

Extra Care Housing

Development planning, control and management

RTPI Good Practice Note 8

Purpose of this guidance

A step change in the delivery of high quality housing to meet the changing needs of the UK's ageing population is urgently needed. A rapidly growing proportion of households are seeking housing with specific design and locational features that enable the delivery of personal care and support services in the home as part of their lifestyle choice.

This Good Practice Note aims to support urban and regional planning professionals engaged in forward planning and development management to respond to the growing demand for extra care housing in England. It complements *The Extra Care Housing Toolkit*, published by the Care Services Improvement Partnership, at the Department of Health, in October 2006. *The Toolkit* gives detailed guidance to housing, care and planning professionals and can be downloaded in full from www.icn.csip.org.uk/housing



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Care Services Improvement Partnership **CSIP**

Foreword

With a sharply ageing population, it is hardly a surprise that government policy initiatives seek to take account of the needs of an ageing society. Both the recent housing and planning green papers and health and social care white papers have done just that.

This good practice note emphasises the need for a joined up public and private sector response to the housing, health and community implications of demographic change. Maintaining the dignity and supporting the independence of older people goes beyond just one service – whether that be planning, housing, health or social care. What is clear is that local authorities, providers and commissioners need to recognise and plan for an ageing population by providing a wide choice of extra care housing. We are in new territory which requires us all to promote well-being, independence and choice.

This Good Practice Note will help planning and housing officers, developers and service providers work together to provide an extra care housing offer that addresses the needs of our ageing population. Too many older citizens are constrained by their built and service environment from maintaining active and healthy lifestyles. This guidance promotes the good practices which will underpin and deliver our vision for a National Housing Strategy for an Ageing Society.



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Parliamentary Under Secretary
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No 1 Introduction

Demographic and market trends

Planners face a constant challenge in adapting their practice to changes in legislation, guidance, demography, aspirations, lifestyles and market activity. The availability of appropriate housing for older people is an area where major changes are required over the next ten to twenty years. Planners are increasingly under pressure from these trends and need to develop and implement planning policies and development control practice which promote appropriate housing models and reflect changing demand.

The absolute numbers and proportions of older people in society have been increasing for many years. This trend will continue for at least the next fifty years. The biggest rates of growth are in the so called 'old old' group of people aged 85+ years, which is projected to increase by up to 60% by 2026. This age group account for a disproportionately large amount of resources in both health care and social care.

Table 1: Projected Population by age 2006 – 2031 in '000s

	2006	2011	2016	2021	2026	2031
60 - 74	8298	9307	9864	10448	11038	11779
75 +	4656	4938	5385	6129	7180	7795

(Source: Toolkit, p.72)

Older people have either lived in general needs housing, in sheltered accommodation or in 'institutional' care – either residential care home, nursing home, or continuing care in hospital. Sheltered housing, whether social rented or owned and usually with a warden and communal lounge, offers more support than living alone in the wider community and continues to be a growing market. It is designed to meet demands for supported mobility, ease of maintenance and servicing and security. However, not all forms of sheltered housing meet the needs of older people who need additional social care and health care support at home.

Not only are the numbers of older people growing, but the average number of years that people survive with a disabling illness is also increasing. Many such individuals can be cared for in their own homes, particularly with the development of assistive technology (telecare and telemedicine), use of appropriate aids or adaptations to the dwelling, and new models of housing-related care and/or support services such as floating support delivered by the third and independent sectors, including social enterprises, voluntary/charitable organisations, social enterprises and the private sector.

For many vulnerable older people, having the chance to avoid residential care, and live in specially designed housing as tenants or owner-occupiers, is an important element in retaining independence and dignity in older age. In addition, many older people are seeking to make a lifestyle choice to move into extra care housing to prevent or delay a move 'up the care ladder'.

The Policy Context

In response to these trends, recent government policy has focused around giving all adults with care needs more choice and control in where and how they live and how they wish to receive care. This is reflected in national housing, health and social care policies.

PPS3 Housing (November 2006) provides an enabling framework for local authorities, working with the private sector, to deliver the right quality and mix of housing for their communities. PPS3 requires Regional Spatial Strategies to set housing targets with particular regard to 'current and future demographic trends and profiles' and 'the accommodation requirements of specific groups, in particular, families with children, older and disabled people.'

The recent Housing Green Paper *Homes for the Future* (July 2007) highlights the significance of the issue, stating that

'Too many older people still live in housing that does not meet thermal and safety standards and is expensive to adapt. This further adds to the pressures on health, housing and other services.'

Through the Green Paper the government expresses its support for the promotion of Lifetime Homes Standards, particularly to the private sector. The Code for Sustainable Homes will encourage builders to adopt the Lifetime Homes Standards which include recommendations on access and layout.

Independence and Opportunity: Our Strategy for Supporting People was published by CLG in June 2007. The strategy includes the following themes for the provision of support to enable vulnerable people, including older people, to live independently:

- Keeping people that need services at the heart of the programme;
- Entering partnerships with the third sector;
- Providing the right housing to meet the needs of local people; and
- Increasing efficiency and reducing bureaucracy.

New Health and Social Care Structures – What are the Opportunities for Housing (Housing LIN, 2007) identified the role of housing organisations in the provision of health and social care through:

- Creating sustainable neighbourhoods;
- Providing or adapting more accessible homes;
- Promoting health and well-being;
- Promoting independence;
- Valuing and understanding customers; and
- Strengthening asset management.

Other relevant housing policy context includes *Preparing Older People's Strategies: linking housing to health, social care and other local strategies* (ODPM 2003) and, more recently, the work of the Housing for Older People Development Group (HOPDev) and their report, *Delivering housing for an ageing population: informing housing strategies and planning policies* (HOPDev 2005). And from a health and social care perspective, the Green Paper on Social Care, *Independence, Well-Being and Choice* (DH 2005) and subsequent White Paper, *Our Health, Our Care, Our Say: a new direction for community services* (DH 2005). The thrust of the new policies is to help people to remain more independent, and to have more control over how care is provided for them.

Many housing authorities and local authorities with social services responsibilities, and their housing partners, are actively seeking to enhance the housing with care supply in their areas and to make better use of the limited number of residential care beds available. This is contingent upon better domiciliary care for older people in their own homes, and the development of supported accommodation in the social and private housing sectors.

No 2 What is Extra Care Housing?

Developing models

The Toolkit demonstrates that there is a wide range of models of housing with care being developed. This can involve communal forms of housing, or of housing and service management, which challenge easy categorisation into either housing or residential accommodation. Most existing models support older people in purpose-built, self-contained and accessible rented, shared ownership or leasehold accommodation. These offer a safe and inclusive environment that facilitates independent living and where accommodation, low level support and care needs, similar to those of a residential care home population, can be met. This type of housing is variously known as 'very sheltered housing', 'housing with care', 'extra care housing', 'assisted living' and 'close care'. In recent years, the term 'Extra Care Housing' has gained prominence as the generic description of housing with care support. It is described in the Toolkit as:

"Purpose-built accommodation in which varying amounts of care and support can be offered and where some services are shared." ⁽¹⁾

By mid 2006, there were 30,000 units of extra care housing in England (source: Elderly Accommodation Counsel, www.housingcare.org) The vast majority of this (85%) is within the public sector, and has been developed by local councils and housing associations, usually with Housing Corporation funding and, more recently, Department of Health funding. Most schemes comprise 30 – 60 dwellings, but a number of extra care villages of 100 – 300 units have now been developed ⁽²⁾.

Extra care housing is now a significant area of growth for housing associations (Registered Social Landlords) and private developers, often in partnership with commissioners of adult social care, local housing authorities and/or housing developers. As such, it is both responding to an assessed housing with care need and latent demand in the population which has yet to be effectively mapped by planners.

Diversification

To address the housing with care needs of older people, many housing associations and local housing authorities have also reviewed their existing sheltered housing stock. A number of schemes, often built in the 1950s and 1960s, do not meet modern standards, and are sometimes difficult to let. In many cases, such schemes are appropriate for conversion into extra care housing, with the addition of internal features and provision of shared facilities. It is likely that large numbers of new extra care housing units for rent will be from refurbished stock. In addition, there is growing interest from providers of residential care seeking to diversify their services and develop new extra care housing for rent and for sale. Whatever the business imperatives or asset management issues, planners need to be clear about the strategic importance of any proposal as well as local or regional planning considerations.

There will also be many new extra housing care developments proposed for brownfield, and even greenfield, sites. These will vary from the creation of perhaps 10 – 15 new units adjacent to an existing residential/nursing home or sheltered scheme and schemes linked to regeneration projects or other community resources, to projects for retirement villages of 100+ units. Each will have specific planning issues depending on:

- National policy guidance on planning and housing needs assessments;
- Guidance set out in the National Housing Strategy for an Ageing Population;
- Regional Spatial Strategy and Local Development Framework policy requirements;
- The local Housing Market Assessment;
- Supplementary Planning Guidance;
- Specific site considerations such as location, building design and layout, and ancillary features such as parking.

No 3 Key drivers for Extra Care Housing

Local Authorities are interested in the development of extra care housing because it:

- meets community development and land use objectives
- comprises an aspect of planning for the 'health and older people' theme of Local Area Agreements,
- meets strategic housing policy objectives,
- meets social care policy objectives and promotes independence for frail older people,
- widens accommodation choice for frail older people whose assessed level of need may otherwise require entering a residential or nursing home,
- makes better use of residential care and nursing care
- enhances local communities, and offers wider choice in accommodation and care,
- meets community safety objectives by providing a safe environment,
- frees up other sectors of the housing market e.g. release of family accommodation into local housing markets.

Housing providers interests are around:

- the development of markets for an ageing population
- increasing the housing with care choices for older people,
- a better use of existing stock and sites,
- provision of housing responsive to need, and adaptable for future need.

Home care providers benefit from:

- concentrating provision on one site, eliminating transport costs, and allowing development and training of a dedicated care staff team,
- opportunity to be flexible in the delivery of personal care within the conditions of a block contract and/or future use of Individual Budgets or self-directed support services,
- care contracts (usually 3 – 5 years) which offer some stability and certainty over time for in-reach and out-reach services.

Primary Care Trusts benefits from extra care housing are:

- a safe and sheltered environment for meeting individual health needs,
- a base for outreach clinics for chiropody, physiotherapy etc.,
- an opportunity to develop 'well-being' programmes, and to promote 'active ageing',
- a reduction in acute hospital bed days, by avoidance of admissions or speedier discharge,
- a potential base for the development of intermediate care, where frail older people can be 're-skilled' in daily living.

Residents and their families benefit from:

- security and peace of mind,
- enhanced health and sense of well-being
- dwellings which are accessible and specially designed to meet their current and future needs,
- 24 hour alarm system,
- on site care team and manager,
- couples can stay together if one develops high dependency needs,
- independence, having own front door, and not being in 'institutional' care,
- control over own finances,
- opportunity to continue to own your own property,
- living in a 'mixed ability' community of older people,
- opportunity to socialise.

No 4 Meeting a wide range of needs

Support

From a housing with care perspective, the key feature of any extra care scheme is that the design, layout, facilities and support services available enhance the quality of life for individual residents. High levels of support may be supplied to only a small proportion of occupants, but the crucial factor is that the scheme is capable of meeting the housing with care and/or lifestyle needs of an individual who would otherwise need more intensive home care or a residential care bed. In this respect the most important facilities are :

- an on-site team of carers, including management,
- 24-hour cover,
- ability to provide daily hot meals (usually from an on-site kitchen)
- a 'heavy-duty' laundry,
- enhanced bathing and toilet facilities.

Other shared facilities on extra care schemes may include a residents' lounge and bar, shops, hairdresser/beauty salon, IT room, trolley/electric scooter parking area, library, crafts/woodworking room, gardening area, gym/leisure facilities and dedicated transport. Some of these facilities are dependent upon economies of scale and only found in extra care villages of 100+ units.

The ethos of extra care is to promote independence, not to foster a culture of dependency. Wherever possible, people are assisted in performing tasks themselves, rather than having them done for them. Most extra care schemes operate on the principle of establishing a community of older people. Some residents will be highly dependent with extensive packages of care. Others will be fit and active with no serious health problems. Many schemes have vibrant communities who arrange their own social activities, sometimes funded with profits from resident-run shops and bars. For many, the opportunity to socialise and make new friends will be a key factor in a move into extra care housing.

Box 1 sets out an example of the type of public sector arrangements being made for meeting care needs in extra care rented accommodation. In the private sector schemes, there may be a higher proportion of older people with low dependency compared to public sector schemes. However, over time, even in the private schemes, most people will reach a stage of medium or high dependency'. In this respect, extra care housing can enable people to 'age in place'.

Box 1. Operational agreements: a public sector perspective

A typical local authority contract for care and support to a 60-unit extra care scheme (*see ECH Toolkit p.62 , Balance of Needs*) might be:

- 20 flats – high dependency @ 12 -14 average hours per week,
- 20 flats – medium dependency @ 5 – 7 average hours per week,
- 20 flats - low dependency @ 0 hours per week.

Plus all 60 flats receive housing support via the Supporting People Programme.

The care provider would in effect have a block contract for circa. 380 hours per week, and the flexibility to use these hours to best effect within the scheme, whilst meeting all the care requirements listed on the individual care plans. This flexibility in care delivery is one of the clearest benefits of extra care housing.

Housing and social care commissioners, together with the housing providers will usually set up an allocations panel for initial lettings, and for all subsequent re-lets. They will aim to maintain the third:third:third balance between dependencies. If too many flats are occupied by high dependency residents then the scheme will tend to become a 'residential care home by another name'. If the balance shifts towards more independent people then the opportunity for frail vulnerable individuals to avoid residential care will be diluted. It is also the case that if the scheme is perceived to be dominated by people with very high care needs, then younger more independent older people will not want to move in.

Tenure and affordability

At present most extra care is available for rent. However, rates of owner-occupation amongst older people are high, and set to increase.

Table 2: Projected Levels of Owner-Occupation in 2011

60 – 64	65 – 70	71 -74	75 – 80	81 – 84	85+
78%	79%	77%	72%	70%	66%

(Source: Toolkit, p.17)

Owner-occupation is the tenure choice of nearly three quarters of all older people. As well as maintaining independence, it may also make economic sense to buy into an extra care scheme rather than pay weekly residential care home fees of £400 - £700 per week. At present, only about 15% of extra care housing is owner-occupied ⁽³⁾. This suggests that there is considerable market scope for extra care housing.

Many new-build extra care schemes in the public sector are mixed tenure developments incorporating a proportion (usually between 25% to 50%) of properties for sale. This reflects the housing market in the area of the scheme, and also helps raise capital for the project.

There is considerable debate about the costs of meeting design and layout needs that can either be borne by the market or met by housing and care providers. It is argued that due to competition from alternative uses, particularly general housing, requirements to provide affordable housing can mean that extra care schemes are often financially unviable.

Dementia and special needs

Nearly 22% of people aged 85+ have dementia ⁽⁴⁾. Where dementia is at a mild or medium level, individuals affected may be able to choose to live in extra care housing. However, their growing inability to communicate means that they are likely to become socially isolated. Some extra care housing schemes recognise the particular needs of people with dementia, and use specially adapted wings or 'pods' to give dementia sufferers an added level of protection and support. Some extra care housing schemes are designated exclusively for dementia sufferers, but all schemes need to adapt to some of their residents developing dementia. A few extra care housing developments have been designed for use by older people with learning disabilities or people with long term conditions as a result of, for example, a stroke.

Cultural diversity

Social and individual expectations for housing and care may be strongly influenced by cultural factors, including race and religion. The specific needs of some black and minority ethnic communities, for instance, are reflected in some specific schemes developed by voluntary organisations ⁽⁵⁾.

Rural communities

Most extra care housing has been developed in urban settings, where local community facilities such as GP, pharmacist, shops, leisure, churches etc, are close at hand. Rural extra care housing schemes that draw residents from urban areas are generally counter to planning policy. They are not seen as meeting 'rural needs'. The latter are most likely to be met within existing rural villages and market towns, where the development of extra care housing will support services generally⁽⁶⁾.

No 5 Issues for Development Planning, Control and Management

Policy development: Planning Policy Statement 3

The Government's specific objectives for planning for housing development, through regional spatial strategies and local development documents, as set out in Planning Policy Statement 3 (page 6) are :

- 'High quality housing that is well-designed and built to a high standard.
- A mix of housing, both market and affordable, particularly in terms of tenure and price, to support a wide variety of households in all areas, both urban and rural.
- A sufficient quantity of housing taking into account need and demand and seeking to improve choice.
- Housing developments in suitable locations, which offer a good range of community facilities and with good access to jobs, key services and infrastructure.
- A flexible responsive supply of land – managed in a way that makes efficient and effective use of land, including re-use of previously developed land where appropriate ⁽⁸⁾.'

PPS3 requires assessments of housing need and demand to be based on Strategic Housing Market Assessments. As stressed above, there is a very wide range of potential models of extra care housing. However, key differences in relation to wider housing markets will include:

- Design and layout to meet space requirements and/or long-term care needs;
- Different funding routes, potentially with complex implications for tenure and affordability;
- Lack of understanding and assessment of new and very rapidly expanding markets;
- Integration with care and service delivery in the wider community; and
- New and emerging models of services 'close to home' through the use of communication, information, environmental and lifestyle monitoring technologies.

Housing Market Assessments

One of the currently most contentious areas of planning for housing is the establishment of the levels of need and demand, particularly in relation to the type and size of dwellings. Strategic housing market assessments will estimate need and demand in terms of affordable and market housing, consider demographic trends and identify the accommodation requirements of specific groups ⁽⁹⁾. In developing a housing market assessment planners will need to consider the following:

- Is there a strategy for the development of extra care housing in the local area?
- Who has developed the strategy, and with what involvement of older people?
- Does a strategic plan recognise the need for extra care housing for rent, leasehold and shared ownership?

Chapters 3 and 4 of the Toolkit gives a detailed account of market and needs analysis. The key steps in understanding and interpreting demand data are:

- preparing to undertake demand forecasting, including identifying sources,
- assembling data about populations, prevalence and incidence rates, and if necessary identifying additional survey work,
- developing and understanding the baseline, including collection of accurate information on the core population around location and future prevalence and incidence data, results of consultation with service users and carers, and analysis of local implications of government legislation,
- establishing hypotheses and identifying key data, such as an estimate of the proportion of residential care home residents who could have had their care needs met in extra care housing, and an assessment of reduced demand for acute hospital beds,
- analysing future needs and demand leading to making statements about the nature, type and volume of future demand for both accommodation and care services, and bringing supply and demand data together into a commissioning strategy.

Working with partners

Demand for extra care housing is growing, and developers are taking a risk with a major investment. Typically, a 50-unit new extra care scheme may cost around £5million, not including land costs. Many schemes take 5 years from inception to occupation.

The primary sources for capital are Housing Corporation Grant, Department of Health Extra Care Housing Grant, Private Finance Initiative, other housing capital loans and equity products, charitable donations and private finance. The sources of revenue funding are local authority contracts for personal social care, NHS primary care budgets, Supporting People Grant, housing management contracts, rent, service charges, and finance by residents and their informal carers.

What is clear is that no single agency can deliver extra care housing in the volume that will be needed in future years. The development of extra care housing involves partnership working. Extra care housing schemes can only be developed and maintained through a partnership of stakeholders, including planners, commissioners, providers and developers.

Assessing individual proposals

In assessing development proposals, planners should be prepared to have to consider the following areas:

Assessment of the benefit to local housing and care provision of individual schemes:

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

Involvement of local stakeholder organisations in the scheme:

- Do Social Services intend to purchase personal social care from the scheme? If so, what will the mix of dependencies be?
- Does the local Primary Care Trust intend to purchase/rent any units for the delivery of Intermediate Care, or to use the scheme as a base for well-being, physiotherapy, chiropody, or other community health services?
- Is there an allocations panel to determine the letting of properties? If so, which stakeholder organisations are involved?
- Is the scheme receiving any capital funding from statutory sources such as the Housing Corporation or Department of Health Extra Care Housing Grant?
- Is the application supported by a partnership of local stakeholders?
- Have stakeholders confirmed their commitment to the scheme?
- Are partners involved in other extra care housing schemes in the area?

Tenure:

- Will the scheme be entirely for rent?
- Will there be a proportion of units for leasehold or shared ownership? If so, what proportion?
- How does this relate to the tenure pattern of over 65's in the local area?

If the scheme is solely or predominantly leasehold, is it an extra care scheme or retirement housing?

- Does the scheme have facilities not normally associated with retirement or sheltered housing such as bar/lounge, kitchen/dining room, laundry, crafts room, IT suite, shop, gym etc.?
- Are 24 hour care services available to all residents according to their need?
- Can residents receive/purchase care from the on-site team?
- Has the developer opened similar schemes in other parts of the country? If so, what is the average age on entry, and how much care per week was purchased during the first year of operation?
- What efforts have been made to link the scheme into the local community?
- Will daily hot meals be available?

Unlike residential care homes, extra care housing is not registered by the Commission of Social Care Inspection (CSCI). However, it should be noted that the delivery of the domiciliary care component to individual residents is registered by CSCI. Further information on registration is available from CSCI at www.csci.org.uk. For planning purposes, this should clarify whether the development is regarded as a residential institution or a group of 'ordinary' dwellings. This is a key distinction for planners as it relates to C2 or C3 categorisation under Town and Country Planning (Use Classes) Order and may determine whether an affordable housing contribution is sought by the planning authority, especially where the developer is a private sector provider of extra care housing for rent or sale.

- Does the scheme meet affordability requirements?
- How will rents, service charge and housing support costs be calculated?
- Are meals and/or personal support included within an overall weekly charge?
- If units are leasehold, where will prices be pitched against average market values?
- How will the opening of the scheme affect the local housing market?

What other impacts will there be on the local area?

- Is it a large 'village'-type development? If so, are there links to the local community? Will other older people in the area be able to use the facilities of the scheme, or activities arranged there?
- If the scheme incorporates a shop, how will other retail establishments in the area be affected?
- What levels and types of employment in care and other services will be generated or supported by the development?
- Is the scheme on the same site as another health/social care establishment such as a hospital, nursing/residential home, day centre or sheltered housing scheme? If so, are the units integrated or stand-alone?
- Is the design appropriate to the local area?

Is the design and layout of the scheme appropriate for frail residents?

- Are the units designed to 'disability standards'?
- Are the units self-contained with a lockable front door?
- Are there any 'wings' or 'pods' within the scheme, specially adapted for very frail individuals (eg. dementia sufferers)?
- Are local community facilities – shops, leisure, G.P., pharmacy etc. – nearby?
- Are there areas of garden available exclusively for residents' use?
- Is the scheme amenable for use of assistive technology?

(see also Toolkit pp.118 – 120)

No 6 References

- (1) Housing LIN (2006), *Extra Care Housing Toolkit* (p16). Care Services Improvement Partnership, Department of Health
- (2) Joseph Rowntree Foundation (2006), *Planning for continuing care retirement communities: issues and good practice*. JRF, York
- (3) Housing LIN (2006)
Extra Care Housing Toolkit (p28)
- (4) Housing LIN (2006)
Extra Care Housing Toolkit (p87)
- (5) Housing LIN (2006)
Extra Care Housing Toolkit (p25)
- (6) Housing LIN Factsheet No.12, *An Introduction to Extra Care Housing in Rural Areas*. CSIP, Department of Health
- (7) Housing LIN Factsheet No. 5 *Design Principles in Extra Care Housing*. CSIP, Department of Health
- (8) Department for Communities and Local Government (2006). *Planning Policy Statement 3 (PPS3), Housing*. DCLG
- (9) Department for Communities and Local Government (2007) *Strategic Housing Market Assessments - Practice Guidance Version 2*, DCLG.

The CSIP's Housing Learning and Improvement Network (LIN) fact sheets on extra care housing can be accessed at www.icn.csip.org.uk/housing

No 7 Useful Publications

Department for Communities and Local Government (2006), *Planning Policy Statement 3* (PPS3), DCLG

Edwards E & Harding E (2006), *Building our Futures: Meeting the housing needs of an ageing population*, International Longevity Centre, www.ilcuk.org.uk

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The Housing Learning and Improvement Network

The Housing Learning and Improvement Network is a unique learning network within the Care Services Improvement Partnership at the Department of Health. It promotes new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It has the lead for supporting the implementation of the Department of Health's Extra Care Housing Grant arrangements and related housing with care and support capital and revenue programmes.

The Housing Learning and Improvement Network manages both national and regional networks and has extensive on-line resources and materials at **www.icn.csip.org.uk/housing**

For enquiries email: housing@csip.org.uk

Room for All - The RTPI Housing Network

Room for All brings together all those with an interest in planning for housing, including planning and housing professionals, politicians, public sector staff, private developers, voluntary organisations and community representatives. It aims to influence planning policies in the area of housing and to press decision-makers to address current housing-related issues effectively. Members of the network play an important part in developing policy, knowledge and good practice.

For enquiries email: housing@rtpi.org.uk

While the key issues and principles described in this document are being addressed through spatial planning processes across the UK, the guidance is specifically relevant for town planners working within the context of national planning, housing, health and social care policy in England.

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