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STRATEGIC HOUSING FOR OLDER PEOPLE

Planning, designing and delivering housing that older people want

A RESOURCE PACK

About Strategic Housing for Older People

To coincide with the Government's Housing Strategy and a 'new deal for older people's housing', this Strategic Housing for Older People (SHOP) resource pack offers a sector-led approach to meeting the housing demand and supply challenges and opportunities for an increasingly ageing population.

Published by the Housing Learning and Improvement Network, and supported by the Association of Directors of Adult Social Services, SHOP sets out the evidence and provides a framework and a basket of accompanying tools for councils, public and private sector developers and providers to develop their strategic market position and take the initiative in designing and building homes that older people want, including extra care housing.

This is an essential document that should be used by housing, health and social care practitioners to inform and influence their local strategic commissioning, planning and investment decisions, and give you the confidence to help transform and improve the range of housing choices for older people in your communities over the next 20 years.

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Produced by Foundation Design www.foundationdesign.co.uk

This resource pack is divided into three sections:

SECTION A: Older People and Housing – understanding demand and supply for older people's housing, care and support.

SECTION B: Developing Extra Care Housing – a detailed review of the planning, design and development of extra care housing.

SECTION C: Bibliography and Key Resources.

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SECTION A: Older People and Housing

Produced by Foundation Design *www.foundationdesign.co.uk*

SECTION A: Older People and Housing – Understanding demand and supply for older people's housing, care and support

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Foreword

Our response to an ageing society is shaped by widely-accepted principles. Delivering housing and care services based around those ideals of personalisation, living well at home, independence and choice is the challenging bit.

In 2010, the Department of Health recognised this by pledging to update its extra care housing toolkit and offering local authorities £20,000 each to encourage them to produce robust housing with care strategies.

This document fulfils the Department's pledge – and goes further by providing a comprehensive analysis of the issues local authorities and their partners need to consider in developing these strategies. It also outlines the range of housing with care options that should be available to older people.

A strategic approach to housing with care will help older people to live well at home for longer, providing many with a home for life – a home they actually want to live in. That is good for older people and good for the public purse.

Well-planned and designed extra care housing, for example, offers a lifestyle choice to older people who require some level of care and support. Research has shown such housing can improve health and wellbeing – reducing hospital admissions and other demands on the NHS and adult social care budgets.

That research is reinforced by the independent evaluation of the Department of Health's Extra Care Housing Fund, which is published at the same time as this Resource Pack.

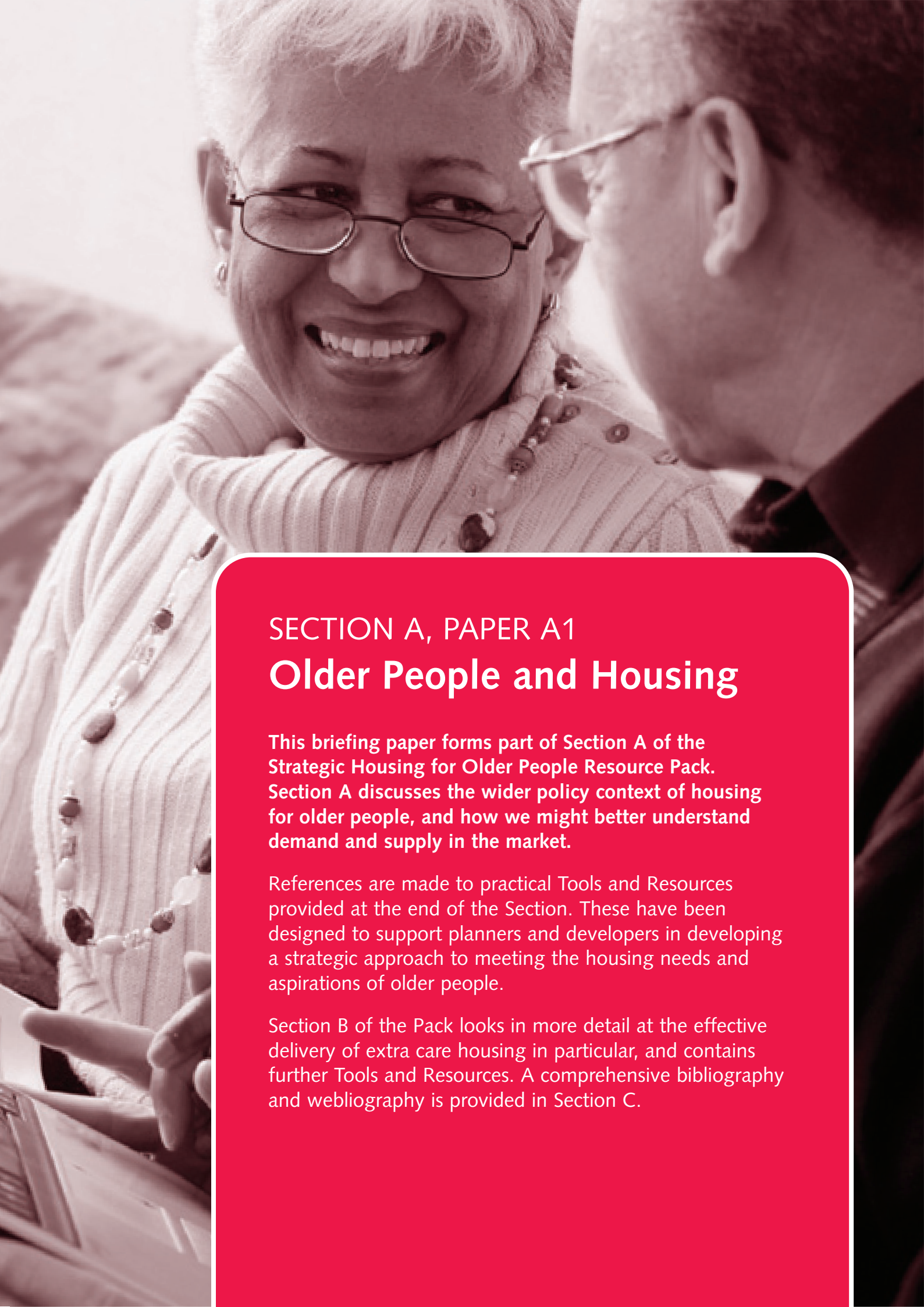
More importantly, it also meets the aspirations of a generation of older people used to choice and quality design, many of whom prize their independence. They might have retired but they have no intention of retiring from the world. Few of these people do not need or want to follow the well-trodden path into residential care.

With the construction industry and financiers still cautious, local authorities must lead in creating the conditions and confidence that allow the aspirations of the 'new old' to be met. This Resource Pack, endorsed by the Association of Directors of Adult Social Services (ADASS), provides the analysis, measures and tools that will allow councils and their partners to set about assessing, stimulating and meeting demand for different housing options.

If we are to ensure they have homes they actually want to live in as their care needs increase we need to do a lot more than simply count or predict the numbers of older people.

Jeremy Porteus *Director, Housing Learning and Improvement Network*
Peter Hay *President, Association of Directors of Adult Social Services*

December 2011



SECTION A, PAPER A1

Older People and Housing

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and webliography is provided in Section C.

Introduction

Most people are aware that Britain along with most other Western countries has an increasing older people's population. That increase, a rise by nearly 90% over the next twenty years is most marked in the population aged 80 and over, the group most likely to need some care and support. Making sure that there is housing suitable for that population in both the private and public sector is vitally important. Making sure that such housing not only diminishes people's need for care and support but is also an attractive, desirable and financially viable option represents a significant challenge.

This paper considers the policy context at the current time, and the key challenges this presents for commissioners, funders and providers as they seek to plan, design and deliver housings that older people want.

Changing times

In 2008 the government published a significant policy paper 'Lifetime Homes, Lifetime Neighbourhoods'[1]. Underpinning the document were three key assumptions:

- That specialist housing for older people should not just mean social housing but all forms of housing in which older people might live.
- That if more older people are to remain in their own homes then this requires the integrated activity of the local authority and the health service, and
- Finally, that staying in the community means more than just good housing it means developing communities that 'work well' for older people.

Such aspirations hardly represent new policy objectives yet the contexts in which they operate are radically different from those that pertained when the Welfare State first came into being.

> *"We all want to ensure that we can stay independent in our own homes as long as possible. But age brings with it a greater acknowledgement of interdependence with family, community, services, and neighbourhood. To achieve the right balance means looking at planning for new homes and neighbourhoods which can sustain the changes of a lifetime; providing impartial information at an earlier stage so that people can make better informed and more confident decisions; greater choice of quality housing options; increased support to enable people either to stay in their own homes or to move on, and better, more integrated housing support services".*
>
> **Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.**

1 *Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.*

As the policy paper points out, "In 1950, the average man retired at 67 and could expect to spend 10.8 years in retirement." Now life expectancy at age 65 in the UK is for an additional 17.6 years for males and 20.2 years for females[2].

There has been a huge shift in home ownership. In 1900, about 90% of the population rented their home, the majority from private landlords. By 1939 the move to home ownership had begun with about 27% of the population owning their own house. That figure is now estimated to be just under 70%[3]. For older people the change is even more marked. Of the 5.5 million 65+ households in England, 75% are homeowners; a fifth live in social housing and only 5% live in the private rented sector. Of particular significance for future market development, nearly 50% of all housing equity is held by people aged 65 and over[4].

Finally, being a pensioner does not necessarily equate with poverty as it so often did in the past. Whilst there remains a sizeable group of older people who are income poor, despite recent stock market fluctuations and inflation, average pensioner incomes have risen faster than average earnings since the mid 1990s increasing by an estimated 44% in real terms between 1994/95 and 2008/09[5]. Some of this is not only due to older people releasing the equity in their property as income but is also down to a growth in occupational pensions. These now account for over one fifth of average gross income for single older people and over a quarter of average gross incomes for married pensioner couples[6].

Delivering choice

Whilst older people may own more property, live longer and be wealthier, it does not necessarily mean that this is matched by good health or that the choices available to people in older age have kept pace with demography or incapacity. There is still a sizeable minority of older people who depend on a state pension and live in family-sized social rented or privately rented housing. For example, it is estimated that 20% of general needs social housing is occupied by an older householder.

As a number of commentators have observed, old age is increasingly dividing into two periods of life: a comparatively fit and healthy early old age with relative wealth and prosperity, and an older, old age where incapacity and ill-health are more prevalent. Often it is the housing choices made in early old age that will influence the well being and lifestyle of individuals in the latter stages of life.

> *"It certainly looks as though total life expectancy in the UK is increasing faster than either the expectation of life in good health or the expectation of life without limiting longstanding illness."*
>
> **Oxford Institute of Ageing (2006). Increasing Life Expectancy and the Compression of Morbidity: A critical review of the debate.**

With regard to choice, given that the majority of older people live in owner occupied housing, and the bulk of housing and care services are in the private and voluntary sector, it might seem as if the capacity for choice and for a market driven by consumers already exists.

2 *Office for National Statistics.*

3 *House of Commons (21 December 1999). A Century of Change: Trends in UK statistics since 1900. Research Paper 99/111*

4 *Ball M (2011). Housing markets and independence in old age: expanding the opportunities. Henley, University of Reading.*

5 *Office for National Statistics. Pension Trends 2008.*

6 *Ibid.*

Only those dependent on local authority or Registered Social Landlord (RSL) provision may have a more restrained set of choices in their housing options. Yet choice for many older people may be far more limited than it initially appears:

- If people wish to move, perhaps because they have some degree of physical incapacity, the choice may often seem limited. Options lie between remaining in a family home not designed for the delivery of health and care services, living in small, rented, sheltered housing or moving to a care home. Consequently, a number of older people end up feeling trapped in their family home faced either with a move that is unacceptable or living in a property which they find increasingly hard to financially and/or physically manage.
- Purchasing housing designed and suitable for older people may not always be an option due to limited availability. For example, seven London boroughs have no retirement housing for sale of any kind although 66% of their population aged 65 and over are owner occupiers.
- Older people may not be aware of the range of aids and adaptations that are available to support them to live independently in their own homes or, with increasing pressure on resources, are finding it difficult to access them at all.
- Who makes the decision about accommodation is also open to debate. A study in 2004 stated that among a small sample of older people going into care homes, none of them felt that they made the decision; instead the choice was exercised by relatives or health and social care staff[7].
- In many rural areas local authorities talk about the difficulty of getting social care providers to offer a service that they can afford, let alone provide a choice of providers or services.
- Even funding your own care may not always mean that what you want is available. For example, few would argue that self-funders in the residential care sector have driven change. In many instances for those needing care there may be a choice of provider, but not a choice of service, of worker or of the time that the service is delivered?

There are a number of reasons why this situation has arisen. Planning authorities and government have seemed blind to the need for a sizeable increase in housing suitable for older people, only seeing housing problems in terms of the demand for family housing. Housing providers and developers find it hard to fund developments where all the costs are up front and where the market is uncertain and in many areas untested. Selling the concept of housing with care and support can be difficult given the plethora of terms used to describe this form of housing, something which equally seems to confuse both planners and regulators. Architects still seem to design housing for older people as institutions where in many instances the latest model still looks like a cross between a motorway lodge and a care home.

Despite publications, such as the innovative HAPPI report[8], the notion of a wide choice of rented or purchased property for older people of different designs, tenure arrangements and prices still seems a long way off. As was recently pointed out[9], if even the present market share of owner occupied retirement housing was maintained it would require the development of 5,300 dwellings per year for the next twenty years. If choice was to be elevated to a meagre 5% market share, the annual total required would be 16,000 per annum.

Therefore, the challenge is considerable and immediate given the time it can take for new housing to move from concept to completion.

7 *Kerslake A and Stilwell P (2004). What makes Older People choose Residential Care and are there alternatives? Housing Care and Support; 7 (4): 4-8.*

8 *Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.*

9 *Ball M (2011). Housing markets and independence in old age: expanding the opportunities. Henley, University of Reading.*

It is a challenge not just for public sector housing but also for the private sector, given the high levels of home ownership amongst older people. It is a challenge for planners and architects and also to those who fund housing development, to recognise the substantial change that will need to take place in the way our communities are designed over the coming years.

Drivers for change

The one certainty is that the past way we have thought about, designed and funded housing for older people needs to change. With an emphasis on choice and individuals having funding, either through their own resources or from a personal health and social care budget, there is a need to seek housing and care solutions that are much more positive and attractive than those that have been seen as appropriate in the past.

In the future, developments should be of housing suitable for older people rather than the more stigmatising 'older people's housing'. It should be housing which people look at and welcome with a "wow" rather than housing where the underlying message is, "has it come to this?"

Some of the potential drivers through which this might be achieved are summarised below, as well as further explored in the range of papers in this Strategic Housing for Older People Resource Pack.

ASPIRATIONS AND DRIVERS	IMPLICATION FOR COMMISSIONERS AND PROVIDERS
Provide greater choice given the significant levels of owner occupation amongst the older population.	Housing developments suitable for older people need to offer a choice of tenure, with more options for outright purchase or shared ownership. This should match the tenure make-up of the market.
	This may also mean local authorities freeing up land in prime sites for development, planners being much better versed in the needs of older people and financial incentives to developers to develop innovative housing approaches.
Encourage a planning, fiscal and regulatory environment that stimulates the development of new types of housing for older people.	Planners need to be aware, particularly in areas of high density of older people, of what makes a good neighbourhood to live in. This is not just in terms of housing, but in terms of street architecture and facilities, such as lighting, drop curbs, public toilets, etc, in transport and in service availability.
	Planners and regulators currently have varying views about the status of housing with care or extra care housing, for example whether it should be treated as a residential care home in planning terms, or as a form of housing. This ambiguity does not help the development of extra care housing locally, and means both commissioners and providers need to work to ensure clarity about what they are trying to achieve with key stakeholders.
	In Denmark around 8% of Danes aged over 50 now live in Co-Housing[10], yet the traditional housing models of freeholds and mortgages are often obstacles to this kind of development in the UK.

>

10 *See http://www.vivariumtrust.co.uk/what-is-co-housing.html*

ASPIRATIONS AND DRIVERS	IMPLICATION FOR COMMISSIONERS AND PROVIDERS
Maintain or reduce expenditure on residential care and/or hospital admissions and facilitate hospital discharge through increasing care and support in the community.	All new developments should be capable of having the range of health and care services being delivered into them to ensure that they can remain lifetime homes, eg, supporting reablement, intermediate care, and end of life care.
	Well designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. It will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services.
	Housing suitable for older people should focus on design that facilitates health and well being, eg, removal of trip hazards, good lighting to assist people with visual impairments, have wiring and trunking designed into buildings to assist telehealth and telecare if needed in later life.
Encourage greater planning for old age, and in particular planning a move to more suitable housing.	It is unclear the degree to which housing choice influences decisions about moves in later life, but evidence from other countries, such as the Netherlands and Denmark, suggests that more people will consider a move if there are attractive housing options available. Visioning different types of housing developments could be a useful role that Councils could take on in partnership with developers. Offering assistance and physical help with moving may be particularly important in helping people to make a move in older age.
Respond to the needs of the many older people who, on current projections, will develop dementia.	The main focus for specialist housing for older people has been on those with physical rather than mental frailty. Commissioners and providers need to address the design and delivery issues to maximise the opportunities for people with dementia to remain in housing in the community.
Deliver social housing within a constrained and decentralised funding environment.	Proposals to change the housing benefit system for supported housing, alongside changes to Supporting People funding, mean providers and commissioners will need to work together to ensure services are affordable for older people, as well as financially viable.
	There is no longer a dedicated funding stream to support the development of extra care housing and so commissioners and providers need to work together to find alternative approaches which maximise the benefit of any public grants still available. This is likely to involve exploring the potential to include rented property within developments primarily for sale.

SECTION A, PAPER A2

Understanding local demand from older people for housing, care and support

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and webliography is provided in Section C.

Introduction

The key facts below illustrate a number of different trends concerning the population of older people in England. It shows a population that is living longer and has greater affluence than its predecessors but for some reveals problems of poverty and poor health for many more. It is this complex interaction of factors that makes it hard to translate demographic change into anticipated housing demand. This paper explores some of those complexities of need and desire that will influence demand and suggest some approaches that may be adopted. Further help can also be obtained from the Tools at the end of this section.

KEY FACTS – DEMAND

DEMOGRAPHY: In 2010 the population aged 65 and over was estimated as being eight and a half million, by 2030 it is thought it will reach nearly thirteen million. In 2007, for the first time ever, the number of people in the UK aged 65 and over was greater than the number of children aged under 16[11]. Life expectancy is expected to continue to rise for both men and women reaching 81 and 85 years of age respectively by 2020 with the life expectancy for men increasing at a faster rate than that for women[12]. By 2030 there will be a larger but still relatively small number of older people from black and minority ethnic groups; there is likely to be a doubling of the number of older disabled people and an increase in the number of older people with learning disabilities.

POPULATION DISTRIBUTION: By 2029 projections show that 36% of the population in the most rural local authority districts will be aged over 60, compared to just 23% in the most urban. By 2029 the population aged 75 years and older is projected to rise by 47% in urban areas, but by 90% in rural areas[13]. The average difference in disability-free life expectancy is 17 years[14]. For example, Tower Hamlets is predicted to face a growth in its over 80s population of just under 5% over the next twenty years, whereas Herefordshire will have a growth in the same age group of over 100%. In Herefordshire by 2030, the population aged 65 and over, will make up a third of the total population of the county.

WEALTH: Average gross pensioner incomes increased by 44% in real terms between 1994/95 and 2008/09, ahead of the growth in average earnings[15]. 59% of older people receive an occupational pension as compared to just 13% prior to 1945[16]. In 2008/09, pensioner couples in the highest

11 *HM Government (2009). Building a society for all ages.*

12 *Department of Health (2010). Healthy Lives, Healthy People: Our Strategy for Public Health in England.*

13 *Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.*

14 *The Marmot Review (2010). Fairer Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010.*

15 *Office for National Statistics (2010). Pension Trends.*

16 *Data from the Pensions Policy Institute.*

income quintile received median net incomes of £755 per week, compared with £197 per week for those in the lowest income quintile. It was also estimated in the same year that 1.8 million pensioners in the UK were living on less than 60% of equivalised contemporary median income after housing costs – the most commonly used official measure of poverty – compared with 2.8 million pensioners in 1999/2000[17]. However, people living in the poorest neighbourhoods will on average die seven years earlier than people living in the wealthiest neighbourhoods.

HOUSING: 76.1% of people aged 65-74 are living in property that they own[18]. The value of housing equity held by older people in the UK has been estimated as ranging from £751 billion[19] to £3 trillion, which even at its lowest estimate means around £83,000 for every person aged 65 and over. Yet many older people live in housing that is less than suitable, either because of the poor fabric of the property or its unsuitability for someone who is older and has a disability. It is estimated that a third of older people live in non-decent or hazardous housing. The impact of this can be seen for example in older people who fall. Injuries from falling are estimated to cost the state over £1billion a year – one in four falls involve stairs, and the majority take place in the home[20].

HEALTH: In the UK, like many western societies, the key issue has been our inability to compress the period of morbidity or ill-health people suffer prior to death. It drives up demand for care services but especially demand for health. For example, falls and resultant fractures in people aged 65 and over account for over 4 million bed days each year in England alone. The healthcare costs associated with fragility fractures is estimated at £2 billion a year and injurious falls, including over 70,000 hip fractures annually, are the leading cause of accident-related mortality in older people[21]. However, demand for health services are also influenced by poor health sector performance. In England, fewer than 40% of trusts are achieving the minimum standard on stroke care. Even in the best region, only just over half of trusts achieve the minimum standard, and in the worst (the East of England), only 29% of trusts achieve the standard[22].

THE COSTS OF AN AGEING POPULATION: If state funded care service provision were to be simply increased in proportion to population growth, public spending on care services would need to double between 2010 and 2026.11 Older people accounted for nearly 60% of the £16.1 billion gross current social care spend of Local Authorities in 2008/09[23]. Dementia costs the UK economy £17 billion a year; in the next 30 years the number of people with dementia in the UK will double to 1.4 million, while costs could treble to over £50 billion a year[24]. 12% of people aged 16 or over in England in 2009/10 were looking after or giving special help to a sick, disabled or elderly person. This represents around 5 million adults in England[25].

17 *Office for National Statistics (September 2010). Pension Trends, Chapter 13: Inequalities and poverty in retirement.*

18 *Data from Projecting Older People Population Information (POPPI) system.*

19 *Data from Key Retirement Solutions Equity Release index which tracks the amount of equity held in property by people over 65 years of age in Great Britain. Figures are based on analysis of data from; the Office for National Statistics Family Spending Report (2009); the Land Registry House Price Index; Registers of Scotland House Price Statistics; and ICM (2010).*

20 *Care & Repair, England (2006). Small things matter: the key role of handyperson services.*

21 *Royal College of Physicians (2011). Falling Standards, Broken Promises, Report of the national audit of falls and bone health in older people 2010.*

22 *Care Quality Commission (January 2011). Supporting life after stroke – A review of services for people who have had a stroke and their carers.*

23 *Housing LIN (2010). Rural Housing, Older People and the Big Society.*

24 *Audit Commission (2010). Under Pressure: Tackling the Financial Challenges for Councils of an Ageing Population.*

25 *Health and Social Care Information Centre (2010). Survey of Carers in Households in 2009/10.*

The complexities of predicting demand

Predicting what the public will want and expect is a far from easy task. This is not only in terms of housing, but for any commodity, given that demand can be driven as much by marketing and advertising as by need. In the case of older people and demand for housing and care, it is the sheer size of demographic growth that commentators seize upon as equating with need, making the simple but erroneous judgement that growth will automatically be reflected in equivalent dependency.

> *"Almost a quarter of Brits will be aged over 65 in 20 years' time — heaping a massive burden on the taxpayer. Shock projections reveal by 2031 there will be 5.6 million more people over the current retirement age".*
>
> **'Ancient Britains', The Sun newspaper, 2010.**

However, knowing the pace and scale of the increase in the numbers of older people is not the same as being able to predict demand for particular types of accommodation or services and, within that demand, who may or may not be dependent on state provision. This is particularly true in assessing demand for relatively new types of provision which most older people may not have come across or have experienced, such as housing with care. Demand for any particular type of housing is likely to be influenced by a plethora of factors:

LONGEVITY: There are basically three schools of thought concerning long-term population growth.[26]

- The first suggests that the population throughout history has continued to increase in longevity and therefore will continue to do so.
- The second view is that longevity has peaked and due to deteriorating diet and a lack of exercise, long term health conditions will mean some populations begin to die younger.
- The third (and as many might argue, the most problematic) is that the population will continue to live longer but with an increasing proportion of people suffering multiple disabilities, as medicine becomes better at keeping people alive but not cured.

DRUGS AND TREATMENTS: Demand for provision may be heavily influenced by treatments available. At the turn of the last century people died from very different conditions from now such as, for example, tuberculosis. At the forefront of current thinking is the potential for a cure for dementia using stem cell research where the emphasis is on either getting the stem cells already naturally present in the brain to replace the cells destroyed by dementia, or putting new stem cells into the brain, getting them to replace the cells destroyed by dementia. However, poor performance by the health service in areas such as falls[27], strokes[28] and continence[29] may alternatively increase the level of dependency and hence the demand for specific types of accommodation and for care and support.

26 *See, for example, Howse K (July 2006). Increasing Life Expectancy and the Compression of Morbidity: A Critical Review of the Debate, Oxford Institute of Ageing.*

27 *Royal College of Physicians (2011). Falling Standards, Broken Promises, Report of the national audit of falls and bone health in older people 2010.*

28 *Care Quality Commission (January 2011). Supporting life after stroke – A review of services for people who have had a stroke and their carers. Royal College of Physicians (May 2011). National Sentinel Stroke Audit 2010, Round 7, Public Report for England, Wales and Northern Ireland.*

29 *Healthcare Quality Improvement Partnership and Royal College of Physicians (September 2010). National Audit of Continence Care.*

ACCESSIBILITY: Clearly availability of provision and people's knowledge of what is available, impacts on the take-up of services. Equally, if service availability in a given area diminishes or increases then take-up is also likely to diminish or increase in equal proportion. For example, if the size of residential care homes increase and hence unit costs fall, take-up is likely to increase, even though residential care is not seen as the option of choice by most people. Price for some care services may also increasingly become a factor in influencing take-up.

Alternatively, if people have not heard about extra care housing, or cannot access information, then demand for provision is likely to be low. One local authority stated that demand for extra care housing was low as nobody identified such accommodation in their housing needs survey. However, as they had no extra care housing within their authority it is quite likely that people had no perception of what could be available and hence were hardly likely to choose it as an option.

> *"....The research suggests that there is very low awareness of how care and support are funded, although people do believe that caring for older people is a priority. People do not feel well-informed, meaning that very few people are planning to save for future care needs. Furthermore, findings indicate that people are often unable to distinguish between social care and health services."*
>
> **Department of Health (2011). Fairer Care Funding: Analysis and evidence supporting the recommendations of the Commission on Funding of Care and Support.**

WEALTH: Wealth influences demand in a variety of ways. Clearly there is a strong relationship between health and wealth, given that in poorer areas people die younger than in more affluent areas. It can influence demand for housing in terms of people having property for sale. It will influence the balance between state funded care and that which people fund themselves.

People's attitudes to how they spend their money are also a factor. Older people may well see the purchase of a property as a financially sound use of their housing asset yet be resistant to paying for their care.

ATTITUDE TO RISK: People's attitude to risk, whether amongst family members or professionals, will impact on demand for what are perceived as 'riskier' service options.

> *"Demographic factors ... (such as a higher proportion of residents with dementia) point to an increasing reliance on relatives and representatives in the decision-making process."*
>
> **Office of Fair Trading (2011). Evaluating the impact of the 2005 OFT study into care homes for older people.**

In particular, clinicians' beliefs about what forms of care are appropriate after hospital discharge will impact on demand for services outside of 'the favoured' or more traditional pathway. For example, residential care might be marketed to anxious relatives, as offering 'safety' or 'peace of mind'.

INFORMATION: The extent of information about the services that are available and the outcomes those services are seeking to achieve will impact on demand[30]. Lack of information will restrict the choices older people can make. Equally information in an inaccessible format will have the same effect. Inaccessibility may be in terms of language, in a lack of publicity or in format and style.

30 *All Party Parliamentary Group on Housing and Care for Older People (2011). Living Well At Home Inquiry.*

What accommodation do older people want?

The Wanless Review, 'Securing Good Care for Older People'[31], offered an analysis of people's preferences for housing and care as the table below shows. It illustrated that whilst there is a clear preference by older people to remain in their family home, many older people contemplate a move to alternative accommodation, although few people wish that to be residential care.

PEOPLE'S PREFERENCES SHOULD THEY NEED CARE:	%
Stay in my own home with care and support from friends and family	62
Stay in my own home but with care and support from trained care workers	56
Move to a smaller home of my own	35
Move to sheltered housing with a warden	27
Move to sheltered housing with a warden and other social care services such as hairdressing and organised social outings	25
Move in with my son or daughter	14
Move to a private residential home	11
Move to a local council residential home	7
Move to a residential home provided by a charitable organisation	3
None	1
Don't know	2

Such preferences are clearly not absolute but may be influenced by the choices that are on offer or indeed the perceptions people have as to what is available or is suitable. For example in the Netherlands[32], where there is a wider choice of specialist accommodation for older people, the numbers wishing to move to alternative accommodation is greater than in the UK.

The numbers of people wishing to remain in their family home may be heavily influenced by limited choice rather than by a real preference. People's views and opinions are also heavily

31 *Wanless D (2006). Securing Good Care for Older People: Taking a long-term view. King's Fund.*

32 *VROM (2002). Housing for the elderly in the Netherlands.*

influenced by what they believe to be true or what they are told by professionals as the diagram above illustrates.

However, when the question is asked about what are the characteristics of good quality accommodation for older people then although bound by people's knowledge of existing provision, people are clear about their desires. It comes as no surprise that older people's housing preferences in some respects are no different from other people's: to live in a nice neighbourhood, to have accommodation that looks good and to have friendly neighbours. There is also a strong preference for it to be housing that has low maintenance costs and is easy to look after.

It could be argued that, in terms of the overall housing market, if there is a demand for new types of housing then surely the market will respond to that need as and when it arises. However, in reality there are a number of problems with such an approach:

- In terms of the timescales involved in planning and funding specialist housing developments (often 2 – 5 years), it is simply not possible to wait for need to emerge and then put in place what people require.

"Bungalows are popular, as are houses; while ground floor access is preferred for mobility reasons, some research found this had disadvantages in terms of security, so ground floor properties are considered least satisfactory. For those who could manage stairs, upper floor flats are sometimes preferred for security and quiet.

Fuel poverty and poor insulation still emerge as significant issues in much research.

Space is considered important; this includes space for hobbies, to have family and friends to stay, and for couples to have space independent from each other. A large property was not considered problematic in itself, though the ability to heat or maintain it may be an issue. This is particularly important, given the increased time spent on home-based leisure activities by those over 65.

Safety and security are important, and while this may relate to fear rather than reality, it should be taken into account during the design of new developments.

Well designed kitchens and bathrooms are important, and should have space for wheel chairs or mobility equipment.

Shops, services and public transport should be within easy access.

Good neighbours are important, and their age was only found to be a slight concern.

An open outlook is also popular, to watch others come and go."

Scottish Executive Social Research (July 2006). Time to Move? A Literature Review of Housing for Older People.

Housing with care on site involves greater up-front costs than ordinary housing and hence is a higher risk for any developer.

- If provision is not available inevitably people fall back onto an institutional response of hospital and residential care (where there is already spare capacity if not the desire to occupy it). Often a housing move is precipitated by a crisis when people are ill. So inevitably the choice comes down to what is available.
- Most people are not good at predicting what will happen to them in old age, often believing that physical or mental incapacity is something that happens to other people and hence their future plans are not likely to take this into account.

Yet from the perspective of national wellbeing there are many good reasons for promoting the development of a wide range of housing suitable for older people. Good housing reduces the demand for care and support and improves people's health. It can deliver economies of scale when care is needed. It frees up family housing given that the highest levels of under-occupancy are amongst older people. Finally, given the widespread encouragement of home ownership, it offers a 'win-win' approach to provision, given that it is one way in which people can readily contribute to their health and well-being, whilst at the same time retaining their housing equity.

USEFUL RESOURCE

See **Tools A1** and **A2** for help in reviewing future needs and expectations amongst older people.

Developing projections of demand

Therefore, predicting future demand for particular types of housing is as much an art as it is a science. Baseline data can show likely future population trends, the number of owner occupiers, and the likely prevalence of certain conditions. Data about existing choices can show how demand for sheltered housing or residential care changes over time. However, people's desires and wishes also need to be understood and factored into the equation. As has already been stated give people few options and they are likely to remain in their traditional family homes even with a high degree of discomfort. Show attractive and affordable alternatives that match peoples desires and they are much more likely to opt for change.

Consumer led approaches

A number of local authorities and housing providers have begun to use structured focus group discussions with immediate pre-and post retirement populations to test the market. For some people even at 65 older old age may seem a long way off, yet for others, particularly those who have cared for their own older parents, they may have very clear views of their future accommodation needs and also what they might wish to avoid.

It is also possible to use example brochures of existing different types of specialist accommodation to explore people's potential preferences for where they might live and the price they might be prepared to pay for such accommodation.

Understanding existing use of accommodation

Much can be understood by exploring the existing use of accommodation. Care homes are referred to in more detail below but there is also information to be gained from other sources, such as understanding the relationship between sheltered housing and care homes. For example, which schemes seem good at supporting people in the community and why, as compared to which schemes seem to hurry people into residential care prematurely? What are the potential numbers that could have been cared for in the community if existing forms of accommodation had been available? There is also value in exploring the relationship between home adaptations, cost and outcomes. Sometimes even expensive modifications may still not be cost-effective, either in terms of the quality of life they deliver, or the potential to ensure someone remains within the community.

Understanding hospital admission and discharge data

Although an area that is often overlooked in terms of understanding demand for housing with care, reasons for hospital admissions, and data on hospital discharge, can provide a rich source of information about the impact inappropriate or poor housing is having on the health of the older population locally, and hence the scale of the potential demand for attractive, well-designed forms of specialist housing.

Two possible approaches

Neither of the approaches described are exact, but they can be used alongside other data to give at least a baseline for estimating potential demand.

A) MODELLING THROUGH CARE HOME DEMAND

Although perhaps now a little dated, a paper published in 2004[33] estimated that about a third of the population entering a care home could have moved to a form of housing with care as a viable alternative, with a further third who could have managed in such housing had they moved at some time earlier in their care history. Thus if you were only considering how demand for care home provision could be reduced through the delivery of extra care housing, this evidence would suggest that at least one third of residents could have been diverted to more appropriate housing with care, and possibly up to two thirds if appropriate information and advice had been available. You would then also need to consider the impact other interventions in the community could have on this demand, such as the provision of telecare, aids and adaptations, and better information.

B) MODELLING FROM POPULATION DATA

There are a number of different models for estimating demand for supported housing. "Housing markets and independence in old age"[34] offers one model. A more detailed approach is available in 'The Older Persons' Housing Toolkit'[35] although the assumptions on which it defines its prevalence rates are not included in the paper.

33 *Kerslake A and Stilwell P (2004). What makes Older People choose Residential Care and are there alternatives? Housing Care and Support; 7 (4): 4-8.*

34 *Ball M (2011). Housing markets and independence in old age: expanding the opportunities. Henley, University of Reading.*

35 *Appleton, N, in McCarthy and Stone (forthcoming). The Older Persons' Housing Toolkit: Helping local authorities plan for specialist housing for older people*

FORM OF PROVISION	ESTIMATE OF DEMAND PER THOUSAND OF THE RELEVANT 75+ POPULATION
Conventional sheltered housing to rent	60
Leasehold sheltered housing	120
Enhanced sheltered housing (divided 50:50 between that for rent and that for sale)[36]	20
Extra care housing for rent	15
Extra care housing for sale	30
Housing based provision for dementia	6

Therefore, as a baseline, it is possible to extrapolate crude estimates of future demand from existing data. However, the result is likely to be heavily influenced by the range of services and accommodation that is offer.

USEFUL RESOURCE

See Tools A2 and A3 for help in identifying sources of data and approaches to exploring older people's preferences.

36 *Defined as provision with some care needs.*

Key messages

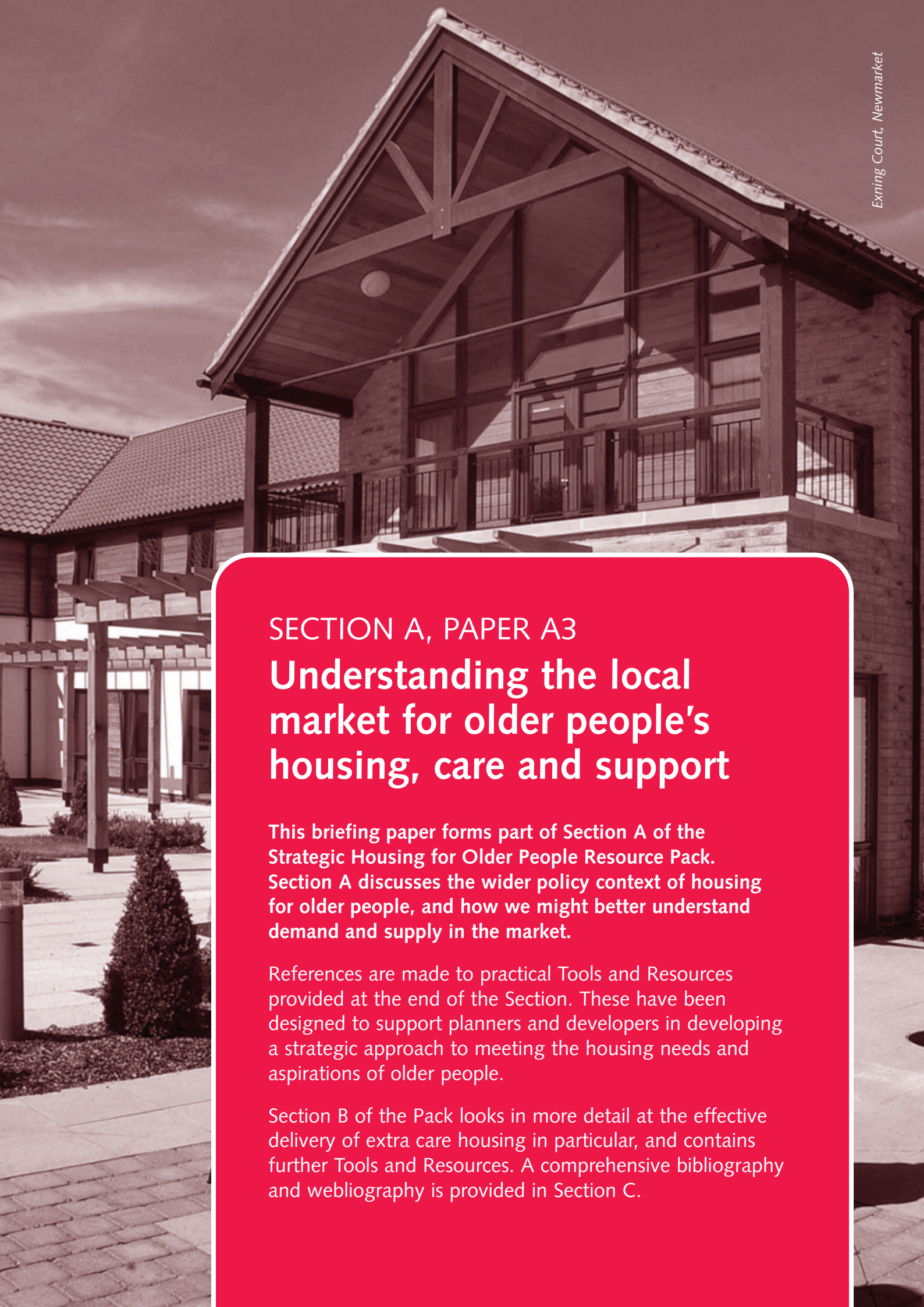
The older people's population is going to significantly increase over the next twenty years with the oldest old group, and hence that most likely to need support, growing faster than the rest of the population.

The disparity between the richest group and the poorest is wide, although comparative affluence in older age is increasing substantially due to housing equity and occupational pensions.

The older people's population and its wealth is not distributed equally around the country and often not equally within any one local authority area.

Predicting future demand for housing with care services is subject to a large number of variables, but there is a good case for far more consumer research of what older people do and do not want from accommodation in older age. To gain an accurate view such studies need to be aspirational, not a review of current stock and choices.

Local authority planners and commissioners need to be clear about the volume of housing suitable for older people that might be needed, and where that can be located. In addition, they need to engage more effectively with primary health care and hospital to identify more integrated approaches across housing, health and social care for older people.



Exning Court, Newmarket

SECTION A, PAPER A3

Understanding the local market for older people's housing, care and support

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and webliography is provided in Section C.

Introduction

The provision of specialised housing for older people dates back to the Middle Ages with the development of Almshouses[37]. Since then provision has moved from trade-based continuing care communities through to the significant development of sheltered housing following the Second World War. Sheltered housing was seen as part of a continuum sitting between general needs housing and the higher care provided in residential care homes. Most recently there has been a shift towards services that enable people to remain within their own homes, ideally homes which have been designed to promote independence. This paper explores the approach needed to understand and develop this market to meet the changing needs and expectations of older people into the future.

KEY FACTS – SUPPLY

TYPES OF HOUSING: There are approximately 19.6 million units of general needs affordable housing in England, of which 5.8 million accommodate pensioners, and there are just under 730,000 units of specialised housing[38]. Only a minority of older people live in sheltered housing, even amongst those aged over 85 years. More than half (476,000) of the specialised housing units are sheltered accommodation; less than 40,000 are extra care housing[39].

OWNER OCCUPATION: The majority of older people households are owner-occupied. The prevalence of owner occupation increases the younger the population gets, for example of those aged 85 and over, 61% own their property whereas for those aged 65 to 74 the proportion increases to 76%[40].

SOCIAL HOUSING: A fifth of older people households are in social housing whilst only one in 20 are in privately rented housing. The proportion of older people households that are in social rented accommodation increases with age. Among those households where the household reference person is aged 50 to 64, 16% are social renters. This increases to 22% for those aged 65 to 84 and to 32% for those aged 85 and over[41].

PRIVATE SECTOR HOUSING: Most vulnerable older households are in the private sector. Around 40% of private sector vulnerable households currently in non-decent homes are outright owners but often have little disposable income to use to modernise or repair their homes[42].

37 *The first recorded Almshouse was founded by King Athelstan in York in the 10th century AD. The oldest charity still in existence is thought to be the Hospital of St. Oswald in Worcester, founded circa 990.*

38 *Homes and Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.*

39 *Ibid.*

40 *Office for National Statistics (2010). Focus on Older People: Housing.*

41 *Ibid*

42 *Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.*

CARE HOMES: As at July 2011, there were 4,608 care homes with nursing (providing 208,546 beds) and 13,475 care homes without nursing (providing 261,262 beds). An estimated 45% of care home places in England are occupied by people who are self-funding rather than being paid for by the state. The number of residential care home services fell by 10% between 2004 and 2010[43].

HOME CARE: There were 5,894 registered home care agencies in England as at July 2011, with the highest number in the South East, followed by the North West and London, and the lowest number in the North East. The majority of these (74%) provide services for older people. The number of agencies has increased by a third between 2004 and 2010[44].

ALARM CALL SYSTEMS: There are an estimated 1.5-1.6 million people using some form of social alarm in the UK, representing about 15% of those aged 65 years or older[45].

UNPAID CARE: The over 50s age group is the source of over half of unpaid care, the total value of which was estimated in 2007 to be £87 million[46]. 12% of those aged 65 or over say they feel they are trapped in their own home[47].

COMMUNITY ALARM SERVICES: there were 1,715 community alarm services identified across England as at quarter 3, 2010[48].

HOME IMPROVEMENT AGENCIES: there were 339 home improvement services recorded across England as at quarter 3, 2010[49]. There are estimated to be 230 individual HIA agencies.

HANDYPERSON SERVICES: the availability of handyperson services has increased across the country, but they are not yet available in all areas. Some 180 HIA agencies report offering services or elements of services[50].

BENEFIT REALISATION (REVENUE): an estimate of the net financial benefit (revenue) from providing £32.4 million worth of housing related support to older people in very sheltered housing (extra care housing) is £123.4 million[51]. An estimate of the net financial benefit (revenue) from providing £198.2 million worth of housing related support to older people in sheltered housing is £646.9 million[52].

BENEFIT REALISATION (CAPITAL): An estimate of the benefit realisation (capital) of the £1,178.9 million investment in specialist housing for older people in 2008/9 and 2009/10 (where on average 41% was funded by the HCA) is £219 million, equivalent to £444 net benefit per person per year[53].

43 *Care Quality Commission (2011). The state of healthcare and adult social care in England: an overview of key themes in care in 2010/2011.*

44 *Care Quality Commission (2011). The state of healthcare and adult social care in England: an overview of key themes in care in 2010/2011.*

45 *European Commission (2010). ICT & Ageing: European Study on Users, Markets and Technologies.*

46 *Carers UK (2007). Valuing carers – calculating the value of unpaid care.*

47 *Help the Aged and Age Concern (2009). One Voice: Shaping our ageing society.*

48 *Department for Communities and Local Government (2011). Supporting People Local System Data: Quarter 3 (Financial Year) 2010.*

49 *Department of Communities and Local Government (2009). The future Home Improvement Agency: Handyperson services report.*

50 *Department of Communities and Local Government (2009). The future Home Improvement Agency: Handyperson services report.*

51 *Department for Communities and Local Government (2009). Research into the financial benefits of the Supporting People programme.*

52 *Ibid.*

53 *Homes and Communities Agency (2010). Financial benefits of investment in specialist housing for vulnerable and older people.*

A changing market

More recently, and particularly since the 1980s, the traditional model of sheltered housing has faced a series of challenges: increased expectations, for example around the acceptability of bedsits and shared facilities, a shift towards supporting people to remain in their own homes (including within sheltered housing) as their care and support needs increase, an emphasis on creating a 'home for life' and reducing admissions to care homes, and difficulty letting poorly designed or poorly located housing.

The response has been to develop new types of housing which are well designed, provide a range of care and support services, and can meet the needs of more frail residents. There are a bewildering array of names for such developments, eg, very sheltered, assisted living, retirement homes, retirement villages, extra care, housing with care, flexi care and close care. Despite these developments older people still face a choice which is limited in terms of tenure, affordability, location and service design.

The need for a local strategic approach

The need for a cross-agency strategic approach has been given a strong emphasis by a range of government and national bodies[54]. The problem is that housing tends only to be seen in terms of a planning or housing department issue within many local authorities. Therefore, health commissioners may not see the gain to be had from new housing suitable for older people; social care may not understand the requirements and approaches of the planning authority.

> *"Older people's housing will only be a priority for investment if the need for it is identified in local and regional strategies; but commissioners have found it challenging to integrate the evidence base for health, housing, care and support at both local and regional levels."*
>
> **National Housing Federation (2010). In Your Lifetime: A vision of housing, care and support for an ageing society.**

Yet developing a range of housing suitable for older people with a variety of needs involves social care, health and supporting people both in terms of the resources it consumes and the financial and human benefits it might deliver. It also needs to straddle different forms of tenure and particularly owner occupation.

As stated elsewhere, without better owner-occupied housing in the community, the choice for older people who are home owners may often be between "getting by" in unsuitable accommodation, or up-rooting to some form of institutional care in unfamiliar surroundings.

> *"Providers have to have a good understanding and knowledge of this specialist market in order to succeed. These are necessary in all aspects of the business: land assembly and planning, design, specification, finance, marketing and sales, and in the setting up of the continuing client service and maintenance operation."*
>
> **Ball M (2011). Housing markets and independence in old age: expanding the opportunities. Henley, University of Reading.**

54 *See, for example: All Party Parliamentary Group on Housing and Care for Older People (2011). Living Well At Home Inquiry.*

Therefore, bringing developers and funders into long term strategic partnerships with the health service and local authority, whether they are registered social landlords, voluntary organisations or independent sector providers, is important.

Reviewing the market

Whether from the point of view of a commissioner of services, a developer or a provider, there needs to be a good understanding of the market by all parties.

> *"Councils and their partners need to understand their local context regarding care and support needs, and the relative supply position, if they are to develop a diverse range of high quality provision that people want."*
>
> **ADASS et al (2010). Think Local, Act Personal: Next Steps for Transforming Adult Social Care.**

Gaining such an understanding is likely to require answering questions such as:

- How is the local market structured, for example in terms of size, value, users?
- Who are the key players in the market place, and what products and services do they offer? What is the quality of services on offer? What is competition like in this area?
- What related services are provided which could impact on demand?
- What is the current capacity and capability in the marketplace?
- What are the drivers behind the market?
- What business opportunities are regarded as most desirable? What is the scope for innovation and expansion in the market? What price for different types of accommodation might the market bear?

> *"Councils have a role in stimulating, managing and shaping this market, supporting communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs."*
>
> **Department of Health (2010). A Vision for Adult Social Care.**

There are a number of documents required at a local level which should encapsulate this information and make it publicly available. These include Strategic Housing Market Assessments, Local Investment Plans and Local Development Plans, Joint Strategic Needs Assessments, and increasingly local Market Position Statements.

> *"The Market Position Statement is the product of the Council's work so far to bring together a range of information about the market into one short and easily accessible document. It acts as a calling card to the market, by stating the Council's understanding of the local social care and support market as well as setting out how it intends to behave towards the market in the future. It represents the start of an ongoing dialogue between the Council, people with care and support needs and existing and prospective providers of care and support in the District. It summarises key messages about demographic trends and population needs and their projected impact on demand. It also includes information about the current range of supply; including cost, quality and recent expenditure."*
>
> **Bradford Metropolitan District Council.** ***www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/related_information/market_development.***

On the latter the suggestion is that the local authority takes the lead but moves away from lengthy and sometimes highly descriptive commissioning strategies. Instead the Joint Strategic Needs Assessment should reflect the housing needs of the older people population and in terms of supply then a succinct Market Position Statement, developed by the local authority but for the market, should help to provide the necessary overview.

A Market Position Statement should be a document which describes the local authorities intentions towards the market, taking into account its current size, shape and performance, and how new forms of accommodation suitable for older people can be driven forwards.

Other characteristics of a Market Position Statement are that it should:

- Cover the whole market, ie, not just the element that the local authority funds.
- It should be market facing, ie, contain information the authority believes, and can substantiate, would be of benefit to providers.
- Indicate how the local authority intends to behave towards the market in the future.
- Be a brief analytic rather than descriptive, document.
- Be knowledge based in that each statement it makes should have a rationale that underpins it, whether through population estimates, market surveys, research, etc.

USEFUL RESOURCE

See **Tool A2** for a range of useful data sources in understanding the market, and **Tool A6** for help for the development of a Market Position Statement.

Reviewing sheltered housing

Given that the current stock of sheltered housing is probably the highest value asset predominantly owned for older people in the public domain, then the quality of that stock and how that asset is used is critical. Once spent there is unlikely again to be an investment of equivalent value.

> *"476,000 of specialist housing units for older people are sheltered accommodation; less than 40,000 are extra care housing."*
>
> **Homes and Communities Agency (2010). Housing our Ageing Population: Panel for Innovation (HAPPI) report.**

Yet housing is vital to ensuring the independence and social inclusion of people who are vulnerable or disadvantaged as a result of their age, ill-health, disability or circumstances. Inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead good quality lives, and in many cases is a direct contributor to unnecessary entry into institutional care. In seeking to provide accommodation for older people, sheltered housing should be appropriate to needs, promote independence, offer full accessibility and, as far as possible, provide a home for life for its residents. It should not be a stepping stone on the pathway to residential care.

Although many sheltered housing providers are reviewing their stock, few local authorities have the same level of information about their local market as a whole[55]. In addition, current

55 *Department for Communities and Local Government (2010). More than just a few kind words: Reshaping support in sheltered housing: A good practice guide for housing providers and local authorities.*

stock assessment methods may not go far beyond measuring volume and take up as a whole, including the wider leasehold retirement housing market.

> *"The majority of sheltered housing stock was built in the 1950s, 1960s and early 1970s when a philosophy prevailed that an older person would live in low-support housing for a limited period of time before moving to residential care as their support needs increased."*
>
> Local Government Group (2010). Good homes in which.

Whether the stock is in the private sector, held by Registered Social Landlords/housing associations, or by the local authority, there is, as a part of reviewing supply, a need to explore how this might meet future housing need. This could entail reviewing quality (projection of long term maintenance costs), accessibility (whether the whole scheme is wheelchair accessible), value (land and property), location (proximity to neighbourhood facilities) and tenure (is this for all sectors of the community?).

USEFUL RESOURCE

See **Tool A4** for a description of the key issues in assessing sheltered housing and potential sources of information to support appraising options and investment decisions.

Reviewing the pathways to care

For the local authority it will be important to have a good understanding about what proportion of the total housing with care market may act as an alternative to residential care, given that local authorities have been challenged to develop preventative measures that can defer or delay people needing longer term care[56]. Clearly the long term role of sheltered housing and using that resource when modified to deliver quality housing, into which the full range of care, support and health services can be delivered, is likely to become the focus of a number of partnership arrangements[57].

However, the key task here is knowing what level of investment by the local authority and by the health service will deliver a return in terms of reduced hospital admission and/or in terms of reduced admission to care homes as part of their locally agreed Quality, Innovation,

56 *Department of Health (2009). Use of Resources in Adult Social Care.*

57 *See also: Chartered Institute of Housing (2009). Housing, Health and Care: A policy and practice report.*

Productivity and Prevention (QIPP) agenda[58]. Only by making that estimate can local Health and Wellbeing Boards determine the level of investment they might wish to make in housing-based approaches. Some of this work can be done through reviewing past cases and determining which conditions may be diverted or alleviated through a housing-based response.

Housing with care and support is, in general, lower in cost to local authorities than residential care, although this may depend on the level of capital borrowing required to fund new schemes and on the criteria for admissions to schemes[59].

> *"When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing. Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care"*
>
> **Personal Social Services Research Unit (July 2011). Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing.**

Reviewing community based services

Whether people live in traditional family housing or have made a move to housing more appropriate to their needs, many will access the range of community based services.

> *"Most homes and communities have not been designed to meet people's changing needs as they get older. Inclusive housing and wider environmental design is key to people's health and well-being, and the suitability of the built environment plays a critical role in the provision of social care and health services. Planning homes and neighbourhoods to take this major demographic change into account is therefore central to all housing provision, mainstream and specialist alike."*
>
> **Homes and Communities Agency. *http://old.homesandcommunities.co.uk/vulnerable_people***

What these services cost and how they are configured will have a profound impact on people's ability to remain within the community.

Certainly, maintaining people in their traditional family home does not always mean low cost. For any one individual, services may include: home care, meals services, care and repair, community alarm, installation of aids, handy person services, housing adaptations, district nursing, floating warden support, psychiatric nursing, physiotherapy, occupational therapy, podiatry and community bathing services. Such services may be supplied by a range of agencies across the independent, state and voluntary sectors, and some may be charged for whilst others are not. It is therefore of little surprise that many older people get confused by their care and support arrangements.

Given the range of provision there also tends to be little monitoring of the impact of any single approach or configuration of services where

58 *The NHS have adopted a Quality, Innovation, Productivity and Prevention (QIPP) approach to improving efficiency and quality through the transformation of services. Further information is available at: www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm*

59 *Joseph Rowntree Foundation (2008). Costs and outcomes of an extra care housing scheme in Bradford.*

there is an attempt to relate activity to cost to outcome. For example, few local authorities seem to effectively monitor the impact of delays in delivering equipment or undertaking adaptations on outcomes for service users. One regional study found that local housing authorities set their budgets for Disabled Facilities Grants on the basis of demand in previous years rather than on assessing need and the cost benefits the grant delivers[60].

Similarly, the provision of home improvement services more broadly can impact on public expenditure elsewhere: a report on the role housing can play in addressing health inequalities cites an example of a reduction from £29,000 to £21,000 a year in home care costs through the provision of housing adaptations[61].

Commissioners of services and those that seek to facilitate their local social care and housing market need to look at how they can introduce efficiencies through combining services; delivering integration at the point of service delivery rather than just in management structures. It may also call for a far more rigorous understanding of cost benefit in order to determine the relationship between cost, activity and outcome.

Reviewing neighbourhoods

If health and care cannot deliver their objectives of maintaining more people in the community without suitable and appropriate housing being in place then equally housing cannot deliver that outcome without people feeling comfortable and safe within their communities and neighbourhoods. People wanting to stay in the community means health and care services that help to deliver independence, housing suitable for needs and which promotes well being and communities where people feel safe and secure and from which their needs can be met.

60 *Joint Improvement Partnership South East (2011). Think Local, Act Personal and Housing – Making the connection: Providing disabled facilities in the home.*

61 *National Housing Federation (2010). Invest in housing, invest in health.*

"From a local authority viewpoint, a community-orientation begins to address a broad range of policy requirements. These include providing support for older and vulnerable households living in their own homes, enhancing neighbourhood sustainability and promoting community cohesion."

Keepmoat et al (2011). Housing an Ageing Population: The Extra Care Solution.

Good neighbourhood design for older people[62] can mean a variety of things, such as:

- Are health and care services grouped in the areas of highest density?
- Are there nearby shops and banks and are shops and banks accessible to older people, particularly those with mobility scooters?
- Are neighbourhoods considered safe, eg, what are the reaction times on street lighting failure, is access to property safe and secure?
- Are transport systems accessible?
- Is there a structured plan for the installation of drop curbs.
- Are there verified and police-checked local care and repair services?
- Is there easy access to a range of social activities and facilities?

Development of neighbourhoods that 'work' for older people clearly involves far more than just housing, health and care. Planning, leisure services, libraries, and a plethora of voluntary agencies and endeavours all have a part to play in creating and supporting communities that older people might wish to remain within.

62 *Of interest is the Dutch model of 'Woonzorgzones'. These are now being planned in about 30 neighbourhoods and villages all over the Netherlands. The Woonzorgzones are geographical areas that offer round-the-clock care and a certain percentage of adapted housing within 200 meters walking distance of integrated service.*

Reviewing planning guidance

The use of the planning system is a key component in ensuring the quality and supply of an effective older person's housing market, and extra care housing in particular. Anecdotally, many social care and health Leads have confessed that a lack of links with, and understanding of, planning in the past has meant that older people's needs have not been considered or prioritised when planning applications or new housing developments are considered.

> *"Planners are often missing from the table in discussions about joined up planning and provision of services for older people ... more needs to be done to help planners understand the need for diversity and choice in housing options for older people."*
>
> **Local Government Group (2010). Good homes in which to grow old?**

More recently a number of policy documents have specifically required that authorities ensure planning policy takes into account the impact of an ageing population. As the draft National Planning Policy Framework sets out, local planning authorities need to "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 ... the elderly and people with disabilities)"[63]. The government's emphasis on decentralised and local decision-making will make it particularly important that commissioners develop an ongoing working relationship with planners and local citizens.

There are a number of ways strategic commissioners need to work towards ensuring that the planning arrangements in their local authority support the delivery of the agreed local vision for housing suitable for older people[64]:

- Ensuring robust and up-to-date evidence reflecting older people's needs is available to support planning decisions.
- Responding to consultation planning documents to ensure older people's needs and preferences are reflected within them, and that they will support the delivery of local policy.
- Regularly consulting with and updating planners about local policy direction. There are three areas in particular where this is likely to prove helpful:
  - Responses to planning applications for new care homes and how to ensure they fit with the local policy direction as far as possible.
  - Supporting the development of new extra care housing schemes.
  - Supporting the development of other forms of housing for older people as part of local regeneration mixed use developments.
- Ensuring there is a clear strategic approach setting out local preferences in terms of whether a predominantly housing model or residential care model is preferred[65].
- Developing a clear approach to Section 106 (or similar) applications in support of older people's housing.
- Development of pre-planning guidance for independent and voluntary sector developers which outlines the local authority's vision for extra care housing and older people's

63 *Department for Communities and Local Government (2011). Draft National Planning Policy Framework Consultation.*

64 *Royal Town Planning Institute (2006). Good Practice Note 8: Extra Care Housing: Development, planning, control and management.*

65 *See: Discussion re planning classes and their implications for planners and developers in Housing LIN (2011). Viewpoint: Planning use classes and extra care housing.*

housing and any minimum requirements would assist in ensuring that any potential developers had an understanding of expectations prior to application. This may form part of the Market Position Statement, Strategic Housing Market Assessment, or an existing Local Development Framework.

> *"More Londoners are living longer and more older people are choosing to remain in their own homes rather than go into residential institutions. To address these and future needs, all London's future housing should be built to 'Lifetime Homes' standards and 10 per cent should be designed to be wheelchair accessible or easily adaptable for wheelchair users."*
>
> **Greater London Authority (2011). The London Plan: Spatial Development Strategy for Greater London.**

Deciding on a local approach

This paper has explored the issues which need consideration if an understanding of the local market is to be developed.

Looking at this alongside the understanding of local demand (*described in paper 2*) will enable commissioners and providers to identify the types of housing, care and support services that are needed to deliver local strategic outcomes for the older population, including the role extra care housing could play in this. The remaining papers in this resource pack consider the planning, design and delivery of extra care housing in this context.

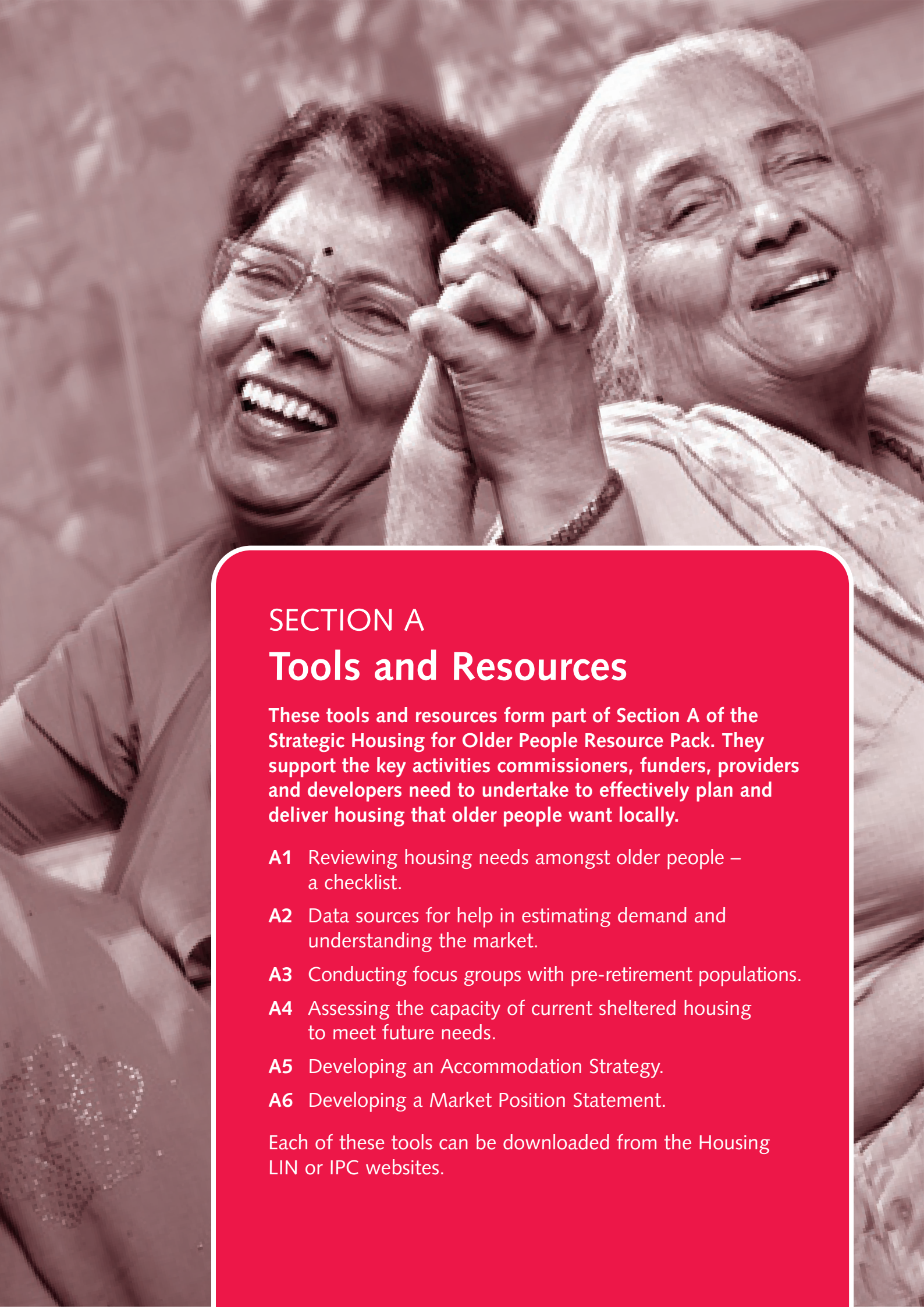
Key messages

Good housing suitable for older people will only be developed if public care agencies and the local authority work together and that they work in partnership with Registered Social Landlords, the voluntary and private sectors. This needs to be across all forms of tenure.

Local authorities can help the sector by developing, providing and discussing with all interested parties the shape of local housing markets for older people now and how they might be changed in the future.

Local reviews of sheltered housing stock are vital if the asset of sheltered housing is not to be lost.

Planning departments in local authorities need to recognise the future demographic make-up of their communities and develop Local Development Plans that will help to create a wider choice of housing suitable for older people, and assist in the development of rural and urban environments that work for older people.



SECTION A

Tools and Resources

These tools and resources form part of Section A of the Strategic Housing for Older People Resource Pack. They support the key activities commissioners, funders, providers and developers need to undertake to effectively plan and deliver housing that older people want locally.

A1 Reviewing housing needs amongst older people – a checklist.

A2 Data sources for help in estimating demand and understanding the market.

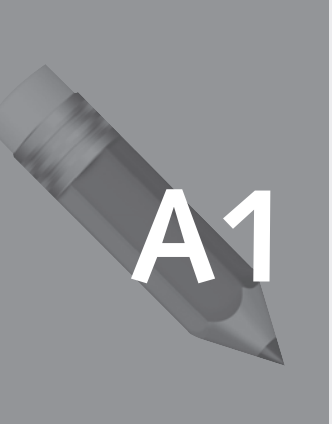
A3 Conducting focus groups with pre-retirement populations.

A4 Assessing the capacity of current sheltered housing to meet future needs.

A5 Developing an Accommodation Strategy.

A6 Developing a Market Position Statement.

Each of these tools can be downloaded from the Housing LIN or IPC websites.



Reviewing housing need and demand amongst older people – a checklist

This checklist aims to provide a framework from which a basic population review can be conducted. It focuses on the data to be captured. Once retrieved it would be expected that significant trends could then be identified. It might be expected that this activity would be a basic part of the work of a Joint Strategic Needs Assessment (JSNA) or Strategic Housing Market Assessment (SHMA).

TOPIC	QUESTIONS
Baseline data	How do we define older people (remember this is about planning to meet housing need in the relatively immediate future)? How many older people are there now, and will be in the future (maybe at five year intervals for the next fifteen years)? How is the distribution of older people likely to change (for example, changes in the proportion of the population that are aged 85 and over)?
Minority and specialist populations	Are there groups within the population potentially requiring specialist services? For example, people with a dementia, people with learning disabilities, sensory impairments, people from different faith groups?
Location	Where and how, do older people currently live? For example geographical location, tenure and, household status. What is the level of under occupation? How might this picture change over the next 10 – 15 years?
Housing condition	What is the general condition of housing occupied by older people? Roughly, what proportion might be capable of adaptation, or is it already of a sufficient design standard to enable older people to remain living in it independently?
Health	What is the health of the population? Given the known triggers for moves into specialist housing and residential care, are there particular groups within the population likely to need or want to move? What have been the recent results of health surveys concerning, falls, Chronic obstructive Pulmonary Disease (COPD), etc, where the person's condition might be improved by better housing solutions? How is this reflected in local JSNAs or meeting Clinical Commission Group or Quality, Innovation, Productivity and Prevention (QIPP) objectives?
Current Service Demand	What is known about current demand for health, housing and social care services? Are there patterns of particularly high demand across the locality? How do these patterns of demand fit with the picture nationally? What is known about the expectations and preferences of older people locally in terms of their housing desires?
Wealth and eligibility for services	What is the level of wealth and housing equity held by older people as compared to the regional and national average? How might this impact on housing provision or the self-funder market? What proportion of the local population is likely to meet local social care eligibility criteria? What proportion of the older peoples' population currently in receipt of residential care may have an alternative option given the development of extra care housing?

A2 Data sources for help in estimating need and demand and understanding the market

This table sets out some of the potential sources of data which could be considered when compiling data around health and wellbeing generally, as well as how it relates to estimating housing need.

TITLE	COMMENTARY	ACCESS
Joint Strategic Needs Assessment (JSNA)	The JSNA should represent a combined view of demand across health and social care and in some instances housing. Normally developed by Public Health bodies but vary widely in terms of size and focus.	Usually available via most search engines through using the name of the local authority and the title JSNA. Guidance on JSNAs and the core dataset is available at *www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097*
Projecting Older People's Population Information System (POPPI)	The POPPI Demand Forecasting and Capacity Planning tool provides the latest National Statistics for the 65+ population for individual local authorities down to district level. Its forecasts extend to 2030 and are split by gender and age-band. Contains information on: • Living status. • Support arrangements. • Health prevalence data. • Older people and learning disabilities. • Local performance data based on the latest PAF and RAP returns for services for older people.	Available at *www.poppi.org.uk*
Regional Health Observatories	At the time of writing the network of nine Public Health Observatories in England are continuing to work together in collaboration on an agreed single work plan. The Association of Public Health Observatories has been formally dissolved but the website www.apho.org.uk will be maintained during this period of transition until the new public health system for England is more fully in place.	Regional Health Observatories can be reached by contacting The Association of Public Health Observatories website at *www.apho.org.uk/ihc* Regional Health Profiles 2011 are available at *www.apho.org.uk/default.aspx?QN=HP_COMPARISON_RAGS_2011*

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TITLE	COMMENTARY	ACCESS
Risk Prediction Tools	There are a wide range of risk stratification models in use across the NHS. These models range from the Patients at Risk of Re-hospitalisation (PARR) and the Combined Predictive Model (CPM) described below, to tools developed by commercial organisations to support long term conditions management. The Patients at Risk of Re-hospitalisation (PARR) tool has been developed by the King's Fund in partnership with Health Dialog and New York University. PARR is a software tool that uses inpatient data to identify and predict patients at risk of re-hospitalisation within a year. It aims to improve the management of high-risk patients, particularly those with long-term condition through finding a way of identifying patients before their condition has worsened and consequently avoiding avoidable admissions. There is also a Combined Predictive Modelling tool that uses a broader and more comprehensive set of data to identify patients who may become frequent users of secondary care services, and whose condition is deteriorating but who would not yet be picked up by PARR.	For a list of tools that are in use on predictive modelling in the NHS go to: *www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129779.pdf*
Forecast Length of Stay and Cost tool (FLoSC)	Care Services Efficiency Delivery (CSED) has developed FLoSC with the Health and Social Care Modelling Group at Westminster University. FloSC is a practical software decision tool for local authorities to Forecast Length of Stay and Cost of their clients in institutional long-term care. It analyses the history of people in residential and nursing care and forecasts the future length of stay and cost of the people in care today, which those local authorities are committed to caring for, based on past decisions. It provides an analytical base-line for budgeting and capacity planning and an indication of the opportunity to reduce this major element of social care costs.	FLoSC can be found at *www2.wmin.ac.uk/hscmg/flosc/*
Housing Market Assessments	Local Authorities under guidance from the Department of Communities and Local Government are obliged to produce Strategic Housing Market Assessments (SMHA). This document should provide: estimates of current dwellings in terms of size, type, condition, tenure and an analysis of past and current housing market trends. Within the assessment there should also be an estimate of demand for affordable housing with a particular emphasis on identifying the needs of priority groups such as key workers, people with a disability, etc. These assessments should, although may not, include information about demand for housing for older people.	The guide to Strategic Housing Market Assessments can be found at *www.communities.gov.uk/publications/planningandbuilding/strategichousingmarket*. Individual SHMAs are normally available on websites through searching by local authority name and SHMA.

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TITLE	COMMENTARY	ACCESS
Local Investment Plans and agreements	Local Investment Plans have been developed out of the Single Conversations held in localities by the Homes and Communities Agency (HCA) with local authorities and key stakeholders, and set out to describe the level of and rationale for social housing investment. These are now voluntary.[66]	Via HCA website at *www.homesandcommunities.co.uk/inyourarea*
Choice-based lettings and other housing registers	Information about current unmet local demand as expressed in applications for housing will be available from the organisations managing choice-based lettings or holding housing registers in each locality.	Via local housing authority websites for contact details.
English Housing Survey (EHS) and local authority private stock condition surveys	The EHS collects information about people's housing circumstances and the condition and energy efficiency of housing in England. Each local authority is required to understand the private sector housing condition in its own area typically through surveys carried out every five years.	EHS is available at *www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousingsurvey/* Surveys are usually published on local authority websites for individual localities.
Elderly Accommodation Counsel (EAC)	EAC draws on its database of information about UK housing provision and care homes for elderly people to produce publications, analyses, mapping and informed commentary of benefit to housing and care providers, funders and policy makers.	Further information is available at www.housingcare.org
Social Trends, Office of National Statistics	An established reference source, Social Trends draws together social and economic data from a wide range of government departments and other organisations; it paints a broad picture of UK society today, and how it has been changing.	Reports are available at *http://data.gov.uk/dataset/social_trends*
SIGNet	Useful online tool developed by Homes and Communities Agency (HCA) to inform investment decision making. It allows users to access the HCA's data hub and to interact with data on a map interface. Users can search for, load and explore data sourced from a variety of organisations including The Environment Agency, Local Authorities, Office for National Statistics and Ordnance Survey.	Contact your local HCA Investment Manager for details.

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66 *Homes and Communities Agency (2010). Local Investment Plans – Core elements.*

TITLE	COMMENTARY	ACCESS
Strategic Health Asset Planning and Evaluation (SHAPE)	SHAPE is a web enabled, evidence based application which informs and supports the strategic planning of services and physical assets across the whole health economy. It: • Links national datasets for clinical analysis, public health, primary care and demographic data with estates performance and facilities location. • Enables interactive investigations by health commissioners and providers and local authorities. • Supports key policy initiatives such as QIPP, JSNA and Transforming Community Serivces.	*http://shape.dh.gov.uk/*

A3 Conducting focus groups of pre-retirement populations designed to explore their responses to future problems as they age[67]

When estimating future demand for services it is important to understand what people's expectations might be and what would be their preferences. This brief guide describes an approach for conducting focus groups with pre-retirement populations. It is designed to elicit an understanding of the types, and characteristics, of services which people might expect to see if they become frailer or develop specific health needs.

Aim

The aim of the focus groups is to understand from immediate pre-retirement age groups their plans and thoughts about care and support in old age. The focus groups should be semi-structured and run for approximately two hours.

Facilitation

The groups should be facilitated by a skilled facilitator to pose questions, seek clarification and promote dialogue between participants. One facilitator should not conduct more than two focus groups in one day. The facilitator should be seen to be independent of council care services but could be a suitably trained council employee. A suggested approach is provided in Anticipating Future Accommodation Needs[68].

Recording

An experienced note taker responsible for summarising the main themes should also be present. Tapes can be used but a note taker is often less obtrusive and can act as a useful sounding board in testing results with the facilitator. Observers are not recommended given that there is a risk of the discussion being inhibited or observers being drawn into the debate. In addition to the facilitator and the recorder, it is also helpful to have a third person to manage logistics and follow-up if any participant is distressed.

Participants

To get a reasonable sample across a local authority, organisers might wish to aim for five to ten groups (depending on the size of the authority) involving no less than eight and no more than twelve participants in each group (groups with less than eight people may not promote discussion; with more than twelve, some participants may not contribute). It is important to avoid the 'usual suspects', ie, people who are regularly involved in consultation exercises.

Recruit participants aged between 63 to 65 years and who are broadly representative of the local population in terms of gender, socio-economic status, tenure, and ethnicity. Obtaining a sample has been achieved by local authorities in a number of ways; through co-operation with the local Department for Work and Pensions, using bus pass lists, citizens'

67 *This approach is based on work that IPC conducted for CSED as published in: CSED (2007). Anticipating Future Needs toolkit.*

68 *Housing LIN (2007). Case Study 31: Anticipating Future Accommodation Needs: Developing a consultation methodology.*

panels and advertising in local newspapers, libraries and shops. It may be important to get people to record at the start their approximate income, age and type of tenure/housing they occupy. For some people it may be necessary to consider making practical arrangements if they are full time carers. Some groups should be held in the evening to allow people who work to participate. It is important to reimburse participants' expenses incurred in attending. Most focus group organisers give people some form of honorarium, commonly in the form of shopping vouchers.

Venues

Venues should have good transport links, easy access for those with disabilities and appear 'agency neutral' and not old age-biased, ie, not part of the local authority, health service or voluntary sector working with people in old age.

At the venue, provide level space for wheelchairs and walking frames, facilities for people with hearing difficulties, comfortable facilities with accessible toilets, and adequate breaks.

Timetabling

Plan how people will be welcomed on arrival, how refreshments will be served and how to manage late arrivals. Have refreshments before the session begins rather than in the middle as a break may cause the discussion to lose momentum; refreshments at the end may cause confusion over when the discussion terminates and get in the way of the next group coming in.

A4 Assessing the capacity of current sheltered housing to meet future needs

As part of understanding the supply in a given locality, it is important to understand existing sheltered housing provision and the contribution it could make to delivering strategic outcomes for the older population. For each sheltered housing scheme this checklist is designed to:

- Enable the development of a strategic view of sheltered housing stock in a locality, and assess its likely contribution to strategic outcomes for the older population.
- Assess whether the sheltered housing stock is able to meet the needs of older people both now and in the future.
- Categorise stock to enable future prioritisation for refurbishment, remodelling or other investment, or decommissioning.

INFORMATION NEEDED FOR ASSESSMENT		POTENTIAL SOURCES OF INFORMATION
Standard and condition	• What type of scheme is it, including age, size, type of accommodation? Is the accommodation very small or are the facilities old-fashioned? • What is the current standard and condition of the building both internally and externally? How does the scheme perform against national standards, such as Lifetime Homes or DDA compliance? Does it require major refurbishment and is it capable of bringing up to standard affordably? • How does it perform in terms of energy efficiency and sustainability[69]?	Information gained from resident involvement activities and customer feedback including complaints. Elderly Accommodation Counsel database at *www.housingcare.org* Provider data including property condition surveys and response maintenance information. Bespoke surveys of providers including site inspections. Use of the 'Evolve Tool'[70] to assess to assess how well a building contributes to both physical support of older people and their personal well-being.

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69 *See: Housing LIN (2010). Technical Brief 4: Extra Care Housing: Designing, assessing and delivering sustainable homes.*

70 *The Evolve Tool http://www.housinglin.org.uk/Topics/browse/Design/DesignGuides/?parent=6594&child=7997*

INFORMATION NEEDED FOR ASSESSMENT		POTENTIAL SOURCES OF INFORMATION
Value and demand	• What are the number and length of voids at the scheme? Is the scheme, or particular flats within it, increasingly difficult to let? Have flats been let to younger people in order to ensure voids are filled? • Why do people leave the scheme, and what might this suggest about its suitability for older people? • What is the value of the scheme, both in terms of the building, the land, and its current density? Could there be options to increase the density? Would it provide an opportunity to realise capital to invest in more appropriate housing? • What are the current levels of care and support provided into the scheme? • Does the footprint allow for additional communal facilities?	CORE data (Continuous Recording of Lettings and Sales in Social Housing in England) https://core.tenantservicesauthority.org/ Local housing register or Choice Based Lettings databases. Provider lettings and sales data. Social care data (care and support provision). Local land registry data.
Accessibility and adaptability	• Does the building promote or restrict independent living through its design? Are there identified factors which might limit the potentiality for change, internal pillars, asbestos, etc. • Can the scheme support older people with a physical, sensory or mental frailty? • Is the building wheelchair accessible, and how accessible is the immediate area? Are there facilities for re-charging mobility vehicles? • Is the building capable of making use of assistive technology, or to what degree is it doing so already? • Are there good local facilities which are readily accessible? • Is there sufficient storage space?	Resident and staff surveys, focus group discussions and one-to-one interviews[71]. Bespoke provider surveys and scheme visits. Discussions with local health and social care professionals.

71 *For further information about effective consultation see: Pensions Advisory Service and Centre for Housing and Support (2010). Effective Resident Involvement and Consultation in Sheltered Housing – A Good Practice Guide for Providers and Commissioners.*

A5 Developing an accommodation strategy

Many local authorities will already have older person's accommodation strategies; for some this will be part of a wider older person's or adult social care document, for others it may be in the form of a market position statement. The purpose of an accommodation strategy in this context is to describe the role that accommodation performs in delivering care and support. This may encompass the future role of residential care, of extra care and sheltered housing and housing support services, such as care and repair or assistive technology. It is likely to straddle both public and private sector housing. The material below offers a template for developing such a strategy.

Summary

This should give a summary of the overall strategy and the agreed approach over a particular time period. It should include the investment/disinvestment to be made over that period. It can be produced as a separate, short document, or as an 'executive summary' at the front of the strategy.

Introduction

The introduction states the purpose of the strategy and shared values and vision. It provides a brief picture of the range of accommodation and services under consideration and identifies the priorities and the outcomes that the strategy is trying to achieve. It may also contain a definition of commissioning. Often, there will be a brief description of how the strategy was developed, ie, the process or methodology undertaken and the partners who have agreed its content.

Legislation, national and local guidance

This should bring together requirements that are either advised or mandatory for the organisations developing the strategy, together with statements about organisational goals and values where they have a bearing on the strategies development.

Demand forecasting

This should contain the analysis from a broad-based review of demographics, research, surveys of relevant populations (both national and local), surveys of user, carer and patient needs and the key aspects of conditional demand to be addressed, ie, known unresolved needs of the population. It should conclude by identifying the target groups for different types of accommodation provision and the needs this will fulfil. This might include defining who residential care is for as well as who the authority thinks it is not for, and the role that assistive technology might perform.

Supply analysis

This has a number of components, which build to present a picture of existing services and their use as well as a wider picture of the market and an assessment of current gaps in service availability or performance.

- A 'map' of accommodation – where is specialist accommodation (residential care,

supported housing, extra care, retirement villages) currently located. If in local authority or Registered Social Landlord ownership, what is its value and state of repair? With regard to sheltered housing and care homes it should estimate their future fitness for purpose in terms of: future suitability and viability as extra care housing provision; their capacity to meet regulatory requirements in the case of care homes; current and likely future demand; and any service or scheme improvements.

- **A 'map' of relevant services –** including the full range of services being provided, showing where services relevant to extra care housing are located and the organisation providing them.
- **Service quantity –** is there known under- or over-supply of services? This section may include information on referral and assessment mechanisms, take-up of services, occupancy/vacancy levels, effectiveness/outcomes of services and waiting times.
- **Service performance –** whether services are meeting needs fully or partially. To be gained from; inspection reports, performance indicators, service user and carer views relating to the relevance and quality of care through the analysis of complaints, and information derived from user/carer forums and feedback from the contract monitoring process.
- **Contracting –** the contractual arrangement in place and any strengths and/or weaknesses in these arrangements.
- **Finance and funding –** a picture of the financial resources available now and potentially over the period of the strategy. Some strategies include a survey of costs and charges and show comparisons with neighbouring or equivalent authorities.
- **The market (if a separate market position statement is not being developed) –** what are the current and future trends in provision? The analysis could also include an assessment of land or house prices and their impact on the market, as well as an assessment of the robustness and capacity of the independent and voluntary sector. This section may include known plans of service providers and any local consultation that has taken place.

Gap analysis and the design of future provision

This section is the hub of the strategy. It brings the demand and supply material together, analyses obvious shortfalls in provision now and in the future and how such gaps may be met, together with a view of the capital and revenue resources required and how they may be funded. It should spell out the shape of future services and the strategic priorities necessary to achieve them within the time-frame of the strategy, and appraise the options available, including risks.

Monitoring arrangements

This section has two purposes:

- To make clear how the strategy will be monitored in order to determine whether the strategy is shaping services in the way intended.
- To guide the development of monitoring of accommodation provision and services in the future.

In terms of the latter, it may be appropriate to include an assessment of the effectiveness of current monitoring and performance management arrangements, if changes to the systems are necessary. It is important to recognise that monitoring and the collection and analysis of data has a cost consequence for both commissioners and providers and this should be carefully considered in designing new systems.

Action Plan

A brief, snappy, review of the agreed next steps and whose responsibility it is to take these forward.

A6 Developing a Market Position Statement for housing for older people

Increasingly the role of local authorities towards housing markets is changing. From being developers and providers of specialist housing they have moved to being commissioners of accommodation, and now to one where their task is to facilitate the market in order to ensure sufficiency of supply. Such a move increasingly recognises that the majority of the older people's population lives in accommodation that they own and will continue to wish to do so, even if moving to specialist accommodation.

What should a Market Position Statement contain?

A Market Position Statement is a document prepared by the local authority in cooperation with, and for, the market. In terms of extra care housing, this is particularly important given that much of the future provision of accommodation for older people is likely to be developed by the private and voluntary sectors[72]. It should bring together data from the JSNA, from commissioning strategies, and from market and customer surveys into a single document.

It should be market-facing, ie, contain information the authority believes, and can substantiate, would be of benefit to housing and care providers across housing associations, the voluntary and private sectors.

Other characteristics of a Market Position Statement are that it should:

- Cover the whole housing and care market, not just the sector that the local authority funds.
- Indicate how the local authority intends to behave towards the market in the future.
- Be a brief and analytical, rather than descriptive, document.
- Be evidence-informed in that each statement it makes should have a rationale that underpins it, based on population estimates, market surveys, research etc.

Finally, a Market Position Statement is not an end in itself, it should represent a 'calling card', an introduction for deeper discussions both within the public sector, across planning, health, housing and social care and with providers of accommodation. Many of the activities involved in developing a Market Position Statement will already be undertaken by voluntary sector and private companies in developing their business plans.

72 *See: further discussion of market facilitation more generally, and Market Position Statements in particular in papers published by the National Market Development Forum available at Institute of Public Care*

TOPIC	QUESTIONS
DEMAND AND DISTRIBUTION	
How is the local market structured, eg, in terms of size, value, users, location, etc?	In terms of structure the wider consideration of supply is on a threefold basis: • General housing supply and take-up within a given population, eg, who lives in what kinds of housing, by tenure. • Supported housing; who delivers, in what volume and where? How does this match the distribution of the relevant population? • Care and support services, with a particular focus on those services designed to support people in the community, eg, home care, care and repair, housing related support, etc. Make sure the view of the market is not just a snap-shot but shows trends over time and the scale of change. Are there geographical distinctions in the way populations are distributed?
Are there any changes in demand that providers are experiencing and are these quantifiable? What are the current pressures in the local market?	Explore with providers whether they have noticed any significant changes in the frailty and age of people referred to and living in their schemes. For example, are there voids in sheltered housing – is this down to the size or location of the accommodation? Understand the current pressures providers are currently coming up against to meet demand.
What is the quality of specialist housing for older people across sectors? What surveys of the general public and of service users have been conducted?	Review surveys and materials to understand what older people think about the range of accommodation and support services that are currently provided. To help achieve this there are a number of sources of published data, such as the results of CQC inspections, Supporting People QAF data, property condition surveys, as well as information to be gained from consultations with older people currently using services, or from mystery shopping exercises.
Can these be brought together with material from inspection reports and national research into clear indications about reactions to current service provision and future desires?	Analyse the information collected in order to understand whether: prices differ widely between providers; the difference in quality between high cost and low cost services of the same type; and the price differences between services provided by private providers or Registered Social Landlords?
What might older people want in terms of future provision?	What sensitivity is there to price and what relationship do people establish between price and service quality? For example, where will they want to live, what standard of accommodation will they expect to live in, are there sectors of the market where people would be prepared to pay more for enhanced provision?

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TOPIC	QUESTIONS
THE CURRENT MARKET	
What is the current capacity and capability in the marketplace? What demands are being placed on providers?	Capacity and capability might mean a number of different things to different people: • Potential to take on additional work or develop particular schemes. • Capability in terms of past knowledge as against current enthusiasm, eg, could a local builder who lacks the knowledge for the development of an extra care scheme, make up that deficit through price, enthusiasm and readiness to be innovative and work with partners? • Are there current areas of supply that are under-utilised and/or no longer in demand, eg, bedsit sheltered housing, day centres? • Are there current sectors that are under-supplied, eg, flexible night care staff, specialist dementia services or respite care to people with profound and multiple disabilities? Some of the issues around capacity may be about the capacity of an organisation to either expand or realise what they are taking on, eg, a voluntary sector body that may over-reach its capabilities or require additional help with business planning and support.
What are the drivers behind the market? What business opportunities are regarded as most desirable? What is the scope for innovation and expansion in the market?	There are potentially a range of policy and financial drivers behind new thinking in terms of accommodation, care and support for older people. Some of the supply side factors may be driven by evidence that there is new unfulfilled demand for which there is a viable response, eg, a growth in the number of people who might wish to move into a retirement village. The financial side may be around efficiency savings across housing, health and/or social care or seeking a good return on investment in the sector. Some aspects of demand may arise from questioning current provision. For example: • Do people move from specialist housing because their needs are perceived (often by others) as being too great to be met within current accommodation? • Are people reluctant to make a move because they perceive the options available to them as unattractive or not meeting their lifestyle needs and/or desires? • Are there people self-funding their care home place and running out of funding? • Are there people who might wish to purchase a retirement property but there are none available? • Are there people in care homes who are funded by the local authority who could have improved quality of life within an extra care scheme? • Is there a lack of flexible, responsive home care, particularly at night, which is increasing demand for accommodation-based services? • Are there new financial products/procurement vehicles that can help stimulate growth in the market through access to private equity, social finance/impact bonds or public/private sector partnerships? Developing this understanding of the market will enable commissioners and funders to plan how they will need to influence and shape the market to ensure it can deliver the strategic outcomes it has developed for its local population. >

TOPIC	QUESTIONS
Are there barriers to market entry?	There might be a number of barriers to market entry both real and perceived by providers. However, if the market is to be stimulated then commissioners and funders need to recognise providers' concerns and mutually explore how they might be overcome. Such barriers might include: • The financial viability of developing a scheme or a particular service. • Guarantees about long term funding (both capital and revenue), particularly in a world of personalised services where take-up of provision may have become less certain. • Obtaining land and planning permission. • Improving the 'value' on build costs and streamlining the construction process. • Competition, from within or outside the sector, or from the local authority subsidising its 'in-house' service.
DEFINING THE FUTURE	
What is the authority's view of good practice, in particular not just the shape of individual services but their overall configuration?	Review national, regional and local best practice of what constitutes an effective market for housing for older people. Specifically what are the characteristics and the make-up of an effective local market? How does best practice compare to your current market position?
What are the indicative cost-benefits of different types of service provision?	Make an assessment of the cost benefit of providing each type of accommodation for older people. For example, what impact will the availability of extra care housing have on the need for residential care and therefore costs saved or reallocated?

directors of adass
adult social services

Housing LIN

STRATEGIC HOUSING FOR OLDER PEOPLE

Planning, designing and delivering housing that older people want

SECTION B: Developing Extra Care Housing

SHOP
Strategic Housing for Older People

Produced by Foundation Design *www.foundationdesign.co.uk*

SECTION B: Developing Extra Care Housing – A detailed review of the planning, development and design of extra care housing.

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Foreword

Our response to an ageing society is shaped by widely-accepted principles. Delivering housing and care services based around those ideals of personalisation, living well at home, independence and choice is the challenging bit.

In 2010, the Department of Health recognised this by pledging to update its extra care housing toolkit and offering local authorities £20,000 each to encourage them to produce robust housing with care strategies.

This document fulfils the Department's pledge – and goes further by providing a comprehensive analysis of the issues local authorities and their partners need to consider in developing these strategies. It also outlines the range of housing with care options that should be available to older people.

A strategic approach to housing with care will help older people to live well at home for longer, providing many with a home for life – a home they actually want to live in. That is good for older people and good for the public purse.

Well-planned and designed extra care housing, for example, offers a lifestyle choice to older people who require some level of care and support. Research has shown such housing can improve health and wellbeing – reducing hospital admissions and other demands on the NHS and adult social care budgets.

That research is reinforced by the independent evaluation of the Department of Health's Extra Care Housing Fund, which is published at the same time as this Resource Pack.

More importantly, it also meets the aspirations of a generation of older people used to choice and quality design, many of whom prize their independence. They might have retired but they have no intention of retiring from the world. Few of these people do not need or want to follow the well-trodden path into residential care.

With the construction industry and financiers still cautious, local authorities must lead in creating the conditions and confidence that allow the aspirations of the 'new old' to be met. This Resource Pack, endorsed by the Association of Directors of Adult Social Services (ADASS), provides the analysis, measures and tools that will allow councils and their partners to set about assessing, stimulating and meeting demand for different housing options.

If we are to ensure they have homes they actually want to live in as their care needs increase we need to do a lot more than simply count or predict the numbers of older people.

Jeremy Porteus *Director, Housing Learning and Improvement Network*
Peter Hay *President, Association of Directors of Adult Social Services*

December 2011

SECTION B, PAPER B1

Planning locally for extra care housing

This briefing paper forms part of Section B of the Strategic Housing for Older People Resource Pack which explores the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. References are made to practical tools and resources provided at the end of Section B.

Section A of the Pack (briefing papers A1–A3) looks at the wider policy context concerning the demand and supply of accommodation suitable for older people. A comprehensive bibliography and webliography is provided in Section C.

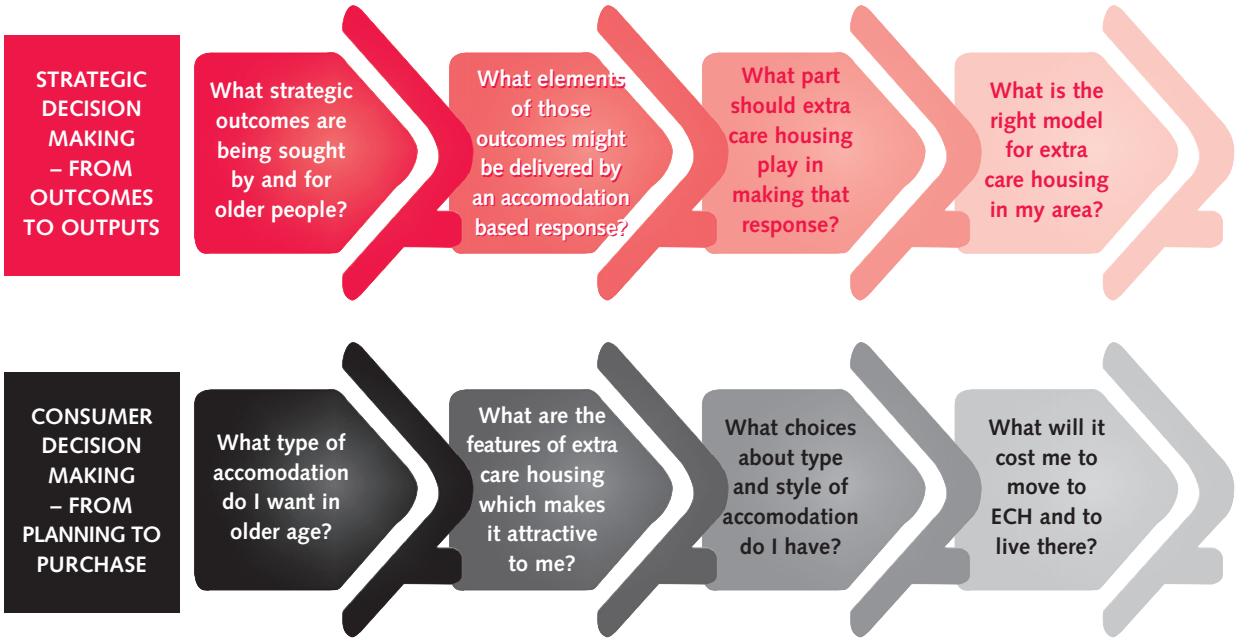
Waverley Gardens, Bristol

Introduction

The papers in Section A of this resource pack looked at the wider issues of supply and demand in relation to older people's housing both now and in the future. This Section looks at the ways in which the development of one important strategic housing option, extra care housing (ECH)[1], may be developed and encouraged. It considers the key elements in decision-making for commissioners, developers and providers in choosing extra care housing as an approach, and the factors affecting individual choices to move into this form of housing.

The diagram below describes these decision-making processes.

Decision-making in extra care housing



1 *As has been noted elsewhere there are an array of names given to this form of housing, alongside the many forms it can take. For the sake of simplicity the name 'extra care housing' has been used throughout this Resource Pack.*

The benefits of 'extra care housing'?

Extra care housing takes a number of different formats and styles, but primarily it is housing which has been designed, built or adapted to facilitate the care and support needs that its owners/tenants may have now or in the future, with access to care and support twenty four hours a day either on site or by call[2,3]. It is generally based on the following principles:

- **To promote independence –** the provision of self-contained accommodation designed to enable individuals to live independently within the community, and promote their well-being and quality of life.
- **To be empowering and enabling –** the availability of flexible, person-centred care and support services which empower and enable individuals to maximise their independence and promote health and wellbeing.
- **To promote social inclusion –** services and buildings designed to promote social inclusion and alleviate social isolation.

Consequently, you may find in extra care housing:

- People that have no care needs but have moved because they anticipate this might not be the case in the future. Alternatively, it may be that this is housing suitable to their life style now. Many of the retirement village schemes emphasis the communal friendship aspects of retirement living in the offer they make.
- People that have low care needs, where perhaps there is a recognition that these needs may grow in the future or where their current accommodation does not help current incapacity or disability.
- People with high care needs where this is a preferable alterative to living in residential care.

Therefore, there are a wide range of housing models and types under the extra care description as illustrated in the Housing LIN's factsheets and case studies (*see Bibliography for further details*).

> *"There is no 'one size fits all approach' as there is a geographical differentiation of the scale and nature of requirements. Different policies, provision and services will be required in different areas, including planning, to reflect a growing demand for a spectrum of accommodation and housing-based care and support for older people."*
>
> **Keepmoat et al (2011). Housing an Ageing Population: The Extra Care Solution.**

The evidence base for extra care housing

Along with other forms of specialist housing for older people, extra care housing is generally seen to deliver a number of beneficial outcomes for older people. There is emerging evidence[4] to suggest that it can make a considerable difference, in terms of improvements in the health and wellbeing of residents as well as achieving care efficiencies. These are discussed in more detail below:

- Extra care housing can be a home for life and a viable alternative to residential care.
- Extra care housing has a beneficial impact on health and wellbeing, and as a vehicle for delivering onsite health and care is financially cost saving, eg, providing economies of scale in delivering home care and supporting people to 'live well at home'.

2 *Housing LIN (2008). Factsheet 1: Extra Care Housing – What is it?*

3 *Housing LIN (2004). Factsheet 4: Models of Extra Care and Retirement Communities.*

4 *PSSRU (2011). Improving Housing with care choices for older people: An evaluation of extra care housing. ILC-UK (2011). Establishing the extra in Extra Care.*

"Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care."

PSSRU (2011). Improving Housing with care choices for older people: An evaluation of extra care housing.

- Extra care housing can serve as a wider community resource, and support place-shaping and 'age friendly' neighbourhoods.
- The development of extra care housing can have benefits for the wider housing market and regeneration activity and can free up family housing at a lower housing unit cost than new build.

A home for life?

The question of whether extra care housing can provide a home for life and an alternative to residential care is important but complex, given the range of factors that can affect the answer. There are three issues of particular importance: the design of the building, the design of health, care and support provision, and the approach taken by staff to enabling a home for life.

"Among a matched population aged 80+ we would expect about 19 per cent of those living in the community in receipt of domiciliary care to enter institutional accommodation, compared to just 10 per cent of those in extra care housing"

ILC-UK (2011). Establishing the extra in Extra Care.

For example, the constraints of building design could mean that residents cannot live there independently if they have significant mobility problems. A small scheme may find it difficult to maintain someone with high dependency needs. Equally, if the care and support service cannot provide a 24 hour service or cannot respond flexibly to changing needs, this may require residents moving to residential care to access appropriate care. Sometimes it may be a lack of availability of health provision which can make it difficult to support people in the community. Finally, staff attitudes and approaches, which are often influenced by the amount of training people have had, can determine capacity to maintain someone. This may be particularly true if staff do not feel equipped to manage a person in the early stages of dementia, or if they are not supported to manage more challenging behaviour.

Improving health and well-being

Although there is increasing evidence that extra care housing can improve emotional and physical wellbeing, it seems clear that on an individual level this impact will vary.

An evaluation of an extra care housing scheme in Bradford sought to understand both the costs and the outcomes delivered by the scheme[5]. It found that the better health enjoyed by those living in the scheme meant that health care costs were lower (more than a 50% reduction), mainly through a reduction in the intensity of nurse consultations and hospital visits. It concluded that it was primarily the higher levels of formal support which had resulted in improved outcomes for residents and carers; unmet needs associated with people's previous community care packages seemed to have been met by care services and support provided at the extra care scheme.

5 *Joseph Rowntree Foundation (2008). Costs and outcomes of an extra care housing scheme in Bradford.*

An evaluation of another scheme[6] concluded that it appeared to maximise health and emotional wellbeing for many of the people who lived there, providing a wide range of opportunities to achieve and enjoy life, while supporting vulnerable residents to do so. Improved health and wellbeing are likely to have the effect of prolonging independent living. At the same time extra care housing is not for everyone, and positive outcomes will not apply in every case. It is a lifestyle choice and potential applicants need to understand what that lifestyle involves.

Research into how social wellbeing was developed in a number of extra care housing schemes jointly funded by the Department of Health and the Joseph Rowntree Foundation identified that extra care housing can help older people remain independent, and can prevent residents feeling isolated[7]. It also identified key factors in the design of services which impact on these outcomes. These are discussed in more detail elsewhere in this Resource Pack.

Contributing to the local community

The development of extra care housing within a community has the potential to benefit that community in a number of ways:

- Through providing a resource which can be accessed by members of the local community. For example, the provision of meals in the extra care housing restaurant, access to a local shop or hairdressing salon within the scheme[8].
- Through engaging the community in the development and management of the scheme. This could take the form of engagement through formal consultation at the planning stage, or through participation in the running of the scheme either on an employed or volunteer basis[9].
- By contributing to the wider regeneration of an area through physical regeneration of buildings and through employment opportunities[10].

Impact on the wider housing market

As has been noted elsewhere there are limited options for older people in terms of housing choice. Increasing good quality housing options will not only improve choice for older people, but also improve the supply of family housing. Older people moving into specialised housing invariably releases under-occupied family homes, both in the rented and owner-occupied sector. This provides an important but often unrecognised benefit of developing new specialised housing for older people[11].

> *"There are 430,000 under-occupied social homes in England - where tenants have two or more bedrooms more than they require. In many cases, these properties are occupied by elderly tenants whose children have since grown up and moved out. With more room than they actually need, many of these residents can become prisoners in their own homes, finding it a struggle to look after and heat the properties that are now too big for them to manage."*
>
> ***www.communities.gov.uk/news/corporate/1821513***

6 *Housing LIN (2008). Case Study No 43: Reeve Court Retirement Village.*

7 *Joseph Rowntree Foundation (2009). Developing social wellbeing in new extra care housing.*

8 *For example, see: Joseph Rowntree Foundation (2010). Findings: Telling the story of Hartfields: A new retirement village for the 21st century.*

9 *For example, see: Esk Moors as detailed at www.abbeyfield.com/Pages/EskMoor.aspx*

10 *For example, see: Housing LIN (2010). Case Study 51: Extra Care Housing and Regeneration in Wolverhampton.*

11 *See: discussion in Housing LIN (2011). Viewpoint No 19: Downsizing for older people into specialist housing and Housing LIN (2011). Factsheet 33 Pretty Vacant: Vacancy Chains and Extra Care Housing. Stimulating Local Housing Markets.*

What type of extra care housing?

Strategic planning

Clearly whether you are a local authority, a provider or a developer will affect the approach you take to planning extra care housing. In addition, for the local authority the role will either be one of a commissioner of a scheme or one of seeking to stimulate the market to develop such accommodation.

> *"... there needs to be a common vision of what commissioners are hoping to achieve and providers expecting to provide."*
>
> **Housing LIN (2004). Case Study: Achieving Success in the Development of Extra Care Schemes.**

However, although the content may differ between a developer's business plan and the local authority's accommodation strategy, there may be both similarities in decisions to be reached and a commonality of interests in some aspects of planning. The list below describes what these might be:

- The use of a common language about the role and function of extra care housing between all involved.
- The establishment of a clear allocations, sales or lettings policy. In some schemes there may be eligibility criteria around age or incapacity.
- Clarity in relation to the arrangements purchasing or rental agreements and charges for ongoing care/support and maintenance.
- Front line staff to understand the role of extra care housing, so that they can offer advice.
- Co-ordination with other services on which a scheme may rely (such as GP practices and community nurses).
- A communications approach with the general public, other interested parties and potential purchasers or renters, as part of a marketing approach for schemes.

This section explores the main areas that will need consideration in developing a strategic local approach to the design and delivery of extra care housing.

USEFUL RESOURCE

See **Tool A5** in Section A of this Resource Pack for help in developing an Accommodation Strategy.

Planning for people

Key to the ability to deliver housing that meets the needs and aspirations of older people locally will be the role of local planning policy.

> *"Use the planning system to promote strong, vibrant and healthy communities, by providing an increased supply of housing to meet the needs of present and future generations; and by creating a good quality built environment, with accessible local services that reflect the community's needs and supports its health and well-being."*
>
> **Department for Communities and Local Government (2011). Draft National Planning Policy Framework.**

Local planning authorities are expected to have up-to-date Local Plans which reflect the principles of

the NPPF, build on evidence of current and future demographic trends and demand, and respond to local Strategic Housing Needs Assessments.

A particular issue in planning terms has been the lack of clarity about how extra care housing in its various forms is categorised, and the implications these categories have for developers and their ability to deliver, whether in the private or social housing sector. The Housing LIN Viewpoint "Planning Use Classes and Extra Care Housing" suggests a number of approaches which may be helpful:[12]

- Establish an extra care housing strategy.
- Set out clearly in this strategy (or in other local plans) what kind of model(s) of extra care housing are preferred locally. This should include some details of standards, size and mix of dwelling, tenure mix and other key variables.
- Ensure Housing Needs Assessments include the requirements and aspirations of older people, including wider determinants of health and wellbeing.
- Ensure developers provide greater detail of the care aspects of the scheme at an early stage of the planning application so the type and intention of the scheme is clear.

An inclusive approach

Meaningful engagement with older people and their families in the design and commissioning process can bring significant benefits to the process[13]:

- Services are tailored to the needs of the individual user rather than to the organisation or staff providing the service.
- There is greater co-ordination between health, housing and social care and individual service providers (because service users insist that their needs be considered holistically, rather than as if health, housing or social care needs arise in isolation from one another).
- Service users can influence and indeed help shape what services are provided, and how they are delivered.
- Service user engagement involving people who have in the past not felt able to engage in participation activities, can help commissioners and providers take account of their needs, which may not have been acknowledged before.
- Service users and the public can hold decision-makers to account.
- Greater engagement of service users can help partners to develop the use of social capital, including through user-led organisations, so that people can meet their own needs with the least recourse to specialist services.

There are a range of useful resources freely available on the Housing LIN website about effective approaches to consultation and engagement[14].

USEFUL RESOURCE

See **Tool A3 i**n Section A of this Resource Pack for a description of a focus group approach to consultation with pre-retirement populations.

Choosing the model

There are many different approaches to extra care housing developments and a range of options to consider. More examples of different approaches and models are provided as case studies on the Housing LIN website (*see bibliography for details*).

12 *Housing LIN (2011). Viewpoint: Planning use classes and extra care housing.*

13 *Housing LIN (2010). Putting People Centre Stage.*

14 *CLG, TPAS and CHS (2009). Effective Resident Involvement and Consultation in Sheltered Housing; Personal Social Services Research Unit (2009). National Evaluation of Partnerships for Older People Projects; www.housinglin.org.uk*

Essentially, for the range of stakeholders involved in developing extra care housing (including designers, planners, developers and the local authority), there are three key questions to consider in deciding on any type of scheme.

Three key decisions

- Whose needs are you aiming to meet?
- What is the target client group for this development?
- What is the evidencethat this will provide a viable population for any scheme?

- What type, shape and size of scheme?
- What is the impact of land availability and design on scheme configuration?
- What is the relationship between cost, design and viability, and the impact of this on size and configuration to maximise public subsidy and/or private investment?

- What are the timescales and processes that need to be agreed?
- What are the funding mechanisms for the scheme?
- Who are the partners that need to be involved and at which stages?

Some options in the basic configuration of extra care housing

No selection, entry by free choice.

Selective entry banded into different levels of need to create a "balanced" community.

Scheme acts primarily as an alternative to residential care aimed at people with existing care and support needs.

Potential answers to some of the questions shown in the '*Three key decisions*' diagram are represented in the '*Some options in the basic configuration of extra care housing*' diagram, but these categories are not exclusive and some schemes may have different types of accommodation for different purposes. For example, a scheme may have different tenure arrangements on one site. In effect there is a mix and match regarding size, tenure and style.

What will be the right tenure mix?

Commissioners and providers should understand the requirements of the whole older population, and so will consider the needs of older people who are owner occupiers and who would prefer to retain equity in property as well as those who will need some form of rented provision. This will mean considering the demand for a range of tenures including shared ownership, full leasehold, market rent, affordable rent, social rent or a mix of these to reflect the local community. Introducing a mix of tenure may also enable access to capital funding to support the scheme as a whole.

> *"The option of generating capital resources by providing accessible flexible housing for wealthier older people must therefore be considered seriously, not only because it helps to house this group of the population well, but also because surpluses generated can be re-invested to improve the offer to less wealthy older people."*
>
> **National Housing Federation (2011). Breaking the Mould: re-visioning older people's housing.**

There are challenges in mixing tenure within schemes, but it has been achieved successfully in a number of locations. Key amongst these are:

- The allocation of leasehold flats (including shared ownership) within a scheme and its fit with the allocation of rented flats. The impact this mix could have on the balance of needs within the community[15].
- The funding model, and in particular how the inclusion of shared ownership or leasehold properties affect the capital and revenue feasibility of the scheme.
- The management of the apparent differences in services delivered and charged for between the different tenures.
- The potential for different expectations and aspirations between those residents renting, and those who have bought. In particular, will there be tensions between potentially fitter purchasers, and frailer tenants?
- The location of flats with different tenures around the scheme, so for example "pepper-potting" flats for sale amongst rented flats, or locating them in one area.

What level of specialist needs?

There has been much debate about whether main-stream extra care housing is an appropriate setting for people with specialist needs or from differing backgrounds[16, 17]. Essentially the debate centres on intensity of care and segregation by need:

- In terms of intensity of care then the question is how far extra care housing should be seen as a direct alternative to care home provision. In some places the local authority has clearly funded the development of ECH as an

15 *Housing LIN (2010). Assessment and Allocation in Extra Care Housing.*

16 *Housing LIN (2010). Meeting the Needs of Minority Groups in Extra Care Housing.*

17 *Department of Health (2010). Extra Care Housing and Dementia Commissioning Checklist.*

alternative to care homes where most residents have high levels of care needs. However, the danger of this approach is that extra care then turns into in effect residential care in flats, notwithstanding issues concerning regulation. The other argument is that if an extra care scheme looks like a care home it is unlikely to attract people with lower or no care needs and hence the benefits that might be gained from having a mixture of needs is not obtained.

- The other argument is essentially one of segregation. Should there be separate provision for people with dementia? Are specialist features or services needed to meet the needs of different ethnic minority groups, or should the focus be on developing a person-centred approach to every individual within the scheme? How do you meet the needs of older people with learning disabilities?

There are few clear answers to these questions, in that for every example that looks to justify one approach there is a counter example elsewhere. The impression from around the country is more or less any model can be made to work given good design together with willing and well qualified staff. However where admissions to schemes are in some way categorised the costs of 'banding' different levels of need should be taken into account in the financial model, eg, if admissions are based on high, medium and low/no needs, schemes may run at a lower occupancy rate and hence potentially higher cost.

Heysham Gardens, Carlisle

What approach to funding?

The two key funding issues facing commissioners and providers in planning the development of extra care housing are the source of funding for the development of extra care housing, as against the level of return that can be expected on capital and revenue investment and, given the range of models of extra care housing, identifying the variables that will impact on the financial viability of an individual scheme.

The current economic climate means financing housing development is likely to be challenging, with the availability of public subsidy, the availability of borrowing, the ability of home owners to release equity through sales, potential losses of revenue where properties remain empty, and the availability of revenue funding, all adding to this challenge[18].

> *"Funding will pose significant challenges, and there is no blueprint that will provide all the solutions."*
>
> **NHF (2011). Breaking the Mould: Re-visioning older people's housing.**

It owners to release equity through sales, potential losses of revenue where properties remain empty, and the availability of revenue funding, all adding to this challenge[18]. It requires designers, commissioners, developers and/or construction companies and providers to consider a wide range of options to enable the provision of good quality, sustainable housing for older people. These include[19]:

- The ability of local authorities to contribute land and/or funding to the development of

18 *Housing LIN (2009). Extra Care Housing and the Credit Crunch: Impact and Opportunities.*

19 *See also NHF (2011). Breaking the Mould: Re-visioning older people's housing.*

Heysham Gardens, Carlisle

extra care housing, whether this is through actual financing or in kind.

- The opportunities presented through reviewing existing sheltered housing, whether through conversion/upgrading, or providing capital receipts to recycle into new build extra care housing.
- Access to the Homes and Communities Agency's (HCA) Affordable Homes Programme 2011-2015 or other public funding programmes in the future (at the time of writing, it is reported that 9.5% of the HCA's programme will benefit the development of supported housing, including extra care housing).
- The potential to use mixed tenure to support the development of rented housing, or to widen access to services within schemes to its local community including self funders.
- Accessing funding through the provision of additional separately funded facilities, such as intermediate care flats or primary care health centres.
- Identifying land where there may be an opportunity for developing residential housing for an ageing population, eg former NHS estates or schools.

The return on any investment from the public purse is likely to be difficult to identify and there has been little detailed national research of the costs and long-term financial viability of extra care housing. Recent studies do suggest that extra care housing can generate a return (see discussions on health and wellbeing above) across health and social care as well as contributing to the development of successful communities, the regeneration of housing stock, improving housing mobility, as well as improving individual well-being.[20]

> *"More capital investment and further development of marketing strategies are needed if extra care housing is to be made more available and more appealing to more able residents. Without continuing to attract a range of residents, extra care may become more like residential care and lose its distinctiveness."*
>
> **PSSRU (2011). Improving housing with care choices for older people: An evaluation of extra care housing.**

20 *Personal Social Services Research Unit. The Adult Social Care Outcomes Toolkit (ASCOT) for an approach to developing measures of an individual's social care related quality of life. See: www.pssru.ac.uk/ascot.*

The Trees, Highgate

For developers and providers there will be a requirement to ensure viability, not only in terms of the capital costs, but often more problematically in terms of revenue costs being covered by income. Two problem areas in terms of revenue for services andrent are:

- How can facilities be provided and run cost-effectively whilst enabling choice for residents? This is particularly problematic if the scheme provides a restaurant/cafe service where there is no guarantee of income from residents[21]. Some schemes open their facilities to the local community to widen the client base and increase revenue. Extra care housing can provide an important community hub in this way.

- How can a 24/7 care service be provided cost effectively, and what will the impact of varying level of need within the scheme be on their viability? If there are lower levels of demand on a care team will the income cover the cost, particularly of the night time cover? If residents choose not to buy the in-house care service will this impact on its viability[22]?

USEFUL RESOURCE

Tool B3 sets out the main costs associated with the development and management of extra care housing. **Tool B4** provides an approach to measuring the delivery of outcomes.

Marketing the concept of extra care housing

Although there is increasing awareness of what is meant by extra care housing, it remains a relatively new concept, and it is important that providers and commissioners develop a strategic approach to its marketing at an early stage. It has been shown that a lack of basic public relations and marketing skills amongst extra care housing providers is contributing to poor awareness of the sector[23].

21 *See: Housing LIN (2007). Factsheet 22:Catering Arrangements in Extra Care Housing.*

22 *See Paper B3 for a wider discussion around the provision of care and support in extra care housing.*

23 *Housing LIN (2009). Marketing Extra Care Housing.*

In addition, marketing has tended to happen on a scheme by scheme basis rather than for the sector as a whole, with a confusing range of descriptions and names for different local services. This has led to a patchy awareness of what it can offer older people amongst the older population itself, amongst professionals, and amongst the wider population[24]. With the shift towards mixed tenure schemes, effective marketing becomes even more critical to ensure accommodation is sold quickly.

The table below illustrates the differing approaches to promoting extra care housing; the first column ('grateful') being more passive in terms of selling the product, while the second column ('promotional') actively promotes the housing scheme.

Promoting extra care housing

TWO WEBSITE FRONT PAGES ADVERTISING AN EXTRA CARE HOUSING SCHEME	
'GRATEFUL'	**'PROMOTIONAL'**
Sunnyside has 40 two bedroom mixed tenure apartments. Each apartment has: • Fitted kitchen with electric hob, oven and fridge freezer • Bathroom with walk in shower • Lounge with BT and TV sockets and provision for digital TV • Double bedroom with access to bathroom • Single bedroom • Each apartment is designed to wheelchair standard. Within Sunnyside you will find: • A comfortable lounge area • Restaurant which provides breakfasts, main meals and snacks • An activity room • Hair salon • Community Library and Customer Access Point.	This is the height of independent living for the over 60s. Superbly designed, comfortable bungalows and apartments set on a truly spacious, 24 acre site enjoying magnificent views of the city. When you've had the chance to see what an exciting and life-enhancing proposition our Village is, simply complete our Online Form to receive a copy of our DVD 'Introduction to the Village'. You can: • View the Village Facilities • Learn more about Extra Care • Find out more about the sales process. • Receive a free DVD of the Village • Find out where we're located.
Comment This site has a single page with a very small photo of the scheme. It simply lists what it sees as the 'features' of the schemes.	**Comment** This site has some thirteen pages available via drop down menus. It uses graphics, photographs, quotes from residents and news stories relating to the scheme.

24 *See the FirstStop website for a source of advice on a wide range of issues for older people (www.firststopcareadvice.org.uk/).*

This all suggests that developing and promoting a shared vision or local brand of extra care housing will play a significant part in ensuring its successful delivery. It could:

- Support funding and planning applications in that there will be clarity about what local extra care housing seeks to deliver.
- Help to develop confidence in the service model amongst older people and their families.
- Create awareness amongst professionals who could be advising potential residents or referring them to the service.
- Influence the development of congruent services which could benefit residents and local communities.

USEFUL RESOURCE

Tool B1 provides further guidance on developing effective marketing approaches. **Tool B2** provides help on carrying out a mystery shopping exercise.

Key messages

Extra care housing is a form of housing, care and support which can successfully promote independence, and tackle social isolation, in ways which reflect local circumstances and the needs and expectations of local populations.

It is also capable of contributing to savings across health and social care, as well as providing wider benefits to the local housing market.

The articulation and promotion of a vision of what is to be provided, and what it will achieve, whether by the commissioner or provider, will significantly improve the chances of delivering the outcomes successfully.

Patching Lodge, Brighton and Hove

SECTION B, PAPER B2

The design and build of successful extra care housing

This briefing paper forms part of Section B of the Strategic Housing for Older People Resource Pack which explores the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. References are made to practical tools and resources provided at the end of Section B.

Section A of the Pack looks in more detail at the wider policy context and understanding demand and the market. A comprehensive bibliography and webliography is provided in Section C.

Introduction

In addressing the question of building design, commissioners and developers of extra care housing need to consider that the space being created should meet not only the needs of its future older residents but also the staff that will use it as a place of work, and visitors who may use it as a community resource. However, above all else is the need to recognise that if we are to break from the past, planners, developers and architects need to remember they are designing housing first and foremost, not an institution. There are a number of extra care housing schemes which have excellent accommodation ruined by a building that instantly identifies it as an institution, most frequently the look and feel of a care home for older people.

This paper explores the key areas to be addressed during the developmental stages of an extra care housing scheme in order to successfully respond to these challenges.

Key lessons for successful, modern social care environment:

- *"Design for home care or support must recognise that each building is someone's home, not just a place for social care.*
- *Those delivering the schemes need to be aware of the experiences of the ageing and disabled population poverty and affluence, discrimination and equality, isolation and inclusion, and the needs and requirements of a diverse society.*
- *Internal housing design and layout needs to be flexible to accommodate changing care or support needs.*
- *Independence and quality of life require high quality design, management and services.*
- *Design for social care means future-proofing the buildings we already have so that a resident knows they can remain in their home as their needs change.*
- *Schemes need to be seen as community assets which allow residents to mix with local people but also enable them to feel their home is secure and private.*
- *Developers and providers should talk to, and involve, residents, both before and after development and occupancy."*

CABE and Housing LIN (2009). Homes for Our Old Age: Independent Living by Design.

Building design

Research has shown that the way a building is procured, designed and configured, and the services that are provided within it, has a direct impact on the ability of extra care housing to deliver successful outcomes for older people. This is both in terms of their health but also their independence and wellbeing[25]. There is also an increasing awareness of issues of sustainability with the potential for reduced environmental impact, lower running costs and features that enhance health and well-being[26].

> *"To address these and future needs, all London's future housing should be built to 'The Lifetime Homes' standards and 10 per cent should be designed to be wheelchair accessible or easily adaptable for wheelchair users. LDF policy departures from these requirements must be justified by authoritative evidence from local needs assessments."*
>
> **Greater London Authority (2011). The London Plan: Spatial Development Strategy for Greater London.**

Housing commissioners will need to consider the degree to which they set out local standards and desired outcomes for the development of extra care housing, or how they influence the design and delivery of schemes in their authority[27]. There are also a range of national building standards and regulations, as well as locally determined requirements which will need to be followed, including those provided by funders[28,29].

Location within the community

Location is of considerable importance in the development of extra care housing and can mean the difference between a scheme and its residents being part of an external community, or remaining segregated and isolated.

In some areas there is a tendency to perceive specialist housing for older people as not needing to be in densely populated areas.

> *"Now I am near the city life and friends. We have very much to do – concerts, theatre, shopping: it's an old town, so there are lots of things to see."*
>
> **Homes and Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.**

However, where a scheme is located may influence the degree of community involvement, it may limit its attractiveness to staff to work in if it is inaccessible, and it may discourage relatives or friends from visiting.

25 *Joseph Rowntree Foundation (2008). Social wellbeing in extra care housing. Housing LIN (2011). Case Study 53: Trees Extra Care Housing – Highgate.*

26 *Housing LIN (2010). Technical Brief 4: Extra Care Housing: Designing, assessing and delivering sustainable homes.*

27 *See: Housing LIN website for examples of local authority design standards as well as Housing LIN (2009). Case Study 49: Developing a Design Guide for Housing with Care/Support at Sunderland City Council.*

28 *At the time of writing the Homes and Communities Agency is consulting on Design and Sustainability Standards. See www.homesandcommunities.co.uk/Core-standards-proposal*

29 *For further information on standards and regulations see RIBA (2011). A Guide for Assisted Living: Towards LifeHome 21.*

The front door with cafe sign invites local people in, and encourages community involvement. ▶

Some schemes have been built in the grounds of care homes; however, whilst this might make land cheap and planning considerations easier, it may also mean the scheme is seen as part of, or an extension to, residential care and therefore is less likely to be attractive to a mobile population of older people who have little need for care.

The main location issues are set out below:

Darwin Court, Southwark[30]

Key location factors

ACCESSIBILITY

- Is it easy to walk on and off the scheme?
- Are the surrounding areas wheelchair accessible?

LOCAL SERVICES

- Is there level access to community facilities, including shops, leisure facilities, health centres etc?
- Is there access to local transportation services?

SOCIAL INCLUSION

- Is the scheme likely to attract local people?
- Is it's location likely to facilitate continued contact with friends?
- Will residents be able to access local acivities they had engaged in prior to moving?

COMMUNITY INTEGRATION

- Does the proposed scheme link with other older people services?
- Will residents be able to access these services?
- Will people living nearby be able to access services within the scheme?

SAFETY

- Is this an area that will be attractive to older people in terms of feeling safe?
- How will the design of the scheme combat any perceived risks?

30 *Homes and Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.*

Size and viability

There is considerable variety in the size and design of extra care housing schemes, ranging from the very small (6 – 12 properties) to the very large retirement villages (300 plus properties).[31]. There will always be a tension between the greater efficiencies of larger schemes, with the desire to develop a scheme on a domestic scale which is attractive to live in.

Schemes also need to fit the environment and community in which they are located and be sustainable in the longer term. Future proofing may mean greater expense now but longer life in terms of schemes still looking attractive to people in twenty years time.

Generous top floor flat, Flurgarten, St Gallen[32]

Good practice suggests new housing should have generous internal space standards, with the potential for three habitable rooms and designed to accommodate flexible layouts[33].

Popple Well Spring, Tadcaster[34]

Communal areas within extra care housing are also important given the desire to address social isolation as an outcome for older people, as well as enabling the provision of additional services such as meals, communal activities, etc. The design of communal areas is often a key determinant of whether a scheme feels institutional or more of a neighbourhood. However, they can also be expensive to provide and commissioners and providers need to work together to achieve the right balance.

Providing a local shop whether run by the community or by a local business can act as a social hub for the community, as well as supporting independent living.

Margaret Court, Tiddington, Stratford-upon-Avon[35]

31 *Tetlow R (2006). Continuing Care Retirement Communities: A guide to planning. Joseph Rowntree Foundation and Planning Officers Society.*

32 *Homes and Communities Agency (2010). HAPPI (Housing our Ageing Population: Panel for Innovation) Report. Photographer Stephen Arnold.*

33 *At the time of writing the DWP consultation on reforms to Housing Benefit for Supported Housing is underway, and reforms may impact on decisions about the size of accommodation.*

34 *Further information about Popple Well Spring is available at www.northyorks.gov.uk/index.aspx?articleid=12031*

35 *For more information about Margaret Court see www.retirementsecurity.co.uk/search_courts.asp?cID=31*

New build or refurbishment

Providers are faced with six options when reviewing existing sheltered housing provision[36]:

- Refurbish or remodel an existing ordinary sheltered housing scheme.
- Provide additional services at the ordinary sheltered housing scheme.
- Provide additional units of accommodation and/or purpose built communal facilities at the ordinary sheltered housing scheme
- Demolish and build new on the same site.
- Demolish and build new on a different site.
- Dispose of the land and use the resource to acquire an alternative site.

> *"Imaginative approaches to renovation can transform unsatisfactory buildings into environments that give residents a good quality of life."*
>
> **CABE and Housing LIN (2009). Homes for Our Old Age.**

Commissioners, developers and providers need to ensure that a balance is found between best practice and local constraints such as land and building availability, location, and cost. If the constraints are so significant that they make it impossible to achieve the required standard for a proposed scheme, then it may be better to use the buildings for some other purpose.

Remodelling an eleven story council block into extra care housing. ▸

USEFUL RESOURCE

Tool A4 in Section A of this Resource Pack provides an outline of an approach to assessing current sheltered housing stock.

Callendar Court, Gateshead[37]

36 *See Paper 2 for further discussion of this decision process. See also Housing LIN/University of Sheffield (2010). Evolve: Evaluation of older people's living environments.*

37 *Housing LIN (2008). Vertical housing with care: remodelling a tower block as extra care housing*

Physical design

The physical design of the building and surrounding public spaces is of great importance to the prospects for active ageing and promoting well being in older age.

Colliers Garden, Bristol[38]

The Housing our Ageing Population: Panel for Innovation (HAPPI) report identified ten key design elements which should be considered and introduced as far as possible to ensure an attractive and successful building[39]:

- Space and flexibility.
- Daylight in the home and in shared spaces.
- Balconies and outdoor space.
- Adaptability and 'care ready' design.
- Positive use of circulation space.
- Shared facilities and 'hubs'.
- Plants, trees and the natural environment.
- Energy efficiency and sustainable design.
- Storage for belongings and bicycles.
- External shared surfaces and 'home zones'.

This section briefly describes some of the main design issues that commissioners and providers need to consider, with references provided to further information on each.

SPACE AND FLEXIBILITY: Schemes need to provide homes which offer flexible and attractive space which can respond to changing care and support needs as well as being attractive and practical.

This means considering space standards, storage and the layout within homes and within communal areas.

The Trees, Highgate: Central Atrium – Upper Floors[40]

38 *Housing LIN/CABE (2009). Homes for our old age: Independent living by design.*

39 *Homes and Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.*

40 *Housing LIN (2011). Case Study 53: The Trees, Highgate.*

PROGRESSIVE PRIVACY[41]**:** Ensuring the privacy of private occupants is essential in maintaining their sense of home and security. Many schemes adopt 'progressive privacy' design principles to ensure adequate separation between scheme and facilities[42].

> *"The communal facilities are sustained partly through their use by people from outside. Non-residents use the main entrance but cannot get into the residential areas of the building, ensuring the privacy, safety and security of tenants."*
>
> **CABE and Housing LIN (2009). Homes for Our Old Age.**

Task lighting directs light where it is needed for detailed activities. Increasing the amount of light on the task will make it easier to see and less tiring to do[43]*.* ▼

INCLUSIVE DESIGN: Extra care housing through design needs to reflect the lifestyle that older people wish to lead, whether this be city living or rural tranquillity. At the same time however, it needs to incorporate inclusive design features[44] which can support people with a range of needs including visual impairment, hearing impairment, mobility impairment, cognitive impairment and learning difficulties[45]. Examples of these features are provided below.

Contrasting wall, wall-light and wall painting, plus kitchen window sited to provide cues for orientation which are particularly helpful for people with cognitive impairment. ▼

Millhouse, Nantwich, Cheshire[46]

41 *Progressive privacy has been defined as ' the concept of ranking each constituent element on a scale of ascending privacy with the most public spaces close to main entrances and the private dwellings the farthest away from the main entrance.*

42 *See also Housing LIN (2008). Factsheet No 6: Design Principles for Extra Care, and also Wojgani H and Hanson J (2008). Extra Care Housing: A paradigm Shift, University College London.*

43 *RNIB/Thomas Pocklington Trust (2010). Making the most of your sight: improve the lighting in your home.*

44 *Housing LIN (2010). Viewpoint No. 14, Putting inclusive Design into Practice.*

45 *Henry Stewart Publications (2009). The design of housing for people with dementia.*

46 *See bibliography for examples of design guidance and good practice.*

Image by 3DReid

▲ *The height of window transoms should allow a view from a wheelchair or chair. Windows should be easy to operate*[47].

This sounds relatively easy, yet it may prove harder in practice. For example, features that work well for enhancing independence, such as pull cords requiring activation, may not be ideal for those with cognitive impairment. Careful consideration of the layout and design of the building and landscaping can enable a building to compensate for these impairments, whether it is through high levels of visual access, use of contrasting colours throughout, or of placing of multiple cues throughout the scheme to help with orientation. However, developers will need to ensure that the integration of services and the inclusiveness of design does not make the scheme look or feel institutional in nature.

EXTERNAL DESIGN: The pleasantness and safety of the outdoor environment is also known to be significantly associated with people's perception of their quality of life. It is therefore important to consider the design features to be adopted both in the grounds of the scheme and in the immediate vicinity[48].

Hartrigg Oaks, York[49]

47 *The Royal Institute of British Architects (RIBA) and BRE Housing (2011). A guide for assisted living.*

48 *For more information on the importance of outdoor space for older people see www.idgo.ac.uk*

49 *Homes and Communities Agency (2010). HAPPI (Housing our Ageing Population: Panel for Innovation) Report. Photographer Rejash Bhela.*

SUSTAINABLE DESIGN: Both commissioners and developers need to explore the delivery of sustainable homes, and seek a balance between the costs, the delivery and the longer term benefits. Issues that will need consideration include[50]:

- Maximising effective use of land and local microclimate through building orientation.
- Managing flood risk.
- Working with natural free energy resources before considering renewable technology.
- Flexible design to enable re-use and modification based upon users' changing needs.
- Conserving and enhancing the natural environment, particularly in relation to bio-diversity and enable easy access to open spaces.
- Enabling older residents to keep utility costs down and avoid fuel poverty.

Located on a green field site, it was important that the impact of the Exning Court, Newmarket, development on the existing ecology and biodiversity was minimised. Existing tall hedges bounding the site were protected and retained, and the landscape strategy developed to enhance natural landscape and amenity for the residents. Rainwater is collected from the roofs being used for external irrigation.

The central courtyard provides a protected environment for residents to sit out in and enjoy as well as providing visual amenity from inside the building[51].▼

Exning Court, Newmarket

50 *Housing LIN (2010). Technical Brief no 4: Designing, assessing and delivering sustainable homes.*

51 *Housing LIN (2010). Technical Brief 4: Extra Care Housing: Designing, Assessing and delivering sustainable homes.*

"Designers and managers should make full use of the unique perspective that older people have to shape their living environments to create the kind of person-centred care that we all want to see."

CABE and Housing LIN (2009). Homes for Our Old Age.

RESIDENT INVOLVEMENT: Developers need to ensure they have planned to get formal post-occupancy feedback from residents about the design of the building and whether it is achieving the desired outcomes such as enabling independence. This may enable adaptations to be made to improve the existing building and will ensure any mistakes are not repeated in future developments[52].

FUTURE PROOFING THROUGH DESIGN: To ensure best use of scarce resources, commissioners, developers and providers will need to provide homes that meet the needs of their residents for as long as possible, ideally a "home for life"[53].

"When we know that the alarm will be raised if we fall, or fail to get up in the morning, and that a 'smart' energy system will moderate the extremes of hot or cold weather while looking after our fuel bills, we have a greater sense of security."

Homes and Communities Agency(2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.

This means ensuring housing is both accessible and adaptable, and is designed "to be 'care ready' so that new and emerging technologies, such as telecare and community equipment, can be readily installed[54]." It also means ensuring that the expectations and requirements of future generations can be met within the schemes through consultation not only with residents and prospective residents, but also with younger people.

ASSISTIVE TECHNOLOGY (AT) AND TELECARE: There have been considerable advances in our understanding of the potential of assistive technology and telecare in enabling independence amongst older people, and supporting them to remain within their homes and communities. This includes supporting people with dementia.

However, there remain a number of challenges, including how to provide appropriate response systems, and how to persuade both professionals and the wider population of its benefits. Commissioners should, as a minimum, ensure that buildings are designed to be capable of taking new technologies, and should be working with their partners to maximise the benefit of the technologies available[55, 56].

USEFUL RESOURCE

Tools B5 and **B6** provide further information about good design and space standards in extra care housing.

52 *See: Housing LIN and Suffolk County Council (2008). Very Sheltered Housing in Suffolk: A Design and Management Guide.*

53 *See www.lifetimehomes.org.uk*

54 *Homes and Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report.*

55 *HACT (2007). Extending independence: successfully introducing assistive technology*

56 *Housing LIN (2007) Switched on to Telecare: Providing Health and Care Support through Home-based Telecare Monitoring in the UK and the US.*

Whitebeck Court, Manchester

Key messages

Choices around the design and location of individual schemes will have a direct impact on their success in delivering the desired outcomes, whether this is for their residents or the local community.

Extra care housing is about providing flexible and attractive homes for individuals which can meet their aspirations as well as their needs; it is not about providing a further form of institutional care.

Lessons need to be learnt from past mistakes around design in housing for older people to ensure today's extra care housing is not only fit for purpose now, but will still be an attractive and effective option in the future.

SECTION B, PAPER B3

Delivering successful extra care housing services

This briefing paper forms part of Section B of the Strategic Housing for Older People Resource Pack which explores the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. References are made to practical tools and resources provided at the end of Section B.

Section A of the Pack looks in more detail at the wider policy context and understanding demand and the market. A comprehensive bibliography and webliography is provided in Section C.

Popple Well Springs, Tadcaster

Introduction

Central to the development of extra care housing is the provision of a range of services designed to enable people to live within the community. There are some distinctive features to these services, particularly focusing on the delivery of care. These have been described as[57]:

- **The provision of 24 hour care and support:** this is one of the features of extra care housing which distinguishes it from domiciliary care provided in the community, and from the support generally available in ordinary sheltered housing. However, its provision presents a number of challenges both for commissioners and providers.
- **Flexibility and responsiveness:** although the care and support will be based on care and support plans, flexibility needs to be built in to enable staff to respond to individual preferences and choices, to fluctuations in need, and to emergencies. The development of outcomes-based care planning particularly supports this approach.
- **The promotion of independence:** this is central to extra care housing, and means supporting people to do things for themselves rather than simply doing things for people. This has implications for the approach to care planning and staff training in particular.
- **Holistic care:** research has shown that the most effective schemes go beyond the provision of care and support and consider individual's holistic needs. For example, staff will enable participation in social and leisure activities, and will not be bound by rigid service demarcations.

This paper explores the success factors around the design and delivery of care and support services in extra care housing, and the issues both commissioners and providers will need to be aware of as they plan their local approach to extra care housing.

Service design

The nature of services offered

There are a wide range of service options which may be considered appropriate for a particular extra care housing scheme. For example, there are choices about where they will be provided and who for:

- Within the scheme and available only for residents of the scheme.
- Within the scheme and available for residents and the local community.
- In the local community and available to residents as well as the local community.

Decisions will depend on a number of factors such as the urban or rural nature of the locality,

57 *Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.*

the size of the scheme, the likely take-up from owners and tenants within a scheme of care and support services, the age and level of need in the local community, and the range of existing services within the local community. Developers and providers will need to ensure they are aware of these factors as they plan developments, and make a judgement about the provision of services within any particular scheme.

> *"Painswick Retirement village incorporates a wide range of facilities, including communal lounge, dining room, restaurant, laundry, guest facilities, garden, conservatory, community centre, hobby room, cafe, shop, hairdressing salon, library with internet access, wellness suite (includes gym, swimming pool, treatment room and Jacuzzi).*
>
> *There is a small treatment room and most residents are registered with the local GP and dentist. All communal areas are accessible by wheelchair users and there are several areas of communal gardens around the site."*
>
> **Housing LIN (2008). Case Study No 41: Integrating retirement villages withthe local community at Painswick.**

The provision of midday meals is considered an ideal service to provide within extra care housing but can be very difficult to deliver in a viable way, which also offers choice and promotes independence. It is a particularly difficult service to provide when the scheme is small[58]. Some places have helped manage this by the scheme acting as a local hub for meals to older people living in the community. Others arrnage the dining facilities as a local cafe, whilst other options are looking at local cafes and pubs delivering meals to the scheme.

Decisions will need to be made about how an active and supportive community is to be developed and the services necessary to facilitate this process. These will impact on design questions in terms of the communal facilities available, but more particularly the staff resources needed to foster social activities and wider community engagement.

There are also services, which, although not essential to the delivery of an extra care environment, may be developed alongside a scheme, for example, intermediate care services, a GP surgery, a pharmacy, or a day centre. Further examples are provided on the Housing LIN website[59].

The management of schemes

There are a number of different models for managing extra care housing schemes in the public, voluntary and private sectors. A key question is whether the scheme manager should be responsible for both the housing and care related services, or whether such roles are undertaken separately. Choosing the model which best fits local circumstances will be a decision that commissioners and providers will need to take in the early stages of development of an extra care housing scheme, and will involve weighing up the risks and benefits of the different approaches[60].

A common approach is to separate housing and care functions clearly with a scheme manager who acts as a housing manager only. Typically this manager will be responsible for landlord

58 *See further discussions in Housing LIN Factsheet 22: Catering Arrangements in Extra Care Housing.*

59 *See bibliography in the Resources section.*

60 *Housing LIN/Suffolk CC (2008). Very Sheltered Housing in Suffolk: A design and management guide.*

functions such as building maintenance, gardening, cleaning, and possibly managing catering staff as well. They may also manage communal facilities and activities. The separation of the housing and care functions means there will need to be very close co-operation and communication between the two managers to ensure a seamless and flexible approach to service delivery. Efforts will need to be made to ensure there is a shared vision of the ethos of extra care housing, and in particular a shared approach to enabling independence. The success of this approach often depends on the individuals involved as much as the management structures and support behind them.

Alternatively, housing and care management structures may be combined under a shared scheme manager with line management responsibilities for both care and support staff. Arguably this approach supports an holistic approach to meeting the needs of residents, enables a seamless service and is potentially cheaper to operate. However, it can present risks, particularly around the potential risk of registration as a care home, but also around how the service is procured. These are discussed at some length in the Housing LIN Technical Brief No 1: Care and Support in Extra Care Housing[61].

"Combined care and housing management arrangements were associated with lower costs."

PSSRU (2011). Improving housing with care choices for older people: An evaluation of extra care housing.

A further development of this more integrated approach is to develop integrated teams within which there are staff who provide both support and care. For example, the senior carers provide both care and support, whilst carers provide care only. This approach should enable a more holistic approach to the delivery of services, but has often been disadvantaged by rigid contracting and monitoring arrangements. There is also a risk that the independence promoting and preventative focus in extra care housing is subsumed by spending on more intensive care services. At the time of writing, an additional risk has been highlighted by the Turnbull Judgement[62] which may mean that without the landlord providing some or all of the housing related support directly or on a sub-contracted basis, the Rent Officer will restrict the level of housing benefit payable[63]. Most recently the proposed changes to housing benefit will need to be taken into account as the risks and benefits of different approaches are considered.

USEFUL RESOURCE

Tools B8 sets out the skills and experience required for an extra care housing manager.

Regulation

Residents of extra care housing have security of tenure whether through an assured tenancy or some form of home ownership. This means that the care provided to them is into their own homes, rather than being linked into their accommodation. This latter distinction means

61 *Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.*

62 *Department of Work and Pensions (2008). Adjudication and Operations Circular HB/CTB A22/2008.*

63 *Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.*

that extra care housing is not normally registrable as a care home; however, the provider of the personal care into residents' homes will need to be registered with the Care Quality Commission. This is discussed in more detail in the Housing LIN's Technical Brief No 1: Care and Support in extra care housing, including the potential impact of different service models on registration[64]. A new registration system for health and adult social care has been introduced for health and social care activities, with a new focus on outcomes rather than systems and processes, and placing "the views and experiences of people who use services at its centre[65]."

"Croftspar in Glasgow is a small specialised scheme of seven supported houses for people with dementia. It consists of small, individual houses around a landscaped courtyard with a warden alarm system and movement sensors in the bedrooms. The scheme is designed with level access and to maximise solar gain. The circular layout helps people with dementia to find their way around the scheme and the small s cale appeals to residents."

CABE and Housing LIN (2009). Homes for Our Old Age.

Meeting a diversity of need

There has been some debate about whether specialist extra care housing schemes should be developed to meet the needs of particular populations or needs groups, or whether an integrated approach is preferable. This debate has concerned a range of potentially 'specialist' needs, including those of black and ethnic minority groups, faith groups, older people with learning disability, those with a sensory impairment and most notably, people with dementia[66].

There are a number of questions that commissioners and providers will need to consider in developing their approach[67]:

- Are mainstream services capable of meeting the needs of minority groups?
- Is there a case to be made for developing/funding specialist services, and will these be proportionate and sustainable?
- Does the approach build on the strengths of existing communities and support networks?
- Is there awareness about minority needs amongst the community but also amongst professionals, and are there prejudices that need challenging?
- Is information about services and the outcomes they can achieve for individuals accessible to all groups within the population?
- Are services designed to take account of minority needs, for example, are staff trained to identify and support them, and does their design limit choice for individuals?
- Have buildings been designed to maximise their accessibility and appropriateness for different groups within the population?

64 *Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.*

65 *Care Quality Commission (2010). Guidance about Compliance: Summary of regulations, outcomes and judgements framework.*

66 *Housing and Dementia Research Consortium (2009). Extra Care Housing and People with Dementia (for a summary of findings from a literature review of the issues).*

67 *Housing LIN (2010). Meeting the needs of minority groups in extra care housing.*

The development of a clear allocation policy, including an approach to assessment, is fundamental to the achievement of this.

Local authority led or purchased extra care housing services

Personalisation

Local authorities have been working towards the transformation of Adult Social Care through personalisation, prevention and early intervention, and closer partnership working. The aim is to maximise choice and control for individuals with a focus on achieving agreed and shared outcomes. It is about putting the individual at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives.

> *"Starting with a blank page has led to older, frail people expressing a desire to do more physical exercise. They enjoy throwing a ball about between them, but have requested someone to pick it up for them when they drop it in order to keep the activity going."*
>
> **ADASS (2010) Personalisation: What's housing go to do with it?**

This presents some opportunities and challenges for state funded or managed extra care housing as it seeks to improve individual service user choice whilst protecting the service ethos of extra care housing. These issues are fully discussed in the Housing LIN's Technical Brief No 1: Care and Support in Extra Care Housing[68], and Briefing Paper 1: Housing Support and Personalisation: practical advice for the current moment[69].

Where residents choose to purchase care and support from external providers, this has the potential to create challenges. Often the financial viability of an on-site care team (seen as inherent to extra care housing) depends on the provision of a given amount of care[70]. Having the option to purchase externally presents an incentive for commissioners and providers to ensure the quality of their on-site care provision, including waking night-time care, makes it a first choice for people moving in to the scheme, and is marketed accordingly[71].

Commissioning authorities need to find a balance between protecting the ethos of their extra care housing in terms of the accessibility of services on a 24-hour basis, and the right of the individual to choose the preferred provider of their services. Despite the inequity in service terms between people who live in extra care as compared to those who do not some authorities have made taking the on-site care a condition of moving to extra care housing. Others have gone half-way with this approach for example, with payment for night time staffing as inherent to the decision to move into extra care housing, and tenants being able to choose an external provider for the remainder of their care. Other

68 *Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.*

69 *Housing LIN (2011). Briefing Paper 1: Housing Support and Personalisation: practical advice for the current moment. Getting to Grips with Integration: Making Housing Count.*

70 *Housing LIN (2008) Case Study 43: Reeve Court Retirement Village: Block Contracting Care in Bands, and Individual Budgets.*

71 *Housing LIN (2010). Extra Care Housing and Personal Budgets – a workshop report.*

Lovat Fields, Milton Keynes

authorities have relied on the benefits in terms of responsiveness and flexibility of the on-site team to 'sell' the service to residents. Another option would be to enable the on-site team to provide care to people living in the surrounding area to enable the service to remain financially viable.

An additional issue for the individual will be the affordability of individually purchased care, particularly 24-hour care, and whether there are options for pooling purchasing or drawing down on a local authority contracted service[72,73].

The key consideration must be that the service is seen to provide value for money for the individual, as well as meeting their expectations in terms of its quality.

Allocation of socially rented property

Where extra care housing is in the public domain, then the local authority and provider will need to determine a fair and appropriate approach to allocation. Allocation criteria will be largely dependent on the population for which it seeks to provide, and should be developed with partners at an early stage in the development process. There will be a need to consider a number of issues[74,75]:

- Residence and housing need qualifications: this will include issues such as the requirement for a local connection, and the

72 *SCIE (2009) At a glance 8: Personalisation briefing: Implications for housing providers.*

73 *ADASS (2010) Personalisation: What's housing got to do with it?*

74 *Housing LIN (2010). Assessment and Allocation in Extra Care Housing.*

75 *Housing LIN (2008). Factsheet 25: Nomination Arrangements in Extra Care Housing.*

priority given to those needing to move on 'medical or welfare grounds'[76].

- Care and support needs: this includes the approach to FACS criteria and setting any minimum level of need[77]. For example, will extra care housing be available to people with no care and support needs, or will they need to have a minimum level of existing need? What will be the balance between housing and care needs; for example, do care and support needs take priority over housing need? How will extra care housing be seen in terms of its preventative role for people who may be at risk?
- The capacity and willingness of the individual older person to live relatively independently within a shared community: this will particularly affect the ability of the scheme to support differing levels of mental ill health or dementia.
- The approach to maintaining a balanced community: this will arguably be key to the delivery of a more vibrant community and will cover, for example, definitions of bandings such as low, medium and high needs groups, and the proportion of each[78]. It will need to reflect the strategic vision for extra care housing, and whether it is seen as a direct replacement for residential care, or as more of a lifestyle choice with a key preventative role.
- The scope of the policy and in particular whether it includes people who will be buying into a scheme, whether on a shared ownership or leasehold basis.

ASSESSMENT PROCESS: There are a number of different assessments that need to be made to inform the decision on the priority of a particular applicant, and the development of care and support plans. Clearly this is a potentially confusing process for the individual, and can result in a number of different professionals visiting at different times. It would be more appropriate to at least co-ordinate assessments, but preferably carry out joint assessments across organisations. This ensures the individual experiences the service as integrated and cohesive, with all partners committed to the same approach, from their first encounter with it at the assessment and allocation stage.

DECISION MAKING: The usual mechanism for making decisions about allocations in extra care housing is through a multi-agency panel. Ideally, for new schemes this should be set up early in the development process to enable the panel to influence key decisions about the design of the service. Membership should include representation from all the partners, typically (where local authorities are involved in the commissioning of services) adult social care, the housing authority (or housing register holder), the housing provider, the care and support provider, and health.

Charging for care and support

The decision on the approach to charging for care and support needs to be taken locally although within the regulatory framework but, whatever the approach it should not restrict the flexibility and responsiveness of service delivery[79]. There are three main examples of charging for care[80]:

76 *The 1996 Housing Act, as amended, requires housing authorities to give "reasonable preference" to certain categories of applicant.*

77 *Research has shown that there is a growing trend amongst authorities to require 'substantial' or 'critical' Fairer Access to Care Services (FACS) assessments for Extra Care Housing (Housing LIN (2008). Factsheet 25: Nomination Arrangements in Extra Care Housing).*

78 *See further discussion on this below.*

79 *Housing LIN (2010). Charging in Extra Care Housing.*

80 *Housing LIN (2010). Technical Brief 1: Care and Support in Extra Care Housing.*

- A single flat rate contribution irrespective of the amount of care an individual receives.
- Bands which reflect levels of service to a greater degree.
- Charges which reflect actual care delivered.

The charging arrangements for support will also depend on how the service is commissioned, particularly whether it is a condition of the tenancy, or whether it is commissioned by the local authority as a combined care and support service.

A very different approach has been adopted in community care retirement communities such as Hartrigg Oaks where care is financed through an insurance-based model[81]. A funding pool is created on which all residents can draw as they need care, through each paying a capital sum on entry to the community, as well as an annual fee. This approach relies on the assumption that the majority of residents at any given point in time will be contributing to the funding pool rather than drawing care and support from it. Therefore it is very important that there is the right 'balance' of residents (hence a health assessment at the application stage), and also that the community attracts people who are likely to live independently for a number of years.

The amount of care

The amount of care procured by commissioners will depend on the vision and outcomes set for extra care housing in their particular authorities. For example, where the scheme is to replace residential care or to provide for people with high level of need, including people with dementia, it is likely that higher levels of care will need to be procured. On the other hand, the degree to which care is contracted by the authority rather than by individuals will vary depending on the approach to the choice and control agenda. Commissioners may procure the minimum cover only, and this may be defined as

Heysham Gardens, Cumbria

81 *Joseph Rowntree Foundation (2003). Living at Hartrigg Oaks: Residents' views of the UK's first continuing care retirement community.*

waking or sleeping night staff, or night staff with a small number of day time staffing as well.

USEFUL RESOURCE

Tools B7 provides help in developing an outcomes-based specification for care services.

End of life care

An important implication of extra care housing as a 'home for life' for individuals is the ability to make it easier for people to die in their own homes, if this is their preference. Clearly the care provided within extra care housing will be limited in the degree to which it could or should meet the clinical needs of terminally ill people. However, support with day-to-day tasks in a way that reflects individual preferences and routines, can have a significant impact on quality of life in a difficult situation.

"To deliver end of life care in housing with care settings requires working across professional and organisational boundaries, which in turn requires knowledge and understanding of what individual residents want and what individual schemes can support and accommodate."

NHS End of Life Care and Housing 21 (2008). Is it that time already? Extra Care Housing at the End of Life: A Policy-into-Practice Evaluation

This presents a series of challenges both for organisations and for staff working within schemes. In particular, attention should be paid to the knowledge and skills-base of both housing and care staff to ensure they are equipped and fully supported in enabling individuals' needs to be met at the end of life[82].

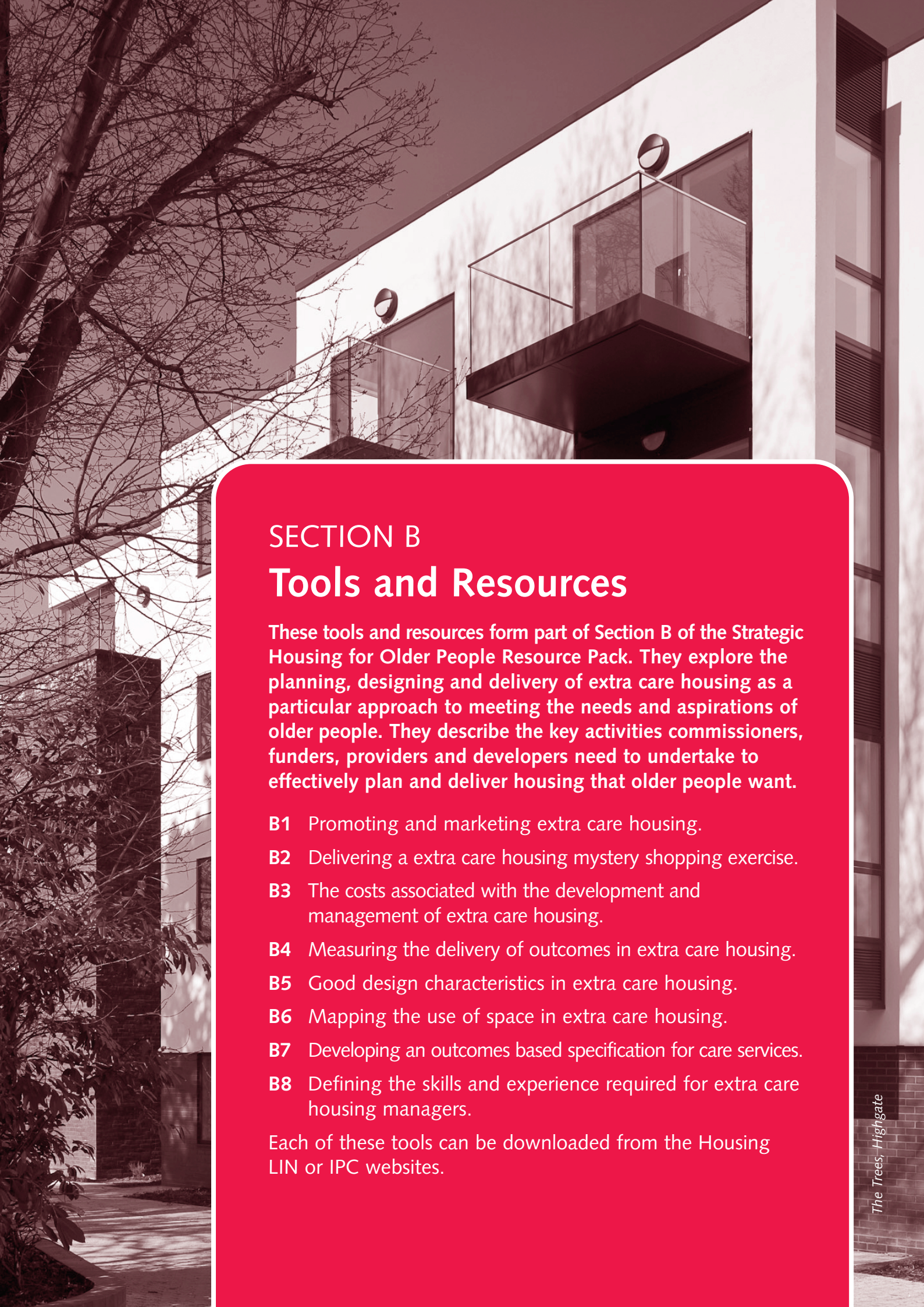
Key messages

The design of the care and support services offered to residents are central to their success in promoting independence and responding to changing needs.

ECH can meet a wide diversity of need amongst its residents, but commissioners and providers will need to plan to ensure the buildings and the workforce can address specific requirements.

Given the range of services potentially provided in a single scheme, and the number of provider and funding organisations, effective partnership working is key to ensuring a seamless, person-centred service is provided to individual residents.

82 *See the Housing LIN website for a range of free resources in this area, including Housing 21 & The National End of Life Care Programme (2009): The End of Life Care Resource Pack: Information and resources for housing, care and support staff in extra care housing.*



SECTION B

Tools and Resources

These tools and resources form part of Section B of the Strategic Housing for Older People Resource Pack. They explore the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. They describe the key activities commissioners, funders, providers and developers need to undertake to effectively plan and deliver housing that older people want.

B1 Promoting and marketing extra care housing.

B2 Delivering a extra care housing mystery shopping exercise.

B3 The costs associated with the development and management of extra care housing.

B4 Measuring the delivery of outcomes in extra care housing.

B5 Good design characteristics in extra care housing.

B6 Mapping the use of space in extra care housing.

B7 Developing an outcomes based specification for care services.

B8 Defining the skills and experience required for extra care housing managers.

Each of these tools can be downloaded from the Housing LIN or IPC websites.

The Trees, Highgate

B1 Promoting and marketing Extra Care Housing

The range of materials which market extra care vary widely in medium, quality and length, regardless of who is the provider. However, local authorities generally tend to offer less information and simply provide factual statements rather than trying to 'sell' schemes to potential tenants. The following checklist provides a range of issues to consider for those whose task it is to promote extra care housing.

MARKETING EXTRA CARE			
1) Within the introduction of the marketing materials, is it clear ...	**YES**	**NO**	**Examples[83]**
• What the information is supposed to achieve, eg, to help you to decide? • Why extra care housing would be a good choice? • Where to go to find out more?			You may want to consider the following advantages if you are thinking about a move into extra care housing: • You have your own home, front door and living space. • You can choose to rent or buy, depending on your resources and current needs. • If you rent you have an assured tenancy, which means you have certain rights under housing law as a tenant; this distinguishes it from care homes where residents do not have tenancy rights and are licensees only. • You are able to keep more control over your money and what you spend it on. • You have privacy as well as choice about how much you mix with the other residents. • You are supported to maintain your independence for longer. • It may mean you don't have to move into a care home, or could reduce the time you need to live in a care home in the future. • If you buy a property you also remain an owner-occupier and have an asset. >

83 *These anonymous examples have been drawn from a wide range of sources across the private, public and voluntary sectors.*

MARKETING EXTRA CARE			
2) When describing the provider of the service do the materials outline ...	**YES**	**NO**	**Examples**
• Who they are? • Their background in delivering extra care housing? • Their ethos/philosophy? • Their expertise and experience of the management team and staff? • Their key partners in delivery? • Their financial strength? • Their long term plan?			We have a long track record of providing homes for older people. We focus on creating living environments that will give you greater independence with support when you need it. What's great about our extra care developments is they have been designed to adapt to your changing needs. You could move there and just get help with shopping or dressing for example, but as you get older and your needs change, you can tap into a range of high-level care services.
3) When describing extra care housing and what it offers is there a clear outline of ...	**YES**	**NO**	**Examples**
• The concept: what is it, who is it for, who is it not for? • The eligibility criteria: age, needs, geographical? • How housing with care works? • How it can meet progressive needs: of both the individual and their partner? • Its services and support? • Meals, laundry and shopping? • The ethos of and activities within schemes? • The social life on site and in the surrounding community?			Extra care enables you to live independently in your own spacious and modern property with the reassurance of care and support from a 24-hour on-site team of professionals. We pioneered the development of extra care in 1989 and are one of the leading providers with more than 50 developments across England. Our high quality and award winning developments typically range between 30 and 80 one and two bedroom self-contained flats and bungalows providing total privacy, security and independence. Some developments offer properties for shared ownership or home ownership. They may also offer 24/7 staffing, a restaurant, a lounge/conservatory, a coffee bar, a salon and treatment room, a laundry, guest suites, security, lift access, activities and attractive landscaped gardens. There will also be a dedicated minibus for day trips.
• Fixtures and fittings, what's included, and what do individuals bring? ` • Access, mobility parking, and how to get out and about? • How it affects individuals current family (including pets)?			There are 19 one-bedroom apartments which offer the enviable combination of spacious accommodation with modern conveniences to enable comfortable retirement living. Incorporating the latest design features, the apartments are built to 'Lifetime Homes' or locally agreed standards. This ensures that they are suitable for >

MARKETING EXTRA CARE			
• What sort of life individuals can expect including how it will meet cultural needs? • How people can get involved in the running of the scheme? • Benefits advice (where appropriate)?			people of all ages and have the flexibility for changing physical and cognitive needs. Some of the many useful features include oversized windows, and sockets and light switches which can be easily reached by wheelchair users. In addition, the apartments are able to accommodate aids and adaptations, if required. Each property includes the following: • Large lounge/diner • Modern kitchen • Double bedroom • Bathroom with level access shower for ease-of-use. This can be accessed from the hall or bedroom. • French door opening on to a small balcony, 'Juliet-style' balcony or patio. • Ample storage space.
4) When outlining financial details and types of tenure, do the marketing materials provide an overview of ...	**YES**	**NO**	**Examples**
• Prices/rent? • Lease purchase? • Guide to fees and capital costs? • Lease transfer and charges? • The breakdown of service charge, community fee, other charges and living costs? • Rent models and affordability? • Rent to buy options? • Shared ownership? • Future resale?			Properties are available for purchase, part-purchase (referred to as 'shared ownership') and rent. This means that there are options available to suit various financial circumstances. The prices for each property type are listed below and are based on properties with full balconies. **Sample price:** £165,000 Cottage £140,000 Apartment – two bedroom plus £130,000 Apartment – two bedrooms £120,000 Apartment – one bedroom It may be possible to part-purchase a property owning a share of between 10% to 90% and paying a rent on the remaining percentage. When you leave, we will buy back your property within 14 days of it being vacated and guarantee to pay the original value that you paid, even if the market value has reduced. Each household will also pay a Management and Maintenance Charge of £17.60 per week, Service Charge of £32 per week, and a Support Charge of £20.10 per week. >

MARKETING EXTRA CARE			
			Rent (Tenancy): £92.80 per week Cottage £87.80 per week Apartment – two bedroom plus £85.70 per week Apartment – two bedrooms £77.80 per week Apartment – one bedroom
5) When providing an overview of the accommodation on offer is there good information on ...	**YES**	**NO**	**Examples**
• The range of accommodation by site? • The communal facilities? • How to secure a property (rent/purchase); waiting list; priority arrangements? • Who to contact, including contact details? • Removals and assistance? • Guest accommodation?			**Who is eligible?** This will depend on your council's allocation policy, but generally you must: • Be aged 55 or over. • Need supported housing. • Need personal care. An applicant's circumstances are carefully considered and decisions are made on the merits of each case. **How to apply?** Applications for our extra care housing are dealt with by the local council's social services department. We can put you in touch with them."
6) Do the marketing materials include a site plan which shows ...	**YES**	**NO**	**Examples**
• the location of and directions to the development? • the overall site plan? • the location of individual properties? • photographs – montage of activities? • the environs of the scheme – what is the local area like? • the facilities available?			Our development is just a short distance from the heart of the city centre, with a host of well known brands on the high street, shops, cafes and restaurants, all on your doorstep. Getting around is easy too. There's bus services to all the towns and villages in the area, and the railway station offers good links for exploring the region. We have produced an animated DVD to give you a flavour of how the retirement village looks and the type of modern, comfortable accommodation and facilities on offer. The film includes a virtual tour of the exterior aspects of the site; a walk through the internal village street, where the main communal facilities are located; and the interior of a typical two-bedroom apartment. >

MARKETING EXTRA CARE			
7) In terms of style and accessibility, do the marketing materials ...	**YES**	**NO**	**Examples**
• focus on individuals making a positive choice? • set out information in question and answer format – speaking to the individual and their representative, pre-empting worries and concerns? • make use of quotes/ feedback from people's experience to bring the scheme alive? • include further contacts? • make clear what different formats and languages the materials are available in?			Mr R lives in an extra care scheme. Before moving in a year ago, he lived alone in his own house and sometimes days would go by without him meeting anyone. Although in regular contact with his son and family, they lived in Scotland so he didn't see them very often. When Mr R's social worker assessed him for an extra care flat, he wasn't sure at first but after visiting a nearby scheme he was soon looking forward to getting settled in his new home. Now he's settled in and keen to let other people know what it can be like in extra care ... *"It's great living here because I can be as independent as I want and there's always something going on. If I want to meet up with other people in the lounge I can, other days I prefer to do my own thing. I don't feel lonely. The staff all know me and make sure I'm getting on all right."*

B2 Extra care housing 'mystery shopping' exercise

The purpose of a mystery shopping exercise is to find out how enquiries made to the Local Authority or to health services regarding extra care housing are dealt with at the first point of contact and what marketing information is made available to the caller. Conducting such an exercise should be beneficial to commissioners in order to:

- Ascertain the extent to which extra care housing as a concept and a service is understood by front line staff.
- Identify whether extra care housing is offered and promoted as a viable and positive choice to older people when enquiring about their future housing, care and support options.
- Inform improvements to service delivery.

When undertaking the exercise, it is recommended that the individual posing as the mystery shopper undertakes the exercise on all the access points most likely to be used by older people or their relatives to gain information on housing, care and/or support services.

Mystery shopping scenario

The following paragraph suggests a scenario to be used by the mystery shopper when conducting the exercise.

The shopper wants to find out about extra care housing[84] for her mother. If asked for further information about her mother's circumstances she should explain that her mum is 86, and is currently in hospital. She has also been assessed by social services as needing care. She is profoundly deaf, and is becoming confused and finding it difficult to cope on her own.

The shopper should explain that although her mother lives in (add local location), she (the shopper) lives in (add different local location) and that her brother lives in (add different local location), that they would like their mum to move nearer to them and therefore they want to explore the different options available in these locations. Her mother is an owner occupier.

The scenario is based on a real life example. It is important that the mystery shopper takes on the role and is able to answer more detailed questions about the scenario presented, and is consistent in doing so.

Model response

The mystery shopper is looking for thefollowing responses from first point of contact in dealing with the request:

- To be asked the right questions to determine what it is the shopper wants and to be convinced that she understands what extra care housing is, ie, that it is not general sheltered housing. For example:

"When you say 'extra care' do you mean care going into a residential home or do you mean your mum moving into new accommodation and care being provided there?"

84 *The shopper should ensure that they use whatever local phraseology is used for extra care housing.*

- To be asked sufficient questions about her mother's needs and what she wants, in order to check out if extra care housing would suit her. Also to determine the urgency of the request so the shopper can be given a realistic picture of how long the process might take. For example:

  "Tell me more about your mum"

  "What does she need help with?"

  "Is she getting any support now?"

  "Has she been assessed by social services?"

  "Has she been diagnosed with dementia?"

  "What's her medical condition?"

- If there are schemes available, to be provided with information on extra care housing in order to understand what it is, how to apply and where to do to find out more, ie, verbally, by post, via website or referral to elsewhere.
- If the call was directly to an extra care scheme then the shopper should receive an offer of a visit to the scheme as a follow-up to the information.

Conclusions

In concluding the exercise, the mystery shopper should compare results against the model response as outlined above. Suggestions should then be made, if any, as to how the local authority and/or PCT can better respond to requests for information, and market extra care as a positive and viable alternative for older people, as well as make any improvements.

B3 Mapping the costs associated with the development and management of extra care housing

There are a range of costs associated with the development and management of extra care housing which will need to be considered when carrying out a feasibility study looking at the viability of any individual scheme. The tables below set out the headline cost areas applicable for most forms of extra care housing. The detail under these cost headings will vary according to the individual scheme characteristics.

A: DEVELOPMENT COSTS	
Development finance costs	The level of borrowing or public subsidy needed and/or the availability of private finance will vary from scheme to scheme and developer to developer. Where a scheme includes or consists entirely of leasehold accommodation (including shared ownership) the capital receipts from these may offset the scheme costs.
On costs	These could include the range of professional fees (including legal, architect, surveyor, structural engineer, mechanical and electrical engineer, interior designer), agency fees (such as where a development/land agent is being used), and VAT.
Market research and marketing costs	Particularly where accommodation is going to be offered for sale or for market rent there will be costs associated with carrying out market research to ensure a clear understanding of the likely market (and the design features that would make the accommodation more marketable). This will need to be followed by the active marketing of the scheme either by the developer themselves or using lettings agencies, etc.
Site acquisition costs	There may be opportunities for publicly owned land to be contributed free or at a nominal cost to enable the development of affordable rented or shared ownership extra care housing. Otherwise the cost of the site will be driven by local land values, existing land use, etc.
Build costs including infrastructure costs	Build costs will be affected by the design of the building, the type of construction to be used, forms of procurement and the constraints of the site. For example, there will be higher costs associated with the decontamination of a brown field site.
Furniture and fittings	The design and quality of furniture and fittings throughout the communal areas within the scheme will have a significant impact on the success of the building and how successful it is at providing a domestic setting. Communal areas could include restaurants and their kitchens, hairdressing salons, and other additional services.

>

B: MANAGEMENT COSTS	
HOUSING LANDLORD FUNCTIONS	
Staff costs	These costs will be affected by the staffing structure adopted for the scheme, but will include salaries and benefits, recruitment costs, training and uniforms.
Office and other equipment	There may be opportunities to share office costs between housing, care and support agencies through sharing office space. This would have the additional benefit of improving communication between the staff involved.
Response and planned maintenance of buildings	Life cycle costing should form an important element of the feasibility of a scheme, and will be affected by key design and construction decisions.
Servicing and maintenance of equipment	Equipment within extra care housing could include lifts, alarm call systems and assistive technology more generally, fire alarm systems, catering equipment, hoists and assisted baths.
Upkeep of communal areas, gardens and grounds	These costs will vary depending on the design and scope of the communal areas and gardens. In addition, it may well be that residents or other volunteers take on responsibility for the upkeep of gardens.
Fuel and other utility costs for communal areas	Normally these costs within individual homes within the scheme would be paid for by residents either directly or via service charges through the landlord. Costs associated with communal areas would be paid for by the landlord and then re-charged through service charges.
Insurance	This would include buildings insurance (but not normally contents insurance for individual homes) and public liability insurance.
Overheads	These reflect the organisation's overhead charges for the service.
Staffing costs	These costs will be affected by the staffing structure adopted for the scheme, but will include salaries and benefits, recruitment costs, training and uniforms.
Office equipment	There may be opportunities to share office costs between housing, care and support agencies through sharing office space. This would have the additional benefit of improving communication between the staff involved.
Overheads	These reflect the organisation's overhead charges for the service.

>

EXAMPLES OF OTHER SERVICES	THERE ARE A NUMBER OF OTHER SERVICES WHICH TYPICALLY WILL ATTRACT STAFFING, OFFICE AND EQUIPMENT COSTS
Catering	There are a range of approaches taken to the provision of meals within extra care housing, and the approach taken will clearly impact on the costs incurred. For example, a full sized catering kitchen will clearly be more expensive to equip than a smaller kitchen designed to reheat or keep food warm which has been cooked elsewhere. A restaurant service will be more expensive to staff than a self-service approach to the provision of meals. The extent to which the facility is open to the general public will obviously impact on the income recoverable.
Hairdressing salon	Often a hairdressing salon will be rented out to a local hairdresser which should cover some of the basic costs of the room and the equipment.
Day centre	Some schemes will have communal facilities which are used on a regular basis as a day centre for the local community. Costs associated with this may be covered by the commissioner of the service (typically the local authority).
Shop	There are different approaches to operating a local shop within a scheme which will affect its running costs. These range from formal arrangements with local supermarkets to being run by volunteers from within the scheme.
Other facilities	There are also examples of GP surgeries, libraries and other public amenities in several extra care housing schemes.

B4 Measuring the delivery of outcomes in extra care housing

There are currently a number of nationally set outcomes relevant to the development of scheme specific outcomes. These include the following:

- The Care Quality Commission in the past has published guidance about the outcomes they would seek to be delivered from registered care providers which fall into three main groupings[85]:
  - Make sure that people who use services, or those acting on their behalf, are involved in making decisions about their care, treatment and support.
  - Make sure that people who use services get effective, safe and appropriate care, treatment and support that meets their individual needs.
  - Make sure that people who use the service, workers and others who visit are as safe as they can be and that risks are managed.
- The Tenant Services Authority[86] have published standards for social housing in England covering six areas[87]:
  - Tenant involvement and empowerment.
  - Home standard.
  - Tenancy standard.
  - Neighbourhood and community standard.
  - Value for money standard.
  - Governance and financial viability standard.
- The National Supporting People Framework looked at[88]:
  - Achieve economic wellbeing.
  - Enjoy and achieve.
  - Be healthy.
  - Stay safe.
  - Make a positive contribution.

Providers and commissioners need to be able to measure the success of their extra care housing schemes against the delivery of a set of agreed outcomes. These should be developed and agreed in the early stages of development and will probably refer to these and other national outcomes.

The table following suggests possible measures and methodology for the delivery of an illustrative care service outcome:

85 *Care Quality Commission (2010). Guidance about compliance: summary of regulations, outcomes and judgement framework.*

86 *The Tenant Services Authority will be subsumed into the Homes and Communities Agency from 1 April 2012.*

87 *Tenant Services Authority (2010). Regulatory Framework for social housing in England from April 2010.*

88 *Department for Communities and Local Government and Centre for Housing Research (2007). Outcomes Framework for Supporting People – Framework and Guidance for Long Term Services.*

Service outcome: A service that can contribute to the initial reduction of the levels of care and/or support needed by the resident before entering the scheme

INDIVIDUAL OUTCOME	MEASURES	METHODOLOGY
a) Improvement in being able to undertake daily living function	Percentage of residents who perceive that their ability to undertake a daily living function has improve since entering the scheme, eg, cooking, caring for their own home **and** Percentage reduction in the number of hours/visits attending to residents daily living outcomes.	Self-assessment/assisted assessment via discussion. Service provider records, residents files
b) Improvement in undertaking the ability to self care	Percentage of residents who perceive that their ability to undertake self care has improved since entering the scheme, eg, personal washing, toileting, self medicating, etc. Percentage reduction in the number of hours/visits attending to the personal care outcomes.	Self-assessment/assisted assessment via discussion. Service provider records, residents files
c) Improvement in mobility function	Percentage of residents who perceive that their mobility has improve since entering the scheme, eg, mobility around their own home, within the scheme, outside the scheme, etc. Percentage reduction in the number of hours/visits attending to mobility.	Self-assessment/assisted assessment via discussion. Service provider records, residents files
d) Improvement in confidence and independence in own home	Percentage of residents who perceive that their confidence has improve since entering the scheme, eg, to undertake tasks with less support, self medication, reduced isolation, interaction with other residents, etc.Percentage reduction in the number of hours/ visits attending to residents confidence and independence outcomes.	Self-assessment/assisted assessment via discussion. Service provider records, residents files
e) Improvement in health or the capacity to sustain health – both mental health and physical health	Percentage of residents who perceive that they have seen an improvement in their overall health since entering the scheme, eg, less tired, ability to concentrate, make decisions, etc. Percentage reduction in the number of hours/visits attending to overall health outcomes.	Self-assessment/assisted assessment via discussion. Service provider records, residents files

B5 Good design characteristics in extra care housing

The design of the extra housing scheme will be critical to its ability to deliver the outcomes sought for its residents. This checklist is taken from "Guidelines for the Planning of housing for Senior Citizens" (*www.housinglin.org.uk/Topics/browse/HousingOlderPeople/OlderPeopleDesign/?parent=3675&child=2401*) published in 2007, and illustrates the range of objectives sought in well designed homes for all older people, with examples of design features which will contribute to these objectives. The guidelines themselves also cover communal spaces inside and outside the building, and the urban context.

These should be read in conjunction with the Royal Institute of British Architects publication, A Guide to Assisted Living, which provides more detailed guidance and the latest information on designing for older people published by the Homes and Communities Agency[89].

OBJECTIVES WITHIN THE HOME (usually individual homes but can also apply to schemes as a whole)	EXAMPLES OF DESIGN FEATURES TO ENSURE OBJECTIVE IS MET
Easy Identification of the Entrance	• Ensure entrance is in an easily visible and recognizable position, and is sufficiently lit by day and by night. • Distinguish the different doors with colours, materials, or by other devices so they are different from the walls. • Encourage the personalisation of the area immediately adjoining the individual entrance door without reducing the space of shared passageways.
Easy Access	• Distinguish between the zones inside and outside the apartment with colours and materials. • Provide the home with easy access for people with impaired ability. • Provide the entrance with a system for observing who is calling at the door. • Provide the entrance with a device for resting heavy objects so that one may open the door easily.
Guarantee a stimulating external view	• Provide windows which overlook outdoor spaces where there is activity to provide interest and ideally provide a balcony or veranda.
Guaranteeing the best conditions for rest and sleep	• Provide an independent bedroom large enough to accommodate a bed and wardrobe, whilst allowing space for accessibility.

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89 *Royal Institute of British Architects (2011). A Guide for Assisted Living: Towards Life Home 21 plus ref for HCA guide when known*

OBJECTIVES WITHIN THE HOME (usually individual homes but can also apply to schemes as a whole)	EXAMPLES OF DESIGN FEATURES TO ENSURE OBJECTIVE IS MET
	• Ensure good sound insulation. • Make it possible to switch the light on and off directly from the likely bed position.
Taking care of one's own body	• Ensure easy access to and use of the bathroom for wheelchair users. • Give the bathroom door a simple opening and handling system. • Choose good lighting for the bathroom.
Preparing meals	• Set out the kitchen to suit people with limited mobility or strength. • Ensure there is space in the kitchen for the older person to be able to involve friends and relations in the preparation of meals.
Eating meals	• Design the home to enable meals to be eaten close to the preparation area, as well as close to the television and other parts of the living area.
Receiving treatment and care	• Provide space to add an extra bed or a sofa bed for possible carer. • Ensure the route to the bathroom is short and without obstacles. • Install a wired or wireless help system, and also a system for the future use of a telemedical system.
Feeling at home in one's own home	• Encourage residents to furnish the interior spaces to their own taste. • Ensure there is sufficient storage space inside the home.
Making one's own home comfortable	• Place electric sockets at a height not less than 60cm from the floor. • Ensure heating or other climate control systems are easy to use and handle by people with limited dexterity.
Receiving people/socializing	• Provide internal areas in the home which allow for guests.
Recreational activities	• Design terraces with flower pots/boxes easily used by people with limited mobility. • Provide space in the home capable of being equipped for recreational activities. • Provide wiring in the home for the domestic use of the internet.
Moving around easily within the home	• Illuminate internal rooms with enough natural or artificial light. • Arrange internal doors so that walking distances are short and simple.
Guaranteeing comfort in the home	• Ensure the home is well ventilated, preferably in a natural way.

B6 Mapping the use of space in extra care housing

The following schedule is taken from the Housing LIN factsheet, Design Principles for Extra Care, and offers an example of a scheme comprising 40 flats and gives an indication of spaces to consider with suggested floor areas. Project-specific factors will dictate which spaces are appropriate and where they are located within the scheme. For example, some schemes will offer formal day care and will, therefore, be able to sustain more activity spaces and there will be different requirements in schemes located in urban settings as opposed to rural areas[90].

ACCOMMODATION	APPROXIMATE AREA
RESIDENTS ACCOMMODATION	
34 one-bedroom 2-Person Flats 16 two-bedroom 3-Person Flats	54 sq metres 68 sq metres
COMMUNAL ACCOMMODATION & FACILITIES	
Main communal lounge Located near to and visible from the main entrance with a focal point such as a fireplace or similar. Dining and lounge spaces should be linked but should occupy distinctly separate spaces. Views and direct access onto a south facing terrace and garden are a major benefit. Alcoves and niches will allow smaller groups to gather together.	1.5 sq metres per resident
Dining area If possible this room should link to an external terrace to allow dining outside in good weather. This space could be designed in several ways, as a restaurant or café with table service or servery counter, or as a domestic dining room. Allow space for residents using wheelchairs and walking aids. The overall area is dependent on the number of diners, eg, use as a luncheon club by outsiders.	1.2 sq metres per resident
Residents tea kitchen Provide adjacent to lounge and dining space, for use by residents and for refreshments for small functions. Could double up as servery counter for main meals.	10 sq metres

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90 *Housing LIN (2008). Factsheet 6: (New Edition) Design Principles for Extra Care.*

ACCOMMODATION	APPROXIMATE AREA
Small lounges or hobby rooms Can be located on upper floors and used for private parties with relatives, small gatherings, specific activities, etc. Should be easily accessible and not located at the ends of corridors or isolated from the main circulation route. The number of these will depend on the size of the scheme and whether the flats are arranged in clusters.	Minimum 15 sq metres each
COMMUNAL ACCOMMODATION & FACILITIES	
Communal WCs Located near to entrance area and communal lounge/dining areas. Designed for wheelchair accessibility.	4 sq metres each
Assisted bathrooms Equipped with baths to allow both assisted and independent use by residents. These rooms should be designed to be as domestic as possible, space should allow baths to be located in a peninsula position. WCs should be screened from the main bathroom or ideally located in a separate but adjoining room.	12 – 15 sq metres
Hairdressing & beauty therapy Could be located near to entrance area and might have a multi-purpose use.	Minimum 6 sq metres
Informal seating spaces (throughout the scheme) Beside main entrance, along corridors and at ends of corridors. Number will be dependent on the individual scheme layout.	Minimum 3 sq metres each
Large re-charging store For electric buggies and scooters	25 – 30 sq metres
STAFF & ANCILLARY ACCOMMODATION	
Manager's office With views into the main entrance area, space for desk, computer table, chair, plus two visitors' chairs and document storage.	Minimum 15 sq metres
Care Staff office Space for two desks, files storage and table for handover meetings. Privacy is important due to the confidential nature of the work.	Minimum 18 sq metres
Photocopy area Easily accessible by all staff.	4 sq metres
Staff overnight room with en-suite facilities The need for this space will depend on staff arrangements and whether waking night staff will be employed.	18 sq metres >

ACCOMMODATION	APPROXIMATE AREA
Staff rest room with kitchenette Space for table and chairs plus a couple of armchairs. It may be worth considering a staff smoking area, eg, a covered external terrace.	Minimum 15 – 20 sq metres
Staff locker and/or change room and WC All staff will need locker space and possibly an area for changing clothes. Provide at least two dedicated staff toilets and consider the need for a separate staff shower.	12 sq metres
COMMUNAL ACCOMMODATION & FACILITIES	
Guest room with en-suite To be designed for wheelchair user access, accommodating two twin beds with en-suite shower, WC and basin.	20 sq metres
Laundry For use by residents and staff with adjoining external drying yard. It may be appropriate to divide the laundry to provide separate resident and staff areas. Specify at least one machine with a sluice cycle option.	Minimum 20 sq metres
Main catering kitchen and associated storage and staff facilities The brief for this space will depend on whether a full catering service is to be provided or if the requirement is for a less intensive use, eg, regeneration kitchen.	60 sq metres
Cleaners storage	5 sq metres each
General storage	20 sq metres
SERVICES & PLANT	
Minimum of one lift to all floors: minimum 13 person (stretcher size).	2600 x 1800mm shaft approximately
Lift Motor Room if required.	4 sq metres
Refuse store (including lobby and cupboard for Clinical waste).	20 sq metres
Recycling collection point.	6 sq metres
Plant room & service risers The size of plant room(s) will vary significantly from scheme to scheme depending on the method of space heating selected and the extent of individual metering decided upon. Space required for water storage (including the possibility of booster tanks and pumps if the building height dictates) will also vary.	As a guide allow 20-25 sq m, but ensure specialist service engineer's advice on size and location at the earliest possible opportunity
Electrical intake/meter room	10 sq metres

Other spaces to consider

A number of additional spaces should be considered which will of course be determined by factors specific to the site, the scale of development and local need. The need for such additional facilities may be identifiable but it may still be financially prohibitive. Where appropriate consider the following additional facilities:

- Shop
- Library
- Therapy suite
- Treatment rooms
- IT facilities/information points/touch screens
- Café/bar/pub
- Leisure facilities.
- Outreach staff offices.

Consideration also needs to be given to sustainable development and energy efficiency measures, as well as fire safety issues. Further information is set out in the Housing LIN Technical Briefs on these issues[91].

B7 Developing an outcomes based service specification for care services

This is an example of an approach to providing an outcome based specification for extra care services, and how service level outcomes are linked to the outcomes sought for individuals receiving the services.

SERVICE LEVEL OUTCOMES: A SERVICE THAT CAN …		
1) Contribute to the initial reduction of the levels of care and/or support previously received by the resident before entering the scheme	**2) Support the on-going care and support needs of its residents and reduce the likelihood of admission to long term care**	**3) Contribute to the prevention of hospital admission or re-admission and enable early discharge**
… THROUGH DELIVERING THESE OUTCOMES FOR INDIVIDUALS		
a) Improvement in daily living functions	a) Ongoing improvement, maintenance or minimised deterioration in ability to undertake daily living functions	a) Prevention of ill health
b) Improvement in undertaking the ability to self care	b) Ongoing improvement, maintenance or minimised deterioration in ability to self care	b) Ongoing improvement, maintenance or minimised deterioration in health – both physical and mental health
c) Improvement in mobility function	c) Ongoing improvement, maintenance or minimised deterioration in mobility function	c) Prevention of hospital admissions and readmissions
d) Improvement in confidence and independence in own home	d) Ongoing improvement, maintenance or minimised deterioration in confidence and independence in own home	d) Reduced stay in hospital
e) Improvement in health or the capacity to sustain health – both mental health and physical health	e) Ongoing improvement, maintenance or minimised deterioration in health – both physical and mental health	e) Ability to return to a suitable home environment following hospital discharge
	f) Continued involvement and support for family and spouse carers	
	g) Reduced anxiety about ill-health by individuals and their families	
	h) Ability to remain in own home for as long as possible	

91 *Housing LIN (2010). Technical Brief 4: Extra Care Housing: Designing, assessing and delivering sustainable homes.*

B8 Defining the skills and experience required for extra care housing scheme managers

This tool provides an example person specification for extra care housing scheme managers, based on a researched set of competencies[92] which local authorities, housing associations, voluntary and independent sector providers of extra care housing may wish to use when staffing their schemes. This checklist could be used in making appointments, to assess future training needs or for defining where there needs to be complementary skills in a staff team.

SKILL AREA	DEMONSTRABLE SKILL AND/OR EXPERIENCE REQUIRED	YES	NO
Scheme management	• Experience of housing/estates management and lettings, licence or tenancy agreements. • Experience of managing waiting lists and referral systems. • Experience of setting up contracts with tenants, leaseholders or owners. • Skills in negotiating with other professionals, eg architects. • Knowledge of health and safety/fire regulations. • Basic knowledge of designing for all groups of older people. • Knowledge of assistive technology, its availability, methods of assessment and the ethical issues surrounding it. • Understanding the contribution of aids and adaptations to independent living. • Experience of managing and planning repairs and maintenance. • Skills in promoting and explaining a scheme to visitors.		
Care and support	• A focus on improving the quality of life for older people. • Undertakes a person-centred approach to working with people. • Recognises when older people do or do not need additional support and help. • Promotes care by families and friends. • Works in partnership with other agencies on behalf of tenants and/or owners. • Basic understanding of medication for the management of particular conditions, eg, dementia, sensory and multiple impairments, stroke and diabetes.		

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92 *Strategic Housing for Older People Resource Manual, Section B: Developing Extra Care Housing*

SKILL AREA	DEMONSTRABLE SKILL AND/OR EXPERIENCE REQUIRED	YES	NO
Facilities and maintenance management	• Understanding of eligibility criteria, allocation, assessment, care and support planning. • Knowledge of adult protection issues and the duty of care. • Understanding of relevant legislation, registration and accreditation. • Understands the causes of dependency. • Knowledge or experience of providing advocacy. • Knowledge or experience of bereavement counselling and end of life care issues. • Understanding of anxiety and depression in older and vulnerable adults. • Knowledge of risk analysis and management. • Experience of rehabilitation and reablement – encouraging tenants to adopt and discover new skills. • Understanding of the role of prevention in the care of older people, including the role of dental and podiatry services. • Experience in the provision of activity-based care. • Understanding of the role and potential of intermediate care. • Understanding of welfare benefits.		
Engaging and communicating	• Understanding of the physical, psychological, social, emotional, cultural and spiritual needs of residents. • Understanding of how Supporting People, Direct Payments and Fairer Charging policies and practices work. • Experience of managing budgets. • Experience of managing catering facilities. • Experience of managing and maintaining communal facilities for the benefit of tenants/owners, the local community, and the provider. • Experience of managing and maintaining communal laundries and bathing arrangements.		
Staff management	• Experience of community liaison and development. • Experience of managing anti-social and challenging behaviours. • Knowledge of promoting equality and diversity of employment. • Experience of managing relationships with neighbours and the wider community. • Understanding of community consultation and empowerment – encouraging, listening to and responding to the views of older people.		

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	DEMONSTRABLE SKILL AND/OR EXPERIENCE REQUIRED	YES	NO
	• Knowledge of using different forms of communication with individuals and groups. • Skills relating to intergenerational work and reminiscence therapy. • Understanding of community transport systems and supporting residents in accessing the wider community. • Experience of working with statutory, voluntary and independent sector organisations who provide leisure activities to older people in order to increase the range of activities available. • Experience of supporting service users' involvement in their social networks and local community. • Knowledge of promoting the principles of lifelong learning. • Understands the ethos of extra care housing. • Interpersonal/communication skills. • Good Planning and organisational skills. • Skills which help in influencing, and negotiating with others. • Experience of managing under pressure/problem solving. • Knowledge of promoting professional development, identifying training needs and accessing training. • Experience of managing budgets/financial awareness. • Experience in recruiting and retaining staff. • Exercises leadership and facilitates team building. • Knowledge of appraisal and presentation skills. • Understanding of roles and responsibilities of other professionals. • Understanding of the complaints policy and accident reporting mechanism. • Knowledge of business planning. • Experience of managing care staff/liaising with care providers/ managing contracts. • Knowledge of creating a safe working environment. • Understanding of confidentiality and data protection. • Experience of working with volunteers. • Understanding of personnel and payroll issues. • Experience of managing the allocation of staff.		

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STRATEGIC HOUSING FOR OLDER PEOPLE

Planning, designing and delivering housing that older people want

SECTION C: Bibliography and Key Resources

SHOP
Strategic Housing for Older People

Introduction

This bibliography forms part of the Strategic Housing for Older People Resource Pack which is designed to support the activities commissioners, funders, providers and developers need to undertake to effectively plan and deliver housing for older people, and extra care housing in particular. Publications listed are referenced in the six briefing papers and associated tools and resources which form Sections A and B of this Resource Pack and which explore these activities in more detail.

Housing LIN Publications

All Housing LIN products are available at *www.housinglin.org.uk/products/*

Factsheets

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About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'knowledge hub' for a growing network of 5,700 of 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 with long term conditions.

For further information about the Housing LIN's comprehensive list of on-line resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit: *www.housinglin.org.uk*

About the ADASS Housing Network

The ADASS Housing Network aims to represent the Association of Directors of Adult Social Services on all major issues as they impact on housing and our adult service users. It has a special focus on supporting people and personalisation and takes a careful interest and overview of policy and practice developments in supported and specialist housing for older people and vulnerable adults.

The Network comprises of adult social care directors and lead officers, many of whom also have housing responsibilities, reflecting the growing importance of linking housing and caring to other agencies within and beyond the local authority. For further details about ADASS, go to: *www.adass.org.uk*

About the Institute of Public Care

This resource pack has been authored by the Institute of Public Care at Oxford Brookes University. The Institute works with central and local government, private and voluntary sectors, Registered Social Landlords and the NHS in order to enhance their impact and effectiveness. This is achieved through analysis, evaluation and redesign of services, help with implementing change, skills development, information management, and knowledge exchange.

For further information about IPC's range of activities and publications, including its programme of activities to support commissioners, developers and providers of housing for older people and its certificate programme go to: *http://ipc.brookes.ac.uk*

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