Homes for our old age

Independent living by design

CABE

Housing Learning and Improvement Network

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Colliers Gardens, Bristol © Alys Tomlinson

Introduction

The way we think about our living environments as we age is changing. The word 'home' no longer defines a building where older people go to end their days; it is now a place where older people go to make the most of the next phase of their lives.[1] Older people want homes that give them independence, choice and the ability to maintain their friendships and family contacts. They do not see their homes simply as a place where they receive health or social care.

The pressures on planners, commissioners and designers are huge as the ageing population increases. In recent years, the number of people aged 65 or over has risen by 2 per cent a year and the fastest-growing age group is people over 80.

People who need care support generally want to stay in their own home and this is a view that carers and commissioners have come to accept. However, some people will need specially designed buildings and it is these buildings that we focus on in this publication.

For architects and designers, and those who commission services, both general and specialised housing present challenges when designing for care at home. General housing stock is not always fit for purpose and older people's expectations of specialised housing have changed. People who use care support are no longer passive recipients; they want control over services.[2] And providers of social care are increasingly interested in creating inclusive, non-institutional environments, where residents retain control.

Getting the buildings right is only part of the solution, however. Older people, just like everyone else, have strong views about where they want to live. We know from research that people with dementia need a stimulating environment and opportunities to meet other people.[3] People in their 90s and older also have particular needs.[4] It is not just the homes themselves that are important to maintaining independence: a local environment with accessible shops and services is vital, too.

1 *Building A Society of All Ages: Choices for Older People*, Department of Work and Pensions, 2009

2 *Shaping the Future of Care Together*, Care and Support green paper, Department of Health, 2009. *More Choice, Greater Voice* is a toolkit prepared to accompany the government's national strategy for an ageing society to offer guidance to commissioners and providers to enable them to produce accommodation with care strategies for older people.

3 Vallelly S, Evans S, Fear T and Means R, *Opening doors to Independence*, Housing 21 and the Housing Corporation, London, 2006

4 See Croucher K, *Delivering End of Life Care in Housing with Care Settings*, Fact Sheet 18, Housing Learning and Improvement Network, London, 2006 available at tinyurl.com/l4vayf

Older people want homes that give them independence, choice and the ability to maintain their friendships and family contacts

Age, poverty, dementia and isolation – the facts

Age

- In 2007 there were 9.8 million people aged 65 and over. By 2032 that number is predicted to be 16.1 million
- In 2007 there were 1.3 million people aged 85 and over. By 2032 that is predicted to be 3.1 million

Source: *Ageing and Mortality in the UK: National Statistician's annual article on the population*, Office for National Statistics, 2008, p1 **tinyurl.com/6kysl3**

Dementia

- The number of people with dementia is set to double to 1.4 million over the next 30 years and the costs to the UK economy will go from £17 billion to £50 billion

Source: *Mental Capital and Well Being: Making the most of ourselves in the 21st century: executive summary*, Foresight, part of the Government Office for Science, p32, see **tinyurl.com/musgnr**

Poverty

- 2.2 million pensioners are so poor they cannot afford to heat their homes, eat healthy food or replace household equipment

Source: Help the Aged website **www.helptheaged.org.uk**

Isolation

- 11 per cent of those aged 65 or over are often or always lonely
- 48 per cent of those aged 65 or over say the television is their main company
- 12 per cent of those aged 65 or over say they are trapped in their own home
- The number of people aged 75 and over living alone will increase by over 40 per cent in the next 20 years

Source: *One Voice: Shaping our ageing society*, Help the Aged and Age Concern, April 2009, p47-48, **tinyurl.com/d5sttj**

Colliers Gardens, Bristol © Alys Tomlinson

Issues facing commissioners and designers

Older people want buildings that enable them to stay independent and allow them contact with their friends and family. Space is important, too. No one wants to live in isolated or unsafe parts of town and most people want access to local amenities, such as parks and shops.

Good design is vital, because it makes for a building where people are able to live how they want, and enables the delivery of home care and/or support services. However, good home care is not just about the design of a building; it is also about the services provided within that building.

Housing operates in a market, and choice[5] is important for anyone buying or renting a home. Size, location, cost and amenities inform the decisions that people make about where they live. The government has responded to the social care consumer's demand for choice and control in its housing policies[6] and in initiatives, such as the personalisation of social care,[7] which are intended to give consumers of care more choice over how care is delivered.[8]

Everyone working in the built environment needs to be mindful of the needs of older people and the importance of inclusive design.[9] Several bodies and publications have looked at how people interact with the outdoor environment as they age.[10,11,12]

Care and support is not only associated with specialised buildings. Many people want to stay at home in traditionally designed housing and this poses another set of challenges. Adaptations to people's homes range from complex structural changes, such as lifts, to minor repairs. Government funding for adaptations has increased and, in some places, home improvement agencies[13] provide advice and support to vulnerable people needing repairs and adaptations.

Much of our housing stock remains inaccessible for many disabled or older people. Homes built to the Lifetime Homes standard are both more accessible than regular design and more easily adaptable. The government wants to build more new homes to the standard and believes this can be done relatively cheaply. The government has set up an advisory committee to clarify the standard and ensure consistency by 2010.

Extra care housing,[14] which is specifically designed for people as they become more frail, provides purpose-built homes and access to on-site 24-hour care. The building design also encourages social interaction[15] while allowing people to maintain their privacy.

Location is critical as, increasingly, buildings designed with care and support in mind cater for the local community. Social care professionals may use the building as a base to work from and local people may visit. People needing intermediate or respite care may also make use of the facilities.

In a society where older people are from diverse social, economic, ethnic and religious backgrounds, there will be different ideas about what makes a home. All of us will want safety, comfort and a feeling of fitting in so that we really do feel at home. This means familiarity of food and care, routines and rituals, socialising and talking – where the fabric of life is familiar and where respect is guaranteed.

Fundamentally, we are designing good homes, not care homes. The 10 case studies here examine how architects and designers have successfully created homes where people feel safe, respected and part of the community. All of the schemes aim to maintain the independence of their residents, through their design and management and the services provided.

The buildings vary in scale, location and design. The majority of the buildings in the case studies here are for older people, with one for disabled people. But they all have one thing in common – they have been designed primarily as a home, not just a place to access care.

5 Oldman J, *Housing Choice for Older People*, Help the Aged, London, 2006

6 Communities and Local Government, Department of Health and Department for Work and Pensions, *Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society*, Communities and Local Government, London, 2007

7 *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*, HM Government, 2008

8 See *Inclusion by design*, CABE, London, 2008

9 See *DPTAC charter* at tinyurl.com/njw35w for a useful discussion on the importance of inclusive design.

10 See www.idgo.ac.uk

11 See Burton E and Mitchell L, *Inclusive Urban Design: Streets for Life*, Architectural Press, Oxford, 2006, for practical guidance on creating accessible outdoor environments.

12 www.manualforstreets.org.uk

13 www.foundations.uk.com

14 Extra care housing is designed so that older people can continue to live in the community and is sometimes referred to as a 'home for life'. Extra care buildings are accessible and offer a range of facilities and care services. Go to the Housing LIN website for further information.

15 The University of Sheffield is working on the EVOLVE project that will develop an evidence based tool that can be used to evaluate extra care design.

The case studies in outline

The 10 case studies are diverse and show that good home care design comes in many forms. The majority of the schemes are purpose-built flats. Two, Prices Yard and Callendar Court, show what can be done to revitalise older buildings. The last case study features adaptations to a couple's existing home.

Most of the homes featured here are in cities but two of the projects, Painswick Retirement Village and Barton Mews, enable people to achieve their dream of retiring to the countryside, as well as providing social care for people already living there.

The Foundations for Living project in Huntingdon moved from a village to a town to give its disabled residents better access to services, shops and jobs. This has certainly increased independence, with some residents considering work for the first time ever.

The majority of the projects are alongside other houses and maintain close links with the surrounding area and the people who live there. This enables residents to maintain their friendships and other support networks. Many of the schemes include facilities for the broader community. Callendar Court in Gateshead, for instance, has a café and a hairdresser that can be used by locals.

Darwin Court in Southwark, London, has health facilities, social spaces, an information technology suite and a swimming pool. Barton Mews in Staffordshire is built above a doctor's surgery and a hospital. Foundations for Living has a community learning centre and rooms that can be used by disabled people, business groups and a regional college. Shared facilities keep residents and the broader community in touch with each other and there is good feedback about community contact.

The case studies contain many tips for effective home care design. Two of the buildings are built around a courtyard and, in the case of Croftspar in Glasgow, this provides a friendly meeting place for people with dementia.

Many residents like small communal spaces. Darwin Court's architect talks about spaces that are 'ready to be colonised'. Residents with dementia at Callendar Court find the compact design of small clusters of flats easy to navigate. At Prices Yard in Islington, London, the space in front of the houses is a communal area.

Accessibility is often associated with ground-floor living, but some of these projects demonstrate how living on the first floor or above can be done. Improved lift technology has allowed disabled people access to higher floors and many residents appreciate the views and security.

Not every design feature is perfect. For instance, at Croftspar, residents with dementia did not like the underfloor heating as they initially found it confusing.

Staff are not always as enthusiastic about the buildings as residents and designers. For instance, in one of the schemes, they thought the design was too lavish and that a sheltered housing scheme and a nursing home close to each other would be better. Perhaps the answer lies in a scheme like Prices Yard, where the building is built to Lifetime Homes standards[16] and can cope with both changing needs and the lifestyle aspirations of older people.

The case studies tell us a lot about what people like and a little about what they do not like. They show how potential residents were consulted during the design process. Post-occupancy evaluation can also provide vital feedback, but this is not often carried out on housing projects.[17]

We expect buildings for social care to be successful as homes and as important resources for the local community. This means we need to consult planners, designers, social care professionals and local people, as well as residents and their friends and relatives.

16 See www.lifetimehomes.org.uk

17 See Stevenson F, presentation *Post Occupancy Evaluation of Housing* at tinyurl.com/l58by4

Lessons from the case studies

All the buildings in this guide are successful, modern social care environments and meet their objectives of enabling independence and a good quality of life. Lessons can be identified for those involved in the commissioning and design of home care:

- 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 house 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.

Internal house design and layout needs to be flexible to accommodate changing care needs

Colliers Gardens, Bristol © Alys Tomlinson

Colliers Gardens Bristol

Extra care housing for older people.

The 50 flats for older people, owned and managed by public sector provider Brunelcare, won a RIBA award for architects Penoyre and Prasad. The £7 million building costs were funded by the Housing Corporation and the scheme was completed in 2006.

Colliers Gardens, Bristol © Alys Tomlinson

Key features

- The facilities offer a range of choices to the older people living at Colliers Gardens. The two-bedroom accommodation is popular and the design enables people with dementia to continue living at home.
- Informal communal areas have proved popular and the communal dining room is a natural hub.
- There is still a debate over the concept of a 'home for life' and the value for money of extra care housing. The space and design of the building has succeeded in fostering independence, but there is still an issue about ensuring black and minority ethnic elders are fully included in the project.

Design and planning

The flats are on two floors in spurs branching off from either side of the main circulation area , with an informal communal seating area on the upper level. Skylights bring daylight flooding into the building from above as well as the sides, bringing a real sense of connection between the inside and outside. However, not all the windows open and it can get stuffy. A double-height communal lounge and dining room provides a social hub at the front of the building beside the entrance, and opens onto the communal gardens through a glazed façade. The internal glazing to the entrance hall and arrival point allows residents to keep an eye on who is coming and going.

The scheme is used by local people who join in events organised by the Colliers Gardens social club. The building also houses a therapy room, hair salon and IT room.

The main corridor changes angle, and runs along a slight incline, making it seem more like a winding path than an institutional corridor. Windows on both sides look out onto the gardens, which are designed in a circular pattern for people with dementia. The use of colour coding and different textures in the internal circulation areas also help people remember where they are.

The accommodation is well planned, designed and specified, with an extremely pleasant atmosphere, even though the site is slightly isolated. It is a former allotment garden at the back of houses, with no direct access to a main road.

Colliers Gardens, Bristol © Alys Tomlinson

Residents' views

Residents and staff at Colliers Gardens' enjoy living and working here.

Frail, older tenants have got used to the building and like having a choice of facilities. One woman books one of the two assisted bathrooms three times a week, instead of using her own wet room. However, she regrets the closure of the shop, particularly as the shopkeeper would bring things in for her.

The flats also work well for a disabled man and his wife. He is able to sleep in the second bedroom of their flat if he is having a restless night and uses a computer in the room to surf the internet. One of the staff says that the man would not be able to have this quality of life in his old home, or even in a sheltered housing scheme. Here he can enjoy independence, mobility and choice about what he wants to do within a well-designed, and accessible environment. One member of staff says that the communal areas work like a street where people meet and interact with each other.

In the evening, the residents hold their own informal meetings to discuss the building's affairs.

The communal facilities are sustained partly through their use by people from outside Colliers Gardens. Non-residents use the main entrance but cannot get into the residential areas of the building, ensuring the privacy, safety and security of tenants. In addition, residents from the local Chinese community are encouraged to participate in social activities or eat in the dining room. This seeks to ensure that the scheme is inclusively managed.

Staff views

One member of staff thought the design was too lavish and that a sheltered housing scheme and a nursing home close to each other would be better. Many of the residents of Colliers Gardens are relatively young and mobile and, because they are out a lot of the time, the communal facilities and catering services appear to be under-used. This view is a challenge to the idea of 'independent living' and building environments that meet both existing and future care needs.

Learning points

The scheme allows residents independence and the potential for social interaction. However, there is a lack of consensus among those who manage the building about the cost of design quality. This reflects a broader debate about the design of specialised housing for older people, with critics believing that a home for life is unsustainable.

Brunelcare is developing a new, cheaper, scheme, designed to be readily adaptable with flexible internal

partitioning, additional drainage, under floor heating and individual metering for flats. It will also be adapted to solar heating and combined heat and power (CHP) when that becomes economical.

Brunelcare is also hoping to secure a site for a scheme which will combine sheltered housing and a nursing home in one place, enabling residents to make an easy move to a place providing a higher level of care.

Design and architectural features

- Grouped flats
- Informal communal areas
- Communal lounge and dining room is a natural hub.

Points for residents

- Choice over which facilities to use
- Two-bedroom accommodation
- Design for people with dementia
- Facilities offer a choice of lifestyle.

Management issues

- Still a debate over the concept of a 'home for life' and value for money of extra care
- How to ensure inclusion of black and minority ethnic elders
- Space and design fosters independence.

Colliers Gardens, Bristol © Alys Tomlinson

Brunelcare is hoping to secure a site for a scheme which will combine sheltered housing and a nursing home in one place, enabling residents to make an easy move to a place providing a higher level of care

Lingham Court
Lambeth, London

Extra care housing for older people alongside general needs housing for sale.

The 30 affordable housing flats for older people, designed by Pollard Thomas Edwards Architects, are owned and managed by public sector provider Metropolitan Housing Partnership. The scheme also includes 40 flats for outright sale. The total cost was £10 million and the outright sale flats subsidised the affordable housing.

Lingham Court, London © Alys Tomlinson

Key features

- A prefabricated construction with factory-assembled wall and floor panels. All flats are on the upper floors for security. Thermal insulation far exceeds building regulations levels.
- Although many of the residents have regained their independence, the building still has an institutional feel. An issue for managing the building is to foster a sense of community both within the building and in the surrounding area.

Concept

The basic concept is straightforward: people have a home of their own, with their own front door, and everything else spins off this. The care and service provided is never imposed, but always tailored to individual needs. Above all, the goal is to enhance and promote independence. For example, this is the reason why the lunch club operates only four days a week, to ensure that residents do not lose basic cooking skills. People are encouraged to attend weekly planning meetings, facilitated by staff, to participate in and make decisions about the running of the building.

Background

There has been considerable investment in new affordable extra care housing, which is regarded as a priority in Lambeth, where there are high levels of deprivation.

The council is committed to reducing dependence on institutional models of care by supporting carers, and through education, advice and support to manage long-term physical and mental health conditions.

Design and planning

This scheme is designed to be different from an old-style care institution. Its modern, appealing appearance is vital to attracting outside community groups to use the building. It is not hidden away in a cul-de-sac, but placed on a main road, highly visible and well connected by bus, tube and private transport routes.

Lingham Court has a clean, modern aesthetic. It is a prefabricated construction comprising a lightweight steel frame, installed on site with minimal foundations,

Lingham Court, London © Robert Greshoff

and factory-assembled wall and floor panels. The construction method, and the form of the building, was dictated in part by its location over a tube tunnel, which meant that weight limits had to be observed.

Development and building

There is no car parking, as the scheme is near good public transport links and there are ample secure cycle parking spaces. This assumes that older people will not be drivers[18] or that their friends and relatives will not need to park when visiting or providing lifts.

Security is an issue, and for that reason no flats are located at ground floor level. There is a private garden on the south-west side, shielded from the street by a high wall. There is also a small roof garden.

The flats are arranged on the upper three floors, along the perimeters of the building. All have a good view over the local area, the use of a balcony, and a compact layout of bedroom (two bedrooms in only two cases), living room, fully accessible bathroom and kitchen. Large metal-framed windows provide plenty of daylight, although the flats are all single aspect.

Technology and sustainability

The development achieved an eco homes rating of very good. Thermal insulation far exceeds the levels specified by building regulations. Each flat's distinctive steel balcony helps to shade the interior from solar glare. There is no air conditioning, just low-energy fans to improve ventilation. Staff would prefer to have windows that open to the central circulation space, because it can get very hot.

Feedback

Many people have moved into Lingham Court from residential care homes, and they have regained a huge amount of independence as tenants in their own homes. An on-site care team provides physical assistance, and support team staff help in other areas, such as day-to-day administration and resolution of family conflicts.

Diversity and inclusion

The tenants at Lingham Court are from diverse ethnic and social backgrounds with correspondingly diverse expectations. Some sheltered schemes in the 1980s and 1990s were designed for residents from specific ethnic backgrounds[19] and for some older people this provided a familiar, comfortable and safe environment.

Discrete projects for particular ethnic, cultural and religious groups, or for women, or lesbian and gay elders, are sometimes described as isolationist. However, home care is not exempt from the discrimination that exists in wider society and separate provision can provide an environment safe from intolerance.

Apart from a few exceptions the extra care model has generally shifted the focus away from discrete

provision for specific groups. It is not clear if this shift is due to the expressed wishes of local minority communities or a change of policy towards 'integration'. Each situation will vary and each location and the communities within it will differ.

Lingham Court, however, was always intended to be an ethnically and religiously mixed community.

The clean, modern look of the scheme, tempered by timber-clad façades, was probably led by the need to cater for the affluent, young professionals buying the sale flats. The expansive central circulation areas of the extra care building have a somewhat empty and impersonal feel to them. In most cases, there is no evidence of residents' presence or individuality around their front doors, and the absence of internal windows opening from flats onto the common space produces a very clear sense of separation between the private life behind the front doors, and the common life of the building. Even the roof terrace is empty of plants, because of staff concerns about potential trip hazards, especially when grandchildren are visiting.

Despite the use of primary colours to distinguish one floor from another, the overriding impression veers towards the institutional rather than the homely. Even though the central elliptical spaces formed by the back-to-back arrangement of the two bow-shaped blocks are pleasant, the core of the building has little daylight and a heavy dependence on artificial overhead lighting.

The success of inclusive housing depends on how effectively managers can build a sense of community by encouraging residents to attend planning meetings and participate in decision making. Staff at Lingham Court hope that residents will eventually sit on the recruitment panels for new staff. This may pose challenges in light of the physical and mental impairment experienced by many residents.

Frequently, the circumstances surrounding an older person's arrival at the scheme will be characterised by a significant family breakdown, resulting in a stand-off that may persist for some time. There is a tendency to see an initial tapering off of family visits, followed by a slow increase over time, as a new relationship gradually evolves. At the same time, service users begin to forge new friendships and are less isolated than they were in their former homes.

Learning points

There was a lack of community engagement in the early stages of procurement and development of Lingham Court. Many residents on the local estates had no idea what the building was until it opened. As a result, it has taken time to make local families and older people aware of the resource on their doorsteps, and to develop social networks and strong links with local groups for older people whose engagement is crucial to the scheme's integration into the wider community.

Design and architectural features

- Prefabricated construction with factory-assembled wall and floor panels
- All flats on upper floors for security.

Points for residents

- Thermal insulation far exceeds building regulations levels but ventilation is not felt to be adequate
- Many residents have regained independence
- Building has institutional feel.

Management issues

- Further need to create a sense of community both within the building and in the surrounding area.

Lingham Court, London © Alys Tomlinson

18 There are over 2 million people over 70 in the UK with driving licences and this is estimated to rise to 4.5 million by 2015 (Source DVLC reported by Department of Transport)

19 see work by Penoyre and Prasad, *Accommodating Diversity*, NFHA 1993

Darwin Court
Southwark, London

Seventy six rented homes including 16 flats for frail older people and a resource centre.

The building, owned and managed by public sector provider Peabody Trust and designed by architects Jestico and Whiles, was completed in 2003. It won a Civic Trust Award in 2004 and Welhops European design award in 2006.

Darwin Court, London © David Churchill

Key features

- There are two blocks of flats above a resource centre. All flats have balconies and there is a large communal balcony on each floor as well as two roof terraces.
- The location is conveniently near to residents' old homes and support networks. The resource centre is an asset, but there are questions about access to it.

Design and planning

The architect worked with the idea of flats clustered around stairwells, to avoid long corridors and create more cohesive communities within a large complex. The original scheme included a centre for the care of frail older people but that proved too expensive and was modified so that care and other support services are provided to people in their own flats.

For the architect, the idea of making spaces 'ready to be colonised', in which residents could get to know each other and establish new friendships, was central to the project. They also fought to retain a hotel-style reception, and insisted that the building should not feel institutional, despite its large scale. The building comprises two blocks with eight flats on each of the five upper floors of each block. The flats are organised round a common core, and the building has a resource centre which is open to the public with health facilities, social spaces, a café, IT suite and pool on the ground floor. There are gardens at the front of the building, accessible from the public areas. The residential floors are accessed by two secure private entrances and lifts.

Because the flats are on the upper floors, Darwin Court residents enjoy wonderful views from their large, low-set picture windows and their private balconies. They also have the use of a larger communal balcony on each floor, and two expansive roof terraces, which are not only natural informal meeting places, but also enable residents to cultivate their own garden.

The building has a bright and open public face, which welcomes visitors without compromising the privacy of tenants, underlying the development's close integration with the surrounding community. In the absence of a local pool, the swimming pool is regularly used by schoolchildren during the day. The café is used by various organisations, and the staff members say it is a great place to work in, as well as to live in.

Darwin Court, London © James Morris

Modern lift technology has meant that frail and older people have no problem getting to their flats.

Although the bedrooms are fairly small, each unit has a spare room which can be used by relatives and there is a separate guest room that can be booked.

Sixteen flats were designed for frail older people from the start. Peabody accepted the architect's proposal of designing the remaining flats as good-quality, general needs housing, with level access and the potential for adaptability in future.

At the start, some tenants were surprised that the resource centre was not exclusively for their use. It is a challenge to co-ordinate the needs of the different groups that rent the spaces at low cost with the needs of the tenants. Making the café appealing to both locals and tenants has also been a problem. It is operated by Peabody, through agency workers, but only during the week. Peabody would not build a swimming pool again as it has been hugely expensive to run, but the trust is committed to running it as a community resource.

Residents' views

Many residents came from the neighbouring Aylesbury Estate, earmarked for demolition and redevelopment, and they are very happy with their new life. The location enables people from the estate to carry on with their lives without the trauma of uprooting themselves from a neighbourhood and community they know so well.

Design and architectural features

- Two blocks of flats above a resource centre
- All flats have balconies and there is a large communal balcony on each floor
- Two roof terraces provide natural meeting space.

Points for residents

- Convenient location near to their old homes and support networks
- Resource centre is an asset, but shared use by outside groups and residents is sometimes a challenge.

The flats are organised round a common core, and the building has a resource centre which is open to the public with health facilities, social spaces, a café, IT suite and pool on the ground floor

Barton Mews
Barton-under-Needwood
Staffordshire

A private development of 29 extra care apartments for sale, aimed at affluent, older local buyers, or buyers with local family connections.

Built, sold and managed by private sector provider Shaw Homes. The scheme, designed by Pentan architects, was completed in 2008.

Barton Mews, Staffordshire © Shaw healthcare (Barton) Ltd

Key features

The housing, which extends round a courtyard, is above a doctor's surgery and cottage hospital, with separate entry for each. The scheme offers a broad range of services, aspirational design features and accessible and adaptable flats and corridors. Some flats bought by children stand empty because parents do not want to move in.

Background

Shaw Healthcare decided to expand the original brief replacing an ageing GP's surgery and cottage hospital to include an extra care component. This was done to make the scheme work financially although it meant increasing the size of the development by two-thirds. Shaw now runs the ground-floor surgery and hospital on behalf of the primary care trust, along with the extra care apartments located on the first and second floors.

Design and planning

The architect was inspired by the Arts and Crafts movement and this can be traced in the project, although its scale has inevitably compromised its architectural qualities.

Development and building

This is Shaw's second extra care development and the company sees the private sale market as a profitable development niche. In normal market conditions, this type of scheme is a good investment for older people and can help to alleviate the pressure on diminishing public sector residential care resources.

The design had to ensure separation between the surgery, the hospital and the housing, so each component has its own separate entrance. The accommodation is arranged in four arms around a central courtyard used by the hospital and surgery located at ground-floor level.

The residential entrance is curiously understated, almost hidden away. It opens into a small ground floor lobby, stairwell and lift which take you straight up to a bright first-floor corridor, opening onto a large residents' balcony along the front of the building. The main dining room is at the end of this, and the apartments open off both sides of the corridors which extend around the four arms of the building.

Barton Mews, Staffordshire © Shaw healthcare (Barton) Ltd

The layout of the residential floors and the linear plan of the flats were determined by the premises on the ground floor. The corridors are reasonably well lit, with windows at each end and, on the second floor, big round skylights. The finishes are of a reasonable quality, including high-quality front doors.

None of the one- and two-bedroom flats (the latter measuring 80 square metres) were allocated for wheelchair use from the outset. Barton Mews has individual bathrooms that are mainly accessible and ergonomically designed wet rooms. There is also an assisted bathroom on each floor, equipped with the latest lifting equipment. Adaptations can easily be made to individual flats, including the installation of assistive technology beyond the basic alarm system provided.

There is a glass panel beside each front door and a colour-coded strip to aid visual orientation and enable people with dementia to recognise their own homes. There are also details like letter-cages, to catch the post from the floor, and spy holes, to check on visitors. Doors and corridors inside and outside the flats can accommodate mobility scooters, and charging-points and a central store are provided.

The building is a well-insulated timber-frame construction made by Taylor and Lane. It is clad in a mixture of green oak shingles and clay brick. Pentan actively promotes sustainable construction methods, although there was a concern about the lack of thermal mass, particularly from a noise point of view, which meant there was careful thought about heating and carpeting. Heating is provided via a wet system, with cool-touch radiators and individual controls in each flat. Floating floors are covered in a waterproofed carpet with a special pile suitable for wheeled vehicles. In addition, the party walls between the flats and the circulation spaces had to be the same width as the double-skin external walls, owing to the classification of the accommodation as dwellings, rather than rooms, which gives extra privacy.

Feedback

Eleven people had moved in and they were all very satisfied. One woman, who is deaf, says she was surprised at how easily she settled in. Another woman brought everything she could from her old house, to make it feel like home, and has had an electric fireplace installed. Certainly, there is a real sense of cohesion and burgeoning friendship among residents, even without any formally organised social activities.

Other problems were raised by relatives. Some family members cited a number of details that were not working properly: the inadequate drain-away in the bathrooms; over-powerful showers; spy holes and

extractor fan switches set too high in the doors and walls; restrictor catches to the top-hung windows too strong, so residents need assistance with closing them each night.

The relative inaccessibility of the under-developed rear garden was disappointing, although this appears to be a work in progress. There is a nice sense of connection via the public footpath through the garden towards the churchyard and village centre. The external areas of the building do not seem to offer the same scope for residents' enjoyment as the internal spaces, such as the popular balcony area, or 'roof terrace'.

Learning points

As visitors approach the scheme, they are met by a large, empty car park around the building, creating a barren no-man's-land between it and the neighbouring houses. Although the car park was built for the surgery and hospital as well as the extra care housing, demand seems to have been over-estimated, to the detriment of the building. So far, only two of the 11 residents own a car.

Design and architectural features

- Extra care scheme above doctor's surgery and cottage hospital with separate entry for each
- Accommodation extends round a courtyard.

Points for residents

- Broad range of services
- Aspirational design features
- Accessible and adaptable flats and corridors.

Management issues

- Some flats bought by children stand empty because parents do not want to move in.

Barton Mews, Staffordshire © Shaw healthcare (Barton) Ltd

There is a nice sense of connection via the public footpath through the garden towards the churchyard and village centre, but it seems unlikely that this could be used by residents with walking frames or even scooters

Painswick Retirement Village near Stroud, Gloucestershire

A private development of 56 apartments for older people and 24 en suite nursing care bedrooms in a rural location.

Eighteen of the apartments are designated for independent living (1 x 1 bed, 16 x 2 bed, 1 x 3 bed) and 38 for assisted living (32 x 1 bed, 6 x 2 bed).

Richmond Villages is the developer, manager and service provider and the scheme was designed by local architects Batterton Tyack Associates. Building was completed in 2007 and it received a Highly Commended award in the Assisted Living category at the Daily Telegraph Your New Home Awards.

Painswick Retirement Village, near Stroud © Richmond Painswick

Background

Richmond Villages has opened four retirement villages in the past 10 years and has several more in development. All provide a range of accommodation and care options for people aged 55 and over. Painswick villagers felt there was a need for retirement housing because older people who needed specialised housing were leaving the village. Villagers were surveyed and a site was identified.

Painswick has around 4,000 residents, with a mean age of 47. More than a quarter – 27 per cent – of the population is aged 56 or over, compared to a national average of 18 per cent. The village amenities include hotels, pubs, tea rooms, a library, a GP surgery and a pharmacy.

The retirement village is based on a philosophy of continuing care, and residents do not need to move unless they need hospital admission. Most residents fund their own housing and care, and applicants undergo risk and health assessments. The village aims for a population with mixed levels of care. Access to other amenities such as a supermarket or cinema means travelling to a nearby town.

Design and planning

It took several years to obtain planning permission, largely because the land was a greenfield site.

Development and building

Development costs were high, largely due to building on a slope, incorporating local features such as Cotswold stone, and building below ground to comply with height restrictions. These costs are reflected in the price of apartments, which are at the high end of the market. The site slopes and this compromises accessibility.

Accommodation

The 18 independent living apartments have two bedrooms, two bathrooms, a kitchen and a parking space. Some also have a private balcony or patio.

The 38 assisted living apartments have a living room, galley kitchen and bedroom with en-suite shower room. The price includes food and soft drinks, a laundry, a daily maid service and utilities (gas, electricity and water). Flexible care packages can be purchased as needed. All apartments are

leasehold, although some of the assisted living apartments can be rented for a short period.

The nursing centre has 24 beds and offers long-term and post-operative care, but not dementia care. The Commission for Social Care Inspection gave the centre a one-star rating in January 2008. Fees for the care centre vary depending on a resident's needs.

Services

The village caters for people aged 55 or over with a range of care and support needs, including visual impairment, deafness, incontinence and moderate memory problems. Richmond Villages' on-site domiciliary care team operates 24 hours a day. Flexible, tailored care packages are available and residents can buy whatever level of care they require. Most residents are self-funding. A wireless nurse call system covers the site. The care service covers its costs, but does not aim to make a profit. Housing staff are on duty 24 hours a day and there is a non-resident manager. Meals are available in the village restaurant, or can be delivered to residents' homes.

Facilities

The village has a communal lounge, dining room, restaurant, laundry, guest rooms, garden, conservatory, community centre, hobby room, café, shop, hairdresser, library with internet access, gym, swimming pool 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 garden around the site

Social interaction and links with the local community

There is a lively social life within Richmond Village, and residents feel that the programme of activities including shopping trips, crossword sessions, bridge, computer lessons, a music club and a range of outings is crucial to getting to know each other.

The retirement village has strong links with the local community; 40 per cent of those in the assisted living apartments are from Painswick and 40 per cent are from the wider local area. Many of the village facilities are open to local residents and there is a liaison group that includes local representatives.
There are also good links with the local school.
The retirement village residents belong to many of Painswick's 60 clubs and societies. Local people are also able to take part in activities organised in the village.

Painswick village is about 100 metres away along a narrow, sloping pavement, making it difficult to negotiate with a wheelchair or mobility scooter. The retirement village provides a regular shuttle bus to and from the village, the cost of which is included in the service charge. A private car can also be booked at a cost of £1 each way.

Feedback

The village is very popular and in mid 2008 there were 71 people on the waiting list for independent living apartments. The developers are preparing to apply for permission to extend the village onto an adjoining area of land.

Learning points

One of the main challenges for developers of retirement villages is finding a site. The high price of land and the complexities of planning mean that many developments are either on the edge of a town or in the middle of the countryside. This raises questions about potential social isolation, particularly when residents grow older and become less mobile.

The government's strategy for housing in an ageing society, *Lifetime Homes, Lifetime Neighbourhoods* (CLG, 2008) focuses on creating homes that enable older people to interact with the local community. Rural locations can make it difficult for some residents, particularly those needing higher levels of care and support, to meet up with friends and family and get around.

Locating a retirement village within an existing community has many benefits.

These include:

For the retirement village residents:

- Ease of maintaining existing social networks and opportunities for wider social interaction
- Access to a range of services, facilities and leisure activities
- Opportunities for inter-generational contact
- Opportunity to remain near to family and friends rather than leaving the area.

Painswick Retirement Village, near Stroud © Richmond Painswick

For the local community:

- Jobs for the local community
- The retirement village residents can make local shops and services financially viable
- Access to facilities and specialised health services in the retirement village.

It is important that links with the local community are fostered and that physical access is suitable for people with mobility problems. It can be difficult to gain planning permission to build retirement villages within or close to existing communities, and here the support of the local community was crucial. However, the costs were still high and, as a result, the apartments are expensive.

Design and architectural features

- A choice of accommodation options according to the needs and preferences of residents.

Points for residents

- Ease of maintaining existing social networks and opportunities for wider social interaction
- Access to a far greater range of services, facilities and leisure activities than can be provided within the village itself
- Walking to the local village is difficult, particularly for residents with impaired mobility.

Painswick Retirement Village, near Stroud © Richmond Painswick

Croftspar
Springboig Avenue
Glasgow

A small, specialised scheme of seven supported houses for people with dementia.

A partnership between public sector provider Cube Housing Association and Alzheimer Scotland. Cube builds housing and leases it to care providers, but does not provide care services itself. Capital funding was from Communities Scotland.

Staff are on site 24 hours a day, one on duty at night, and one sleeping over.

The architects were Chris Stewart Architects (now Collective Architecture) and the scheme was completed in 2005.

Croftspar, Glasgow © Andrew Lee

Key features

- A group 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 scale appeals to residents. However, the residents do not like the open plan design of their homes and the modern bathroom furniture and underfloor heating is confusing for people with dementia.

Background

There is little dedicated provision for people with dementia in Glasgow and this partnership between Cube Housing Association and Alzheimer Scotland was set up to help Glasgow City Council provide housing for such people. The scheme was also designed to meet a variety of housing needs and to convert into mainstream housing if required.

Croftspar residents have an average age of 75, and the majority are female, one-person households. Couples can only be accommodated if both have dementia and an enhanced residential care need.

Most of the residents at Croftspar came from residential and care homes so, in effect, they are returning to more independent living. It was intended that residents would be from Springboig, which is in the east end of the city, with family and friends nearby, but this has not always been the case. Six come from the Glasgow area, and one from the south of the city. Five have family in the local area, and two have family in England.

Design and planning issues

The site is in a run-down residential area. There was considerable opposition to the project, due both to the loss of open space, and rumours about the nature of the development. Partly for these reasons, the scheme was designed to be low-rise, small in scale and modest in its visual and physical impact. The planners insisted the building height should be reduced as much as possible. The scheme is surrounded by other housing but is set back from the road and an area of land has been retained as open space.

Croftspar, Glasgow © Andrew Lee

Development and building issues

The scheme is designed as a group of small individual houses, each of which can accommodate two people, around a central courtyard. The accommodation wraps around the edge of the site with garden areas behind the buildings. The staff base is at the front of the triangular site beside the entrance to the courtyard, providing a point from which to survey people coming and going.

The design of the individual houses is identical – a brightly coloured front door opening directly into the living room at the front, kitchen and bathroom adjacent to each other in the middle, and bedroom at the back. They are completely open plan, with no doors, except to the bathroom, one opening off the kitchen and one off the bedroom, and no hallways or corridors. The rationale for this was that people with dementia need to be able to see the way in and out of a room at the same time.

Back doors open directly from the bedroom into the garden. All residents have their own area of grass with a 'whirly' for washing, but the gardens are not divided from each other and are not popular with residents.

The living rooms look out across a covered walkway onto the grassed courtyard, adorned with a few pots. The two blocks are set in a V-shape, so residents do not overlook each other. The circular layout of the courtyard is viewed as a success as people with dementia can walk around it until they find their own front door, recognisable by its colour.

The laundry was intended as a meeting point, but this has not worked out and confusion over clothes led to disputes. The laundry is now used by staff to wash the residents' clothes.

According to the scheme manager, residents are 'very private', and social activities usually take place in the residents' homes with group activities such as birthday and Christmas parties taking place in the staff base.

Technology and sustainability

There is a warden alarm system in the flats, and sensors in the bedrooms that alert staff to lack of movement after a specified period of time. There is a sprinkler system, and a device to isolate the cooker if residents are unable to use it alone.

The project meets the Scottish government's eco homes standard. The roof is a very low mono-pitched metal standing seam supported on traditional blockwork walls (preferred for their thermal mass). There is a central boiler, and under floor heating, which is regulated but also provided with individual controls. The need to maximise solar gain was stressed in the design manual, with all properties

facing within 30 degrees of due south and large windows on south-facing aspects. There is level access throughout, and all spaces are wheelchair accessible.

Feedback

Cube Housing Association reports that the residents are happy: the small-scale character of the development has helped them to settle in quickly and the feedback (from carers as well) is positive. However, the residents want a door closing the bedroom off from the kitchen, and want direct access into the bedroom from the back and a glazed vertical strip in the door. They feel that all-white, tiled, internal spaces are unfriendly. They have found some of the modern bathroom furniture confusing.

Some residents find the under floor heating system confusing, because they cannot see it. Residents do not use the back gardens, which are felt to be too open, even though there is a high fence at the back, but they do occasionally enjoy walking out into the courtyard.

Community integration

The residents regularly go to doctors' appointments, and to social activities, accompanied by Croftspar staff. Residents are also 'supported out' to join in with activities in the local area, such as a church sale or fete, lunch or dinner in local cafés and restaurants, visits to a day centre or a lunch club, or shopping. However on-site activities are not open to non-residents.

Learning points

Despite some maintenance problems, particularly with the roof which has leaked, the scheme manager deems the project a great success.

She says the layout 'makes Croftspar work'. But she thinks there is scope to make it bigger, increasing from seven to 12 or 16 units, which would also make it more cost effective.

Design and architectural features

- Group of small, individual houses around a landscaped courtyard
- Warden alarm system and movement sensors in the bedrooms
- Maximises solar gain
- Level access.

Points for residents

- Circular layout helps orientation of people with dementia
- Small scale appeals to residents but cost effectiveness needs to be considered
- Residents don't like open plan of homes
- Modern bathroom furniture and underfloor heating are confusing for people with dementia.

Croftspar, Glasgow © Andrew Lee

Foundations for Living Huntingdon, Cambridgeshire

An innovative scheme which contains affordable, wheelchair-accessible homes for disabled people and private flats, as well as providing a range of services.

Services include housing, support, employment, education and community integration. The scheme provides 24 affordable rented wheelchair-accessible flats, 22 private flats and the Saxongate Community Learning Centre.

The developer and landlord is the Papworth Trust, a disability charity and a registered social landlord (public sector). The landlord provides support to the residents and personal care is provided by another organisation under contract to the county council.

The scheme was funded by the Papworth Trust, from land sales and through a dedicated fundraising campaign. The private housing was funded by a private developer.

The project was completed in 2007 and won a Housing Corporation Gold Award in 2008.

Key features

- The accessible design is crucial to supporting independence and equality for disabled people. The town centre location brings advantages in terms of integration with the local community. The project has achieved high levels of user involvement, consultation, advocacy and support.
- A move from residential care to independent accommodation can shift responsibility for support costs from the commissioning or home County Council to the authority in which tenants are resident or on to the individual.

Background

A social model of disability is becoming increasingly accepted[20] alongside a greater awareness of the role that inclusive housing has in enabling disabled people to live independently in the community.

The Foundation for Living project started in 2001 when the Papworth Trust decided its rural residential care scheme in the village of Papworth Everard, Cambridgeshire, was no longer fit for purpose and did not meet the requirements of the Care Standards Act 1990. Many disabled residents felt isolated by the village location and poor public transport and wanted to live in a town with better access to jobs, shops and other services.

The Trust wanted to create a scheme that integrated affordable homes with private flats, as well as a range of services for disabled people and older people.

The Trust formed a partnership with Hill Residential and, despite fears on the part of other developers that it would be difficult to make a profit, the scheme was a commercial success and the private flats sold quickly and at a good price.

Design and planning

The housing is spread across two residential blocks and the top floor of the community centre. Flats are all designed to exceed both Lifetime Homes and Housing Corporation standards. Design features include wide corridors and doors, level access showers, height-adjustable kitchen hobs and sinks, easy-to-access sockets, alarm/intercom systems, remote-control curtains and assistive technology. One of the two housing blocks is mixed tenure, combining social housing for disabled people on the ground floor and privately owned apartments above.

Foundations for Living, Huntingdon © Photography F64

Management

Tenants' support needs range from a few hours a week to 24 hours a day and these have reduced since the tenants moved in. This is partly due to increased independence and the new skills people have picked up, including money management, shopping and cooking. Average support has reduced from 23 hours per person per week in 2005 to 1.7 hours per person per week in 2008. Many people are financially independent and some are considering paid work for the first time.

Feedback

The Saxongate Community Learning Centre, which shares the site, provides meeting and training rooms for disabled and non-disabled people, as well as hosting businesses, community groups and Huntingdon Regional College. Facilities include two IT suites, an art room, an accessible kitchen, two rooms with height-adjustable interactive whiteboards, a café and a hot-desking area. The centre is well-used by the trust's tenants and the local community.

A range of facts demonstrate its success:

- 9,579 visitors overall and 2,529 disabled people attended meetings or training in the first year
- Of the 45 students enrolled on college courses in September 2007, eight had a disability
- Papworth Trust employment programmes at Saxongate helped 430 people
- Local businesses used the meeting room. There has been good uptake of courses by disabled and non-disabled people, but some office space is empty and the trust continues to look at new ways of working.

The project is also a good example of user involvement and support including:

- A long-term consultation process with residents living in residential care
- An urban location gives better access to shops, community facilities, volunteering and employment opportunities
- Use of an independent advocacy service to ensure people's views were accurately reflected and incorporated
- A project management team of disabled and non-disabled members.

A transitions team supported people through the move. Research shows that tenants are positive about the project and feel that their independence has increased, along with their overall quality of life. Tenants have also been able to maintain existing friendships and develop new ones.

Learning points

This is an innovative and imaginative scheme, which has increased tenants' independence and quality of life while creating community facilities.

High levels of user involvement, consultation, advocacy and support are important features of the project's success. Not everyone wanted to move from the village – of the 32 disabled people living in Papworth Everard, eight moved into the new scheme while the others moved to new supported housing in the village or moved to be nearer family/friends.

Good design is crucial to supporting independence and equality for disabled people. This includes internal design, external design and the use of assistive/adaptive technology.

A town centre location brings major benefits in terms of integration with the local community and can also help challenge perceptions about disabled people. Some local shops have become more accessible and sought advice on employing disabled people. The transitions team played a key role in helping residents adapt to their new situation and developed personalised plans.

The trust consulted with a range of partners from the start, including voluntary organisations, the local college, schools and MPs.

The community learning centre provided a focal point for tenants and attracted local organisations. The local college draws people into the centre, from where they can then access training, employment support and other services.

Building private flats alongside affordable housing was a success and flats sold quickly because of their town centre location.

Design and architectural features

- Inclusive design, which is crucial to supporting independence and equality for disabled people, characterises the development.

Points for residents

- The town centre location brings advantages in terms of integration with the local community
- High levels of user involvement, consultation, advocacy and support.

Management issues

- A move from residential to independent accommodation shifts responsibility for support costs from the commissioning or home county council to the authority in which tenants are resident.

20 See Independent Living Strategy, Office for Disability Issues (HMSO 2008), *Independence, Well-Being and Choice* (DH, 2005), the 1990 *Community Care Act* and *Valuing People* (2001).

Foundations for Living, Huntingdon © Photography F64

Callendar Court Gateshead

Extra care housing for older people in a remodelled 11-storey tower block, which also provides a resource for the surrounding area.

The 40 one- and two-bedroomed flats are owned and managed by public sector provider Housing 21. The concept of the scheme is to be part of the community, open and welcoming to local people on the Beacon Lough estate.

Gateshead Council provides the care via a 24/7 community based service. The scheme is fully fitted with community alarms. Housing 21 provides laundry and housework facilities. There are also shop and restaurant staff, the building manager and front line care staff.

The building was funded with a grant from the Department of Health extra care programme and from Housing 21's own funds. It was completed in 2006. The architect was Edwin Trotter.

Key features

- The remodelling of a council tower block to provide extra care housing on 11 floors. Each storey of the building acts as a small cluster of flats which means that residents with dementia can find their way around easily.
- The block is well integrated with the local community and provides extensive on-site facilities for residents and local people as well as a base for delivering services to the community. The scheme works well, although it could do with more toilets on the ground floor.

Background

More local authorities are remodelling[21] existing sheltered housing or care homes as extra care housing to meet government objectives for promoting choice and independence without the costs of new build. This is also an effective way to 'recycle' hard-to-let social housing. Callendar Court replaced housing that had originally been designed as general accommodation without any special facilities.

The alternative to remodelling was demolition and selling the site or leasing it to Housing 21 to build a new facility. The estimated cost of demolition was approximately £600,000 and the cost of building a new extra care scheme from scratch was around £3.7 million.

Design

A major feature of the re-modelling has been the addition of a ground-floor extension. The new entrance opens into this area, which houses a range of facilities that are open to residents and local people, including a lounge, café, lifts, laundry, guest room, hobby room, shop and hairdresser. The extension also houses the scheme offices, the kitchens, a wheelchair store and toilets. Callendar Court has two wheelchair-accessible flats, both of which are on the ground floor. The facilities are well used by residents of this close-knit community, which helps to make the court feel integrated with the estate in which it sits. Further facilities are available nearby, including bus stops, a social centre, general store, post office and a GP surgery. The nearest town centre is Gateshead, approximately one mile away.

Callendar Court, Gateshead © Housing 21

Development and building issues

Each of the 10 storeys above the ground floor contains four flats with either one or two bedrooms. Two storeys also have a common room. The central area is taken up by two lifts (one stops only at even number floors, the other only at odd numbers), a stairwell and a service area.

Feedback

Residents are happy at Callendar Court and particularly like the panoramic views across Gateshead. One wheelchair user chose a flat on the top floor for this reason, rather than one of the designated wheelchair flats on the ground floor. The layout creates a domestic feel to the scheme, with each storey serving as a small cluster of four flats. This also seems to work well for residents with memory problems, who find it easier to negotiate than the long corridors commonly found in new-build extra care schemes. The fact that the two lifts serve different floors has not proved to be a problem.

Learning points

A wide range of factors needs to be taken into account when re-modelling any existing form of housing as extra care, including planning requirements, building standards and costs.

Consultation with all interested parties is crucial. Particular consideration should be paid to the views, needs and preferences of existing residents, including how they will be re-housed and/or the impact of the work on their living environment. Any decisions to remodel should take full account of all existing strategies at district, county and regional levels, including those that specifically relate to older people and/or housing.

Imaginative approaches to renovation can transform unsatisfactory buildings into environments that give residents a good quality of life. In the case of Callendar Court, a hard-to-let tower block has become a popular extra care scheme that is integrated into the local area. A key factor in this success has been the addition of a ground-floor extension, which provides a range of facilities for residents and the local community.

This vertical model of extra care works well and residents express high levels of satisfaction. This design has brought unanticipated advantages for residents with dementia because each storey of the building acts as a small cluster of flats which is easy to navigate.

Design and architectural features

- The remodelling of a council tower block to provide extra care housing on 11 floors.

Points for residents

- The block is well integrated with the local community and provides extensive on-site facilities
- Each storey of the building acts as a small cluster of flats which means that residents with dementia can find their way easily.

Management issues

- Successful remodelling schemes do require careful consultation with residents and their involvement throughout the process.

21 A recent study identified the benefits that can be achieved by remodelling. These included higher levels of tenant satisfaction, greater accessibility and better facilities. A number of potential problems were also highlighted, including tensions between tenants and limited opportunities to socialise. The researchers also identified several unanticipated issues that often arose. The costs of conversion were often much higher than expected, space standards and design specifications for new build were not met and the disruption to tenants was considerable. They concluded that while remodelling can appear to be the best overall option, there are major challenges.

Tinker A, Hanson J, Wright F, Mayagoitia RE, Wojgani H and Holmans A (2007) *Remodelling sheltered housing and residential care homes to extra care housing: advice to housing and care providers*. Research report. King's College London and University College London, London, UK (unpublished) tinyurl.com/mgknzf.

Prices Yard
Islington, London

A small private development, which has been selected by Habinteg Housing Association as an exemplar of the Lifetime Homes standard.

The conversion of a stable block into accessible housing, designed by Papa Architects. The units open on to shared outdoor space. The development shows that old buildings can be successfully redeveloped to accessible standards, and that formal arrangements are not always necessary to create spaces that people want to use. The building is designed to enable further adaptation, if required.

However, even if the buildings themselves are accessible, the inaccessibility of the surrounding area can negate these achievements.

Prices Yard © Michele Panzeri

Design and planning

The architect had already worked with the London Borough of Islington and was familiar with the Lifetime Homes criteria. The firm established a fruitful and co-operative relationship with Islington's access officer early on.

One of the biggest problems for the development was the planning restrictions imposed for conservation reasons. And the new insulation standards introduced by the planning authority had big cost implications. The development is on a small scale and it has a charming, intimate feel. The linear layout of the units which are two storeys in height, opening onto a shared outdoor space, provides a sense of community, without any formal arrangement. This space is used by the residents, who sometimes hold ad hoc meetings here. Each unit has a different window design as well as a different layout, giving a feel of individuality. One is occupied by a young family, while the other residents are single people living alone or couples – but so far no older or disabled people.

Development and building

The site was formerly occupied by a row of dilapidated stables, which were listed by Islington when developer Richard Chamberlain bought the property. Chamberlain, who now occupies one of the units, worked with Papa Architects to satisfy the conservation officers that the original character of the buildings would be retained. The cobbled road needed to be re-laid to enable wheelchair access. The camber of the road was changed and the cobbles were re-laid with flat pavers inset like tram-lines down the length of the road, to accommodate wheelchair wheels.

The scheme's chief downside is the steep gradient of the road into the site, which would be impassable to wheelchair users without the assistance of a strong carer. This could potentially negate all the effort that has been put into ensuring level access through the yard and within the units.

A feature of the building is the retention of the large stable-door openings at ground-level, and hayloft window openings above, with external wooden shutters.

Lifetime Homes standards provided an opportunity to design more generous spaces, amounting to 80 square metres per unit. The entrances are all level access, opening into wide entrance halls, with direct

Prices Yard © Michele Panzeri

access to a bathroom, and two bedrooms located on the ground floor. The open plan kitchen/living-rooms are on the first floor, which does not conform to Lifetime Homes standards. However, reversing the arrangement would have entailed providing a second toilet on the first floor, an option that was quickly discounted because of the loss of space. Instead, a 'soft spot' is provided in the structure to ensure that a wheelchair lift could be installed at relatively low cost.

The upper-level living room, which opens into the roof space, enjoys bright daylight and the low-level windows enable wheelchair users to have a good view of surrounding gardens and parks.

The kitchen and bathroom fittings are standard and are designed for adaptability. The finishes are good quality and, despite being small, the homes are fresh, airy and uncluttered, with light timber flooring, white plastered walls, large built-in cupboards and bright coloured kitchen units. For someone unable to get out of the house good daylight levels, views out, and a sense of space and airiness inside become increasingly important.

Learning points

Prices Yard combines contemporary, urban styling with design characteristics and adaptability that will allow the homes to evolve as residents age. A resident with poor health and mobility, and who may need a wheelchair, could continue to live at Prices Yard, depending on the availability of support services.

The insulation was expensive and residents complain that the houses are stuffy. However, the houses scarcely need heating, a benefit for an older or disabled person.

Local authority planning requirements meant that this was, in principle, a car-free scheme. However, one disabled parking place is provided just inside the entrance to the development. This is secured by an electronic, video-access gate.

Design and architectural features

- Renovation of stable and stable accommodation to accessible housing meeting Lifetime Homes standards
- Linear layout of units opening on to shared outdoor space
- Old buildings can be successfully redeveloped to accessible standards
- Formal arrangements are not always necessary to create spaces that people want to use.

Points for residents

- Even if the buildings themselves are accessible, the inaccessibility of the surrounding area can negate these achievements.

Management issues

- Design for further adaptability if required.

Mainstream housing adaptations in London

An owner-occupied home in general housing stock adapted to make it suitable for a couple, one of whom is disabled.

The work was funded by the householders.

Adaptations can provide an accessible and visitable environment, but at a cost.

© Alys Tomlinson

Staying at home

Despite the focus of this publication on the need to develop new models of housing, only 4 per cent of older and disabled adults move to a care home.[22] The rest will be reliant on their own resources and most prefer to stay in their own home: 67 per cent of over-85s still live at home, compared to only 19 per cent in institutional settings.

Most people in the UK live in homes designed before 1939. Stairs, upstairs bedrooms, irregular floor levels, narrow doorways and corridors, small bathrooms and kitchens, inefficient and expensive heating, gardens requiring constant maintenance and distance from shops and amenities all militate against ease of use by older and disabled people.

Such homes can be effectively adapted, but at a cost, and expert advice and grants are not always available, despite the efforts of organisations such as Care and Repair England and the network of local home improvement agencies.

An example

An example of some of the issues that can arise is a home in a typical terraced street in London's Edwardian suburbs, occupied by two women in their 60s, Rosalie and Maria.

Rosalie has been a wheelchair user after she had an accident when she was young and has lived in this property alone since 1977. Over the last 25 years she has had to make few adaptations, having purchased the house from a wheelchair user, and she has needed minimal external care.

The most recent tranche of adaptations, featured here and carried out in 2002, cost £160,000 and were funded through the sale of Maria's house. These included enlarging, redecorating and re-equipping the house for two people.

The adaptations

When it was built in 1904, the house was designed as two separate flats, with front and back staircases, but not self-contained. This phase of work involved moving the kitchen to the main living space and installing a disabled lift (£8,000 to provide access to the upper floor, which had to be levelled out and supported with new RSJs).

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The new kitchen, by Design Matters, has wheelchair-height surfaces and sink and hob installed against one wall, with space underneath to allow for wheelchair access, and cupboards set at a low height overhead. A special height-adjustable stool was purchased for Maria to sit on while cooking, although she says she rarely uses it.

The lift was expensive, but crucial to the viability of the new arrangement. It opens directly into Rosalie's office upstairs at the back of the house, adjacent to a wall of storage space – always a problem for disabled people as they need a lot of equipment. There is also a wheelchair-accessible toilet upstairs.

Next door to the study is a new guest bedroom along with a small shower room. Maria's study lies at the front of the house on the first floor, and she has a separate bedroom and shower-room on the new second floor, reached by a new staircase. A hoist was installed in the downstairs bathroom at a cost of £2,000, and a simple alarm system installed in the bedroom. Rosalie's bedroom, at the back of the house, is also equipped with new electrics so she can use the television and other items from her bed. A hoist could be installed, if necessary. The bedroom opens through French windows onto an attractive garden, but the ramp was too steep for Rosalie to negotiate in her wheelchair and it was difficult for her to get outside. A new timber deck was installed at the level of the French doors, which slopes down gently to the lower level, where a wheelchair-negotiable path winds down to the end.

The couple feel that they have 'future-proofed' the house well, and have learnt to look ahead. After a severe bout of arthritis, Maria realised that it would have been good to have extended the lift shaft to her bedroom at the top of the house but the added expense was a deterrent.

They also considered installing solar panels on the roof but at £16,000 this was too expensive. Rosalie's lack of mobility means that she struggles to keep warm so heating bills are high. Maria has a separate boiler to heat her own spaces in the house to a lower level than Rosalie's, and two years ago the loft was insulated to make Rosalie's study much warmer. They also plan to double glaze the living room windows.

The adaptations have made a huge difference to this 100-year-old terraced property. Rosalie now has access to nearly all the house, is able to have guests to stay, can work from home and is able to get into her much-loved garden.

The future

However, both women are aware that their personal care requirements will increase. For the time being, the district nurse's daily visits are adequate, and the couple pays for a personal assistant to help with bathing, a gardener and cleaner. They hope that Maria's insurance policy will enable them to buy in more care in future.

Rosalie and her partner believe that if either one of them were to end up alone they would move into a co-housing community, where residents live in self-contained flats but have communal accommodation such as kitchens and dining rooms. Although their current neighbours help in emergencies, there is a limit to how much they can ask of them.

How easy it will be to find a suitable community is another question. The next few years will be crucial in establishing new options for older people, especially in the under-developed area of co-housing,[23] which is well established in the Netherlands and Denmark.

Design and architectural features

- Series of adaptations to an early 20th century house.

Points for residents

- An accessible and visitable environment.

Management issues

- This is an example of future-proofing a building to enable the occupants to be independent and inter-dependent.

22 Audit Commission 2008: *Don't Stop Me Now*, cited in Housing LIN factsheet 29

23 Housing that combines self-contained homes with community living. See Pickering C et al, *A Different Way of Living*, Housing Corporation and Housing for Women, undated.

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Conclusion

The places in the case studies featured in this publication are examples of successful enabling environments where residents can enjoy their independence and quality of life, access the social care services they need, and feel part of the community in a safe environment.

The most successful examples of homes that provide care are where there has been involvement of the residents in their design and management. Effective consultation will help to ensure that the final designs respond to the needs of users. It is essential to draw on the genuine expertise of those receiving care in homes that have been built or re-modelled to take account of their care needs. 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.

Commissioners, architects and development partners should also consult the wider community. This consultation could cover the need for the housing, the form that the housing might take and the way the project is to be integrated into the community. Service users, carers and the organisations likely to be providing the care, such as domiciliary care agencies, should be involved in any consultation. The consultation findings would inform the brief, the design process and the management of the project.

Current financial pressures will continue to cause difficulties in raising capital and selling homes, so future-proofing housing for people to access care and grow older in one place will become even more attractive as an option. This will place increased importance on planning, procuring and commissioning housing-related services for older people and those with a disability in a holistic way.

Lingham Court, London © Alys Tomlinson

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Further advice and guidance

Communities and Local Government (CLG) has established an innovations panel, which will commission and promote high-quality design in housing with care for older people.

Other guidance for commissioners, architects and development partners includes:

- Housing LIN fact sheet *Design Principles for Extra Care* on sustainability, inclusive design and accessibility (tinyurl.com/lkh4cn)
- *Lifetime Homes, Lifetime Neighbourhoods,* (CLG 2008) which sets out plans for both short- and medium-term building of specialised housing for older people and for ensuring older people can move around and feel safe in their communities (tinyurl.com/37btps)
- Planning guidance on extra care housing, the most notable of which is the *RTPI Good Practice Note 8: Extra Care Housing – Development planning, control and management* (tinyurl.com/mobddm)
- Joint strategic needs assessments to help identify future demand for such housing, as part of the evidence base on the health and care needs of local people. (tinyurl.com/lp4akt)
- *More Choice, Greater Voice* is a toolkit prepared to accompany the government's national strategy for an ageing society to offer guidance to commissioners and providers to enable them to produce accommodation with care strategies for older people.

As this report was being finalised, the government had brought together a panel of leading experts, including CABE, under the auspices of the Homes and Communities Agency, to form the Housing our Ageing Population Panel for Innovation (HAPPI). The panel, chaired by Lord Best, will gather good practice from across Europe on design and delivery issues relating to housing and neighbourhood design for older people, including homes for rent, sale and shared equity. The panel was due to report back in late 2009 to ensure that future housing will create sustainable inclusive homes and neighbourhoods which our ageing population want and can afford to live in. For more details, visit tinyurl.com/nemhzf.

Colliers Gardens, Bristol © Alys Tomlinson

About CABE
CABE is the government's advisor on architecture, urban design and public space. As a public body, CABE encourages policymakers to create places that work for people. It helps local planners apply national design policy and advises developers and architects, persuading them to put people's needs first. It shows public sector clients how to commission buildings that meet the needs of their users. And it seeks to inspire the public to demand more from their buildings and spaces. Advising, influencing and inspiring, CABE works to create well-designed, welcoming places.

About the Housing Learning and Improvement Network
The Housing Learning and Improvement Network (Housing LIN) is the national network for promoting innovation and supporting change in the delivery of housing, care and support services for older and vulnerable adults. It is part of the Department of Health's (DH) Care Networks and works closely with other networks involved in the delivery of services to help people live independent and active lives in their own homes and communities. It comes under the Putting People First programme at the Department of Health. Housing LIN's key activities include collating and advising on local authority applications to the DH's Extra Care Housing Fund.

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Being at home is what most people want in their old age. People want to retain a choice about where and how they live and to have a say over how they are cared for. They also want to keep their independence and stay connected to local communities and family networks. *Homes for our old age* features 10 case studies of housing schemes for older people, each of which offers inventive design and management solutions linking home and social care. The report will be of interest to those who commission, design and manage care in residential settings, including local authorities, registered social landlords and health trusts.

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