



20 Years of Extra Care: A Review

July 2009

 **hanover**

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Hanover pioneered the development of Extra Care housing. As a specialist provider we used our knowledge and experience to develop a model of housing that fully integrates support, care, catering and convenience services for older people in one location. Extra Care housing as developed by Hanover has been adopted by the Housing Corporation (now the Homes and Communities Agency) and the Department of Health as a preferred development option. Extra Care is an ideal solution for older people who seek the independence afforded by their own home with the assurance of care and support services readily available on-site.

Since starting our first Extra Care housing development, Hanover Court, Dulverton, in 1989, Hanover has tried very hard to be at the forefront of innovative design, service development and partnership working.

To celebrate this milestone we asked Nigel King (of the Housing and Support Partnership) to undertake a review of the evolution of Extra Care housing and how Hanover has responded over the last twenty years. We are very grateful to Nigel for this valuable independent report.

I am delighted that this report – alongside the conclusions for Hanover's future work in a separate document prepared in house – will be launched at the opening of Hanover's latest Extra Care development: Olive House, Imperial Wharf, London. The opening will be on the 21st July 2009 and will be hosted by Baroness Andrews, the former Parliamentary Under-Secretary, Department for Communities and Local Government, who has done so much to promote the cause of better housing and care for older people.



Twenty years on it is very clear that the model of Extra Care housing has worked extraordinarily well. Whether or not this approach survives the fierce public spending constraints that lie ahead is another question. But everyone at Hanover can be proud of the levels of satisfaction recorded by those living, now and in the future, in our superb Extra Care housing.

Lord Richard Best, OBE
Chairman

Pioneering Extra Care

1.1 Hanover credentials

Hanover was established in 1963 with the first board meeting held at Hanover Gate, Regents Park, London. The objectives Hanover established were to provide housing for active and independent older people. These objectives are still relevant today and have guided the ongoing development of Hanover's services. For example:

1. Hanover has remained true to its specialist housing roots, now managing in excess of 19,000 properties for older people
2. Hanover's commitment to building properties that older people want to live in has ensured that there are minimal (79) bedsits within the portfolio – a stock position that sets Hanover apart from many other providers of older people's accommodation
3. Hanover's continued preference to build on its core housing competencies (as opposed to setting up care based services) is reflected in the quality of its housing provision (100% Decent Homes Standard)

In light of this background, Hanover approached the development of Extra Care housing as an extension of its retirement housing expertise. Hanover's model of Extra Care housing is one that separates property (design, maintenance and housing related support) from care. This model is flexible, allowing Hanover to work with third party care providers to cater for a wide range of needs; whilst ensuring the property services continue to foster independence and dignity for residents.

1.2 Changing market dynamics

Twenty years ago, signs of change were emerging. These factors are even more evident today:

- Significant demographic shifts taking place that will result in a 50% increase in those aged over 65 living in England by 2031
- The number of people at the oldest end of the spectrum, over 85 years, will more than double in England by 2031
- Increasing costs of social care leading to a reduction in funding for preventative services
- An impetus to improve the quality of residential care for older people (culminating in the Care Standards Act 2000) whilst reducing the cost burden on Local Authority social care budgets
- A drive to find alternative options to institutional forms of residential care with more focus on care in the community
- Some sheltered housing becoming less attractive for many older people because of poor quality accommodation (bedsits and shared bathing facilities)

1.3 Extra Care housing – investing in a new model

In response to the changing market dynamics, Hanover invested in a new model of housing with care for older people, which is now called Extra Care housing.

The factors and principles that underpinned the development of Extra Care housing in Hanover were:

- Creating a housing based design that reflected contemporary requirements for residential space, communal facilities and the provision of on-site catering and care services



- Establishing a form of housing that promoted resident independence and services and maintained dignity by providing care in the privacy of the residents' own homes
- Providing an attractive alternative to residential care for many older people
- Working in partnership with experts to deliver a 24/7 on-site domiciliary care service that adapts to meet changing needs of residents and is logistically easy to provide
- Linking funding sources (both capital and revenue) to provide an affordable alternative for local commissioners that demonstrated local social care cost savings through access to social housing grant and housing benefit

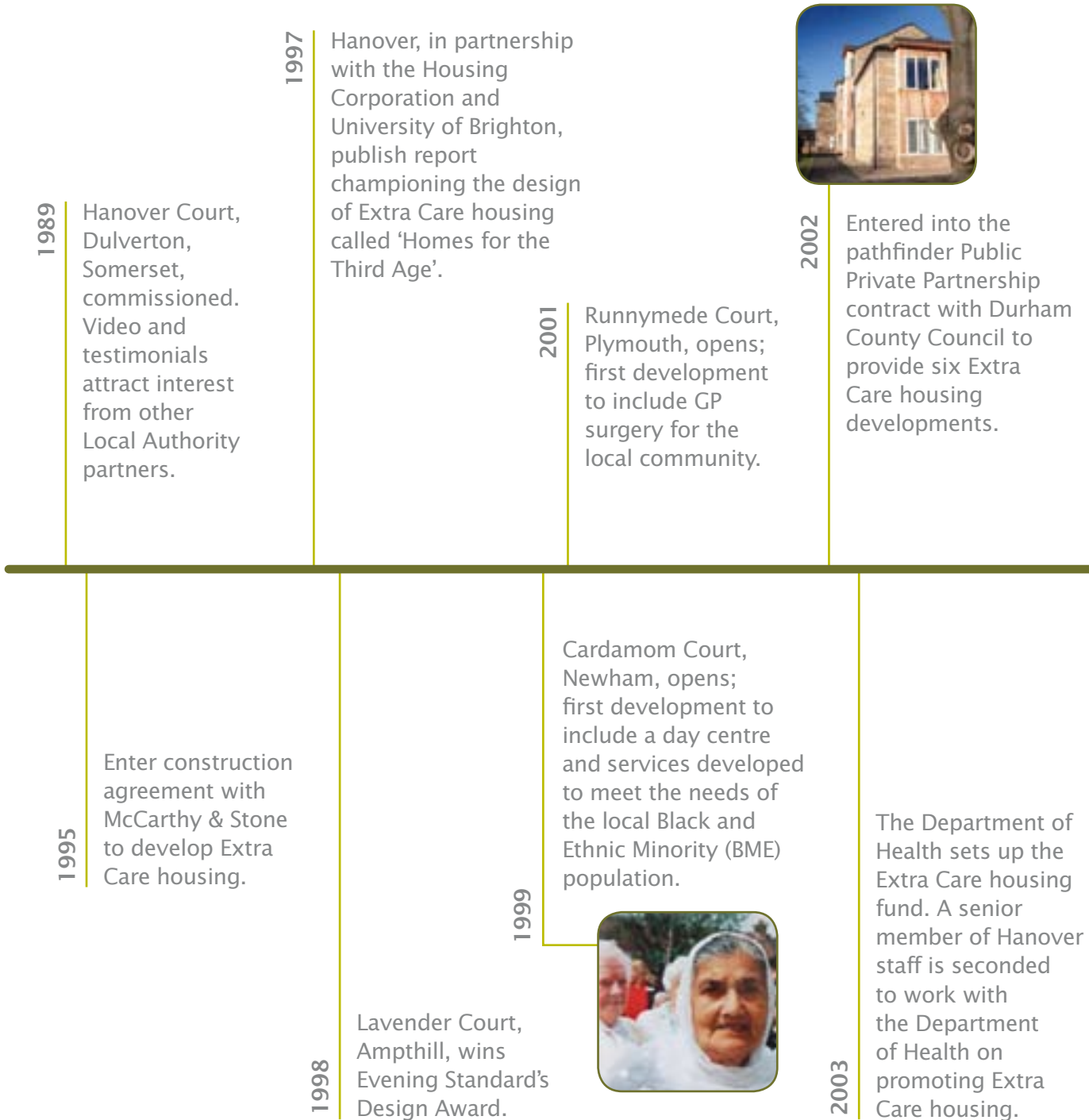
Hanover, convinced by the potential of Extra Care housing, invested its own reserves to help fund the initial Extra Care housing developments. Collaborating with forward thinking Local Authorities, Hanover used these

early successes to fuel interest from Local Authorities and Central Government.

Eventually grant was formally made available from The Housing Corporation (now known as the Homes and Communities Agency) to help fund Extra Care housing developments. In 2003 the Department of Health (DH) recognised the contribution Extra Care housing could make to the health and social care agenda, and set up the Extra Care Housing Fund. At this time a senior member of Hanover staff was seconded to work with the DH on Extra Care. Since 2004, Housing Corporation and DH grant programmes together have invested £300m in Extra Care housing.

In 2006 Hanover received 'Housing Corporation investment partner' status which very few specialists in the industry at the time managed to obtain. Since then Hanover has also gained 'preferred partner' status with many Local Authorities, in recognition of its expertise and pioneering approach to the development of Extra Care.

20 years of innovation: some highlights





2004

Poppyfields, St Neots opens; first development to include intermediate care in partnership with the Primary Care Trust.

Fred Tibble Court, Dagenham, opens; first Extra Care housing service specifically developed for residents with dementia. Wins Evening Standard Award for best affordable housing development.

2008

STATUS survey of residents living in Hanover Extra Care housing undertaken by ORC International. 97% of residents quite or very satisfied – higher than any other provider in the ORC International benchmark database.



2009

Patching Lodge, Brighton, opens; 7 storey Extra Care development with sea views and a roof garden.

2006

Hanover receives 'Housing Corporation Investment Partner' status – one of the first specialists in the industry to do so at the time.

2007

New Larchwood, Brighton, wins the Welhops European Award for innovative housing design.



Hanover opens its first two mixed tenure Extra Care developments in the London Borough of Newham, and in Ripon, North Yorkshire.



21 July 2009

Official opening of Olive House, Imperial Wharf, Fulham and launch of 20 years of Extra Care: A review.

In the last five years alone, Hanover has completed 28 Extra Care developments. A further 5 will come into management during 2009/10. Hanover now has 61 Extra Care developments providing 2499 properties, and an ambitious forward programme. This makes Hanover the UK's largest provider of this type of accommodation.





Leading the concept development

2.1 Defining Extra Care

In its relatively short existence, Extra Care housing as a model has been described in a number of different ways; Category 2½, Very Sheltered Housing, Housing with Care, Assisted Living, Close Care and Extra Care.

Extra Care has no statutory definition. The label Extra Care may describe rather different forms of provision. There are also differences between the sectors. Private developers have, for example, for a long time used Close Care to refer to properties located adjacent to care homes, where services may be available to residents from the care home. Others have developed a form of higher support marketed as Assisted Living.

Extra Care is most usefully thought of as being defined by a set of common characteristics while recognising that outside the core there is scope for variation. The physical features are easily recognisable; what is more subtle is the culture and approach of staff. Extra Care is commonly characterised by an approach which

encourages and supports occupants to continue to do as much as possible for themselves rather than by practices which, perhaps inadvertently, foster dependence.

Defining features of Extra Care housing

- Self-contained flats or bungalows incorporating design features to facilitate ease of use or safety features and assistive technologies
- Provision of appropriate care packages to a high level if required
- Catering facilities with one or more meals available every day
- 24 hour staff and support
- Communal facilities such as restaurant, lounge, activity rooms, library, health suite
- Staff offices and facilities

2.2 Extra Care as a direct alternative to residential care?

In some instances Extra Care has been developed primarily as a direct alternative to residential care, in others as a mid point between traditional retirement housing and residential care.

Hanover has intentionally separated property services from care to be able to adapt to, or cater for, a wide range of needs. Its model can reflect local priorities, whether as a direct alternative to residential care or as a mid point between traditional retirement housing and residential care. The care services are provided by one or more domiciliary care agencies according to the Local Authorities' commissioning, or individual residents' wishes. Hanover is very clear about its core strengths in housing development and management. Hanover has a continued preference to use expert providers to package and deliver additional services, allowing Hanover to champion residents' rights and overall quality.

2.3 Helping residents to help themselves

Meeting local commissioning priorities is also a key goal for Hanover. This should, though, be set in the context of offering a service that stimulates residents to help themselves wherever possible. Having environments and services that foster independence not only improves the quality of life experienced by residents but also has the benefit of reducing the cost burden of formal care arrangements.

Consequently, Hanover strongly advocates a balance of varying care and support needs across the development; not just focusing on residents with higher dependency. Maintaining a 'healthy' balance of residents with different needs in Extra Care housing has seen demonstrable benefits: non-institutional living environments, more informal support from families and neighbours, and greater flexibility of services to adapt to changing needs.

2.4 Hanover's model of Extra Care – summarised

Hanover's model can be summarised using an established typology of Extra Care housing and retirement communities which identifies four key variables that combine independently to create a particular model:

- Housing, and care and support provider relationships
- Buildings (scale of development, range of facilities, type of accommodation)
- Allocation and lettings policy
- Tenure



A typology of Extra Care and retirement communities

Variable	Option			
Housing and support providers	Housing and care provider identical	One housing provider with one separate care provider ✓	Housing provider with social services as care provider ✓	Housing provider with several care providers ✓
Facilities	One or two additions to Cat 2 including meals	Three or four additions to Cat 2 including meals	Extensive facilities. Five or more additions including meals ✓	
Scale	Small 40-50 ✓	Medium 51-149 ✓	Large / community 150+	
Properties	Flats ✓	Bungalows ✓	Flats and bungalows ✓	
Allocation and lettings	Those in need of residential care	Managed lettings only some needing residential care ✓	Letting to those seeking retirement housing	
Tenure	Rented ✓	Mixed tenure ✓	Owned	Special financial arrangements

The ticks in the matrix indicate where Hanover developments broadly lie on each dimension.

Hanover's positioning of Extra Care is that it:

- Separates housing from care and does not provide care which is arranged as a separate domiciliary care contract
- Provides an extensive range of facilities
- Typically constructs developments of around 40 – 60 flats and occasionally bungalows
- Seeks to offer Extra Care housing to people with a range of needs
- Offers developments with mixed tenure

There are now many other providers that are using the same or a similar model of Extra Care to the one that Hanover pioneered; recognising the inherent strengths of this approach.

Older people, local communities and partnerships

3.1 What older people want

The development of Extra Care housing has to meet the competing demands of numerous

stakeholders. The recent National Housing Strategy for an Ageing Society summed up what older people want generally as follows:

What older people want¹

- Housing should be well designed with ageing in mind; it should meet the needs of all age groups and build adaptable 'homes for life'
- Space is important: there needs to be room to accommodate visiting family or a carer and good storage space
- Housing design should be user-friendly, low maintenance and safe – a downstairs WC and bathroom with shower and bath are especially important. Homes should be affordable to heat
- Access to green, private space, and a safe neighbourhood is important, as is housing that is accessible to good local transport, facilities and amenities
- Access to independent information and advice about housing options is needed. Support is necessary for people to stay living in their own homes. A reliable repairs and adaptations service is needed for that bit of help around the home
- But above all, people want to be listened to, to be involved in the design of everything that will affect them, from planning and Lifetime Homes Standards, to the creation of safer environments, to testing new equipment and IT devices

1: Lifetime Homes, Lifetime Neighbourhoods, CLG/DH/DWP, 2008

One study, which included interviews with 150 people living in a variety of Extra Care developments, tells us about what people want more specifically from Extra Care.²

“Across the developments there was a range of motivations for moving that can be broadly categorised as 'non-care' and 'care-related'. It is not, however, easy to generalise and most people had moved for complex combinations of reasons. Moves were sometimes prompted by a particular event, for example bereavement or an illness, which then prompted concerns about future housing and care needs, or the need to be nearer family or to find a more suitable property.

2: Comparative Evaluations of Models of Housing with Care for Later Life, Croucher. K., et al, JRF, 2007

Non-care motivations include:

- Planning for the future
- Being attracted by a particular development
- Moving to be nearer to family
- Feeling alone and vulnerable following bereavement
- Housing need and /or inappropriate, insecure accommodation
- Concerns about anti-social behaviour or community safety

This study found:

- Many residents had been in housing need or were virtually homeless or in very inappropriate accommodation

- Housing with care provided better value for money than residential care
- Security was a prime concern for all – including knowing help was on hand when needed
- Quality and size of accommodation were key contributors in deciding to apply
- Residents repeatedly referred to the independence and security developments offered, yet also being part of a community

These findings are mirrored in Hanover's experience of what older people are looking for in Extra Care housing.

3.1.1 Independence and choice



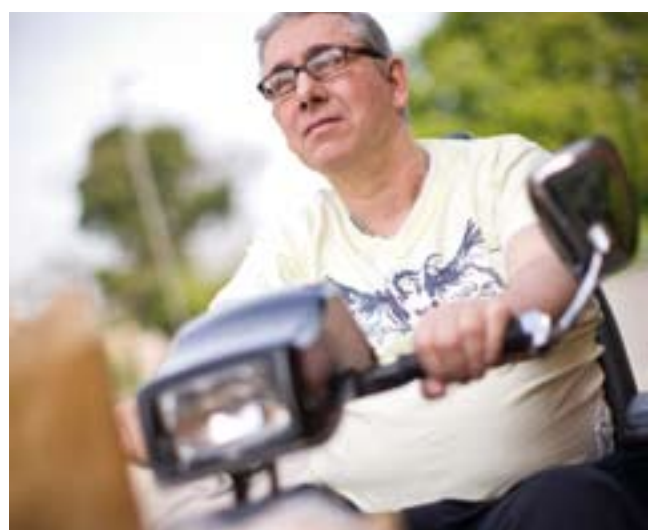
Lifestyles are highly individual; what one person considers a decent degree of privacy may feel to someone else like intolerable loneliness. Packages of care and support therefore need to be flexible and services tailored to individuals. Hanover is seeking to move from the approaches that have been applied in previous 'generations' of retirement housing, where services have been standardised by professionals, to an approach where Hanover will be guided by local choices and wishes of residents. The ethos adopted is based on treating older people as the adults they are and not assuming that professionals know what they want.

In response, Hanover's model of Extra Care housing was developed to empower older people in making choices that are important to them. A concrete example is the introduction of 'their own front door' and having 'tenure certainty' that meant older people in receipt of care could refuse access to their home to anyone they did not want to see – a revolution in the care and support of frail older people, who have no such powers in a residential care setting.

3.1.2 Flexible services and living environments

Older people want services that allow them to retain control over their daily lives with support delivered as and when they need it. Services need to be highly flexible in their delivery, capable of being easily reproduced in their essentials, but speedily adapted to suit ever changing needs.

Ordinary housing is often not capable of responding to even minor disabilities. Retirement housing developments usually take some account of the disabilities residents may experience, but much of the older stock fails to provide sufficiently flexible or adaptable environments for people with more severe disabilities. Flexible living environments is a key component in the design of Hanover's Extra Care housing, so no matter what level of fitness or ability, the design should be capable of adaptation to changing needs.



3.1.3 Space

Residents at nursing and residential care homes have very little space of their own, usually limited to a bedroom and en-suite bathroom at best. In many homes, residents are expected to pass most of their waking hours in lounges. These factors constitute a serious limitation on independence and create an institutional environment. Space within a residents' own home is important for a sense of wellbeing for residents. Older people's aspirations are rising with more and more saying a two bed flat or bungalow is the minimum. Providing increased personal space in their own accommodation allows them to use this space when they want privacy (reflective time, hobbies, entertaining guests).



3.1.4 Communal facilities

One of the added values for residents of Extra Care lies in the communal facilities in each development: the on-site restaurant and café, the group activity spaces, hobby and IT rooms and fitness suite. These spaces encourage social use and interaction which is particularly important for older people, providing an opportunity to maintain health and mitigating the risks of loneliness or illness that go unnoticed when people are isolated.

However, it is becoming more apparent that the routines and expectations of older people are changing and as result becoming far less predictable.

Various combinations of communal facilities are found in all Hanover's Extra Care developments

Added value spaces

- Treatment room
- Guest room (overnight stays)
- On-site shop
- Hairdressers
- Cinema
- Lounge
- Restaurant
- Health suite
- Activity room
- Day centre

Enablers

- Door entry and progressive security
- Central alarm system (emergency, fire and intruder)
- Staff room
- Manager's office
- Lift access
- Communal heating systems
- Catering standard kitchen
- Laundry
- Assisted bathroom
- Scooter store with charging facility



3.1.5 What older people get from Extra Care

The conclusion of a review of the empirical evidence on the effectiveness of Extra Care from a number of studies is summarised in the box below:³

Promoting independence

- High levels of satisfaction are consistently reported by residents of housing with care developments
- It is the combination of independence and security that is valued by residents
- Residents and providers do not always have a shared understanding of independence

Addressing social isolation

- Housing with care offers opportunities for social interaction and companionship: however, the very frail and people with sensory and cognitive impairments are consistently reported to be on the margins of social groups and networks

An alternative to residential care

- In some circumstances, housing with care can provide an alternative to residential care. However, the evidence suggests that it is not a substitute for these settings

Home for life

- The evidence indicates that “home for life” is a potentially misleading description, and that “ageing in place” will not always be a reality for some people
- The evidence suggests that housing with care can have a positive impact on the health and well-being of residents
- In terms of assessing quality of life, authors have drawn on residents’ expressions of satisfaction and contentment to infer that housing with care offers a good or better quality of life than other settings

3: Housing with Care for Later Life: A Literature Revision, K Croucher et al, JFR, 2006.

3.2 Extra Care and the community

Hanover has led the way in meeting the aspirations of older people to live in environments which successfully marry their requirements for security and social interaction with their continuing demand for a high degree of independence.

The model of flexible services and a range of on-site facilities coupled with the right location has meant that the developments can become more than a home for residents but a real hub for the community.



Case Study: Not an institution... a real community

New Larchwood,
Brighton

Opened in July 2006 as the first Extra Care development to be built in Brighton and Hove, New Larchwood offers benefits to more than just the residents.



The development was constructed on sound principles of community engagement and is the outcome of a close partnership with Brighton and Hove City Council, the Department of Health and local people.

Having previously been a residential care home and community hub, it was important that the new Extra Care development

continued to play a similar role. Consultation with local people was key to the development of New Larchwood and has resulted in more than just a retirement housing development with care and support, but has provided older people with housing and a vibrant community that they enjoy living in. New Larchwood's significant and varied communal space means local people enjoy many of the same facilities as the residents, including a much needed on-site doctor's surgery, community cinema and café bar and the local library. Security features ensure that areas of residents' flats are progressively secured from areas open to the public. Development activities include indoor bowls, an allotment for growing vegetables and flowers for the café, a cinema club and a local history group. New Larchwood won the Welhops European Award for innovative housing design in 2007.

The above example illustrates how the wider community can benefit from new, quality facilities. Extending the reach of services in this way also helps to ensure a good level of activity for residents at a lower cost. This is an example of 'in-reach'. Extra Care developments can also be used as a base for care and support staff to assist people living in the vicinity of the development, perhaps, for example, offering an emergency response in a defined area. This 'out-reach' approach is increasingly a consideration for service providers.



An Extra Care development can be a base for providing services to a wider group of older people in the vicinity. This is considered an attractive approach as it:

- Makes better use of expensive assets – for example, more people using services like the cinema
- Improves service viability where demand is extended – for example, in Durham the catering service has extended its operations to supply the Alzheimer's Society day centres
- Locates services closer to the community – the developments can offer office bases for support providers in the locality

Hanover is acutely aware that the examples of in-reach and out-reach services from Extra Care housing are in their infancy, and success is often determined by the effectiveness of service planning prior to development.

3 Older people, local communities and partnerships

3.3 Building partnerships

Building healthy and successful partnerships has become central to Hanover's approach to Extra Care. Developing Extra Care is a complex operation, involving large numbers of agencies, disciplines and interactions. By working with others it brings together an impressive array of skills and experience, resulting in an approach that is responsive to the needs of individuals but also addresses the challenges of retirement faced by society as a whole.

Ultimately, Hanover regards all the projects it is involved in as partnerships and has extensive experience of successful partnership working where specialist skills have enhanced a project's delivery. However, the essence of joint working in any situation lies in an early understanding of a shared vision, and a full understanding by the major stakeholders of each other's

roles. Experience shows that the greater the engagement in the early stages of a project, for example in workshops and team building, the better the understanding of a shared vision between all parties. Being clear about what Extra Care will deliver needs to be set out at the start of the partnership to avoid any delays to handover through misunderstandings about how a service is going to be delivered or what on-site facilities will be included and numerous other matters. Whilst offering a real degree of flexibility and a menu of design and service models, Hanover has learnt that to maintain a consistent standard of quality and value for money they should not deviate from the core of their proposition.

A successful working partnership can also lead to an effective beneficial long term relationship. Working together can stimulate both parties to think creatively about the future.

Case Study: Working with Local Authorities to deliver an ambitious development programme to replace outdated residential care

Durham
County Council

In 2003 / 04
Hanover worked in
partnership with
Durham County
Council and the
construction partner



Gleeson to build six new state of the art Extra Care developments. This ambitious programme was the most complex and exciting proposition Hanover had embarked on. Four of the six developments directly replaced some of Durham's outdated residential care homes. Where there were care homes being demolished Hanover and Durham County Council worked together to agree how people should be moved and then arranged for the residents to be moved back into the new development.

The new developments are comprised of between 36 and 45 flats, a hair and beauty salon, consulting room, restaurant, on-site shop, laundry, memorabilia room, and guest room. The success of the developments today relies on interaction and integration with the local community so events and activities are regularly organised to benefit older people living nearby as well as Hanover's residents.

In this fast track programme successful partnerships were crucial. Following a partner seminar, cooperation became a project competence, communication and information sharing was recognised as vital, mutual objectives were set and commitment made to a 'Partnering Charter'. In 2004, Hanover and Durham County Council were awarded the RICS North East Renaissance award for Community Benefit, recognition of the fact that not only would these developments benefit their residents, but there were gains for the local community too.



Inclusive environments and services

4.1 Managing relationships for the benefit of residents

Despite the similarity between the position of Extra Care residents and those of any other housing, it will be apparent that Extra Care developments offer much more than simply accommodation. The aim of Hanover's Extra Care is to provide housing, care, catering and support in a single operation; to provide residents with a 'seamless' service interface – via the Development Manager who manages the relationships with expert care and catering providers.

In the very early stages Hanover explored various models, including Hanover becoming an integrated housing and care provider. However, Hanover recognised that the complex needs of the individual cannot always be met by a single organisation. Therefore Hanover adopted an approach that is very much about delivering services through 'experts'. Hanover's own expertise lies in providing housing and related support services. The provision of other services such as care and catering is therefore given to a range of partnering experts in these fields, in partnership with Adult Social Care

whose role is to commission and fund care services for many people who live in Hanover's Extra Care housing.

Some commentators have reservations about separating the landlord role from the direct provision of care and support. They argue that commissioning one organisation to offer the whole Extra Care service ensures a stronger, more economic, integrated service for residents.

“There can be differences between philosophies of care as well as lack of clarity regarding where the boundaries between different agencies are drawn”.⁴

Hanover believes, and has proven, that professional relationship practices can deliver an integrated service interface that feels accountable and consistent via the on-site Manager. The evidence of this is apparent in the results of their latest STATUS survey (the tenant satisfaction survey larger housing associations must complete every three years). In this, 97% of a sample of 300 Extra Care residents expressed positive satisfaction.

4: Housing with Care for Later Life: A Literature Revision, K Croucher et al, JFR, 2006.

STATUS Survey and Extra Care residents⁵

- 97% of tenants are satisfied with the quality of their home. This is higher than any other RSL in ORC International STATUS database
- 97% are satisfied with security and safety of their home
- 94% are satisfied with access to the Extra Care buildings
- 80% of Extra Care tenants score staff as helpful when they had an emergency
- Extra Care tenants were the most satisfied with social activities (74%)

5: ORC International – the research company who completed Hanover's 2008 STATUS survey. "Satisfied" means replied "very" or "quite" satisfied to survey question.

4.2 Housing management and housing support related services

There are inherent challenges in determining the appropriate form or model of housing and support services:

- Residents know best. It is their home, where they live – and primarily the model of service should reflect their needs, expectations and financial means
- The physical form of the properties and facilities does restrict and impede on the service configuration that can realistically be provided (not necessarily the range of services but the mechanism by which they are delivered)
- The vagaries of local commissioning practices are often determined by Local Authority affordability as opposed to residents – creating tensions for providers who are not clear as to who is the customer: residents or the Local Authority?
- Affordability of services and the drain on public expenditure will have to be checked (made more imperative by the debts amassed during the credit crunch). This implies that public expenditure will focus on higher needs and that older people will be expected to contribute more to the cost of their housing and services
- For older people to make informed judgments about the value for money of services offered, Hanover disaggregates the real costs of each service and is explicit about what each service costs residents. The

tradition has been applying cross subsidies to give the illusion of value for money and make it difficult for residents to assess the real costs/benefits of services

- The distinction between funding streams, grant conditions and eligibility criteria are (generally) irrelevant to residents

In response to the challenges set out above and the need to ensure that Hanover's products and services continue to meet the needs and expectations of older people, Hanover has:

- Involved residents to determine services at each location. Using a form of local agreement Hanover consults with residents and local commissioners at each location to determine the exact range and balance of services they require and how these services will be delivered, their costs and how services will be evaluated
- Ensured that service provision and costs are transparent and residents understand the consequences of their decisions

To really involve residents in determining local services Hanover has had to be clear with residents about the costs and consequences of decisions they make. This approach re-affirms Hanover's position that services have to be designed to fit with the requirements locally within the context of the built environment.

4.3 Developing multi-cultural environments

Working closely with commissioners and BME communities has enabled Hanover to successfully develop housing and support services that meet the needs of multi-cultural communities.

One size does not fit all and all BME communities are very different, as are individual residents. Developing long term partnerships allows Hanover to work closely with commissioners and partners to identify local solutions. These alliances lead to older people's housing developments that:

- Meet particular cultural aspirations and preferences
- Provide services in an appropriate language
- Provide a programme of activities and services that meet particular community needs
- Provide catering that meets cultural dietary requirements
- Enable the development to be located close to the wider community and become a focal point for additional outreach services that can benefit others in the area

- Enable older people from all communities to live together, through the promotion of a culture of tolerance, respect and understanding of the individual

Recent examples of Hanover's partnerships to develop Extra Care for BME communities are:

- Partnership with Nehemiah Housing Association that delivered retirement and Extra Care housing to African Caribbean elders in Gloucester
- London Borough of Hackney partial stock transfer to Hanover. The acquisition of this portfolio has demanded the delivery of services to a very diverse BME community
- Partnership with the Eastwards Trust (BME voluntary organisation) in delivering care and support services into Extra Care in London Borough of Newham
- Partnership with City of Bradford Metropolitan District Council to provide Extra Care to the local South Asian Community



Case Study: Successful partnering meets the needs of multi-cultural communities

Dove Court, Bradford

Dove Court in Bradford is a newly opened Extra Care development with 42 self contained properties designed to cater for the needs of people from different cultural backgrounds. The facilities at this multi-cultural development include a restaurant offering a wide range of vegetarian and halal foods prepared in separate kitchens, a health and beauty treatment room, a community day centre, and an area of the gardens designated for growing herbs and spices.

The development also benefits from the standard features in Hanover's Extra Care developments – a lounge, laundry, shop, and an en-suite guest room for the use of friends and relatives. Dove Court is the outcome of a partnership with Bradford Council to replace a Local Authority residential care home with accommodation that meets local older people's aspirations to live independently and with dignity. Hanover has a strong commitment to promoting equality and diversity. Hanover's celebrating diversity workshops allow staff to tackle prejudice and discrimination head on. The outcome of this training combined with work being carried out in the local communities proves invaluable to improving the service delivered to residents on developments.

4.4 Understanding multi-cultural developments

Every multi-cultural development built to date has been a learning opportunity for Hanover. In an attempt to build on that learning Hanover commissioned a bespoke piece of research to provide a clear approach to building multi-cultural Extra Care. This research, and some other initiatives, have led to the conclusion that whilst being sympathetic to a local community's needs, it is not right to start the design for a new development based on the needs of a specific ethnic group. Residents and staff are concerned that labelling a development from the outset can be detrimental when in fact the community allocations will naturally dictate this.

This learning has moved Hanover away from making assumptions about what different ethnic groups want from Extra Care. Making sure developments are facing east or building multi-faith rooms may actually not be important to residents. Specialist facilities such as the multi-faith rooms and shrine shelves in

practice do not get used. If residents want to pray or build a shrine then this tends to be very personal to them and something they generally wish to do in their own homes or in a place of worship.

One of the main reasons why Dove Court was a success is due to the catering provision and creating an environment that encourages integration. Getting the catering right is the highest priority for residents. This can pose a number of challenges for the catering provision which in any event is always problematic to provide at an affordable cost particularly in smaller developments. The key is engaging with prospective residents right from the start to ensure the provider develops an appropriate service provision from the outset.

4.5 Mixed tenure

Care and support can be needed in later life no matter what a person's financial circumstances. Three out of four of those retiring are home owners although all are by no means well off. Hanover therefore ensures it now offers a range of tenure choices. Increasingly Local Authority housing and Supporting People strategies are recognising they also must be inclusive and tenure neutral.

Hanover introduced mixed tenure Extra Care developments in 2007 to offer a choice for those looking at retaining their property investment but who would benefit from the additional facilities and on-site care. In mixed tenure developments people can buy outright

or buy part of the equity. Shared ownership enables people to either release equity in order to enjoy their retirement or alternatively makes it possible to purchase a property they could not otherwise afford to buy outright.

For the older owner, property is typically their single largest asset and can be a source of 'stored income' during retirement. Around a third of older people expect to use their property to fund their retirement. Hanover wants to extend the tenure mix in the future to ensure older people have every opportunity to invest their equity and reduce the dependency on public subsidy. The extended tenure mix may include social rent, market rent, outright sale, lifetime leases, and shared ownership with stair casing options.



In order to discover public attitudes towards property and pensions Motley Fool⁶ (a financial information service) quizzed over 1,200 adults in an on-line survey in 2007

They found:

- Nearly three out of ten home owners (28%) plan to use their homes to supplement their pensions. As there are

25 million households in the UK, this means that seven million households plan to release equity from their homes in order to supplement their retirement incomes

- Half of homeowners aim to downsize – move to a smaller property – when they stop work

6: Motley Fool, 2007

The housing market condition in 2009 makes offering new properties for sale on specialist developments difficult. Whilst conditions remain poor Hanover is looking at other flexible ways to demonstrate their long term commitment to mixed tenure. On developments that lend themselves to mixed tenure in the future Hanover will initially offer properties for affordable rent but subsequently sell them until the desired mix of tenure is achieved when the market conditions pick up again.

As an inclusive housing provider specialising in the requirements of older people, Hanover ensures it has a flexible approach to tenure that allows for initial purchase and the release of equity or access to eligible benefits.

Mixed tenure adds a layer of complexity to housing management. Hanover's experience has led to the development of guiding principles to ensure that services comply with legislation, but are presented as consistent (in terms of expectation and cost) for all residents at one location regardless of tenure; sometimes referred to as 'tenure blind'.

Case Study: Offering choice of tenure

Marina Court,
Tewkesbury

Opened in late 2007, Marina Court was one of Hanover's first Extra Care developments to



offer mixed tenure. It consists of 75 one and two bedroom flats and bungalows, the flats being built over three storeys with lift access to all. Some flats enjoy panoramic views over the marina and surrounding countryside.

A number of the properties are available for sale on a shared ownership basis, at 75% of the full market value, with the remaining 25% of equity retained by Hanover. The model of shared ownership Hanover offers at Marina Court is very simple, with no rent payable on the 25% portion. The percentage the resident purchases is always fixed at 75% so on resale subsequent purchasers get the same opportunity to buy at a more affordable price.

Distinctive services



Hanover has determined that there are two defining services that make Extra Care housing different to other forms of retirement housing: the provision of catering and care services.

5.1 Catering provision within Hanover Extra Care

Provision of meals is fundamental to the concept of Extra Care. Studies have shown how important meals are to resident satisfaction. A well balanced and nutritious diet contributes to good health and well being. A restaurant also gives an opportunity to be sociable.

Catering is a difficult area to get right and one Hanover usually takes full responsibility for. There are a series of tensions:

- Meals and their quality are important to most residents and yet the cost must be kept down because of the limited incomes of most residents
- The availability of meals is a cornerstone of Extra Care and nutrition contributes to physical health while an opportunity to be sociable is both enjoyable and a contribution to mental health
- The relatively small scale of Extra Care makes it difficult to run an economic restaurant type service
- People want choice – including the choice not to have a meal. However if too many opt out of taking a meal in the restaurant the service becomes uneconomic and ultimately the opportunity for a shared meal is lost to all

These established difficulties are explored in 'Catering Arrangements in Extra Care Housing'⁷

Hanover currently operates two different models of catering within its existing developments. Catering as a 'condition of tenancy' and a 'pay as you go' option.

7: Catering Arrangements in Extra Care Housing, (op. cit)

5.1.1 Condition of tenancy (C.O.T.)

The majority of Hanover's Extra Care developments operate within the condition of tenancy model where residents sign up to accept this service as part of their tenancy and then pay a fixed monthly fee as part of the service charge. This guarantees one fresh meal a day.

Because Hanover is able to offer a catering provider a guaranteed income from meals and regular levels of take up, the service is sustainable. This helps ensure that catering services provide optimum levels of quality and choice at very reasonable cost.

In terms of affordability, catering as C.O.T. means that the vast majority of catering costs are eligible for Housing Benefit. The government sets an 'ineligible' charge which is currently £15.25 per week. Hanover estimates that approximately 70% of its residents within Extra Care are in receipt of some level of Housing Benefit and many residents have very limited disposable income. This

model consequently offers a distinct financial advantage to the majority of residents. The downside is that residents are 'tied-into' the meals service and pay for a meal (via benefits or their own means) every day regardless of consumption.

5.1.2 Pay as you go (P.A.Y.G.)

Pay as you go models do not require residents to make any commitment to having a meal or pay up front charges for a catering service. All meals are paid for at the point of consumption. However, making this proposition commercially viable in Extra Care housing – to a desired quality – is almost impossible unless the development is very large or there is high use from the local community as well as residents.

Hanover's use of P.A.Y.G. services has been limited and to date has always been based on providing a service which has received some form of subsidy from the Local Authority.





5.1.3 Catering will remain a challenge to be addressed locally

Research has shown few Extra Care providers in the social housing sector are confident about the viability of catering services in the long term, even when the service is providing a significant number of covers. In one form or another, all services are usually subsidised whether that be via the housing provider or Local Authority.⁸

Whilst choice is an important component in decision making for residents this needs to be balanced against viability and cost. Meals are a key element of overall resident satisfaction and one of the most important services provided in terms of promoting the health and wellbeing of residents.

Hanover wants to develop catering options which are: viable in the long term, offer excellent standards of food and service quality, maintaining some form of flexibility which will benefit residents and reflect their views, and fit with Local Authorities' commissioning requirements. To this end Hanover is exploring more flexible options that may be suitable in specific locations, based on partial condition of tenancy and extending the choice of catering provider.

8: Catering Arrangements in Extra Care Housing, Sweetinburgh, S., and King, N., Housing LIN, August 2007

The drive to offer choice and the principles of personalisation may put further pressure on meals provision.

5.2 Care provision

Older people are the main users of health and social care services. The Extra Care concept brings housing and social care together to provide a joint assessment of needs and joint service provision of care. This service is either provided directly by Adult Social Care or by external providers under contract with Adult Social Care. The care team works in conjunction with the on-site Hanover manager to provide an integrated service to residents. Where the service is provided by an external provider, Hanover works with Adult Social Care to appoint the most suitable contractor.

Hanover does see Extra Care as an alternative to residential care for many older people. Where commissioners are looking to develop Extra Care as part of a strategy to replace some of their residential care homes, there are a number of challenges to face. It is vital not to transfer the same institutionalised environment into a new build development where a different culture is one of the building blocks of the concept. Transferring staff specifically from residential care to Extra Care should be avoided without extensive training. The delivery of services in an

Extra Care environment is very different to that within a residential care home.

The philosophy around Extra Care is very much about creating an environment that is enabling and not about doing everything for residents. Care packages are delivered based on an individual's needs in a domiciliary care setting as it would in the community. This promotes a more individually tailored approach. Experience has shown that unless staff are prepared for this transition they struggle to deliver care in a fashion that promotes independence. Typically, workshops are now run jointly by Hanover and Adult Social Care on the ethos of Extra Care and the provision of domiciliary care in someone's home.

Early consultation with residents and relatives to explain why a possible closure of an existing care home is necessary, and explaining what Extra Care is and how people make the transition is important. Engaging with residents on service delivery issues is invaluable.

Working with residents should start early on in the process to re-enable life skills lost through the dependent setting they have lived in. It takes time to regain independence so there is a need to start to prepare for this before the move to ease the transition. Occupational therapists work



with staff and residents to enable this to happen. Some authorities set up a mock kitchen in the communal dining room to encourage people to make their own drinks and wash up rather than the tea trolley coming around at set times, or to make their own breakfast rather than attending the dining room.

Arguably, the key feature of Extra Care is round the clock access to care, which means a genuine alternative to a care home for many people. Care providers with whom Hanover work have understood and developed their services to reflect the benefits of providing services in one location. There is improved supervision, management support, working environments and training for care workers in Extra Care housing. This has helped develop enhanced services such as intermediate care, end of life care and dementia care.

Case Study: Providing a home from home through Intermediate Care

Poppyfields,
St Neots

Round the clock care and support is provided on this 31 unit Extra Care development – no different to any of Hanover's Extra Care developments. However, at Poppyfields, three of the self-contained flats are leased by the Huntingdon Primary Care Trust (PCT). The PCT place older hospital patients into these properties because they are not yet ready to return home immediately, perhaps due to their home requiring aids and adaptations or because they need physical or emotional rehabilitation. This option, referred to as Intermediate Care was the first of its kind to be integrated within a Hanover Extra Care development.



Evolving design



Hanover operates on a national basis throughout England. Hanover is exclusively focused on providing housing for older people whereas other housing associations provide services for older people alongside housing for families, young people and other groups.

Other providers that also specialise in services for older people on a national scale have chosen to diversify into providing care as well as housing services. As a consequence of being forward thinking and committed to providing housing that promotes independence Hanover has maintained high property standards; for example building very few bedsit properties, unlike many other providers, that are now finding these properties hard to let.

In developing the right design brief to maintain a good quality of life for residents, Hanover led the way in producing, in partnership with The Housing Corporation and the University of Brighton, a design guide for 'Homes for the Third Age' in 1997. This pioneering guide set out the requirements of Extra Care; a guide that became the basis of Extra Care design across the industry.

Hanover continues to lead through continual design evolution and innovation. In recent years, meaningful engagement with residents (from a range of tenures) and staff who work in Extra Care has helped refine the requirements of new buildings.

6.1 Two bedrooms

Hanover's day to day experience with residents and prospective residents across a range of tenures consistently states that aspirations in regards to residential space are much higher than 30-40 years ago or when sheltered housing first appeared. Residents have preferences for two bedroom accommodation that provides space for storage, entertaining guests and participating in hobbies.

Formal surveys of older people have all ratified that two bedrooms are increasingly seen as a minimum.⁹ Some authorities like Suffolk County Council already require new Extra Care developments to be made up of only two and three bedroom flats, with no one bedroom properties.

6.2 Reduced communal space and natural gathering points

Residents, staff and visitors to recent Extra Care developments comment on the significant amount of communal space. Whilst the theory is that more space means better quality, there is a risk in reality that it can create the sense of an institution. Communal space increases development costs which in effect have to be spread across the costs of the flats rented or sold.

With improved residential accommodation, usage of communal space for 'quiet' activity is reducing. And residents by virtue of their own lifestyle patterns are now seeking spaces that have a natural vibrancy e.g. lobby areas.

9: Research into the Housing and Support Needs of Older People within Worcestershire, King, N and Copeman, I., Housing and Support Partnership, 2009

Hanover's latest design review has challenged architects to redress the balance whilst retaining vibrant and more intimate communal spaces for residents to enjoy. The revised design brief specifically states that floor areas for flats must not be less than 70% of the gross floor area; communal facilities and circulation space must not exceed 30% (whilst retaining all core facilities). This allocation of space was agreed following work by architects to redress space standards, whilst retaining all core facilities and circulation requirements on a typical development of 45 properties.

6.3 Lifetime homes

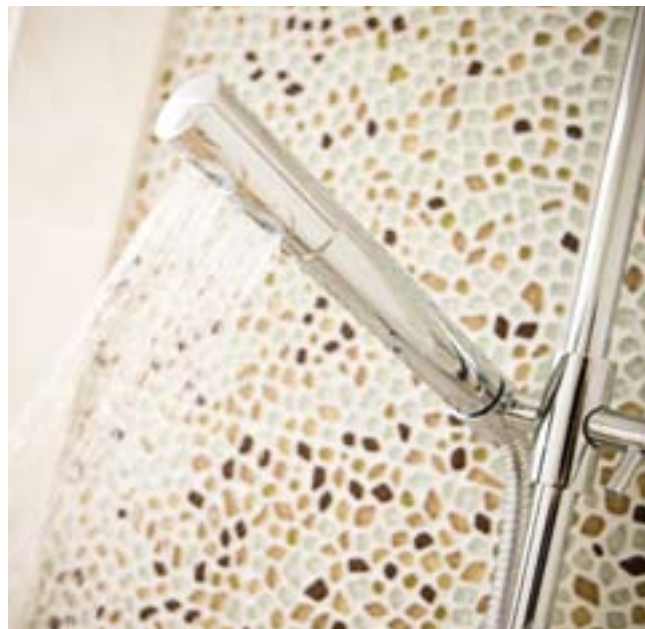
As people age they are more affected by a range of impairments. These impairments themselves do not have to have a disabling effect, but often the disability is a consequence of interaction between the impairment and the physical environment. In designing Extra Care housing Hanover is driven by an overriding passion to create environments that help minimise the disabling effects of impairments such as poor mobility, loss of vision and dementia.

The design guide for Extra Care (Homes for the Third Age, published in 1997) remains a useful reference today. Residents now expect the designs of Extra Care housing to meet 'Lifetime Home' standards which is deemed to be a basic requirement.

6.4 Specifications in keeping with contemporary standards

Hanover has continued to provide highly specified accommodation in keeping with its objects and the standards it expects residents to enjoy. This level of quality comes at a cost and sometimes makes Hanover look uncompetitive against providers who are more willing to accept reduced specifications for their residents.

The introduction of a tenure mix in newer developments has also created a set of tensions for the build design. Working to a philosophy of being tenure blind, Hanover does not advocate different property specifications for different tenures. However, residents who purchase an



Extra Care property frequently have higher expectations and are often in a better position to demand contemporary specifications. Hanover see the 'sale of a property' as a good test of suitability – if people would not buy then why should they expect someone to rent?

Many of the recent amendments to specifications focus on:

- Improved look and feel of bathrooms. Whilst these have been designed to offer level access shower facilities and wheelchair turning space for many years, residents have tolerated accessories and tiling that feels institutional (white grab bars, strip lighting, non-slip vinyl flooring and lever taps). Hanover now works with its supply chain to offer much more contemporary lighting, flooring and tiles, white sanitary ware and chrome taps and showers with easy to use grip
- Kitchens that reflect modern living expectations. Traditionally kitchens have provided storage, cooking and refrigeration facilities. Increasingly residents also expect to have laundry facilities in their own home and dishwashers. There is always a need to offer stylish fittings (e.g. chrome 'white goods'), fitted units and improved lighting (e.g. spot lights)

6.5 Environmental sustainability

Hanover positively embraces its social obligations to be environmentally sustainable and was the first housing association to sign up to the Global Action Trust. In terms of building design for Extra Care housing, Hanover has adopted a policy of achieving level three of the code for sustainable homes (even though it is not yet a requirement to do so). Whilst this increases construction costs, it does benefit residents by being more energy efficient, thereby reducing service charge commitments.

6.6 Places where people work

Hanover's continuous design review (following each development) also takes account of staff views on design. Extra Care housing is not just a place where people live – although that is the priority – but also a place where staff are employed (on average about 15 staff). Specifically, Hanover's design accounts for:

- Commercial catering kitchen requirements and staff rooms
- On-site shop (often provided by volunteer groups)
- On-site management office

- Support workers (staff room and office facilities)
- Care team (staff room and office facilities)

Fundamental changes in working practices impact on design requirements e.g. care staff now work 'waking nights' and no longer require sleeping accommodation.

6.7 Community resources

Dependent on location and local priorities, many Extra Care developments are now designed with broader community use in mind. This may require additional spaces for day centres, GP surgeries, libraries or extended catering provision. Where there is expected community use there needs to be a clear plan to promote its use (so redundant space is not built) and the design has to support the use by making the facilities identifiable and accessible. In building terms this has led to a design and management practice that distinguishes public from private space within developments and buildings. There are different zones of privacy with appropriate and progressive security measures for each area.



Challenges for the future

Looking ahead, Hanover faces challenges in developing and managing Extra Care. These include the impact of personalisation, dementia in an ageing society and the financing of future Extra Care housing.

7.1 Personalisation

The personalisation agenda, driven by the Government, starts with the person rather than the service. Services fit around the individual, not vice versa, and give people more choice and control over their lives. Fundamentally, it is about putting service users centre stage and engaging them in the design of services as Hanover has been doing for many years.

The Government has started on a process to 'transform' how social care services are commissioned. The vision is for most people funded by Adult Social Care to have their own budget to acquire the services they choose, with a great deal more self assessment than 'professional' assessment of needs.¹⁰ Care managers will increasingly become more like brokers and advisors than direct commissioners.

Whilst this approach may make a lot of sense for supported housing providers like Hanover, and resonate with their values and aims, it does however pose a particular challenge in the provision of services in Extra Care. The key issue for Hanover is how to maximise choice whilst still ensuring a full range of services are actually available from which to choose. If only a minority select a particular service it may become uneconomic to provide. Hanover, working with commissioners, needs to avoid personalisation having unintended consequences.

One of the defining features of Extra Care is access to a care service around the clock. The nature of a domiciliary care service – whether in Extra Care or outside – is low margins.

This means a relatively high number of hours of service delivery is needed to spread fixed costs and overheads.

An Extra Care development may generate 350–750 hours of care per week for a care provider when contracted on a block basis. Individual budgets threaten to undermine this and imply loss of economies of scale and a reduction in service including things like continuity of service, which is highly valued by older people.

For example, if 15 of the residents in a 40 flat Extra Care housing development opt out of overnight/emergency care, funding the service for the remaining 25 may not be viable. Residents say they value access to care and support available on site '24/7', which means they are still able to live independently and feel more secure.

Some services must be sustained by guaranteed, underwritten core funding. If more than a 'critical mass' of service users choose to spend funds in other ways, services may no longer be available, for either current or future residents. Extra Care housing 'works' because care is commissioned and paid for to ensure availability of a core service; this could be seriously challenged by personalisation. Extra Care housing could in effect simply end up offering a traditional retirement housing level of support.

There is a debate about whether choice to commit to core services, for example 24/7 care/support and the guarantee of a freshly prepared meal, is effectively being made at the point of choosing Extra Care. However even if this is the case, providers will still need to offer as much choice and flexibility around this core provision as possible.

¹⁰: Transforming Social Care, LAC (DH) (2008) 1.

There are a variety of perspectives a housing provider like Hanover can adopt in responding strategically to individual budgets:

- ‘Choosing the whole package’ is the view that when people enter Extra Care housing they are in effect choosing a package of services, and ‘sign up’ to receive core elements of on-site care. This may offer some security for providers but unless confined only to a critical service ‘core’, this may undermine the concept of personalisation. This approach also has implications for the registration status of Extra Care housing
- Proactive Marketing – saying to residents in effect “why would you choose anyone else to provide your support?” Providers can expect, but must not presume, that most residents will still choose good quality services from known and trusted providers, in preference to the uncertainty of purchasing in an unregulated, free market for ‘personalised’ care and support services
- A proactive, quality driven, marketing of their own services by providers does not rely upon people ‘choosing the whole package’ but places faith in the quality and attractiveness of services. This approach embraces personalisation’s values, but there is of course a risk that people may not purchase ‘Hanover’s’ quality service if it is more costly than alternatives
- Larger services may be more viable – the volume needed to sustain a core service may be more achievable
- Personalisation almost certainly offers an opportunity for new forms of retirement housing to emerge alongside existing models (such as more traditional sheltered housing and Extra Care housing), with an emphasis on supporting / signposting residents to access services of their choice
- Purchasing power – a prevalent picture of personalisation is that service users will purchase services from small scale locally based providers. Individuals may however continue to purchase services from larger

providers for a variety of reasons – certainty, continuity, quality, consistency and security. Collective or cooperative purchasing offers residents a means to redress the power balance between large providers and isolated individual consumers. Housing providers are used to procuring services for groups of residents and are familiar with consulting groups e.g. over service charges or changes in service levels. It is not a major step to envisage engaging residents in similar ways to commission and purchase care and support

This is very much the focus of a project that Hanover is involved in with the Department of Health and Housing Associations Charitable Trust (HACT) – Up2Us project. Hanover has been selected to be the lead housing provider in one of the Up2Us pilots, focused on older people. Up2Us is a three-year project that seeks to develop and test approaches to service user purchasing consortia. It aims to empower service users through mutual cooperation to maximise their purchasing power, increase independence, improve service quality and demand for new services.

Experience of individual budget pilots suggested that the benefits of personalisation are less clear cut for older people than other groups. Many older people value continuity, quality and security of service provision as highly as having choice about who provides services.

7.2 Dementia in an Ageing Society

The number of people with dementia is set to reach a million by 2025.¹¹ In an ageing population with more people aged over 65 than under 16, and the number of people aged 85+ set to increase significantly, dementia is something that will be at the forefront of the retirement housing agenda. Whether Extra Care housing is a good solution for those with dementia is no longer an academic debate for Hanover. In Hanover’s Extra Care housing 10% of residents have a diagnosis of dementia. It is estimated a further 16% are undiagnosed. Thus, it is probable that 1 in 4 of Hanover Extra Care residents already have some level of dementia.

11: Lifetime Homes and Lifetime Neighbourhoods, CLG, DH, 2008

In line with the experience of other providers Hanover has found Extra Care housing is a more suitable option if the person moves in during the early stages of dementia when:

- Their illness is not perceived as the dominant characteristic of their personality
- They are more likely to build sustainable relationships
- Assistive technology can help to provide security and manage the risks associated with independent living

Those that develop illness when already a resident are also more likely to find acceptance and support from their neighbours.

Mr and Mrs Smith

- Mr Smith has Parkinson's. He is physically frail and mentally fit
- Mrs Smith is physically fit, suffering with dementia
- Concern: Mrs Smith wanders but Mr Smith is not fit enough to cope with demands of getting up at night etc
- Solution: Extra Care housing. Bed sensors and wander alerts to on-site care team who respond
- Impact: Mr Smith's fitness improves and the couple have remained together (alternative: Mrs Smith's admission to EMI Care)

"Sycamore Lodge has made it possible for us to stay together"

Hanover believes that integrated communities offer residents suffering with dementia a better quality of life. This is consistent with Hanover's positioning and ethos about independence and choice versus institutionalisation. It also ensures long-term appeal for the development and provides greater flexibility for the provider and commissioner.

Mr Drake

Impact of good housing and flexible care.

- Concern: Mr Drake had history of being admitted to hospital – failing to take medication and self neglect. Also very lonely and wanders
- Solution: Moved into Moorlands Court. Tailored care package and prompted to take medication. Wander alert to on-site carers. Attends day centres three times a week and is very popular with the other residents
- Impact: Not one hospital admission in the past 12 months. Enjoys the company of others in a safe environment

"Moorlands Court is extremely beneficial, allowing dementia sufferers to retain independence in safety"

The projected growth in dementia, however, poses questions around whether this approach in the future will become sustainable or whether the balance of residents with dementia will outweigh those without. This would present a very different reality and new challenges. However, Hanover is confident that having an integrated model is the best for many individuals. The model:

- Is not as stigmatised or limited by an institutional environment
- Is flexible to adapt to changing needs of all residents
- Is an inclusive community and provides more access to informal support from neighbours and family
- Adopts the principles of Extra Care housing – supporting independence, continuity of care and equal opportunities
- Is integrated, providing care based on individual requirements, rather than specialist / separated accommodation

7.3 Cost of delivering future Extra Care

Providing Extra Care in the future will become more challenging because of the scale of developments required to meet demographic change and because of the costs, both capital and revenue, of the model. The capital cost of communal space is very high, and the services are increasingly at 'financial' risk from personalisation and reduced Supporting People funding.

Extra Care is a hugely successful product. Satisfaction levels are high amongst residents, as is demand.¹² It meets many of the needs and aspirations of older people but its development is relatively slow, held back by the costs and complexities of planning and coordinating services. This therefore raises the question whether the supply of suitable housing for future generations of older people is going to be sufficient.

In addition to Extra Care housing, Hanover is also testing the option to develop contemporary mixed tenure retirement housing with the services of a local manager to help residents access services locally. Hanover will seek to help to provide access to a similar degree of care and support, as is provided by the on-site care team in Extra Care, to residents who require it in other forms of retirement housing. Hanover will need to develop the skills of staff to signpost and support residents in accessing social care systems, therefore enabling them to receive the services they need to the standard they require and expect.

This supports resident choice and independence aligned with the Government's personalisation agenda, as well as offering good value housing. Hanover is committed to providing a range of housing based options to older people and will continually strive to reinvent retirement housing through further product development and innovation.

¹²: Housing with Care for Later Life: A Literature Revision, K Croucher et al, JFR, 2006.



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The author would like to thank and acknowledge help received from staff at Hanover and other academic and strategic partners in contribution to this report.



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Issued on behalf of: Hanover Housing Association – an Exempt Charity, Industrial and Provident Society No. 16324R, Housing Corporation No. L0071,
Registered Business Name – Hanover Housing Group; Registered Office: Hanover House, 1 Bridge Close, Staines TW18 4TB.

