

Part T:

Specialised Housing

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This part the Development Requirements SPD provides further detailed guidance on the interpretation of the following Core Strategy policies, as appropriate.

- [CS.19 Housing Mix and Type](#)
- [CS.25 Healthy Communities](#)

This section of the SPD provides guidance and advice on how applicants can help ensure that specialised housing meets the needs of vulnerable people of the District. It will be used by Stratford-on-Avon District Council to help reach decisions on whether to approve or refuse planning applications. Making sure that applications comply with the guidance contained within SPD will make it easier for the Council to grant planning permission. The Council's planning policies are set out in the Core Strategy, available at www.stratford.gov.uk/corestrategy.

Key words or terms which appear throughout the document are included in the Glossary.

T1 Introduction

As set out in Core Strategy Policy CS.19, specialised housing is purpose-built and designed housing that meets the needs of vulnerable people of whatever age. It does not cover general needs housing or adaptations to general needs housing. The policy applies to both affordable and market housing, and encompasses new build schemes and extensions and alterations to existing schemes.

Specialised housing includes the following housing for independent living:

- Supported Housing;
- Independent Living for Older People;
- Extra Care Housing.

This section also references institutional Residential Care and Nursing Homes. Such accommodation is not specialised housing because it does not enable independent living, but it is referenced in this section to allow easy comparison with specialised housing.

The 'public sector equality duty' imposes a legal duty on the District Council and Warwickshire County Council to consider how their policies and decisions affect people who have one or more 'protected characteristics' as defined under the Equality Act 2010. All the 'protected characteristics' are relevant to the provision of housing. 'Age' and 'disability' are particularly significant in relation to specialised housing and the performance of the District Council as local planning and housing authority, and the County Council as adult social care authority.

The NPPF recognizes the importance of promoting healthy communities in order to achieve sustainable development. Providing suitable housing to meet a full range of housing needs is integral to the achievement of this aim.

Where appropriate, regard must be had to Part S: General and Local Needs Housing:

- Affordable Housing Tenure
- Management of Affordable Housing
- Integrating Market and Affordable Housing
- Off-site Affordable Housing.

T2 Supported Housing

The Government defines supported housing as any housing scheme where accommodation is provided alongside care, support or supervision to help people live as independently as possible in the community¹.

Purpose built and designed housing with support can be provided for many different groups of people including:

- Older people with support needs (see below);
- People with physical and or learning disabilities;
- People with mental ill health;
- People fleeing or at risk of domestic violence;
- People recovering from alcohol or drug dependency;
- People who are ex-offenders;
- Vulnerable young people;
- People who are homeless or at risk of homelessness.

¹ DCLG and DWP Funding Supported Housing October 2017

https://www.gov.uk/government/consultations/funding-for-supported-housing-two-consultations_consultations

Supported housing schemes can provide long-term permanent housing e.g. sheltered and extra care housing for older people and some people of working age and housing for people with physical, mental or learning disabilities.

In addition, supported housing may be short-term housing for people in crisis e.g. refuge spaces for people fleeing or at risk of domestic violence and accommodation for people who are homeless and need support. Other schemes can provide specialist shorter term transitional help e.g. young vulnerable people who are homeless until they can secure and manage permanent long-term accommodation.

All such housing must meet the criteria set out in Parts C: Access and Connectivity and Part D: Buildings and Layout. The Housing Strategy action plan provides more information about the types of supported housing required in the District.

Find out more:

Housing Strategy

<https://www.stratford.gov.uk/homes-properties/housing-strategy.cfm>

T3 Independent Living for Older People

Specialised housing for older people includes a wide range of housing that enables people to live independently in their own homes. Everyone has their own self-contained accommodation comprising their own front door, a kitchen, bathroom, bedroom(s) and sitting room(s). In addition, communal facilities such as shared lounges or a restaurant may be provided. People have a legal right to occupy their homes and either rent or own their homes.

The housing ranges from 'age exclusive' housing for people over a certain age who have no or few support needs (e.g. 'hotel' or luxury retirement living), to housing with support (e.g. sheltered housing with an alarm system and a scheme manager) and housing with care and support (e.g. extra care).

The terms used to describe the types of specialised housing for older people are confusing. This is because different people ascribe different meanings to terms such as sheltered, very sheltered, retirement housing, assisted living, close care, extra care etc. For example, retirement complexes and villages can either be age exclusive housing or alternatively can provide a range of housing types and levels of care and support on one site.

It is therefore very important when considering any specialist housing for older people to determine exactly what any proposal involves as regards the management and any proposed levels of support and or care.

This information should be set out in a supporting statement, and of course, fully evidenced in the scheme design (as evidenced via the Design and Access Statement). All such housing should be built to the HAPPI design principles as set out in Part A: Achieving Good Design.

T4 Extra Care Housing

The Core Strategy defines extra care housing as '*comprising self-contained homes with design features and support and care services available to enable self-care and independent living. Each household has its own front door. It is for people whose disabilities, frailty or health needs make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes)*'.

The majority of extra care housing is for older people but schemes can also be designed for younger people with disabilities. The provision of additional extra care schemes is supported by the District Council and County Council because such schemes facilitate independent living.

One particular feature of the Extra Care Housing model is the emphasis on applying the principle of prevention and early intervention. Research² has confirmed the cost benefit of support for older people and vulnerable adults within extra care housing accommodation as a direct alternative to residential or nursing care or unnecessary admission into acute hospital settings.

Extra care schemes may also cater for the aspirations of households who currently have no or low care needs. Such households may still be in employment but want to future proof their housing. They want to move whilst they enjoy good health and rent or buy a home that provides an assurance of ease of access to future care provision, should this be required.

T5 Residential Care Homes and Nursing Homes

Residential care homes provide institutional care for people who are no longer able to live independently because they have high level care needs that require 24 hour support. Generally, residents have their own room and possibly their own bathroom. Facilities such as sitting rooms are shared with other residents. Meals are provided. Nursing homes are similar to residential care homes but also provide nursing care. Specialised care homes provide for specific needs e.g. people with advanced dementia or severe learning disabilities. The homes are not regarded as providing permanent long-term housing and do not contribute towards overall housing supply. Residents in these homes are usually licensees.

Warwickshire County Council is the Adult Social Care Authority. As such, it is responsible for discharging its duties under the Care Act 2014. The Act creates a single, consistent route for establishing an entitlement to public care and support for all adults with needs for care and support.

There is a general duty on the County Council to promote individual 'well-being' which is defined with reference to a wide range of factors including, in particular, 'suitability of living accommodation'. Associated statutory guidance indicates that the concept of 'independent living' is a core part of the 'well-being principle'.

²See, for example the Housing Lin website:

<https://www.housinglin.org.uk/Topics/type/Demonstrating-the-Health-and-Social-Cost-Benefits-of-Lifestyle-Housing-for-Older-People/> and
https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOP_Practice/DeliveringKeyOutcomes/CareCostEfficiencies/

Both the District Council and Warwickshire County Council work to enable people to live independently in their own homes for as long as possible e.g. through the provision of adaptations, home care or purpose-built housing. Independent living includes extra care housing (see section above) which both Councils are keen to encourage as it prevents many people from having to move into inappropriate and expensive residential care and nursing homes.

Find out more:

Warwickshire County Council Adult Social Care services

<https://www.warwickshire.gov.uk/contactusadultsocialcare>

T6 Delivery

Careful consideration is necessary when planning for specialised housing as such schemes often have specific planning requirements that differ from general housing. Such requirements must be considered in the context of both the day-to-day needs of the occupiers themselves and the service providers who cater and care for those living in specialised accommodation.

Part C of Policy CS.19 sets out four criteria that schemes promoting specialised housing must meet; all the criteria must be met. Further guidance on the interpretation and implementation of these criteria is detailed below.

1. Meets identified needs and maintains the balance of the housing stock

Schemes for specialised housing must reflect the development strategy set out in Policies CS.15 and CS.16. Schemes providing for the wider needs of the District should be located in the main town of Stratford-upon-Avon and the Main Rural Centres. Schemes for specialised housing should not generally be located in the smaller Local Service Villages unless they are meeting a specific and identified local need.

Within settlements, the cumulative impact of schemes for specialised housing will be considered. Schemes should not result in an over-concentration of provision in a particular local area to the detriment of the overall balance of housing. The Council acknowledges that schemes may need to be of a certain size to be viable. However, unless a scheme is meeting a need that is unlikely to be met elsewhere, such a consideration will not usually be sufficient to outweigh any concerns regarding the balance of the housing stock.

In order to assist in demonstrating compliance with this criteria applicants should:

- Seek pre-application advice from the District Council, in particular the Housing Policy and Development Team, and consult the NHS, including the Clinical Commissioning Group, about the impact of proposals on local healthcare resources.
- Provide evidence to justify the need for a scheme.
- Explain how the proposed scheme will complement existing accommodation within the District.

Find out more:

Contact the Housing Policy and Development Team:

housing.policy@stratford-dc.gov.uk

2. Relates well to the settlement and provides easy access to services and facilities

Accessibility is a key issue when considering schemes for specialised housing. Residents of specialised housing are:

- More likely to have health problems or disabilities;
- More likely to have mobility difficulties;
- More likely to suffer from social isolation;
- Less likely to have active lifestyles;
- Less likely to have access to a private motor vehicle;
- More likely to place demands on welfare services.

For residents and visitors alike, a high standard of connectivity to the host community, and availability of and access to associated infrastructure, is essential.

Walking and cycling routes should be generally flat and cater for people with mobility and sensory impairments. Access to public transport should be considered not only in terms of proximity, but also the frequency and accessibility of services. Where appropriate, arrangements should be put in place to upgrade existing off-site infrastructure.

Application of these criteria will help ensure that residents have easy access to services and facilities and can maintain independent lifestyles for as long as possible. Aside from the health benefits of this approach; it also reduces dependency on welfare services.

Whilst the Council seeks to ensure the impacts of additional housing is mitigated by securing s106 planning obligations and through the implementation of Community Infrastructure Levy (CIL), it is important to ensure that critical existing infrastructure and service providers have the capacity to deal with increased demands for their services. This is particularly important in respect of specialised housing for older people. Research has found that older people place disproportionate demands on the health service in particular. In itself, this is not a problem if local health services are geared to manage those increased demands. It can become a problem where demands arise on services that do not have existing capacity or do not have capacity to meet increasing demands.

In assessing schemes for specialised accommodation, in accordance with Policy CS.25 (Part A), the Council will take account of the capacity of existing health facilities as well as the views of the Clinical Commissioning Group (CCG) and local health service providers.

In order to assist in demonstrating compliance with these criteria, applicants should:

- Audit specialised housing schemes against the above criteria to demonstrate that the scheme meets the needs of future residents and visitors.
- Explain in the required Design and Access Statement how the outcome of the above audit has fed back into the design solution proposed.

Find out more:

The Community Infrastructure Levy (CIL) is a charge applied to residential development to help pay for necessary infrastructure to support development. Find out more at www.stratford.gov.uk/cil.

Further guidance on the application of Planning Obligations can be found at Part U of this SPD.

3. Design is capable of meeting support and care needs

Unlike general housing, specialised housing often has specific design requirements to meet the specific needs of occupiers. The design is integral to ensuring residents' general welfare and assisting them to achieve healthy lifestyles.

In particular, older people and people with disabilities in long-term permanent housing require adequate internal and external space, level/step-free access and appropriate landscape design. The provision of charging points for mobility scooters and appropriately sited and sized parking bays for disability users are also other factors to consider.

In respect of internal space, doorways and corridors should be of sufficient width to accommodate wheelchair users and there should be sufficient space within rooms and corridors for wheelchair users to turn 360 degrees. Rooms should not just be of sufficient size but appropriately configured to maximise the efficient use of space. Floor areas should be benchmarked against recognised national standards and an explanation provided for any derogation.

Given that specialised housing is designed for occupation by vulnerable residents, schemes that offer permanent long-term housing should also be 'future proofed' as far as practical to take account of the fact that residents' support and care needs are likely to change over time.

This approach is designed to give effect to the high level principles of [Part D](#) of Policy CS.19.

In order to assist in demonstrating compliance with these criteria, applicants should:

- Describe how the proposed design and management of the scheme will ensure fitness of purpose in relation to its proposed role and that of the host settlement.

4. Delivery of appropriate management, support and care

The type of management and/or support packages and/or care required will obviously vary in detail from scheme to scheme, depending on the nature and objectives of the scheme. Furthermore the detailed specification of the management, support packages and care may reasonably be expected to change over time, in response to evolving best practice.

In order to assist in demonstrating compliance with these criteria, applicants should ensure a planning application is accompanied by:

- Sufficient information to describe the intended role and function of the scheme.
- Heads of terms for an appropriate planning obligation to be secured via a S106 legal agreement.

In every case, a planning obligation will be sought that includes provisions to secure the delivery of appropriate management and/or support packages and/or care relevant to the type of scheme proposed. Provisions will include:

- Requirements in respect of the range of facilities and services the operator will be required to provide and retain on site.
- Restrictions on the occupancy of all residential units within a scheme to ensure those units are occupied only by residents in receipt of or with access to relevant management and/or support and care packages.
- For all extra care schemes the owner/developer shall ensure that a domiciliary care provider, registered with the Care Quality Commission, is based on site and services are available to residents 24 hours a day every day of the year for as long as a scheme is occupied.
- For all extra care schemes all residents are contracted to receive, as a minimum and for the duration of their occupancy, an entry-level personal care package (expressed as access to an emergency care package).