



## Making Best Use of our Sheltered Housing Asset

This briefing paper is one of three prepared by the Institute of Public Care (IPC) at Oxford Brookes University for the Housing Learning and Improvement Network (LIN) which explore the practicalities of delivering housing for older people and how to maximise the use of scarce housing resources. It uses as a starting point the guidance provided in the Strategic Housing for Older People (SHOP) Resource Pack, *'Planning, designing and delivering housing that older people want'*<sup>1</sup> and includes a number of case studies provided by Housing LIN members.



Written for the Housing Learning & Improvement Network by the **Institute of Public Care** at Oxford Brookes University

December 2012

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## Introduction

This paper is aimed at both providers and commissioners of housing for older people, to help them to:

- Understand and be clear how sheltered housing can help meet health and wellbeing outcomes of older people.
- Review their sheltered housing services including buildings to assess its fitness to meet the future housing needs and aspirations of older people.
- Consider the range of options for change and decide on the best approach locally.

## 1. Why is sheltered housing important?

### 1.1 Demographic and social changes

Numbers of older people are projected to increase significantly, particularly amongst the older age groups. In the UK, the number of people aged over 65 is projected to rise from 10.1 million to 16.7 million over the next 25 years.<sup>2</sup> In 2008, there were 1.3 million people in the UK aged 85 and over. This number is projected to more than double to 3.3 million by 2033.<sup>3</sup> People aged 85 and over are more likely to have care and support needs, reflecting the greater frailty and higher prevalence of dementia in this age group.<sup>4</sup>

At the same time as numbers increase, older people's social and housing expectations are changing. For example, there are far higher levels of owner occupation now amongst older people than was the case when much of our sheltered housing was first built. In addition, older people, as with the rest of the population, have higher expectations of independence, choice and control over their lives, as well as access to activities, and participation in employment, volunteering and local communities.<sup>5</sup> Housing will need to accommodate older people with these aspirations, but also be able to offer care and support as people age and become frailer.

### 1.2 The current state of sheltered housing

The numbers of sheltered housing unit across England are relatively small in comparison with the total stock of affordable housing: there are around 476,000 sheltered housing units compared to 19.6 million units of general needs affordable housing.<sup>6</sup> However, it does constitute probably the highest value asset owned for older people in the public domain. If we assume units are on average worth £40,000 this amounts to over £19 billion: "*there is unlikely to be an investment of equivalent value*" in the future.<sup>7</sup>

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<sup>1</sup> ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want – A Resource Pack*.

<sup>2</sup> Porteus J (2011), *Living Well at Home Inquiry*, All Parliamentary Group on Housing and Care for Older People.

<sup>3</sup> Porteus J (2011) Op Cit.

<sup>4</sup> POPPI 2012.

<sup>5</sup> Croucher, K (2008) *Housing Choices and Aspirations for older people*, Department of Communities and Local Government.

<sup>6</sup> HCA (2009), HAPPI *Housing our ageing population: panel for innovation*.

<sup>7</sup> ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want – A Resource Pack*.

The amount of private sheltered housing (or retirement housing as it is often called) is relatively small in comparison, amounting to less than 20% of the total stock of specialist housing for older people. Interestingly, this is the reverse of the ratio of private to affordable general needs housing, with less than one fifth being socially rented and reflects the old style approach to the provision of housing for older people: *“a now old and long-past tradition of seeing retirement housing as part of general publicly provided social services.”*<sup>8</sup>

As the large majority of provision has been made through housing associations and local authorities, it is they who are the focus for this paper, and who must now consider whether their sheltered housing stock is fit for the future, and whether investment in renovation or remodelling is financially viable. As people’s housing and living aspirations have changed and increased longevity begins to have impact on requirements for care and support, sheltered housing has needed to evolve. This includes responding to the expectations of the far greater numbers of older owner occupiers seeking good quality housing designed for older people.

### **1.3 What do older people want from their housing?**

The Housing our Ageing Population Panel for Innovation (HAPPI)<sup>9</sup> investigated how different approaches to housing design standards, ownership models and planning policy could enable specialised housing meets the needs and aspirations of the older people of the future. Their report focused not only on how older people’s quality of life could be improved by increasing the availability and choice of high quality and sustainable homes and neighbourhoods, but also on challenging current perceptions of housing for older people, both specialised and mainstream. The report concluded that:

*“Whether for sale or rent, housing for older people should reach a standard which makes it a positive choice.”*<sup>10</sup>

Furthermore, the recent All Party Parliamentary Group (APPG) on Housing and Care for Older People Inquiry reviewing progress made on HAPPI since 2009 stated:

*“The Inquiry remains convinced that there should be no diminution in the quality of the individual apartments within tomorrow’s retirement housing.”*<sup>11</sup>

Research into what older people want from their housing shows that the majority of older people want to stay independent and to live in their own home, with support if needed.<sup>12</sup> More recent research<sup>13</sup> has found that if older people could no longer live independently alone, 80% were positive about downsizing to a smaller or more manageable home and 65% like the idea of living in a self contained home with support or care available if needed.

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<sup>8</sup> Ball M (2011) *Housing markets and independence in old age: expanding the opportunities*. Henley, University of Reading.

<sup>9</sup> HCA (2009) Op Cit.

<sup>10</sup> Levitt Bernstein (2011), *Learning from the HAPPI report*.

<sup>11</sup> Porteus J (2012), *Housing our Ageing Population: Plan for Implementation*. All Party Parliamentary Group on Housing and Care for Older People.

<sup>12</sup> Wanless D, (2006) *Securing Good care for older people, taking a long term view*. Kings Fund.

<sup>13</sup> National Housing Federation (2011) *Breaking the Mould*.

Research carried out by the National Housing Federation<sup>14</sup> found that older people wanted a home that:

- Is accessible
- Spacious and attractive
- Is safe and secure
- Is in an age friendly environment
- Offers freedom, choice and flexibility
- Has help at hand
- Provides flexible, personalised support
- Lets you socialise and feel included
- Allows you to make decisions

These findings are consistent with those of Lifetime Homes, Lifetime Neighbourhoods<sup>15</sup>, which identifies the importance to us all of staying at home as we age, and ways in which housing can enable us to do so through use of the Lifetime Homes standard. Lifetime Neighbourhoods sets out an approach to sustaining neighbourhoods that support “active ageing”, with safe streets, access to public transport, shops and amenities.

In London, all new housing is built to Lifetime Homes standards and 10 per cent of new housing is designed to be wheelchair accessible or easily adaptable for residents who are wheelchair users. The guidance requires that account is taken of the changing age structure of London’s population and in particular the varied needs of older Londoners.

Furthermore, the guidance requires attention is paid to the concept of Lifetime Neighbourhoods, with places and spaces designed to meet the needs of the community at all stages of people’s lives and meet the Lifetime Neighbourhoods criteria.<sup>16</sup>

Good connections with other people become increasingly important with age<sup>17</sup>, and there is increasing evidence of how older people living within various forms of retirement housing, as well as in communities nearby, bring social capital to those communities:

*“Many of these initiatives help to break down barriers between retirement communities and the wider community and challenge stereotypes about the contribution older people can and do make.”<sup>18</sup>*

In addition, findings from the case studies in the HAPPI report and the recent APPG Inquiry report note that remaining active in the context of a community, in a neighbourhood we know, is crucial to our quality of life.

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<sup>14</sup> National Housing Federation (2011) Op Cit

<sup>15</sup> Department of Communities and Local Government (2008), *Lifetime Homes, Lifetime Neighbourhoods*.

<sup>16</sup> Greater London Authority (2011), *Accessible London: Achieving an inclusive environment*.

<sup>17</sup> HCA (2009), Op Cit.

<sup>18</sup> Blood I & Pannell J (2011), *Building Mutual Support & Social Capital in Retirement Communities*. Housing LIN.

## 1.4 The national policy response

Across Government there is a broad understanding of the importance of addressing older people's housing needs, recognising the large increase in older households over the next fifty years, and to increasing individuals' choice, control and independence.

In 2011, Government housing strategy, 'Laying the Foundations'<sup>19</sup>, set out a package of reforms to improve housing options for older people which included:

- Encouraging a wide range of housing to suit local communities, including retirement/ sheltered housing and extra care.
- Investing £51 million over 5 years in handypersons services to maintain independent and safe living at home.
- Working with industry to produce guidance on home adaptations and on local strategic planning and delivery for high quality housing for older people based on robust needs evidence.

The Department of Health's 2012 White Paper<sup>20</sup> 'Caring for our future' describes a care and support system which focuses on people's wellbeing and enables them to stay independent for as long as possible. This includes helping older people to access better housing options to help keep them active and independent. The Government has since committed:

- £300 million Care and Support Housing Fund to help develop up to 9,000 units of specialist housing for older people, and £300 million to integrate care and support.
- Support for developers and local authorities to plan for the housing and care needs of older people; this includes an industry-led toolkit, 'Housing in Later Life: Planning Ahead: Effective Planning for Specialist Housing for Older People'.<sup>21</sup>
- Support for widespread adoption of assistive technology.<sup>22</sup>

'Caring for our future' also outlines the Government's increased emphasis on prevention, and on enabling people to have greater choice and control over their care and support services through the use of personal budgets and care plans.

## 1.5 Delivering health and wellbeing outcomes locally

Sheltered housing can potentially offer a valuable resource for local people and communities in terms of providing:

- A well-designed and affordable housing alternative, enabling moves from less appropriate housing, and potentially freeing up family housing.
- Promoting health and wellbeing through better designed accommodation, a supportive community life, and access to support.
- Preventing the need for moves into institutional settings because of poor quality housing or lack of support, and promoting independent living.

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<sup>19</sup> HM Government (2011), *Laying the Foundations: A Housing Strategy for England*.

<sup>20</sup> 'Caring for our future: reforming care and support' White Paper, Department of Health (2012).

<sup>21</sup> McCarthy & Stone et al (2012), *Housing in Later Life: Planning Ahead for Specialist Housing for Older People*.

<sup>22</sup> See <http://3millionlives.co.uk> for further information.

A selection of outcomes to which sheltered housing, possibly combined with care and/or health services, may be able to contribute to, are set out below:

**Relevant health and adult social care outcomes for sheltered housing**

<b>Outcome</b>	<b>Adult Social Care Outcomes Framework (ASCOF) 2013/14</b> <sup>23</sup>
1	Enhancing the quality of life for people with care and support needs
2	Delaying and reducing the need for care and support
3	Ensuring that people have a positive experience of care and support
4	Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
<b>Outcome</b>	<b>NHS Outcomes framework 2013/14</b> <sup>24</sup>
1	Enhancing the quality of life for people with long term conditions
2	Helping people to recover from periods of ill health or following injury
<b>Outcome</b>	<b>Public Health Outcomes framework 2013/2016</b> <sup>25</sup>
1	Increased healthy life expectancy

Local providers of sheltered housing will need to engage actively with local commissioners of health and social care to ensure they understand its significant potential to help them meet the needs of older people in a cost effective way.

**2. Maximising the sheltered housing asset**

**2.1 The challenge**

Historically, sheltered housing has been popular; however, many older and poorer quality schemes are now becoming hard to let or sell. There are a number of reasons for this, for example:

- Flats are often small, or are bedsits, and do not meet contemporary aspirations for space.
- Small flats will not cater adequately for a lifetime of belongings and furniture, or accommodate guests.
- Internal design standards may be outdated.
- Full access has not always been designed into older schemes, so that they are often not suitable for residents with mobility difficulties.

<sup>23</sup> Department of Health (2012), Adult Social Care Outcomes Framework 2013/14.

<sup>24</sup> Department of Health (2012), NHS Outcomes Framework 2013/14.

<sup>25</sup> Department of Health (2012), Public Health Outcomes Framework for England 2013-2016.



- Some schemes are simply in poor condition, reflecting their age, or built to lower standards of thermal efficiency which makes them uncomfortable and expensive, and also potentially unhealthy if they are damp or cold.

Sheltered housing also has the general purpose of providing a secure, safe housing solution, with the possibility of care and support on site. Security can partly be designed in, for instance through door entry systems, alarm systems, physical design. However, residents have also often looked for the security of an on-site manager or warden, and expected this as a part of the scheme offer.<sup>26</sup> Recent changes in Supporting People funding, as well as high service charges in retirement housing, have led to the withdrawal of scheme managers in many schemes and their replacement by floating support and greater use of assistive technology. While Government has set out evidence showing how telecare and telehealth technology,<sup>27</sup> can help reduce admissions to residential care, residents taking part in the Age UK inquiry into sheltered housing also noted a concern that assistive technology may lead to reduced human contact.<sup>28</sup>

The desirability of sheltered schemes is also affected by the area and community they are located in. Residents want good, safe access to transport, shops and amenities as well as families and community activities. As areas have changed, some schemes are no longer in areas perceived as safe or desirable for older residents, and become harder to let.<sup>29</sup>

## 2.2 Considering options

An essential first step in considering what future use to make of an organisation's sheltered housing asset is to conduct an options appraisal which considers standard and condition, value and demand, and accessibility and adaptability.<sup>30</sup>

In particular, it will be important to consider:

- What is the local demand for sheltered and other types of housing for older people?
- What is the current supply of sheltered and other specialised housing locally?
- Are there local strategies for older people's housing and care which may impact on sheltered housing provision?
- What are the views and preferences of local residents?
- How well does the local neighbourhood meet the needs of older people? Does the local authority aspire to become an "age-friendly" community?
- Is there good local access to transport, shops, health services and leisure facilities?
- What level of investment is needed to bring a scheme up to standards which are fit for the future?
- How sustainable is the scheme?

<sup>26</sup> Age UK (2012), *Making it work for us, a residents' inquiry into sheltered and retirement housing*.

<sup>27</sup> Department of Health (2011), *Whole System Demonstrator Programme findings*

<sup>28</sup> Age UK (2012), *Making it work for us, a residents' inquiry into sheltered and retirement housing*.

<sup>29</sup> Richards, F Walker, J Jarvis, L, *A time to move? A literature review of housing for older people*. (2006) Scottish Housing Executive.

<sup>30</sup> Further information is provided in ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want – A Resource Pack*.



- What are the relative costs and benefits of the range of options (such as remodelling, refurbishment, demolition and new build, convert/change of use, or disposal)?
- Are there potential funding sources, and potential partners? Can capital be raised through sale or shared ownership?

### 2.3 Weighing up the factors

Clearly there are a range of factors that will affect the decision as to which option to take for individual schemes. It will be important that these are all taken into account, but the weighting given to each will need to be considered by individual providers within their own operating context.

For example, for a general needs housing provider with very few sheltered housing schemes there may be an organisational pull away from investing the resources of the organisation in extensive remodelling. However, if that general needs provider operated in a concentrated area within one local authority, there may be a stronger pull to maintaining a range of services for the whole population.

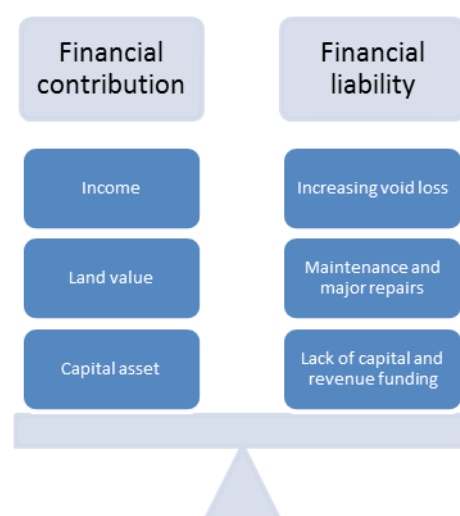
#### Organisational factors

- What is the organisational appetite for investing resources in housing for older people?
- Does this fit with the strategic direction for the organisation?
- Is there expertise within the organisation to manage housing for older people effectively?
- What will be the impact on other strategic priorities?



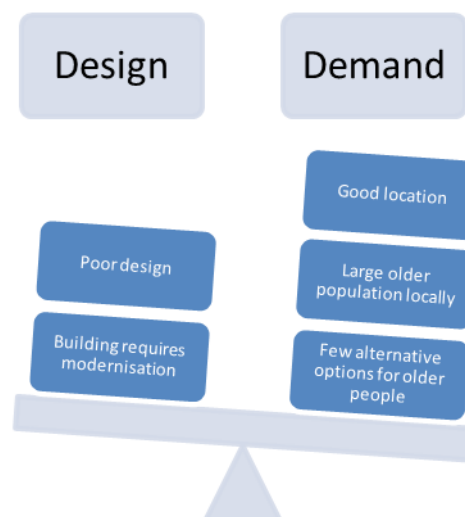
#### Financial factors

- What balance is acceptable for the organisation between the contribution made by the scheme, and the liability it attracts?
- How likely is it that funds can be made available for any capital works?
- What level of void loss is acceptable before action needs to be taken?
- Is the scheme running at a loss because of lack of revenue funding?



## Local demand

- What level of confidence is there that there will be demand in the future for housing for older people locally?
- What is the volume of provision of this sort?
- Is there commitment to this form of housing from local commissioners?
- Is any investment likely to bring a long term return?



## 2.4 Involving residents in making the changes

Throughout the case studies given below there are powerful examples of how residents – existing and future – were involved in making the changes to sheltered housing schemes. Engaging with residents from the early days of considering options to pursue through to designing and furnishing a remodelled scheme provides wide and lasting benefits. Residents are experts in what they need and will want to use, and can help ensure that the chosen options will succeed. Ensuring that residents are kept informed and consulted with will also help with the introduction of changes even where these are controversial. An honest and open relationship with local residents, and when they feel their views are listened can make difficult decisions easier to accept.

*“Residents and providers can achieve positive change by working together on matters such as improving communal areas, developing additional services including IT facilities, setting up health activities. Both can gain a detailed awareness and understanding of the needs and priorities of all residents, and a real ability to demonstrate that resident opinion matters”.*<sup>31</sup>

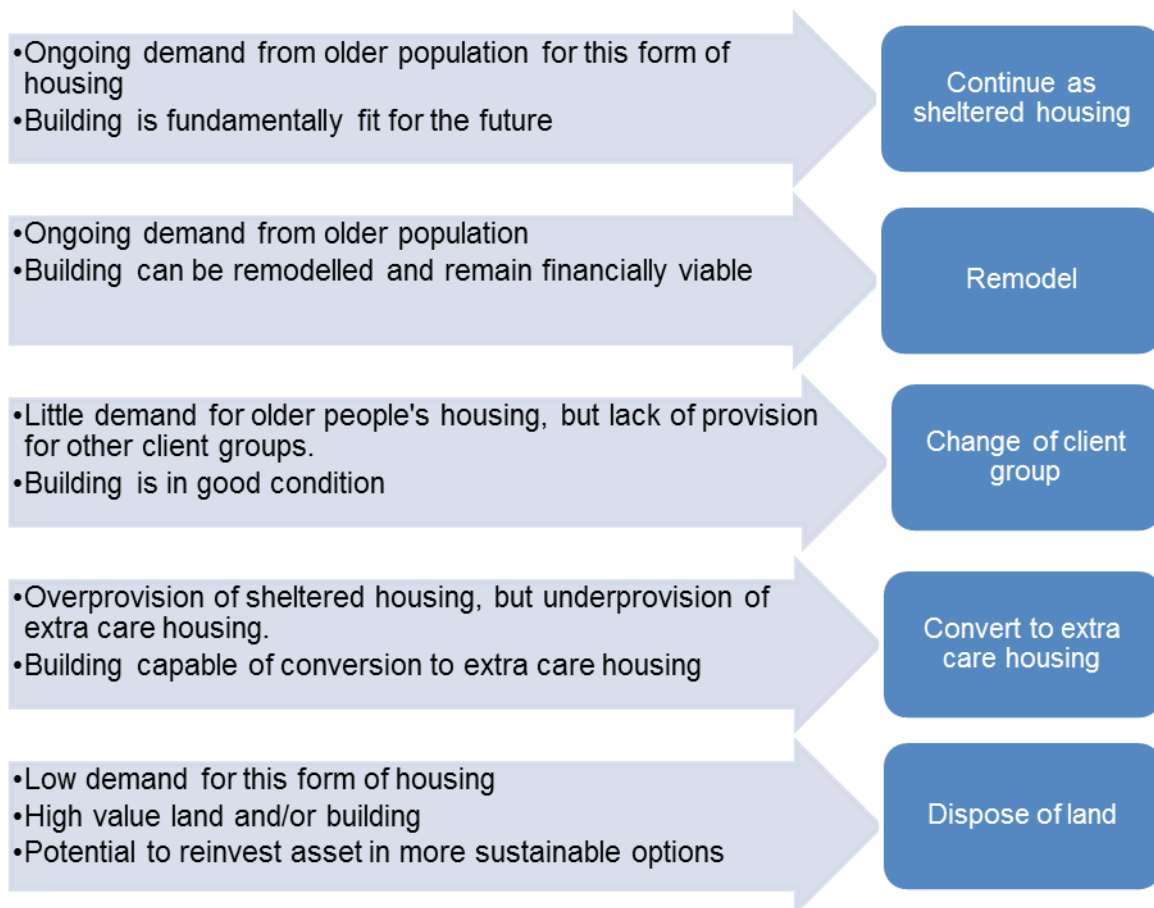
Plans to change sheltered housing need to be developed and implemented over a timescale that allows long-term resident involvement; the case study from Pennine Housing 2000, below, first involved residents in 2001 in a plan which is still developing.

The case study from North Tyneside also involves future residents – people in their 50s who may become residents in the future, showing commitment to a longer term engagement. Even where changes are implemented more quickly, there is scope for effective resident engagement.

## 3. Finding the right option

There will be a range of options which will need to be explored for individual schemes, and in some cases elements of several will be appropriate. Some of the main options, and the factors that may lead them to be adopted, are summarised below.

<sup>31</sup> Tenant Participation Advisory Advice and Centre For Housing and Support (2010), *Effective resident involvement and consultation in sheltered housing: a good practice guide for providers and commissioners.*



The following discussion of the options includes case studies illustrating the range of approaches. The case studies have been provided by Housing LIN members as a response to a call for examples of approaches taken to ensuring sheltered housing is fit for the future.

### 3.1 Refurbishing sheltered schemes

Refurbishing sheltered flats can enable them to continue in use and be able to meet the needs of older people in the future. Refurbishment can include a range of improvements including installing showers/wet rooms, improving kitchens, installing insulation and more effective heating. It can be carried out in individual flats as they become vacant, or across whole schemes. The main question to be considered is whether long term demand means the size of investment is worthwhile, and of course whether there is sufficient funding available for a large scale approach.

#### Future proofing sheltered housing in North Tyneside

In North Tyneside, the Council has planned large scale investment using the Private Finance Initiative and their Housing Revenue Account to transform their sheltered accommodation. The least viable schemes will be decommissioned and demolished, and new schemes rebuilt. In total, they will extensively refurbish 16 existing schemes and rebuild 10 sheltered housing schemes. Refurbished schemes will, as far as possible, be brought up to the same standards as the new build. The Council has identified a strong local demand for sheltered housing, if it is brought up to a good quality standard, and meeting this demand may also release currently under occupied housing.

The Council's intent is to "future proof" the sheltered schemes and to provide quality housing, attractive to future residents and that will support the health and wellbeing of residents. Residents have been extensively engaged throughout and their views used. A Future Residents group of residents, currently their 50s and considering accessing sheltered housing in future, have also been consulted.

Following refurbishment the sheltered schemes will:

- Have only 1 or 2 bedroom apartments – bedsits will be eradicated
- Improved scheme layouts
- Increased security
- All apartments will have internet connectability
- Thermal efficiency will be improved
- All schemes will have a laundry, well designed guest room, second lounge area for small activities and a multipurpose room for visiting services eg chiropodists, hairdressers
- All apartments will be enabled to make it easy to install telecare where residents require this.

A different approach has been taken where there was no external funding available. This used a piecemeal method and was used to refurbish bedsits within a large block which combined hard to let bedsits with popular one bedroom flats as set out below. Full-scale remodelling was unaffordable given the costs of decanting, rehousing and lack of capital funding. The approach adopted allowed opportunistic refurbishment as flats became empty, and avoided the need and for decanting residents, and sustained tenancies in the one bedroom flats.

### **Tackling the issue of bedsits<sup>32</sup>**

The challenge for Central and Cecil Housing Association, in London, working with Archadia Chartered Architects was to make unpopular bedsits within a large sheltered block more lettable whilst sustaining the one bedroom tenancies. The bedsits were very small (50 sq metres), and of a poor design standard, which would not have supported residents as they aged and became frailer. The approach taken with Archadia Architects allowed piecemeal remodelling as units became vacant, included increased thermal insulation standards, upgrades to kitchens and bathrooms to make them compliant with current access standards, and the introduction of sliding screens to offer bed privacy, with small design changes to optimise limited space.

Two pilot refurbished flats have since been let successfully to single older people. The scheme is based in a popular city centre location.

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<sup>32</sup> Case study provided by Archadia 2012.

## 3.2 Remodelling

Remodelling can be more costly than rebuilding, particularly when differential VAT rates are taken into consideration, and costs will need to be carefully assessed and managed to ensure sufficient return on investment.

Successful remodelling of existing schemes to meet contemporary and future needs requires providers to assess rigorously what changes are needed to make flats and schemes desirable to residents. Resident engagement in specifying the changes is an essential element. To ensure that the designs will work well in the future, remodelling will also need to assure that schemes continue to provide suitable and high quality housing for the lifetime of the investment and scheme residents. Future design aspirations will need to be anticipated as will the potential for residents' needs to change as they potentially become frailer and require more support.

Schemes will need to consider how they address, for example:

- Internal and external accessibility to flats and communal areas
- Adequate space for visitors to stay
- Thermal efficiency
- Internal space for furniture and kitchen white goods
- Telecare
- Internet access
- Adequate car parking, and storage for mobility scooters
- Potential for conversion to extra care, if required, at a later date
- Suitability and desirability of the location for older people

### **“Aspirational retirement accommodation”<sup>33</sup>**

Haven House was successfully remodelled by Derwentside Homes in Leadgate to provide high quality and well designed retirement flats from a 1960's sheltered scheme which was obsolete. Previously 32 bedsits, the scheme was converted to 21 1 and 2 bedroom apartments. Great attention was paid to coherent design, and to creating a building with a strong character and one which the residents would be proud to call home. Flats and communal spaces give an impression of space and light – and residents are delighted with them. There is now a waiting list for tenancies. Derwentside Homes describe the scheme as,

*“Breaking the mould to create aspirational boutique style retirement accommodation fit for the 21st century.”*

The remodelling was managed in a strong partnership between the client, contractors, and residents. Resident consultation preceded development of the specification, and contractors were invited to discuss their bids with residents. The procurement model used, based on very clear quality and costs expectations and partnership working, helped deliver an innovative and high quality scheme and extremely good value for money.

<sup>33</sup> Case study provided by Derwentside Homes 2012.

### 3.3 Developing extra care housing

There is demand for more extra care housing for rent and sale in most areas of the UK. Extra care housing is seen as an important form of care and support, allowing older people to retain independence while staying in their own homes. It also enables people to stay at home for longer, avoiding or delaying admission to residential care.

Extra care housing does not have a standard definition, but generally requires a higher level of care and support provided to residents, though this may be provided by a separate organisation, and will typically include communal facilities for social activities. Flats will need to be suitable for people with higher care needs, and with limited mobility. Some extra care housing will be developed through remodelling or rebuilding existing sheltered schemes to housing designed to higher standards of accessibility and with communal spaces, possibly with e.g. treatment rooms and with greater space for on-site staff.

However, there are also ways of delivering extra care housing with minimal change to buildings, but through introducing more care provision. In Oxfordshire, a virtual extra care scheme has been introduced through a partnership between housing providers and the local authority.

#### **Developing virtual extra care housing<sup>34</sup>**

In Greater Leys, Oxford, virtual extra care housing has been developed on a core and cluster basis centred on two existing sheltered housing blocks, with nearby dispersed houses, bungalows and flats also accessing the service over a half mile site. There are 68 flats within the two sheltered blocks and a further 88 dwellings linked to the scheme. Most are socially rented, with some limited shared ownership.

All scheme residents have access to the 24 hour seven day a week emergency care service. Care staff are based nearby in a flat within the scheme; this means there can always be an emergency response within 20 minutes, and usually within ten minutes. If a resident has care needs which meet social services eligibility criteria they will have care visits as agreed with the care team. Housing support is available from housing officers based at the local site office for the wider estate.

Building improvements made include a care staff office and overnight accommodation, and kitchen and dining facilities to enable a hot lunch service. There has been no upgrade to the flats, which already have lift access.

The extra care scheme has been developed through close partnership working between Catalyst Communities HA, Greensquare HA and the County Council, following the development of the Oxfordshire Extra Care Housing Strategy.

A similar approach has been developed in Stockport, where demand for extra care housing existed and opportunities for new build schemes were limited.

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<sup>34</sup> Case study provided by Catalyst Housing Association, 2012.



### **Conversion to extra care<sup>35</sup>**

In Stockport, a partnership of the local authority and local housing providers delivers extra care housing in six former sheltered housing schemes. Pairs of schemes with potential to work as extra care housing were selected, in walking distance from each other, which allowed a single care team to deliver to two schemes. One scheme has been remodelled with the help of Department of Health capital grant, but only limited changes have been made to the other five, such as installing wet rooms instead of bathrooms, and improving scheme access. Stockport MBC has commissioned a care provider to deliver care to the residents who need it and are eligible for social care services.

Although the schemes operating as extra care includes some small one person flats which are not suitable for people with mobility difficulties, the partners have so far always managed to allocate these flats successfully and appropriately to people who need extra care.

### **3.4 Supporting health and intermediate care - home from hospital schemes**

Sheltered schemes can make an important contribution to enabling hospital discharge and reablement; in partnership with health, social care and voluntary sector organisations these can help an older person to recover their independence, and help reduce readmissions to hospital. A particularly strong partnership model is offered in North Somerset by Alliance Homes working with local statutory and voluntary organisations to coordinate services and support a smooth transition home. A partnership representative works closely with the hospital.<sup>36</sup>

Sheltered housing can also offer a transition space for people discharged from hospital, through reserving flats for older people who require sheltered living during a time limited period of reablement and confidence building, prior to moving home.<sup>37</sup>

### **3.5 Use of telecare**

Introduction of telecare and assistive technology to increase residents' security in a sheltered scheme can help maintain residents in independent living and reduce admissions to hospital and use of home care. Telecare can be particularly helpful for people with mild to moderate dementia through providing sensors to monitor heating and safe gas use, as well as providing reassurance through the availability of a pendant alarm. Appropriate use of telecare, following a full assessment of an individual's needs, can help provide peace of mind for them as well as making sure they have prompt access to care services in emergencies.<sup>38</sup>

Increasingly telecare is also taking the place of personal visits, where residents have low needs, and allows a lower cost and appropriate service for people who need reassurance and the facility to be able to call in services when needed. Many people only need and want occasional help – not help every day.

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<sup>35</sup> Case study supplied by Stockport Metropolitan Council.

<sup>36</sup> National Housing Federation (2012), *On the Pulse: housing routes to better health outcomes for older people*.

<sup>37</sup> Hospital2Home (2012) Sheltered and extra care housing managers leaflet.

<sup>38</sup> National Housing Federation (2012), *Op Cit*.



### 3.6 Care and support hubs

Sheltered housing schemes can provide a base for providing care services to older people over a wider area, using a hub and spoke model. This may make the care service more cost effective, through reducing travel times. It also helped develop continuity of care, and a local community of people who can use the communal facilities in the sheltered schemes and take part in social activities. A ‘hub and spoke’ scheme developed by Ridgeway Housing Association in partnership with the local authority in Pewsey, Wiltshire notes the particular contribution of a hub and spoke model in developing a local community in a rural area where local access to services is hindered by travel distances.<sup>39</sup>

‘Hub and spoke’ schemes can work equally in urban areas where potentially a number of older people, in different tenures can benefit. Pennine Housing<sup>40</sup> is providing a ‘hub and spoke’ model of housing support to local older people which is developing take up.

A different, urban example is provided in south London, where a sheltered block has been opened as a community hub, described below.

#### **A community resource<sup>41</sup>**

Darwin Court in Southwark is a mixed use, modern six storey scheme. Following remodelling, it has a resource centre that includes an open cafe, pool, IT suite, fitness and activity rooms, and is open to all residents, and to local people. Managers adopt a “can do” approach, geared towards the residents whose care needs range from none to 24 hour care. Everyone is encouraged to live independently, but there is no stigma about needing help. A choice based lettings policy ensures that all residents have chosen to do so. Managers ensure there is a balance of age, care needs and backgrounds within Darwin Court.

Darwin Court is well liked by residents, staff, visitors and local people, and makes a significant contribution to the local community. It also combats the poor image associated with older people’s housing.

### 3.7 Re-designating sheltered housing for different or mixed resident groups

Schemes which are hard to let to older people may be popular with other groups of residents. “Younger” older people of 50 plus, without support needs, may find the flats available from residential category 1 schemes meet their needs well. It is possible to redesignate only a part of the scheme. In this case, careful attention to managing the mix of the resident profile is needed, but, done sensitively, this model can succeed. The reality is that most schemes which require redesignation of a part are likely to be redesignated in entirety in time as it is an indication that they are no longer fit for purpose as sheltered housing or there is insufficient demand for sheltered housing. In many ways, redesignation of a part of a scheme may be a first stage in a planned change of use over a longer time period.

An alternative model is to redesignate the entire scheme to a different category of residents. Whichever model is developed, care needs to be paid to the differences for both residents and staff; and to managing and communicating the change in use with existing residents.

<sup>39</sup> Housing LIN, good practice resource; [www.housinglin.org.uk/HousingRegions/SouthWest/?parent=1025&child=5914](http://www.housinglin.org.uk/HousingRegions/SouthWest/?parent=1025&child=5914)

<sup>40</sup> Thinking Differently NHS Seminar ,15th June 2011, (2011) Pennine Housing.

<sup>41</sup> HCA (2009), Op Cit.

### 3.8 Demolition or disposal

Where there is low demand and schemes are not capable of being improved or remodelled, demolition or disposal is a potential option. This needs to be considered as part of a long term asset management plan or stock appraisal, and managed carefully to support existing residents through change and potential moves to a different kind of service

#### **A better housing offer: reconfiguring services**

Pennine Housing 2000 (part of the Together Housing Group) in Calderdale has been reshaping its sheltered housing services for many years. Fundamental changes were introduced in 2003 and further changes have been made since as part of the Company's commitment to continuous improvement and development of the service.

This has included substantial improvements in the quality of support and an ambitious programme of capital and cyclical investment. The service changed from resident wardens to community-based teams and a tenure-neutral floating support service has been available since 2006. All category 1 and 1.5 schemes have been declassified to become available to any applicant aged over 50. Six category 2 schemes have been demolished and the Company has built three extra care schemes in the last ten years. Service developments have focused upon providing older people a substantially better housing offer via a service portfolio that comprises:

- Support to customers in extra care housing schemes
- Designated sheltered schemes
- Floating support in wider community
- All of which is available 24/7
- Telecare is also available where needed.

The development of services is continuous to ensure that services are, and continue to be fit for future, responsive to demographic changes and changing aspirations of an ageing society. This also helps ensure they remaining compatible with local priorities and business plans. Residents have been involved with and consulted on changes from the start of the plans, and continue to play an active part in shaping their housing support services.

### 3.9 A change of tenure

Where there is demand for sheltered housing from older owner occupiers, there may be scope for a change of tenure in a scheme, with the potential this brings of attracting new capital to fund improvements. Clearly this will depend on any existing liabilities on public grant previously obtained, a good understanding of the market, and the ability of the existing buildings to attract buyers. Alternatively, if there is development land available, or if the current buildings are to be demolished, then a new build scheme with accommodation offered with a mixed tenure could be considered.<sup>42</sup>

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<sup>42</sup> See discussion of implications in "Developing alternatives to rented housing", Institute of Public Care (2011) available at: [http://ipc.brookes.ac.uk/publications/pdf/Developing\\_Alternatives\\_to\\_Rented\\_Housing.pdf](http://ipc.brookes.ac.uk/publications/pdf/Developing_Alternatives_to_Rented_Housing.pdf)

## Conclusion

Housing providers, whether they are local authorities, registered providers, charities or private providers, need to consider the future of their specialist housing provision for older people:

- It is a valuable asset which needs to be fully exploited to the benefit of older people.
- Looking across the country, it is capable of improvement at a relatively low cost through the better management of it as an asset. This may include releasing capital through sale, leasehold, or disposal to enable investment in schemes capable of meeting modern expectations and needs.
- It has the potential to free up family housing.
- It provides an opportunity to create “aspirational” housing for older people.
- It can contribute to the drive from older people themselves, as well as from national policy, to remain living in the community.

## Other briefing papers

There are two other papers in this series of briefings for the Housing Learning and Improvement Network. Written by the Institute of Public Care at Oxford Brookes University, they are:

*Briefing Paper 1: Market Position Statements and Housing*

*Briefing Paper 2: Health, Wellbeing, and the Older People Housing Agenda*

## Note

The views expressed in this paper are those of the authors, and not necessarily those of the Housing Learning and Improvement Network.

## About the Housing LIN

Previously responsible for managing the Department of Health’s Extra Care Housing Fund, the Housing Learning and Improvement Network is the leading ‘learning lab’ for a growing network 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 people with long term conditions.

For further information about the Housing LIN’s comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit: [www.housinglin.org.uk](http://www.housinglin.org.uk)

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

## Published by

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