

# STATES OF JERSEY



## ANN COURT SITE, ST. HELIER: USE FOR SHELTERED SOCIAL HOUSING FOR THE OVER-55S

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Lodged au Greffe on 23rd December 2008  
by Deputy J.A. Martin of St. Helier

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STATES GREFFE

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

- (a) to agree that the current plans to use the site of Ann Court, St. Helier, for a multi-storey car park should be abandoned and that the site should instead be used for the creation of sheltered social housing for the over-55s; and
- (b) to request the Minister for Housing and the Chief Minister, in conjunction with the Minister for Treasury and Resources and other Ministers as appropriate, to bring forward proposals on the most appropriate manner to fund the creation of this housing scheme, either through the reprioritisation of the existing capital programme or by including proposals for additional capital funding in the next Annual Business Plan, or by working with the private sector or a housing trust as appropriate.

DEPUTY J.A. MARTIN OF ST. HELIER

## REPORT

I believe that we should develop a centre of excellence and best practice for elderly living and support on this site. It is widely acknowledged throughout the developed world that society must accept the very real challenges that are being presented by an ageing population.

Statistics show that people are living longer and that their lifetime needs will have to be met in a number of ways, including more support in the community. Recently the States approved proposals to rezone green fields for “sheltered housing” (for over-55s or lifetime homes); however, I believe we have a golden opportunity to utilise a sheltered housing site development and embrace best practice and standards for the care of our elderly in our community.

Examples of this exist elsewhere, and I have appended information from Rowntree and Step, and Metropolitan Housing Trust (some of these schemes have been visited by the Assistant Minister for Planning and Environment and the last Assistant Minister for Housing and they were both very impressed); but there are many more, such as Peabody, and one can find much more information on sheltered housing on the Internet. These demonstrate excellent working practice of supporting the elderly in their own home with options for both renting and buying existing, with security issues all managed, communal facilities and a variety of support systems on site or available 24 hours a day.

I am a full supporter of the Town Park and was one of many who helped in the late 1990s to obtain over 16,000 signatures on the petition which was presented to the States of Jersey on 2nd December 1997 and stated:

*“To His Excellency General Sir Michael Wilkes, K.C.B., C.B.E., Lieutenant-Governor.*

*To Sir Philip Bailhache, Bailiff, President.*

*To the Members of the States of Jersey.*

*The humble petition of the inhabitants of the Island of Jersey shews –*

(a) *there is substantial public support for a public Town Park with underground car park (“the Town Park”) on the land currently comprising the public car park at Gas Place and the private car park occupying the site of the former Gas Company offices and workshops, the whole situate between Bath Street and the new Gas Company offices (“the entire land”);”.*

(See Appendix 4 for the whole petition.)

As you will see, and I remember very clearly, at the time, 9 out of the 10 people who signed did so only with the guarantee that there would be parking at the site – and this was to be put underground.

The residents in the district are not happy with the new plans, and this was made clear to me and other Deputies of St. Helier No.1 and No. 2 districts in their recent elections. The only people who have, to date, been consulted by the Housing Department were the residents living at Ann Court who have now moved out of the area; this simply is not how the States of Jersey should treat people and it is not consultation.

Now, over 12 years later and with one outside consultant's report from EDAW, the plans have changed, and the people and the States are being told that the only way to deliver the Town Park is by replacing a perfect site for sheltered housing with a 800 space car park as stated in the Annex to the Draft Annual Business Plan 2009 or page 69–

“The redevelopment of multi storey car parks is progressing in line with the EDAW Report that concluded that a new multi storey car park at Ann Court should be constructed to serve the commuter, resident and shopper at the northern part of St. Helier. This project will be progressed through the planning stages in 2009.”

I would remind members that, firstly, commuters and residents who now park at Gas Place have not been consulted. Secondly, the residents in the area of Ann Court, and by 'area' I mean not only those who will have to live with this on their doorstep, but also the surrounding area of St. Saviour's Road, Wellington Hill (already log-jammed with the school run), James Road, Royal Crescent, and many more. Third and lastly, no-one has spoken to the market traders and the shoppers who now give their custom to the shops nearby and the market. Will this be the end of the market as we know it?

The plan to turn Ann Court into a car park which will replace 230 chargeable spaces at Minden Place and 386 at Gas Place happened as a result of a number of Ministerial Decisions and one that goes against much of what the regeneration of St. Helier needs, and also without sight of an overall integrated Transport and Travel policy document.

Are we – through a Travel and Transport Plan that the States have not even seen, working to a car accommodation policy? The question may rightly be asked whose agenda we are working to.

Anyone who has seen the New Direction (ND) document and is in support of it could not also support this planned car park. ND is trying to get small parking areas at the edge of town and encourage people to take more exercise, not only for their own health, but also for the benefit of residents of St. Helier, who are fed up with traffic noise, nuisance and pollution caused by traffic movements all day long with people looking for somewhere to park.

If there is a need to replace the resident parking at Gas Place, I am informed that planning permission was given in May 2007 to create a temporary public car park on the Ann Street Brewery site. It involved the demolition of the buildings in the middle of the site, but not the buildings fronting St. Saviour's Road and Ann Street.

Why has this not been progressed? It must be fully evaluated. Would it provide enough parking for the residents who park at Gas Place? That must be the priority. There is also the continuation of residents' parking schemes which could help these residents who now park at Gas Place. What other choices are there?

Meaningful and current consultation needs to be carried out with the commuters and residents who park at Gas Place. Who are they? Where do they come from? Where do they work? Is Ann Court a viable alternative for them?

I would like to suggest that if we do need more car parking in the north of town, why is an extension to Green Street (where there is space) not being considered? If there is money in the Car Park trading account, a study should be carried out to add to the 603 public spaces there. If commuters have a little longer walk to the office then they will also get a little fitter. Also, Green Street car park is directly connected to the ring road with easier access via the roundabout.

The States must show in 2009 that their priority is elderly people with basic daily needs rather than car accommodation.

In November 2008 the States of Jersey Housing waiting list figures show that we need a total of 314 one-bedroom units, broken down as 142 on the waiting and 172 on the transfer list. Of these 314, 123 are specifically on the list for medical reasons, but the Department suggest that all 314 would need ground-floor or lift-served accommodation in order to prevent them from having to move again in the future.

The main reason why Ann Court should remain for much-needed sheltered housing is, as the above figures prove, there is a need for it now, and that need is growing fast. Elderly people are worried about their future welfare and housing.

The Housing Department do not have any fit-for-purpose sheltered housing (either in the social or private sector) for the residents of St. Helier, but are quite willing to forgo this perfect site and transfer its use to cars. Neither Planning nor Housing have produced any standards for what would constitute proper homes for those wishing to live in one home for life after 55 – with support. This scheme could be designed and built, learning from the experience of others to be client-focussed rather than developer-led where another 20 apartments means more

profit. I believe we can create a tremendous facility for the elderly and should do so.

Can the States of Jersey really let this super housing site be turned into a home for 800 cars?

Ann Court should now be at the top of the housing refurbishment list as it has been in the pipeline for many years, and it was previously agreed that some of it would need to be demolished and some of it refurbished.

I would suggest now is the time to turn this into a flagship scheme for sheltered housing, which can be financed by a number of methods. Either reinstate it to the capital programme for housing or look to a private/public partnership. The public own the land and also the decision as to what is the best use for this valuable site.

The question is simply that we have a massive problem of long-term care of the elderly. We are rezoning green fields and agricultural land in many parishes, but who is going to supply good sheltered housing in town? It should be the States of Jersey, and Ann Court should be the first site as a role model for future schemes.

The Housing Department estimates that they will lose £471,500 rental income from Ann Court in 2009, so in 10 years it is safe to say that they will lose over£5 million in rental.

## **Making the case for retirement villages**

*Karen Croucher*

Retirement villages are a relatively new type of provision in the UK, and data measuring their impact on residents' health status and quality of life, or on the demand for other health and social care services, is limited. Drawing on the author's own research, as well as other studies of retirement communities and housing schemes for older people, this report reviews the evidence to date on the impact of retirement villages.

The report explores five key themes: the potential of retirement villages to enhancing older people's choices for independent living; the particular benefits of larger developments and the potential for economies of scale; how retirement villages can be made accessible and affordable for a range of older people; the potential impact of retirement villages on local health and social services; and the impact of retirement villages on local communities.

The evidence indicates that that retirement villages, although relatively new to the UK, have great potential to address main policy objectives around promoting independence, choice and quality of life for older people. This report will be of interest to all those engaged with commissioning and developing services for older people both in the public and private sectors.



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# **Making the case for retirement villages**

*Karen Croucher*



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# 1 Introduction

There is a growing policy emphasis on promoting independence and improving the quality of life of older people, most recently set out in the Government Green Paper on adult social care, *Independence, Well-being and Choice* (Department of Health, 2005) the Government-wide strategy for our future ageing population, *Opportunity Age* (Department for Work and Pensions, 2005a, 2005b) and the series of Audit Commission Reports, *Older People – A Changing Approach* (Audit Commission, 2004). There is also a growing emphasis on promoting social engagement and active ageing and enabling older people to continue to contribute actively to the communities in which they live. Retirement villages appear to serve current policy agendas particularly well. They offer purpose-designed barrier-free housing (with its associated autonomy of having 'your own front door'), a range of facilities and activities that are not care related, which generate opportunities for informal and formal social activity and engagement alongside a range of care and support services that can respond quickly and flexibly to a range of care needs over time.

Retirement villages are a relatively new development in the UK, and there are as yet only a few examples, including Hartrigg Oaks operated by the Joseph Rowntree Housing Trust (JRHT), Berryhill and Ryefield Village, both operated by the Extra Care Charitable Trust (see Appleton and Shreeve, 2003). Further developments are being planned, including a new village in Hartlepool, operated by the JRHT.

Retirement villages offer high levels of care and support in living environments that maintain and promote independence, with the additional benefits of a range of social and leisure activities. Some (although not all) retirement villages have on-site care homes, increasing their capacity to be a 'home for life'. They can be operated by a range of provider organisations. The model appears to be attractive to older people from a range of different socio-economic backgrounds (see, for example, Croucher *et al.*, 2003; Bernard *et al.*, 2004), and also offers a number of advantages over smaller 'housing with care' developments. It is worth highlighting that, currently, we lack a detailed evidence base to answer some key questions about retirement villages. This paper draws on our own work at Hartrigg Oaks (Croucher *et al.*, 2003), other recently published studies of retirement communities and housing with care schemes (reviewed by Croucher *et al.*, 2006), and data from our ongoing comparative evaluation of seven retirement communities, to explore five main themes:

- enhancing older people's choices for independent living
- economies of scale

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- accessibility and affordability of retirement villages
- impact on local health and social services
- impact on local communities.

## 2 Enhancing older people's choices for independent living

There have been many studies of older people's housing preferences that consistently report the great value older people place on independence, and their determination to maintain their independence through their later years (see for example, Boaz *et al.*, 1999). In the context of housing, independence is often equated with 'staying put' in the old family home, although it seems likely that 'staying put' as the first choice of older people reflects their lack of choices. One main alternative has been residential care – something that many older people dread and equate with loss of privacy, autonomy and independence. The second alternative is sheltered housing. Much of the sheltered housing stock in the UK is relatively dated, with poor space standards and design that does not easily accommodate people with physical and sensory impairments. Residents are often forced to move on if their care needs increase.<sup>1</sup> With such limited choices, staying put may seem to be the best option. However, many authors have highlighted the loneliness and isolation of some older people living 'independently' in the community, with inadequate services and poor housing (for example, work by the Social Exclusion Unit (2005)). In addition, many older people do not feel safe in their communities; in our work, we find that many older people report harassment and victimisation.

Retirement villages offer a positive choice to older people. Our study of Hartrigg Oaks (Croucher *et al.*, 2003), the work of other authors (for example, Bernard *et al.*, (2004) at Berryhill, the retirement village operated by the ExtraCare Charitable Trust), and ongoing work with residents of three different retirement villages (as part of a comparative evaluation of eight different schemes) show very clearly that retirement villages offer older people an attractive combination of independence and security, as well as opportunities for social engagement and an active life. Concepts of independence and security are complex. Independence is related to privacy – having your own home and control over who comes into your private domain – and choices over all aspects of daily life, in particular whether or not to participate in social and communal activities. Security is related to knowing that care staff are on site day and night, but also to knowing that help is available across a range of domains, including benefits and financial advice, and home maintenance/repair. It is also related to the sense of security derived from living in a comfortable, barrier-free environment, with a reduced risk of being a victim of crime or harassment, belonging somewhere, security of tenure and confidence in the provider organisation. The capacity of retirement villages to accommodate a range of care needs allows people

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to make their own plans for the uncertainties of the future, and ensures that their independence will be maintained for as long as possible in their own homes, but in an environment that is more manageable should they become ill or frail, with services readily to hand when required. Retirement villages are seen by the residents as a 'places to live' as opposed to 'care settings'. Older people recognise and value the increased opportunities for social activities and easy access to leisure and education facilities. Important, too, is the knowledge that existing social contacts and activities will continue as normal. People with families are often eager to ensure that, if they need care, they will not be a burden to their families or be dependent on them to make decisions on their behalf. People who do not have families are reassured that help is at hand if it is needed. A 'place to live' is more likely to be attractive to a range of older people – the fit and the frail, and thus allow ageing in place.

There are those that argue that age-segregated housing is inherently ageist and excludes older people from community life (see, for example, Fisk 1999). Others, however, contest this notion of ageism, highlighting the loneliness and isolation of many older people living 'independently' in the community, with inadequate services and poor housing. They present alternative interpretations of independence that allow more supportive environments to be seen as positive choices that do not compromise the autonomy of older people (see, for example, Oldman and Quilgars, 1999; Dalley, 2002; Oldman, 2003). Our experience of interviewing many residents in various retirement villages indicates that they certainly do not see age-segregated housing as ageist, nor do they feel excluded from community life. A community of older people ensures that older people's needs and preferences are privileged, and the focus is on their concerns and lifestyle choices. Moreover, they can build their own community and still engage with the wider community on their own terms.

### 3 Economies of scale

Clearly, the size of retirement villages (e.g. more than 100 dwellings) allows certain economies of scale and the development of facilities and care services that would not be viable in smaller developments.

Amenities and facilities that are not directly care related (such as cafés, restaurants, health and fitness suites, craft rooms, computer rooms, small retail outlets) become more financially viable with a larger number of residents (and staff) to use them. These facilities provide opportunities for leisure, education, health promotion, social activities and informal social encounters that create a sense of belonging and community. They help schemes to become 'places to live' rather than 'care settings'. For the very old and frail, easily accessible on-site facilities become more important as they become less able and/or less inclined to access local services and facilities. Such facilities may also provide opportunities for income generation if they can be used by people or organisations from outside the schemes.

Retirement villages allow the employment of dedicated staff for non-care-related services such as maintenance, gardening and catering. The contribution to the well-being and security of residents made by staff who are engaged in tasks that are not directly care-related should not be underestimated. Interviews with residents undertaken as part of our comparative evaluation of models of housing with care consistently demonstrate how much trusted and reliable maintenance services are valued by residents.

The provision of on-site facilities also allows more flexibility over location of schemes. If there are services and amenities on site, it becomes less desirable to locate schemes in town centres or close to local amenities.

With a critical mass of residents, it becomes easier to plan care services and have a stable core of care staff that can respond flexibly to changes in care needs. Our comparative evaluation indicates that flexibility of care is more difficult to achieve in smaller schemes, and there may be greater dependence on using agency staff. Casual staffing does not allow residents to build up relationships of trust with care staff. Moreover, in smaller schemes with a small pool of staff, sickness absence is more difficult to cover. Similarly, with only a small establishment of staff, residents have little choice of carers. The literature on housing with care also suggests that, in smaller schemes, if the care needs of only a few residents increase beyond a certain point, the care services within the scheme are stretched very quickly, and this may result in people being admitted to residential or nursing-home care (see Croucher *et al.*, 2006).

## 4 Accessibility and affordability of retirement villages

A key question for retirement villages is how to make them accessible to people with a range of financial resources. Schemes offering properties to buy and to rent may be one way of extending access. Other types of tenure, such as shared ownership, are also being tested (see Garwood and King, 2005).

### Housing

There is a common assumption that people who are homeowners will want to continue as homeowners through later life. Evidence from the study of Hartrigg Oaks and, our ongoing comparative project demonstrates that this is not necessarily the case. Some older homeowners are eager to become leaseholders or tenants, as the costs and responsibilities of homeownership in later life are perceived to outweigh any advantages. Others are looking to release the equity in their homes so as to be able to afford a better standard of living generally. Some older homeowners simply can no longer afford to be homeowners, or the relatively low value of their property (particularly those who have bought former council properties under the Right to Buy) does not afford them many choices in the housing market. Retirement villages can offer a range of different types of tenure that can increase the accessibility of schemes to people with different levels and types of income.

Hartrigg Oaks provides an example of how residents can be offered a variety of ways of purchasing a lease on a dwelling. Residents may choose to pay the full market price for their lease, on the understanding that this same amount will be repaid if they leave or returned to their estate should they die. They also have the option of purchasing a lease at a reduced price, on the understanding that they or their estate will not receive any repayment should they leave or die.<sup>2</sup> This model appears to be attractive to the residents of Hartrigg Oaks, particularly as the income generated by the resale of properties is 'recycled' into the community, helping to keep increases in other charges to residents to a minimum. Note too that many residents moved to Hartrigg Oaks with the clear intention of this being their last move, so maintaining a stake in the housing market was not a great direct concern to them. Many people were also unconcerned about leaving a sizeable estate to their families, preferring to invest their money in ensuring a safe and comfortable future for themselves. Recent research indicates that, increasingly, people are more concerned about using their financial resources to be comfortable in their old age



## Accessibility and affordability of retirement villages

than bequeathing money to relatives (Rowlingson and McKay, 2005). In addition, many Hartrigg Oaks residents were single people with few relatives or close family either to leave money to or to depend on for assistance. A further point regarding the various options around lease purchase, particularly that of receiving no 'refund' on the cost of a lease, is that it enables residents to invest resources in their care, akin to equity release schemes. The Hartrigg Oaks model of lease purchase appears to work well for people with sufficient housing equity (or other assets) to afford the market value of the properties.

Hartrigg Oaks also offers high-quality, very spacious accommodation. A way of making retirement villages more accessible would be to offer a greater range of accommodation within schemes that would be more affordable to a wider range of people, as well as a range of tenures, allowing people to rent rather than purchase if this were their tenure of choice.

### Paying for care

Our comparative study indicates that all the schemes – whatever model of payment for care and other services was adopted – were relatively expensive places to live for those who were self-funding their care and support services. This partly explains residents' preferences in some cases to change tenure and relinquish homeownership, as this allows the release of housing equity to fund either future or current care needs. This suggests that, if villages offer a range of different types of tenure, they may be more accessible to lower-income homeowners. For those who were eligible for means-tested benefits, cost of provision was not such a concern, but it may be unwise for care providers to assume that benefit payments will continue at current levels.

Hartrigg Oaks operates on an insurance-type principle<sup>3</sup> and, while this might seem expensive, most residents felt that the system allowed them to make provision for future care needs, and spread the costs of future care over a number of years. Most residents at Hartrigg Oaks would probably not be eligible for means-tested benefits. This insurance-type system, however, does require a careful balance between the fit and the frail, and there is an expectation that people entering Hartrigg Oaks will be in relatively good health at the point of entry. Thus, entry to Hartrigg Oaks is not dependent only on financial means, but also on health status.

## **5 Impact on local health and social services**

Health and social service providers in host locations may be concerned that the establishment of a retirement village will increase the demands for services in a locality. Some retirement villages serve a predominantly local client group, as people often want to stay within their familiar localities and maintain their existing social networks. If people were not resident in the retirement village, they would still be local residents and still use local services, thus concerns about increased demands on health and social services may be overstated. Other villages will be planned (and marketed), however, so as to attract residents from further afield. How this increase in numbers of older people translates into demand for services is a key question that is not readily answered by currently available evidence. Evidence does suggest, however, that retirement villages play a role in maintaining and promoting health, and provide opportunities for more efficient delivery of community services and provision of interim and rehabilitative care (see below). Moreover, the presence of a retirement village may support arguments for service developments, benefiting not just village residents, but other older people locally. Retirement villages can be integral to the development and successful implementation of local strategies and plans to meet the requirements of the National Service Framework for Older People (Department of Health, 2001), and other local strategies (see Fletcher *et al.*, 1999). A key point is the necessity of involving local health-service planners and commissioners at an early stage of the development of a retirement village, and ensuring that the different service providers' boundaries and responsibilities are clarified.

### **Delivery of community health services**

In terms of service delivery, retirement villages offer many advantages to service providers. In the first instance, residents are not dispersed in the wider community, so time and resources are saved if, for example, general practitioners, community nurses and other community-based health and social care professionals can visit more than one patient in one place. Similar arguments can be made for other community services, such as pharmacy delivery services and chiropody. The relatively advantageous position of village residents (in terms of access to on-site care staff, meals, living in warm, barrier-free accommodation) compared with many older people living in the wider community can also assist community health care staff in prioritising their caseloads. On-site care staff can also work with other service providers to ensure that resources are used efficiently. For example, at Hartrigg Oaks, home carers were in

effect providing a type of triage for local general practitioners' services, as residents would often seek advice from care staff before calling the doctor. Similarly, on-site staff may be quicker to notice that something is wrong and take action before a crisis point is reached. Over time, primary care services have developed a relationship of trust with on-site care staff at Hartrigg Oaks. Potential cost savings are not insignificant; for example, costs for a home visit from a general practitioner are estimated to be £3.49 per minute (Curtis and Netten, 2005).

### Intermediate care

Retirement villages have the potential to play a significant role in providing intermediate care services and to reduce demands for in-patient services in line with current policy initiatives. Hartrigg Oaks provides intermediate care (intensive short-term care, return-from-hospital, respite for carers) to residents in the on-site care home.<sup>4</sup> Figures from Hartrigg Oaks show that, between January 2003 and December 2004, 88 bungalow residents spent 1,363 nights in the care home. Care staff estimate that about 15 per cent (n=210) of these nights would otherwise have been spent in hospital. The most recently published unit costs for health care (Curtis and Netten, 2005) indicate that the average cost of a bed-day for elderly patients is £166, and £179 for an in-patient-day in a Nursing-Led Inpatient Unit (NLIU) for Intermediate Care. These data indicate that the on-site care home at Hartrigg Oaks has saved local NHS in-patient services between £34,860 and £37,590 over a two-year period. The resources in an on-site care home may also help reduce pressure on NHS services at times of high demand, such as during the winter months.

In addition to caring for people within the care home, Hartrigg Oaks residents can also depend on care being delivered to their homes following discharge from hospital or, conversely, delivery to their homes of care that removes the need for hospital admission. Although difficult to quantify, the flexible provision of care to people in their own homes has prevented hospital admission, and in some cases allowed people to remain in their bungalows and delayed a permanent move into the on-site care home.

### End-of-life care

Studies of a variety of housing with care schemes indicate that many residents move on into residential or nursing home care, suggesting that the notion of a 'home for life' is difficult to achieve (see, for example, Greenwood and Smith, 1999; Phillips

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and Williams, 2001; Brooks *et al.*, 2003; Baker, 2002). Retirement villages can offer the option of an on-site registered care home to provide care for those to whom independent living is no longer a tenable option, without the move to an unfamiliar setting. At Hartrigg Oaks, residents in the on-site registered care home are still able to use the on-site facilities and participate in social activities as far as they are able, and be visited by spouses and friends from the community. An on-site care home can also provide opportunities for income generation through the 'sale' of any excess places to older people from outside the village.

The presence of an on-site care home at Hartrigg Oaks was a key 'selling' point for residents, who were reassured that their future needs would be met on site, without the distress of further moves, by a service provider they could trust (Croucher *et al.*, 2003). At Berryhill retirement village (without a registered care home), a significant proportion of residents (one in five) were concerned about what would happen to them in the future if their physical and mental health needs could not be met on-site (Bernard *et al.*, 2004). The US literature also reports the uncertainties faced by residents in Assisted Living schemes (the fastest growing type of provision for older people in North America) should their care needs increase to a point where they could be forced to move to a different care environment (Schwarz *et al.*, 1999; Frank, 2001).

Residents with dementia and other mental health problems present particular challenges for housing-with-care providers. Again, within a retirement village it becomes more viable to introduce specialist care staff and specialist on-site facilities to care for people with dementia-type illnesses. In our experience, larger communities also appear to have more capacity to absorb the problematic behaviour of a few individuals, whereas the problematic behaviour of one or two individuals within a smaller setting can be very dominating. Nevertheless, dementia sufferers can cause considerable anxiety and distress to their fellow residents, whatever the setting. Following our evaluation of Hartrigg Oaks (Croucher *et al.*, 2003) and the concerns raised by residents at Hartrigg Oaks regarding dementia care, the JRHT have invested in dementia services.

## **Promoting health and well-being**

Retirement villages also have a significant role in promoting health and well-being and reducing social isolation that has a negative impact on health status.

### ***Social relationships***

Social relationships are seen by older people as key to a good quality of life, although growing older can make it harder for people to maintain social networks. Social isolation is a significant problem for many older people, particularly for those whose mobility is compromised by physical and sensory impairments. The very old are less likely to have people they can turn to in a serious crisis (Social Exclusion Unit, 2005). Retirement villages increase the opportunities for social interaction and engagement, and can reduce the experience of social isolation, with consequent benefits to health, well-being and quality of life. Social interaction can both be informal and also include more formal resident-led activities. Our experience shows a much wider range of resident-led interest groups in retirement villages compared with smaller schemes, as a larger resident group allows for a more diverse range of interests to be developed. Activities included outdoor activities such as bowling and putting clubs, gardening and allotment groups, various exercise groups such as dancing classes, yoga, tai-chi, keep-fit, arts and craft groups and classes, choirs, darts clubs, bingo and quiz sessions, walking groups, religious gatherings and cultural and voluntary activities.

According to the data from our comparative study, it is also clear that larger communities offer greater opportunities for more informal social interaction, with a wider pool of people from which to draw friends and companions. This may be particularly important for older men, who are inevitably in the minority in age-segregated environments.

A further finding from our comparative study suggests that retirement villages promote a greater sense of community or belonging than do smaller schemes. Literature from the USA highlights a sense of solidarity in ageing in retirement communities, where the community responds collectively to the shared experience and challenges of ageing (Lawrence and Schiller-Schigelone, 2002). We found much more evidence of solidarity in ageing in larger schemes compared with smaller developments, with older people making organised responses to difficulties being experienced by individuals (for example, neighbours collectively organising assistance with shopping, meal preparation and visiting for people coming out of hospital) or by the community as a whole (for example, neighbourhood-watch schemes). The UK literature has tended to focus more on the continuance of informal support by the family members of people living in retirement communities, but our experience seems to indicate that the support of co-residents is a vital and overlooked resource.

## **Making the case for retirement villages**

The communal facilities and spaces (including outdoor spaces) within retirement communities allow space for both formal and informal social activity to take place.

### ***Self-reported health status***

A study of a retirement village (Kingston *et al.*, 2001) found that, although many people had moved to the village because of poor health, they rated their own health as significantly better than a matched sample of older people drawn from the locality where many of the retirement community's residents formerly lived. Over time, there were few changes in the self-reported health status of the retirement village residents (measured on a number of scales), but the self-reported health status of the locality sample declined in three domains: 'role-physical', 'social functioning' and 'bodily pain'. The retirement village residents had fewer contacts with health visitors and social workers than did the locality sample. Kingston *et al.* conclude that security (reported to be at the heart of people's decision to move to the community), high levels of peer support and a general sense of optimism in the village, as well as the knowledge that care and support needs would be met by scheme staff rather than by relatives, all contributed to the maintenance of the residents' physical and mental well-being. Biggs *et al.* (2000) observed that residents in a retirement village appeared to have developed a shared culture and identity that emphasised the positive effects on health of living in the village – some attributing almost 'miraculous' health-restoring properties to the community – and a collective narrative that was notable for the absence of 'illness talk'. Our knowledge of other retirement villages supports these findings.

### ***Safe environments***

Significant health benefits can also be derived from a purpose-designed, barrier-free environment. Older people generally are more likely to live in non-decent homes. In 2001, the English House Condition Survey found that 2.4 million older households lived in properties that failed the Decent Homes Standard.<sup>5</sup> This was just a third of the total numbers of non-decent homes (Social Exclusion Unit, 2005). While improvements and modifications can be made to people's homes, much of the housing stock in the UK is not easily adaptable. Many older homeowners are asset rich and income poor and cannot afford to carry out essential maintenance and repair. Living in a purpose-built, barrier-free environment removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls.<sup>6</sup> Similarly, more efficient heating and energy conservation promotes better health and greater comfort, and promotes the use of all of the accommodation

## Impact on local health and social services

rather than just the 'warmest room'. The UK has a shameful record on avoidable winter deaths among older people. Recent research suggests that people in poorly heated homes are more vulnerable to winter death than those living in well-heated homes, and that substantial public health benefits can be expected from measures that improve the thermal efficiency of dwellings and the affordability of heating them (Wilkinson *et al.*, 2001). Level access with the home and the village not only reduces the risk of falls, it enables wheelchair users and those with mobility problems to use all the facilities in their own homes and the wider scheme.

There are great expectations of the future role of telecare, telemedicine and assistive technologies (Audit Commission, 2004; Porteus and Brownsell, 2000). Retirement villages are well placed to allow the installation and development of assistive technologies at the design stage.

### ***Effective targeting of health promotion programmes***

Resident groups can be effectively targeted for health promotion initiatives and programmes, such as exercise programmes, falls prevention, blood pressure checking, flu immunisation, healthy eating and dementia awareness. One such example is a falls-prevention programme operated in a retirement village taking part in our comparative evaluation in partnership with the local Primary Care Trust, and the charitable trust operating the village. Word of mouth, residents' meetings and advertising in communal areas can be used to raise awareness of health topics, services or promotional events. Service delivery is facilitated as the client or target group is located in one place, and on-site facilities can be used for the delivery of services, group sessions or activities.

### ***Exercise***

Many older people have sedentary lifestyles, and regular exercise has clear benefits, particularly in falls prevention. There is also a growing body of evidence that suggests regular exercise may delay cognitive decline and Alzheimer's disease (see Podewils and Guallar (2006) for a brief review of recent studies). Larger schemes offer greater opportunities to provide health and exercise facilities, as well as more 'fun' exercise such as dancing groups. On-site exercise facilities and trained fitness instructors promote regular exercise and rehabilitation in an environment that is geared to the particular needs of older people or specific groups of older people, such as those recovering from stroke, hip and knee replacements, people with high blood pressure and wheelchair users.

### *Healthy eating*

Similarly, on-site catering services can promote healthy eating and cater for particular dietary requirements. While some argue that on-site catering compromises independence, on-site catering services ensure that everyone has the opportunity to have a hot, nutritious meal every day, especially those who are unable to cook. Special diets can also be accommodated. The opportunities for socialising at meal times should not be underestimated. Dining rooms and cafés are often the social hub of retirement villages and in, some instances, facilities can be used by the wider community.



## **6 Impact on local communities**

### **Impact on local housing stock**

Older people's housing needs are frequently overlooked in the drive to develop affordable housing for younger people. Much of the housing stock in the UK is simply not suitable for the needs of older people, not only in terms of being accessible for people with disabilities, but also in terms of size, energy efficiency and requirements for ongoing maintenance. Even much of the current stock of sheltered housing does not meet current disability standards. The development of a retirement village provides the opportunity to create a significant pool of housing that is purpose-designed to meet the needs of older people and to increase the amount of local provision to meet the future needs of an increasingly ageing population. This is a key point. Not only are individual accommodation units more suited in terms of disabled access, energy efficiency and low maintenance, but the whole site can be designed with regard to the particular needs of older people. Pedestrian walkways, gardens, location of parking spaces, exterior lighting, communal areas and facilities can all be designed to promote safety and ease of access to facilities and activities.

In 2002/3 just over half the population aged 50 and above lived in a property that was under-occupied (Department for Work and Pensions, 2005b). The development of housing specifically for older people allows the release of under-occupied housing stock, whether it is owned or rented, and allows opportunities to renovate and repair properties that may have been neglected by older owner-occupiers, who frequently cannot afford essential repairs and maintenance or face the upheaval of undertaking building work.

Retirement villages can also provide a focus for regeneration programmes. The three dominant themes of regeneration – improving quality of life and long-term opportunities, tackling long-term decline, reviving areas and creating a new cultural renaissance – can find a focus in the development of both the housing and related services located within a retirement village. It has also been recognised that older people's interests and involvement have not always been prominent in regeneration programmes (Riseborough and Jenkins, 2004), despite the changing demographics.

### **Impact on local economies**

Retirement villages stimulate local economies and have a significant impact on local labour markets from the initial development and construction phase through to when

## **Making the case for retirement villages**

schemes become operational. In the USA, this potential has long been recognised, and the development of retirement villages has been particularly encouraged in rural states as a means of bringing in new investment and developing an infrastructure for the whole community.<sup>7</sup>

Retirement villages will be in the position to generate employment opportunities, and will require significant numbers of staff to be engaged in caring activities, catering, maintenance and so forth. Local labour markets differ, therefore generalisations regarding the local impacts of a retirement village are difficult to make. Currently, the care sector across the UK is facing difficulties in recruiting care staff. Retirement villages will be in competition for staff with other local employers (including other care providers). It seems that large organisations are better placed to have effective strategies regarding staff recruitment and retention. Ongoing work in the Centre for Housing Policy indicates that care staff value working in organisations (such as the JRHT) that offer good training and supervision and invest in personal and professional development. Retirement villages offer particular opportunities for carers, as well as benefits to employers. A staff group located in one place is easier to manage, supervise and train. It can respond more flexibly to changes in residents' needs. It is easier to develop an obvious career ladder within a large organisation. Crucially, within a retirement community, care staff can spend their time caring rather than travelling between clients' homes. Within larger schemes, there may also be opportunities to provide on-site staff accommodation, which acts as an incentive for both staff recruitment and retention as well as providing affordable housing for younger people.

### ***Support for local services***

As people get older, they are less likely to make long journeys to access facilities. Levels of car ownership also decrease among older people compared with younger age groups (Office for National Statistics, 2004), increasing the tendency for older people to use local services. The development of a retirement community creates a sizeable pool of regular customers and clients, which increases the viability and sustainability of local services, including retail outlets, pharmacies, local transport, libraries and other leisure and education services. A survey of residents of private sheltered housing indicated that 62 per cent of residents preferred to shop locally, and just over one-third shopped on a daily basis (McLaren and Hakim, 2004). The study estimated that a development of 45 retirement flats with 55 residents would generate an annual additional spend of approximately £600,000 on local services. Given the size of retirement villages, it seems likely that additional spending by village residents would be considerably more than this estimate.

### *Social capital and community engagement*

The contribution made by older people to community life is increasingly being recognised, but studies have identified a number of barriers that inhibit older people from taking an active part in community life, including poor health, lack of disabled access, lack of companions to go with, transport difficulties, fear of crime, fear of falling, as well as a lack of local opportunities and information about what is going on (Social Exclusion Unit, 2005). Retirement villages assist in reducing these barriers by providing a focus and accessible location for community activities, including voluntary activities, adult learning, such as U3A (the University of the Third Age) and other community projects, not just for village residents but also for the wider community.

There are increased opportunities for residents to volunteer within villages and also in the wider community. Studies from the USA indicate high levels of voluntary activity among retirement village residents (Netting, 1990; Okun and Eisenberg, 1992; Okun, 1993). People also have multiple motives for volunteering; for example, some people will more readily engage with more formal or visible activities such as chairing residents' groups, others will be more interested in social activities, and others will engage in activities that support their social values, such as assisting others, visiting the isolated and befriending. Evidence from our work clearly demonstrates a wider range of formal voluntary activity within larger village schemes than in smaller schemes. We found residents organising and taking part in fund-raising events for outside charities or for the village, as well as providing regular services for the village (examples include a village charity shop, resident-managed retail services, library services). We have found much evidence of younger residents supporting older and frail residents by organising social activities, outings and parties, offering hand care and manicures, hairdressing, and so forth.

There is little evidence to suggest that people within retirement villages become disengaged from the wider community, although levels of engagement appear to be dictated by health status and mobility. Residents are often active members of local churches, and become involved in their local communities as members of parish councils (see below) and as school governors, as well as taking part in other community activities such as local-history projects and work with local schools and youth groups. Indeed, the fact that people are living in an age-segregated environment appears to act as a spur to some people to engage with younger people outside their home environment.

Thirty-five per cent of people in their sixties undertake taught learning (Department for Work and Pensions, 2005b). As people get older, access to adult learning centres

## **Making the case for retirement villages**

can become more problematic and a barrier to participation. Adult learning classes also become more viable in a retirement community with a large core of potential clients and the potential to offer a wider range of topics. Again, the communal facilities offer venues that can be easily accessed by other older people.

### ***Empowerment of older people***

Collective action and campaigning by residents of retirement communities increases the political voice and profile of older people locally. There is a small but interesting literature that demonstrates how in recent years the residents of a number of larger continuing care retirement communities (CCRCs) in the USA have flexed their political muscles. In California, three CCRCs have come together to form Laguna Woods, the first city in the USA to be almost exclusively populated by older people. The citizens have successfully fought the development of a new airport (Andel and Liebig, 2002). There are other examples in the USA of communities influencing local government spending and taxation programmes where communities of wealthy 'seniors' have begun to wield substantial political influence and power. Our own work indicates that residents of retirement villages may have a stronger collective voice in their own wider community. Residents of a retirement village operated by a charitable trust in the south of England have been highly active in a successful campaign to grant planning permission for the development of land in a green belt area owned by the trust. The sale of the land will provide funding for essential refurbishment of the village. In another city centre scheme with more than 100 residents, the residents have been actively opposing an application for the extension of a nearby pub's licensing hours. At Hartrigg Oaks, various Hartrigg Oaks residents were members of the local Parish Council. While these may be small beginnings, they give a clear indication of the greater influence that older people have if they work together.

## 7 Conclusion

Retirement villages are a relatively new development in the UK, therefore 'hard' data that have measured the impact of living in retirement villages on residents' health status and quality of life, or the impacts on demand for other health and social care services, are yet to be collated. Nevertheless, the evidence that we do have indicates the great potential of retirement villages to expand the choices of living arrangements for older people – offering the opportunity not just for decent age-appropriate housing, but also for enhancing older people's quality of life, health status and sense of social well-being and security. Retirement villages bring opportunities for health and social care providers to deliver community services more effectively and efficiently, and can generate cost savings to acute health services through the provision of intermediate care. For these reasons, retirement villages effectively serve current policy agendas.

The benefits of retirement villages are not just confined to those who live there. They bring opportunities to address the current shortage of homes suitable for later life, by developing housing that is purpose-designed to meet the current and future housing needs of older people, and releasing significant numbers of under-occupied properties in the wider community. They provide employment opportunities to local communities and enhance the viability of local services. They offer older people living in the wider community the opportunity to access facilities that are purpose-designed and accessible.

Perhaps the strongest messages are from the residents of retirement villages themselves. Recent research (Croucher *et al.*, 2003; Bernard *et al.*, 2004) has consistently demonstrated high levels of satisfaction among residents. Older people value the powerful combination of independence and security, with the additional benefits of the support and companionship of their fellow residents.

## Notes

- 1 Sheltered housing is, however, changing and modernising; see, for example, Parry and Thompson (2005).
- 2 Currently, rapid house price inflation makes it difficult for residents to leave Hartrigg Oaks unless they decide very quickly that they want to move, as the amount repaid on the lease will not reflect increases in houses prices.
- 3 Most residents of Hartrigg Oaks pay a flat rate monthly community charge to cover the costs of their care, regardless of whether or not they are receiving care. Should residents need care, their needs are assessed by JRHT staff, and appropriate care is delivered, including care in the registered on-site care home, and the charge does not increase. By many people's standards Hartrigg Oaks is an expensive model, and it is estimated that approximately 25 per cent of people above retirement age could currently afford such a scheme.
- 4 Care costs are covered as part of the Community Charge paid by residents.
- 5 A 'decent' home comprises four key components: fitness for habitation (e.g. free from disrepair, damp, adequate provision of services such as lighting, water, electricity, drainage, WC and bathing facilities); disrepair; modern facilities (kitchen and bathrooms); and reasonable degree of thermal comfort. See [www.decenthomesstandard.co.uk/standard](http://www.decenthomesstandard.co.uk/standard)
- 6 For the epidemiology of falls in older people, and the consequent impact on acute in-patient admissions, mortality and morbidity rates, see *Preventing Falls and Subsequent Injury in Older People* (University of Leeds, Nuffield Institute for Health/University of York, NHS Centre for Reviews and Dissemination, *Effective Health Care Bulletin*, Vol. 2, No. 4, April, 1996).
- 7 A study referenced by McLaren and Hakim (2004) carried out by the City of Hattiesburg, Mississippi, estimated that the economic impact of 250 retiree households relocating to the city was 850 jobs and investment capital of £37 million, with particular benefits for the retail and restaurant trades.

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# 'Everything is working as it should be'

## Andrew Cole visits Hartfields retirement village

- Andrew Cole
- [The Guardian](#),
- Wednesday October 22 2008

Leanne Wright couldn't be happier with her new role as senior support assistant at Hartfields, the Joseph Rowntree Foundation's retirement village recently opened in Hartlepool. "It fits me like a glove," she says. "In fact when I was doing the pre-employment training, I was thinking: can this job get any better?"

One of the chief reasons for Wright's delight is that she's able to work mornings only and so combine her job with childcare duties. She has a two-year-old daughter and found it impossible to return to her previous nursing home job because she would have had to be on call at night.

Hartfields, however, has managed to tailor her new role exactly to her domestic needs. "I couldn't believe I'd be able to find a senior job and have hours that were so child-friendly," she says. "The child-minder comes at 7.45; by eight I'm at work and I'm home at 2.30. It's fab!"

That's a relatively unusual reaction from care workers these days. But then Hartfields, a 242-apartment "extra-care" complex for older people with various levels of dependency, is quite an unusual organisation.

Opened in July, it offers a full range of personal care and domestic support but also has other healthcare services on site, including a restaurant and cafe, a hair salon, swimming pool, gym, art and craft workshop and library.

The declared aim is to support people to live independently and to provide care holistically. So although there is a large array of staff with specialist functions, from support workers to hairdressers and handymen, all share a responsibility for keeping a neighbourly eye on residents.

Local interest in the project has been huge from the moment it was decided to build it in Hartlepool. An open day earlier in the year attracted 500 people. And there were more than 60 applications for the 14 care and support posts so far filled - a response rate almost unheard of elsewhere in the sector.

This can hardly be ascribed to abnormally high rates of pay. Care workers' wages at the home start at £5.99 an hour for an unqualified care assistant, moving up to £6.66 for an NVQ level three assistant. However, there are several additional elements - including generous overtime and night-shift rates and savings in time and money because everything is on one site - that make the total package more attractive.

But the biggest draw is an environment that offers staff a genuine opportunity to form proper relationships with residents. "This is a different way of providing care and support to people in a very, very different environment," says care support and housing manager Janet Armstrong. "A lot of people have become disheartened with some residential care home regimes which seem to be more about managing people than relating to them."

The recruits come from a wide variety of backgrounds. Many were already in the care field, but some have moved from other jobs such as hairdressing. Armstrong also had applications from people who had cared for relatives and wanted to make the transition to professional caring.

For Wright, the secret is that everyone sees themselves as part of a team striving for the same things. And it helps, she feels, that the public are able to make use of so many of the complex's facilities.

"It means we are all mixing with a wider group of people," says Wright. "You get a lot of families around as well and the support they're able to give takes a bit of the load off the professional staff. Everything is working as it should be."

StepForward aims to enable older people to live independently through:

**Promoting independence**

- Helping tenants remain in their own homes for as long as they wish
- Empowering and involving residents and promoting choice appropriate to cultural needs
- Creating a safe and secure home environment for tenants
- Assisting tenants to access support from external agencies
- Enabling tenants to establish supportive social networks
- Avoiding hospital admission and promoting early discharge
- Promoting integration with the surrounding community
- Responding appropriately in the event of an emergency
- Encouraging participation and involvement in the scheme
- Providing flexible services/facilities that meet the needs of older people including those from minority groups

**Applying for our sheltered schemes**

To obtain an application form or more information about our sheltered schemes please contact your nearest regional office listed below:

**Midlands**

StepForward  
Raleigh House  
68-84 Alfreton Rd  
Nottingham  
NG7 3NN  
Tel: 0115 988 7100  
Fax: 0115 988 7290

**London**

StepForward  
MHT House  
Crescent Lane  
London  
SW4 9RS  
Tel: 020 7501 2300  
Fax: 020 7501 2307

[www.stepforward.org.uk](http://www.stepforward.org.uk)

**Sheltered Housing Tenant Leaflet**



**StepForward**

independent living for people at home

## About StepForward

StepForward is an established provider of support and care services to over 1000 older people in London and the East Midlands.

We aim to help improve the quality of life for individuals. By providing advice and support, we work with residents to increase independence, well-being and maintain choice over services received.

StepForward staff work closely with other national and locally based support, advice and activity organisations to enable individually tailored services to be delivered.

Located in 13 different local authorities, our Sheltered Housing Schemes are designed to ensure security, safety and peace of mind.

## Our Sheltered Schemes

StepForward Sheltered Schemes provide:

- A self-contained flat with your own kitchen, bathroom, bedroom, front door and door entry security system
- 24 hour connection to the Central Control Centre accessed through an emergency pull cord in each room
- Lift access to all floors
- Communal lounge, garden, laundry, assisted bathroom and guest room in most schemes
- Support, advice and assistance from the Scheme Manager

## Our Sheltered Scheme Managers

- The Scheme Manager will welcome and settle in new tenants to the scheme
- Regular contact is made by the Scheme Manager with each tenant to assess support and other needs
- Liaison with families, statutory, voluntary and private agencies is carried out to ensure needs are met
- Scheme Managers will give advice on, although will not directly provide, services such as shopping, cleaning, cooking, personal and nursing care
- Your Scheme Manager will promote social and educational activities and encourage links with the community





Sheltered Scheme Guide

# MENDIP HOUSE

Edmonton Green Towers



Working with residents for better homes and stronger communities

## Mendip House

Mendip House is a friendly community in the heart of Edmonton Green shopping centre. We provide a safe, comfortable and secure place to live for the over 55s.

Located near local amenities, including a post office, numerous cafes, banks and high street shops, it is the perfect place to live independently while still benefiting from 24 hour assistance, should you need it. The shopping centre will also be undergoing redevelopment in the coming years, with a major new superstore due to open in 2007.

We have 184 apartments, spread over 25 floors, with fantastic scenic views across London. Traveling into London is easy with local train stations and buses providing regular services into Seven Sisters and Liverpool Street stations. Services also take you across North London, providing easy access to local hospitals and healthcare, as well as the Civic Centre.





## Facilities

Mendip House is attractively decorated and was fully refurbished in 2004.

We offer residents safety and security through:

- a friendly 24 hour concierge service
- CCTV in lifts and on all floors
- a video entry phone system so you can check who your caller is
- pull cord alarms in every room, linking directly to scheme managers/Community Alarm.

### The apartments

We offer a mixture of one and two bedroom apartments, all with balconies. They have been refurbished to a high standard with new kitchens, bathrooms and front doors. The apartments are spacious with good storage facilities.

Heating is by night storage heater, which is paid for through a reasonable weekly charge.

### Laundry

We provide a laundrette in the

building on the first floor which is open Monday to Friday 8am–4pm. It consists of three large washing machines and three tumble dryers. The cost is kept low in comparison with other similar services.

### Communal rooms

Mendip House also provides communal rooms for residents to meet for social activities and to get to know their neighbours. These also have TV, video, DVD, hi-fi and computing facilities. In addition, there is a communal kitchen to provide catering for events.

Everyone is encouraged to participate if they would like to and we provide a noticeboard on the ground floor where all residents can publicise events and activities and find out what's going on, as well as keeping up to date with any important information.



## Services

Mendip House offers a variety of services and facilities to residents, as follows.

### Specialist support services

We provide specialist support services to our residents through our care and support organisation StepForward.

StepForward aims to ensure that each resident:

- receives support leading up to the move into Mendip House
- receives support with physical and mental health
- develops peer support networks
- is referred to appropriate specialist services when necessary, such as culturally specific resource centres.



This service is provided by StepForward sheltered scheme managers who are available Monday to Friday, 8am to 5pm. They support residents, making their lives less stressful by working with them to devise a plan to maximise their independent living.



They are also connected to residents' pull cord alarms via portable handsets, so that in an emergency, someone is there to help.

The scheme managers contact residents on a daily basis to check that everything is okay. They also report any repairs, help residents to fill in forms, help make sure that residents are getting all the welfare benefits they are entitled to and, if necessary, they refer residents to other organisations.

During evenings and weekends any emergency calls made by residents are dealt with by Community Alarm, run by Enfield Borough Council.

#### Concierge service

The concierge service is situated on the ground floor in our lobby and is staffed 24 hours a day, seven days a week. Our concierge staff are friendly faces to greet residents and are on hand to provide peace of mind and ensure security is maintained at all times.

#### Cleaning

Our cleaning contractor is responsible for cleaning the communal areas and lifts in the building on a daily basis. The contractor keeps to a regular programme of works and makes sure that the refuse is collected.

#### Housing officer

The housing officer offers residents the opportunity to attend a drop-in in Mendip House communal lounge to discuss any problems with their rent. This takes place on a weekly basis. There is also a Turkish translator present to interpret for anyone who needs the service. The housing officer is also responsible for the management of the block and ensuring that health and safety checks are carried out.

#### Social activities

We recognise that a neighbourly atmosphere is essential to maintain the community spirit we have in Mendip House.



Our well-equipped communal rooms offer the perfect opportunity for residents to get together socially. Activities and events take place regularly throughout the year, examples include tea and coffee drop-in afternoons, keep fit classes and Christmas parties.

There are also many opportunities for residents to organise activities themselves. Funding is available for a residents' association and other activities and events. We will consider all residents' proposals as we see this as a key part of life at Mendip House.

## How to apply

We take nominations for apartments from the London Borough of Enfield and agencies working with the over 55s. You can also contact us directly if you are interested in joining our waiting list.

All residents moving to Mendip House sign a weekly-assured tenancy. This means that the tenancy does not end and does not require renewing. Residents who are entitled to full housing benefit pay for heating and water rates. Even if you are not entitled to housing benefit, you may be able to get help with your support charges.

For further information please contact the housing officer for Mendip House at:

Metropolitan Housing Trust  
Alexander Place  
Lower Park Road  
London N11 1QD  
020 8976 1204

## Contact us

This document is available in other languages and formats including Braille and large print. Please contact us for further information.

Ce rapport est disponible dans d'autres langues - veuillez nous contacter, s'il-vous-plaît, pour des renseignements supplémentaires.

Αυτό το έντυπο διατίθεται και σε άλλες γλώσσες, επικοινωνήστε μαζί μας για πληροφορίες.

Este documento encontra-se disponível noutras linguas; queira contactar-nos para obter informação.

Este documento está disponible en otros idiomas. Para mayor información, póngase en contacto con nosotros.

Bu belge diğer dillerde de mevcuttur. Bilgi için lütfen bize başvurun.

یہ دستاویز دوسری زبانوں میں دستیاب ہے، معلومات کے لیے ہم سے رابطہ کریں۔

Tài liệu này cũng được dịch sang các thứ tiếng khác, để nghị liên hệ với chúng tôi để có thông tin.

ٹیم یوکیومہنٹہ بہ زمانہ کانی تریٹش شہیہ، یو زانیاری لہ ٹیم یار دیہود  
تکایہ پہ یو دندیمان پیوہ بکھ۔

Metropolitan Housing Trust Limited Registered Office: Cambridge House, 109 Major Road, Wood Green, London N22 6UR. Metropolitan Housing Trust Limited is charitable, registered under the Industrial & Provident Societies Act 1965, No. 16337R and registered with the Housing Corporation, No. 10726. StepForward Registered Office: Cambridge House, 109 Major Road, Wood Green, London N22 6UR. StepForward is the supporting trustee arm of Metropolitan Housing Trust Limited which is registered with the Housing Corporation, No. 10726 and under the Industrial & Provident Societies Act 1965, No. 16337R.

Referral leaflet for  
**Mendip House - Sheltered Scheme**

StepForward specialises in providing quality support services to vulnerable people and has experience of providing floating support, tenancy support, and project based support to a wide range of client groups.

Mendip House is a large sheltered scheme providing support to 184 flats of elderly single people and couples in self-contained flats.



## Referral leaflet for Mendip House

### Aims and Objectives

Mendip House is designed to:

- Tailor support to increase mental/physical/emotional/social health
- Provide options to promote social interaction
- Enable access to appropriate care
- Promote tenancy sustainment
- Ensure engagement with the wider community
- Provide safe, specially designed, community orientated, quality Housing.
- Tailor services to account for individual religious, social, cultural and ethnic values
- Maximize independence
- Promote individual rights and responsibilities

### Accommodation details

Metropolitan Housing Trust and London and Quadrant own the 184 flats and an allocated Housing Worker is responsible for the landlord function. StepForward staff provide the scheme management and support service and work in close liaison with the housing service.

The accommodation comprises 90 one bed and 90 two bed self-contained flats, plus 4 penthouse flats each with an intercom/alarm system linked to the scheme office or, when it is not staffed, to a control centre. Pendants connected to this system are available for those who are frail or have limited mobility.

There is a large entrance hall with a concierge service, CCTV, two lifts, extensive communal facilities with lounge, well-equipped kitchen, meeting/spiritual room, hairdressing and assisted bathroom facility, wheelchair accessible toilets and staff office on the 24<sup>th</sup> floor.

The scheme also has a large laundry room.



Tenants are issued with assured tenancies.

If tenants have very substantial savings they may be expected to pay their own rent. Support charges will be covered if the tenant is in receipt of housing benefit. Tenants with a high level of savings or income may have to pay part or all of their support charges.

### **Service Provision**

The scheme has a senior scheme manager plus two full time scheme managers who work from an on-site office providing a combined support service of 105 hours per week, funded specifically for support. Support is generally provided Monday to Friday, 9 am to 5 pm, with the scheme manager calling all tenants on the Delta alarm system every morning before 11am and having regular contact with each tenant in their home providing a support planning service in line with Step Forward's processes and standards.

Emergency cover outside normal office hours is provided, the Delta alarm contacts central control for action.

The support service aims to ensure each tenant will:

- receive support leading up to the move into the scheme
- live in good quality well designed accommodation
- have access to a range of scheme and inter-scheme social events
- be safe and secure
- be supported to maintain their physical and mental health
- develop peer support networks
- receive support from staff with emotional and practical issues
- be offered health promotion advice
- have privacy
- develop the skills to live as independently as possible
- be able to involve their family and friends
- understand their role as tenant
- be referred to appropriate specialist services when necessary, such as culturally specific resource centres
- combat isolation and social exclusion
- find meaningful daytime activities
- gain access to health and social service provision
- link into existing borough support services for older adults

The scheme manager works with each service user and together they devise a support plan to maximise independent living. The support plan is regularly reviewed and updated.

### **Resident profile**

The client group is older men and women over the age of 55 with social, physical or mental health needs who would benefit from quality housing in a supportive community in the London borough of Enfield. Any tenant not qualifying for Supporting People funding has to finance their support independently.

The project aims to keep a balance of men and women.

### **Referral Criteria**

In order to qualify for this service applicants have to be aged over 65 years, in need of support with physical, mental or social needs and be reasonably able to live on their own with the necessary care package/support.

In terms of ex-offenders, there is not an automatic exclusion from the service; however the nature, severity, and date of any offences plus a current risk assessment would be taken into account when considering an applicant.

### **Referral Process**

Referrals are taken from mainly from the local authority housing department. Social services, community psychiatric nurses, doctors, health professionals, Age Concern, community groups all direct prospective service users to LB Enfield.

All referrals follow StepForward's referral standards and processes. Any unsuccessful applicants are written to with an explanation as to why their needs could not be met at this time at the scheme.

### Contact Details

For more information about this scheme please contact:

Rhona O'Sullivan - Senior Sheltered Scheme Manager or one of the following Scheme Managers: Vivienne Newell, Lillian Bruce or Linda Fenwick

Scheme Office, 24<sup>th</sup> floor  
Mendip House  
10 The Market Square  
Edmonton  
London  
N9 0TB

Tel/Fax No: 0208 807 9439

E-mail: [rosu@mht.co.uk](mailto:rosu@mht.co.uk), [vnew@mht.co.uk](mailto:vnew@mht.co.uk), [lbru@mht.co.uk](mailto:lbru@mht.co.uk) or [lfen@mht.co.uk](mailto:lfen@mht.co.uk)

## Extract from Island Plan Review: Strategic Options Paper Green Paper (July 2008)

amenities for residents and visitors. Work is also being undertaken to consider more strategic issues such as port development and future inert waste disposal, as they impact on St Helier.

### 5.6.1 Regenerating St Helier

Despite being the Island's capital and the town having seen unprecedented levels of new development in recent years, there remain major concerns about the future of large parts of the town. There appears to be a consensus that St Helier is a disappointing and under-performing place which has failed to keep up with changing expectations of residents, visitors and businesses<sup>15</sup>. There is, however, also a recognition that the town has an important role to play and presents significant opportunities to provide solutions in relation to the perceived tensions between economic growth and quality of life.

The Minister for Planning and Environment is fundamentally committed to reversing these somewhat negative perceptions of the town and of realising its full potential of contributing to Jersey's quality of life. He is determined that St Helier becomes a place of choice and the focus for new development in the Island; not least because there is significant opposition in the Island to the principle of building homes on undeveloped land.

Until recently there had been little planning policy focus on St Helier. It has been recognised that development of the Waterfront could shift the town's economic centre of gravity to the south and west, possibly to the detriment of the north and east of the town centre. This might manifest itself principally in a shift of town centre employees in large numbers towards the Waterfront, and the vacating of existing

commercial properties in the established part of town. Concerns have also been expressed that new investment in the Waterfront may lead to a lack of funding for the rest of town and potentially a drawing-away of retail and leisure trade. As a result there is a need to focus attention on the areas most likely to be affected adversely by the predicted changes.

In March 2006, the Minister for Planning and Environment appointed a team of consultants, led by urban master-planners EDAW, to produce a development and regeneration strategy for central St Helier – defined broadly as the area within the town escarpment. That report was published in April 2007<sup>16</sup> for consultation purposes.

The report concluded that residential development was likely to be the principal 'driver' of regeneration in the older, established parts of town. Not only would this provide additional homes in the Island, reducing the extent of development in open countryside, but it would also ensure that a significantly increased residential population in the central area would continue to provide customers for the retail trade and other businesses, and reduce the need to travel-to-work by private car.

It was recognised also that there are a significant number of potential development opportunities in the central area, for the most part privately owned, and that these opportunities should be optimised in accordance with an overall strategy.

The Minister is keen to kick-start the regeneration of St Helier, and is especially keen to encourage property owners and developers to consider how they can

<sup>15</sup> [Willie Miller Urban Design \(2005\) St Helier Urban Character Appraisal](#)

<sup>16</sup> [St Helier Development and Regeneration Strategy \(April 2007\) EDAW](#)

produce high-quality development at higher densities, while at the same time benefiting the St Helier community.

For this reason he has introduced Supplementary Planning Guidance to encourage new development in town as an interim measure<sup>17</sup>, in accord with the objectives of the St Helier Development and Regeneration Strategy, until the revised Island Plan is completed.

**Vision and objectives for St Helier**

This strategy for the development and regeneration of St Helier sets out a clear vision for change which aims:

*“To create a vibrant, compact and characterful town that is worthy of its role as Jersey’s capital and principal settlement, with an economically sustainable future and which offers the highest quality of life for its communities.”*

The Development and Regeneration Strategy for St Helier establishes a clear set of strategic principles, which establish the fundamental initiatives that will need to be realised in order that the desired vision for change in the town is achieved. These principles are:

Strategic principles for the development and regeneration of St Helier
1. To consolidate the town centre to create a legible and vibrant shopping heart
2. Integrate the new Waterfront business quarter as part of the town centre
3. Define a new western gateway for the Town
4. Ensure provision of suitable floorspace to cater for the demands of economic growth and diversification
5. Establish a design-led high quality built environment, which showcases its heritage features
6. Rationalise vehicle movement and edge-of-centre car park provision to minimise vehicle movement while supporting economic viability
7. Create a ‘walkable’ town – with a network of safe routes for pedestrians and cyclists to help promote modal change in transport choices
8. Create attractive residential areas to support healthy and sustainable communities
9. Establish the Town Park as part of a network of high quality open space; and
10. Renew Fort Regent, ensuring that it is physically and publicly accessible

These principles set out a clear framework for delivering significant and positive change to the town over the coming decades, ensuring that St Helier will mature into a town

that provides a high quality living and working environment with a singular character that reflects it’s unique history.

17 [Planning Policy Note: New Development Guidelines for the Town \(pending\)](#)



Over future years it is hoped that St Helier will enhance its role as Jersey's main town and focus for Island life. It will become one of Europe's most desirable and vibrant harbour towns, with a world class financial district, improved architecture, shopping, public spaces, leisure and arts facilities, and will become a place and destination of choice to visit.

#### Question 28

##### Vision for St Helier

Do you agree with the proposed vision for St Helier?

#### Question 29

##### Strategic principles for town

Do you agree with the ten strategic principles for the development and regeneration of St Helier?

The Strategy also makes specific proposals for a number of "key areas of change", on which consultation has already taken place, as follows:

#### Town centre proposals

- To focus new commercial and retail development in the defined primary shopping area
- To support additional retail at Broad Street, with a new pedestrian link between the Esplanade and King Street
- To reorganise through traffic and parking facilities to improve accessibility to (and within) the town centre
- To promote further pedestrian priority

- To improve public spaces within the town centre
- To increase shoppers' car parking at Snow Hill

#### Eastern Area proposals

- To retain Hill Street and Grenville Street as an important secondary office location
- To protect shops at the western end of Colomberie from pressure for changes of use
- To allow the introduction of a range of new uses at the eastern end of Colomberie
- To allow conversion of poorer quality office or hotel stock to alternative uses, especially residential, but also including potential workshop and studio space
- To support the development of the block east of Francis Street, between Don Road and Colomberie, to create an improved area of residential and mixed uses, potentially including local employment uses
- To give pedestrians priority at the western end of Colomberie and to improve the environment on other streets providing linkages to the town's parks and open spaces
- To simplify traffic routes through this area and reduce the negative impacts of through traffic

#### Mont de la Ville (Fort Regent) proposals

- To improve access to the Fort by delivering three new or improved pedestrian routes which link to Snow Hill, Colomberie and the harbour area
- To enhance the landmark and heritage value of the Fort by introducing new visitor facilities, including an interpretation centre telling the story of the Fort, exhibition space and a café/restaurant with views over the town
- To develop new 'fit-for-purpose' sports facilities within the Fort, as well as

**Extract from S.R.15/2008  
(Environment Scrutiny Panel: Urban Regeneration Review  
Presented to the States on 2nd December 2008)**

## Urban Regeneration Review

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### 1.3 Recommendations

1. The Panel recommends that a definitive urban masterplan is drawn up.
2. The Panel recommends empowerment of communities to participate in the regeneration of their own areas.
3. The Panel urges the extension of the EPIA model to include all of the urban areas around the town area including First Tower, Five Oaks and Georgetown encompassing outer areas such as Rue De Samares in St Clement.
4. The Panel recommends an inclusive planning process involving the residents and businesses of the designated EPIAs
5. The Panel recommends an investigation of schemes which would enable residents to purchase a share of amenity facilities likely to produce revenue.
6. The Panel recommends a preference towards regeneration as opposed to demolition.
7. The Panel recommends integrating heritage and contemporary buildings to increase density and to improve the sustainability of existing structures.
8. The Panel recommends that the Minister decides, through consultation, the appropriate height of taller buildings in the urban area.
9. The Panel recommends that when tall buildings are constructed in the urban areas they should include internal green floors to provide amenity space and enhanced standards of residential space.

## Urban Regeneration Review

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10. The Panel supports the inclusive 'Bottom Up' approach of the EPIA system
11. The Panel recommends the immediate implementation of previous sustainable transport measures such as the 'cordon zone' contained within successive Island Plans.
12. The Panel recommends that all recommended traffic management policies should include proposed timescales.
13. The Panel recommends that responsibility for the planning of transport within the urban areas should form part of the masterplan process and be within the remit of the Planning Minister.
14. The Panel recommends that all car parks allocate spaces for the establishment of car club facilities.



**Extract from S.R.12/2008  
(Health, Social Security and Housing Scrutiny Panel: Long Term Care of the Elderly  
Presented to the States on 2nd December 2008)**

Long Term Care of the Elderly Review

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#### 4. Recommendations

##### 4.1 Key Recommendations

- 1) It is recommended that a working group be established to look at the organisation of long term care, headed by the Minister for Health and Social Services, joined by the Ministers for Social Security, Housing and Planning and Environment, to consult with relevant bodies and produce a report for the States by 30<sup>th</sup> June 2009 responding to the recommendations in this report. Consideration should also be given to setting aside law drafting time for related work in 2010
- 2) The working group should be tasked with agreeing a strategic plan for a more unified system for long term care and prioritising options for development of future public provision. It is recommended that this should include setting up a single commissioning body bringing together the funding and procurement of all States-funded nursing home, residential and home care, to operate at arms-length from both public and private sector providers
- 3) The Panel believes that this plan should specifically include an evaluation of the potential for redeveloping the existing Overdale site as a centre for public long term care provision, training and all associated facilities including day-care, respite, sheltered and extra-care housing
- 4) A priority of the working group should be to investigate possibilities for establishing a contributory insurance-based scheme for the future funding of long term care, to cover the costs of both residential and community-based care from within a single hypothecated fund
- 5) Consideration to be given to employing a partnership insurance approach whereby a proportion of the costs could be the subject of a separate co-payment or private insurance; it should also be considered whether such a scheme should be designed to cover all long term care needs for individuals of any age, rather than limiting benefits solely to care of the elderly

## Long Term Care of the Elderly Review

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- 6) A unified assessment and funding system should include specific proposals to enable funding to 'follow the client' in future to improve choice, flexibility and independence for those with long term care needs
- 7) Service level agreements should be established with all providers of services to the public sector, backed up by contracts for individual care packages between providers and clients which should become a requirement under the new regulatory system

### **4.2 Other recommendations**

- 8) Health and Social Services and Social Security should work together to produce an accessible guidance and education package about entitlements to care and funding support for the elderly to enable people to plan for their own and their family's future
- 9) The funding of elderly care should be approached as a discrete issue and considered as a matter of urgency rather than being tied to agreement on the entire 'New Directions' package
- 10) The ability to carry out effective police checks on all care staff should be investigated
- 11) The working group should consider a requirement for registration of all those working in social care
- 12) Changes to the funding of regulation should bring in an appropriate 'user pays' contribution from the industry
- 13) All care providers with clients who receive benefits under Income Support or other public funding should be required to comply with an 'open book' policy to enable appropriate levels of support to be established and maintained by means of an annual review
- 14) Respite care services should be reviewed in consultation with care providers and carers (believed to be in hand as part of the Carers' Strategy consultation)
- 15) Possibilities for delivering a continuing programme of training opportunities for care workers supported by (refundable) States grants should be investigated as a priority by the working group

## Long Term Care of the Elderly Review

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- 16) The Comptroller and Auditor General and the Public Accounts Committee should be requested to look into the financing of elderly care, to identify overall costs and possible efficiency savings of moving to a more unified system and including an analysis of the financial benefits (or otherwise) of outsourcing care beds and services in the medium to longer term
- 17) Accommodation for public long-stay patients should be addressed to ensure that single rooms become the norm for all long term care provision (except in the case of couples where both partners are in need of care or wish to stay together). Plans should be brought forward for the replacement or redevelopment of any outdated facilities as part of the strategic planning process recommended in 12) above
- 18) The Planning and Environment and Housing Departments should produce an analysis of requirements and definitions for new sheltered and extra-care housing as part of their respective ongoing reviews of the Island Plan and Social Housing

**MILLENNIUM TOWN PARK: PETITION**

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**Lodged au Greffe on 2nd December 1997  
by Deputy A.S. Crowcroft of St. Helier**

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**STATES OF JERSEY**

**STATES GREFFE**

175

1997

P.190

Price code: A

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion that –**

- (a) a public Town Park be created on the land currently comprising the public car park at Gas Place, St. Helier, and the private car park occupying the site of the former offices and workshops of the Jersey Gas Company Limited, the whole situated between Bath Street and the new offices of that company;
- (b) the Town Park be known as the Millennium Town Park;
- (c) the Town Park constitute a Millennium project for the benefit and enjoyment of future generations of Jersey residents, the residents of St. Helier and their children;
- (d) the land should not be used for a multi-storey car park, or any other use, that would preclude the creation of a public park on the site.

**DEPUTY A.S. CROWCROFT OF ST. HELIER**

**Petition**

To His Excellency General Sir Michael Wilkes, K.C.B., C.B.E., Lieutenant-Governor.

To Sir Philip Bailhache, Bailiff, President.

To the Members of the States of Jersey.

The humble petition of the inhabitants of the Island of Jersey shews –

- (a) there is substantial public support for a public Town Park with underground car park (“the Town Park”) on the land currently comprising the public car park at Gas Place and the private car park occupying the site of the former Gas Company offices and workshops, the whole situate between Bath Street and the new Gas Company offices (“the entire land”);
- (b) the maintenance of an open space on the entire land is desirable to ensure the quality of life of the residents and users of St. Helier;
- (c) the Park would be a desirable and appropriate project to reflect aspirations for the future of St. Helier as a vibrant urban environment in the twenty-first century;

and accordingly your petitioners pray that –

- (1) the Town Park be created on the entire land;
- (2) the Town Park be known as the Millennium Town Park;
- (3) the Town Park constitute a Millennium project for the benefit and enjoyment of future generations of Jersey, the residents of St. Helier and their children;
- (4) the entire land should not be used for a multi-storey car park or other uses precluding a public park.

And your petitioners as in duty bound will ever pray.

Countersignature of  
Member presenting..... A.S. Crowcroft

Number of signatures..... 16,404