra care
- Working with the local community to get community support for an extra care development
- Working with other departments in the local authority, for example the planning department, to ensure they have clear guidance about extra care housing and the need for it in the area, in order to facilitate planning applications

- Working with CSCI at a local level to ensure a consistent approach to regulation and inspection for a service model that might include both residential care, and domiciliary (personal) care to older people in extra care housing
- Publicising new private sector extra care developments within the authority, for example to care managers and housing advice staff, so that the development can be promoted to as wide a range of older people as possible
- Making the operational links between the extra care providers and front line staff in the local authority and local health organisations
- Identifying workforce competencies for new and existing staff to manage both the accommodation and/or care elements in extra care housing

The representative bodies for independent care and nursing homes may also be well placed to offer advice and support to their members.

6. Case study examples

Below are 4 examples of care home providers who have developed extra care alongside their care homes. The LIN will be publishing a more detailed factsheet on the planning and development process. This will include information on capital and revenue funding streams as well as practical information about managing a community where some residents are independent whilst others may be quite frail.

Case study 1 – Stamford Bridge Beaumont Close Care, Stamford Bridge, York, E Riding of Yorkshire. Barchester Healthcare Ltd.

Tenure and price	Leasehold. Prices ranging from £89,750 to £112,750.
Size	30 one bedroom apartments, each approximately 36.5m ² . Emergency call fitted to all rooms of each apartment
Development	Close Care Courtyard development on the same site as, and adjoining Manor House Nursing Home which provides nursing care, residential care, respite care and day care
Facilities	Communal Lounge, laundry, garden
Services	Manor House Home Care is a registered domiciliary agency. Close care residents can purchase: flexible packages of domestic, shopping, laundry and personal care to suit individual needs; meals, day care, hairdressing, chiropody and respite care from the nursing home; maintenance and repairs services

Attached care home	77 beds. Registered to provide personal care with nursing
Location	Within walking distance of the village of Stamford Bridge, and 5 miles from York
Lifestyle	Concept of independent living, with care support and services available to meet changing needs, including respite to promote independent living for as long as possible. Ability to participate in the social activities and Church services that are held in the nursing home
New residents accepted from	Couples or single people aged 60 or over, in need of care

Case study 2 – Stanton Lodge, apartments for couples where one person has dementia, Swindon, Wiltshire. Methodist Homes

Tenure and price	Leasehold or shared ownership. Leasehold prices range from £135,000 for a 1 bed apartment to £160,000 for a 2 bed apartment and £170,000 for a large 2 bed apartment. Shared ownership prices at 75% and 50% of the value of the properties, plus a monthly rent on the outstanding amount of the capital payment
Size	4 one bed, 6 two bed, and 4 large two bedroom apartments equipped with the latest assistive technology
Development	Apartments on the same site as, and adjoining Fitzwarren House, a purpose built dementia and nursing care home. Both buildings are colour coded design to assist with finding your way around
Facilities	Secure communal landscaped gardens designed with people with dementia in mind
Services	Well-being package which includes 24 hour staffing support on site, an activities and events programme and respite care (up to 10 days per year) tailored to suit individual needs, charged at £125 a week. Additional, cleaning, washing, shopping care and support services can be purchased on demand, as can meals services.
Attached care home	60 en suite rooms. Registered to provide personal care with nursing
Location	Rural location in open countryside near Stratton St Margaret, two miles from Swindon
Lifestyle	Pioneering lifestyle option offering purpose designed self contained apartments and flexible tailor made specialist care and support for couples where one person has dementia. The aim is to enable couples to stay together in comfort and security with total peace of mind, whilst gaining access to the best possible support
New residents accepted from	Couples where one person has dementia

Case study 3 – WoodGreen, Driffield, Hicalife Developments Ltd

Tenure & Price	Freehold, nine two bedroomed bungalows designed for independent living. Prices starting at £140,000.
Size	Two bedroom, lounge, bathroom and kitchen, each approximately 65m ² . Emergency call system fitted to all rooms in bungalows.
Development	Secure courtyard development adjoining Woodlands Care Home (56 beds). The site is close to the town centre, bus and railway station.
Facilities	Communal and private gardens.
Services	Service charge covers call system, garden maintenance and window cleaning. Full range of domiciliary care services available from existing Home care operation.
Attached Care Home	56 bed care home offering residential and dementia care services.
Location	Driffield, East Yorkshire
Lifestyle	The properties are designed for safety and security and to enable residents to retain their independence.
New residents	55's and over

Case study 4 – The Paddocks, Honiton, Devon. Stepping Stones Group

Tenure	Leasehold
Size	10 x 2 bedroom bungalows completed in 2001. the second phase of a further 12 X 2 bedroom bungalows are now on release
Development	The bungalows are situated within 12 acres of Gittisham Hill House. The properties are in an open setting around two paddocks with views across the grounds
Facilities	2 bedroom properties with bathroom and shower room. Nurse call system linked to Gittisham Hill House
Services	24/7 alarm service and access to services at Gittisham Hill House
Attached Care Home	Gittisham Hill House which is a registered residential home for 30 residents
Location	1.5 miles from Honiton in Devon
Lifestyle	The properties are designed for safety and security and to enable residents to retain their independence. Residents have the use of the grounds and access to the facilities of the care home. Stepping Stones offer a menu of services and tariffs from the basic monthly service charge, meals, domestic assistance, laundry and care services
New residents	The second phase is now on release and prices start at £275,000 for a 125 year lease.

7. Useful contacts

Association of Retirement Housing Managers, c/o EAC, 89 Albert Embankment, London SE1 7TP. Tel: 020 7820 1839. Website: www.arhm.org
Email: enquiries@arhm.org

Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Tel: 0845 015 0120. Website: www.csci.org.uk Email: enquiries@csci.gsi.gov.uk

CSHS (Centre for Sheltered Housing Studies), First Floor Elgar House, Shrub Hill Road, Worcester, WR4 9EE. Tel: 01905 21155. Website: www.cshs.co.uk Email cshs@cornwall.ac.uk

Department of Health
www.dh.gov.uk

Department of Work and Pensions
www.dwp.gov.uk

Elderly Accommodation Counsel, 3rd Floor, 89 Albert Embankment, London SE1 7TP. Tel: 020 7820 1343. Website: www.HousingCare.org Email: enquiries@eac.org.uk

English Community Care Association, 145 Cannon Street, London EC4N 5BQ. Tel: 020 7220 9595. Website: www.ecca.org.uk Email: info@ecca.org

Housing Corporation
www.housingcorp.gov.uk

Joseph Rowntree Foundation (provide a range of useful research reports, including on continuing care retirement communities) The Homestead, 40 Water End, York, North Yorkshire, YO30 6WP. Tel: 01904 629241. Website: www.jrf.org.uk Email: publications@jrf.org.uk

National Care Homes Association, 45-49 Leather Lane, London EC1N 7TJ. Tel: 020 7831 7090. Website: www.ncha.gb.com Email: info@ncha.gb.com

Office of the Deputy Prime Minister
www.odpm.gov.uk

Peter Fletcher Associates (policy, research and consultancy services on older people, and extra care housing) Chesterwood Grange, Hexham, Northumberland, NE47 6HW. Tel: 01434 684944. Website: www.peterfletcherassociates.co.uk Email: info@peterfletcherassociates.co.uk

Registered Nursing Home Association, 15 Highfield Road, Edgbaston, Birmingham, B15 3DU. Tel: 0121 454 2511. Website: www.rnha.co.uk Email: info@rnha.co.uk

Supporting People knowledge web

www.Spweb.org.uk

Provider organisations referenced in the Factsheet

Barchester Healthcare, Barchester Healthcare Ltd., Suite 201, The Chambers, Chelsea Harbour, London SW10 0XF. Tel: 020 7352 2224
Website: www.barchester.com

Housing 21, Clifton House, 1st Floor, Central Suite, 93-101 Euston Road, London NW1 2RA Tel: 020 7874 7500. Website: www.housing21.co.uk
Email: enquiries@housing21.co.uk

HICA, Anchor Court, Francis Street, Freetown Way, Hull, HU2 8DT. Tel: 0800 7832021 Website: www.hica-uk.com Email: info@hica-uk.com

Methodist Homes for the Aged, MHA Care Group, Epworth House, Stuart Street, Derby DE1 2EQ. Tel: 01332 296200. Website: www.methodisthomes.org.uk Email: enquiries@mha.org.uk

The Stepping Stone Group Ltd, Broomhill House, Southfield Way, Tiverton, Devon EX16 5AJ. Tel: 01884 251518. Website: www.tssg.co.uk Email: info@tssg.co.uk