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Care Services Improvement Partnership CSIP

HOUSING FOR AN AGEING POPULATION

Development planning, control and management for housing with care

Developing a Good Practice Note

Consultation Draft

RTPI in collaboration with CSIP Housing Learning & Improvement Network

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1. Introduction

Consultation

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 support services in the home. In England, the Care Services Improvement Partnership at the Department of Health published a Toolkit on Extra Care Housing in October 2006, to give detailed guidance to housing, care and planning professionals. This consultation document provides an introduction to the Toolkit specifically for the use of planning practitioners. It invites feedback on key emerging issues for decision-making in local policy planning and in development control and management. Responses to the document are invited by Monday 19 February 2007 and should be sent to research@rtpi.org.uk

Purpose of Guidance:

To support urban and regional planning professionals engaged in forward planning and development management to help deliver housing that meets the lifestyle choices and care and support needs of an ageing population.

The Extra Care Housing Toolkit

The Extra Care Housing Toolkit gives detailed information on the broad range of types of specialist housing that comes under the umbrella term of extra care. It describes the design and management principles that are appropriate, provides processes for assessing local needs and market demand and the roles of different stakeholders in delivery. It aims to be a working document that can be used by planners, architects, elected members, local government staff, registered social landlords, among others, to further thinking about how specialist housing can increase quality of life for many people. The Toolkit can be downloaded from http://cat.csip.org.uk/index.cfm?pid=478

Box 1. Key Emerging Issues for Planning:

1. ***How can planning help to provide more units of high quality housing with care support ?***
2. ***Do affordability requirements impact on the feasibility of housing that meets care needs? What is the evidence?***
3. ***What challenges does PPS3 pose for planners who are trying to develop spatial housing policies for an ageing population e.g. the role of extra care housing in creating sustainable, mixed communities?***
4. ***How should the need for housing with care be incorporated into strategic housing market assessments?***
5. ***How might the changing local government landscape (e.g. the Local Government White Paper), particularly the requirement for LAs to act as strategic enablers, help them to deliver the right types of extra care housing in the right places ?***
6. ***How effective are emerging supplementary planning documents in providing guidance and enabling joint working?***
7. ***What are the implications for planners on the application of either C2 or C3 of the Town and Country Planning (Use Classes) Order for extra care housing?***
8. ***What is the range of appropriate uses of planning agreements for extra care housing?***
9. ***Are there other key planning issues for meeting demand for housing with care support?***

2. The challenges for planning

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, 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. For many vulnerable older people, having the chance to avoid residential care, and live in specially designed housing as tenants or owner-occupiers, is the single most

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”.

Discussion Point 1
How can planning help to provide more units of high quality housing with care support ?

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 both national housing and health and social care policies. For example, within a housing context, *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.

3. What is housing with care?

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 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 Council, 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.

To address the housing with care needs of older people, many housing associations and local housing authorities have also reviewed their 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.

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, 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:

- 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.

4. Key drivers for extra care housing

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

- 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.

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 provider benefits include :

- 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 care within the conditions of a block contract,
- care contracts (usually 3 – 5 years) which offer some stability and certainty over time.

Primary Care Trusts benefit from extra care housing by :

- 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.

For **residents and their families** the benefits of extra care housing are :

- security and peace of mind,
- enhanced health and sense of well-being
- dwellings 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 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.

5. Meeting a wide range of needs

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 live 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 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 2 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 be seen as a ‘home for life’.

Box 2. Operational agreements: a public sector perspective

Many schemes are set up on a *third:third:third* principle *(see ECH Toolkit p.62 , Balance of Needs).* That is, a third of the units or residents have high care needs, and would meet local authority eligibility criteria for admission to residential care. A third of residents have some assessed needs but would not qualify for residential care admission. Such individuals would otherwise live in their own homes, and probably receive between 1 – 10 hours of home care support each week.

A third of residents would have no assessed personal care needs. Most older people falling into this category will have minor health problems around mobility, hearing, vision etc., but would essentially be fit and independent. They may also be eligible to receive housing support from the local authority's Supporting People Programme. This would include support by a warden or scheme manager, two-way speech communication with the manager, and access to a 24-hour emergency alarm service. Many older people living in non-specialist accommodation also access some of these services.

A typical local authority contract for care and support to a 60-unit scheme 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 comprise 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 (2006) 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 newbuild extra care schemes in the public sector incorporate 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.

Discussion Point 2

Do affordability requirements impact on the feasibility of extra care housing? What is the evidence?

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)

6. 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 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 long-term care needs;
- Different feasibility costs, 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;

Discussion Point 3

What challenges does PPS3 pose for planners who are trying to develop spatial housing policies for an ageing population e.g. the role of extra care housing in creating sustainable, mixed communities?

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 Extra Care Housing 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 as 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.

Discussion point 4:
How should the need for housing for care be incorporated into strategic housing market assessments?

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.

Discussion Point 5
How might the changing local government landscape (e.g. the Local Government White Paper), particularly the requirement for LAs to act as strategic enablers, help them to deliver the right types of extra care housing in the right places ?

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.

Discussion point 6:
How effective are emerging supplementary planning documents in providing guidance and enabling joint working?

Assessing Individual Proposals

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

How should the benefit to local housing and care provision of individual schemes be assessed?

- 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?

Are local stakeholder organisations aware of, and involved 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 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 ?

What is the proposed 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. For planning purposes, this can determine 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.

Discussion Point 7
What are the implications for planners on the application of either C2 or C3 of the Town and Country Planning (Use Classes) Order for extra care housing?

- 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 ?

Discussion point 8: What is the range of appropriate uses of planning agreements for extra care housing?

Is the design and layout of the scheme appropriate for very frail older people

- 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 (say less than 800 metres) ?
- 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)

Discussion point 9:

Are there other key planning issues for meeting extra care housing demand?

References:

(1) Housing Learning & Improvement Partnership (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) Ibid Housing Learning & Improvement Partnership (p28

(4) Ibid (p87)

(5) Ibid (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

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

Useful Publications:

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

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Glossary of Terms

Aids and adaptations are adaptions to a dwelling that give people better freedom of movement into and around their home and/or to provide essential facilities within it.

Domiciliary Care is personal social care provided to individuals in their own homes, as opposed to any residential setting. Domiciliary care is assistance with tasks of daily living, including personal care such as bathing, toileting, dressing/undressing, and practical support such as house cleaning and shopping.

Extra care housing is a form of housing development, usually for older people, that incorporates access to a higher level of care than that provided by wardens in sheltered housing schemes. Residents agree the contract for services as part of their tenancy/ownership and support is usually available 24 hours a day.

Nursing care is care provided by a qualified nurse. Only a medical practitioner – g.p. or consultant – can determine if an individual needs 24-hour nursing care. Care homes with nursing are able to meet nursing care needs by directly employing qualified nurses.

Residential Care is where residents 24 hours a day assistance with personal care, such as bathing and dressing, and some also provide nursing care from qualified nurses. They offer the level of personal care that a caring relative might provide, and staff may when necessary ask a community nurse to visit to give a resident the kind of help that they would get if they were living in their own home, for example changing dressings or giving injections.

Sheltered Housing is housing which is purpose built or converted exclusively for sale or rent to elderly people with a package of estate management services and which consists of grouped, self-contained accommodation with an emergency alarm system, usually with communal facilities and with support from either a resident warden or a warden in office

Supported Housing is a term used to describe a range of funding and joint working relationships that enable people who are vulnerable or who experience some form of

social exclusion to live in a community setting. It is often applied to a range of service solutions including sheltered housing, emergency housing to meet crisis needs,

Supporting People funds are intended to pay for housing support services to enable people to live as independently as possible in the community. SP is used to pay for support workers usually attached to a particular type of housing or facility. For example, staff based in hostels for homeless people, support workers in group homes for people with learning disabilities and wardens who support people in sheltered housing.

Telecare is a range of technology based solutions to help people with disabilities remain independently within their own homes. Includes a wide range of applications to meet health and social care needs including emergency alarms, movement and environmental risk sensor systems, remote monitoring of health conditions.

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.cat.csip.org.uk/housing .

For enquiries email: housinglin@cat.csip.org.uk .