IDEAS FOR CHANGE 2017: EXTRA CARE HOUSING IN LINCOLNSHIRE
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Like many counties, the population of Lincolnshire continues to rise and so too the proportion of older people. People are living much longer with complex needs that require care and support intervention at a time when there is insufficient resource to meet demand. The ability to seek solutions requires a collaborative and integrated approach involving those engaged in housing, health and social care.

Whilst the level of existing provision falls short of demand, Extra Care Housing is well established in Lincolnshire providing a means of prevention as well as an effective alternative to residential care. Designed to be of benefit to the local community, Housing with Extra Care is a cost effective solution, facilitating independence and offering a much improved quality of life and standard of living.

As a local specialist Housing Association, we are being actively encouraged to build much needed new homes and to enhance participation in their design and implementation. During 2016 students from the University of Lincoln were challenged, in the form of a competition, to understand the housing needs of an ageing population in Lincolnshire with particular focus on the future design of Extra Care Housing. I would like to thank all students who so willingly engaged in this competition and for their collective vision which forms the basis of this report.

I very much hope that this document stimulates further thinking and progresses the vision of students into viable and localised solutions for older people in Lincolnshire.

Nick Chambers
CEO
LACE Housing Association
BACKGROUND

With current housing models struggling to meet the needs of a changing population now and for the future, students of the School of Architecture and Design, School of Health and Social Care and School of Business, University of Lincoln were challenged with understanding those needs and translating them into innovative design ideas for Extra Care Housing in Lincolnshire. The challenge was made in the form of a competition in 2016 that transferred evidence and knowledge to design principles in response to local needs and challenges. Students created their vision of innovative solutions for Extra Care Housing to realise the Lincolnshire Sustainable Communities Strategy (SCS 2009–2030), which aims to create rich and diverse environments, vibrant communities, opportunities for good health, the healthiest and most sustainable economy, and good connections between people, services, communities and places.

Over a period of six months the students participated in three workshops, exchanged ideas with champions in the field and visited Extra Care Housing in Lincolnshire, where they interviewed residents. The students understood the state of the art by reviewing literature, local information and frameworks made available through an online portal. They were also informed of the results of two workshops with thirty service providers and thirty older people and interviews with stakeholders that project leaders had held. The students identified needs for the wellbeing of older people in Lincolnshire, which endorsed the emerging evidence for the necessity of opportunities for wellbeing in rural ageing and the evidence for challenges and opportunities in rural ageing. These challenges are: mobility to provide access to facilities; opportunity to be with friends and family; affordable health and care; range of choice to downsize in their community; adaptability to changing physical and cognitive ability; active ageing and healthy lifestyles; opportunity to participate socially and economically; opportunity for care in the community to promote wellbeing; and the need to integrate housing with the delivery of health.

The students translated the needs to design principles for the built environment appropriate for ageing in place in rural Lincolnshire. They presented the ideas as five Design Guides at a final workshop. This document is a development of the ideas from the five groups on how we should shape our built environment for an ageing population to advance local strategies. The document showcases the vision that young minds have produced and we believe this will help to stimulate thinking and dialogue to create pathways for localised solutions. It is our hope that the information here can catalyse the visions into viable solutions that can be implemented in Lincolnshire.

What do older people in Lincolnshire want?

I want mobility to get access to facilities
I want to be with friends and family
I want affordable health and care
I want a range of housing options to downsize in my community
I want to be active and healthy
I want the opportunity to participate socially and economically
I want adaptation to my changing physical and cognitive ability
I want to be a carer in the community to help with others' wellbeing
I want my home, GP and dementia service
INTRODUCTION

Lincolnshire is an attractive county for older people to retire as seen by its changing population. Population projections show an increase of 101% in the 75+ group by 2021. The estimated population increase between 2012 and 2030 for people over 65 is 50% and East Lindsey in Lincolnshire has the highest proportion of people over age 65 in England. There is however a lack of appropriate housing stock for older people to age in place in Lincolnshire; something which is also a well-known problem in the UK. The current housing stock does not always allow people to adequately access support and services and has contributed to the risk of isolation within institutions, away from society, family and friends, and other social networks.

Lincolnshire also faces a time of increased demand on the social care system with an exceptional financial challenge. The county council’s approach is to move away from a ‘one size fits all’ service delivery to create opportunities to explore new models in partnership with health service providers.

We’re recognising that older people, usually home owners, are taking the trouble to make us aware of their housing circumstances and future housing needs…. We also get a lot of feedback, about … not need(ing) to build more affordable homes; allow older people to downsize, their homes would be recycled and could be available”.

(Stakeholder)
The vision is to enable people to remain close to their local communities, which presents opportunities to create lifetime neighbourhoods that facilitate independent living yet are embedded within localised delivery of health and care. New housing solutions need to address priorities for rural ageing and the aspirations of communities rather than just rehousing older people into accommodation that creates undesirable segregation from mainstream society. Innovative solutions in supported housing, including Extra Care Housing, could be instrumental to provide a good quality later life as they can provide immediate but non-urgent care on demand. Strategies to maintain formal and informal carers and volunteers are important as rural communities receive a higher percentage of informal care supported by a higher level of social capital. New solutions need to enable efficient delivery in a sparsely distributed population across the vast geographical area of Lincolnshire. Housing models that provide for integrated and efficient care solutions for progressive levels of care, including Extra Care and possible links to respite care need to be explored. Pockets of relative advantage, deprivation and differences tailored for a range of tenures for differing income levels in an era of shrinking budgets also influence viable solutions. The ideas in this document are design principles derived from responding to the scale of a rural county. Our vision is that Extra Care Housing should be designed to accommodate needs in later life as proposed by HAPPI 11 and also integrated into the neighbourhood and the wider region to create sustainable communities. The thrust of this document addresses how thinking on a wider scale can help to develop Extra Care Housing as a housing typology that people would opt to live in at the right time in their life cycle. The ideas are not exhaustive or mutually exclusive but are tools to think about models of Extra Care Housing and Ageing in place. Implementation needs further research and understanding specific to Lincolnshire.
A. INFRASTRUCTURE AND NETWORK

A.1. Older peoples’ service infrastructure map

Planning for Extra Care Housing should consider

Population growth and movement trends of older people in the area
Possibility to link service provision with supported housing and care homes in the area
Possibility of linking to hospitals in the area for respite care
Possibility of liaison with GP services to develop a range of health and care services in the community
Accessibility of services and road connections of main, secondary and other roads

Service design for older people has remained a problem for Lincolnshire. More than a third of rural residents (65+) have difficulties with activities of daily living. With over 70% of older people living in their own homes, getting services to an unequally distributed population of older people on poorly connected main and secondary roads is a known problem for Lincolnshire, as it is one of the most disconnected counties in the UK. Time spent travelling long distances to deliver services to the widely distributed population (with one of the lowest footprints in the UK) incurs high costs. This, together with limited public transport and a shrinking budget, has reiterated the need for service integration for efficient delivery. Innovative Extra Care housing typologies must consider problems in service delivery whilst putting people’s wellbeing first.

A county level integrated map of older people’s service distribution can be a helpful decision making tool to locating Extra Care housing and to exploring links with health and care infrastructure.
We recommend:
Strategic and local planning frameworks (for example the Central Lincolnshire Local Plan) should consider an “older people’s service infrastructure map for well-being” helping to connect older people to services they need. This will help to realise the priorities of the Joint Health and Wellbeing Strategy 2013–2018 which aims to develop a network of services for older people. Such spatial infrastructure planning as a holistic approach to health-related services at a range of scales, progressive levels of care, transport routes, various housing typologies and even opportunities for social participation could be mapped together as a tool to identify gaps in service deliveries for well-being. Developing new housing solutions including Extra Care housing as a rightsizing option that can also address new ways to deliver appropriate health and care services could be better understood to allow planners to put older people’s wellbeing at the heart of decision making.

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We recommend:
The development of a local (neighbourhood scale) map during the early stages of planning to understand the age-friendliness of neighbourhoods where Extra Care Housing is located. The World Health Organization describes age-friendly environments as “environments that foster health and wellbeing and the participation of people as they age. They are accessible, equitable, inclusive, safe and secure, and supportive. They promote health and prevent or delay the onset of disease and functional decline.” The attributes of the built environment that contribute to such age friendliness should be assessed at a local scale in relation to movement structure, walkability, mixed use, access and provision of services, green areas, and opportunities for social cohesion and even bus routes. Buses are known to be mobile community centres in rural communities in addition to providing access to services. This will also help with community planning to maintain key services and to attract a wide range of people to retain the diversity of communities. A key concern would be how to integrate Extra Care Housing within the neighbourhood so that it is perceived and used as a housing development rather than as an “older people’s home”.

“People come to Extra Care Housing usually for a couple of years with a high level of need and that’s because there’s not enough. Whereas the concept of Extra Care was intended to be a balanced community of needs and abilities, partly mutually sustaining...”.

(Stakeholder)
Example: Extra Care Housing in Spalding

Integration 4Km radius

To develop a map of older people’s services at neighbourhood scale, distribution of local services, accessibility and walkability should be assessed. Space syntax analysis shows the levels of road integration helpful for such decision making.

Integration radius 7

Red shows the most integrated roads from the selected site with purple showing the remotely integrated roads. A 4km radius from a selected site has been chosen in this example because evidence suggests that older people’s ‘happy places’ visited on an everyday basis is within 4km radius of the place of living.

Space syntax analysis of road integration at neighbourhood scale looking at immediate connections of each road would show emerging and potential patterns of neighbourhood centres. This is helpful to understand the distribution of services in relation to accessibility through the street network and by walking and buses.

Distribution of services

An integrated map of distribution of services and road integration at neighbourhood scale can be a helpful decision making tool to assess current level of service provision to make improvements.
“Extra care Housing is designed around a number of key principles; supporting independence whilst providing care and support, encouraging social interaction and engagement, supporting dignity and quality of life, and providing a setting of choice as opposed to last resort.”

Extra Care Housing strategy, South Holland District council

For example the question to ask for Extra Care Housing is ‘What services should a new development provide to realise the vision of the South Holland District council?’

If a site in King’s road, Spalding is identified as a site for Extra Care Housing, the selected site should allow access to local amenities within walking distance and by main public transport routes. By looking at locally available amenities identify what amenities need to be supplied by the Extra care facility, and incorporate these into the development frameworks in the area. What services would help to retain the diversity of the population in the area? For example if the site selected has access to local shops, general practitioners and hairdressers within walking distance, these will not need to be incorporated in the design. Assess the potential of the new development to incorporate community facilities to create a public facing boundary in Extra Care Housing to create balanced communities.

Extra Care Housing sensitively developed to continue the spatial morphology of King’s road Spalding will help to integrate with mainstream housing.
A.2. Extra Care Housing network

Extra Care Housing models need to work as a preferred housing option within mainstream housing and not be where people are pushed by ill-health or other urgent circumstances. The challenge is to enable people to move within their local communities in order to be near services, and to address market barriers to integration in towns and villages to keep older people in their preferred area. This would prevent people feeling they are being forced from their existing social networks and would help to retain the strong sense of community of rural communities.

Extra Care Housing should be a choice of housing typology available in Lincolnshire which will allow increased support for older people within their communities. Extra Care Housing should be just another move in a person’s lifecycle, just like downsizing, moving to a family home with children or moving for work. This does not happen in the current system as most people move to Extra Care with high levels of care needs late in their life although intended to be a balanced community made up of people completely able to less able.

**We recommend:**

Extra Care Housing should become a mainstream housing typology, and so we recommend the number of units in an Extra Care housing scheme be small to be in harmony with the built forms of Lincolnshire’s towns and villages (depending on the location). Such an increased number of smaller schemes would help to create a network of Extra Care Housing around Lincolnshire. To make this viable for the county, we recommend a hub and spoke model, which can provide Extra Care Housing with new community services in the hub, whilst the spokes – visiting nurses, outreach programmes – ensure that a wide area can be served. This will enable a timely response to older people in their own homes in non-emergency situations and can facilitate enhanced delivery of services for home-based care. This model also enables the development of care in the community through formal, informal and volunteering care models. With the increasing difficulty in resourcing providers and carers for people in their own homes a hub and spoke network is a helpful solution which could also contribute to integrated care and support services which is a national and local priority. This could be implemented immediately for the 600+ units that are to be built soon in Lincolnshire. With the increasing difficulty in resourcing providers and carers for people in their own homes a hub and spoke network is a helpful solution which could also contribute to integrated care and support services which is a national and local priority.
Building many smaller context-specific homes will cover a much larger area to allow for growth in rural areas as intended in the Greater Lincolnshire Local Enterprise Partnership Plan.\(^\text{30}\) This also ensures that residents do not have to move far from their previous homes and so maintain social and physical ties. For the proposed network of smaller Extra Care Housing “community hubs” to be efficient, there would need to be careful planning as to how many units are required per region. For example, there would be more, or larger, developments in areas with a higher population density of over 65s such as East Lindsey but fewer units in South Kesteven.

Extra Care Housing in Lincolnshire should consider

A site that can be an extension to the town or village hub.

If in the City, consider whether Extra Care Housing can be in a mixed use complex and the possibility of a hub and spoke model to extend services to nearby areas.

Extra Care Housing would be an add-on to an existing communal facility such as a village hall, shop or even a pub, becoming an “Extra Care Housing community hub”. To that end, as well as providing housing units, it becomes a welcome addition to the existing community.
B. DE-INSTITUTIONALISATION

B.1. Segregation and institutionalisation

In the current system of care, moving to Extra Care Housing takes place more often than not after disability, and is sometimes forced by others. The transition becomes very difficult and people feel institutionalised when removed from where they want to be and feel they immediately lose their independence.\(^{31}\) In the current system, if Extra Care Housing is segregated or detached from the community it is perceived as an institutionalised care home.\(^{32}\) Evidence suggests that including Extra Care Housing in the design of neighbourhoods in which older people live is key for wellbeing.\(^{33}\) Knowledge about the concept of Extra Care Housing and what it entails should be widely promoted for a better understanding of its potential. After all, older peoples’ “happy places” visited on an everyday basis are usually not very far from where they live and are accessible by walking or a short ride.\(^{34}\)

**We recommend:**
To avoid being perceived as an institutionalised establishment and to promote positive communities, there should be a strong, lively community surrounding the hubs of Extra Care Housing. The Extra Care home would be an add-on to an existing communal facility such as a village hall, shop or even a pub, becoming an “Extra Care Housing community hub”, a welcome addition to the existing community that allows residents to be integrated within the community to reduce loneliness and isolation.

The current designs that include social spaces such as lounges and mini libraries just for the residents should be reconsidered in this light to create spaces that can generate integration with the community. This smaller scale and less institutional set-up would also enable informal care arrangements by friends, family, neighbours, and community and church groups to continue, as these are prevalent in rural communities.

In addition, it would help to maintain independence and autonomy for older people where they want to live.\(^{35}\) It will also help community businesses to design services to support mobility, for example “supermarkets providing community buses for shopping trips and ensuring extra staff are available to assist older customers on the days the community bus runs”.\(^{36}\) Therefore, while rural bus services need to be improved, the routes should be considered in relation to older people’s housing and neighbourhood design to maximise the benefits.\(^{37}\)

![Visualisation of Extra Care housing in the city of Lincoln above shopping, GP services and leisure facilities](image_url)
B.2. Moving within levels of housing

Extra Care Housing schemes can seem daunting for new residents, who may feel they are moving into clinical, sterile environments. The current system of care allows little familiarity with the system as the move happens after a real or perceived limitation. When people are forced to move because of care needs they feel that their independence has been lost. This is currently the case for residential care and the potential of Extra Care to provide an important alternative should be further enhanced in starting from joint strategic thinking of health and care delivery together with housing typologies.

We recommend:
In larger towns, the hubs can even serve different levels of care, helping to reduce pressure on specialised care homes and keep the community in a more centralised location near services, such as bus routes. If Extra Care Housing is developed in this way, the number of residents living in specialised care could be significantly lower than the number of those in Extra Care.
B.3. Resident involvement

We recommend:
A home gives residents a sense of control and independence for social wellbeing, so we recommend a collaborative approach over current provider-driven models.\(^{39}\) The nature of involvement should shift the power balance to empower residents to be genuine stakeholders in the management and operation taking into account their abilities and past experiences. Both inside and outside space in Extra Care Housing can provide a means for residents to execute such empowerment: How the outside should be landscaped to promote social interaction and healthy lifestyles; how the interior design could create home-like environments; how to encourage passive and active social interaction of residents; and desired encounters and avoidance can be points of discussion to empower residents with decision making. Resident involvement should extend beyond the perimeters of Extra Care Housing to enable volunteering within the community, to encourage peer support and activities that promote engagement and citizenship. This will help to build social capital which can be an important resource in times of need.\(^{40}\)

Extra Care Housing in Lincolnshire should consider

To develop as an extension to facilities in the town or village centre as a building typology; Extra Care community hub

To provide public facing facilities that people in the town and villages could use such as mini libraries, café’s and even a village pub

Public facing lounges and social space to be accessible to health and care professionals working in the community for example for meeting people in the community with mental health needs

To be located to maximise benefits from public transport; not forgetting that buses are mobile community centres in rural communities. Whether provision for several levels of care can even be provided in the hub.

http://bellaraemag.com/articles/foreveryoung

Rent-A-Grandma is a proposed initiative that will allow senior residents to look after a child when the parents are unable to do so. This will allow interaction with the community to build trust and thereby social capital.
C. COMMUNITY INTEGRATION

C.1. Increase community participation

“Older peoples’ housing” including Extra Care Housing, if segregated from the wider community physically, socially and economically, contributes to create older people’s ghettos. To prevent this from happening, some Extra Care Housing schemes have provided communal shops, hairdressers and even restaurants. However, it is important not only to provide the facility but also to “blur the edges”, to build informal networks with new residents and the community and to become familiar with the rural way of life in the area.\footnote{This is extremely important because social relations in cohesive communities is the most important factor to maintain well being in later life.\cite{41}}

We recommend:

Facility exchange: Extra Care Housing needs to be integrated in the community push for public engagement whilst encouraging older people to venture into the community. Providing public amenities such as shops or gyms not already available in the area can encourage public participation. Extra Care Housing may even become an extension of the village pub. Being situated in the heart of the community allows daily social contact with neighbours, and exercise by walking to the shops or park. Basic facilities should to be accessible to older people who do not drive. Extra Care Housing also should be designed with an understanding of the nature of public and semi-public realms in each location and align the built forms with principles of good urban design.

Service exchange: It is important that the residents have a place in the wider community, and a service exchange will encourage this. Service exchanges such as baby sitting or tutoring will allow the residents to help other people in the village/town who in return can help residents with shopping and other tasks and create a strong sense of reciprocity. This should be facilitated by the design of the community hub by promoting interaction between the residents and other members of the village/town.

Performing day-to-day tasks in and around the community hub’s facilities helps familiarise all members of the community with Extra Care Housing: popping in to the Extra Care Housing shop for a pint of milk familiarises future residents with how Extra Care Housing works.
C.2. Responding to city or town or village grain

Design with a sympathetic response to existing grain is vital to a neighbourhood design that sets Extra Care Housing in the community.

We recommend:
To retain the feel of the place to create a sense of belonging and an identity; both important factors for wellbeing. Extra Care Housing is not an exception to this rule as older people are proud of where they live. Many existing Extra Care homes are isolated from the neighbourhood through a rigid composition unrelated to the physical fabric of the place. Considered and sympathetic planning and design that integrates with the existing neighbourhood can help to remove the institutional appearance and function of Extra Care Housing. If current regulations hinder this aspiration, there should be ongoing dialogues between public authorities towards a workable solution to retain the “homeliness” of the place.

Thinking of strategies to create a sympathetic response to the context is important. Making the corridors into open spaces and dividing the building blocks can create a sense of individuality. Meeting points should create a hierarchy of public, semi public and private spaces as sometimes people need to feel more individual and feel like they are at home and not in a permanent gathering place.
D. OPPORTUNITIES NOT PROBLEMS

D.1. Social and economic opportunity

The Central Lincolnshire Local Investment Plan (LIP 2011–2021) outlines and integrates housing, economic development and infrastructure plans. The following are identified issues in accordance with the LIP Themes and Priorities:

A) Housing of the right type, tenure and in the right locations must be delivered to address the needs of a growing and ageing population and underpin economic prosperity. B) Increased demand for housing, care and support arising from an ageing population. The expansion in the offer of “Housing with Extra Care” is deemed necessary across all tenure types.

If housing solutions are to be underpinned by the need for economic prosperity, the outlook towards the older population should be reversed for older people to be considered an asset not a liability. The separation of older people from mainstream society for the efficient delivery of care including those in Extra Care Housing has deprived them of the social and economic opportunity, as older people can participate in society at a range of levels. Older people in rural communities invest in social capital in their local communities with high volunteering rates. The changing demographic of older people is also challenging perceptions of age, notion of education, careers, work and retirement. With the number of people in the workforce in later life expected to increase, the evidence is that social and economic roles become complementary; they are important for social connections, affirmation of identity and enhancement of wellbeing and health.

It is also expected that the cohort of older people in the future will be less wealthy in general and may need many more affordable housing options as well as homes that extend working lives. As Extra Care Housing is not an affordable lifestyle choice to many even today, the solutions need to be embedded in growth areas for social and economic opportunity.

Can Extra Care Housing in South Holland link to local businesses of growing flowers? Can there be local outlets that help older people with differing degrees of ability to participate? Can Extra Care Housing in Boston provide a social enterprise for locally grown food, a cafe and restaurant serving locally sourced food? There should be more social enterprise that allows for this. Visions for development should incorporate older people’s housing into the economy by considering the dynamics of working patterns of an older population. Extra Care Housing would not be an exception to this.
D.1. Social and economic opportunity

We recommend:
Visions for growth should incorporate the contribution of older people across the county which can be distinctive and specific to the local economic activity, as proposed in the Greater Lincolnshire Economic partnership plan. Providing the opportunity to support the community and businesses is key for future older peoples’ housing including Extra Care Housing. Social enterprise at the local community level will play an important role and Extra Care Housing can be a catalyst, with community hubs providing opportunity. Similarly, moving amenities out of their existing locations and into Extra Care Housing will start to generate a hub from which other business will profit through a symbiotic relationship. Failing businesses can be revived when relocated into the facility.

For example, East Lindsey has an increasing older population which could be a strain on current facilities. As the Coastal Lincolnshire Housing Market Area local investment plan is looking to develop new Extra Care housing opportunities, social and economic participation should also be part of the vision.

Visions for growth in Lincolnshire should consider the opportunity for older people too. Economic and social opportunity in areas that older people live, including those in Extra Care Housing should be incorporated into the vision.

http://www.greaterlincolnshirelep.co.uk/
Loneliness has an emotional impact, contributes to physical ill-health and accelerates cognitive decline in later life. Several studies have highlighted the nature of dynamics between generations and we need further understanding of the impacts of multigenerational housing and neighbourhoods that allow for independence and interdependence.

We recommend:

The demand and dynamics of intergenerational mixing should be carefully considered and researched in relation to rural ageing. If intergenerational housing options were available people in early older age people could be encouraged to consider making such a move. There should be new policy to avoid homogeneous neighbourhoods in terms of age. Incentives have to be given to break away from the tendency to provide specialised housing with homogeneity with less market risk. It has also been highlighted that academics have a role to play in highlighting the demand for such mixed communities.

Alternative housing typologies should be explored if innovation is to take place. A good example can be drawn from the initiative in the Netherlands for university students to move in with older people in a care setting. The staff have reported that “The students bring the outside world in; there is lots of warmth in the contact”, while the students reported that “Elderly people are very full of life. As a student, you can learn a lot.” There are also many successful examples of cohousing, where younger generations and older people share a sense of goodwill and reciprocity.

An example of intergenerational modular housing. As people progress through life cycle, their modular home can grow, change and shrink allowing people to stay in the same community throughout the life cycle. People are far less likely to become socially deprived if they stay within their communities with friends and family. By having a housing complex aimed at the youth and the elderly will attract a mixed occupancy. This mixed occupancy will allow the interaction between the young and the old, allow for social exchanges and sharing of services allowing both groups to benefit from each other.

“in Lincolnshire it’s got to be an organic way and a mixed economy of provisions because there are different aspirations across different parts of the area with older people coming from different backgrounds. Some people who are migrating in want to come to a particular type in a part of the world, and some are doing it because they’ve had to...”

(Stakeholder)
E. INDEPENDENCE

Retaining independence and control is important for older people who want to make their own decisions. Investing in a range of assistive technologies can return control to those with different levels of impairment. 50% of people over 75 suffer from vision loss, hearing impairment and dual sensory impairment. Similarly, flexibility of spaces would allow for control in later life without having to move home.

“...The capital to make those changes is difficult because it’s market driven rather than driven by need. Whereas now there’s kind of a boom in construction of what you might call a granny flat... a place for things like dementia villages, if that’s what people want to live in, but then a lot of people also would rather still feel like they were a part of a more holistic community. And so there is more market development of that.” (Stakeholder)

E.1. In-house diagnostics

We recommend:
With portable health care equipment, relatively cheap, innovative technologies can provide specialised and personalised care, diagnostics and after-care. These devices could also be used to assist the wider community to reduce costs to the health and care system. Therefore, the potential for Extra Care Housing to provide more health-related services to the community needs to be explored.

With an increasing demand for hospital beds Extra Care Housing can also provide respite care if these technologies are made available. This respite, provided by innovative Extra Care Housing typologies, would not only be for the carers but also for nurse-led clinics or in-house nursing services in the community. To create the diverse communities that Lincolnshire intends to, can Key Workers housing be provided for carers, nurses and other staff? Such innovation needs sensitive design to separate the private realm from the public realm where additional services can be placed.
E.2. Personalisation

It is important to have control over your own front door to retain independence. However, accessing a front door through an internal corridor only adds to an institutional feeling. Small clusters of individual homes with central control over the main entrance is one solution. It would allow personalisation from the outside as well as in the interior and allow plenty of natural light which helps to evoke a sense of wellbeing.

E.3. Flexible space

Flexibility allows the design to adapt to changing needs. For example, by having a series of apartments that use the same footprint and servicing nodes which can be rearranged to suit needs. For instance, if a nurse living with the residents is no longer required, the partition walls forming the spare bedroom can be removed to form a larger living area.

Construction methods should consider long term usability.
This document explored the design implications of a changing approach to housing of older people in Extra Care. There is consensus that Extra Care Housing should be a downsizing option of choice available in mainstream housing. However, there is less evidence on how the typology may be designed to reap the benefits of integrated service delivery, individual health-related outcomes and the delivery of health services. New and innovative housing models need to work within this knowledge. In the absence of this evidence base, this document is visionary but explores how Extra Care Housing may be designed in lifetime neighbourhoods to enable ageing in place, which creates sustainable communities. The extent of the unknown in many respects is therefore highlighted.

This initiative shows that we need more understanding in several areas related to rural ageing to successfully deliver housing options, including Extra Care, for the wellbeing of older people in Lincolnshire. We need to work towards a firm evidence base for Extra Care as a mainstream housing typology. We can do this through profiling and assessing the current housing stock in Lincolnshire to initiate change, and by understanding the psychology and physiology of moving house and downsizing in over 65s. We need to understand the role of spatial planning for integrated service delivery, and how this affects the dynamics of intergenerational communities in rural areas. This will help us to develop new housing types to link rural social enterprise with house typologies for socio-economic opportunities for older people in rural neighbourhoods.

We hope to work with the sponsoring partners, Lincolnshire County Council, Housing LIN, AGE (UK), Dementia Action Alliance (Lincoln) and other service providers in Lincolnshire to further our understanding and commitment. The School of Architecture and Design, University of Lincoln are partners of the EU Action Group D4: Innovation Age-Friendly Buildings, Cities & Environments under the title “Inclusive Urban and Rural Communities”. We are also partners of HARG, the Healthy ageing Research Group and Rural Research Group at the University of Lincoln. The recent Government note on “The Future of Housing, and the Built Environment in an Ageing Population” and the Housing White Paper “Fixing our broken housing market” recognises the need for timely action to provide for a better choice of housing options. We will be working with these groups as interdisciplinary teams to achieve this objective.

**From The Government office for Science**

**Future of Housing and the Built Environment in an Ageing Population**

Revisit housing design in the context of health needs

Revisit the role of planning in delivering the type of housing stock required in the longer term

Encourage downsizing so that capital gains are not lost by house size reduction

Enable retrofitting and adaptability of homes
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Nick Chambers
Established in 1964, LACE Housing is a voluntary, not for profit, association with charitable status specialising in housing and support services for older and vulnerable people within Lincolnshire and the surrounding area. Awarded ‘Investor in Excellence’, LACE Housing is a member of the National Housing Federation, the Greater Lincolnshire Housing Association Partnership, the Blue Skies Consortium and the award winning Lincs Independent Living Partnership.

Nick is a member of the Chartered Institute of Housing and has over 25 years social housing and care experience. With a background in finance, Nick joined LACE Housing in 1991 and was appointed Chief Executive in 1999. Nick also has over 14 years’ experience in education and is an executive member of a local Academy and trustee of a Social Enterprise.

Stephen Lumley
Thornton-Firkin LLP is a national practice of Project Managers and Cost Consultants with offices in Lincoln, London, Birmingham, Newcastle-upon-Tyne and Chester.

Thornton-Firkin has worked with a wide number of Registered Providers in excess of 30 years and they are currently appointed by over 25 Registered Providers including 10 Partnering Frameworks on an average 50 projects per year with a financial value of over £100m.

Stephen Lumley is a Partner of the Practice based in the Lincoln office and has been closely involved with LACE Housing for over 20 years; he was recently awarded their “Contractor of the Year” for 2016.

Stuart Mitchell
Lindum Joint Venture Development MD. Since joining Lindum in 2006 Stuart has been instrumental in the success of Lindum’s development projects. Following 12 years in the property industry as a Chartered Surveyor and Project Manager for local companies, Stuart joined Lindum in 2006 as Development Manager, becoming Managing Director of Lindum JV Development in 2015.

Lindum is a Lincolnshire based, employee owned Construction Company employing over 600 people. Stuart has been responsible for a wide range of projects including the £3 Million re-development of Homer House in Lincoln for the NHS Trust and local charity LEAP and has worked with LACE Housing on recent development projects at Grantham and Skegness.

Darren Heffer
Saunders Boston Architects (SBA) specialise in designing specialist supporting housing projects. Operating across the UK for national and regional registered providers, local authorities, charities and the private sector, SBA’s projects provide bespoke and innovative solutions for individuals living with various forms of physical and or mental health issues.

Darren Heffer (Director, SBA) has over twenty years’ experience in the sector and sits on various national and regional steering groups that advise on the design and construction of specialist supporting housing projects, especially Extra Care. Darren has co-authored Design and Technical Guides and spoken at a number of conferences on the subject matter.

Christine Lawton
Cllr Christine Lawton is Portfolio Holder for Housing at South Holland District Council. Christine has been a councillor for 10 years. She maintains oversight of all of the council’s activity in relation to housing, from homelessness and rough sleeping through to housing strategy and policy. South Holland District Council is presently working in partnership with Lace Housing Association to deliver the first Extra Care Housing scheme in South Holland, with efforts focused around a council-owned site on Kings Road, Spalding. Christine is a keen advocate for projects designed to support older and vulnerable people in accessing suitable housing.
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“older people in rural communities are expressing a housing need,... looking to downsize but ... stay in their own community. They’ve got no alternatives, really. That’s part of the challenge for Lincolnshire ...

There is a large proportion of older people in rural communities where they’d like to stay and where it would be most appropriate for them to stay because that’s where they have their networks. Uprooting and moving away from your own community in the later stages of life is not necessarily the best answer.”

(Stakeholder)