

Bridport Area Neighbourhood Plan: Technical Facilitation

2. Specialist Housing for the Elderly

1. A key finding from the work AECOM has carried out considering the strength of the evidence base assembled by Bridport Area Neighbourhood Plan Group to support the policies in their neighbourhood plan was gaps in respect of planning for the housing needs of older residents.
2. This section of Technical Facilitation study considers the quantity of specialist housing for the elderly required over the Plan period, and how this breaks down to different types and tenures of housing.
3. We consider the needs of those aged 75+ through two methods, one projection based on the tenure of dwellings typically occupied by people in this age group and, for the purposes of comparison, another based on the Housing Learning and Improvement Network's (HLIN) recommended levels of provision per 1000 head of population.

1.1 Background

4. Before considering the need for specialist housing in Bridport in more detail, it is useful to understand the national context for specialist housing for the elderly across England (see Glossary for definitions under 'extra care housing' and 'sheltered housing').
5. Between 1974 and 2015, the population aged 65 and over in England grew 47% and the population aged 75 and over grew by 89%.¹ A Demos survey of over 60s conducted in 2013 found a "considerable appetite" amongst this age group to move to a new property, with one quarter of all those surveyed suggesting they would be interested in buying a specialist property, and one quarter considering renting a specialist home.²
6. Indeed, 76% of those in homes of three or more bedrooms wished to downsize, and this rose to 99% of those in homes of five or more bedrooms, with two bedrooms the preferred choice for both.³ However, in spite of evidence of high demand, currently only 5% of elderly people's housing is made up of specialist homes,⁴ with Demos suggesting that "the chronic undersupply of appropriate housing for older people is the UK's next housing crisis",⁵ and local authorities often "accused of reluctance to approve development plans for specialist housing....out of fear of increased care costs".⁶ Indeed, whilst many of those surveyed may consider moving, the percentage that ultimately does is likely to be relatively low, and many who do may move into general needs housing, for example market sale bungalows.
7. In 2014 there were approximately 450,000 units of sheltered social rented and private sector retirement housing in England, with approximately one quarter of these in private sector and the rest provided at social rent levels.⁷ This situation reflects the significant constraints on the delivery of such housing in the market sector, as well as the improved health of older people today in comparison with previous generations.
8. Given that the vast majority of people over 75 live in their own homes, but that the current stock is primarily for social rent, AECOM has developed a 'tenure-led' approach to calculating the need for specialist housing, which also takes into account the health and mobility of population of the NA so as to arrive at projections for future need for specialist housing provided with some level of care or other services.
9. The following section applies a three stage process to determine the potential incidence of need for specialist housing for the elderly, based on tenures, projections of the future population of elderly people in the NA, and census data relating to mobility limitations and overall health. These are then compared with rates of provision that have been recommended by the Housing Learning and Improvement Network (HLIN), as well as with existing rates of provision across West Dorset.

¹ <http://researchbriefings.files.parliament.uk/documents/CBP-7423/CBP-7423.pdf>

² <https://www.demos.co.uk/files/TopoftheLadder-web.pdf?1378922386>

³ Ibid.

⁴ https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/for-future-living_Oct2014.pdf

⁵ <https://www.demos.co.uk/files/TopoftheLadder-web.pdf?1378922386>

⁶ <http://researchbriefings.files.parliament.uk/documents/CBP-7423/CBP-7423.pdf>

⁷ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/safe-at-home/rb_july14_housing_later_life_report.pdf

10. Clearly, this calculation represents an assumption, with the actual decision for an elderly person to enter specialist housing highly dependent on individual circumstances. As already noted, the actual proportion of elderly people that can be considered in need of specialist housing is affected both by overall levels of health as well as by individual lifestyle choices, given that the vast majority of elderly people currently choose to continue to live in their homes into their old age.
11. The charity Age UK suggests that “inaccessible housing should not force anyone out of their home or local community against their wishes. It’s much better to have ‘pull factors’ that attract older people towards housing alternatives.”⁸ By understanding the tenure breakdown of specialist housing need, we are able to better understand the extent to which demand will be a factor in this market segment.

1.2 Tenure-led projections

12. Firstly we review data on the tenure of households aged 55-75 across West Dorset. We take this cohort approach because it is these households which, over the next 20 years, will be reaching the age of 75+. This is considered the typical threshold age for specialist housing provision, and thus forms the basis for calculations of future housing need and provision within this age group using the HLIN toolkit. We will then use the tenure split within this cohort to project forward the need for specialist housing according to different tenure, based on the premise that those currently occupying their own home will wish to do so in future, even where downsizing or moving into specialist accommodation, and that those who currently rent, either in the private or social sectors, will need affordable rented accommodation of some kind.

Table 1: Tenure of households aged 55-75 in West Dorset, 2011

All owned	Owned outright	Owned with a mortgage or loan or Shared Ownership	All Rented	Social rented	Private rented	Living rent free
79.3%	59.7%	19.6%	20.7%	11.0%	8.4%	1.4%

Source: Census 2011

13. Secondly we project how the overall number of older people in the Neighbourhood Area (NA) is likely to change in future based on the ONS’ sub-national population projections for the year 2036. We arrive at the NA’s future population by assuming it will represent the same proportion of the total District population in 2036 as it did in 2011. This suggests a very significant increase over the period from 2,160 people aged 75 and over in 2011 to 3,917 in 2036, and overall uplift of 1,757.

Table 2: Projections of elderly population in the NA (Bridport, Allington, Bothenhampton, Bradpole, and Symondsburry) to end of Plan period

Age group	2011		2036	
	NA (Census)	West Dorset (Census)	NA (AECOM Calculation)	West Dorset (ONS SNPP 2014)
All ages	14,627	99,264	16,248	110,264
75+	2,160	13,177	3,917	23,898
%	14.8%	13.3%	24.1%	21.7%

Source: ONS SNPP 2016, AECOM Calculations

14. The results of this exercise provide us with a projection of the number of people living in each tenure in the 55-75 cohort in 2011 as shown in the table below. A key assumption here is that, for the purposes of arriving at the proportion of households aged 75+ falling into different tenures in 2036, and the number of specialist units to be provided, the growth in the overall population number of those aged 75 and over may be used. This is justified on the basis that many people over the age of 75 do live alone on account of, for example, the death of a partner, and encourages a conservative view of future provision. In the context of a rapidly aging population, this is not unreasonable.

⁸ <https://www.ageuk.org.uk/documents/EN-GB/Political/Age%20UK%20ID201813%20Housing%20Later%20Life%20Report%20-%20final.pdf?dtrk=true>

Table 3: Projected tenure of households aged 75+ in the NA (Bridport, Allington, Bothenhampton, Bradpole, and Symondsburly) to the end of the Plan Period

Owned	Owned outright	Owned with a mortgage or loan or Shared Ownership	All Rented	Social rented	Private rented	Living rent free
3,106	2,338	768	811	430	328	53

Source: Census 2011, ONS SNPP 2013, AECOM Calculations

15. Thirdly we have considered the incidence of mobility limitations, as defined by the census, within each tenure group for those aged 65+ in Bridport. This allows us to link the levels of need (as defined by the levels of mobility limitations within the population) to tenure (based on the premise that such needs can be deemed a proxy for the need for specialist housing in this age group). The tendency for people in rented housing to have higher dependency levels is well established, and partly arises because people with higher dependency levels tend to have lower incomes and so are less able to afford to buy, even at earlier stages in their lives.

Table 4: Tenure and mobility limitations of those aged 65+ in the NA (Bridport, Allington, Bothenhampton, Bradpole, and Symondsburly), 2011

Tenure	All categories: Long-term health problem or disability	Day-to-day activities limited a lot		Day-to-day activities limited a little		Day-to-day activities not limited	
All categories: Tenure	4,146	934	22.5%	1,212	29.2%	2,085	50.3%
Owned or shared ownership: Total	3,536	724	20.5%	1,023	28.9%	1,872	52.9%
Owned: Owned outright	3,224	656	20.3%	938	29.1%	1,701	52.8%
Owned: Owned with a mortgage or loan or shared ownership	312	68	21.8%	85	27.2%	171	54.8%
Rented or living rent free: Total	610	210	34.4%	189	31.0%	213	34.9%
Rented: Social rented	386	151	39.1%	119	30.8%	115	29.8%
Rented: Private rented or living rent free	224	59	26.3%	70	31.3%	98	43.8%

Source: DC3408EW Health status

16. If we focus on those whose activities are limited a lot, the calculations suggest that of the 811 renters and 3,106 owners in the NA aged 75 and over, there could be need for 279 specialist homes for renters of all kinds (811 x 34.4%) and 637 specialist homes for owner occupiers (3,106 x 20.5%) or 916 new specialist homes in total.
17. These outputs are shown in the table 5 below, based on the assumption that those whose day-to-day activities are limited a lot will need housing with care (e.g. extra care housing, with significant on-site services, including potentially medical services), whilst those with their day to day activities limited only a little may need adaptations to their existing homes, or sheltered or retirement living providing some degree of oversight or additional services for older people.
18. From this data it is possible to produce a percentage split between these two broad types of specialist housing for the elderly. On the one hand, 44% should be "Housing with care" and 56% "sheltered". These are rounded numbers.
19. As regards the percentage of specialist housing for the elderly that should fall into the Affordable Housing category, the overall percentage is 26%; however, the split within the different types of specialist housing is different. For housing with care the number is 30%, and for sheltered, it is 22%. This reflects the greater propensity for those to with relatively acute health issues to live in social and privately rented accommodation.

Table 5: AECOM estimate of specialist housing need in the NA (Bridport, Allington, Bothenhampton, Bradpole, and Symondsburry) at the end of the Plan Period

Type	Affordable	Market	Total (rounded)
Housing with care (e.g. extra care)	Multiply the number of people across all rented (not just social rent as those aged 65+ who need to rent are overwhelmingly likely to need Affordable Housing) housing by the percent in that tenure who have day to day activity limitations limited a lot.	Multiply the number of people across all owned housing by the percent in that tenure who have day to day activity limitations limited a lot.	916
	279	637	
Adaptations, sheltered, or retirement living	Multiply the number of people across all rented housing by the percent who have day to day activity limitations limited a little.	Multiply the number of people across all owned housing by the percent in that tenure who have day to day activity limitations limited a little.	1,150
	251	899	
Total	531	1,535	2,065

Source: Census 2011, AECOM Calculations

20. It is important to compare these findings with the recommendations of the Housing LIN, an authority on how to plan for the housing needs of the elderly. In Table 6 below we reproduce from their study Strategic Housing for Older People (SHOP) a guide as to the numbers of specialist dwellings for older people given the increase in their numbers over the Plan period, and how these should be split into the different tenures.

Table 6: AECOM estimate of specialist housing need in Bridport Area to 2036

FORM OF PROVISION	ESTIMATE OF DEMAND PER THOUSAND OF THE RELEVANT 75+ POPULATION
Conventional sheltered housing to rent	60
Leasehold sheltered housing	120
Enhanced sheltered housing (divided 50:50 between that for rent and that for sale) ²⁶	20
Extra care housing for rent	15
Extra care housing for sale	30
Housing based provision for dementia	6

Source: Housing LIN

21. As we have seen in Table 7-1, the NA is forecast to have a population of the over 75s of 3,917 by the end of the Plan period. This should mean there should be
1. Conventional sheltered housing to rent = $60 \times 3.9 = 234$
 2. Leasehold sheltered housing = $120 \times 3.9 = 468$
 3. Enhanced sheltered housing for rent = $10 \times 3.9 = 39$
 4. Enhanced sheltered housing for sale = $10 \times 3.9 = 39$
 5. Extra care housing for rent = $15 \times 3.9 = 59$
 6. Extra care housing for sale = $30 \times 3.9 = 117$
 7. Housing based provision for dementia = $6 \times 3.9 = 23$

This produces a total of 979 specialist dwellings.

22. Similarly with the Tenure-led approach, it is helpful to consider the percentage of specialist housing for the elderly within the Housing LIN approach that should be Affordable Housing. The overall percentage under Housing LIN is 36%; again however, the split within the different types of specialist housing is different. For housing with care the number is 44%, and for sheltered, it is 33%. This reflects the greater propensity for those to with relatively acute health issues to live in social and privately rented accommodation.
23. From this data it is again possible to produce a percentage split between these two broad types of specialist housing for the elderly. Under the Housing LIN approach, 28% should be “Housing with care” and 72% “sheltered”. These are rounded numbers.

Table 7: Housing LIN estimate of specialist housing need in Bridport to 2036

	Affordable	Market	Total
Housing with care (e.g. extra care)	121 (3+5+7)	156 (4+6)	277
Adaptations, sheltered, or retirement living	234 (1)	468 (2)	702
Total	355	624	979

Source: Housing LIN

1.3 Conclusions on the need for specialist housing

i. Quantity of homes needed

24. The findings provided in this study present two ways of quantifying and understanding the housing needs of residents aged 75+. The tenure-led approach estimates that 2,065 dwellings that have been designed with the needs of older people in mind should be in existence by the end of the Plan period in 2036. On the other hand, the Housing LIN method shows a need for 979 dwellings. This study disaggregates these totals into different types of housing reflecting, different levels of need.
25. Under the Tenure-led approach, 1,150 dwellings fall under the “adaptations, sheltered, or retirement living” category; these are designed to suit those with a relatively light level of need. The need identified for “extra care” homes, suitable for a more acute level of need, is 916 dwellings. This compares the Housing LIN approach, which estimates need at 702 and 227 respectively.
26. To interpret this data, a mid-way point is appropriate. As regards ““extra-care”” dwellings Neighbourhood Plan should support 571 such dwellings to exist within the NA by the end of the Plan period, allowing for current supply. As regards to sheltered homes and retirement living, a similar principle may be applied. The midway point between the tenure-led approach for 1,150 homes and the Housing LIN for 702 homes is 926 (rounded).
27. This produces an overall requirement for 1,497 specialist dwellings for the elderly should exist in the NA come the end of the Plan period. This target may be met from current supply and new development over the period.
28. For the purposes of developing planning policy, it is appropriate to distinguish between ““extra-care”” and “sheltered” accommodation.

Extra-care

29. The provision of extra care housing is provided by specialist developers of older people’s housing, and carries with it an additional cost burden on account of the services and facilities that such accommodation involves. These developers report challenges from two directions; firstly, completion for land from developers seeking to bring forward conventional housing (with lower costs and therefore able to bid more for land) and, secondly, a planning environment that is challenging due to a need to provide Affordable Housing on site, notwithstanding the higher costs associated with their product.
30. For these reasons, a neighbourhood plan is well-placed to support the delivery of ““extra-care”” dwellings through the requirement that development above a certain number of homes delivers such housing and by allocating sites for this land-use specifically.
- 31.

Adaptations, sheltered, or retirement living

32. Bridport Town Council should progress policies that encourage and support the delivery of all types of housing suited to the needs of older people, with different levels of need.

ii. Supply of dwellings

33. In arriving at a final target, it is necessary to take account of current supply. There are a number of routes open to identifying supply. Data may be available within the Local Authority's housing evidence base. Alternatively, data may be collated manually on the amount of specialist housing within a given area using the search function on the Elderly Accommodation Councils Website: <http://www.housingcare.org>.
34. In identifying "current supply" it is necessary to bear in mind the split between "extra care" and "sheltered" to arrive at an assessment of the degree to which supply of dwellings is aligned with demand. For example, if there is a clear under-supply of "extra-care" dwellings, this type should be a priority for future supply.

iii. Affordable homes

35. In terms of an appropriate percentage of Affordable Housing, we would recommend an overall target of around 35% (in line with Local Plan policy HOUS1). It is however important to take into account the type of housing being brought forward on each particular site before arriving at an appropriate number of Affordable Housing units.
36. There is a greater need for Affordable Housing among those who require "extra-care" housing. However, due to the higher build costs associated with this type of housing a lower percentage may be appropriate so as to safeguard viability.

iv. Relationship between specialist units and the Neighbourhood Plan's over-all housing target

37. There is no obligation for the whole need for specialist housing for the elderly to be provided within Bridport neighbourhood plan area itself. As such, the quantum of specialist dwellings identified in this report do not need to be provided within the neighbourhood plan housing target - rather, there will be some overlap between these dwellings and the target, depending on the number that could reasonably be provided within the plan area itself.
38. In many cases, it will be more appropriate for a 'hub and spoke' model to be developed- i.e. a development of specialist care dwellings in a nearby larger, more accessible town such as Weymouth, serving the needs of a number of smaller, more rural settlements. This approach takes account of larger settlement's higher levels of accessibility to services and facilities. Moreover, this is helpful in the recruitment and retention of specialist care staff and enable economies of scale (e.g. a centralised dementia care unit or enhanced sheltered development serving a widely dispersed rural population from a single location).
39. In addition, Bridport Area Neighbourhood Plan Group should then consider whether further evidence, for example a survey of older people in the area, might support the need for further specialist dwellings for those whose day to day activities may be limited only a little, or whether Lifetime Homes-standard dwellings or adaptations to existing homes would be suitable to meet their needs. This could also elicit further helpful evidence on housing need for the elderly, for example the proportion of residents claiming Attendance Allowance and those claiming Disability Living Allowance.
40. As regards the provision of dwellings to those with less acute needs, there are a number of available.

1.4 Development models

i. Retirement villages

41. Projects that involve the delivery of multiple homes satisfy the desire on the part of many older people to live in an environment with people facing similar challenges; retirement villages are often a cost-effective means of delivering sheltered and extra care housing together with the facilities and services these settlements imply. Given the numbers of units that result from the LIN analysis, it would not be appropriate to consider this approach to the delivery of housing for the elderly in the Bridport area.

ii. Senior Co-housing

42. Co-housing has been identified as being particularly suited to the needs of older residents. It offers a way for a group of people with similar interests and needs to come together to create an environment suited specifically to their requirements. Moreover, it can be designed to help address one of the most important issues for older people: isolation and loneliness. A number of successful case studies exist of both projects developed specifically with the needs of older people in mind, and others that encourage multi-generational housing, such as Featherstone Lodge in Forest Hill⁹ and LILAC in Leeds¹⁰. In the first example, the design facilitated the creation of public areas that encouraged social interaction between members of the community, moreover, a 'common house' was built in the grounds of the scheme that provided a shared space in which people could come together for meeting and shared activities.

iii. Multi-generational homes

43. Multi-generational living has been identified as a possible solution not only for older people, but all generations where it makes financial sense to share accommodation, particularly younger people who are struggling to set up their own households. This gives rise not only to designs for new homes, but conversions to existing dwellings, introducing internal subdivisions and peripheral extensions to create internal layouts that balance the private needs of different generations with the benefits of over-lapping, shared communal spaces.¹¹
44. The phenomenon of the aging population has an up-side; with increases in the quality of health-care, older people are able to live active lives for longer, the so-called 'third age' after retirement when people still want to live fully active lives. Within a household or community where tasks and facilities are shared, they are in a good position to take on both voluntary and paid work, for example looking after grandchildren or taking care of the elderly.

iv. Lifetime Homes

45. Many local authorities incorporate policy into their Local Plans that a proportion of new homes should be built according to 'lifetime homes' principles; these are ordinary homes incorporating a number of design criteria that can be universally applied to new homes at minimal cost, for example parking that makes getting in and out of the car as simple and convenient as possible and ensuring movement in hallways and through doorways should be as convenient to the widest range of people, including those using mobility aids or wheelchairs, and those moving furniture or other objects.¹²

v. Planning flexibility

46. Planning policy can be mobilized to help properties to become more adaptable in the context of an increasingly elderly population. This includes allowing the conversion of conventional dwellings or groups of dwellings (for example terraced housing) into multiple homes, particularly where additional features are included to address 'lifetime homes' criteria and to encourage interaction with the wider community. This can incorporate bigger community open space as a result of joining up different gardens.¹³ This is not dissimilar to the practice of 'alley-gating' where alleyways between the backs of terraced housing have been gated off, and turned into shared community spaces.

vi. Lifetime neighbourhoods

47. Creating an environment in which older people feel both welcome and comfortable does not end at the front door. Research exists that considers life-time neighbourhoods, in which the public realm is designed to address the needs of older people, and activates the benefits they can bring in supporting local businesses and encouraging improved public realm for everyone, for example providing more greenery and more walkable, better connected places.

⁹ <http://www.featherstonecohousing.co.uk/> (visited 12/04/17)

¹⁰ <http://www.lilac.coop/> (visited 12/04/17)

¹¹ RIBA, [Silver Linings, The Active Third Age and the City](#), Page 17-18

¹² <http://www.lifetimehomes.org.uk/pages/about-us.html>

¹³ Gobber, S, [A Bright Grey Future](#), Urban Design Group Journal, Spring 2016, page 29

48. Given the role of neighbourhood planning around design outlined in the National Planning Policy Framework,¹⁴ a compelling notion is that of ‘the amplification of impact of micro-environmental features’ to describe that particular way in which we become more sensitive to the ordinary, smallest features of urban space as we age. This places a particular emphasis on care and reflection in how we design, for example paths and public seating; this, in turn, calls for the participation of older people in the process of design.
49. Design approaches exist that provide a starting point for locally informed policy development in this area, these include Manchester’s [Design for Access 2](#) and the work of Inclusive Design for Getting Outdoors (IDGO); IDGO have identified material features that make everyday negotiation of urban space that much easier for older people; these include wide and flat tarmac footways, easy transition level changes, clear, simple and visible signage, frequent warm and supportive seating and well-maintained, safe and open toilets.¹⁵
50. In addition, the notion of ‘pensioner play-grounds,’ ‘green-gyms,’ community gardens and various forms of guerrilla gardening (for example the Edible Todmorden project) encourage active use of public space and facilities on the part of an older demographic.

vii. Age-friendliness

51. Since the millennium policy at the international level has been directed towards a more holistic appreciation of what an ‘age-friendly’ urban environment looks like. It has been remarked this should extend beyond physical installations, such as public seating and access to WCs, but embrace means mobilising civic agency among older group to forestall incipient marginalisation, enabling them to continue to make a full and active contribution to community life.¹⁶
52. In 2006 the World Health Organisation (WHO) began developing the ‘Age-Friendly Cities’ movement, now a worldwide network of over 200 member cities around the world. They have produced a guide that offers a way of analysing the city from the perspective of older people, using a framework of inter-related domains: transportation, housing, social participation, respect and social inclusion, communication and information, civic participation and employment, health and community services.
53. Considering the housing domain, the WHO study identifies a check list of attributes necessary to foster a sense of belonging and well-being among older people. In addition to affordability and designing accommodation with the needs of older people in mind, the adaptability of dwellings is important, for example their capacity to accommodate chair-lifts that enable older people to continue to live in two-storey homes¹⁷.
54. The WHO also identified access to services, particularly those that become increasingly important as people get older, such as places of worship and community centres.¹⁸ Moreover, optimising well-being has much to do with being able to maintain links with existing networks, which is best achieved by enabling people to remain in their existing communities for as long as possible. In the Australian city of Melville small clusters of senior’s housing with small gardens are made available throughout the city, so that older people are not isolated from the community and particularly from children.¹⁹

viii. Housing for people with Dementia

55. Enabling people with dementia to live in their own homes for longer is critical to their quality of life as a result of the familiarity of surroundings and the help with retaining memories this facilitates²⁰. The challenge with this is two-fold; firstly the lack of appropriate adaptations in properties and, secondly, the support required to ensure a home is safe and suitable.
56. Selwood Housing in the South West has pioneered approaches that help overcome these, for example the installation of property exit sensors to inform a monitoring centre when tenants leave their home and then not return within a pre-determined time.
57. In Figure 1 below we reproduce a chart showing the impact that early and appropriate intervention can have on the prospect of people with dementia remaining in their own home for longer.

¹⁴ NPPF, para 125

¹⁵ RIBA/Age UK, *An Alternative Age-Friendly Handbook*, page 54/55

¹⁶ RIBA/Age UK, *An Alternative Age-Friendly Handbook*, page 16

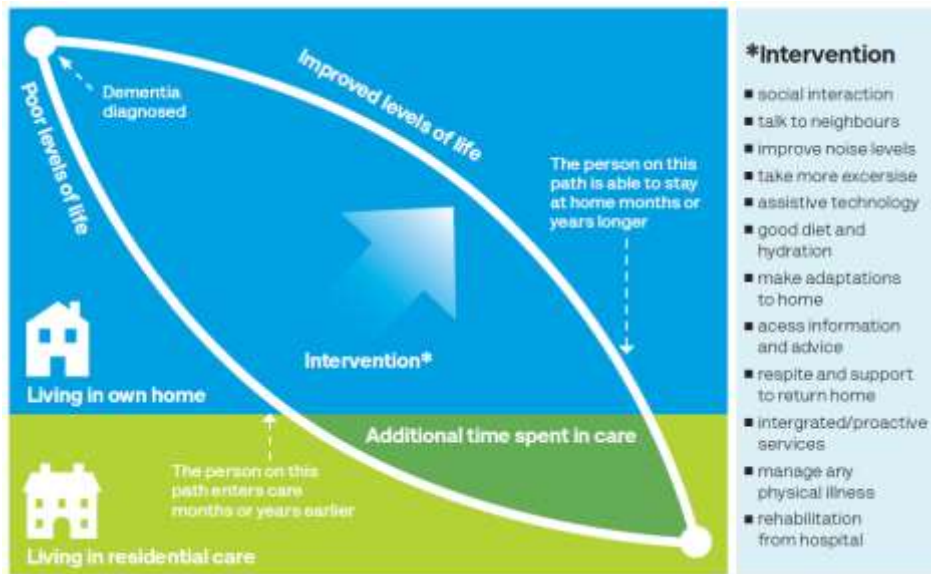
¹⁷ World Health Organisation: *Global age-friendly cities: a guide*, page 32

¹⁸ *Ibid*, page 33

¹⁹ *Ibid*, page 35

²⁰ Alzheimer’s Society, [Dementia-friendly housing charter](#), page 13

Figure 1: Housing LIN estimate of specialist housing need in Bridport to 2036



Source: Dementia Services Development Centre, 2013

Key definitions

Extra Care Housing²¹

New forms of sheltered housing and retirement housing have been pioneered in recent years, to cater for older people who are becoming more frail and less able to do everything for themselves. Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very or enhanced sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), Extra Care often includes a restaurant or dining room, health & fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented. There is a limited (though increasing) amount of Extra Care Housing in most areas and most providers set eligibility criteria which prospective residents have to meet.

Sheltered Housing²²

Sheltered housing (also known as retirement housing) means having your own flat or bungalow in a block, or on a small estate, where all the other residents are older people (usually over 55). With a few exceptions, all developments (or 'schemes') provide independent, self-contained homes with their own front doors. There are many different types of scheme, both to rent and to buy. They usually contain between 15 and 40 properties, and range in size from studio flats (or 'bedsits') through to 2 and 3 bedroomed. Properties in most schemes are designed to make life a little easier for older people - with features like raised electric sockets, lowered worktops, walk-in showers, and so on. Some will usually be designed to accommodate wheelchair users. And they are usually linked to an emergency alarm service (sometimes called 'community alarm service') to call help if needed. Many schemes also have their own 'manager' or 'warden', either living on-site or nearby, whose job is to manage the scheme and help arrange any services residents need. Managed schemes will also usually have some shared or communal facilities such as a lounge for residents to meet, a laundry, a guest flat and a garden.

²¹ [http://www.housingcare.org/jargon-"extra-care"-housing.aspx](http://www.housingcare.org/jargon-)

²² <http://www.housingcare.org/jargon-sheltered-housing.aspx>